YEARS OF CHEERS
CELEBRATING THE PAST, INVENTING THE FUTURE

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INTRODUCTION BY AUTHOR

I would like to thank B. P. Eye Foundation CHEERS for their invitation to prepare a special issue of its 10th Anniversary. This report is an attempt at capturing trials, and tribulations of setting up a new Center based, on an evolving concept of people-centered integrated health service, and jubilations on the road travelled in the last 10 years. I have seen CHEERS grow from the time of its establishment as a result of my periodic associations with it.

Ten Years of CHEERS: Celebrating the Past, Inventing the Future touches upon the history of its first flagship project, B. P. Koirala Lions Center for Ophthalmic Studies, (BPKLCOS) initiated soon after the Foundation was registered with the Government as a non-profit Organization in 1991. Long protracted negotiations with Lions Sight First program resulting in signing of a tri-partite agreement between B.P. Eye Foundation, Tribhuvan University and Lions International in 1994, and finally inauguration of the Center in 1996.

Since the original mission of making Nepal self-reliant in producing its Eye Health human resources, has been achieved, much of what follows in this Publication, describes in detail the organization’s noteworthy achievements and milestones of its second flagship program, Hospital for Children, Eye, ENT and Rehabilitation Services (CHEERS) started in December 2012. I have tried to cover its achievements—not only in numbers but the difference it has made in the lives of the people it has served and how its innovations have led to policy changes in Nepal as a result of the organization's advocacy. An organization committed to bringing change in health systems, the many research projects conducted, resulting in publications are also included here. A section also lists its Staff, Board of Trustees, Donors and Partners, as well as memberships.

This publication will serve as a valuable resource, not only for those who are part of the organization (staff and board members) and its present stakeholders (NGOs, Government, Donors, Educational institutions and Hospitals) but also for those who will associate with the organization either as Staff, Stakeholders, Board Members, Consultants and Donors in the future.

In preparation of this report, I have had conversations with staff, Trustees, Board Members and interviewed the beneficiaries — children with disabilities at schools and their homes as well as their parents, teachers and peers. This has enriched me profusely. I have shared these experiences as case stories to bring the readers, metaphorically speaking, face-to-face with the beneficiaries.

In most sections of this publication, I have recorded the developments for readers as they occurred through the lens of a development worker, highlighting them from a Diversity, Equity and Inclusion perspective where necessary, while in some sections, I have critically analyzed the information and made some suggestions.

I would recommend readers to go through the Publication to learn how a young organization in Nepal has contributed to public health and education, with the guidance of innovative, dedicated and visionary leaders in such a short time.

I wish CHEERS all success in its future undertakings and a very Happy 10th Anniversary!

Anuja Upadhyay
Author/Editor
MESSAGE BY CHAIR

It gives me immense pleasure to see the publication, *Ten Years of CHEERS: Celebrating the Past, Inventing the Future* materialize. The document has encompassed the progress of CHEERS within the last ten challenging years. The challenges include the downsizing of services because of the COVID-19 infection in the general public as well as the Staff. In spite of the daunting situation, CHEERS has emerged as an institution buzzing with life, verve and vigor - thanks to the dedicated Staff and Management. I am delighted to see that CHEERS has been steadily inching towards an innovative, inclusive, people-centric, pro-poor, rehabilitative and research-oriented institution!!

I am seized with nostalgia when I recall how Dr. Madan Prasad Upadhyay and myself moved heaven and earth to find a good location for the institution and how we braved torrential rains to supervise the ongoing construction!!

I would like to thank all the donor agencies for their generous support to run the innovative projects that CHEERS has been involved in.

I fervently hope that CHEERS will shape as a prestigious institution in the future!!

Dr. Gauri Shanker Lal Das
Chair
Twenty-five, Fifty and Seventy-five are ages considered to be important milestones in lives of individuals and institutions with special gifts of precious metals assigned to each. BPEF, established in 1991, celebrated 25th. Anniversary of its first flagship project, B.P. Koirala Lions Center for Ophthalmic Studies (BPKLCCOS) last year. Its first flagship project helped a dependent Nepal achieve National self-sufficiency in training its own ophthalmic workforce and, expansion of eye care services which has put Nepal in the World Map of eye care. That is a good reason, and a proud one for that matter, to celebrate.

This year BPEF celebrates the 10th anniversary of its second flagship project- Hospital for Children, Eye, ENT and Rehabilitation Services (CHEERS). Gifts of different valuable metals like Silver, Gold, etc. are given at such anniversaries (Jewelrywise.com/gifts-occasions/article/anniversary-metals). Curiosity led me to search which metal is a good gift for the 10th anniversary. With the help of a learned friend, I found that it is Tin, chosen because it represents flexibility, durability, and versatility to protect other metals from rusting or tarnishing. Since, for us working in the health sector our occupations may be different but our "business" to help and protect others, remains the same. Therefore, Tin for Ten appeared to be the most appropriate. At this age BPEF-CHEERS does need to be flexible for its own durability (sustainability) and be versatile to help and protect people in the ever-changing health needs' and health services landscape.

While I had some difficulty searching for a suitable gift, I had no difficulty to find raison d'ètre, for celebrating the 10th Anniversary. In fact, I have had to prune many good reasons in the interest of brevity. Among the many reasons, BPEF's contribution in Poverty alleviation, which is the top development objective Nepal Government's 15th Five-year plan, as it is, also that of United Nation's Sustainable Development Goals. BPEF-CHEERS is happy to have made some contribution to it in various ways: by enabling several hundred persons with deafness and blindness by relieving their disability and sending them back to work and start earning livelihood; offering employments to over 120 people; preventing people from falling below poverty line because of illness by offering free service to the tune of 3 Crores (thanks to our donors), contributing to the treasury by paying different kinds of taxes (10 Crores) despite its own fragile financial status, aggravated by 2015 earthquake and Covid-19- a pandemic of the century at its tender age. Last, but not the least, contributing 2 million USD to foreign exchange reserve- a much needed resource during present crisis times. Sending close to 400 children below five years with blindness and deafness to schools through its school readiness program, a value far exceeding the cost. All these tiny bits may be small drops in the ocean but it is the drops that make an ocean!

Among its other contributions are its successful implementation of a new model of health care, which is right-based, proactive, people-centered, integrated, holistic (Promotion to rehabilitation); cost-containing, inclusive (gender and other causes of exclusion) - true to the spirit of Nepal's 2015 Constitution; and innovating to respond to national needs. Some of its ground breaking innovations have been: Establishing the rights of children with disability in to be enrolled in pre-schools, denied hitherto until 2012. Its student led vision screening, a first in the world and most effective tool to reach out to pupils in remote schools for vision screening; engaging students in health research and health service- a much needed resource, given the scarcity of all categories of human resources for health which run in millions according to WHO; demonstrating Waist Circumference-height ratio as more effective metrics for obesity, in defiance to current practice of BMI which captures far less people with obesity than Waist height ratio and, implementation of Immunization Centers-based Infant hearing Screening. This non-exhaustive list, I hope, gives you an insight into some reasons for this celebration. Others are more fully described in the accompanying publication, Ten Years of CHEERS: Celebrating the Past: Inventing the Future.

All this would not have been possible without the dedicated staff BPEF-CHEERS has been fortunate to have, and a stewardship team led by a nonagenarian whose experience spans two centuries at the steering wheel, ably supported by his two hands, the duo General Secretary and Treasurer.

Prof. Dr. Madan P Upadhyay
Chair Emeritus
MESSAGE BY VICE CHAIR

First of all, I would like to thank and congratulate everyone at the Hospital for Children’s Eye ENT and Rehabilitation Services (CHEERS), especially the leadership for everything they have accomplished in the past ten years.

I was so fortunate to be associated with CHEERS for all these years, when the BPEF Board Chair invited me to join the Board as a Member. Since then, we have seen highs and lows, particularly during the COVID Pandemic but CHEERS has never let these setbacks prevent it from continuing to meet its goals.

CHEERS never had a definite long term funding source for its establishment as well as for operation of the hospital and other programs. Although this was a huge challenge for the Management Committee to continuously fund the operations of the hospital and its other activities, it provided an opportunity to develop innovative strategies for the sustainability of the whole endeavor. The Management had to continuously work towards finding new sources of funding through different grants. Throughout these years, various innovative modalities were tried for cost containment and it proved to be effective. The addition of Dental Services to Eye and ENT Services in the Hospital, is one of its successful accomplishments, which might help in the financial sustainability of CHEERS.

Besides service provision, CHEERS is continuously focusing on human resource development, particularly in the ENT specialty, where it is most needed. It is also diversifying academic, training and research activities which is one of the goals of BPEF’s CHEERS.

There is no other eye health facility in the country which is more comprehensive than CHEERS. It has health promotion, treatment and rehabilitation services— all under one roof. The rehabilitation of preschool children with multiple disabilities, in a school readiness program to prepare them to join inclusive education schools, has changed the lives of many children as well as their parents for the better. This has been well captured by the Author in this Publication.

CHEERS has at all times remained committed to inclusivity. Age, Gender, Disability and Ethnicity are always considered when developing any programs. As shown in many studies, women cannot utilize the services because of the distance between them and the service provider. It has overcome this situation through its outreach programs and establishment of smaller facilities in different parts of the country which are closer to their residences.

Their modality and programs look at the entire human being rather than focusing on diseases alone. This characteristic has made CHEERS stand out among its peer groups.

My sincere gratitude and congratulations to everybody involved in this journey.

Wish you all success,

Dr. Reeta Gurung
Vice Chair, BPEF
CEO, Tilganga Institute of Ophthalmology
MESSAGE BY IMMEDIATE PAST CHAIR

THEN

“If you want to go fast...go alone, if you want to go far...go together but if you want to go very far...go with an outstanding group of the most accomplished people, you can find.”

This African proverb aptly summarizes our journey. The initial days, sailing with Prof. Ganesh Raj Singh, Dr. Gauri Shanker Lal Das, Prof. Dr. Madan P. Upadhyay and exploring the decade of the then unborn CHEERS (Hospital for Children Eye, ENT and Rehabilitation Services) in Manohara, Hanumantey’s swampy lands was how it started.

NOW

Ten Years of CHEERS

The present scenario is a dream come true. It is an honor to get involved with a galaxy of veterans, who are serious like-minded stalwarts from different walks of life. Taking up the new challenge of running a state-of-the-art Hospital at the Capital, Kathmandu and working with the community at the grass root level, including the poor, socially disadvantaged and marginalized population, to make their voices heard to policy makers for sustainable human development, in fact pushed us towards higher levels of achievement.

We are a different breed of people, who believe in paying taxes to the Government of Nepal, and this belief and practice has contributed and will continue to do so to the overall national development of the Health Sector of the country. What CHEERS has accomplished in the last ten years in terms of patient growth, diagnosis, treatment, rehabilitation, educational attainment of children with blindness and deafness, awareness raising about diseases, disabilities and human rights, trained human resources, advocacy, research and innovations is commendable.

With hope to see even more progress and diversified services in the coming years, I wish everyone a Happy 10th Anniversary!

Prof. Dr. P. C. Karmacharya MD
Immediate Past Chair, BPEF- CHEERS
MESSAGE BY EXECUTIVE DIRECTOR

It has been my pleasure to serve as the Executive Director of CHEERS since 2012. This is a momentous period for CHEERS as we are now celebrating ten years of the organization. CHEERS was established to serve people from various walks of life especially the weaker sections, the down-trodden, those out of reach, the elderly, the poor, destitute, women, children and people with disabilities, to name a few.

I cordially applaud all those involved in bringing the Hospital into subsistence, especially the Board of Trustees, whose zeal and boundless vigor made its birth possible along with its development over the years. Their relentless work, together with many dedicated people who were enthused by their leadership have made it, what it is today.

We are proud to bring out this souvenir, *Ten Years of CHEERS: Celebrating the Past, Inventing the Future* to commemorate a decade of CHEERS and celebrate the many years of service that we have devoted to improving and nurturing people's lives, health and well-being through various interventions for the underprivileged and poor.

The robust and continuing presence of its outreach services in various provinces of Nepal, emphasizes the pledge of the institution and the good work it has done in transforming people's lives, health and well-being. CHEERS has grown leaps and bounds, having handled various hurdles in its path, and is evolving further by embracing modern advances in healthcare to serve the unserved communities.

Looking back to the period between 2012 and 2022, we are filled with a deep sense of contentment for having attained a lot more than we initially envisioned. Nevertheless, in all humbleness, we still feel that there is a lot more to be done.

I wish to express my heartfelt gratitude to our several partners in progress and stakeholders who reposed their faith in us. I would like to express a big ‘thank you’ to all my team members, colleagues, international and national donors, organizations, government bodies, consultants, friends and well-wishers who have supported us through all the thick and thin.

Collectively, I am sure the CHEERS family can forge ahead with conviction and buoyancy and rise to the many challenges ahead of us.

*Dr. Sanjib Upadhyay*
*Executive Director/ General Secretary*
MESSAGE BY TREASURER

I feel fortunate on being bestowed with immense trust to execute the responsibility of the Treasurer of B.P. Eye Foundation for Financial Control and oversight of the financial transactions. Apart from primary duties of budget planning; overseeing financial reporting, record-keeping, and managing incoming and outgoing funds, the additional responsibility of fundraising given to me, entails conveying detailed description of the activities and impact of the organization's work to prospective donors. We are fortunate that B.P. Eye Foundation and CHEERS's work speaks for itself and has been able to attract generous individual and institutional Donors. The contribution of donors as well as Hospital reserves, has enabled CHEERS to provide free health and education services worth 4,461,870.72 USD to those who cannot afford it, in the past ten years, demonstrating its pro poor approach to improving and promoting the health of the underprivileged.

It gives me great satisfaction to witness CHEERS’ progress and growth over the years. It has come a long way from the beginning, when 24 children with sensory disabilities were enrolled in early childhood development centers (ECDCs) for the first time in Nepal in December 2013 (a year after it began providing rehabilitative services to children with sensory disabilities), to the present, when there close to 400 children enrolled in mainstream schools. Its services have also expanded immensely, from serving 32,025 patients in the first year of its establishment to over 800,000 beneficiaries in ten years.

The inspiration and direction from our revered leaders, who possess in-depth knowledge and expertise, has enabled B.P. Eye Foundation and CHEERS to accomplish remarkable feats over the past few decades. I hope the organization is able to achieve even more in the future.

We are grateful to all patrons and well-wishers and expect continued support, cooperation and patronage to B. P. Eye Foundation and CHEERS.

Rajan B. Raut
Trustee and Treasurer
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I. BPEF INSTITUTIONAL MILESTONES

March 1991: B.P. Eye Foundation registered as a non-profit organization.

1992 January: A Proposal submitted for a grant to Lions Sight First Program by the Foundation.

April 1994: A Tripartite MOU signed with following signatories: Dr. L N Prasad on behalf of B.P. Eye Foundation, Dr PCK Karmacharya as Dean on behalf of Tribhuvan University and Gautam Man Shrestha, District Governor on behalf of Lions Clubs.


September 1996: Inauguration of B.P. Koirala Lions Center for Ophthalmic Studies

November 1998: Bachelor of Optometry program launched.

September 2001: “Community and Research Center” established.

1996-2004: This period was focused on consolidation of BPKLCOS

September 2006: Board Decision to establish a Children Eye Hospital

2006 to 2007: Land Hunting for the hospital within Kathmandu valley

October 2007: Nepal Government’s Cabinet led by the then Prime Minister Girija Prasad Koirala took the decision to provide one Acre of land at Bhaktapur, Manohara...
2008-2012:
Construction of CHEERS, started in 2008 and completed in 2012

April 2010:
Board decision to transform BPEF to Integrated, Comprehensive, Neurosensory Center with addition of Eye, ENT

September-December 2012:
Enabling Center to prepare out of school children (3-6 years) with blindness and visual impairment for school readiness program.

November 2012:
First batch of 29 staff members appointed at CHEERS

May 2014:
Memorandum of Understanding (MOU) signed with Ministry of Education to enroll children with disabilities in primary schools at any time without waiting for the beginning of academic session.

December 2014:
Official inauguration of CHEERS by then Prime Minister Sushil Koirala

May 2017:
Primary Eye ENT Care center at, Ristey, Raamechaap opened.

August 2019:
Initiation of Purvanchal ENT, Eye and Rehabilitation Center (PEERS) in Ratuwamai Municipality, Sauntha, Morang District, Province 1.

March 2020:
Immunization center based Infant Hearing Screening at five immunization centers

July 2020:
Telehealth services started

April 2021:
Community Eye ENT and Rehabilitation Services (CEERS) initiated at Adarshakotwali, Bara District, Province 2.

December 2021:
Department of Dentistry Oral and Maxillofacial surgery launched.
II. INTRODUCTION AND HISTORY: TEN YEARS AND COUNTING

The second flagship project of B.P. Eye Foundation, Hospital for Children Eye ENT and Rehabilitation Services (CHEERS) is a comprehensive and integrated super speciality health center providing dedicated neuro sensory (Eyes and ENT) services to people in the community for the past ten years since its establishment in December 2012 at Madhyapur Municipality in Lohanthali, Bhaktapur District of Nepal. CHEERS is a first dedicated Child Eye, ENT Hospital integrated with Rehabilitation services in Nepal, and is a five storied building in 44,000 square feet (1 Acre) land area with 85,000 sq feet floor area.

This integrated and comprehensive super speciality health care center is the first and unique of its kind in the country in terms of its speciality objectives, welfare services, and participatory approaches in the operation and management process.

Its diverse portfolio includes health, education and empowerment of people at risk of or suffering from disabilities. CHEERS’ vision and advocacy for providing equitable access to quality healthcare, education and dignity of children and persons with vision, hearing and other disabilities throughout Nepal, is changing the laws and culture of Nepal.

BPEF CHEERS - Vision, Mission, Strategy

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.

CHEERS’ Goals are:
- To reduce the burden of blindness and deafness.
- To develop appropriate human resources for service delivery at different levels.
- To identify and rehabilitate children with deafness/blindness - enroll them into inclusive education.
- To empower rights holders to demand and make duty-bearers accountable.
- To make an invisible disability (deafness) visible.

It would be fair to talk about CHEERS’s work and achievements only after discussing its forerunner and first flagship program.
More than 30 years ago, in 1991 the vision, mission and accomplishments of B.P. Eye Foundation began with the dreams of visionary doctors from Nepal like Late Dr Lakshmi Narayan Prasad, the first ENT and Eye surgeon of Nepal, Professor Dr Madan P. Upadhyay, Founder Chairperson of Department of Ophthalmology, Tribhuvan University, Institute of Medicine and Former Dean, Institute of Medicine (IOM), Tribhuvan University; Prof Dr Purna Chandra Karmacharya, Former Dean, Institute of Medicine, Tribhuvan University and Prof Dr Shashank Koirala, Assistant Lecturer at IOM, to make Nepal self-reliant in training its own ophthalmic workforce, an uphill task given that there were only 12 ophthalmologists and no optometrists in the country.

Although the first ophthalmology residency program in Nepal began in 1987, at Tribhuvan University’s Institute of Medicine, by 1990 it had turned out only 3 ophthalmologists. Doors for training abroad had closed. At this rate of national production, it would have taken Nepal half a century to meet its ophthalmologists’ requirement, therefore something had to be done urgently.

Concerned with this appalling shortage and snail-paced national production of eye care services and human resources, Prof Dr. Purna Chandra Karmacharya, Prof Dr. Madan Prasad Upadhyay and Dr. Shashank Koirala shared the idea of expansion with Dr. Laxmi Narayan Prasad. At that meeting, a decision was taken that in order to accelerate the production, a Center of Excellence for training of human resources was needed. BPEF took the responsibility to leveraging its influence to promote advocacy and mobilize national and international resources. For this purpose, a committee was formed with Dr. Lakshmi Narayan Prasad as Founding Chairperson, Prof. Dr. Madan P. Upadhyay as Founding General Secretary, Prof. Dr. Purna Chandra Karmacharya as Founding Vice President, Dr. Shashank Koirala as Founding Treasurer, Dr. Navin Chandra Rai, Dr. Gauri Shankar Lal Das,
Late Mr Ananga Man Sherchan, Late Prof Ganesh Raj Singh, Prof Lok Raj Baral and Prof Suprabha Ghimire as Founding Members.

The Founding Committee applied for a grant in July 1991 to Sight First program of Lions Club International for establishing an Eye Centre. Several rounds of lengthy negotiations followed and eventually a memorandum of understanding was signed on April 1994 and foundation stone of B.P. Koirala Lions Center for Ophthalmic Studies was laid in February 1995 and construction completed in September 1996.

Fast forward to 2020, there is close to 500 ophthalmologists of which 160 are alumni of TU; 520 optometrists and 1025 ophthalmic assistants (https://www.eyehealthnepal.com/eye-care-in-nepal/). There are over a dozen training programs taking place at various eye hospitals, most of which are managed by graduates of B.P. Eye Foundation's first flagship program and BPKLCOS. Dependent on other countries, Nepal is now a proud nation with capacity to produce not only its own Ophthalmic human resources but has provided ophthalmologists and optometrists to other countries like Bhutan, Cambodia, Maldives and India.

B. P. Eye Foundation has grown and continues to grow since its inception in 1991. The foundation's growth and mission has always remained parallel to the need of the society. In this regard an optometry program was initiated in 1998.

Under the leadership of the Board and insightful feedback from others, from the leadership as well as from employees, it has strived to cater to the unreached through its integrated health approach. As a committed non-profit service provider to the underserved, the Foundation has also learned that in order to improve the health of the poor and the marginalized communities it has to cast a much wider net, including activities beyond the health sector. As children are the most marginalized, the Board decided to establish a Hospital for Children, Eye, ENT with an integrated rehabilitation center.
BPEF’s CHEERS is an organization known to be proactive, innovative and people centered with deep roots in the community. It works to promote health and well-being through traditional and modern health care systems, prevent diseases through known and new developments, reaches out to people left out by the march of medicine and health, close to their homes through outreach services, and persistently works to send back children with disabilities into mainstream education and the society, through the rehabilitation program, develops capacities of health care professionals and undertakes research and advocacy at both community and policy level.

The hallmark of the organization’s work is distinguished by its inclusiveness as evidenced by reaching out to people at the margins of the society and making its service gender and generation friendly. Gender equity is a guiding principle of CHEERS’ work.

The organization is working hard to change the landscape of health care delivery, inclusive education and human rights advocacy through a pro-people, pro-health, pro-poor and inclusive model of health care in Nepal. Children, women, adolescents, people with disabilities, the elderly, the poor, those living in remote locations and those affected by natural disasters and public health crises are at the center of gravity for the organization. It targets disadvantaged and marginalized people including those of low socio-economic status. Ramps for people with disability, blind friendly pathways, voice activated elevators, braille switches and disabled friendly toilets are the organization’s way of making the Hospital disability friendly.

Brightly painted walls with cartoons in waiting halls and examination rooms as well as outdoor and indoor playing areas amply demonstrate the meticulousness of the planners to make it child friendly. Additionally, a week-long training for staff on child rights prior to joining the Hospital is essential. It is a people centered institution with deep roots in the community.

CHEERS seeks to lighten its environmental footprints with environmentally friendly features as well. Their building is strategically designed so that there is more natural light to brighten the interiors, making it energy efficient. Use of energy efficient lighting is another essential feature the organization follows. Segregating and disposal of Hospital waste in appropriate manner following strict guidelines is another example of its environment friendliness.
The hospital does not advertise about its services. Its reputation precedes its work and has grown through word of mouth by satisfied patients. It reaches out to the community instead of waiting at the tertiary care Hospital.

It is the only hospital having a Rehabilitation Unit (Enabling Center) for children with sensory (visual and hearing) disabilities along with children with multiple disabilities within its premises that has opened the door to education for such children. The organization follows an integrated people(patient) centered health care delivery model, expanding its services as well as the type and quality of services it provides to different parts of the country for sustainability.

BPEF’s CHEERS has also been working as a whistle blower (raising issues and lending its voice), innovator (innovator for solutions of contemporary problems), game changer (leveraging its network and influence for conceptualizing and implementing projects with high impact) and advocator (for awareness in community and policy change) and as resource manager (for both human and financial resources).

What follows captures its approach, programs, people it has been able to reach, its innovations, research, advocacy it has undertaken, its partnerships and impact it has made in the lives of its beneficiaries as well as challenges faced along its journey to achieving its goals.

**IV. MODUS OPERANDI**

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

Since the last ten years CHEERS has been proactively working, following a life cycle approach of prevention, treatment and rehabilitation focusing on human rights and inclusiveness. It has also established School Health Clubs to screen students, at schools and government run Peripheral Primary Eye, Ear Care Centers (PEECC) at Hospitals. Their special children-centered programs include Retinopathy of Prematurity (ROP) screening in premature babies, infant hearing screening at immunization centers, having undertaken newborn hearing screening in the past as well. CHEERS assesses nutritional, vision and hearing status at Early Childhood Development Centers (ECDCs) and have even trained students to assess hearing, nutritional status and systolic blood pressure in other school age children at schools too. It has trained health workers and equipped health posts and schools as well. CHEERS keeps expanding its services to add other Centers like Community Eye ENT and Rehabilitation Services (CEERS) at Adarshakotwali in Bara of Province 2 and Purbanchal Eye ENT and Rehabilitation Services (PEERS) in Province 1.

To target holistic health care and underlying health problems contributing to neurosensory loss, all patients over 40 years of age coming to CHEERS for diagnosis and treatment, 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 enables doctors to help their patients by early detection and earlier intervention of common and silent health problems such as obesity, elevated blood pressure, blood glucose, and intra-ocular pressures in unsuspecting patients and who accompany them. They screen for Chronic Obstructive Pulmonary Disease (COPD) also by using pulse oximetry to assess peripheral blood oxygen saturation (SpO2) in patients.

The organization has a revenue neutral service driven system. CHEERS is a not-for-profit anomaly, as it challenges the system by offering private hospital services at or below the cost of public hospital services. Its business model provides “Grace Funds” for the poor who cannot afford their services or treatment. These funds (contributed by donors and a small percentage, segregated from hospital revenue and project grants) to the tune of 4,461,870.72 US dollars over ten years, have been used to provide heavily subsidized and free services to those who cannot genuinely afford them.
CHEERS tries to be inclusive by proactively reaching out to people at the margins of society, and making their services gender and generation friendly. It provides services where the poor live, including geographically challenging areas. The organization has been working to ensure the rights of excluded and marginalized groups including children, adolescents and youth, women, persons with disabilities, elderly, those living in remote locations, different castes, ethnicity, religions, those affected by disasters and public health crises to promote gender equality and social inclusion in healthcare and education.

A provider-patient relationship also requires good communication and trust in order to work towards a common goal which results in better health outcomes. CHEERS provides patient empowerment through counselling and thoroughly engaging with patients in their contact and care with the purpose of helping them develop self-awareness, self-care and have an understanding of the repercussions of untreated diseases and treating them effectively by following the health professional’s advice but also questioning them at the same time. They encourage patients to simultaneously adopt a holistic lifestyle by making small changes with the help of a healthy diet, exercise, physiotherapy, yoga etc., if necessary, for better health outcomes.

V. OUTPUTS: CHEERS IN NUMBERS

CHEERS has served over 800,000 people in the last ten years both at the hospital through its outreach services and projects. Besides providing Outpatient Services and Surgeries to patients at the Hospital, the organization engages in Outreach Services; Health Promotion, Disease Prevention and Immunization; Rehabilitation; Capacity building and Continuous Professional Development; Networking for disability and human rights awareness and learning, Advocacy and Research, Telehealth and Artificial Intelligence; Grant seeking and project implementation and Equipping health centers and schools.

A. HOSPITAL BASED SERVICES

CHEERS’ in-house facilities include a fully functional state of the art hospital focusing on integrated health to prevent blindness and deafness and promote vision and hearing. It has provision for Pediatric and General practice with Dental service being added in the recent past. Privacy of patients is protected by having separate OPDs for individual physicians.

The Eye Department offers both comprehensive ophthalmic care as well as services through specialized clinics in pediatric care, glaucoma and retinal services. Vision therapy is among its most recent additions to treat amblyopia in children and adults. This service is available only at CHEERS among non-profit hospitals.

The ENT Department offers services like Functional Endoscopic Sinus Surgery (FESS). It has a Rehabilitation Unit for Audiology and Speech Language Pathology (RUAS) and Tele otology services.

The Department of Dentistry Oral and Maxillofacial Surgery is the youngest department providing services and treatments like filling and root canal treatment, tooth extraction, major and minor surgical procedures, and treatment for gum diseases with scaling.

Other support services include a Laboratory, Radiology, Pharmacy, Insurance, counter, Counselling room, an Optical shop, immunization clinic and Wellness Centre.
CHEERS started another center as Community Eye, ENT and Rehabilitation Services (CEERS) at Adarshakotwali in Bara District where patients are examined for eye and ear diseases and have a rehabilitation training center for children with sensory disabilities. CHEERS has a Primary Eye, Ear, Care Center in Rishte of Ramechap District in Bagmati Province too.

Graph 1: Outpatient care

A total of 686,889 people availed of OPD services at the Hospital in the last 10 years. Out of this 357,128 (51%) are women compared to 49% men.

Surgeries
Of the total 20,611 surgeries performed in the past ten years, 16,804 were carried out in house and 3,807 at outreach camps, out of which 10.85% were on children, 54.12% were on women and 54.38% were on elderly beneficiaries.

Phaco Eye surgery being performed in Hospital
B. OUTREACH SERVICES
Taking specialist medical care in Eye and ENT to underserved and far-flung remote areas where people are in desperate need of these services has been CHEERS’ strategy to bring hope and healing to the underprivileged through its various outreach services like Daily Screening Training Services (DTST), Static Outreach Clinics (ORC), Remote Rural Health Camps (RRHC), School Health Program (SHP) and Peripheral Primary Eye Ear Care Centers (PeeCCs) and Hospitals. Detailed description of these outreach services will be reported in the next section (Chapter VI).

In the past decade, there were 216,254 beneficiaries of outreach services, of which 1,05,160 were women and 85,336 were children. This is clear demonstration of how outreach services reach out to more women and children.

Table:1 Gender distribution of outreach services beneficiaries of outreach services of Ten Years.

<table>
<thead>
<tr>
<th>Program</th>
<th>Children</th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>DSTS</td>
<td>13150</td>
<td>32855</td>
<td>20264</td>
<td>53119</td>
</tr>
<tr>
<td>SORC</td>
<td>8727</td>
<td>16793</td>
<td>10582</td>
<td>27375</td>
</tr>
<tr>
<td>RRHC</td>
<td>15578</td>
<td>26164</td>
<td>20242</td>
<td>46406</td>
</tr>
<tr>
<td>PEECC</td>
<td>1872</td>
<td>7127</td>
<td>36841</td>
<td>14148</td>
</tr>
<tr>
<td>SCHOOL</td>
<td>75206</td>
<td>38365</td>
<td>75206</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>114,533</td>
<td>121,304</td>
<td>94,950</td>
<td>216254</td>
</tr>
</tbody>
</table>

C. REHABILITATION
CHEERS’s most innovative development has been its Rehabilitation Facility (Enabling Center) in the premises of the Hospital for training young children (3-8 years) with sensory disabilities. Children with blindness and deafness who cannot be medically and surgically treated undergo pre-Early Childhood Development (ECD) training to develop life skills for independent activities of daily living, pre-braille and sign language along with children with other disabilities. They are provided with free boarding, tuition, clothes and meals as well. In cases where children are too young to leave their parents, mothers are accommodated in the Hostel, and outsourced as Caretakers.

After three to six months and in some cases, as long as one year training, these children graduate and are assisted in enrollment in integrated schools across the nation, at any time of the year.

The Rehabilitation Unit also provides training to Parents of these children, Resource teachers, Principals and Caretakers of Integrated schools on how to handle and care for them, including activities for their mobility and daily living skills. As a result, this has aided in removing at least one of the numerous forms of marginalization.

Additionally, these children are able to exercise their right to an education, become productive members of the society and enhance the quality of their lives as well as that of their families. Close to 400 children have been trained at the Rehabilitation Unit, and child graduates enrolled in schools.
D. HEALTH PROMOTION DISEASE PREVENTION AND IMMUNIZATION

Health promotion and disease prevention is a hallmark of CHEERS’ strategy both in house and in the community. A designated health promotion room is readily available with education materials easily accessible for patients on the ground floor of the Hospital. Patients are counselled individually on interventions for primary (actions aimed at avoiding of diseases) and secondary (early detection and treatment), aiming to minimize the burden of diseases and associated risk factors.

As part of health promotion and disease prevention, the organization tries to address risk factors such as hypertension, diabetes, glaucoma and obesity through counselling and free of cost screening for blood pressure, blood sugar, intraocular pressure, anthropometrics (height, weight, abdominal girth) and pulse of all patients above 40 years and one accompanying person. It also counsels and advises on nutrition and lifestyle changes.

Well-designed Information Educational and Communication (IEC materials) such as brochures, pamphlets, posters and fliers are continuously produced and distributed to in house patients and in its outreach programs to raise awareness on specific health concerns. Relevant materials including audio visuals are also shared and disseminated to select audience during workshops, seminars and meetings. In the past ten years over 7,000 people acquired health literacy for disease prevention including human rights-based approach to health and disability awareness. CHEERS has organized workshops, interschool competitions and awareness raising programs on eye and ear health and non-communicable diseases, noise pollution and promoted precautionary measures to prevent the spread of the Corona virus during the COVID 19 Pandemic in schools.

BPEF offers various immunizations for infants and children to protect them against common childhood infections and vaccine preventable diseases and prevent disability.

E. CAPACITY BUILDING AND CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

Since the outset, capacity development of the organizations’ leaders, employees and those joining the BPEF CHEERS brigade, through professional development programs has been an ongoing, steady effort at BPEF. Although Capacity Building and Continuing Professional Development (CPD) appear to be similar there is a subtle difference between the two. Capacity building of leaders and employees (through trainings, workshops, conferences, seminars, webinars, mentoring, coaching, and hands-on learning) is undertaken with the objective of making them more effective in their work, enriching lives of people they serve and promoting sustainability. It involves determining the needs of the workforce, organizing and executing initiatives reflecting on the lessons learned, and finally putting what was learned into practice. While Continued Professional Development programs include internships and other courses for students and health workers coming from Nepal and abroad. Through these courses students and professional acquire defined clinical skills from the OPDs under direct supervision of Ophthalmologists, ENT specialists, Optometrists and Audiologists amongst others.

Given below are capacity building and CPD programs in which leaders and employees have participated in Nepal and abroad.

1. Four ophthalmologists from the Department of Ophthalmology at CHEERS participated in Training of Trainers (Master Eye Doctors) on Retina in Tokushima University, Japan in 2016 in which they learned about posterior segment diseases being difficult to manage, needing much human manpower training, sophisticated investigation and a surgical system. This resulted in strengthening of three Retina Centers in Kathmandu and one in Pokhara.
2. Dr Subodh Gnyawali participated in a meeting with Prof Barbara Engebretsen and representatives from Bahir Dar University College of Medicine and Health Sciences, Ethiopia to discuss ideas for developing a three-way understanding on how to address NCDs in Nepal, Ethiopia and the USA in 2016 at Bahir Dar University. The message from this was that non-professionals (adolescent students) can serve as sustainable human resource in resource constraint countries and health partners and advocates for confronting NCDs in their schools and communities. This culminated in the Hypertension Education and Resource Talented Students (HEARTS) Project from 2017-2019 between Nepal, Ethiopia and USA. A pilot study in two schools of Bhaktapur, Nepal by training adolescent school students of school health clubs to assess nutritional status, of their peers to promote health and prevent hypertension and noncommunicable diseases (NCD) by screening peers for anthropometrics and systolic blood pressure.

3. Sushma Thapa from the Rehabilitation Unit participated in an observation and training program for visually impaired with multiple disability at Blind People's Association, Ahmedabad, India and Northern Region School for the Blind, Chiang Mai, Thailand in 2017. Learnings from this training were: daily living skills, sensory integration activation by using advanced materials, continued physiotherapy, speech therapy, playing musical instruments are important for children with blindness and multiple disabilities. Vocational education for older children with multiple disabilities unable to perform in academics is very useful as well. For developmental growth of older deaf blind children, practical skills such a gardening, cooking, cutting, using appliances, learning concepts of feeling rain, sand, slush are beneficial. Some concepts are being applied when training children with disabilities at CHEERS.

4. Rajan Shrestha was sent by the organization in 2017, to complete his Masters in Health Promotion and Education at Institute of Medicine, Tribhuvan University, Kathmandu, Nepal. Knowledge and skills to plan, implement, monitor and evaluate appropriate and evidence-based health promotion and education programs were acquired. This resulted in the organization selecting a qualified person to oversee the Wellness Centre and manage projects and research.

5. Dr. Arjun Shrestha participated and made a presentation on Artificial Intelligence (AI) in Diabetic Retinopathy (DR) at the Nepal Ophthalmic Society Conference in Kathmandu in December 2021. It was part of a discussion of the International Eye Health Course as a Peter Auckland Scholar. Message from this was: sensitivity and specificity of CHEER’s AI system is acceptable for DR screening. AI is being used to detect DR by Health Assistants and other health professionals at BPEF’s outreach programs where there is a lack of ophthalmologists.

6. Research and Advocacy Team, IT Team and Senior Management participated in a Health Innovation Workshop organized at BPEF’s CHEERS in July 2022 with various external experts. The takeaways from this workshop are: there is a constant need for innovation in the healthcare system. It is essential to understand innovative needs of the integrated healthcare system through empathy, ideation and generation of ideas to pioneer innovation in improving wellbeing for people of all ages- including ensuring healthy lifestyles and convert health research and innovation into tangible benefits for patients and society. Additionally, maintaining the organization's position as a leader in interdisciplinary, long-term, patient-centered health research is crucial. This will lead to establishing a method and technique for gathering implementable and creative ideas for health care by establishing a Health Innovation Laboratory (Center) for innovation within BPEF in the future.

7. ENT Department attended a week-long workshop on Early Identification and Early Intervention for Young Children with Hearing Loss organized by Global Foundation for Children with Hearing Loss at CHEERS in August 2022. Lessons learned: Early identification (from 0-6 years) and early intervention through infant hearing screening programs, informed and engaged caregivers and family members, access and timely fitting of appropriate technology (hearing aids, cochlear implants, etc) and locally based professional expertise in rehabilitation using different tools of Auditory Verbal Therapy (AVT), Counselling, and Audiology are most essential to detect hearing loss and teach new born and young children to hear and speak. Some of these learnings are being applied at CHEERS.
8. Dr Samata Sharma attended the Global Conclave of Women Ophthalmologist Worldwide (WOW) in November 2022 organized in Noida, India and presented a paper "Epidemiological pattern of corneal foreign bodies and awareness of patients on utilization of protective eye devices- A hospital-based prospective study." Takeaways from this Conference were: More women need to take up leadership positions in practice, surgical ophthalmology, academics and Chairs in academic events related to ophthalmology; discuss problems faced and get solutions from the women mentors (senior ophthalmologists) and balance personal and professional roles amongst others. Hopefully what was learned will be applied at CHEERS.

BPEF’s **Continuing Professional Development** programs include certificate to Master degree courses in various disciplines such as Optometry, Audiology and Speech Language Pathology, Health Management, Nursing and General Medicine as well as areas of blindness, low vision, retina, Orthoptics, Vitreo retina, Pediatric ophthalmology, Strabismus, Optical Coherence Tomography (OCT), ENT and Functional Endoscopic Sinus Surgery (FESS) amongst others.

The Hospital also offers a three months training course on Community Ear Health Workers (CEHW) affiliated to the Council for Technical Education and Vocational Training (CTEVT). It is designed to address an acute shortage of ear workers in Nepal and build the capacity of Community Medical Assistants (CMA) or equivalent passed health workers in Nepal. The participants receive training in the diagnosis and treatment of common ear, nose and throat diseases; screen hearing loss using an audiometer, refer cases, promote ear care and hearing health, help in the rehabilitation of hearing impaired and reporting.

A total of 1440 beneficiaries have undergone pre service training at BPEF as part of CPD during the past decade. One thousand three hundred and thirty two health assistants and nurses benefited from clinical exposure, 47 Community Ear Health Workers(CEHW) were trained, 18 students did their Internship in Bachelor of Optometry (12 months), 15 students completed their Internship in Bachelor of Optometry(1 month), five students did their Internship in Master of Optometry(6 months), four students completed their Internship in the Ophthalmic Assistant Program(3 months), two students completed their Bachelors in Health Care Management, two students finished their Bachelors in Social Work, nine students in Bachelor of Audiology and Speech Language Pathology (BASLP), one student completed Master of Science in ENT and 20 students completed Physiotherapy training.

Other than the Children with Disabilities (CWD) who receive pre-ECDC training at the Rehabilitation Unit, their parents, principals, general teachers, and resource teachers at Inclusive schools, where students with disability are enrolled, also receive orientation training on how to handle children with disabilities/blindness/deafness. In addition, BPEF has trained Female Community Health Volunteers (FCHVs) as key informants to identify Children
with Blindness and Vision Impairment (CWBVI) in the community. Orientation and Training have been imparted to Health Workers in the field, on detection and assessment of CWBVI for referral. Early Childhood Education Centers (ECDCs), approaching families and concerned persons while searching for CWBVI in the community, motivating the child with disability and/or their care givers at home, causes of disability, as well as methods of testing hearing and vision, magnitude of blindness in Nepal and causes of blindness.

A total of 5,323 stakeholders (school students, key informants, children with disabilities, school students, teachers, principals, Female Community Health Volunteers, parents of children with disabilities) have been beneficiaries, of capacity building in ten years.

Table 2: Other stakeholders trained by BPEF CHEERS from 2012-2020

<table>
<thead>
<tr>
<th>Key Stakeholders</th>
<th>No of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>School students (from school health program)</td>
<td>1642</td>
</tr>
<tr>
<td>Key Informants</td>
<td>1547</td>
</tr>
<tr>
<td>Teachers/Resource teachers/Principals</td>
<td>1175</td>
</tr>
<tr>
<td>Female Community Health Volunteers (FCHV)</td>
<td>1109</td>
</tr>
<tr>
<td>Health workers</td>
<td>557</td>
</tr>
<tr>
<td>Children trained at Rehabilitation Unit</td>
<td>300</td>
</tr>
<tr>
<td>Children who graduated from Rehabilitation Unit</td>
<td>240</td>
</tr>
<tr>
<td>Children at pre-primary schools</td>
<td>220</td>
</tr>
<tr>
<td>Parents trained</td>
<td>200</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>6,990</strong></td>
</tr>
</tbody>
</table>

Institutional Strengthening/ Capacity building: In this connection BPEF has built capacity of health institutions; for example, equipping Health Posts by providing ENT diagnostic kits to several health facilities through Kadoorie Charitable Foundation grant, strengthening existing Retina Centers and establishing a new one in the country through Japanese Government grant, equipping health centers with required materials and schools through several other programs. This will serve as a baseline for year 10 against which further progress can be measured through frequent updates. BPEF is also building capacity of health system through their static outreach clinics.
F. ACADEMICS AND RESEARCH

Research is an integral part of the Foundation's work. A highly qualified team of researchers and leaders dedicated to pushing the boundaries of knowledge and, more importantly, its application, help to make this possible. BPEF brings together scholars of varying disciplines from different countries to enhance clinical and research skills of the staff.

Evidence-based practice has steadily replaced eminence-based practice at CHEERS. Since both clinical treatment and community interventions rely significantly on the results of research, knowledge creation as well as its management constitute BPEF's core functions. The research initiatives of BPEF have expanded to address a wide range of clinical and public health issues, with a particular emphasis on expanding access to services, improving quality, finding effective solutions, lowering costs, and conducting cost-benefit analysis.

Given the global shortage of health workers, BPEF has been engaged in research involving non-health-youth and children in research. A study on the effectiveness of student led vision screening (SLVS) of peers for refractive error, with vision screening test sensitivity of 81.7% and specificity of 97.6% has been very successful. (PMID: 28937870). This has led to the government of Nepal recognizing students as additional human resource for vision screening and its adoption in the Government’s new eye health strategy document.

Another study completed in 2022, used a socio ecological model to identify the current educational status to improve the learning of children with blindness enrolled in integrated schools of Nepal. It identified gaps in learning and proposed solutions and guidelines for implementation. (Final report submitted to CBP-USAID).

During this period BPEF has also collaborated with B.P. Koirala Lions Center for Ophthalmic Studies (BPKLCOS); Himalayan Eye Hospital; Tilganga Institute of Ophthalmology, and Gandaki Provincial Health Directorate, for a case-control study, to determine the role of moths in causing Seasonal Hyper-acute Pan-uveitis (SHAPU), a disease reported only from Nepal. This has confirmed the association with moths. This was technically and financially supported by WHO. (https://doi.org/10.1080/09286586.2020.1820533).

There was yet another study to find the feasibility of community management of ear patients through tele otology in outreach centers. This has had very positive responses from both patients and community ear health workers (CEHW) who were trained to use tele otology services for diagnosing ear health problems by connecting patients to ENT specialists, at the base hospital of CHEERS. The study found that tele-otology can play a significant role in the early identification and diagnosis of ear diseases, including middle ear pathologies, as well as bridging the ear care service gap in resource constrained settings like Nepal (https://www.nepjol.info/index.php/mjmms/article/view/47655).

The rising prevalence of Non-communicable Diseases (NCDs) and their direct effects on neuro-sensory health (Eyes and Ears), has become a matter of concern for the organization. BPEF-CHEERS initiated a longitudinal study with patients over 40 years of age visiting CHEERS screened for overweight and obesity, blood pressure and blood sugar.

Based on early findings of this study some important discoveries have been made. For example, Waist Height ratio (WHtR) was found to be better metrics for obesity diagnosis and hypertension because of its low cost, simplicity of measurement and better ability to predict Hypertension (HTN). Because of its higher ability to better diagnose obesity, it may become a more usable metric in health facilities of low-income and middle-income countries. (PMID: 34824112).

The same study also reported a very high prevalence of obesity among patients attending hospitals, considering that no similar hospital-based studies had been done earlier, this is an important finding. In keeping with BPEF’s research objectives of knowledge creation, linking it to policy formulation and policy implementation, a Wellness Center has been set up at CHEERS' premises for the benefit of patients. Other early incoming results (PMID: 35199664; PMCID: PMC9297346) also alert research community and policymakers for the need shift from Body Mass Index (BMI)-centric obesity measurements, although-this is not likely to happen any time soon as BMI is deeply entrenched in obesity literature.
The pandemic had fundamental impacts on the mental health of health workers globally as well as in Nepal. BPEF‘CHEERS undertook a study to determine the burden of anxiety, depression, and functional impairment among health care workers in the early days of lockdown during the first wave of COVID-19 outbreak in Nepal, among the employees of the Hospital, using an online survey. It was found that anxiety and depression during the first lockdown due to COVID-19 pandemic were highly prevalent in both clinical and non-clinical employees. Clinical and non-clinical staff both had a higher prevalence of both anxiety (31.0% and 20.5%, p=0.265). Females had a higher prevalence of both anxiety (39.5% vs 11.6%, p < 0.01) and depression (18.6% vs 9.3%, p=0.351). Besides controlling the outbreak, special consideration should be given to mental health (http://www.kumj.com.np/issue/75/351-355.pdf).

Retinal diseases are the second most common cause of blindness in Nepal (cataract being the first) and out of reach for the underprivileged. The number of people becoming blind with Posterior Segment Eye Diseases (PSED) like Diabetic Retinopathy (DR), age-related macular degeneration (AMD) and others are increasing in Nepal and should now be considered to be of particular public health concern. However, poverty, socioeconomic issues, illiteracy, lack of awareness, difficulty in accessing eye and health care are obstacles for those of low economic status. To address this problem BPEF’s CHEERS initiated a novel community-based method of PSED screening, education, counseling, and referrals as part of the Retina Eye Care of Nepal (RECON) project in collaboration with Tokushima University, Japan which has been completed. The study showed that limited trained human resources, and facilities for tackling retinal diseases in Nepal would lead to an increase in undiagnosed retinal diseases in the future. Retinal diseases are asymptomatic in the majority of subjects and can lead to irreversible visual impairment because of delayed treatment. Low levels of awareness about these diseases can make it catastrophic. So, large scale advocacy on retina screening programs, enhancing skills of mid-level eye care workers and improved use of fundus camera is essential. (https://doi.org/10.2147/OPTH.S259274)

A review of women ophthalmologists in Nepal was carried out for the first time by BPEF’S CHEERS. It revealed that more Nepalese women are joining ophthalmology and taking up leadership positions in the country and also contributing in research and getting into academics; For the first time, after 27 years establishment of Nepal's leading professional organization for ophthalmology, a woman held the position of President in 2012. A woman also became the first President of Nepal Vitreo Retina Society since its conceptualization in 2016. (https://doi.org/10.3126/nepjoph.v13i1.35607)

Its scientific publications are listed in Annex. III.

Innovation: Some innovations carried out by BPEF mentioned in this section will be described in detail under CHEERS AS INNOVATOR (Chapter VII). An “Innovation Lab” is being established. Idea Kiosks for registering innovation and research will be set up.

Future Direction of BPEF’s Research:
BPEF will focus on generating innovative approaches to fill the implementation gap in Eye, ENT, and Oral health services. The highest level of evidence will be generated through systematic review and meta-analysis to solve the health research questions. Cohort studies, clinical and behavioral trials will be added to the research list to contribute to filling the evidence gap in Eye, ENT and Oral health. In addition, a cost-effectiveness analysis, as well as a cost-benefit analysis, will be done in each health intervention that BPEF carries out.
G. TELEHEALTH AND ARTIFICIAL INTELLIGENCE

BPEF introduced telehealth and artificial intelligence in its service programs. In the prevailing context of Covid-19, patients not wanting to visit the hospital, can avail of health services from any particular health provider/doctor via the internet. Telehealth programs in ophthalmology and otology to reach out to people in remote locations by training non experts like Community Ear Health Workers (CEHWs), Health assistants and other health workers was started during this period. A total of 723 beneficiaries (including 467 women) received teleophthalmology and Tele-otology services.

H. ADDITIONAL SERVICES

Other services that the Hospital provides are physiotherapy, exercise and yoga at its Wellness Center, Counselling, Vision therapy, Low vision service, Contact Lens and Radiology and Laboratory services, Library with digital support and Information technology Department.

The Physiotherapy Unit can proudly claim to be one of the best in pediatric physiotherapy in the country. Depending on the patient's demands, the professionals employ various physiotherapy techniques with patients of all ages (children, adolescents, adults, and the elderly). The use of Neuro Development Therapy to improve neuromotor functions, Constrain Induced Movement Therapy (CIMT) to treat cases where one side of the body is not functioning, Vestibular Training to improve balance, Electrotherapy to treat pain and other neuromuscular problems and Exercise Therapy individually or in a group to meet precise needs for specific purpose are some of the therapies used.

The Eye Department of CHEERS has successfully introduced Vision Therapy (a supervised, non-surgical, and customized program of visual activities designed to correct specific vision problems and/or improve visual skills) for its patients through trained personnel for patients with Amblyopia (lazy eye), Nystagmus, Strabismus (crossed eyes), Non-Strabismic Binocular Vision Dysfunctions (NSBVD), Autism spectrum disorder and Cerebral palsy. It is probably the first public hospital in the country that has introduced vision therapy.

VI. OUTCOMES AND IMPACT

Numbers do not do justice to the work that the organization does. The organization’s holistic integrated life cycle approach of work has been addressing problems of health and social barriers faced by many people of Nepal, beginning at birth. What follows illustrate the range of services offered by CHEERS along with the difference it has made in the lives of people.

A. CHEERS WITH CHILDREN

Premature and Newborns:
- 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.
- Neonates hearing screening to detect and treat hearing defects in early stage of life for prevention of hearing loss and facilitation of cognitive development.

Infants (Birth to 12 months)
- Immunization program Baccillus-Calmette-Guerin((BCG), Diphtheria, Pertussis and Tetanus (DPT), Hepatitis B(HepB) and Haemophilus B(Hib), Oral Polio Vaccine (OPV), Inactivated Polio Virus Vaccine (IPV), Pneumococcal Vaccination (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 the early stage of life for prevention of hearing loss and facilitation of cognitive development. Since its inception four years ago, 3,412 infants have been screened using Otoacoustic Emissions (OAE) hearing test and 37 infants screened using Auditory Brainstem Response (ABR) test.

Relief camp during the devastating earthquake in 2015

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, speech therapy and vision therapy services for children with disabilities.

• Pre-school Children (3-6 years)
• Implementing vision and hearing screening of pre-school children and appropriate intervention as needed.

• Establishing 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 daily living life skills, sensory-motor skill development, low-vision, speech therapy, pre-braille, sign language 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 over 300 children with sensory disabilities who completed training at the Enabling Center, 240 have graduated and are presently 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 are described under “CHEERS-THE INNOVATOR.”
 implementing vision therapy, a non-surgical and customized program of visual activities designed for children with disabilities to correct specific vision problems and/or improve visual skills.

A success story of a child who received training at the Enabling Center and is continuing her education in School is given below:

Case Story: Ritika goes to School

When Rita Neupane Ghimire mother of four-year-old visually impaired (almost fully blind) Ritika Ghimire from Lamjung at the Rehabilitation Centre of BPEF’s CHEERS in 2016, Ritika would not stop crying as she missed her mother.

When Ritika was three months old, her parents were informed by doctors at Tilganga Eye Hospital in Kathmandu that her eye problem was genetic and was incurable. Disappointed, they returned to Lamjung. Meanwhile, Ritika's father came in contact with Lok Bahadur Gurung from CHEERS in 2016, who informed him about the Rehabilitation program at CHEERS.

Extremely happy to hear that their daughter and other children like her could receive training and then join mainstream schools, Rita took her daughter to Kathmandu. In July 2016, after a thorough medical examination, Ritika was admitted into the Rehabilitation Centre. Rita spent four days with her as part of training and left.

Ritika could hardly speak or move around initially but in about six months there was marked improvement in her daily living activities and behavior. She learnt motor skills, pre braille and behavioral skills. Once she gained enough confidence, she took initiative and kept asking her teachers and caretakers for information. Ritika became self-reliant and even began guiding some of her peers to the toilet.
Ritika was now ready for school. Finally, after an internal and external evaluation, she graduated in December 2016, and sought admission in the Resource Class at Namuna Machhindra Secondary School in Kathmandu with a recommendation from the Ministry of Education, Nepal and BPEF-CHEERS.

Her teachers were all praises for her when BPEF-CHEERS team visited Ritika in school in 2019. “She is disciplined, and doing very well in her studies, although her English is a bit weak. Children who have trained at CHEERS are different from children that have not been trained and are coming straight from their parents’ homes. They are obedient, disciplined and social. Their training has helped them develop some good habits,” said Indira Aryal, Resource Teacher at Namuna School.

After spending two years in Namuna School, Ritika’s parents got her admitted into Laboratory School in Kathmandu in 2020. “My daughter is as good as any sighted child. I want to give her the best education and opportunities that we did not get when we were growing up. I feel she will do better in a private school. Even if I have to eat one meal less, I want my daughter to go to the best school,” remarked Rita Neupane.

On meeting Ritika again in 2021, she appeared to be a self-assured girl, unlike the little girl who had first joined CHEERS. “I stand among the top ten in my class and get A plus grades. I know how to use computers. I learnt it watching my dad and also asked him to teach me during the COVID 19 Lockdown,” remarked Ritika proudly. Now in Class IV, she is expressive, speaks fluent English and wants to become a Police Officer when she grows up.

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School Age Children and Adolescents (6-24 years)

BPEF has developed student led vision screening programs in schools of Nepal. It was started with a USAID competitive grant project in 2014 under which 150 students and 25 teachers of 25 public schools in three districts of Nepal were taught to screen their sighted peers for refractive error. This was validated by eye health professionals. A total of 10,774 school children were screened for visual impairment by trained students. 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 resource that could screen children for visual impairment. Apart from the screening of school children, they are also provided with health promotion information on prevention of eye and ear diseases and Human Rights Based Approach to health and disability awareness.

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, to 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.

The student led eye screening Project has been scaled up to 120 schools in six districts of Nepal through another USAID funded grant in 2019, Students
for Universal Eye Health Coverage in partnership with Nepal Red Cross Society and support of its Junior and Youth Red Cross (JYRC) members at schools, building on experiences and lessons learnt from the previous project and adding new features like compliance of spectacles use, eye health service utilization among school children and cost effectiveness of student led vision screening through research studies. The studies found that countries with limited eye-care professionals and infrastructure can effectively train and utilize students for timely detection of poor vision among children. They also found pro-active student-led vision screening of fellow students helped diagnosed Refractive Error in 11.2% children, which otherwise would have been missed in nearly half of the students with Refractive Error. Student-led vision screening program is also highly cost effective than normal eye care seeking practice. The project trained and referred the following students during the project period:

<table>
<thead>
<tr>
<th>Activity</th>
<th>No of students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students trained to screen peers</td>
<td>498; Female=275; Male=223</td>
</tr>
<tr>
<td>Students screened by students under teachers’ supervision and provided with health promotion information on common childhood ocular problems</td>
<td>22,792; Female=12,486; Male=10,306</td>
</tr>
<tr>
<td>Students referred for evaluation</td>
<td>3,882</td>
</tr>
<tr>
<td>Completed eye check up by professionals</td>
<td>3,214</td>
</tr>
<tr>
<td>Students benefitted from free or subsidized eyeglasses</td>
<td>1,829; Female=1,035 Male=794</td>
</tr>
<tr>
<td>Students benefitted from medicines</td>
<td>442</td>
</tr>
</tbody>
</table>

Along with students, teachers, health workers (including Nepal Red Cross Society representatives), and School Management Committee members were also trained to screen students as well.

**Case Story 2: Girl with Ocular Toxoplasmosis**

A twelve-year-old school girl was found to have poor vision after a vision screening program was conducted at her school by a group of trained students from the USAID funded Students for Universal Eye Health Coverage project. She was then referred to a nearby eye hospital, where she was diagnosed with toxoplasmosis of the eyes. Toxoplasmosis is a disease that results from infection with the parasite Toxoplasma Gondii. In the eye, Toxoplasma infections frequently cause significant inflammation and subsequent scarring which may temporarily or permanently impair vision. The girl was referred for further treatment to CHEERS Hospital. After the treatment, her vision has improved significantly. She has been regularly following-up every three months. In a recent follow up, it was found that she did not require any low vision devices and is able to study and do her other activities with a pair of spectacles. This clearly illustrates how vision screening in children is beneficial in diagnosing not only refractive error but also other vision-related problems which gives children a better chance of performance in the classroom and live more productive lives.

Another USAID funded research project with children with blindness and visual impairment was Improving the Learning Experience of Children with Blindness and Visual Impairment (CWBVI) in Inclusive Schools of Nepal sought to identify barriers and facilitators of education and social inclusion of these children using a socio ecological model, to explore their ocular, nutritional, and psychosocial health status. Based on findings, recommendations were made for the schools, and local and federal governments for improving these children's learning environment so that they perform better in school. The beneficiaries of the Project are as follows:

<table>
<thead>
<tr>
<th>Particulars</th>
<th>Number of Beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Detailed eye examination of children with blindness and visual impairment</td>
<td>130</td>
</tr>
<tr>
<td>Total beneficiaries (CWBVI, sighted peers, parents, teachers, principals, caretakers) eyes screened</td>
<td>2,793</td>
</tr>
<tr>
<td>Students provided with spectacles</td>
<td>400</td>
</tr>
<tr>
<td>Students provided with low vision devices</td>
<td>52</td>
</tr>
<tr>
<td>Students taught to screen eyes of their peers</td>
<td>19</td>
</tr>
<tr>
<td>Psychosocial counselling and identification of gender and social inclusion-based concerns in CWBVI, their parents and teachers</td>
<td>134</td>
</tr>
</tbody>
</table>
BPEF has initiated training of community health auxiliaries as community ear care personnel. It helps 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.

CHEERS has provided refraction for over 2,61,205 children and removed ear wax for over 28,656 children in the past decade.

**B. GENDER EQUAL AND INCLUSIVE CHEERS**

Commitment to gender equality, social inclusion and diversity is a core principle of the organization which is substantiated by its practices.

Globally, Diversity, Inclusion and Equity (DIE) has assumed a center stage in all development programs/initiatives. While Diversity recognizes the different traits that shape each one's unique identities and beliefs, Equity aims to remove the barriers various groups may face in order to provide equal access to opportunities, and Inclusion creates an environment that allows all to participate and feel included.

Though a medium-sized country, the diversity in Nepal has been a subject of study among scholars and policy makers. Its human population is as diverse as its flora and fauna. It is a multi-cultural, multi-ethnic society with great linguistic and geographic diversity, with a population of 29,192,480 (14,291,311 (49%) males and 14,901,169 (51.04%) females. More than 500,000 people have disabilities and a total of 2,154,003 are elderly (60 years and above). There are 126 caste/ethnic groups, 123 languages spoken as mother tongue and ten religions practiced.

The Hindu caste system traditionally categorized the society into four different groups and those that fell outside these groups were considered untouchables who are now referred to as Dalits. The unequal distribution of power and inequalities between genders and different social groups has led to discrimination, unequal treatment and exclusion. Discrimination, inequality and social exclusion is based on gross poverty, gender, caste/ethnicity, religion, generation (age), disability, geography, disasters affected, lack of citizenship, migrant status, and living with HIV/AIDS. Caste based discrimination is due to domination by upper castes in education, health, politics, and economics amongst others.

In Nepal's patriarchal society women who are the most marginalized, have a weaker role in decision making and are discriminated in health, education and often face violence; Dalits & Adhivasis/Janajatis face language and caste-based discrimination; Madhesi face political, social and economic marginalization; third genders face discrimination based on sexual orientation; and people with disabilities suffer from stigma. Disability is considered a result of past life sins.

Not all communities have benefited equally from state services including improvements in health and social programs of the state. There are wide gaps in child health and life expectancy at birth based on ethnicity, socio-economic status and place of birth. Traditional methods of service delivery do not improve health of all social groups. Therefore, targeted need-based interventions are essential for non-homogenous groups.

The latest Research, “Gender and Health 5050 Nepal: Catalyzing Change for Gender Equality and Health Equity” among 77 (30 national, 47 international, 2 ministries and 3 government departments) working on health and gender in Nepal, on monitoring their gender related policies and practices, points out that one of the key elements influencing health equity is gender (https://nepal5050.org/).

There are 4 domains and 12 variables in the Report on the basis of which organizations have been assessed for gender equality. The Report mentions the lack of workplace policies for gender equality, inclusion and diversity, few publicly available workplace policies; inadequate maternity leave being provided across many national NGOs; and underrepresentation of women at the highest-levels in health organizations (both national and international) in Nepal. Only a third of Nepali NGOs sampled are led by women and have gender parity in senior
management. (https://www.bpeyefoundation.org/Publications). At the national level, over half of Nepal offices (56%; 19/34) were led by women, while globally, 38% (13/34) of the same organizations were led by women.

BPEF has been promoting gender equity for service recipients as well as service providers, with gender equity being a mantra that cuts across everything that they do. They have been monitoring and making conscious efforts to achieve gender equity and inclusion as would be evident from previous annual reports (https://www.bpeyefoundation.org/Publications. However, for purposes of this publication, they analyzed gender equity among its service providers as well as service recipients among 6 clusters recommended by government of Nepal and against all major criteria (12 variables) and four domains in the Gender and Health 5050 Nepal Report.

1st Domain- COMMITMENT TO REDISTRIBUTE POWER

1. Organizational public commitment to gender equality: BPEF has made a public commitment to gender equality; diversity and inclusion as a core principle for the benefit of all, referring to men and women.

2. Organizational definition of gender: The organization defines gender as referring to men and women girls and boys and the relation between women and men. CHEERS refers to gender as a social construct (rather than a biological trait) in line with global norms. Although, they have not included language which “encourages women applicants” in their job advertisements in practice they consider it when recruiting employees. They will need to add it.

2nd Domain -POLICIES TO TACKLE POWER & PRIVILEGE IMBALANCES AT WORK

3. Workplace gender equality policy: They have a workplace gender equality policy in the public domain with specific measures to advance gender equality in the workplace. BPEF not only looks at gender parity among its staff but promotes gender equity and social inclusivity in employment as well especially for women, persons with disabilities, those from underrepresented castes and ethnic groups, and those of low socio economic status.

4. Workplace diversity and inclusion policy: For promoting workplace diversity and inclusion in workplace, CHEERS provides equal and fair opportunities at work for everyone. They have a recruitment policy which states that the organization does not tolerate practices which discriminate applicants on the grounds of age, gender, marital status, color, religion, race, ethnic origin, political belief or any other criteria. They give preference to women in employment to maintain gender equity. Over 57% of its staff members are women, compared to 43% men. CHEERS encourages employees from marginalized ethnic communities. Over 57% of its staff members are women, compared to 43% men. CHEERS encourages employees from marginalized ethnic communities. Out of 116 employees, 25% are Janajatis/Adhivasis, 15.5 Madhesis, 1.7% Dalits and 2.5% people with disabilities. However, they do not have any religious minority representation. Employees belong to all 7 Provinces. There is equal pay for equal work based on qualification and experience for everyone.

5. Board diversity policy: The organization does not have a separate board diversity policy but their board members are diverse from different castes/ethnicity, geographical locations, with almost 50 % of them being women.

6. Anti-sexual harassment policy: Although the GESI policy mentions that the organization will adopt reporting mechanisms and actions to be taken in case of injustice i.e. gender based discrimination or violence including sexual harassment of any type, they do not have a separate anti-sexual harassment policy. However, the organization has a zero-tolerance approach towards sexual harassment. CHEERS needs to formulate a comprehensive policy which includes four dimensions of good practice elements of a comprehensive sexual harassment policy i.e. commitment and definition; confidentiality and non-retaliation; training; and reporting and accountability.
7. Parental leave policies: CHEERS has a parental leave policy and grants three months of paid maternity leave, to female staff, while men have 15 days of paid paternity leave.

8. Flexible working options for work-life balance: They have flexible leave options for some staff. A few non clinical staff can avail of working from home options for a certain period of time.

3rd Domain- EQUITABLE OUTCOMES IN POWER AND THE GENDER and GEOGRAPHY OF HEALTH LEADERSHIP

9. Gender parity in senior management and in the governing body: Gender parity is evident not only in its services and employment but also in its governance, with women representing almost 50% of the board members and over 60% among its life members.

10. Gender and geography of organizational heads and board chairs: The head of the Organization is a male but a Nepali citizen. His highest education degree was obtained from outside the country but in a developing country. The Board chairs and other organizational heads are from diverse geographical regions and castes/ethnicity like Brahmins/Chhetris, Madhesis and Adhivasis/Janajatis.

4th Domain- ADDRESSING THE GENDERED POWER DYNAMICS OF INEQUALITIES AND HEALTH OUTCOMES

11. Gender-responsiveness of health programs: Women constitute 51% of the organization’s service recipients at the hospital and communities. Various types of outreach camps are organized by CHEERS, so that more women can avail its services as statistics indicate that more women than men avail of outreach services. BPEF identifies and selects areas with a large marginalized population especially women and girls to provide them health services. Female doctors and staff are part of the team and adequate awareness raising information is disseminated, especially among women, since they find it integral to inform their children or other family members. Through the outreach programs a large number of people especially women (48%), (39%) children and elderly have been served in the past decade. A substantive number of women (54.0%) have received surgeries at both in-house and outreach during this period and female service users in outreach programs are 48%. CHEERS promotes gender equity by giving preference to female children in education and training. Schools with a maximum number of girl students are selected for their programs to maintain gender parity to the extent possible. Psychosocial counselling, menstrual health and hygiene and identifying gender-based discrimination are built into projects, keeping gender sensitivity in mind.

12. Sex disaggregated evaluation and monitoring data: In order to identify health disparities, gender disaggregated data is collected on a daily basis, monitored and measures taken to correct any discrepancies. BPEF not only looks at gender parity among its staff but also among the people in its clientele such as patients. Sex disaggregated data is collected, reported religiously on gender, age, and disability. CHEERS has recently initiated collection of data on geography, caste/ethnicity socio-economic status and education level during qualitative data collection in some projects. It take into account people's lived experiences when undertaking data analysis in projects that they implement.

The organization's gender monitoring focusses only on male and female genders, emergence/ recognition of LGBTQ is a topic which will attract more attention of policy makers development activists/organizations. BPEF may like to take cognizance of this emerging issue and prepare itself for a predictable future vis a vis other forms of gender inequity. In the future, an effort to include OTHER as a category when collecting sex disaggregated data is certainly something to be kept in mind.
C. CHEERS WITH PEOPLE WITH DISABILITIES

Through disability focused programs consisting of prevention, treatment, rehabilitation and advocacy, BPEF has been restoring dignity of people with disabilities.

Since developmental abnormalities are common causes of disability in children, CHEERS life cycle approach for serving children described earlier is directed towards prevention of disability and rehabilitation for untreatable conditions.

For preventing disability from stroke, diabetes, hypertension, obesity and glaucoma, CHEERS special program to screen all adults 40 years and above for free, for blood sugar and blood pressure levels, anthropometrics (height, weight and abdominal girth) and intraocular pressure is carried out with the aim of preventing disability from diabetes, hypertension and glaucoma. Diabetes is a frequent cause for amputation leading to disability, hypertension can also lead to stroke and glaucoma can result in blindness. It has extensive institutional as well as community-based programs to raise awareness, early detection and treatment to prevent them.

CHEERS’ facilities are also designed to be disability friendly, with ramps and blind friendly walking pathways facilitating free movement of wheel chairs on embossed tiles, voice activated elevators, braille switches and disability friendly toilets. The staff are trained in basics of sign language. The organization gives preference to persons with disabilities in employment as well and has recruited three employees with disabilities.

The organization works in partnership with Autism Society, Cerebral Palsy Centers and other specialized organizations for dealing with children with multiple disabilities.

A Woman with Disability at a free Eye and ENT Camp in Lalitpur District
D. CHEERS WITH THE UNDERPRIVILEGED

Eye care services have come within the reach of many people in Nepal, and patients even visit from neighboring India. The organization never declines service to anyone regardless of ability to pay, often providing free or minimal cost care and service. In the last ten years it has provided free health and education services worth 4,461,870.72 USD with support from individual donors, the government, its international partners as well as from the Hospital coffers. These are “Grace Funds” for those who cannot afford their services or treatment.

Despite the difficult circumstances, CHEERS travels to many remote and rural geographic locations and offers health care services to the most marginalized populations—people of low economic status including those with disabilities, women, children, youth, the elderly, including Dalits and indigenous people.

Children with disabilities admitted to the Enabling Centre are provided free training, food, clothes, toiletries and hostel facilities. Parents from far flung remote areas, with very young children are allowed to stay free of cost for a limited period at the premises as well. Support is provided to them by engaging them in work such as caretaking or teaching sign language at the Enabling Centre.

E. CHEERS WITH THE ELDERLY (60+ years)

The difficult terrain, poor roads, long distances and economic conditions of people especially in rural areas makes it extremely difficult for the elderly to access health treatment at the main Hospital. Therefore, it is essential to take services to their doorsteps. This is exactly what CHEERS has been doing through its outreach services in different parts of the country.

Over 50% of surgeries performed at outreach camps are on the elderly. In fact, the elderly who visit the Hospital for surgeries have usually been referred from Outreach Camps and get a 20% discount if they are from the low-income group or coming from referrals. An extra 10% discount for the elderly (70+) and 100% free surgery and treatment for the non-affording is provided by the organization.

Additionally, the elderly receive free medicines as long as the supplies last and are often guided by volunteers at Camps. They are counseled by professionals on the causes of ear and eye ailments, and necessary treatment and advised on the safety precautions to follow and medications for some common ailments or post-surgery as well. Of a total of 20,611 surgeries performed at different outreach camps and at the Hospital over ten years 11,209(54.38%) were on the elderly(60+) in the past decade.
Case Story: Disability prevented in two Generations

Seventy-one-year-old Karna Singh Gurung from Sera in Lamjung District had not been able to see clearly for two years. In spite of the fact that his vision is still a little blurry, he is happy that he can see much better after his eye surgery at a Camp organized by CHEERS in 2019. Asmi, his sixteen-year-old granddaughter, who is also at the Camp for a follow up checkup of her surgery to repair a damaged ear drum is happy too that she can hear much better. She is also pleased that her grandfather has better vision now.
F. CONNECTING THE UNCONNECTED IN REMOTE AREAS

The organization has been reaching out to people from the hardest to reach areas, making health care accessible to them at their doorsteps through its different community-based screening camps and clinics. Likewise, they connect patients to the base Hospital using telehealth and artificial intelligence from some of the outreach centers.

The various outreach services are mentioned below:

i. Day Screening and Training Service (DSTS):
This is a part of BPEF's commitment to serve their neighborhood communities. This screening comprises of one day Eye and ENT camps, where screening and treatment services are provided within 100 kms of the Hospital. They are conducted in different locations within Kathmandu Valley in coordination with Health posts, Sub health posts, Village Development Committees (VDCs), women's group and community-based organizations (CBOs), District Health Office (DHO) and local clubs for people who cannot come to the Hospital. These camps have served a large number of women, children and the elderly- some of the most marginalized groups. Raising awareness is an important component of these camps. Patients referred from camps to the Hospital receive a 20% discount on surgery.

ii. Static Outreach Clinics (ORC):
These outreach camps are carried out in coordination with the health and education facilities of the community, supporting them and building their capacities. Screening is carried out in Government and Community run clinics at fixed locations, in remote areas of Kathmandu, Bhaktapur and Lalitpur Districts. Unlike DSTS, the locations do not change. One day outreach clinics are held twice a week in four health centers of Bajrabahari Community Hospital at Chapagaun in Lalitpur District, Government run Primary Health Centre (PHC) at Changunarayan in Bhaktapur District, Manmohan Memorial Community Hospital at Pharping, in Kathmandu and government run PHC at Lele in Lalitpur District.

iii. Remote Rural Mobile Health Clinics (RRHC):
These are Eye and ENT camps in remote and difficult-to-reach areas of the country, 60-600 kilometers from the hospital. Typically, pre camps, surgery camps, and follow-up camps are held, where health services, special assistive devices and health education is provided. Carried out in collaboration with the Government of Nepal's Ministry of Health and Population (MoHP), Ministry of Federal Affairs and Local Development (MoFALD), and Ministry of Education (MoE), they are conducted in health facilities such as Primary Health Care Centers, Health Posts, and Sub Health Posts. Approximately 1500 Eye/ENT patients are screened in each camp, and 10-12 camps take place every year, where approximately 150-200 eye surgeries and 50-60 ear surgeries are performed. Local human resources are trained and health centers are equipped for sustained services in pre camps as well.

iv. Primary Eye Ear Care Centers (PEECCs) and Community Hospitals:
To expand services and serve the hard-to-reach people, CHEERS has established a Primary Eye, Ear, Care Center in Rishte of Ramechap District in Bagmati Province. The organization has equipped the Center and placed well trained regular staff to serve the people in this area, through daily services and bi-yearly surgical camps for specialized cases. Extremely complicated cases are referred to the base Hospital. They have established community hospitals at Sauntha of Morang District, Province 1 and at Adarshakotwal, in Bara district of Province 2 as well.

v. School Health Program (SHP):
CHEERS carries out Eye and Ears Nose and Throat (ENT) screening as well as blood pressure and nutritional status assessment of primary and secondary level school children, reaching out to them at their own schools through school health clubs which BPEF helped establish. Additionally, students are provided with necessary hearing aid and glasses free of cost along with health awareness information on Eye and ENT health as well as human rights-based approach to health and disability awareness. They also equip health clubs in schools with vision charts, height measuring stands, weighing machines, blood pressure measuring instruments. Students needing further examination and treatment are referred to the base Hospital.
Case Study: A Grandmother becomes self-sufficient post eye Surgery
An eighty-year-old widow and grandmother unable to see due to cataract was living alone in Bansar Hile Village Lamjung District. Her son and his family had moved to Chitwan District for work. Her grandsons from her daughter who lived in a nearby village were visiting her and brought her to the camp organized by CHEERS for her follow up post-surgery in May 2019. She was extremely pleased to regain her vision and not having to depend on any neighbor for her daily chores. Her grandsons were equally happy.

Grandmother with her two grandsons at a follow up camp post-surgery in Lamjung in 2019

G. CHEERS WITH PEOPLE STRUCK BY NATURAL DISASTERS AND PUBLIC HEALTH EMERGENCIES

Nepal Earthquake 2015: Despite 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, continuing well into 2016. With the support of Kadoorie Charitable Foundation (a Hongkong-based charity), Direct Relief (USA), Orphan Grain Train (USA), courtesy Professor Barbara Engebretsen, Lions International, Red cross Society and Bungamati Women's Groups and its own staff, a total of 11,019 people (5,544 women and 2,255 children) were served. This included pregnant women, mothers with new born babies, people with disabilities and elderly people. They were provided necessary medical assistance, services, food, clothing, shelter(tents) in Lalitpur, Bhaktapur, Kathmandu, Dolakha, Sindupalchowk, Ramechhap, Dhading, Kavre, Nuwakot and Gorkha Districts.

Nepal is prone to climate change disasters like earthquakes, floods, fires and landslides, and heavy rainfall, droughts and thunderbolts due to its topography and climatic conditions. Disasters increase the vulnerability of persons with disabilities as a result of inaccessibility of information and services on time and being often overlooked at the different stages of disaster management. Therefore, it is essential for the organization to have regular disaster preparedness programs that address concerns of people with disabilities for its staff and also include it, as part of information dissemination during health promotion at the Hospital and Camps where CHEERS is serving a large population of people with disabilities.
A story of change of a woman from Mirikot Village in Gorkha District is shared below:

Case Story: Treading where others Dread- A Story from Mirkot

One of the remote villages where CHEERS reached out in mid-2016 with support from Direct Relief, USA was Mirikot in Gorkha District. No one had yet ventured to this village for medical support even one year after the earthquake.

Mirikot Village lies in the western side of Gorkha and has a high rate of female illiteracy. Ninety households were destroyed, and rebuilding and reconstruction was still ongoing in the village when CHEERS’ team visited. Many of the inhabitants had been displaced and relocated towards headquarters (Gorkha Municipality) and Kathmandu and deprived of proper roads, markets, health facilities and transportation. BPEF was the first institution to reach out and provide comprehensive Eye, ENT, Pediatric and General Medical health camps at Mirkot.

Thirty-three-year- old Laxmi, a permanent resident of Mirkot had progressive hearing loss for the last three years. She lived with three children, aged two to ten years, in a temporary shelter at about two hours walking distance from CHEERS’ Camp site.

Laxmi was often isolated during family meetings or social gatherings as she was hard of hearing. She suffered domestic violence at the hands of her husband, who often came home drunk, late in the night and beat her for no reason. He had even threatened to bring another wife. Leading a miserable life, she frequently contemplated suicide, but hesitated when she saw the faces of her children.

Unaware about cure for her hearing, Laxmi did not seek any medical help. Informed about the Camp, CHEERS was organizing by her children, she walked for two hours to reach the Camp site. After being examined by ear health professionals, she was provided with a semi digital hearing aid. The joy on her face when she heard her clinician speaking was immeasurable. She thanked the health professionals for helping her regain her hearing.

Laxmi became very hopeful and mentioned that she wants her children to get a good education and support her husband to kick his drinking habit. When the Camp team followed up after two weeks, she offered them a big pumpkin from her own garden. Her husband helped her carry it to the Camp site.
COVID 19 Pandemic-A Global Public Health Emergency: Since serving the community /patients seeking medical care by improving their quality of life is an essential part of the Hospital's core work and public health agenda, there was a need for the Hospital to remain operational during the COVID 19 Pandemic. CHEERS was providing unhindered emergency and acute illness services in line with the directives of the Ministry of Health. The essential staff continued their work. The doctors came in and examined patients, performing essential surgeries despite fear of contracting the Covid virus and likely to being carriers for their family members at home. The Optical shop and Pharmacy remained opened to cater to the needs of the patients visiting the Hospital. The organization followed strict Covid guidelines developed for the safety of patients and their staff.

BPEF organized orientation programs on COVID 19 and its prevention in various community schools of Bhaktapur District in collaboration with Nepal Red Cross Society Bhaktapur branch and Nepal Jaycees. They disseminated awareness raising information on precautionary measures to be taken during Covid and distributed gloves, masks and soaps to teachers and students of the schools as well.

H) ARTIFICIAL INTELLIGENCE AND TELEAHEALTH

Although the COVID 19 Pandemic, starting in early 2020 brought in unforeseen chaos and challenges to healthcare systems, telehealth gained popularity as its importance heightened during this time. Tele health consists of using digital information and communication technologies like mobiles, smart phones, computers and tablets, the internet, to access health care services remotely and manage health care. The importance of this technology can be hardly over-emphasized in a country like Nepal where people live in remote and often, inaccessible places.

The role of Artificial Intelligence in delivery of health care remotely, include use of tele-assessment, tele-diagnosis, tele-interactions, and tele-monitoring needs further exploration. Tele health makes health care easily accessible for people living in remote communities, those with limited mobility, time or transportation amongst others.

i. Teleophthalmology (Diabetic Retinopathy and Glaucoma) Eye Care in Rural Areas

Artificial Intelligence models in eye care and tele ophthalmology was initiated by CHEERS at two community outreach services at Bode and Siddhi Memorial Hospital in Bhaktapur in 2020 and at its Community Eye, ENT and Rehabilitation service (CEERS) in Adarshakotwali, Bara District in 2021.Adarshakotwali is one of the least developed villages in Bara and is deprived of health and specialist care. Local community medical auxiliaries were trained by BPEF in Eye, ENT and rehabilitative care and placed at the different Centers. These personnel trained in Tele ophthalmology have a link to specialists stationed at the base Hospital. Through these Centers, people deprived of Specialist care from Kathmandu were able to avail required services. Periodically, the Specialist team visited these Centers to care for patients who needed further investigations, management and surgical care.

This helps people living in remote villages to some extent, to somehow stop worrying about traveling to the nearest eye hospital to get their eyes tested. With Teleophthalmology gaining momentum, people can now think of virtual consultations with an eye specialist.

This program covers all the necessary parameter checks concerning the eyes, including sugar levels and retinal photographs. The ophthalmic assistant at the field forms a link between the senior ophthalmologist at the base Hospital and the patient during tele-eye health. The validity of the screening capacity of this AI is fairly accepted.

Using AI at CHEERS has two folds benefits. Firstly, diabetic retinopathy and glaucoma, which are common causes of vision loss, are likely to be missed in communities and outreach clinics. Secondly, ophthalmic assistants are learning to screen for these diseases by comparing their predictions with AI. Moreover, this has become an
opportunity for ophthalmic assistants working in rural outreach clinics to upgrade their skills via tele-eye health, confirming their interpretations by an ophthalmologist and AI.

**Tele ophthalmology being used for Diabetic Retinopathy and Glaucoma**

A successful case study using AI is described below:

**Case study: Doctors save woman's eyesight using Artificial Intelligence**

Fifty-two-year-old Sita Prajapati from Lele Village in Lalitpur District, came for free consultation to one of Daily Screening and Treatment Service (DSTS) camps organized by CHEERS. Although diabetic, she was not taking medication regularly, not having any adverse health issues yet. She thought a pair of glasses would correct her slight diminution in vision in her right eye. A fundus photography with the help of Artificial Intelligence at the DSTS, revealed that she had proliferative diabetic retinopathy.

Sita received additional virtual consultation from an ophthalmologist at the CHEERS base Hospital. Diabetic retinopathy had already affected her vision and would have been missed if no retinal photography had been taken instantly at the outreach camp. Had it not been for technology, Sita could have lost her vision eventually. She was grateful that her condition was diagnosed on time and is now under regular follow-up with a retina specialist from CHEERS. She already had two sessions of retinal lasers to protect her vision.

**ii. Teleotology:** CHEERS started Tele Otology services through its two community outreach services at Bode and Siddhi Memorial Hospital and, at Community Eye ENT and Rehabilitation Services (CEERS) in Adarshakotwali, Bara District in 2021.

The organization trains Community Ear Health Workers (CEHWs) in tele-otology techniques. They use an otoscope to examine the existence of any ear diseases especially mid ear diseases in patients at the Primary ear treatment centers and are in touch with a group of ENT specialists at the Base Hospital. With the help of a fiber optic internet connection and mobile data, live virtual synchronous tele consultations are undertaken in real time with the use of Zoom app or Medapp software. Images are shared whenever needed.
Teleotology
Having tele-otology at their nearest primary health treatment centers—especially a community hospital allows people to get treatment for ear conditions, which they would otherwise never have availed of. It also saves them time and transport cost spent on visiting the nearest specialty service providers. Patients who would never have made hospital visits were encouraged to do so as a result of taking a liking to technology and trusting it. In developing countries like Nepal, with scarce specialized health care facilitators, tele-otology can cover a wider population with the help of minimally trained human resources and limited mobility. Moreover, tele-otology may have a significant role in the early identification and diagnosis of middle ear disease and prevention or timely management of deafness and life-threatening pathologies in developing countries.

I) WELLNESS CENTRE
Physical fitness, regular exercise and monitoring one’s diet to make a lifestyle change can help prevent illness and, in many cases, improve current health conditions.

Following a holistic care cycle, CHEERS started its lifestyle clinic in July 2018. The Center houses up-to-date fitness equipment from cardio and circuit machines to free weights.

Patients with pre-diabetic/diabetic, pre-hypertensive/hypertensive and obesity are counselled and advise on using the Wellness Center, where they are subjected to exercises (with constant monitoring) and nutritional changes in their diets with the help of a team of nutritionists, physicians, physiotherapists including pediatric physiotherapists, yoga instructors and physical trainers. Its Physiotherapy Unit can proudly claim to be one of the best in pediatric physiotherapy in the country. The Wellness Center has served 66 people and 2,266 beneficiaries have availed of its physiotherapy services.

Adults above 50 years can get a free hearing test in the Wellness Center. This kind of a facility in a non-profit is one of its kind in the country.

Patients at the Wellness Center
J) NETWORKING AND CHEERS AS AN ADVOCATE OF HUMAN RIGHTS

Networking to learn from other organizations experiences, share one’s own experiences, form partnerships for collaborative work, advocate for programs and institutional and policy level changes at national level is what BPEF’CHEERS has been relentlessly pursuing.

Senior management and Staff have undertaken networking visits to various organizations such as Direct Relief, International Medical equipment Collaborative (IMEC) and Perkins School for the Blind, USA which resulted in a commitment for future collaboration at CHEERS for community outreach programs with Vaseline Healing Project of Unilever, which it followed through. Staff have carried out networking visits to schools such as Jana Jyoti Secondary School and Kopila Valley School in Surkhet which resulted in meetings with the Principal of Jana Jyoti Secondary School for collaborative work together. The organization has networked with Institute for Integrated Development Studies (IIDS) in Kathmandu and an MOU signed for collaborate work on policy research. BPEF has also held meetings with Children Workers in Nepal (CWIN) for collaboration on projects. They have networked with International Agency for the Prevention of Blindness (IAPB) and taken on membership to share their work and possibility for future collaboration.

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 helped the Government of Nepal to start compulsory vision screening of students at the time of school enrollment, particularly in remote areas.

b) CHEERS’ advocacy with the Ministry of Education, Government of Nepal for the rights of children with disabilities 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 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.

d) Advocacy with Department of Health, Ministry of Health helped in bringing out a manual on grassroot health workers.
The leadership recognized early on, that innovation is essential to any organization's continued success. Of the many innovations by CHEERS, the following deserve special mention:

**I. Enabling Centre - Transforming lives**

The Enabling Centre has been CHEERS’ first innovation project, which has brought into mainstream education, over 300 out-of-school children with sensory disabilities, who had been refused enrollment because of a policy aberration. Such children once identified in the community through CHEERS’s yet another innovation of Search Army, consisting of community health volunteers, key informants in the community, local NGOs, CBOs, hospitals and health centers, are referred to the Enabling Center for further training and onward journey to government run Inclusive schools with full scholarship.

Once enrolled, children are trained following customized individual education plans according to their needs and type of disability to make them readily accepted at Early Childhood Development Centers (ECDCs). Additionally, those requiring physiotherapy speech therapy, vision therapy receive needed care. Children with disabilities learn these skills in the company of children with other disabilities (autistic, cerebral palsy and multiple disabilities). This is carried out with the support of a team comprising of a Rehabilitation Co-coordinator, Mobility Instructor, Braille tutor, Sign language instructor, a Pediatric Physiotherapist, a Speech Therapist and a Psychosocial Counselor (who is herself visually impaired) and Special Education Teachers. Children with disabilities, their parents/guardians, school teachers of integrated schools receive counseling from the Psychosocial counselor.

Recreational therapy is used for personality and skills development of the children through story-telling, games, singing, dancing and music therapy. They are taken on picnics, museum trips and park excursions too which stimulate their creativity and imagination.
The Enabling Center of CHEERS is now being used by the Ministry of Education (MoE) as a Learning Resource for Government teachers. Several batches of teachers and Early Childhood Development Centers staff have benefited from their learning experience at the Enabling Center. Altogether, over 300 out-of-school children with sensory disabilities have been enrolled in inclusive schools, 1,175 teachers and 200 parents have also been trained.

A Success Story of a visually impaired boy who underwent training at the Enabling Center is given below:

**Success Story: From Transition to Transformation**

Aman Tharu was a three-year-old visually impaired (partially blind) child when he joined the Enabling Centre (Rehabilitation Unit) in April 2013.

When Aman initially came to the Enabling Centre with his mother Sunita Tharu, he did not seem confident and was under nourished. Even Sunita was not very healthy and was extremely worried about her son. She confided that they belonged to a community that was backward and disadvantaged, and the community people said that Aman's blindness was a curse because of bad karma in her past life. She was initially given counseling and training and reassured by the staff to leave the child at the hostel.

The training was challenging for Aman in the beginning as he was only three years old and did not understand the Nepali language. He was trained in daily living skills as part of the preparatory pre-school education program. Gradually through training, he could perform several activities of daily living - very important milestones for a child with a disability. One of his trainers, Bhagabati Thapa mentioned that Aman's condition and attitude changed from an insecure and self-doubting child to a self-confident child.

Sunita Tharu was delighted with the remarkable improvement of her son's condition. She never imagined he would be able to study, become self-reliant and gain so much confidence. She had been tired of hearing people telling her that her son would not be able to do anything in life since he was blind. She realized that Aman had the same abilities as any other sighted child after the specialized training he received at the Enabling Center of BPEF-CHEERS.
Aman graduated as a self-reliant and confident young child from the Centre and joined grade II in Mangal Prasad Higher Secondary School Nepalgunj in Banke District in mid-western Nepal, while staying at the school hostel.

When he revisited the Rehabilitation Centre with his mother in 2017, the caretaker was overwhelmed that the little child she took care of was going to school and doing so well.

Aman at home in Bardiya during his school holidays in October 2022

Aman who is now thirteen years old and is studying in Grade VI in Laboratory School, Kathmandu and lives at a hostel run by Tri Netra Foundation in Kathmandu. He mentions that he likes studying and playing blind cricket, has friends in school and the Hostel. The Chairperson, Kancha Gurung has very good things to say about him, “he is doing well in his studies and is a disciplined child. He likes to sing and play the Madal- a Nepalese folk musical instrument in his free time. He joined Laboratory school about four years ago. He has gone home to Bardiya for school holidays and will be back in the Hostel after school reopens.” His mother reveals that Aman gradually lost his vision and became fully blind more than four years ago but she is glad that he is studying well.

Such, learning opportunities can do wonders for a visually impaired child. Aman wants to study further and make a living when he grows up so that he can eventually take care of his parents

II. Student Led Screening of School Children for Refractive Error Correction

B.P. Eye Foundation’s CHEERS, through a global competitive grant from USAID’s Childhood Blindness Program, tested the validity of vision screening of their peers by trained secondary school students of 20 schools of three districts of the country during the period 2014- 2016. This innovation established that, trained students could screen their peers and vision tested by students was at par with those by optometrists. This led to a policy change, and the government has now accepted by government as additional human resource for vision screening. Although this innovation screened 10,777 students through this project, with additional screening, over 100,000 students have been screened by trained students. This has been adopted by Nepal Red Cross Society and Nepal Optometry Society.

BPEF has also initiated screening of school students using Hear-X -a tablet-based ear screening solution with inbuilt headphones that enables hearing testing. It has been tested in a school in Bara District and among traffic police in Kathmandu.

III. Hypertension Education and Resourcing Talented Students (HEARTS)

This innovative project was built on the success of CHEERS’ earlier vision screening of students-by-students for refractive error program. A pilot project called HEARTS, was carried out in partnership with a Fulbright Scholar from Wayne State College, Nebraska, USA and Bahir Dar University, Ethiopia at two public schools of Bhaktapur District. Adolescent school students were trained to assess nutritional status, promote health and detect hypertension and non-communicable diseases (NCD) by screening their peers for anthropometrics and measuring systolic blood pressure. This study is expected to help in screening for emerging global health problems of non-communicable diseases (NCD) in Ethiopia, Nepal and among minority communities in USA. The ultimate goal of this innovation 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.
IV. Immunization Center based Infant Hearing Screening

To decrease the disease burden of, prevent permanent hearing loss, and improve quality of education of children, it is essential to identify hearing problems in infants at an early stage. Early detection of hearing impairment and subsequent intervention has a positive effect on cognitive, language and social outcomes. Prompted by the difficulties of neonatal hearing screening in LMICs and Nepal’s successful early childhood immunization programs, BPEF launched, Infant Hearing Screening (IHS) based at immunization centers of five centers of Kathmandu Valley. Infants are screened as early as within 15 days of their birth to facilitate early detection of hearing impairment in newborns and infants and provided treatment to reduce hearing loss and alleviate difficulties such as delays in the development of language, speech, and learning skills. The Centers have been equipped with Hearing Screening Equipment and Soundproof Rooms. A total of 3,444 infants have been screened up to now.
V. Screening for Diabetes Mellitus (DM), Obesity, Hypertension (HTN), Glaucoma and Chronic Obstructive Pulmonary Disease (COPD)

To promote health and create awareness among patients and their families visiting Hospital, BPEF introduced screening for blood pressure, Random Blood Sugar (RBS), Intraocular Pressure (IOP) and height, weight, waist circumference for free in patients over 35 years of age and their escort in an effort to detect early, and prevent complications of Hypertension (HTN), diabetes, glaucoma, obesity and cardiovascular diseases.

COPD patients can suffer from low blood oxygen concentrations. Pulse oximetry is used to assess Peripheral blood oxygen saturation (SpO2) in patients. These value-added innovative services contribute to raising awareness and starting appropriate interventions on time to prevent major non-communicable diseases. The following data shows the number of people screened and different parameters found:

Total patients screened

<table>
<thead>
<tr>
<th>Year</th>
<th>No of patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>10,263</td>
</tr>
<tr>
<td>2017</td>
<td>9,177</td>
</tr>
<tr>
<td>2018</td>
<td>7,690</td>
</tr>
<tr>
<td>2019</td>
<td>24,608</td>
</tr>
<tr>
<td>2020</td>
<td>4,364</td>
</tr>
<tr>
<td>September 2022</td>
<td>12,552</td>
</tr>
<tr>
<td><strong>Grand total</strong></td>
<td><strong>68,654</strong></td>
</tr>
</tbody>
</table>

Out of this number, 56% were women.

People with raised Indicators

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obese by Waist to Height Ratio (WHtR)</td>
<td>53%</td>
</tr>
<tr>
<td>Obese by Body Mass Index (BMI)</td>
<td>13%</td>
</tr>
<tr>
<td>Raised Blood Pressure (BP)</td>
<td>31%</td>
</tr>
<tr>
<td>Low SPO2</td>
<td>14%</td>
</tr>
<tr>
<td>Raised Blood Sugar</td>
<td>8%</td>
</tr>
<tr>
<td>Raised Intra Ocular Pressure (IOP)</td>
<td>7%</td>
</tr>
<tr>
<td>Low Pulse rate</td>
<td>2%</td>
</tr>
<tr>
<td>Raised body temperature</td>
<td>0.22%</td>
</tr>
</tbody>
</table>

CHEERS CHANGING LIVES AND LAWS

BPEF’s vision and advocacy for equitable access to health care and dignity of children and people with hearing, vision and other disabilities is changing the lives, laws and culture of the communities and society in Nepal. Some case stories and links to blogs below reveal these changes.

VIII. CHANGING LIVES

Case story 1: Unlocking the Door to Education for a Boy with Deafness

Pappu Shah from Pachrauta VDC in Bara district is the fourth child of Binda Lal Shah and Patsiya Devi Shah. He has two older sisters and a brother. Both his parents are agricultural laborers, with basic literacy. His mother recalls having fever while she was pregnant with Pappu.
Pappu's parents did not realize that he did not speak and was hard of till he was three years old. They took him to the hospital and also tried shamanic healing. But nothing worked and they were worried that their money was going down the drain.

As he grew older, they got Pappu admitted to a nearby school but it was very difficult for him to communicate with his peers and teachers since he could not speak or hear. When CHEERS had their Eye and ENT camp in Bara, he was referred by the ENT professionals to CHEERS for further investigation.

In 2017 after a thorough examination at the Hospital, Pappu got enrolled for rehabilitation training when he was nine years old. His training did not take long since he was a bright child who picked up things quickly. Although he picked up things very quickly, in the beginning he did not respect others, listen to his teachers, was anti-social, and could not identify his body parts or differentiate colors. He did not know English and Nepali grammar or Mathematics. He was also very shy and hesitated to participate in dancing.

Being a quick learner, Pappu was able to pick up sign language within a month. He learned both Nepali and English languages in sign language. He even learned to dance and draw. Soon he was able to perform his activities of daily living. He graduated in February 2018 and was given a recommendation from the Department of Education for getting admission into Shree Durga Secondary School in Bara. At present in 2022, he is studying in Class IV at Shree Nepal Rastriya Madhyamik Vidhyalaya (School) in Simra in Bara District. His father says, “Pappu is performing alright without facing any difficulty in school. I want him to study further”.

Pappu with his parents at home in Bara District in November 2022
Case story 2: From Darkness to Hope

Despite being a good student (academically ranked number three in the class) in his present school, in Mid-western Nepal fifteen-year-old Amit (name changed) belonging to the Dalit community has very low self-esteem. Even having a supportive school environment with helpful teachers and peers had not helped build his confidence.

He is visually impaired (with complete blindness) having an incurable eye condition. He was all of five years when he trained at the Enabling/Rehabilitation Centre in 2014. A quick learner, Amit was a transformed confident child when he graduated in five months, being able to perform his daily tasks on his own and with marked improvement in his speech. He was one of the children enrolled in school in mid-western Nepal, breaking the silence over the practice of exclusion of children with blindness from enrollment in pre-primary schools.

Amit (in white shirt) receiving Psychosocial Counseling in his School

Meeting Amit again in 2021, while studying in grade IX was heartbreaking as he was no longer the confident child who had graduated from BPEF-CHEERS. Low self-confidence was evident from his behavior. After a couple of sessions of psychosocial counselling there was a slight change in his reticent behavior. His inhibitions reduced to a small extent, with some evidence in enhancement of self-esteem.

Feeling discriminated due to the negative attitude and behavior of family members, Amit felt hurt and extremely angry. He complained of frequently being taunted by his brothers’ hurtful words and inconsiderate behavior. Constantly reminded of his disability, made his lose his self-worth, trapped, and helpless, never feeling that he is good enough.

Amit’s father was also counseled on emotional, behavioral and psychological aspects being asked to reflect on and compare his own behavior, understanding of disability, empathy towards his child with disability, before and after Amit received training at BPEF-CHEERS and work on applying the same principles to his other family members, particularly his sighted sons.

It took some encouragement, praise and counseling to get Amit to identify his problems and find solutions to them during follow up counselling sessions. He was made to realize that he is not the only one with problems, and reflect on his future plans, to which he had not given a serious thought. At the end of the counseling sessions, Amit felt confident enough to handle some of his problems that would keep coming up. This gave him a purpose and hope for a bright future. He shared that he would try and control his anger, and deal with his brothers in a rational manner. He mentioned that he would share how he feels about their treatment.

Having a lot more hope, Amit expressed his desire to become a teacher. “I want to become a teacher when I grow up. I would like to move to Kathmandu-the Capital, work hard and do better than my brothers and make a life for myself and my parents.” He hopes to get a scholarship to study in Kathmandu, for which BPEF-CHEERS will provide some leads and connect him to the concerned people after his Secondary Education Examination (SEE). Tele-counseling was provided to him and his family from time to time by the Psychosocial Counselor. Amit’s education could be a door opener for him if he works hard towards his goals and is provided the right kind of support needed.
Case story 3: Immediate Support for Pregnant Woman with Disability

BPEF’s CHEERS organized an earthquake relief camp in on 26th May 2015 in Balkot, Bhaktapur District in collaboration with Balkot Health Post, Bhaktapur. A forty-year-old pregnant woman with physical disability, with Poliomyelitis had been displaced and was staying in a tent with her husband and ten-year-old daughter. The family’s only source of income prior to the earthquake had been selling some local fast-food items. Unfortunately, after the earthquake, the woman’s husband was unable to continue his little business, making it difficult for the family to fulfill their basic needs. CHEERS was the first organization to help them with food items to last them for quite some time.

Further follow up on 7th June 2015, the organization found out that the woman had been taken to Maternity Hospital in Thapathali, Kathmandu where she delivered a male child weighing only 1.4 kgs. The child was in the Intensive Care Unit (ICU) but the mother had no one to support her for medication and ICU costs. She was in desperate need of financial support, so CHEERS again responded immediately and helped her with Rs 5,000, sanitary napkins, baby food and diapers. In such emergencies, health care providers must address the immediate needs and concerns of women and their children. In 2015 alone CHEERS has taken care of the needs of a total 4,534 people, out of which 1,024 were children and 1,754 were women. They were provided with relief materials such as food and essential toiletries and clothes, medicines and health check-up, temporary shelters, counselling, and health promotion through awareness raising based on their needs. Out of this number, fifteen pregnant women were provided with ante-natal checkup while three Mothers with newborn babies were provided post-natal care. Hundred and seven people with disability/disabilities and 3,001 elderly people were provided relief materials.

At the next follow up on 16th June 2015, the child was still in intensive care but the mother was well and her husband was taking care of her. Finally, in another follow up on 21st June 2015, CHEERS found that the woman had arrived home in Balkot with her baby and that the baby was fine and healthy.

Links to blogs:
1. A Mother breaks barriers to send her son to School: https://blog.futurechallenges.org/local/a-mother-breaks-barriers-to-send-her-son-to-school/
3. Little Ambassador makes CHEERS Proud: https://bpeyefoundation.org/blog-details/post/233/little-ambassador-makes-bpef-cheers-proud

Some examples of change in policy and laws through advocacy by BPEF are mentioned below:

**CHANGING LAWS**

1. 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 children with disabilities to attend pre-schools in 2013. There were no children with disabilities enrolled in pre-schools until 2012.

2. 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.
3. Through continued advocacy, the Foundation with other partners has been successful in including rubella and measles vaccines on board national immunization programs in Nepal.

4. 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, Nepal Netra Jyoti Sangh (NNJS), Nepal Eye Program (the implementing body of 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 stake holders. 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 were trained with shared responsibility between different stakeholders.

5. The Foundation is well represented in major policy platforms, with its membership of 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, Vision Alliance (a combined initiative of Ministries of Education and Health), The International Agency for the Prevention of Blindness (IAPB), World Hearing Forum (WHF) and Coalition of Global Hearing Health (CGHH).

**IX. CHALLENGES**

The health sector and non-profits face numerous structural, institutional, administrative, financial and political challenges. Some of the challenges that the organization faced along its journey are mentioned below.

**Institutional and Administrative level challenges**

Any program of this size and scope that involves buying property, constructing an 85,000 square feet infrastructure, and outfitting it with cutting edge technology to transform the way medicine is practiced is extremely difficult. The CHEERS leaders said that this was the case for them. This would not have been feasible without perseverance, hard work and passion for what the leaders believed in, as well as the integrity and respect that the BPEF trustees had accrued over the years, as they had made a start with just 500,000 Rupees in BPEF’s bank account. They were able to realize their dream project thanks to their own donations, the government’s, the neighborhoods’, some external development partners’ and individuals’ support.

The difficulty in finding adequate human resource, especially with the right skills and attitude is another hurdle that CHEERS faced in the beginning. Paying even the meager remuneration to employees was difficult initially. To pay salaries on time, the trustees put in a lot of effort and occasionally borrowed money from banks and themselves.

The dire shortage of ENT and audiology professionals in Nepal was and is still a challenge.

**Managing Children with Disabilities**

Identifying children with disabilities is a formidable task as these children 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, organizations of persons with disabilities, civil society, and local development sectors to go out in the field and identify children.

Convincing parents about training and educating their children with disabilities is challenging. Parents and the community are not aware that children with disabilities can receive education and training and are equally capable as other children. This has to be overcome through counselling for Parents. 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 and find it difficult to accept their child’s disability as well. They keep comparing their child with disability to their other sighted children. While some parents are very protective towards their children, others are negligent of them.
Training children with disabilities at the Rehabilitation Unit is equally challenging. It takes a lot of patience and skills to handle children with disabilities. The Rehabilitation Centre's staff are sent for training to different countries to acquire the required skills.

Children with disabilities themselves can be a threat towards other children, sometimes showing violent behavior. Children often have separation anxiety when left at the Rehabilitation Unit, especially to stay in the hostel, never having stayed away from their parents. The fear of children dropping out of training, and once admitted to schools is present as well.

Children with multiple disabilities take a longer time to learn life skills and speech than other children and therefore have to remain at the Enabling Centre beyond the 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, Nepal being a multi-cultural and 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.

**Working with multiple stakeholders**

Involving multiple stakeholders such as schools, NGOs, DPOs, government officials, students, teachers, (Principals) representing various interest groups is full of challenges during projects especially when working in various districts which includes numerous municipalities. Non availability of government officials, especially during elections, aligning each municipality with project objectives, securing their participation during meetings is time consuming and challenging. Conducting camps and other project work with school students, becomes difficult as students do not want to miss class to participate in CHEERS's programs. Sometime school authorities are not very cooperative too.

**Braving the April 2015 Earthquake**

Natural disasters pose a great challenge to the health systems and health facilities. The 25 April 2015 earthquake with a magnitude of 7.8 on the Richter scale, struck at 11.56 AM near Kathmandu with the epicenter at Gorkha District (139 km from the Capital) in Gandaki Province. It was devastating and affected 32 of 77 districts. Close to 9,000 people lost their lives, over 21,000 people were injured, more than 500,000 became homeless and 864,000
people were displaced. The earthquake impacted nearly a million private houses, thousands of educational institutes, hundreds of health facilities, many cultural heritage sites and other infrastructure. It triggered an avalanche on Mt Everest and Langtang Valley, a Himalayan valley in the mountains of north-central Nepal, known for its trekking routes and natural environment, killing many people and many went missing. The harsh geographic terrain, the monsoon rains and landslides that followed the earthquake, swept away the homes of survivors, killing more people from among the survivors of earthquake. The winter, that followed the monsoon, made life even more difficult for people and challenging for organizations working in rescue, relief and rehabilitation.

The Hospital had to resume its services within a few days of the earthquake, with most of the essential staff reporting for work. With no electricity and telephone lines, communication with their near and dear ones was impossible. Many employees walked long distances to get to work as public transport had not resumed. Many spent nights camping outside their houses for fear of their lives due to the many aftershocks as well as and their houses being destroyed. Since shops were closed, food supplies became short. Many ate in community kitchens-getting together with their neighbors to cook and eat outdoors. Taking sick family members to Hospitals was challenging. There was utter chaos everywhere. A team of doctors from CHEERS were performing surgeries at a camp, in Biratnagar when the earthquake struck. Initially they did not take it too seriously and continued their work. Later when they could not communicate with their families and return to Kathmandu as flights had not resumed, the gravity of the situation hit them. A staff member’s house was destroyed and he was forced to live in a temporary accommodation with his family for many months, till the house could be finally repaired.

CHEERS responded to the earthquake crisis by conducting mobile rescue and relief medical camps at affected areas starting 2015 and continuing well into 2016. The staff travelled to remote and nearby areas by vehicle and on foot for hours in the heat and rain, especially where the roads had been swept off, often risking their lives to serve the afflicted people during mobile rescue and relief medical Camps. There were incidents of vehicles breaking down, midway, inadequate food available, roofs collapsing and uncomfortable places to rest in the night. Other than the relief services provided, mentioned in detail in Chapter VI (Outcomes and Impact), the organization equipped four Health Facilities with necessary equipment.

Thankfully, there was no major damage to the Hospital and the employees showed great resilience. The organization plans to have regular disaster preparedness and response mechanisms in place to equip staff to protect themselves and the vulnerable populations that they work with, since occurrence of such natural disasters due to climate change are very common in Nepal.

Coping with the Greatest Disrupter of the Century COVID 19

The COVID 19 Pandemic known to have originated in Wuhan, China in December 2019 disrupted and changed the health, economics, outlook, and approach globally. WHO declared COVID 19 a public health emergency in January 2020 and a Pandemic on 11 March 2020.

The first case of the virus in Nepal was confirmed on 23 January 2020. A country-wide lockdown in Nepal came into effect on 24 March 2020. During the various waves of Covid, the greatest problem and challenge for hospitals across the country was lack of beds, oxygen supply and fear of contracting the virus when tending to their near and dear ones and death itself. General health was ignored out of fear.

Since serving the community /patients seeking medical care by improving their quality of life is an essential part of the Hospital's core work and public health agenda, there was a need for the Hospital to remain operational although it was challenging. A steady source of income was drastically reduced as patient flow substantially decreased. There was no option but to take steps they did not want to. Only essential staff were called to work. While many were asked to work from home, they were working for half their salaries, some had to be laid off. Many were called to work once the situation became better.

There was a general sense of insecurity and fear prevailed among some Hospital staff, similar to the situation all over the country and globally. The overall mental health and wellbeing of employees of the Hospital suffered
resulting in anxiety and stress among many. The many stressors included fear of infection, increased financial insecurity due to the fear of losing their jobs, being paid only basic salary, general uncertainty, fear of death and illness due to a novel virus nobody knew much about. A study (using an online survey) carried out by the Hospital showed that women were more stressed than men.

Using Personal Protective Equipment (PPE) including face masks, surgical gloves, gowns, face shields, protective googles, use of sanitizers and social distancing became the new norm everywhere as well as in CHEERS.

**The lives lost and experiences of employees during Covid**

They say sometimes dark times brings out the best in people. Although adversity did not break the spirit of the management and staff, the passing away of forty-seven-year-old Shyam Prajapati, manning the Optical Shop due to Covid on 16 May 2020 was tragic and a sense of fear and sadness prevailed among employees, especially Mahesh Kumar Yadav, who worked closely with him. Both of them had given their PCR test for Covid at the same time and had discussed the results over the phone. Yadav remembers saying bye to him, unaware that it would be the final goodbye. While Yadav was getting oxygen support at home, Shyam had to be admitted to the Hospital, his condition being worse. He passed away at a private Hospital while undergoing critical care treatment. Yadav was shocked and could not sleep for days. He also feared for his own life as he had still tested positive after 22 days. However, he was reassured by the Management that it was ok and there was nothing to fear. Many of the employees lost their close relatives and family members.

Despite delays in receiving their salaries and or receiving only basic salary, the staff handled the situation effectively and continued to work. Having to deal with a situation which none of them had experienced or would experience in their lifetime was no doubt daunting and full of insecurities. A few just waited in hope of being called in to work, while some expressed happiness when they were finally called. A number of staff members contracted the Virus more than once. Yet another sad measure, the Hospital had to undertake was closing of the Rehabilitation Centre temporarily as children with disabilities residing in the Hostel had to be sent home immediately, for their own safety when the Pandemic struck. Many staff members faced anxiety, when their very young children did not recognize them since they had to leave them with their parents.

The organization also lost their Joint Treasurer, Mrs. Neeta Karki on 15 August 2020 while bravely battling Cancer.

Some of the good outcomes of the Pandemic were: The Pandemic taught employees to be resilient, have patience, gave people time to put on their thinking cap and come up with various new and innovative ideas for dealing with the health situation and improving health of the community as well as publish several research articles in scientific journals. The organization also introduced telehealth and artificial intelligence for remotely facilitating eye and ear care for the first time.

**X. THE WAY FORWARD**

For the next decade, focus of BPEF CHEERS will be on the need to increasing access to health in line with National Development plans and Sustainable Development Goals; improving quality; ensuring equity; finding effective solutions to existing and emerging problems through research and innovations; lowering costs of care, and conducting cost-benefit analysis during this decade.

**Access:** The target to be reached is 1,200,000 (60% of them women and proportionately the marginalized) by end of SDG (2030). Inadequate access to services is the most pressing challenge at this time in Nepal. Mid Term Review of Vision 2020: The Right to Sight revealed that over 60% of people have poor or little access to eye care. It is easily imaginable that almost 80% of people do not have access to ENT services.

In order to improve access and coverage a twin track approach of more peripheral mobile camps and static centers, and increasing the number of patients at the base hospital will be undertaken. For example, last year a total of 157,348 people accessed CHEERS’ services, with 118,952 through base hospital and 38,296 through outreach programs. In this period (2013 to 2021) a total of 686,889 people availed OPD services in house of which 357,128 were women (52%) in the last ten years.
Taking this decade as baseline, with an annual increment of 10 -15%, an estimated 1,200,000 plus people would have accessed CHEERS’ services. This is a realistic target as the closing decade saw disruption due to COVID 19; was adversely affected by 2015 earthquake; and in early years the organization was seeing only 10,000 -30,000 patients every year while last year, the organization saw over 97,000 patients at the base Hospital.

Also, it is diversifying service, for example dentistry and oral health at its base hospital and adding more Human Resource for the existing and diversifying services and introducing innovative mobile camps described below. These should also bring in more people to its service network.

Applying, Artificial intelligence-enabled Telehealth-assisted service will be the other approach to improve access, particularly for hard- to-reach populations. By 2024, BPEF would have piloted some studies to introduce models for two diseases, one for hearing and the other for vision.

Regarding surgery, in the last 10 years, CHEERS performed surgery on 20,611 patients. (16,804 in-house and 3,807 outreach). The organization can confidently target to perform around 40,000-50,000 surgeries as best- and - worst case scenarios. As a rule of thumb 5% of patients at hospital and 10% at camps undergo surgery, it can be assumed that 7.5 percent of all 1,200,000 patients i.e., 75,000 will require surgery. Assuming a minimum of 3% based on this decade’s surgery, CHEERS should be easily performing 40,000 surgeries.

**Equity and Inclusion:** Although increasing access to care will bring more people to health service network, that alone will not reach out to all people as there remain a large section of marginalized population in a community. Among the left outs will be Women; Children; Elderly people in this age of Silver Tsunami; people with disability; ethnic and caste groups and poor people. The organization’s approach to address these problems are:

**a. Gender:** On its face value, with slightly higher (51% women) accessing its services, BPEF has achieved gender “equality” as, evidenced by almost similar number of patients for both genders.

However, considering that women of Nepal carry two-thirds of total blindness, women’s access should be at least two thirds of total patient population. A new target from previous actual 52% to 60 % for women will be aimed for this decade. For addressing this gap in gender, CHEERS will introduce dedicated Women's camps, as experience has shown that more women access services when it is closer to their homes. Criteria for Gender-friendly hospitals will be developed involving all stakeholders and tested for its effectiveness at the base hospital and partner hospitals. It is not only in terms of numbers, that fewer women access surgery but even less when it comes to high end surgery. This will be discussed more fully in the next section on quality.

In so far as gender equity is concerned, the organization also has another client group, for example its own employees to ensure equity. BPEF has made a public commitment to gender equality, diversity and inclusion as a core principle. Currently, among its staff, 57% are female; 29 (25%) are Adivasis/Janjatis, 18 (15.5%) Madhesis, and 2(1.7%) Dalits and 3 (2.5%) people with disability and none from religious minority. During this decade a target of 60% women, 21% for Adibashi/ Janjati; at least 10% Dalits and 5 % people with disability and religious minority will be aimed at.

Although CHEERS has a respectable standing for Gender equity among close to 100 NGOs evaluated by a recent independent study, it does need to revisit its policies on gender equity and social inclusion and make conscious efforts to make the organization truly representative in the spirit of the Constitution of Nepal.

**b. Children:** In Nepal children again had poor access to care (Mid Term Review of Vision 2020). This was also true for BPEF -CHEERS. To overcome this, the organization will conduct child focus programs such as training school children to screen vision of their peers in schools at the time of admission and refer those with poor vision for refraction to increase refractive error coverage; conducting more such school health programs and dedicated Children Eye, ENT, Oral Health and Disability camps.

**c. Disadvantaged Group:** This is a heterogenous group consisting of people marginalized by structural and non-structural barriers. For example, caste in Nepal is an important determinant of exclusion, among service users
Dalits were only 8% while their population is variously estimated between 12-18% of national population. Musahars, Jhangads, Bantars, Rautes and Chepangs had even less representation. For this group CHEERS will conduct targeted camps where these populations are concentrated.

To be realistic, few/no societies’ equity gravitates naturally to those who need it most; achieving equity is an uphill task and needs recognition by top leadership and staff of any organization for active intervention.

**Quality:** CHEERS has been monitoring outcome of cataract surgery with visual acuity as a metric. This has been reported to be generally satisfactory as per WHO criteria. BPEF will also introduce indicators for hearing restoring surgery in pre-op and post up as a measure of successful outcome, after review of literature for recommended metrics and adapt/modify them and monitor hearing outcome following an intervention.

While these objective metrics give science-based evidence, another subjective metric, that patients’ experience in their journey through care continuum, (alternatively called patient satisfaction) is equally important and is not being monitored currently. During 2023 BPEF will develop tools for patient experience to constitute a baseline for future monitoring. This will guide the organization to identify its areas of weakness and strength and provide opportunity to improve. Quarterly internal evaluation will be supplemented with annual external evaluation. For this purpose, Monitoring Evaluation and Learning (MEL) Unit will be strengthened. To facilitate quality monitoring, Standard operating procedures (SOPS) will also be developed.

Ensuring high quality service will require introduction of newer technologies; services and training available human resources to improve patient experience. However, humane medicine has received little attention in Nepal's health system and is often the cause of misunderstanding and conflict between providers and patients. To overcome this, Community Medicine Auxiliaries (CMSs) and Health Assistants will be trained as Counselors to counsel patients at various stages of their (Patients') journey through the care continuum to make the journey a pleasant and a memorable one. It has been said "To see the light, one needs to be bold enough to be it (the light)". Also, Mahatma Gandhi is on record to has advised aspiring changemakers “Be the change you want to see.” We will be the light!

There is another reason why ensuring high quality technical and humane service is important, that is in enlightened self-interest of the Institution's own survival in an increasingly highly competitive environment. In terms of technical services there may be little to choose between hospitals, but CHEERS can certainly be people's first choice when it comes to humane service – a service with a smile.

**Data Poverty and Digitization:** It is known that what cannot be measured, cannot be controlled. In this context the organization needs to have a variety of data which at present, is not possible to analyze manually. Although CHEERS is collecting some data manually for analysis, for example gender, age, but it not collecting data for income level, caste /ethnicity, geographical origin, as determinant of disease and access to care which are necessary to monitor and intervene for diversity, equity and Inclusion. Data for disease diagnosis are important to make informed decisions to focus on priority problems; likewise, data on treatment provided and outcome and adverse reactions are essential to ensure quality. Such data are critical for management decisions, research and academic advancement.

CHEERS will have an efficient data management system by end of 2023 or, latest by first quarter of 2024.

Another important area of digitization will be an intranet connection to promote communication between clinicians, laboratory, other investigative procedures and various centers/institutes on line to save paper and reduce cost and avoid complaints from patients asking for prints of photographs. Also, a system to directly send prescriptions for pharmacy and optical shops and not to patients, will be put in place.

**Reach:** Although as of now, the organization's permanent presence is limited to 3 provinces, (Province 1, 2, 3), by 2024, one more province will have a permanent facility and by 2030 another one in one more province. This would also aid in enhancing coverage through improving access.
Research and Innovation: As an aspiring Evidence based practitioner, research and innovation will cut across all activities of BPEF-CHEERS to support its goals, objectives, programs and plans. A facilitating environment will be provided to staff keen to advance their intellectual pursuits.

BPEF’s research and innovation projects will focus on addressing barriers to access, enhancing quality, ensuring Equity, finding effective solutions to problems both within BPEF, the nation and globally, reducing cost, introducing cost-effective solutions and enhancing physical activity for healthy living.

A major thrust in its research pursuit, BPEF will engage students and adolescents actively so that students will emerge from being the “subject” of research to become “shapers” of research. BPEF has several examples of this within BPEF and, even more globally. This is a shifting paradigm in global health research and the organization will need to move on.

Over the years medical care has gradually become more ambulatory than hospital-based. The next wave of change looming in the horizon is “Home-based care.” This will be introduced starting 2025 and gradually expanded.

Governance: The following Institutes and Centers will be established for smooth, coordinated and mission-oriented functioning:
Medical Center; Wellness Center; Institute of Disability and Development;
Global Health Institute; Governance Center

Each of these Institutes/ Centers will have specific tasks, but the boundaries will be porous and not watertight. By 2030 BPEF will be working with at least 5 long term partners.

Finance (Outlay, expected sources and mobilization): Many of the activities are ongoing for some time and for them infrastructure development cost may not be necessary. Additional resources will be needed for additional infrastructure (expanding to provinces) and developing human resources. External support may be needed for running cost for initial few years. As a ballpark figure we expect a total requirement of NRS 3-3.5 billion for the entire plan period until 2030.

Potential resources are available within the organization; within the country; and outside the country. There are many more avenues for fund raising. The organization's domains of work can attract funds from wide areas like, Vision and Blindness; Deafness, Children; Education, Dentistry and Oral Health, Disability, Poverty, etc. There will be a dedicated resource mobilizer with a team to support her/him. Capacity building and improving internal teamwork, strengthening and expanding its relationships by coordinating and collaborating with local health departments, NGOs, community schools, co-operatives including private organizations and other health actors at the district, provincial, national and international levels to promote and implement its services.

To summarize, by 2030 BPEF-CHEERS will serve 1,200,000 people, restoring/improving sight and hearing in 60,000 people through medical, surgical and through assistive (optical and hearing) devices and oral health, equitably, with quality of service which is technically at par with other similar institutions but superior than others in humane care, at a cost much less than most institutions by unveiling measures to reduce cost and employing cost-effective measures. Ambulatory care will be increased and home-based care introduced through remote diagnosis through Telehealth and Artificial intelligence, in pursuit of people-centered health care. An expected 300 children with disability enrolled in inclusive schools, their learning experiences enhanced; 100 adults with disability receive rehabilitation services to make them independent and contributing citizens. BPEF will have presence in five Provinces by end of 2030 and ground work would have been laid for its presence in remaining two Provinces in early 2030 through its fully functioning five Institutes and Centers. Its existing gender equity and social inclusion policy will have been revisited and updated. BPEF-CHEERS would be self-reliant up to 80% by 2030.
ANNEX

A. 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 children with disabilities 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 Early Childhood Development Center(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 ECDCs.” 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 rehabilitation 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 children with disabilities. 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 children with disabilities. 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.


16. “Wonderful work. Pleased that USAID has been supportive of successful explorative activity”. Carrie Rasmussen, USAID Bangladesh and Linda Ketro, Environmental Health Specialist, USAID, 2018.

17. “Glad to meet the leadership with very clear vision and interest to bring change in lives of persons with Disabilities”. Uttam Kumar, Sense India, Ahmedabad, 2018.

18. “Was great to see the excellent work being done here by an extremely dedicated team of professionals and volunteers”. Arzu Rana Deuba, Member of Constituent Assembly of Nepal, 2019.

19. “Visited B.P. Eye Foundation and observed different sections. As I know, it is the only Center in Nepal working for differently abled children focusing on visual impairment and hearing deficiency through therapeutic services. Pokhara University and B.P. Eye Foundation can work jointly in this field. Let’s work together for providing services to people with disabilities in the early childhood period”. Prof Prem Narayan Aryal, Vice Chancellor, Pokhara University, 2022.


21. "Keep up the good work." Hanan Goder Goldberger, Ambassador of Israel to Nepal, 2022

B. PARTNERSHIPS AND SUPPORT
BPEF CHEERS has been collaborating with Governments, non-government organizations and educational institutions including Hospitals and Schools with the intention to strengthen and expand their programs and services, provide new services, reach new beneficiaries, enter new geographies, advocate for human rights, disability rights and education -all with the aim to make a greater impact in the lives of people.


Hospitals: Himalaya Eye Hospital, Pokhara; Tilganga Institute of Ophthalmology, Kathmandu, Nepal Eye Hospital, Kathmandu; Siddhi Memorial Women and Children Hospital; Bhaktapur; Bajrabarahi Community Hospital, Chapagaun, Lalitpur District, and Manmohan Memorial Community Hospital, Pharping, Kathmandu.
**Educational Institutions:** Tokushima University, Japan; Wayne State College, Nebraska; Bahir Dar University of Medicine and Health Science, Ethiopia; University of Plymouth, UK; Laboratory School, Kirtipur; Namuna Machhendra School, Lalitpur; Shree Krishna Sanskriti School, Surkhet; Shree Shikar Secondary School, Surkhet; Mangal Prasad Secondary School, Nepalgunj; Adarsha secondary School, Bhaktapur; Shanti Niketan Secondary School, Bhaktapur; Amar Singh Vidyalaya in Pokhara and Purbanchal Gyan Chakshu in Dharan.
C. RESEARCH AND PUBLICATIONS

Published Articles

Before 2012

2012

2013

2015

2017

2018

2019
1. RK Sitaula, P Karki, SN Joshi, A Manandhar, MP Upadhyay. Seasonal hyperacute Pan uveitis (SHAPU) and MOTH SAGA, CLINICAL AND EXPERIMENTAL OPHTHALMOLOGY 47, 162-162, 2019
2. R Kharel, P Karki, SN Joshi, AK Sharma, MP Upadhyay, Youngest reported Seasonal Hyperacute Pan uveitis case, American journal of ophthalmology case reports 15, 100523:2019
2020

Original Articles

Health system Research

Reviews and Perspectives

2021

BPEF Studies

Original articles

Case Reports
Editorials

Publications of BPEF Staff based on work outside CHEERS

Case Reports

Perspectives/Reviews

2022 BPEF Publication

Original study publication

Case Study/Clinical Communication publication

Publications of BPEF Staff based on work outside CHEERS


Completed studies under the different project and their status
3. Ocular, nutritional, and psychosocial health of children with blindness and visual impairment and their role. (Improving Learning Experience of CWBVI in Inclusive Schools).
D. PHOTO GALLERY

Eye Examination at Static Outreach Clinic

Low vision assessment at Inclusive School

Detailed eye examination at Laboratory School, Kirtipur

Student-Led vision Screening

Eye ENT surgical camp at Bara

Eye ENT surgical camp at Ratuwamai, Morang

Hearing evaluation at static outreach Clinic

Patients at Day Screening and Treatment Service
Eye OPD

Dental OPD

ENT OPD

Pediatric OPD

ENT Surgery

Phaco Eye Surgery

Children with blindness during Graduation

Telehealth at base Hospital
Equipping inclusive school with CCTV

After Inauguration of Wellness Center

Physiotherapy

Enabling Center’s training of Trainers’ Program

Children with Blindness Airport Visit

H.E. Ambassador of Israel to Nepal at CHEERS

Handover Ceremony of Equipment for infant hearing screening at immunization clinics in Kathmandu Valley

Vision Therapy Clinic at CHEERS
Special Procedures (Laser)

Poster presentation at National summit of Health and Population Scientists in Nepal

Wellness Center

Farewell of 12th Batch of Community Ear Health Workers (CEHW)

Safety measures during COVID-19 Pandemic

PCL nursing student for practicum at CHEERS

Best staff of the year 2021

Maintaining hand hygiene during COVID-19 Pandemic
## E. HUMAN RESOURCE

<table>
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<tr>
<th>S.NO</th>
<th>Staff</th>
<th>Designation</th>
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<tr>
<td></td>
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<td><strong>DEPARTMENT OF OPHTHALMOLOGY</strong></td>
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<tr>
<td>1</td>
<td>Dr Deepak Khadka</td>
<td>Ophthalmologist</td>
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<tr>
<td>2</td>
<td>Dr. Arjun Shrestha</td>
<td>Ophthalmologist</td>
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<td>Dr. Nirsara Shrestha</td>
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<td>Dr. Samata Sharma</td>
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<td>7</td>
<td>Sikshya Adhikari</td>
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<td>Dr. Rasmi Shrestha</td>
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<td>18</td>
<td>Pratibha Chaudhary</td>
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<td>19</td>
<td>Mahesh Kumar Yadav</td>
<td>Optical Fitter</td>
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<td>20</td>
<td>Bimala Prajapati</td>
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<tr>
<td>21</td>
<td>Basudha Khatri</td>
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<tr>
<td>22</td>
<td>Dr. Luna Mathema</td>
<td>ENT Surgeon</td>
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<tr>
<td>23</td>
<td>Dr. Arun Adhikari</td>
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<td>25</td>
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<td>Dr. Siddhartha Budha Magar</td>
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<td><strong>PHARMACY</strong></td>
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<td>28</td>
<td>Punam Singh Thakuri</td>
<td>Assistant Pharmacist</td>
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<td>29</td>
<td>Sachin Shrestha</td>
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<td><strong>RADIOLOGY</strong></td>
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<td>30</td>
<td>Sushila Marikhu</td>
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<td><strong>NURSING</strong></td>
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<tr>
<td>31</td>
<td>Sushmita Sharma</td>
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<tr>
<td>32</td>
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<tr>
<td>33</td>
<td>Mallika Karki</td>
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<tr>
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<td>Chhabi Shanker Sah</td>
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<td>Sabin Darai</td>
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<td>38</td>
<td>Gita Bardewa Mahat</td>
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<td>Parwati Kumari Nepali</td>
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<td>Raj Kumar Budha</td>
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<tr>
<td>43</td>
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<td>Sushila Giri</td>
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<tr>
<td>45</td>
<td>Kalpana Khadka (Bogati)</td>
<td>O.T. Attendant</td>
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<td>Shina Kumari Kush Tharu</td>
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<td>47</td>
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<td>O.T. Eye Care Worker</td>
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<td>51</td>
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<td>Bijay Khatri</td>
<td>Academic And Research Officer</td>
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<td>53</td>
<td>Sangita Majhi</td>
<td>Monitoring, Evaluation and Learning Officer</td>
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<td>54</td>
<td>Dibya Sharma</td>
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<tr>
<td>56</td>
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<td>Pediatrician</td>
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<td>Parbati Saud</td>
<td>Security Guard</td>
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</table>
F. GOVERNING BOARD MEMBERS

Dr. GAURI SHANKER LAL DAS
Chair, Founding 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. DR. MADAN PRASAD UPADHYAY
Chair Emeritus, Founding General Secretary and Trustee
Former Dean- Institute of Medicine (IOM), Tribhuvan University; Co-Founder- B.P. Koirala Lions Center for Ophthalmic Studies, IOM; Founder Director- B. P. Koirala Institute of Health Sciences (BPKIHS); Senior Vice President-Sound Hearing International; Former Regional Adviser for Disability Injury Prevention and Rehabilitation (DPR)-World Health Organization, South East Asia Regional Office; Member-Health Policy Advisory Committee, Ministry of Health, Government of Nepal.

PROF. DR. PURNA CHANDRA KARMACHARYA
Immediate Past Chair, Founding Vice President
Former Vice-Chancellor- B. P. Koirala Institute of Health Sciences (BPKIHS); Past President- Nepal Medical Council; Former Dean-Institute of Medicine, Tribhuvan University.

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

DR. REETA GURUNG
Vice Chair and Executive Committee Member
Chief Executive Officer- Tilganga Institute of Ophthalmology; Past President- Nepal Ophthalmic Society, Member- Apex Body for Eye Health, Ministry of Health.

DR. SANJIB KUMAR UPADHYAY
General Secretary and Executive Director
Former Director-Nobel Medical College Teaching Hospital, Biratnagar, Nepal; Executive Director-Hospital for Children Eye ENT and Rehabilitation Services (CHEERS).
PROF. DR. SHASHANK KOIRALA  
Founding Treasurer and Former Vice President  
Member of Parliament; Founder Director- B. P. Koirala Lions Center for Ophthalmic Studies (BPKLCOS), Tribhuvan University; Former Professor of Ophthalmology.

PROF. SUPRABHA GHIMIRE  
Founding Member and Board of Trustee  
Former Member of Constituent Assembly/Parliament; Academician and Human Rights Activist.

MR. RAJAN BHADUR RAUT  
Treasurer and Executive Committee Member  
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.

MR. SASHI BHATTARAI  
Joint General Secretary and Executive Committee Member  
Co-founder-Knowledge Holding International; Founder-Development Dynamics; Former Consultant-World Bank Group, UNIDO and FAO; Invited Reviewer-International Journal of the Analytic Hierarchy Process (JIAHP); Visiting faculty-Kathmandu University and Tribhuvan University.

PROF. DR. SUDEEP ACHARYA  
Joint Treasurer and Executive Committee Member  
Oral and Maxillofacial Surgeon; Former Executive Member-Nepal Medical Council; Former President-Nepalese Association of Oral and Maxillofacial Surgeons; Advisor-Continuous Professional Development (CPD) of Nepal Medical Council.

DR. SUCHETA PYAKURYAL  
Executive Committee Member  
Director-Center for Governance, Institute of Integrated Development Studies (IIDS); Visiting faculty-Kathmandu University School of Management; Faculty of Gender and Politics/ Policymaking-Tribhuvan University’s Department of Gender Studies; Jury Member-Integrity Icon of the Accountability Lab, Nepal Chapter; Former Assistant Professor of Political Science and Public Administration-University of North Florida, USA; Alumni-Regional Center for Strategic Studies of South Asia.

PROF DR. PABINA RAYAMAJHI  
Executive Committee Member  
Professor of ENT Head Neck Surgery (HNS)Department at Ganesh Man Singh Memorial, Academy of ENT HNS, Tribhuvan University Teaching Hospital(TUTH)’s Institute of Medicine(IOM); Member-Tribhuvan University; Coordinator-Cochlear Implant Society of Nepal; MS Program and ENT Member-Institutional Review Committee, Research Department, Institute of Medicine, Tribhuvan University(TU); Editor- Journal of Institute of Medicine Nepal.
MR RAMESHORE KHANAL  
Executive Committee Member  
Former Chairperson-President Chure-Terai Madhesh Conservation Board; Former Revenue Secretary and Finance Secretary -Government of Nepal; Economic Adviser to Prime Minister of Nepal and Head of Prime Minister’s Economic Advisory Council; Chairperson of Board-Agricultural Development Bank; Board Director- Nepal Rastra Bank, Rastriya Banijya Bank, Nepal Telecom Company and Nepal Airlines; Council and Executive Committee Member- Institute of Chartered Accountants of Nepal.

DR. MADAN KUMAR UPADHYAYA  
Executive Committee Member  
Public Health Physician; Joint Secretary, Chief of Quality Standards and Regulation Division, Ministry of Health and Population (MOHP), Nepal; Director of Curative Service Division of Department of Health Services, MOHP and Executive Director of Health Insurance Board Nepal.

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

MRS. MUKTA MALA RAI  
Board of Trustee Member  
President- Doctors Wives Association, Nepal; Educationist.
ACKNOWLEDGEMENT OF LATE AND FORMER EXECUTIVE COMMITTEE MEMBERS

CHEERS appreciates the contribution and would like thank its late and former Executive Committee Members.

LATE EXECUTIVE COMMITTEE MEMBERS

1. LATE DR. LAKSHMI NARAYAN PRASAD
   Founding Chair
   First ENT and Eye surgeon of Nepal; He conceived the idea of Community Based Rehabilitation (CBR) program and implemented it for the very first time in Nepal for persons with blindness. He was not only the first Nepali surgeon to start Mobile Eye Relief Camp (1962), but also the first to conduct Mobile Ear Camp in Nepal. He also pioneered in the field of Special Education and started the first school for the deaf in Nepal; Founder Chairman of Nepal Association for the Welfare of the Blind (NAWB); Founder of IMPACT Foundation, Nepal.

2. LATE PROF GANESH RAJ SINGH
   Founding 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. He was the first and pre-eminent ENT surgeon of Nepal who conceived the idea of Community Based Rehabilitation (CBR) program and implemented it for the very first time in Nepal for blind persons.

3. LATE MR. ANANGA MAN SHERCHAN
   Founding Member
   Life Member-Nepal eye Hospital; Architect and Spearheaded - Salt Trading Nepal Limited. Builder of Mega projects like Bir Hospital and Ratna Mandir (former summer palace of Royal Family in Pokhara). Former Secretary-Kathamandu Municipality; Board of Directors Nepal Bank Limited; Founder Chairperson- Thakali Samaj Sewa; Co-founder -Amrit Science Campus, Kathmandu

4. LATE DR. NAVIN CHANDRA RAI
   Founding Member/Vice Chair and Board of Trustees
   Consultant-Nepal Eye Hospital; He was the first doctor in Nepal to work on Glaucoma and introduce practice of Contact Lens; Visiting Professor-Department of Ophthalmology, TUTH; Founding Director- Kathmandu Nursing Home; Life Member, Blind Welfare Centre, Kathmandu; Charter Member, Rotary Club Mid-Town; Founder President- Nepal Ophthalmic Society.

5. LATE MRS NITA KARKI
   Former Joint Treasurer
   A Sociologist with keen interest in environment and climate change who had authored and co-authored several reports/books on Sustainable Management of Common Forest Resources. She was an active fund raiser for B.P. Eye Foundation.
FORMER EXECUTIVE COMMITTEE MEMBERS

1. MRS SONIA POKHREL
Executive Committee Member
A social worker with special interest in hearing and speech problems; Chairperson- Kalyan Mani Acharya Dixit Trust for Hearing and Speech. She is actively involved in fund raising for B.P. Eye Foundation.

2. MRS KALPANA TRIPATHY
Executive Committee Member
A social worker and life member of B. P. Eye Foundation. She has been involved in fund raising for B.P. Eye Foundation.

3. MRS ASHA UPADHYAY
Executive Committee Member
Life Member -B.P. Eye Foundation and Nepal Association for the Welfare of the Blind; 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.

4. DR UMESH SHARMA
Executive Committee Member
Senior Consultant-Department of Radiodiagnosis, B & C Medical College Teaching Hospital and Purbanchal Cancer Hospital, Birtamod, Jhapa; Visiting Professor- Department of Radiodiagnosis, B.P. Koirala Institute of Health Sciences; Former Professor, Head of Department of Radiodiagnosis and Principal- Janaki Medical College, Janakpur; Chief Editor- Medical Journal of Eastern Nepal (MJEN); Member Editorial Advisory Board-Journal of Medicine and Medical Sciences (MJMMS);

5. MRS SURYA KUMARI SHRESTHA
Executive Committee Member
General Secretary-Ama Milan Kendra, Doctor’s Wives Association and Safe Motherhood Network Federation Nepal; President-Mahila Adarsha Sewa Kendra and Adarsh Agarbatti Sanstha, Banepa. She is actively involved in fund raising for B.P. Eye Foundation.

6. Dr. SURAJ SHAKYA VAIDYA
Executive Committee Member
Former Professor of Ophthalmology and Member of Nepal Medical College. She worked in Nepal as an academician and clinician for 18 years in the field of Ophthalmology. She is now associated with Blind Rocks UK and mostly works for public health and women empowerment projects for low-income countries.
ABOUT THE AUTHOR

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Spectrum of BPEF Work

- Advocacy
- Promoting Health
- Preventing Diseases
- Screening disease and risk factors
- Treatment
- Rehabilitation
- Policy Development

Holistic Health