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COMPILED ACTIVITY REPORT
(PROJECT PERIOD 2014 TO 2018)

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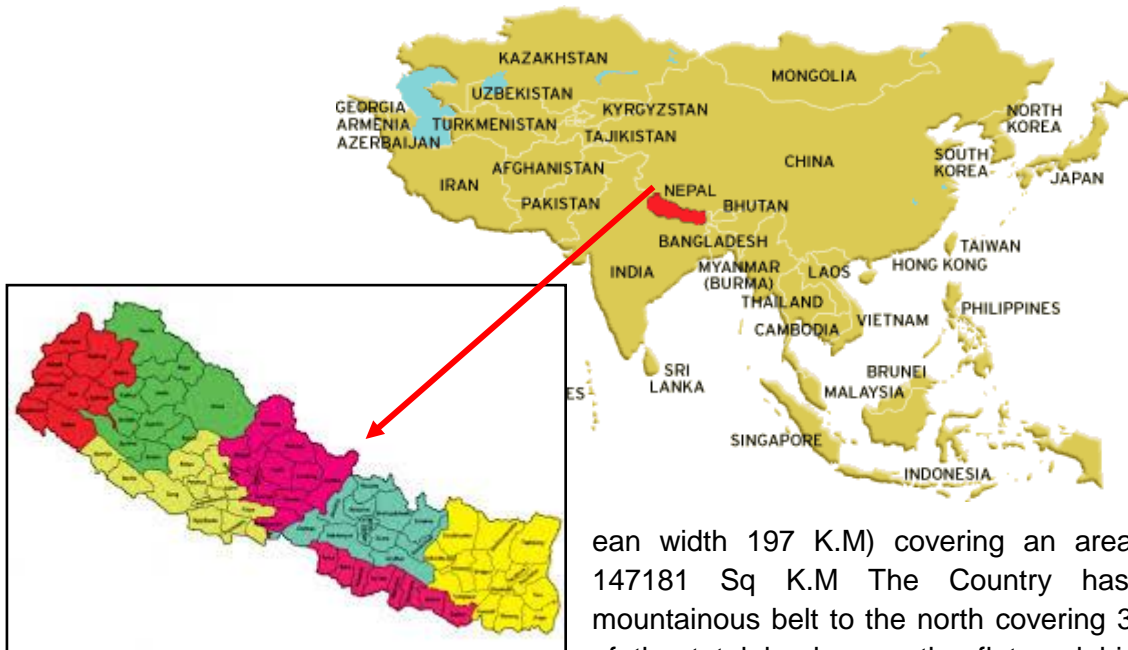
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INTRODUCTION

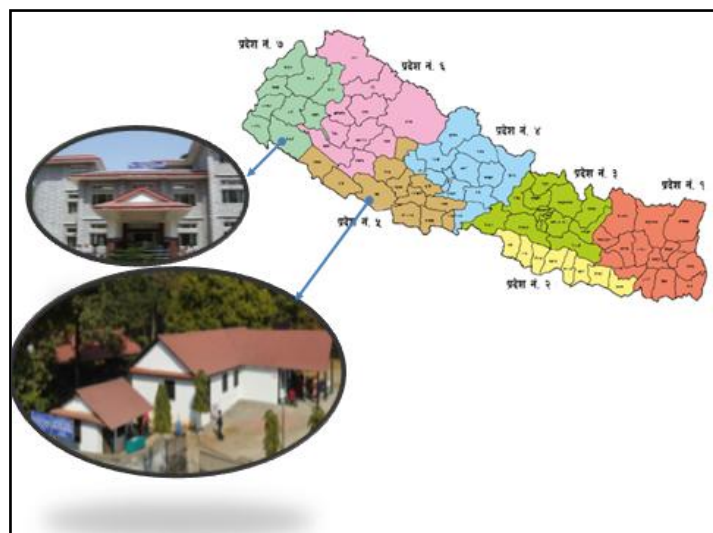
Federal Democratic Republic of Nepal is a land locked country in the Himalayan Region with the Tibetan Region of the People's Republic of China to the North and India to the South, West and East. Its length is approximately 885 K.M from west to east and has a maximum width of 245 K.M



ean width 197 K.M) covering an area of 147181 Sq K.M The Country has a mountainous belt to the north covering 35% of the total land area, the flat and highly cultivated Tarai in the South which amounts to 23% of land area and the Central hills in the middle which is 42% of the land area. Administratively the country is divided into 7 Provinces, 77 Districts, 6 metro cities, 11 sub-metro cities, 276 Municipalities, 460 rural Municipalities. Provinces are the first subdivision of country. Each provinces is further subdivided into districts, and each districts into municipalities and rural municipalities.

BACKGROUND

World Health Organization in cooperation with Nepal Government (NG) in 1980/81 carried out the most comprehensive blindness survey undertaken in any country until now. In 116 villages and wards all over Nepal nearly 40000 persons were given an eye examination and a number of ancillary studies were performed.



The survey showed that in a population of 14 million 0.84% were blind in both eyes. Some of the causes were considered outside the reach of medical prevention or treatment but fortunately most of the blindness was avoidable. Cataract was the dominant cause with 84%. Next was trachoma with 3%. It was therefore decided by WHO to start a blindness prevention project in Seti and Mahakali Zones, (Province no 7 and 5) and with support from NORAD a 100 bed low cost eye hospital was established in Geta, near to Dhangadhi (for Seti and Mahakali Zones) for various reasons NORAD chose to have Norwegian Church Aid (NCA) take over the project from WHO. This was effected from November 1st 1985, based on agreement with Social Welfare Council and Nepal Netra Jyoti Sangh.

The project was extended to Rapti Zone in 1986, where a new hospital was inaugurated early 1986. Similar projects later started in most of the Zones of Nepal, funded by foreign NGOs under the umbrella of Nepal Netra Jyoti Sangh.

Norwegian Church Aid (NCA) had started to support Eye Health Program establishing the **Eye Hospitals at Geta, Dhangadhi -Kailali in 1985** and later in **Tulshipur-Dang in 1986**.

In 1996 a dialogue was held between NCA & NABP (Norwegian Association of the Blind and Partially Sighted) investigating the possibilities of NABP taking over the NCA's role as funding partner to the Rapti Eye Hospital, Dang to deliver eye health service in Rapti Zone covering five districts (Dang, Rukum, Rolpa, Salyan and Rukum)

NABP showed interest not only in maintaining the previous eye care activities at the Hospital, but also in expanding activities in the field of Training/Rehabilitation of blind and partially sighted .

NABP took over the role of the NCA as a founding partner to Rapti Eye Hospital, Dang on 1st January 1998 to 2011 and extended its support to Eye Health Program II, Lamahi from 2012.

THE DONOR AGENCY



The Norwegian Association of the
Blind and Partially Sighted

Norwegian Association of the Blind and Partially Sighted (NABP), a Norwegian International Non-Governmental Organization (INGO), established in September 1900 as a non-profit-making, secular, non-political self-help organization. This organization works towards full participation and equal rights for blinds and Partially Sighted People. Its primary objectives are to support the strengthening of organizations of the Blind at the national level through making them self-reliant, strong and sustainable, to combat blindness through eye health programs and to promote and support the rehabilitation of blind and partially sighted people. It has been supporting Blind and Partially Sighted people of Nepal in partnership with Nepal Netra Jyoti Sangh

(NNJS) and Nepal Association of the Blind (NAB). It has also programmed in other developing countries.

NEPAL NETRA JYOTI SANGH



Nepal Netra Jyoti Sangh (NNJS) is a leading national eye care providing agency for comprehensive eye care service in the country. It was established in 1978 as a National Society for the prevention and control of blindness. Under NNJS 18 Eye Hospitals and more than 80 primary Eye Care Centers are running. The main role of NNJS is to make a national strategy, supervise, monitor and ensure quality of services in eye hospitals and centers. It is responsible for overall guidance and leadership for smooth and efficient running of programs, expansion of program nationwide, coordination with government and local authorities, instructing the hospital to conduct more activities to reach to unreached eye patients, evaluate the target and achievement, train more and more human resource, aware the civil society about preventive and curative remedies of eye care.

WORLD BLINDNESS SITUATION

According to estimate from the World Health Organization (WHO) , about 217 million people are MSVI, 36 million people are blind. In total **253** million people are visually impaired. 124 million people have uncorrected refractive errors and 65 million have cataract. More than 75% of all blind and MSVI (Moderate and severe vision impairment) is avoidable. There is estimated of 1.1 billion people with near vision impairment. 89% of vision impaired people live in low and middle income countries and 55% of moderate or severely vision impaired people are women. Top leading cause of visual impairment is refractive errors, cataract and age related macular degeneration (AMD). And major cause of blindness is cataract , uncorrected refractive error, glaucoma, diabetic retinopathy, corneal opacity and trachoma. ¹

VISION 2020- RIGHT TO SIGHT

In order to reduce global burden of blindness, WHO and broad coalition of international organizations and private organizations launched a global initiative vision 2020 “Right to Sight” in Geneva 18th February 1999. Similarly the South Asia Region (SEARO) declared on 30 September for member countries to come forward for the strategies and guidelines for the elimination of Blindness from the Region 2020. Perceiving the urgent need to eliminate the blindness Government of Nepal formulated “Apex Body for Eye Health” on 6th October 1999 under the Ministry of Nepal and vision 2020 “Right to Sight” program declared at the VI Ophthalmology Congress of SAARC countries held in November 1999 at Kathmandu, The objectives are to: eliminate avoidable blindness by developing an integrated approach to disease control, human resource development, as

¹ <http://www.who.int/news-room/fact-sheets/detail/blindness-and-visual-impairment>

well as infrastructure and technology developmental various levels of the health care system. Nepal is aiming by the end of the 2020 all the districts of Nepal there will be basic eye care facilities and cataract surgical rate (CSR) will be at least 6000.²

BLINDNESS SITUATION OF NEPAL

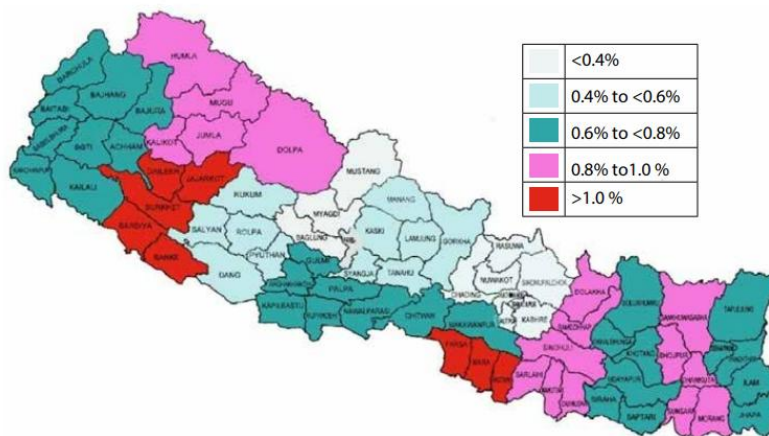
After the first blindness survey of 1980-81,(prevalence of blindness 0.84%) the second population based surveys on blindness and visual impairment was conducted in 2006-2010. (prevalence of blindness 0.35%) In this survey, the rapid assessment of avoidable blindness (RAAB) methodology was applied. This surveys were conducted in all 14 Zones of Nepal. In total, 39,908 people aged 50 years and older were examined. The eye care infrasture during the period of 1981 was very minimal in Nepal, only one eye hospital and 4 eye departments in general hospital. During this period upto 2010, there were 20 eye hospitals, 19 eye departments , 63 primary eye care centres and the number of ophthalmologist increased from 7 to 147. The number of cataract operation increased from 1,000 in 1981 to more than 200,000 in 2010. Compared with the National Blindness Survey the prevelance of blindness has reduced from 0.84% in 1981 to 0.35% in 2011. The impact of the expansion of eye care service between 1981 and 2011 is best impact in the reduction of the prevalence of blindness and visual impairment. In actual numbers the achievements are far less outspoken because the number of people aged 50 plus more than double between 1981 and 2011 and the life expectancy at birth increased from 48 to 66 year.³ (life expectancy has increase to 71years in 2018)

RAAB survey of 2006-2010 has revealed that the cataract was the main causes of blindness (65%), from earlier 72% in 1981. This is followed by retinal dieseses 9%, corneal diseases 6%, glaucoma 5%, ARMD 4%, refractive error 4%.⁴

BLINDNESS SITUATION IN PROJECT AREAS

Rapti Eye Hospital has performed various activities and different initiatives were taken to reduce blindness in Rapti Zone. The initiative stresses the importance of universal eye health coverage – specifically that the poor have access to affordable (mainly free) eye health services. Currently the Rapti zone is one of the three best performing zones

Figure 5: Distribution of Blindness PVA <6/60



² Nepal Netra Jyoti Sangh, Strategic plan for the eye care service in Nepal, 2013-2020, p(26)

³ The Epidemiology of Blindness in Nepal:2012, Nepal Netra Jyoti Sangh, Kathmandu

⁴ Sapkota YD, Upadhyay Madan, (2011) Burden of Blindness and Eye Disease in Nepal, Mid Term Review of Vision 2020: The Right to sight, Nepal, Appex Body for Eye Health (p20)

regarding prevalence of blindness and has already reached NNJS's objectives of <0.2% with VA <3/60 (meaning those who are blind). The impact of the program can be seen as the people who were visually impaired experience improved health, living conditions and quality of life. NNJS has as its general objectives "to reduce the present prevalence of blindness (VA <3/60) from 0.35% to <0.2% and economic blindness (VA <6/60) 0.8% to 0.4% by 2020. In the Rapti zone, these goals were almost reached already in 2010. That year 0.13% had vision of VA <3/60 and 0.52% VA < 6/60. (RAAB Survey Report 2012)

Eye Health Program-Rapti & Bahadurgunj has already reached this goal. In Rapti Zone the back log has been reduced from 0.87% in 1981 to 0.13% in 2012 (The RAAB survey 2012). Eye health service has had a big impact in Rapti Zone and has achieved one of the best results so far in Nepal.

After vision restoration, people have become active; life expectancy has increased (48 in 1981 to 71 in 2017) , returned back to their regular work which contributed significantly for uplifting their economic condition and living standard. They have started managing their daily life and taking responsibilities of their family. (GDP per capita in Nepal has increased by US \$ 267.10 to 728.40 period between 1960-2017) (Source: <https://tradingeconomics.com/nepal/gdp-growth-annual>)

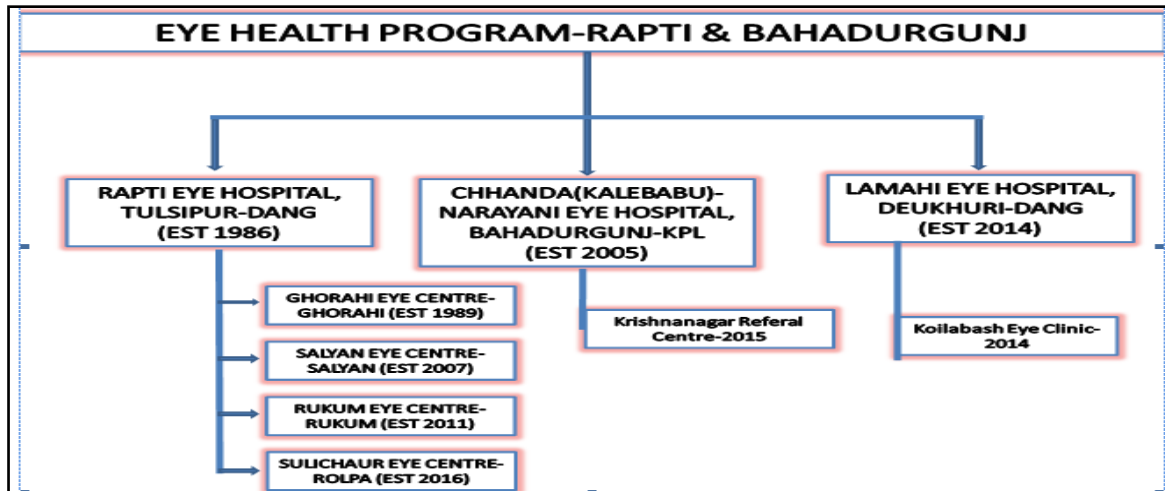
Table 3: Prevalence of Blindness Compared to 1981 (%)

Zone	<3/60, 1981	<3/60, 2010 (extrapolated)	<6/60, 2010 (extrapolated)
Mechi	0.64	0.35	0.79
Koshi	0.99	0.35	0.84
Sagarmatha	0.98	0.23	0.6
Janakapur	0.73	0.38	0.52
Bagmati	0.62	0.10	0.52
Narayani	0.99	0.81	2.8
Gandaki	0.46	0.25	0.42
Dhaulagiri	0.53	0.20	0.5
Lumbini	0.75	0.38	0.53
Rapti	0.87	0.13	0.52
Bheri	1.26	0.45	1.12
Karnali	1.63	0.12	0.83
Seti	1.24	0.41	0.76
Mahakali	1.24	0.41	0.76
All	0.84	0.35	0.82

EYE HEALTH PROGRAM- RAPTI AND BAHADURGUNJ

There are three eye hospitals (Rapti Eye Hospital, Chhanda(kalebabu)-Narayani Eye Hospital and Lamahi Eye Hospital) four primary eye care centres (Ghorahi Eye Centre, Salyan Eye Centre, Rukum Eye Centre, and Sulichaur Eye Centre, Rolpa) one referral clinic (Krishnanagar referral centre) and one weekly clinic (Koilabash weekly clinic) under Eye Health Program-Rapti & Bahadurgunj. Nepal Netra Jyoti Sangh has

recognized Eye Health Program-Rapti & Bahadurgunj as the group of governing body. It is a support program to continue the efficient running of 50 Bedded Rapti Eye Hospital, Tulsipur, 100 Bedded Chhanda(Kalebabu)-Naryani Eye Hospital, Bahadurgunj, 50 Bedded Lamahi Eye Hospital, Lamahi and its settalite eye centres.



VISION

Reduce prevalence of blindness and visual impairment among individual, community, thereby improving the quality of life of visually impaired people by providing best and quality eye care service and leading program to an Academic Institution.

GOAL

Sustainable development of Eye Health Program- Rapti & Bahadurgunj by the year 2020.

OBJECTIVE

To sensitize general people and make them aware about eye health.

To support National health policy of Nepal under the guidelines of Nepal Netra Jyoti Sangh.

To strengthen REH, CKNEH, LEH as best eye care institution of province number 5, Nepal and leading them as Tertiary Eye Hospital and a Teaching Institution.

To equip hospitals with modern technology and gradual development of infrastructure as per master plan.

To enhance capacity of employees by providing them appropriate training.

Achieve the Goal of Vision 2020- "Right to Sight"

MAJOR ACTIVITIES

- Provide Curative, Pro-motive, Preventive and Rehabilitative service.
- Conduct outreach activities , eye health education and eye health campaign to generate awareness and to make referral system strong.
- Eliminate the main cause of avoidable blindness.
- Continuous education and training opportunities for employees to enhance them for quality service.
- Rehabilitation service through CBR wing at base hospital.
- Continues development of infrastructure as per master plan.
- Advocacy for sustainable development of eye health program in Rapti and Kapilbastu at Local and Central level.
- Equipped hospital with modern equipments and technology.

SERVICE AREAS

Eye Health Program- Rapti & Bahadurgunj has been providing eye health service in 4 districts of Province number 5 (Dang, Rolpa, Pyuthan and Kapilbastu) and 2 districts of Karnali Province (Western Rukum and Salyan). There are 1.47 million Populations in Dang, Rolpa, Pyuthan, Salyan and Eastern, Western Rukum districts and .57 million populations are in Kapilbastu District.



**POPULATION COVERED
RAPTI ZONE**

Zone/Districts	Population 2001			Population 2011		
	Total	Male	Female	Total	Male	Female
Rapti						
Pyuthan	212,484	98,390	114,094	235,165	103,459	131,706
Rolpa	210,004	101,592	108,412	227,075	104,654	122,421
Rukum	188,438	95,432	93,006	210,878	101,090	109,788
Salyan	213,500	106,834	106,666	243,575	116,615	126,960
Dang	462,380	228,958	233,422	557,852	264,110	293,742
Total	1,286,806	631,206	655,600	1,474,545	689,928	784,617

KAPILBASTU DISTRICT

Zone/Districts	Population 2001			Population 2011		
	Total	Male	Female	Total	Male	Female
Kapilvastu	481,976	247,875	234,101	570,612	284,813	285,799

HOSPITALS/PECC UNDER EYE HEALTH PROGRAM

1. RAPTI EYE HOSPITAL

Rapti eye hospital is located at Raksyachaur-4, Tulsipur, Dang, Rapti zone which is in the province number 5 & 6 of Nepal and has a population of 1.4 million. It has 4 Bigha (2.70 hectare) land which is registered in the name of Nepal Netra Jyoti Sangh.

According to the Nepal Blindness Survey of 1981 the prevalence of blindness in Rapti was 0.87% which was reduced to



Under Construction OPD Building

0.13% in second survey of 2010 (RAAB Survey). Rapti Eye Hospital is 50 bedded eye hospital which was established in 1986 with the support of Norwegian Church Aid (NCA), Norway. Later in 1996 a dialogue was held between NCA & NABP (Norwegian Association of the Blind and Partially Sighted) investigating the possibilities of NABP taking over the NCA's role as founding partner to the Rapti Eye Hospital, Dang. **NABP** showed interest not only in maintaining the previous eye care activities at the Hospital, but also in expanding activities in the field of Training/Rehabilitation of blind and partially sighted. **NABP** took over the role of NCA as funding partner to Rapti Eye Hospital, Dang on 1st January 1998 to 2011 and extended its support to Eye Health Program II, Lamahi from 2012. There are four Primary Eye Care Centres (GEC, SEC, REC, SEC-Rolpa) running under Rapti Eye Hospital. This hospital provides comprehensive eye care service i.e. curative, preventive, pro-motive and rehabilitative service.

2. LAMAHI EYE HOSPITAL

Lamahi Eye Hospital was started in 2002 in Deukhuri, Dang as a weekly satellite clinic of Rapti Eye Hospital. Later on 9th September 2009, it was upgraded to Primary Eye Care Centre with an objective to upgrade it as a full fledged eye hospital. This objective was soon fulfilled with the financial support of NABP and needful land (2.88 acre) support at free of cost by Town Development Committee, Lamahi.

The foundation stone laying ceremony was held in 23rd Nov 2010.

The construction

work was completed in 2012 and eye service was started from own building from 2013. Later, the building was inaugurated in 2014 as a full fledged eye hospital. It has big catchment area; aiming to provide eye health service to the people of Rolpa, Pyuthan, Arghakhachi districts and part of Banke district. The Lamahi Eye Hospital is centrally located between Chhanda(Kalebahu)-Narayani Eye Hospital, Bahadurgunj and Rapti Eye Hospital, Tulsipur. Weekly clinic at Koilabash (near to Indian border) is managed by Lamahi.



3. **CHHANDA(KALEBABU)-NARAYANI EYE HOSPITAL**

NNJS-Rapti Eye Hosptal and NAB-Rehabilitation program were jointly working for the curable and incurable blind in Rapti since 1998 with the support of NABP-Norway. After phase out from Rapti, NAB-Rehabilitation program was started in Bahadurgunj of Kapilbastu District in 2004. The eye care and rehabilitation service for curable and incurable blind was good experience for NNJS and NAB. Hence, NNJS-Rapti Eye



Hospital had decided to start a referral eye centre jointly with NAB-Rehabilitation Program in Bahadurgunj Kapilbastu in 1st December 2004. The main objective of the centre was to provide eye service for the curable blind. NAB-Rehabilitation program had conducted door to door survey and found near about thirteen thousand curable blind in Kapilbastu. The result of survey work and finding of curable patients in Kapilbastu encouraged to NNJS-Rapti Eye Hospital to upgrade it into a surgical centre. Previously it was started in a rented house in Krishnanagar and later shifted to a rented building and land in Bahadurgunj as a Surgical Eye Care Centre. Gradually, the number of Nepali patients as well as Indian patients started to increase in the centre. The service provided by this centre and satisfaction of patients has supported to convince Ms Narayani Shah, owner of land and building to donate land to upgrade this centre as a full fledge hospital. She donated 1.41 acre land to centre on 5th September 2012. This centre has been recognized as Chhanda (Kalebabu)-Narayani Eye Hospital, Bahadurgunj from central NNJS and honored to Ms Narayani Sha. The foundation stone laying ceremony of ward building was held on 15th July 2014. It has one referral centre in Krishnanagar.

4. GHORAH I EYE CENTRE

It was established in 1989. It is situated inside the premises of Sub-Regional Hospital of Nepal Government at Ghorahi, Dang. Mr, Ganesh Sharma, a local donor had constructed the building. He was blind by birth and donated this building for eye care service. In average 60-70 patients are getting eye care service daily. This centre is centrally located between Rapti



Eye Hospital and Lamahi Eye Hospital. Patients are referred for cataract surgery to base hospital. Nepal Government is providing partial financial support to this centre.

5. SALYAN EYE CENTRE

This center was established in 1st January, 2007 at Khalanga of Salyan District with the administrative support of Nepal Red Cross Society of Salyan by providing free room for eye care service. But due to less access of patients in Kahalanga , the management team of Hospital and Nepal Red Cross team of Salyan jointly agreed to shift the centre in Shreenagar of Salyan from June 2012. In average 15-20 patients are getting eye care service. The patients are



referred to Rapti for surgery and other major treatment. There is coordination committee team for the overall development of centre. Nepal Government is providing partial financial support to this centre. The centre is running in rented building of Krishi Samagri Sansthan-A government building. The local donor have donated free land at the same place (shreenagar) and the team are actively participating to get the fund from Government at local level for the construction of building.

6. RUKUM EYE CENTRE

This center was established at Musikot, Rukum in 2011. The population of Rukum District is more than .2 million and has benefited by this centre. At present this is running at a rented house of Nepal Red Cross Society, Rukum. Nepal Government is providing partial financial support to this center. Nepal Netra Jyoti Sangh, Rukum Branch was established in 2016 which is managing the centre. The local donor have donated land to this centre and the team members are trying to get fund support for the construction of building.



7. SULICHAUR EYE CENTRE, ROLPA

This center was established at Sulichaur, Rolpa on 16th February 2016. It was inaugurated by than honorable home minister Mr, Krishna Bahadur Mahara. This centre is referral centre of Rapti. At present this is running in a rented house.



8. KRISHNANAGAR REFERRAL CLINIC

Krishnanagar Referral Clinic was started in 2014 in order to make easy excess to patients and also to make referral system strong for the CKNEH-Bahdurgunj.



9. KOILABASH WEEKLY CLINIC

Koilabash weekly clinic was started from 2013 in order to make referral system strong for Lamahi Eye Hospital. This centre is situated near to Indian Border (34 KM away from Lamahi Eye Hospital).

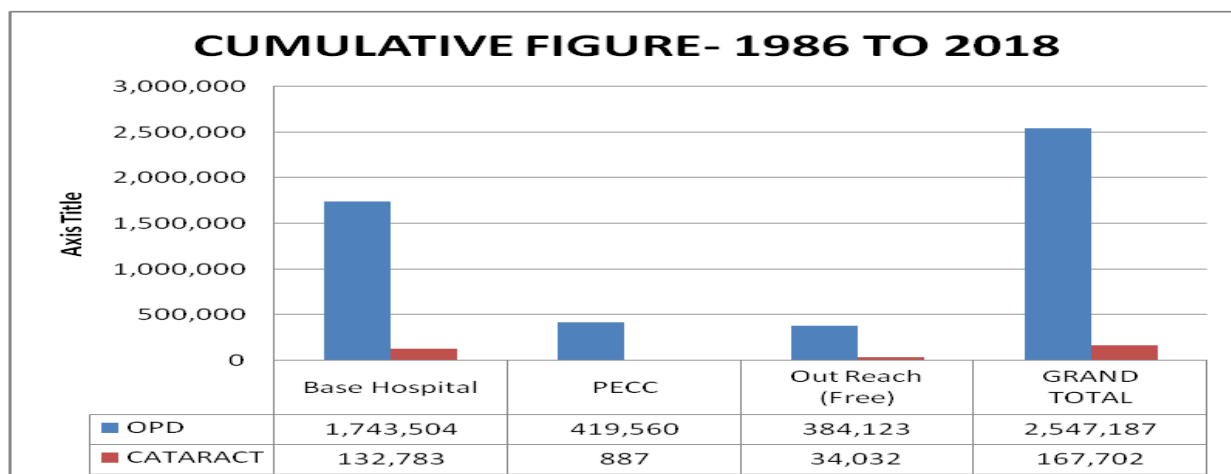
**CUMULATIVE FIGURE
OF
1986-2018**

CUMMULATIVE FIGURE (ACHIEVEMENT FROM 1986 TO 2018)

CUMMULATIVE DATA – 1986 TO 2018	OPD
RAPTI EYE HOSPITAL (1986 TO 2018) :	822,635
LAMAHI EYE HOSPITAL (2001 TO 2018)	219,968
CHHANDA(KALEBABU)-NARAYANI EYE HSP(2005 TO 2018):	700,901
GHORAH I EYE CARE CENTRE (1989 TO 2018):	344,289
SALYAN EYE CARE CENTRE (2007 TO 2018):	31,679
RUKUM EYE CARE CENTRE (2011-2018)	25,673
SULICHAUR EYE CARE CENTRE, ROLPA (2018)	3,980
Krishnanagar Eye Clinic (2015-2018)	12,190
Koilabash Weekly clinic (2013-2018)	1,749
FREE SURGICAL CAMP / DST CAMP (1996 TO 2018):	283,456
FREE SCHOOL SCREENING PROGRAM (2008 TO 2018)	97,667
RAAB Survey 2010	3,000
TOTAL OPD SERVICE	2,547,187
CUMMULATIVE DATA – 1986 TO 2018	CATARACT
RAPTI EYE HOSPITAL (1986 TO 2018) :	27,276
LAMAHI EYE HOSPITAL (2013-2018) :	6,333
CKNEH BAHADURGUNJ (2005 TO 2018) :	99,174
GHORAH I EYE CARE CENTRE (2008-2018) :	887
FREE SURGICAL CAMP/DST (1996 TO 2018) :	34,032
TOTAL CATARACT SURGERY	167,702

From 1986 to 2018 (32 years), 2.54 million people (25 lakh 47 thousand 183) have got eye care service (OPD service) by Eye Health Program-Rapti & Bahadurgunj. Out of these numbers, 381,123 (three lakh eighty one thousand one hundred twenty three) have got free eye care service (OPD service)

During this 32 years period, 167,702 (1 lakh 67 thousand 702) have got new vision after cataract surgery. Out of these numbers, 34,032 surgeries were free in eye camp.



YEAR WISE ACTIVITIES

IN SHORT

2014 to 2018

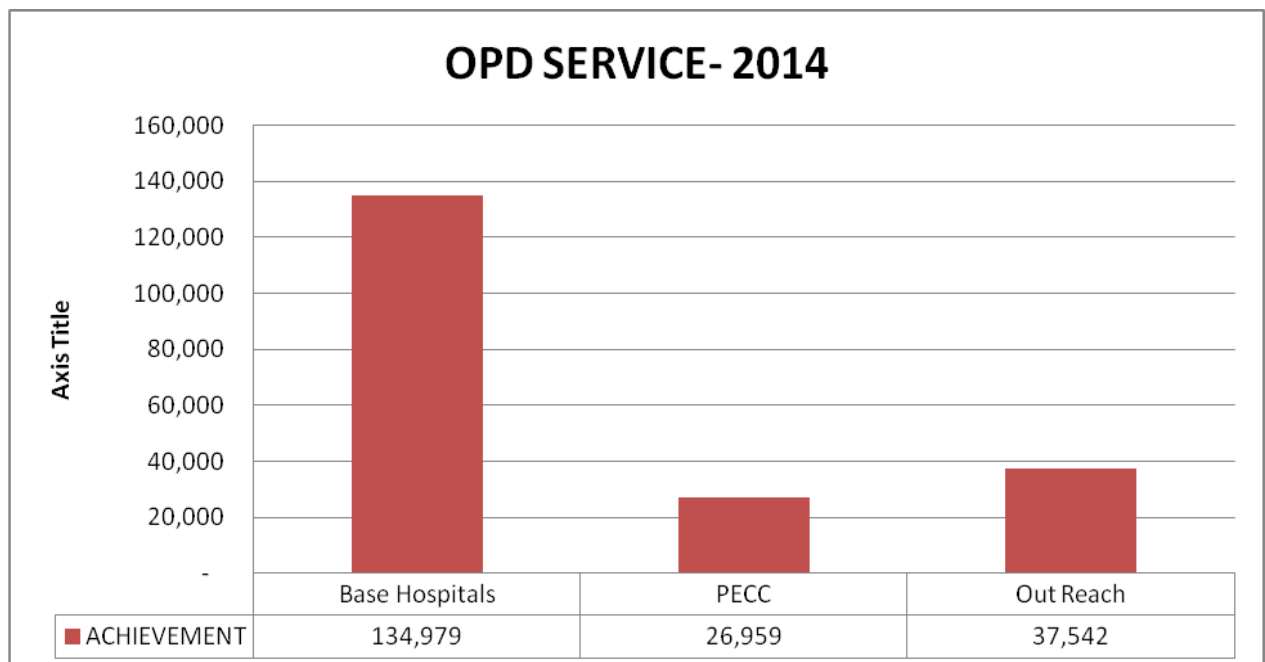
JANUARY- DECEMBER
2014

OPD SERVICE

The total 161,938 (Male 44%/ Female 56%) patients have got OPD service in Base Hospital and PECC and in the total 37,542 (Male 42% /Female 58%) patients have got OPD service in out reach camp i.e free surgical camp, DST, school screening etc.

In 2014, OPD service provided to 199,480 (Male 43%/ Female 57%) patients. Out of these number, 37,542 have got free service in out reach program.

Hospital/PECC/DST	Male	Female	Total
Rapti Eye Hospital	21,906	30,584	52,490
Ghorahi Eye Centre	7,510	12,538	20,048
Lamahi Eye Hospital	8,626	12,048	20,674
Salyan Eye Centre	1,497	1,826	3,323
Rukum Eye Centre	1,584	1,740	3,324
CKNEH-Bahadurgunj	29,542	32,273	61,815
Koilabas Eye Clinic	115	149	264
Sub Total of Hospital and	70,780	91,158	161,938
Outreach Activities			
Surgical Camp	1,563	2,391	3,954
Screening Camp	8,715	13,744	22,459
School Screening Camp	5,368	5,761	11,129
			-
Sub Total of outreach ac	15,646	21,896	37,542
Grand Total	86,426	113,054	199,480

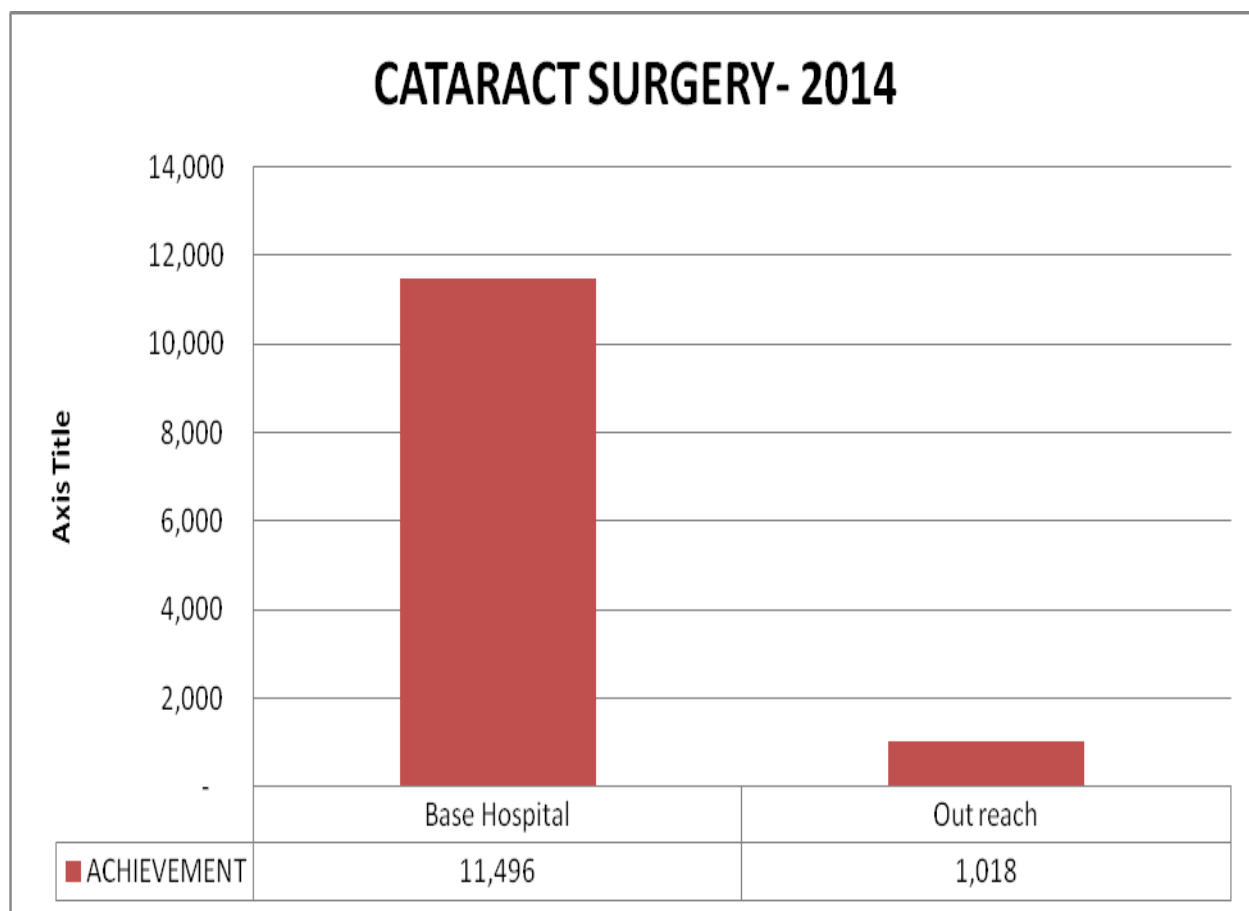


CATARACT SURGERY

The total 11,496 (Male 46%/ Female 54%) patients have got new vision after cataract surgery in Base Hospital. While the total 1018 (Male 46% /Female 54%) have got new vision in free surgical eye camp.

In 2014, the total 12,514 (Male 46%/ Female 54%) cataract surgeries were performed in Base Hospital and free surgical eye camp.

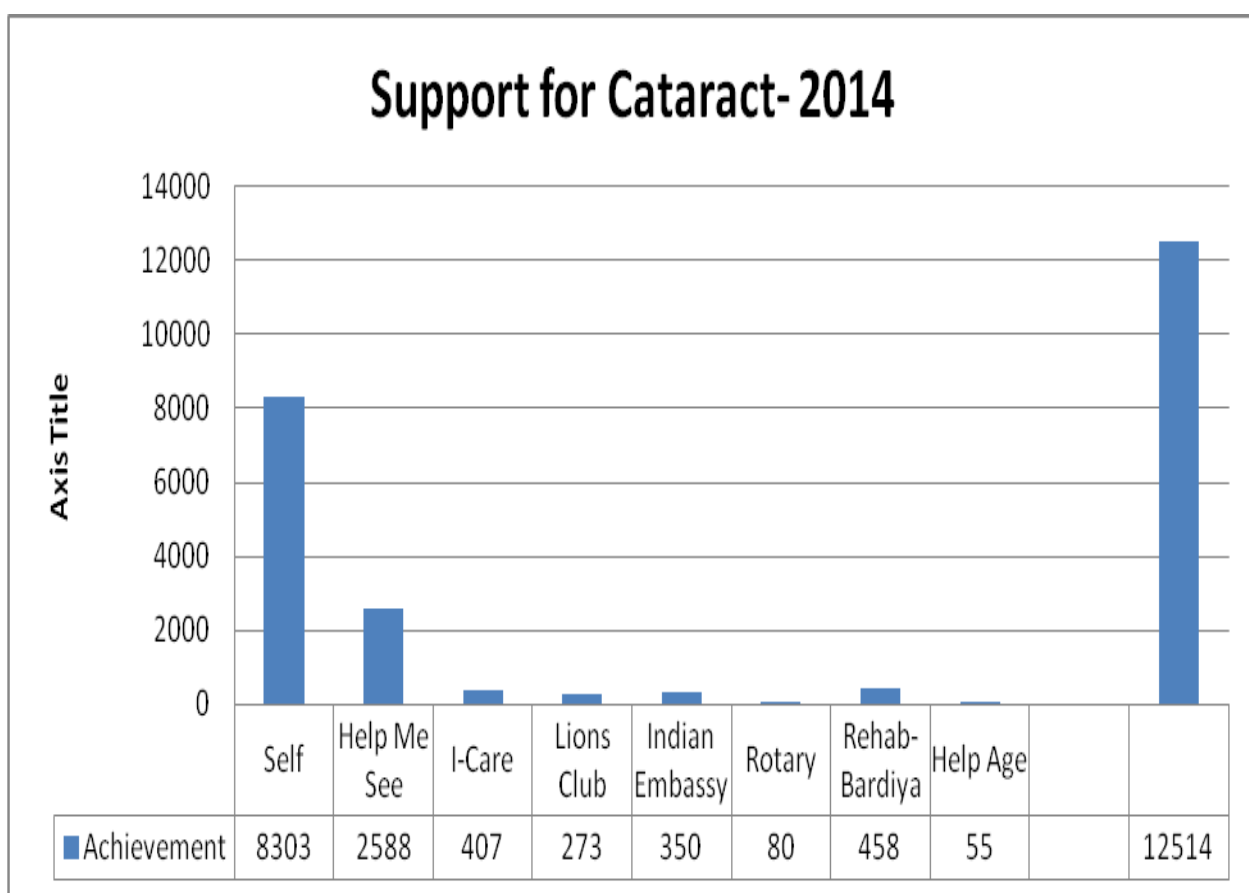
Vision Restored (Cataract Surgery)	Male	Female	Total
Rapti Eye Hospital	822	1,139	1,961
Ghorahi Eye Centre	23	50	73
Lamahi Eye Hospital	362	466	828
CKNEH-Bahadurgunj	4,072	4,562	8,634
In Outreach Activities	466	552	1,018
Total	5,745	6,769	12,514



SUPPORT FOR CATARACT SURGERY

Support for free cataract surgery was received from different sources i.e. HMS(Help Me See) through Geta Eye Hospital, Indo-Nepal Government through NNJS, I-Care through NABP, Lions and Helpage through NNJS. Out of 12,514 surgeries, 65% were full paid and 35% were supported from other sources.

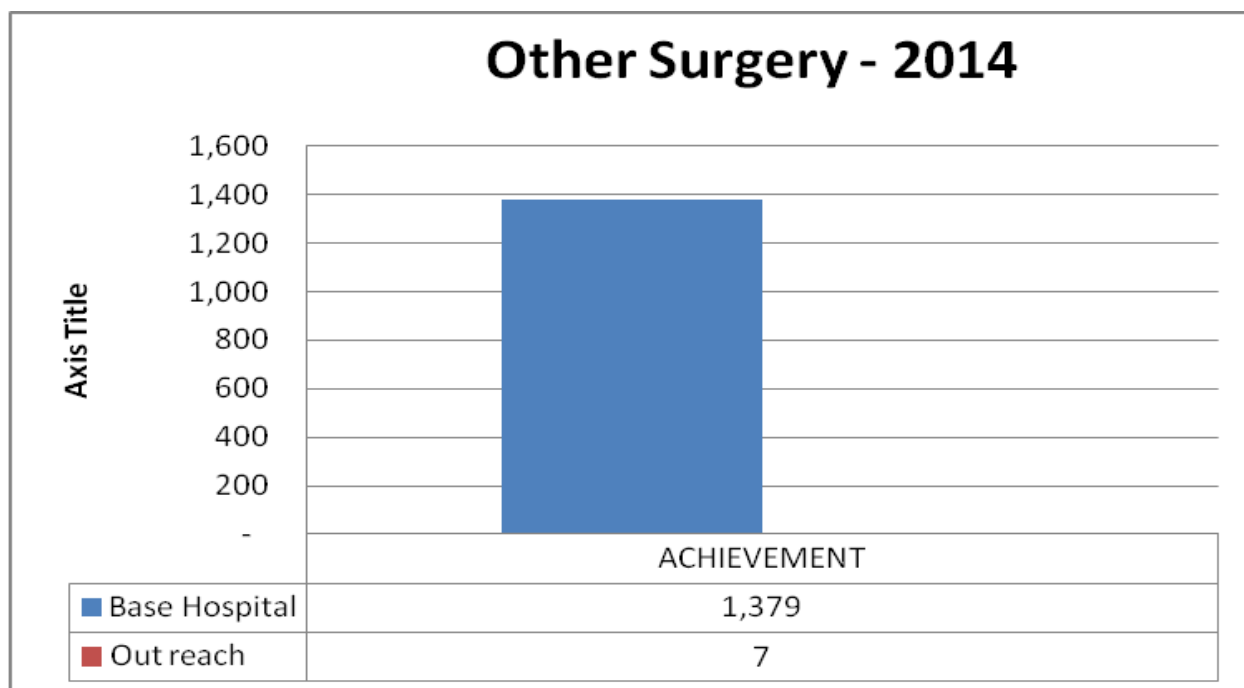
	Full Pay	HMS	Indo-Nepal	I-Care	Lions	Helpage	Nelal Gov.
CATARACT SURGERY	8,196	2,973	350	480	273	55	187



OTHER SURGERY

1,412 (39% M / 61% F) patients were provided other surgery in Base Hospital as well as in surgical eye camp. In overall, the target

Other Minor Surgery	Male	Female	Total
Rapti Eye Hospital	226	406	632
Ghorahi Eye Centre	41	60	101
Lamahi Eye Hospital	79	115	194
Salyan Eye Centre	2	6	8
Rukum Eye Centre	6	12	18
CKNEH-Bahadurgunj	195	257	452
In Outreach Activities	2	5	7
Total	551	861	1,412



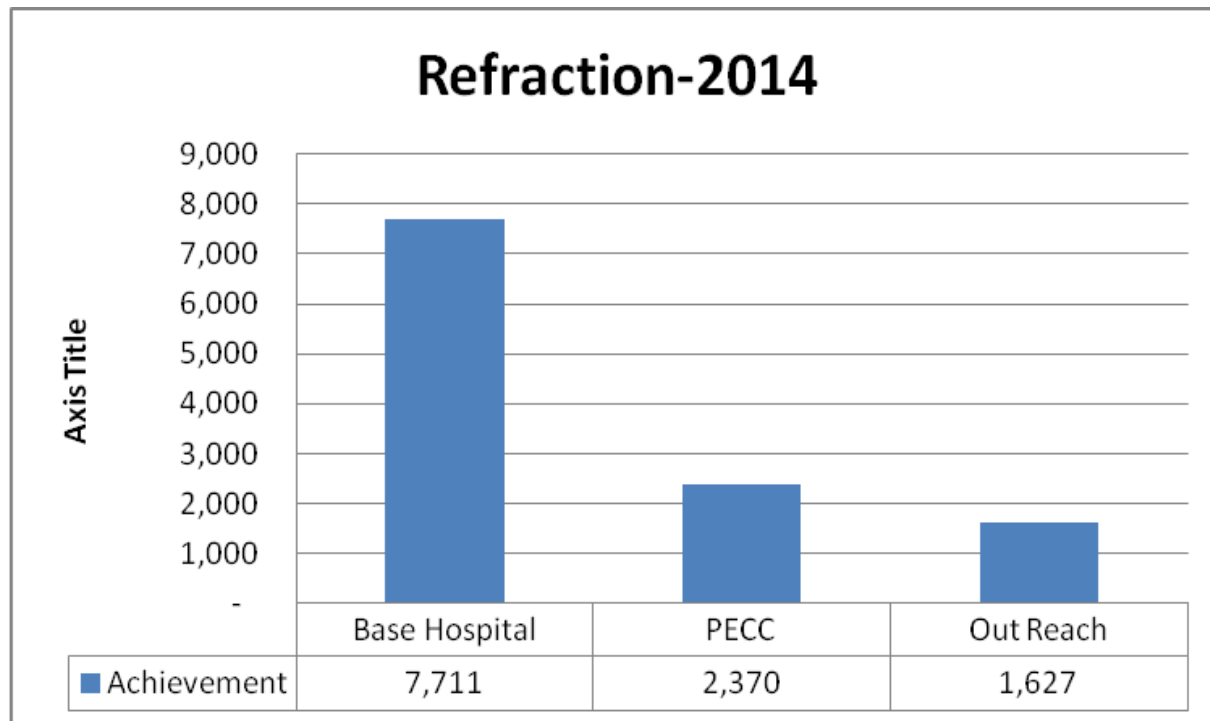
VISION CORRECTED BY REFRACTION

The Global Cause of Visual Impairment is uncorrected Refractive Error 42% followed by Cataract is 33%. Similarly the Global Cause of Blindness is Cataract 51%, Glaucoma 8% and Refractive Error is 3%. In Nepal, the main cause of blindness is cataract and followed by Refractive Error, Low vision and Diabetic Retinopathy.

In Nepal, It is estimated that 1.1 million children under 15 years have refractive error. Around 1.16 million people between age of 16-35 years have uncorrected refractive error and 3.71 million people over 35 years of age need spectacles for better vision.

In 2014, 7,711 patients were diagnosed as refractive error in Base Hospital and 2,370 in PECC, while 1,627 patients were identified in free surgical eye camp, school screening and DST camp. In total 11,708 patients were diagnosed as refractive error (40% Male, 60% Female)

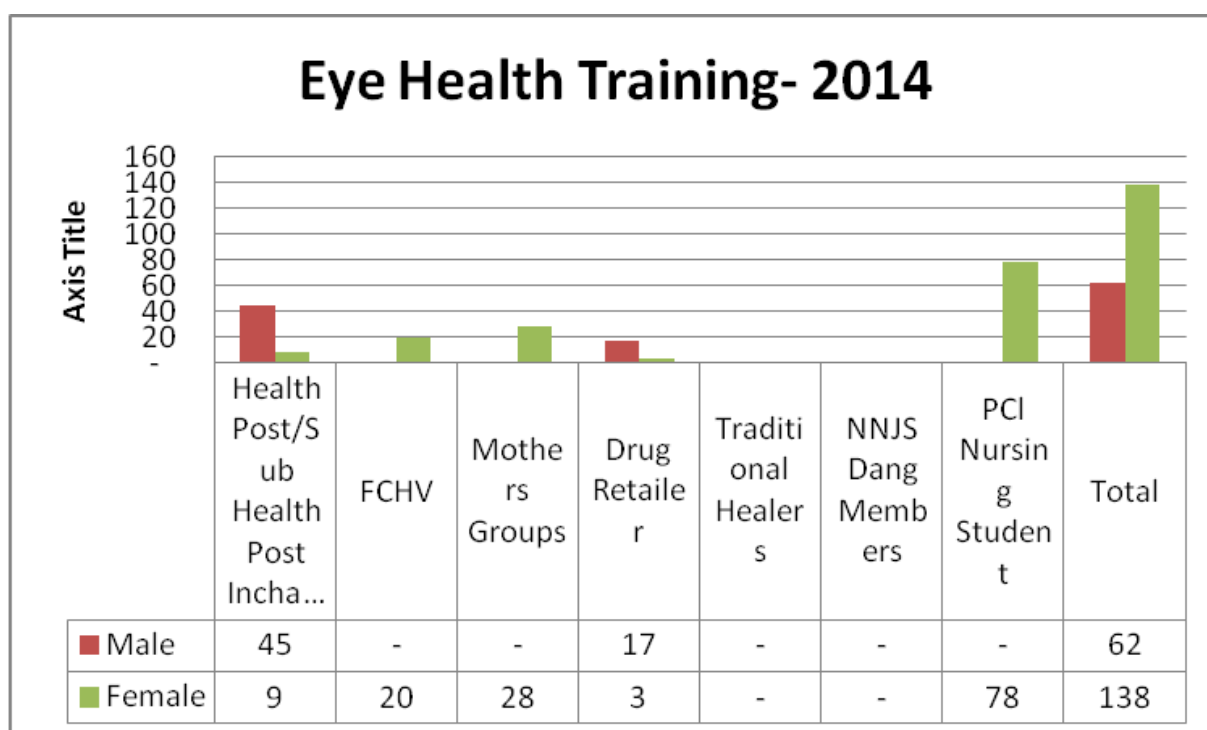
Refractive Error	Male	Female	Total
Rapti Eye Hospital	886	1,673	2,559
Ghorahi Eye Centre	727	1,035	1,762
Lamahi Eye Hospital	1,330	2,080	3,410
Salyan Eye Centre	80	99	179
Rukum Eye Centre	169	219	388
CKNEH-Bahadurgunj	798	944	1,742
Koilabas Eye Clinic	24	17	41
Surgical Camp	40	65	105
Screening Camp	384	572	956
School Screening Camp	294	272	566
Grand Total	4,732	6,976	11,708



BASIC EYE HEALTH TRAINING-2014

In 2014, Training on primary eye health care to 54 health post and sub health post in charge, 20 female community healths volunteer was organized. Besides, the project also provided training to 28 mothers group and 20 drug retailer on primary eye care service. These trainings became a milestone to involve different care agencies. After trainings, the referral system has become strong due to involvement of other health care agencies. The information and service of eye health care reached in the rural areas of country because most of health post and sub health posts are situated in rural area of country and FCHV volunteer covered almost all village, ward and community of the district. It has been well acknowledged training given to the said stakeholders was found very effective and fruitful. Now eye health care service is reached to the poor, illiterate, women, marginalized, excluded and inaccessible people of the district. FCHV and traditional healer became primary focal change agent to inform, counsel and refer the eye patients to the hospital and eye centre on time. The Drug retailer (Pharmacist) has received the training to avoid the misuse of hazardous ocular medicine which could contribute to reduce the complicated case in the hospital.

Primary Eye Health Care Training	Male	Female	Total
Health Post/Sub Health Post	45	9	54
FCHV	-	20	20
Mothers Groups	-	28	28
Drug Retailer	17	3	20
Traditional Healers	-	-	-
NNJS Dang Members	-	-	-
PCI Nursing Student	-	78	78

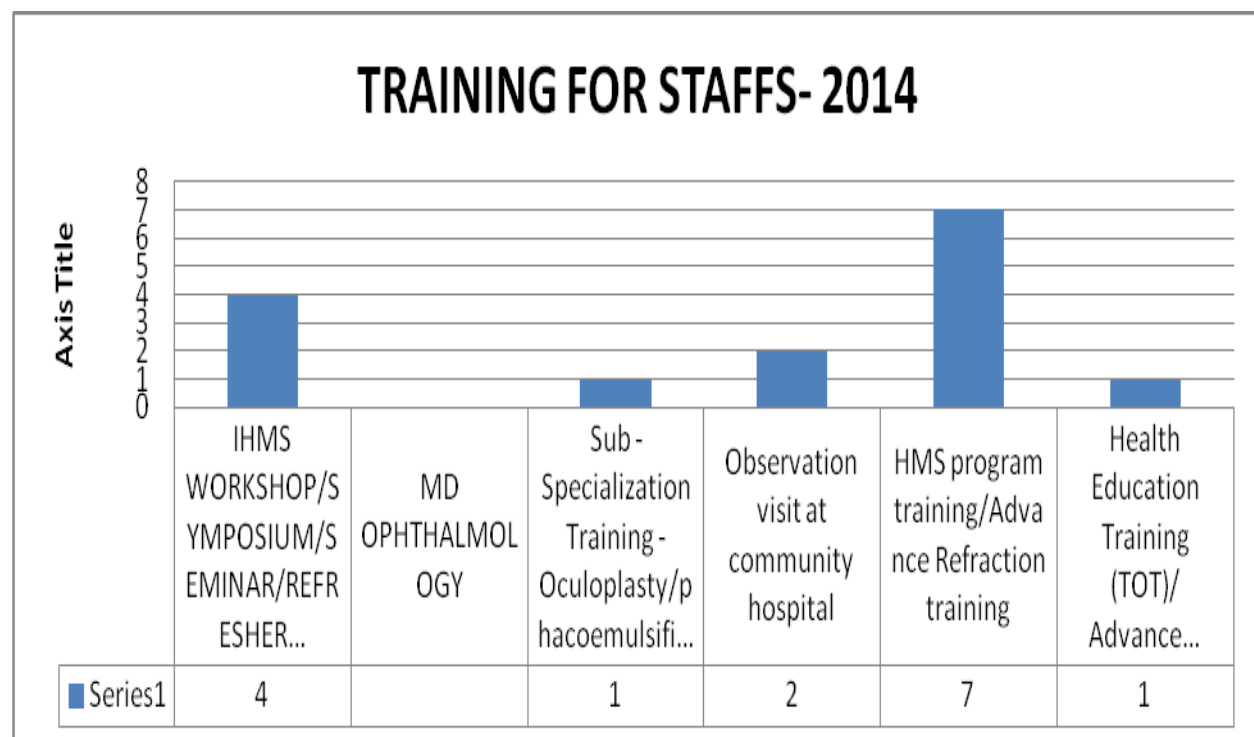


EXPOSURE TO STAFF AND MANAGEMENT TEAM

Different short and long trainings such as refresher training, Sub-specialization training, exposure visit, management training (both national and international level) were given to Medical, Paramedical and Administrative Staffs to enhance the skill and knowledge.

Members of Local NNJS and member of management team were given exposure visit, participation in the workshop, seminar, planning and monitoring and sustainability.

YEAR	IHMS WORKSHOP/SYMPOSIUM/SEMINAR/REFRES HER TRAINING	MD OPHTHALMOLOGY	Sub -Specialization Training - Oculoplasty/phacoemulsification	Observation visit at community hospital	HMS program training/Advance Refraction training	Health Education Training (TOT)/ Advance Refraction TOT
2014	4		1	2	7	1



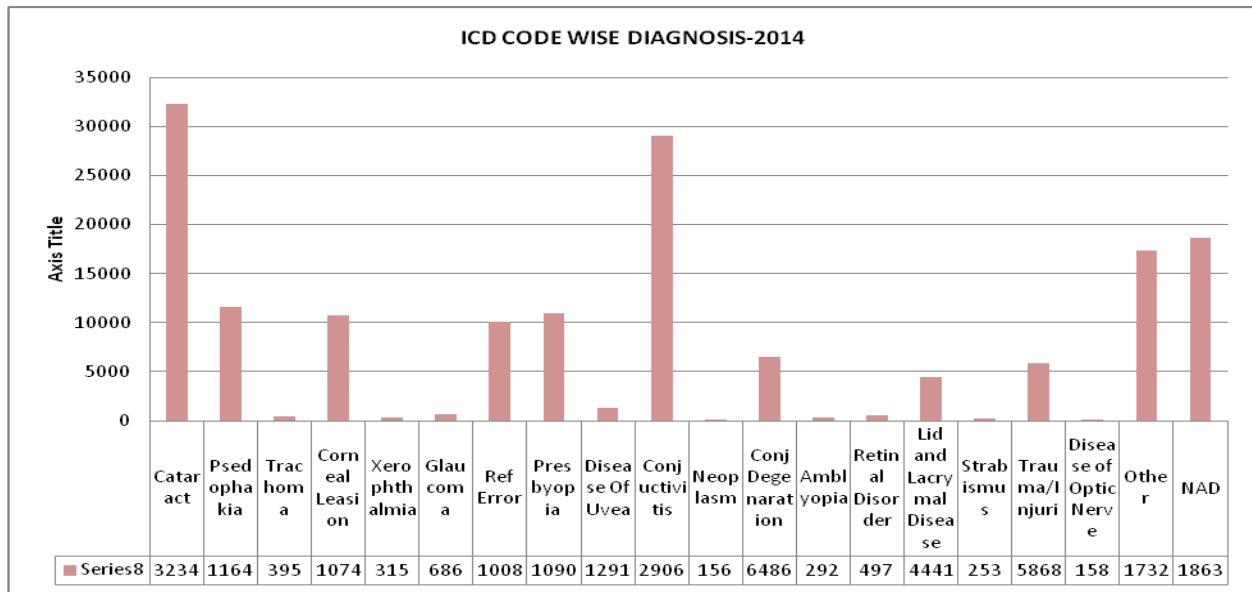
VISION OUTCOME 2014

In 2014, the performance of surgery in the Hospital and Camp is tabulated here. The result of vision which is taken on first post operative day. The measurement of vision 6/6-6/18 is best and <3/60 is poor.

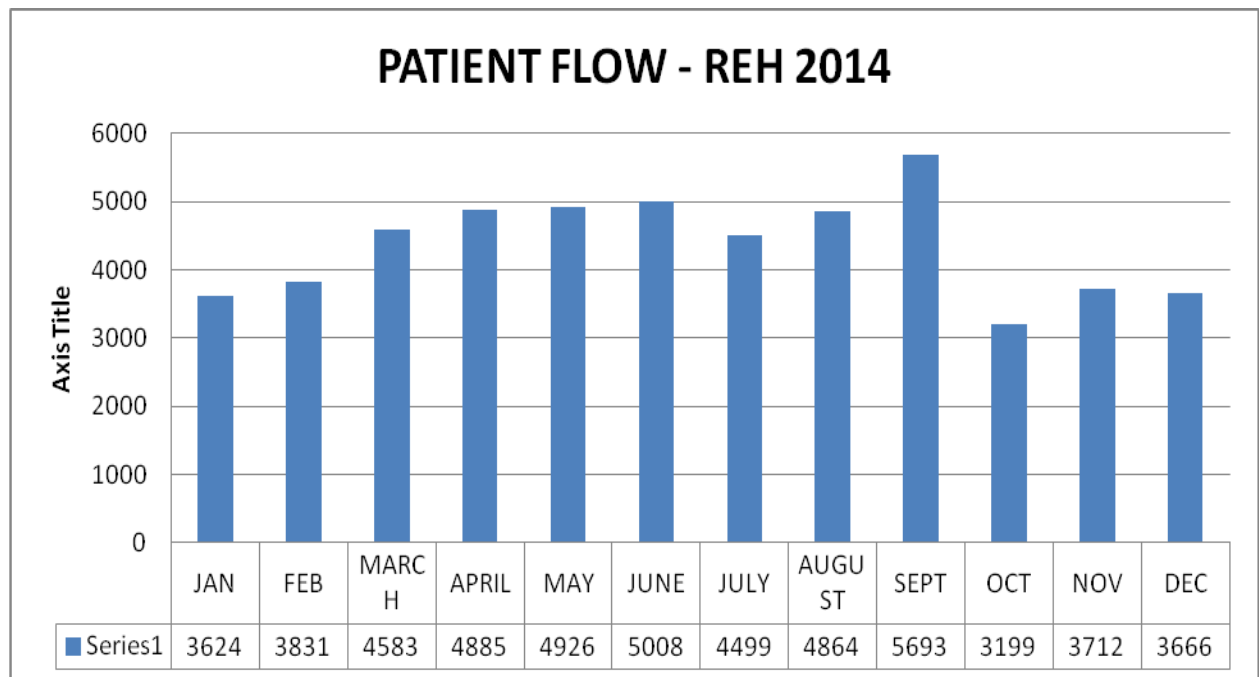
Visual outcome 2013				Visual Outcome 2014			
REH 2013				REH 2014			
	PRE OP.	POST OP.	%		PRE OP.	POST OP.	%
6/6- 6/18	0	1110	76.1	6/6- 6/18	1	1234	79.7
<6/18 - 6/60	353	326	22.4	<6/18 - 6/60	345	274	17.7
<6/60 - 3/60	415	22	1.5	<6/60 - 3/60	115	27	1.7
<3/60	690	0	0.0	<3/60	1088	14	0.9
Total	1458	1458		Total	1549	1549	
GEC 2013				GEC 2014			
	PRE OP.	POST OP.	%		PRE OP.	POST OP.	%
6/6- 6/18	0	141	77.9	6/6- 6/18	0	56	76.7
<6/18 - 6/60	25	35	19.3	<6/18 - 6/60	12	15	20.5
<6/60 - 3/60	63	5	2.8	<6/60 - 3/60	17	2	2.7
<3/60	93	0	0.0	<3/60	44	0	0.0
Total	181	181		Total	73	73	
LEH 2013				LEH 2014			
	PRE OP.	POST OP.	%		PRE OP.	POST OP.	%
6/6- 6/18	0	325	78.9	6/6- 6/18	0	238	77.0
<6/18 - 6/60	39	81	19.7	<6/18 - 6/60	25	61	19.7
<6/60 - 3/60	144	5	1.2	<6/60 - 3/60	90	8	2.6
<3/60	229	1	0.2	<3/60	194	2	0.6
Total	412	412		Total	309	309	
CKNEH, 2013				CKNEH, 2014			
	PRE OP.	POST OP.	%		PRE OP.	POST OP.	%
6/6- 6/18	107	7150	76.6	6/6- 6/18	210	4843	71.7
<6/18 - 6/60	1946	1834	19.7	<6/18 - 6/60	1646	1410	20.9
<6/60 - 3/60	3951	301	3.2	<6/60 - 3/60	2377	387	5.7
<3/60	3326	45	0.5	<3/60	2517	110	1.6
Total	9330	9330		Total	6750	6750	
Camp, 2013				Camp, 2014			
	PRE OP.	POST OP.	%		PRE OP.	POST OP.	%
6/6- 6/18	0	825	79.3	6/6- 6/18	0	542	72.2
<6/18 - 6/60	137	188	18.1	<6/18 - 6/60	144	177	23.6
<6/60 - 3/60	393	27	2.6	<6/60 - 3/60	239	28	3.7
<3/60	510	0	0.0	<3/60	368	4	0.5
Total	1040	1040		Total	751	751	

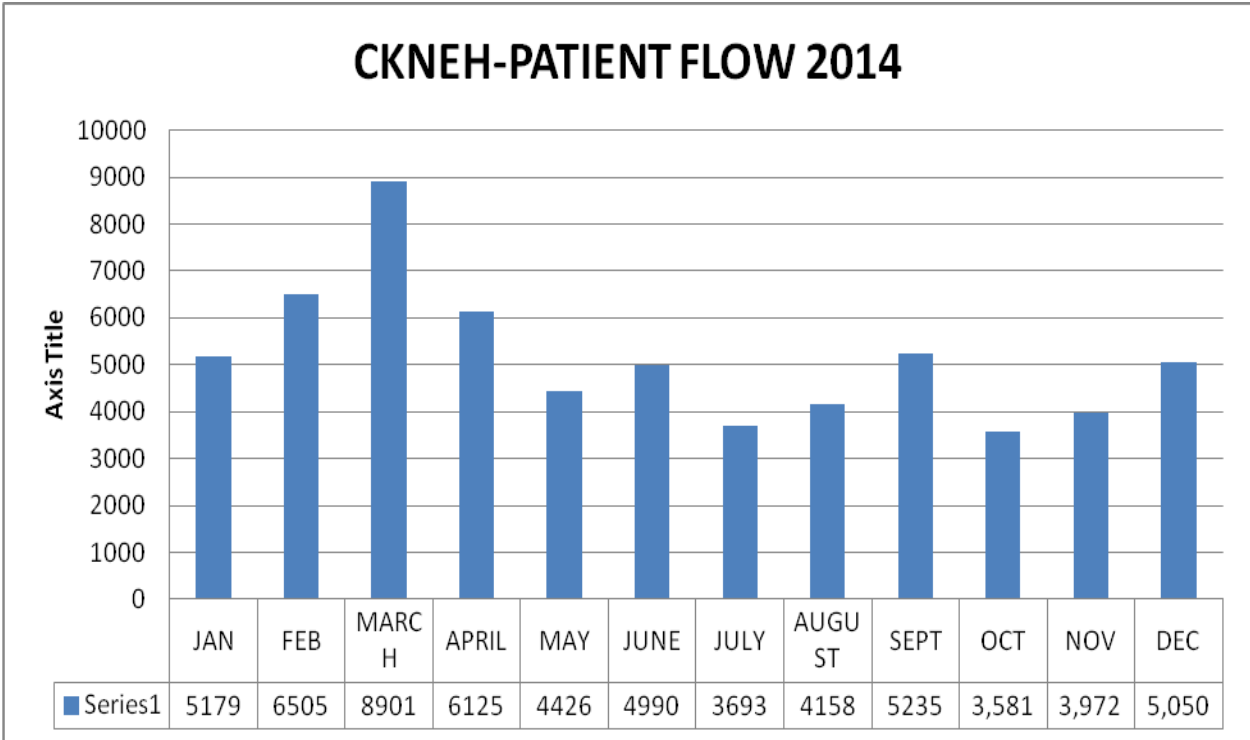
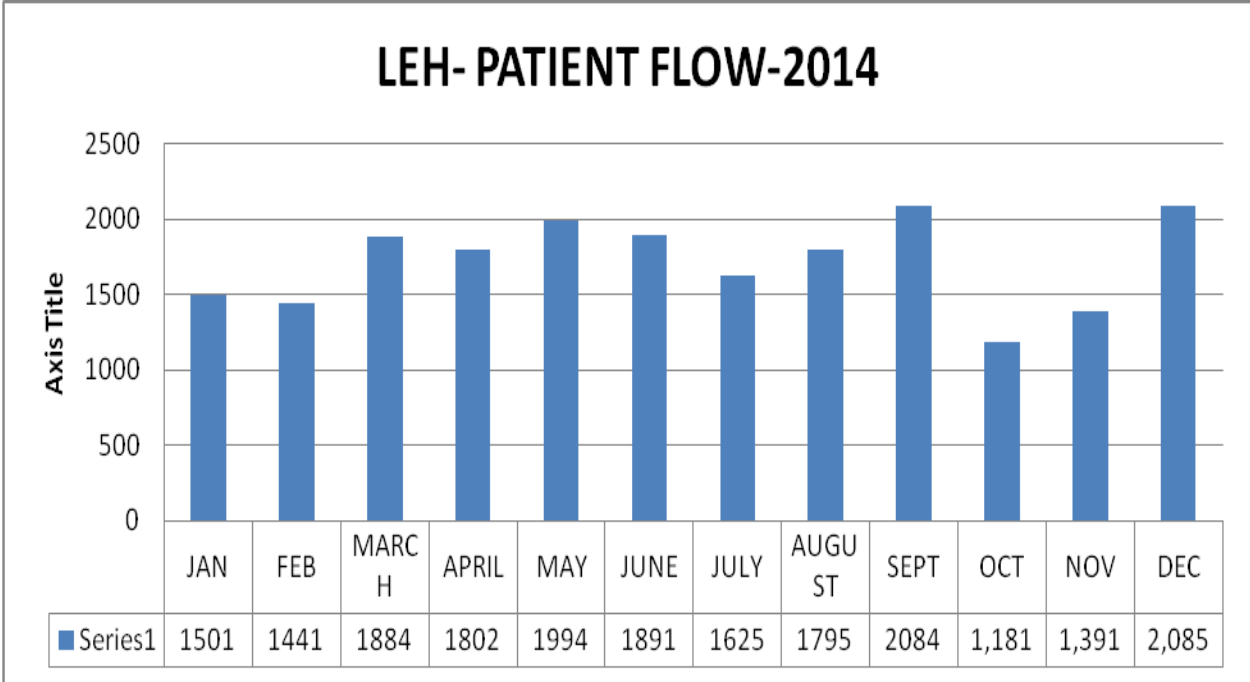
ICD CODE WISE DIAGNOSIS

The figures given in the graph are the number of cases which were diagnosis on the basis of eye diseases. The first type is cataract and the second is conjunctivitis and third was no any disease.



PATIENT FLOW TREND IN BASE HOSPITAL-2014





CATARACT SURGICAL RATE (CSR)- 2014

Nepal Netra Jyoti Sangh									
Rapti Eye Health Programme									
District Wise Catatract Surgical Rate (CSR) 2014									
Districts	Population 2014	Plan	Eye Camps	Hospital	Total	20% add	Total Surgery	CSR/ Million populati on	
Dang	557852	0	80	2256	2336	467	2803	5025	
Salyan	243575	0	212	254	466	93	559	2296	
Rukum	210878	0	215	115	330	66	396	1878	
Rolpa	227075	0	203	177	380	76	456	2008	115 cat sx Tilganga
Pyuthan	235165	0	198	82	280	56	336	1429	128 Cat sx Bhairahawa
Kapilvastu	481976	0	280	1051	1331	266	1597	3314	
					0	0	0		
					0	0	0		
					0	0	0		
Total	1956521	0	1188	3935	5123	1025	6148	3142	

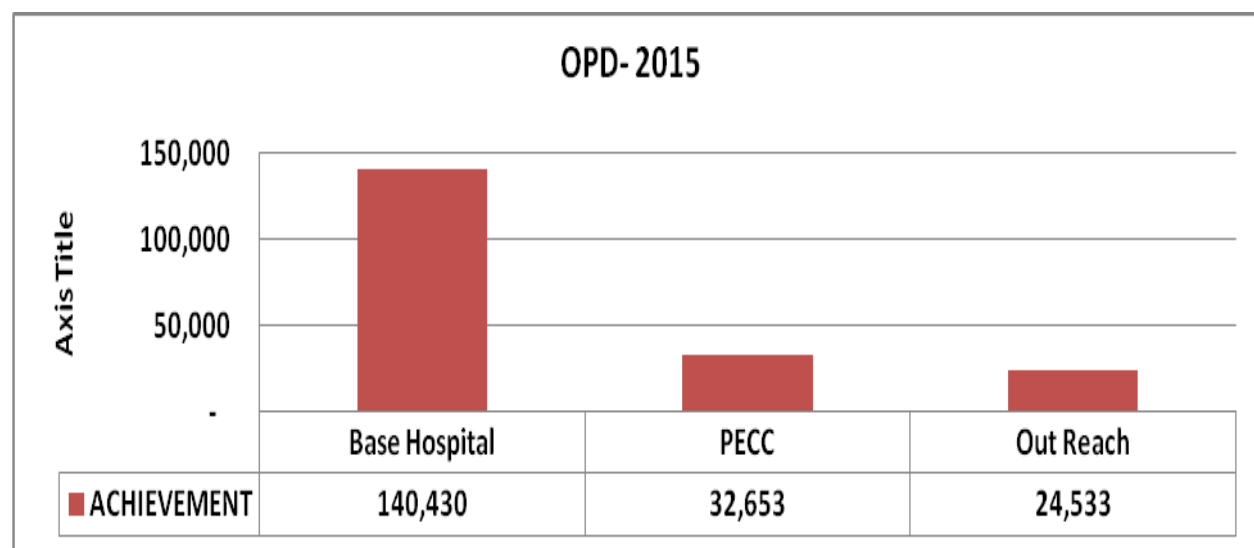
**JANUARY- DECEMBER
2015**

OPD SERVICE

The total 173,083 (Male 44%/ Female 56%) patients have got OPD service in Base Hospital and PECC and in the total 24,533 (Male 40% /Female 60%) patients have got OPD service in out reach camp i.e free surgical camp, DST, school screening etc.

In 2015, OPD service provided to 197,616 (Male 43%/ Female 57%) patients. Out of these number, 24,533 have got free service in out reach program.

Treated and Examined patients in OPD service by the Hospital and Centres	Male	Female	Total
Rapti Eye Hospital	24,081	34,404	58,485
Ghorahi Eye Centre	8,914	13,398	22,312
Lamahi Eye Hospital	10,808	15,132	25,940
Salyan Eye Centre	1,991	2,305	4,296
Rukum Eye Centre	1,703	1,966	3,669
CKNEH-Bahadurgunj	26,806	29,199	56,005
Koilabas Eye Clinic	110	76	186
Krishnanagar Eye Clinic	1094	1096	2,190
Sub Total of Hospital and Centres	75,507	97,576	173,083
Outreach Activities			
Surgical Camp	1901	3308	5,209
Screening Camp	4432	7321	11,753
School Screening Camp	3,462	4,109	7,571
			-
Sub Total of outreach activities	9,795	14,738	24,533
Grand Total	85,302	112,314	197,616

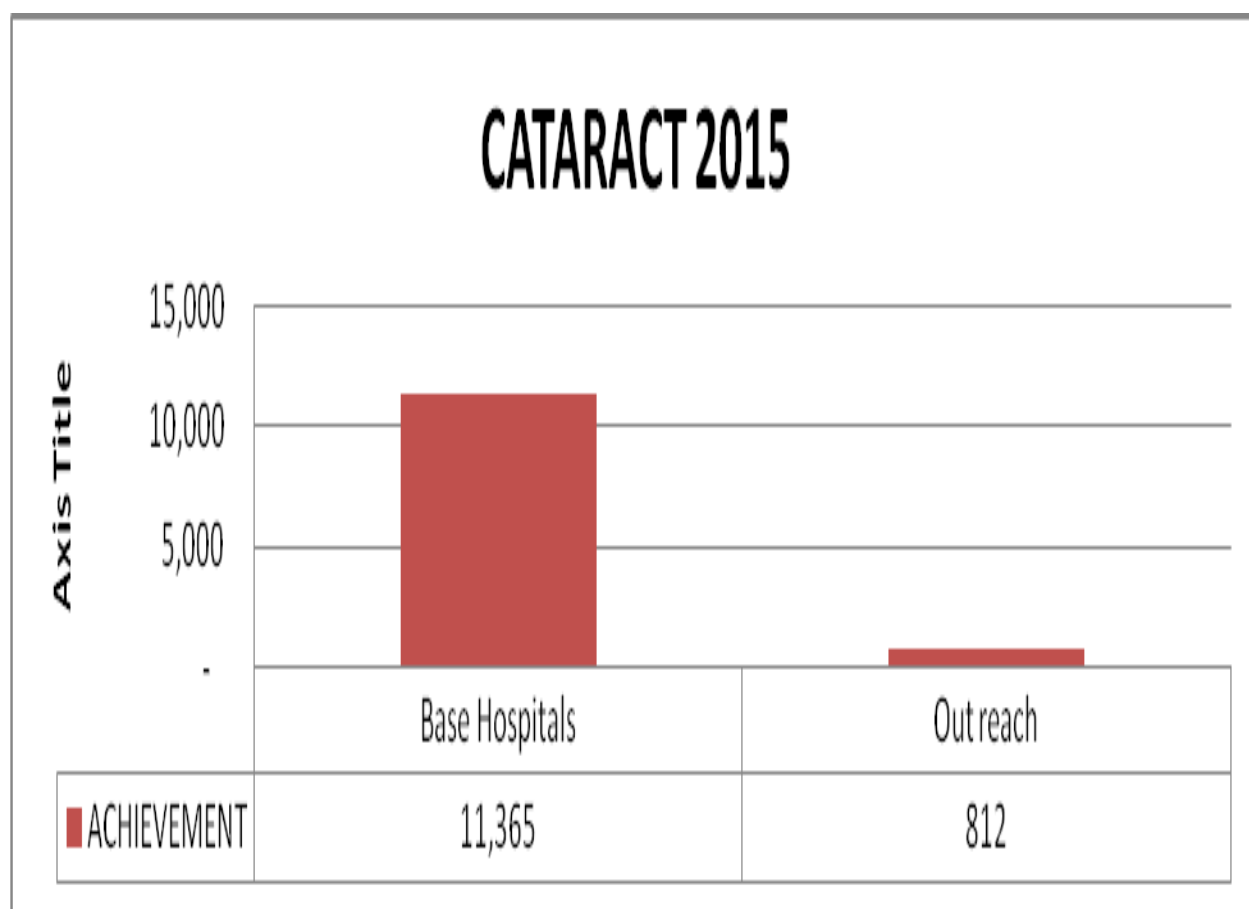


CATARACT SURGERY

The total 11,365 (Male 47.14%/ Female 52.86%) patients have got new vision after cataract surgery in Base Hospital. While the total 812 (Male 45.81% /Female 54.19%) have got new vision in free surgical eye camp.

In 2015, the total 12,177 (Male 47%/ Female 53%) cataract surgeries were performed in Base Hospital and free surgical eye camp.

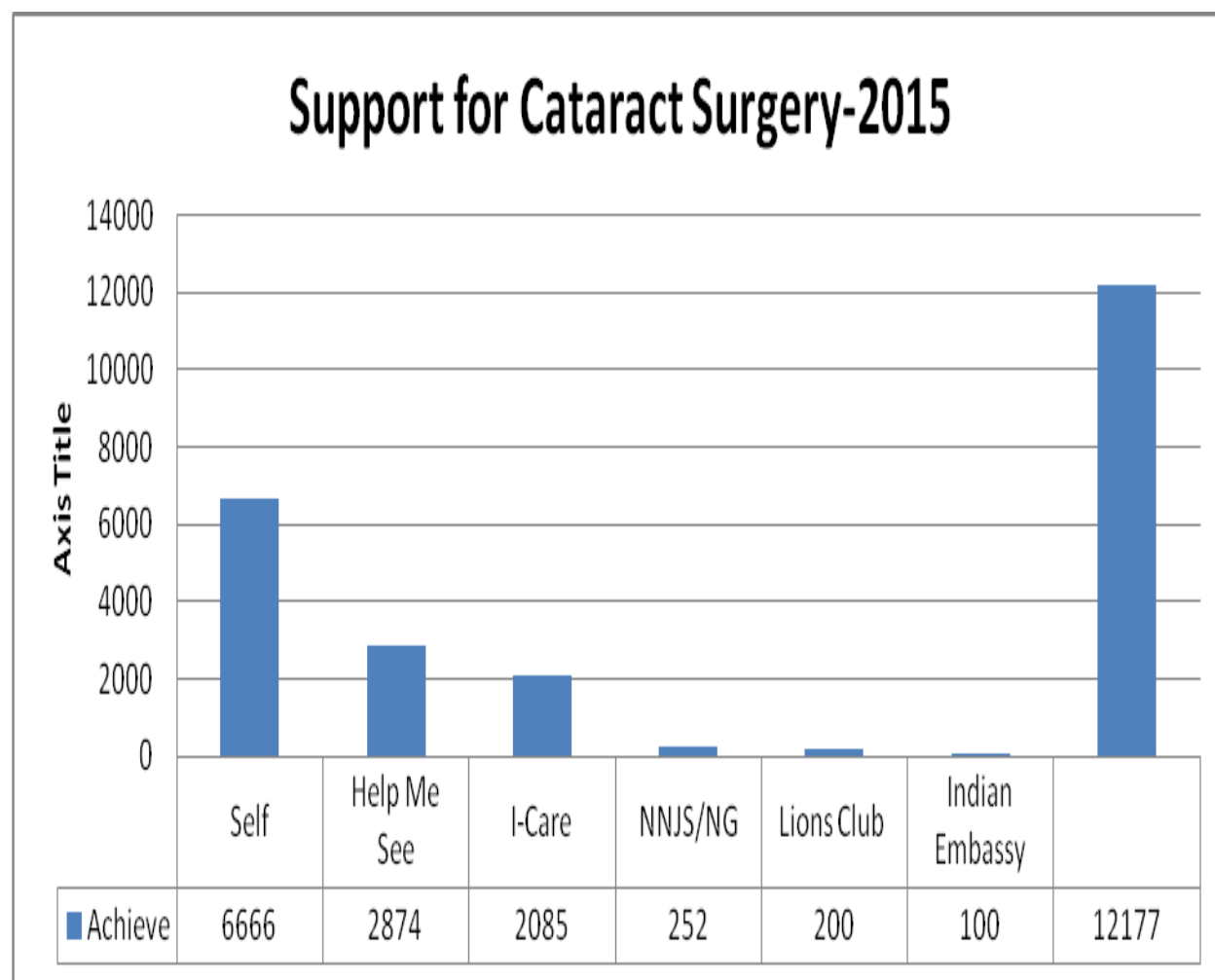
Vision Restored (Cataract Surgery)	Male	Female	Total
Rapti Eye Hospital	833	1255	2,088
Lamahi Eye Hospital	465	556	1,021
Bahadurgunj Eye Centre (Hospital)	4,060	4,196	8,256
In Outreach Activities	372	440	812
Total	5,730	6,447	12,177



SUPPORT FOR CATARACT SURGERY

Support for free cataract surgery was received from different sources i.e. HMS(Help Me See) through Geta Eye Hospital, Indo-Nepal Government through NNJS, I-Care through NABP and Lions Club. Out of 12,177 surgeries, 54.74 % were full paid and 45.26% were supported from other sources.

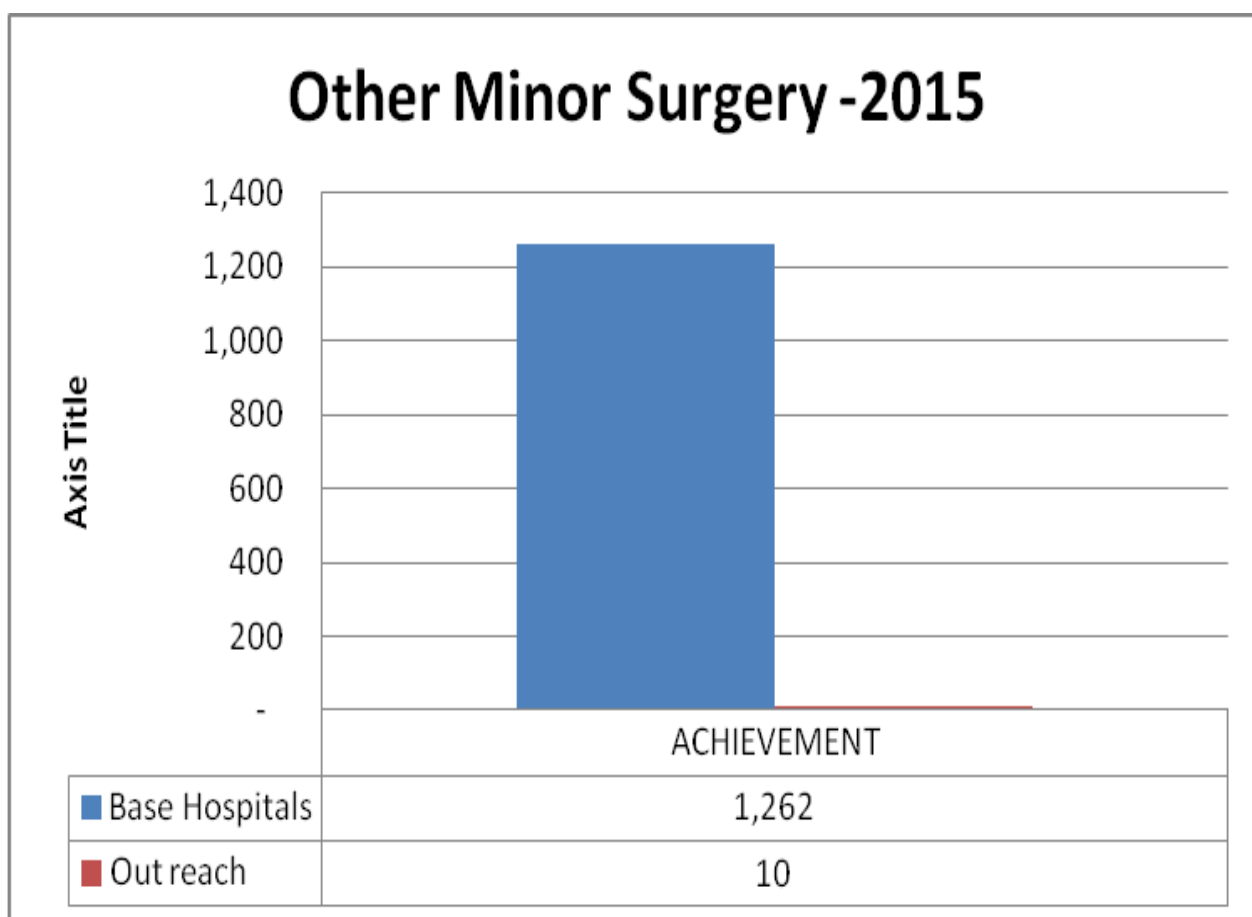
Type Of Surgery	RAPTI	LAMAHI	CKNEH	Out Reach	Total
HMS Supported	1011	627	1236	0	2874
I-Care Supported	470	367	988	260	2085
SICS General (full Pay)	506	0	5808	0	6314
Phaco Surgery (full Pay)	101	27	224	0	352
Nepal Government Supported	0	0	0	252	252
Indo Nepal Supported	0	0	0	100	100
Lions Supported	0	0	0	200	200
Grand Total	2088	1021	8256	812	12177



OTHER SURGERY

1,272 other surgeries (52% Male and 58% Female) were performed in Base Hospital as well as in surgical eye camp.

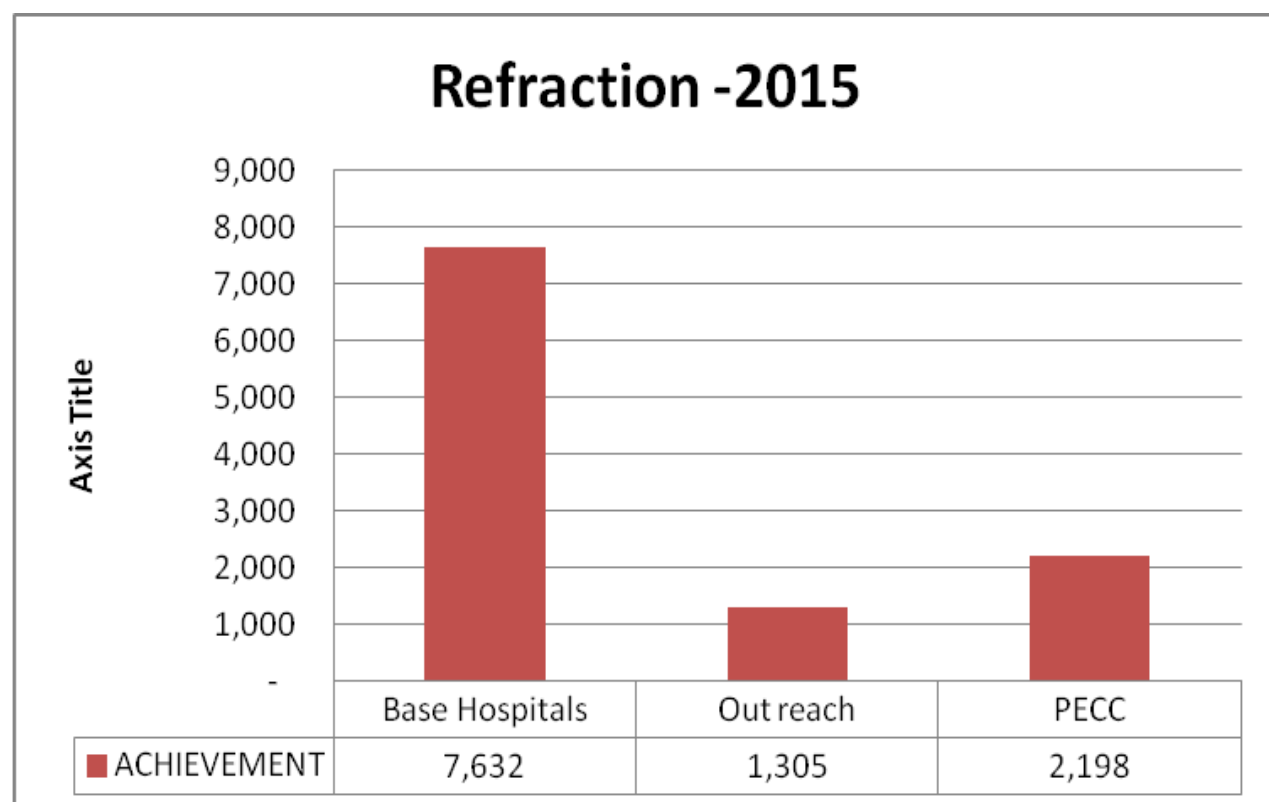
Other Minor Surgery	Male	Female	Total
Rapti Eye Hospital	218	325	543
Ghorahi Eye Centre	42	58	100
Lamahi Eye Hospital	107	135	242
Salyan Eye Centre	3	3	6
Rukum Eye Centre	2	8	10
CKNEH-Bahadurgunj	155	206	361
surgical camp	5	5	10
Total	532	740	1,272



VISION CORRECTED BY REFRACTION

7,632 patients were diagnosed as refractive error in Base Hospital and 2,198 in PECC, while 1,305 patients were identified in free surgical eye camp, school screening and DST camp. In total 11,135(42%M/58%F) were diagnosed as refractive error in 2015.

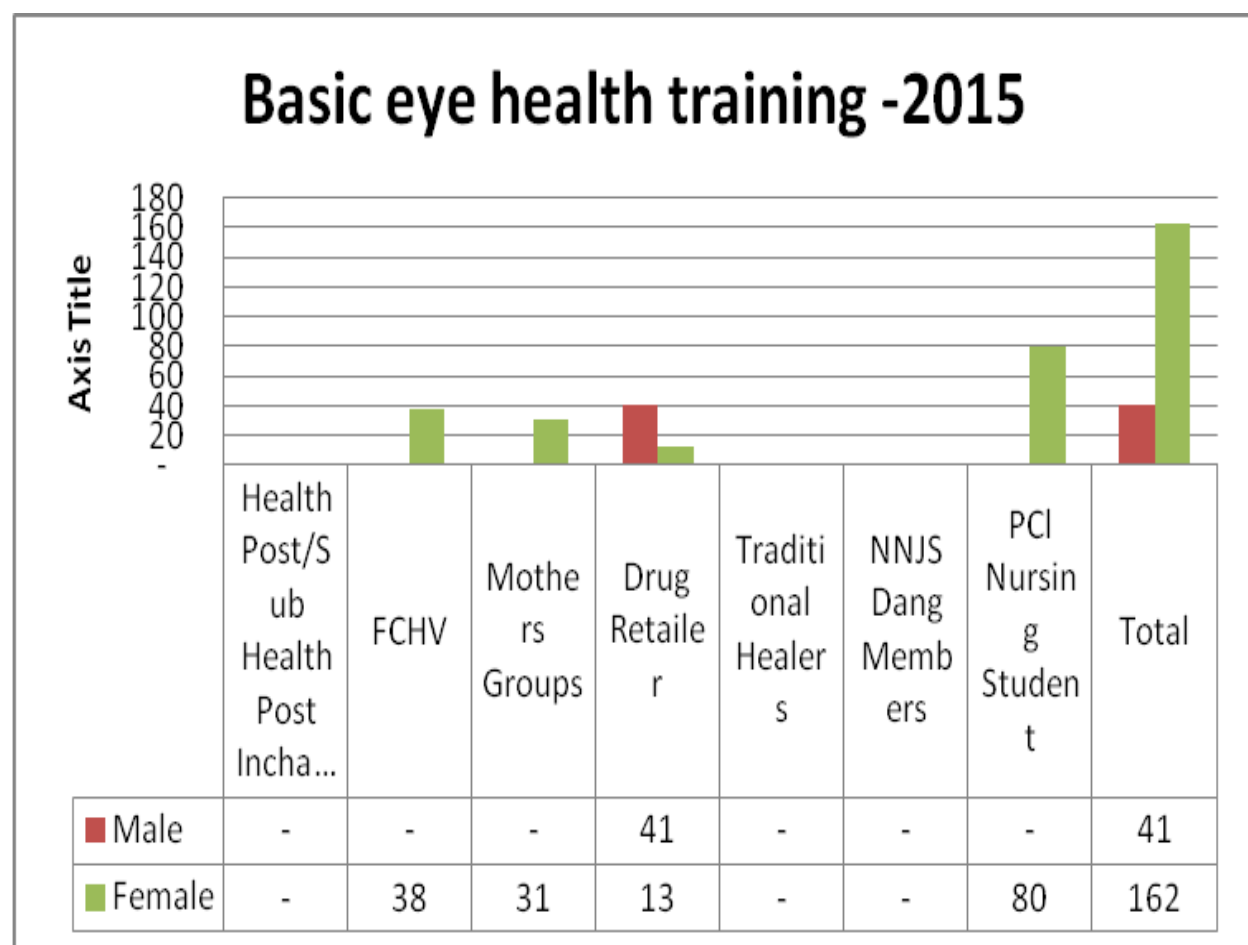
Vision restored by Refraction/Spectacles	Male	Female	Total
Rapti Eye Hospital	1,096	2,024	3,120
Ghorahi Eye Centre	646	832	1,478
Lamahi Eye Hospital	1,107	1,533	2,640
Salyan Eye Centre	99	119	218
Rukum Eye Centre	132	159	291
CKNEH-Bahadurgunj	891	981	1,872
krishnanagar	94	100	194
surgical camp	119	194	313
screening	270	338	608
school	168	216	384
Koilabash	12	5	17
Total	4,634	6,501	11,135



BASIC EYE HEALTH TRAINING-2015

Eye Health training was conducted with the support of National Eye Health Program of CNNJS. In 2015, training program focused more on FCHV (health cadre), Mothers Group (volunteer) and Drug Retailer (health care provider) only. Basic eye health training provided to total 203 persons (Male 20% / Female 80%).

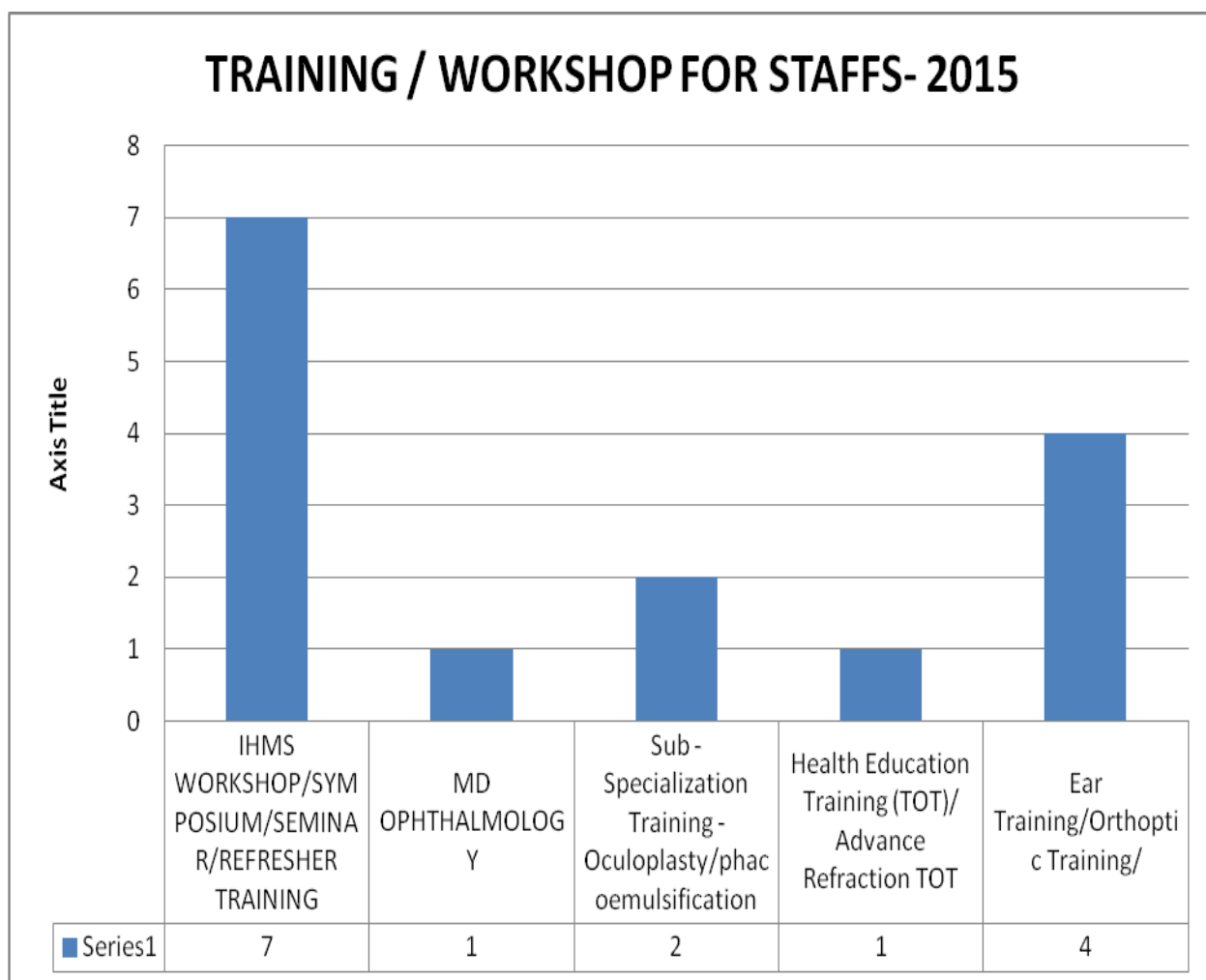
Primary Eye Health Care Training	Male	Female	Total
Health Post/Sub Health Post Incharge	-	-	-
FCHV	-	38	38
Mothers Groups	-	31	31
Drug Retailer	41	13	54
Traditional Healers	-	-	-
NNJS Dang Members	-	-	-
PCI Nursing Student	-	80	80
Total	41	162	203



EXPOSURE TO STAFF AND MANAGEMENT TEAM

In 2015, MD Ophthalmology course, different short and long trainings such as refresher training, Sub-specialization training, exposure visit, management training (both national and international level) were given to Medical, Paramedical and Administrative staffs.

IHMS WORKSHOP/SYMPOSIUM/SEMINAR/REFRESHER TRAINING	MD OPHTHALMOLOGY	Sub -Specialization Training - Oculoplasty/phacoemulsification	Health Education Training (TOT)/ Advance Refraction TOT	Ear Training/Orthoptic Training/
7	1	2	1	4



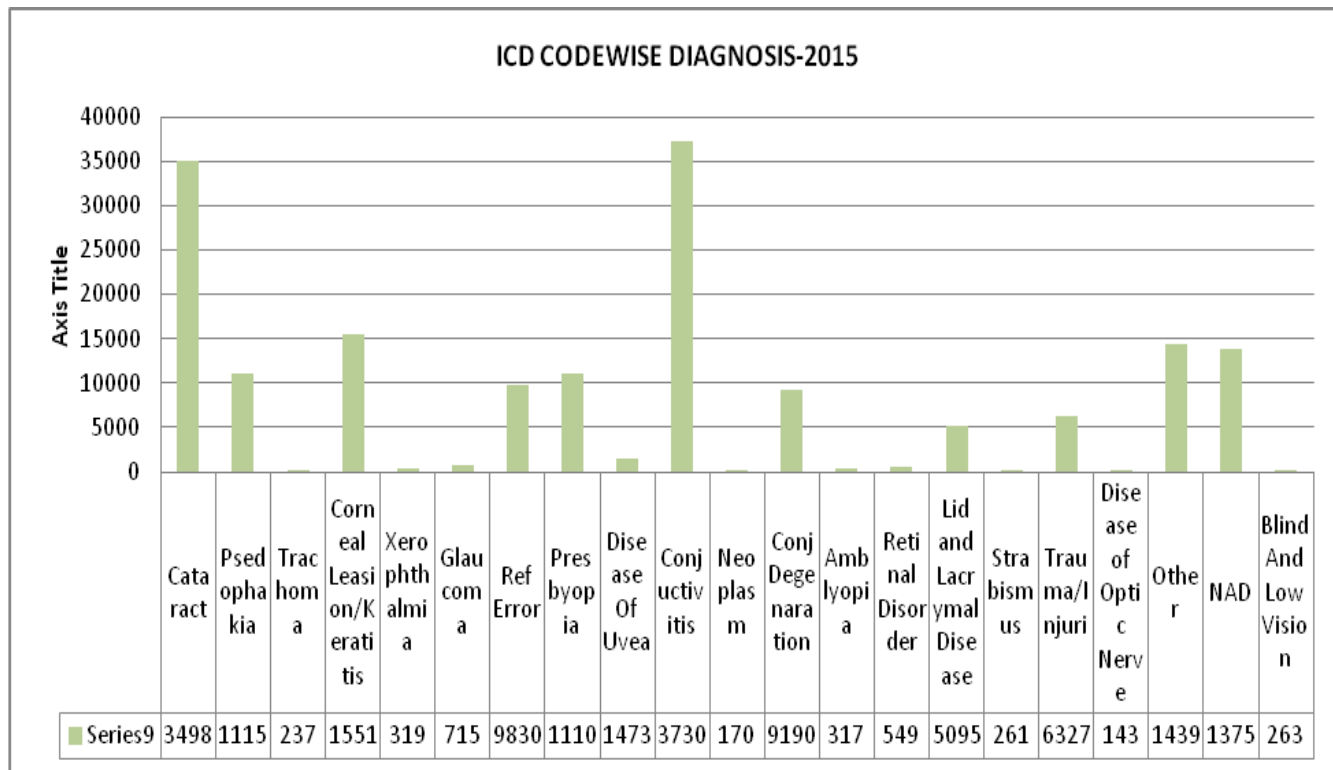
VISION OUTCOME 2015

In 2015, the performance of surgery in the Hospital and Camp is tabulated here. The result of vision which is taken on first post operative day. The measurement of vision 6/6-6/18 is best and <3/60 is poor.

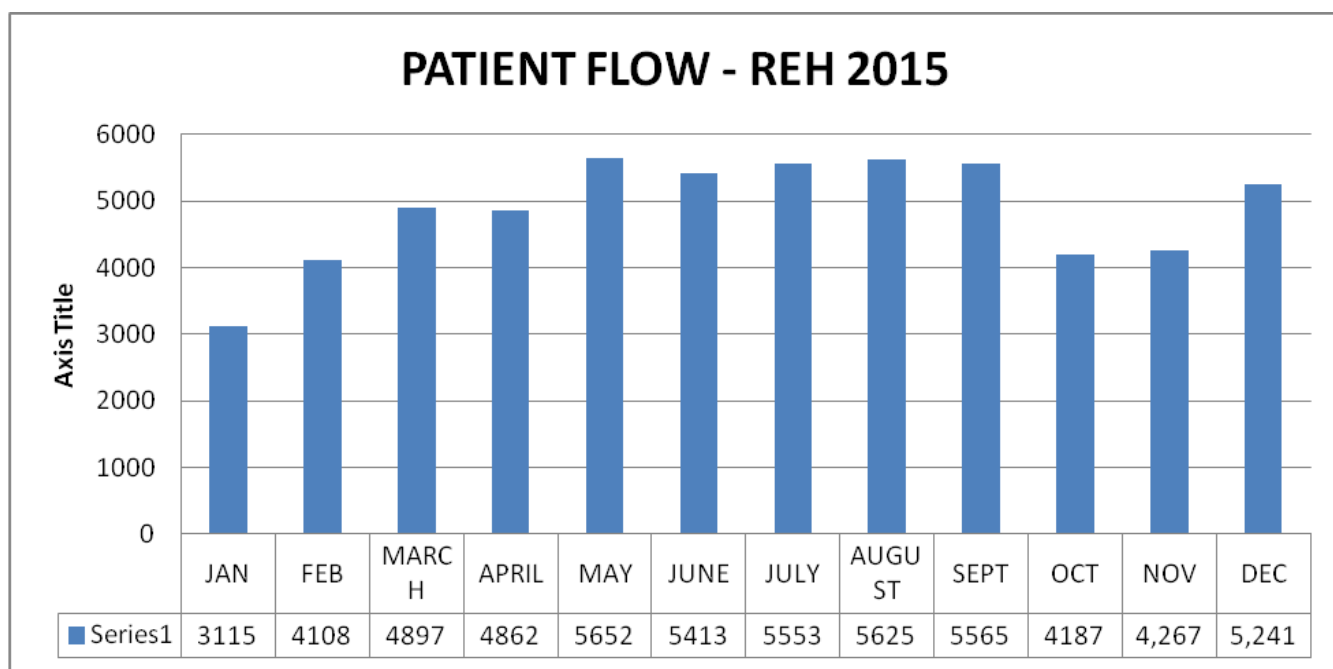
Visual Outcome 2015			
REH 2015			
	PRE OP.	POST OP.	%
6/6- 6/18	0	1848	87.5
<6/18 - 6/60	914	216	10.2
<6/60 - 3/60	579	43	2.0
<3/60	595	5	0.2
Total	2088	2112	
LEH 2015			
	PRE OP.	POST OP.	%
6/6- 6/18	0	825	80.8
<6/18 - 6/60	226	178	17.4
<6/60 - 3/60	353	13	1.3
<3/60	442	5	0.5
Total	1021	1021	
CKNEH, 2015			
	PRE OP.	POST OP.	%
6/6- 6/18	29	5869	71.1
<6/18 - 6/60	1264	2052	24.9
<6/60 - 3/60	1533	180	2.2
<3/60	5430	155	1.9
Total	8256	8256	
Camp, 2015			
	PRE OP.	POST OP.	%
6/6- 6/18	0	653	80.4
<6/18 - 6/60	251	143	17.6
<6/60 - 3/60	208	12	1.5
<3/60	353	4	0.5
Total	812	812	

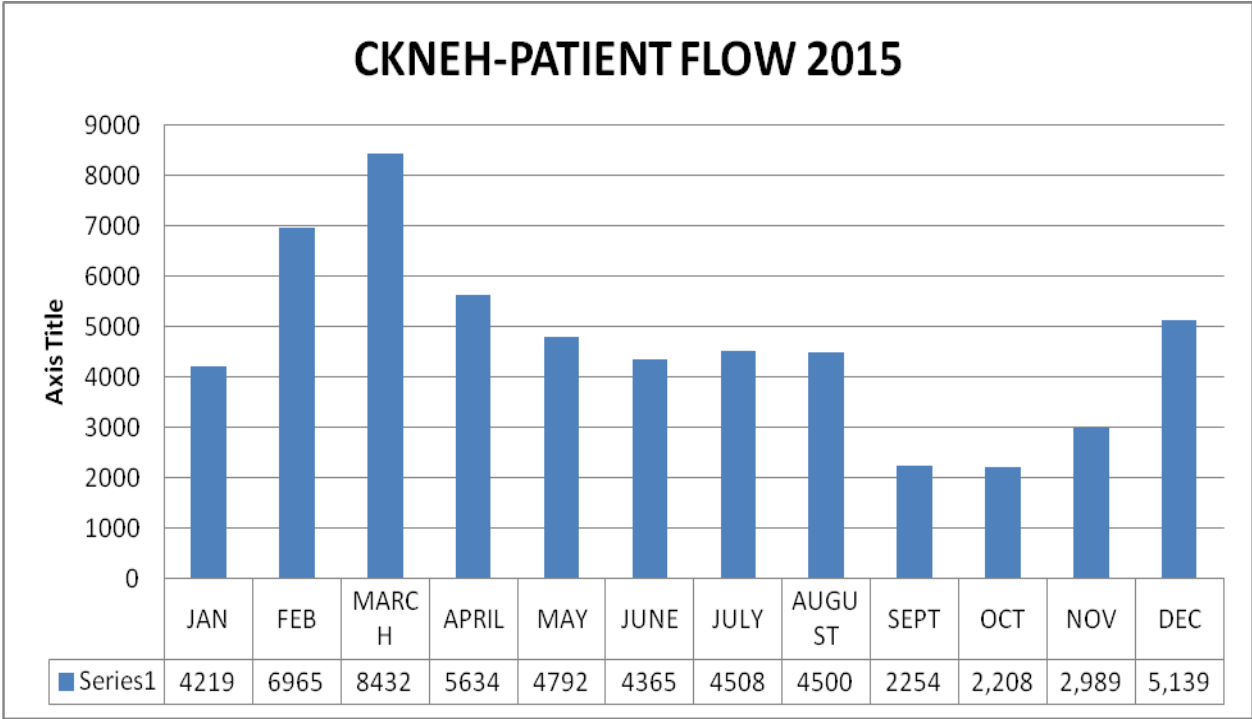
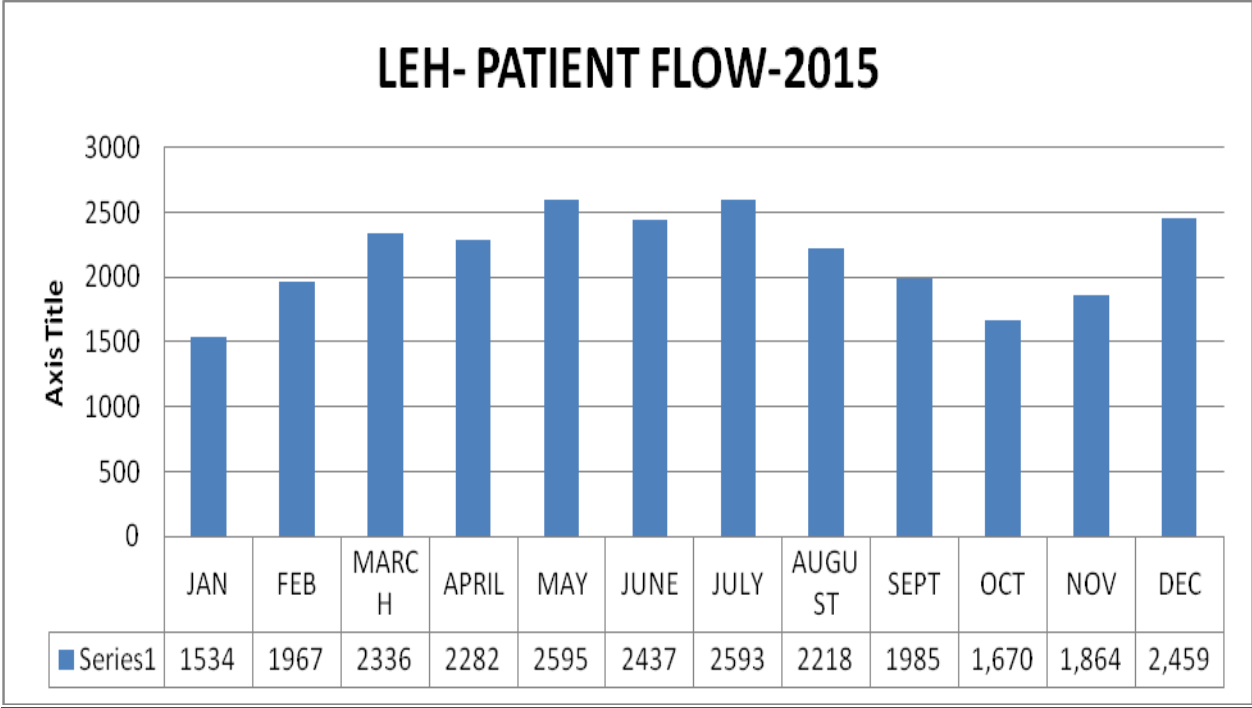
ICD (INTERNATIONAL CLASSIFICATION OF DISEASES)- 2015

In 2015, conjunctivitis is highest in number and cataract is second in number.



PATIENT FLOW TREND IN BASE HOSPITAL-2015





CATARACT SURGICAL RATE (CSR)- 2015

Nepal Netra Jyoti Sangh									
Eye Health Programme Rapti and Bahadurgunj									
District Wise Catatract Surgical Rate (CSR) 2015									
Districts	Population 2015	Plan	Eye Camps	Hospital	Total	20% add	Total Surgery	CSR/ Million population	Remarks
Dang	557852	0	133	2196	2329	466	2795	5010	
Salyan	243575	0	193	273	466	93	559	2296	
Rukum	210878	0	225	132	357	71	428	2032	
Rolpa	227075	0	374	162	536	107	643	2833	249 Sx. Tilganga
Pyuthan	235165	0	288	77	365	73	438	1863	179 Sx.LEI
					0	0	0		
Total	1474545	0	1213	2840	4053	811	4864	3298	

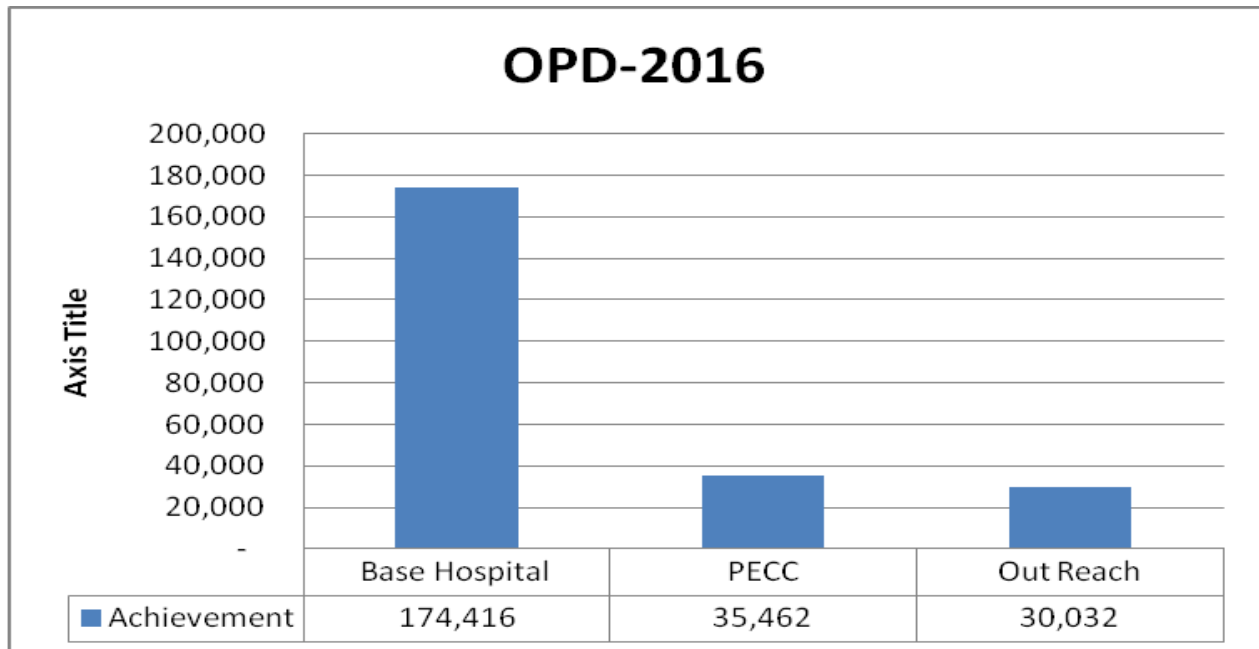
**JANUARY- DECEMBER
2016**

HIGHLIGHTS-2016

OPD

All the eye hospitals and eye centres under Eye Health Programme- Rapti and Bahadurgunj provided OPD service to 239,910 (Male 43.82% / Female 56.17%) . The number of OPD patients has increased both in Base Hospitals, Eye Care Centre and Free surgical eye camp due to quality service, affordable fee and strong referral system.

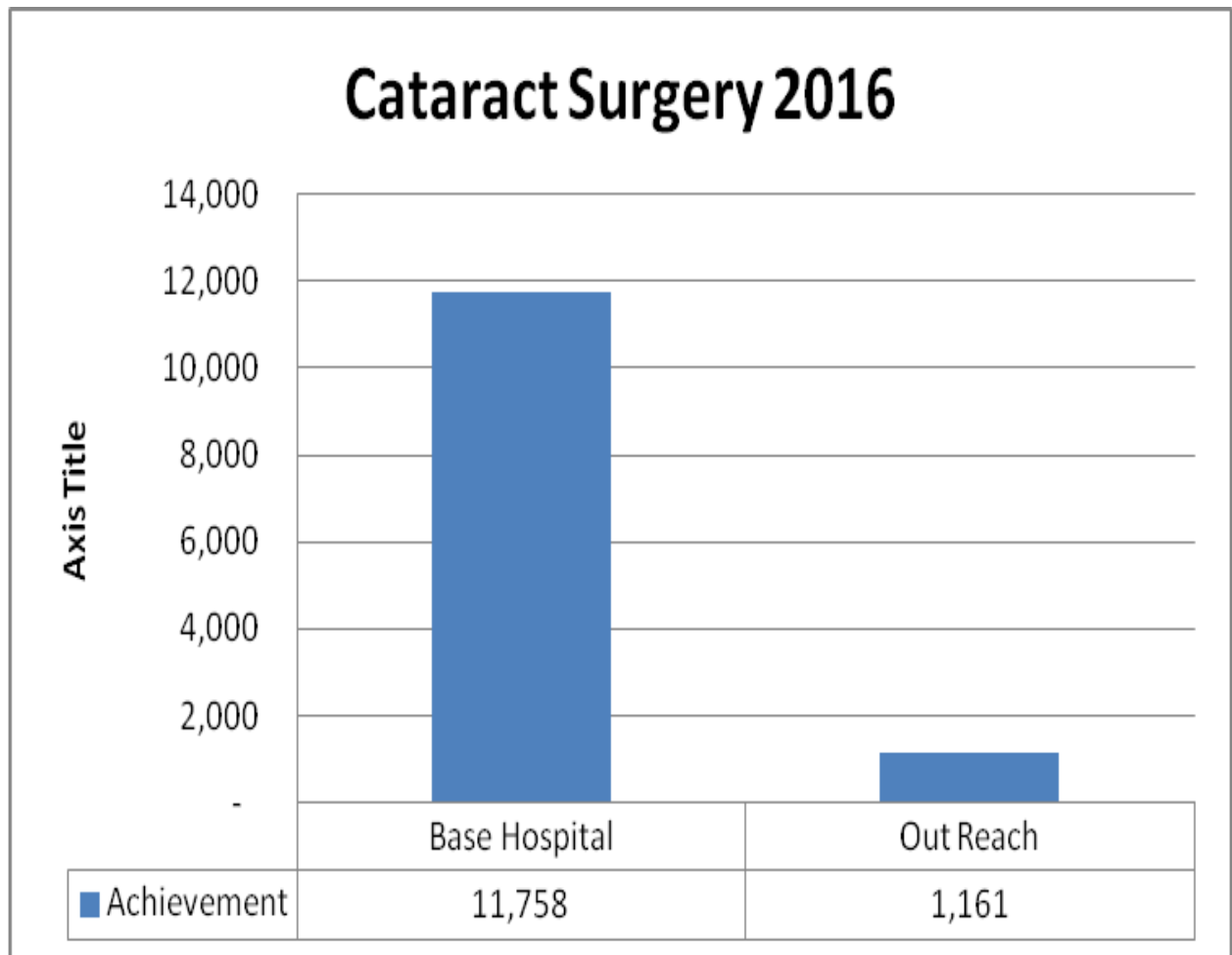
	Male	Female	Total
Rapti Eye Hospital	30,645	43,183	73,828
Ghorahi Eye Centre	8,686	12,827	21,513
Lamahi Eye Hospital	12,968	18,815	31,783
Salyan Eye Centre	2,405	3,004	5,409
Rukum Eye Centre	1,858	2,078	3,936
CKNEH-Bahadurgunj	33,048	35,757	68,805
Koilabas Eye Clinic	85	99	184
Krishnanagar Eye Clinic	1523	1578	3,101
Sulichaur Eye Centre, Rolpa	644	675	1,319
Surgical Camp	2607	3681	6,288
Screening Camp	3723	5725	9,448
School Screening Camp	6,940	7,356	14,296
			-
Sub Total of outreach activities	105,132	134,778	239,910



CATARACT SURGERIES

In 2016, a total 12,919 patients (6,018 M (46.58%) / 6,901 F (53.41%) vision was restored by cataract surgery in all the three eye hospitals and outreach activities.

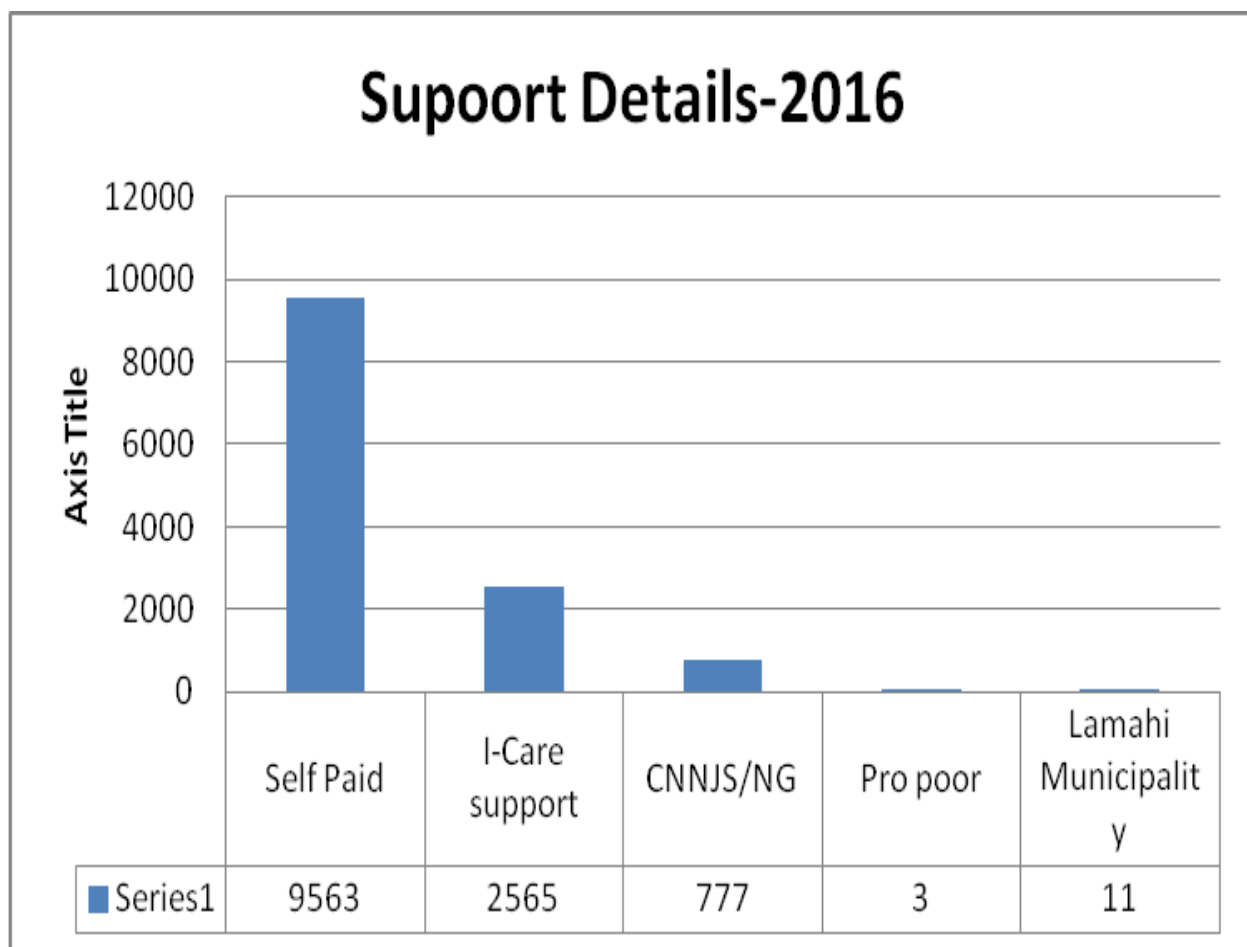
Vision Restored (Cataract Surgery)	Male	Female	Total
Rapti Eye Hospital	886	1125	2,011
Lamahi Eye Hospital	464	645	1,109
CKNEH-Bahadurgunj	4,096	4,542	8,638
In Outreach Activities	572	589	1,161
Ghorahi Eye Centre			
Salyan Eye Centre			
Total	6,018	6,901	12,919



FREE CATARACT SURGERY

Out of 12,919 cataract surgery, 3,356 (25.97%) surgeries were performed with the support of different donor. 2565 surgeries were supported by i-Care/NABP, 434 surgeries were supported by Nepal Government, 343 surgeries were supported by Indian Embassy, 3 surgeries were supported by pro-poor, 11 surgeries were supported by Lamahi Municipality.

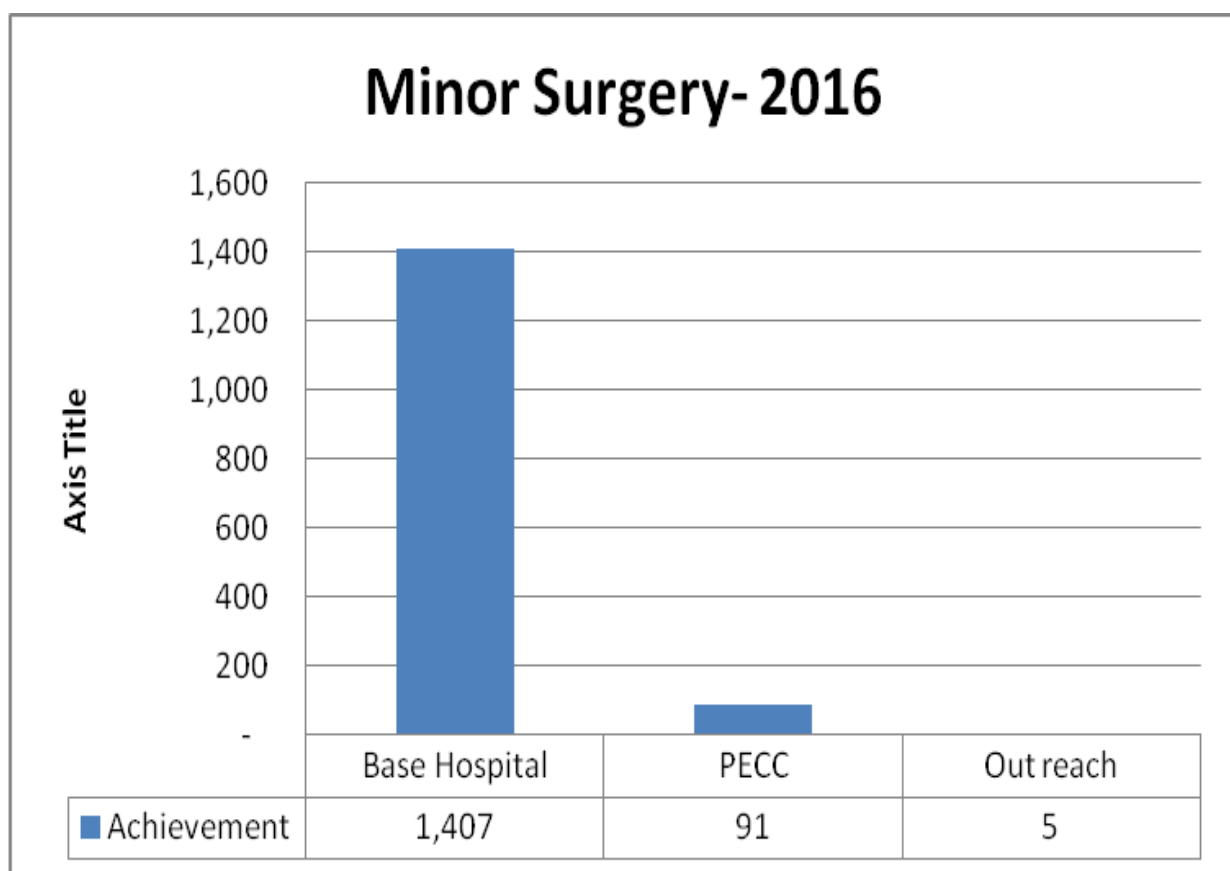
Type Of Surgery	RAPTI	LAMAHI	CKNEH	Out Reach	Total
I-Care Supported	775	391	799	600	2565
SICS General	741	503	7296		8540
Phaco Surgery	422	89	512		1023
CNNJS (Nepal Government Surgical Eye Camp suport)				218	218
CNNJS (Indo Nepal Supported)				343	343
CNJJS (Nepal Government Base Hospital Support)	72	113	31		216
CNNJS (HMS program)					0
Lions Supported					0
Pro - Poor	1	2			3
Lamahi Municipality support-Lamahi		11			11
Grand Total	2011	1109	8638	1161	12919



OTHER SURGERY

Total 1,503 patients' (38% Male and 62% Female) vision was corrected by major/minor in all the three eye hospitals and outreach activities.

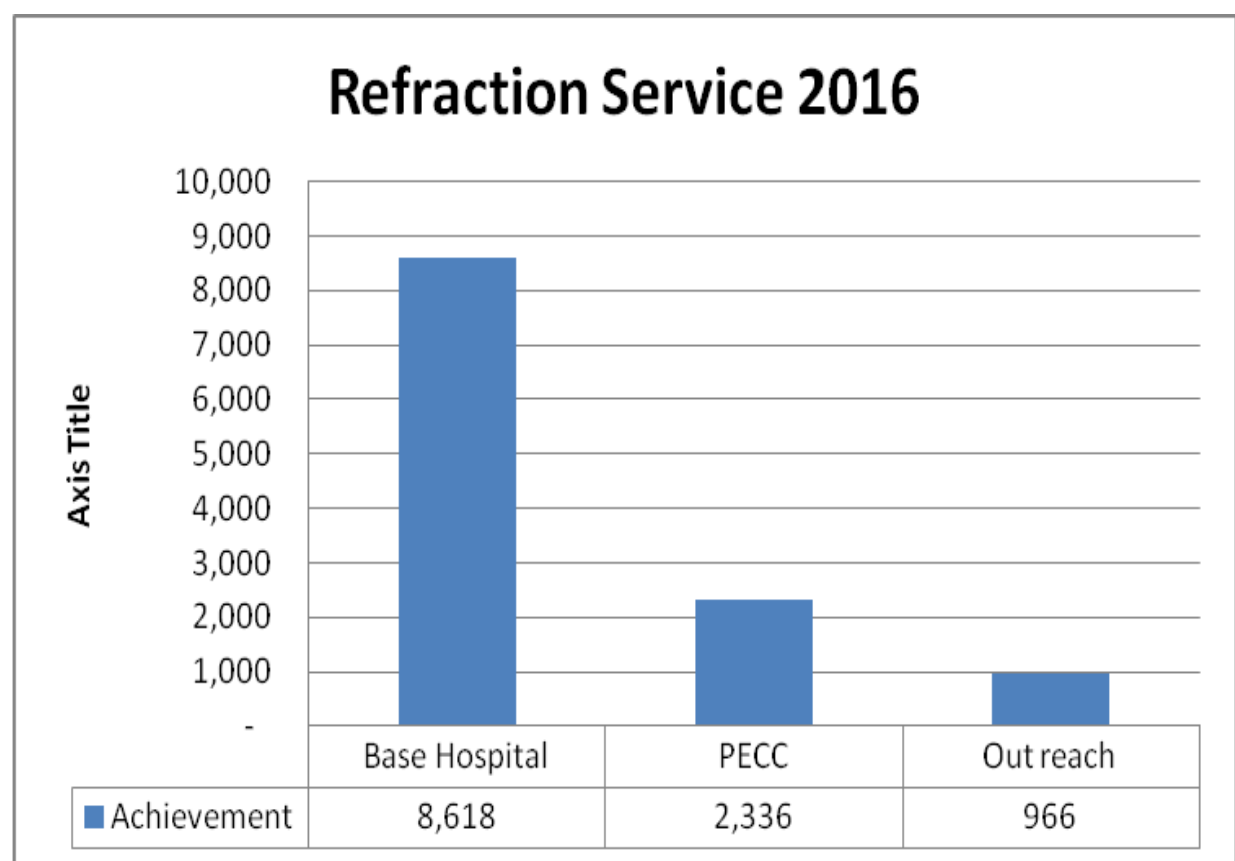
Minor Surgery	Male	Female	Total
Rapti Eye Hospital	232	431	663
Lamahi Eye Hospital	97	196	293
CKNEH-Bahadurgunj	201	250	451
Ghorahi Eye Centre	29	43	72
Rukum Eye Centre	4	7	11
Salyan Eye Centre	-	8	8
Koilabash Eye Clinic			-
Krishnanagar Refrral Centre			-
Surgical Eye Camp	1	3	4
Sulichaur Eye Centre, Rolpa	1		1
Total	565	938	1,503



VISION CORRECTION (REFRACTION SERVICE)

Total 11,920 patients' (41% M and 59% F) vision was corrected by refraction service in all the three eye hospitals and outreach activities.

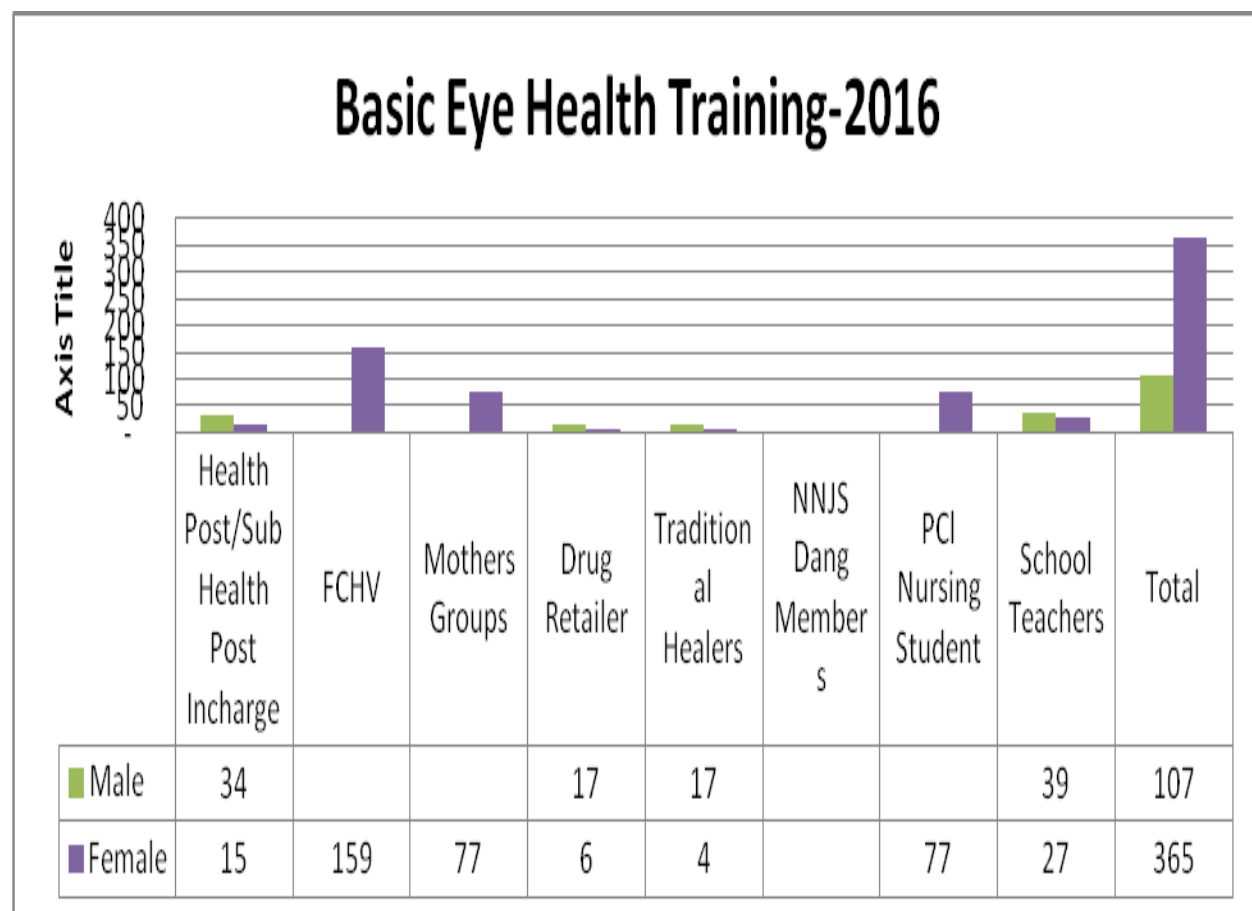
Refractive Error Corrected by the spectacles	Male	Female	Total
Rapti Eye Hospital	1101	1713	2,814
Lamahi Eye Hospital	1078	1981	3,059
CKNEH-Bahadurgunj	1302	1443	2,745
Ghorahi Eye Centre	478	629	1,107
Rukum Eye Centre	90	114	204
Salyan Eye Centre	136	183	319
Koilabash Eye Clinic	12	2	14
Krishnanagar Refrral Centre	151	175	326
Sulichaur Eye Centre, Rolpa	43	39	82
Surgical Eye Camp	115	169	284
Screening / Pick up Camp	155	225	380
School screening	244	342	586
Total	4,905	7,015	11,920



BASIC EYE HEALTH TRAINING

Eye Health training was conducted with the support of National Eye Health Program of CNNJS and NABP-Norway, the basic eye health training was provided to Health Post Incharge, FCHV (health cadre), Mothers Group (volunteer), Drug Retailer (health care provider), Traditional healer and School teachers. Total 472 (23% M and 77%F) person received basic eye health training which will enable them to be a good eye health cadre.

Primary Eye Health Care Training	Male	Female	Total
Health Post/Sub Health Post Incharge	34	15	49
FCHV		159	159
Mothers Groups		77	77
Drug Retailer	17	6	23
Traditional Healers	17	4	21
NNJS Dang Members			-
PCI Nursing Student		77	77
School Teachers	39	27	66
Total	107	365	472



EYE HEALTH EDUCATION/SCREENING CAMP/SURGICAL CAMPS/AWARNESS PROGRAM

School Eye Health Education provided to 20,172 students.

Free eye check up was conducted in 34 schools where 14,296 students got their eye examined (Boys 48.54% / Girls 51.45%). Among them 586 students (Boys 41.63% / Girls 58.36%) were prescribed glass which was provided to them free of cost with the support of central NNJS.

Screening camp (DST) and Pick up camps/ DST conducted in 63 spots. The number of patients in screening and pick up camp was 9,448 (male 39.40 % / female 60.59%)

Free surgical camps were conducted in 13 places (Chaurjahari-Rukum, Sallibazar-Salyan, Puja-Pyuthan, Ghartigaun-Rolpa, Kakri-Rukum, Tharmare-Salyan, Sulichaur-Rolpa, Shreenagar-Salyan, Shishawa-Kapilbastu, Pakadi-Kapilbasu, Salle-Rukum, Shreenagar-Salyan, Sulichaur-Rolpa) where 6,288 patients got free treatment (Male 41.45% / Female 58.54%) Among them 1161 patients got free cataract surgery (Male 49.26%/ Female 50.73%).

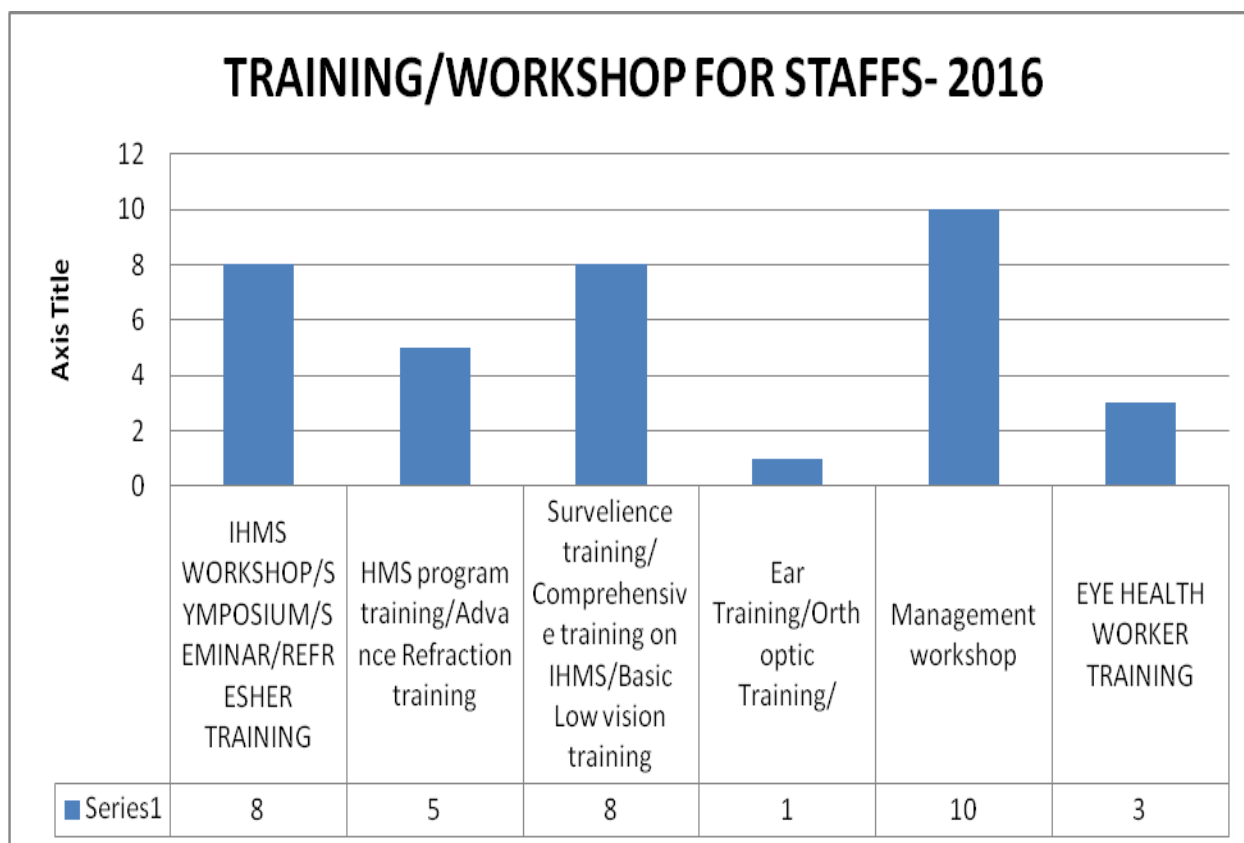
Conducted awareness and advocacy program at Rukum District at “Dikre Sai Kumari Mela” and Pyuthan Mela with the support of National Eye Health Program through Central NNJS and NABP- Norway. It is kind of ritual festival where many people (more than 100 thousand) gathered for worship God. The team had distributed leaf let with eye health message, broadcasted message through micking. This has been good experience for us that such kind of advocacy has supported to make access of patients in centre as well as free surgical eye camp. With the advocacy activities the number of surgery in free eye camp of Rukum, more than 200 cataract surgeries were performed.

Eye Health Education/Screening Camp/Surgical Camps/Awarness activities	Male	Female	Total
School Eye Health education In 50 Schools	9,654	10,518	20,172
Total Eye health screening at Schools			34
Total School Eye Health Education in Schools			57
Free Surgical Eye Camps			13
Pick-up and Screening (DST) Camps-			63
Total awareness campaign			8

EXPOSURE TO STAFF AND MANAGEMENT TEAM

In 2016, Different short and long trainings such as refresher training, exposure visit, management training (both national and international level) were given to Medical, Paramedical and Administrative staffs.

IHMS WORKSHOP/SYMPOSIUM/ SEMINAR/REFRESHER TRAINING	HMS program training/Advance Refraction training	Survellence training/ Comprehensive training on IHMS/Basic Low vision training	Ear Training/Orthoptic Training/	Management workshop	EYE HEALTH WORKER TRAINING
8	5	8	1	10	3



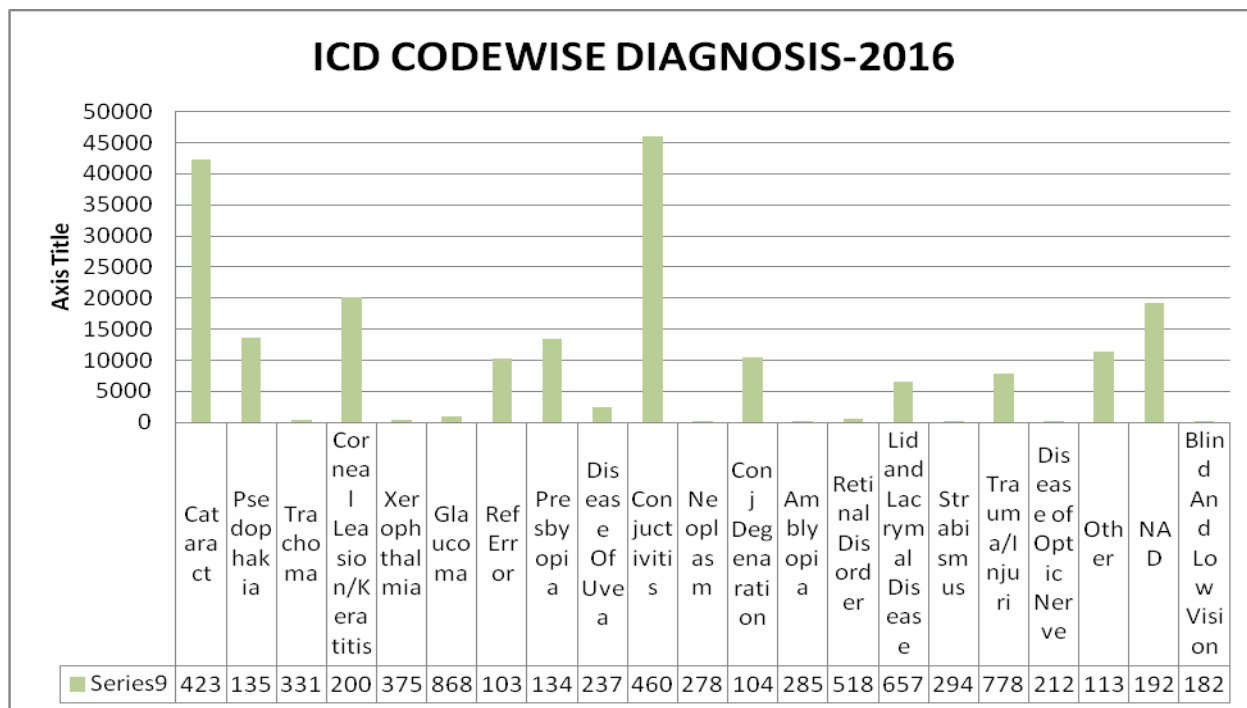
VISION OUTCOME 2016

In 2016, the performance of surgery in the Hospital and Camp is tabulated here. The result of vision which is taken on first post operative day. The measurement of vision 6/6-6/18 is best and <3/60 is poor.

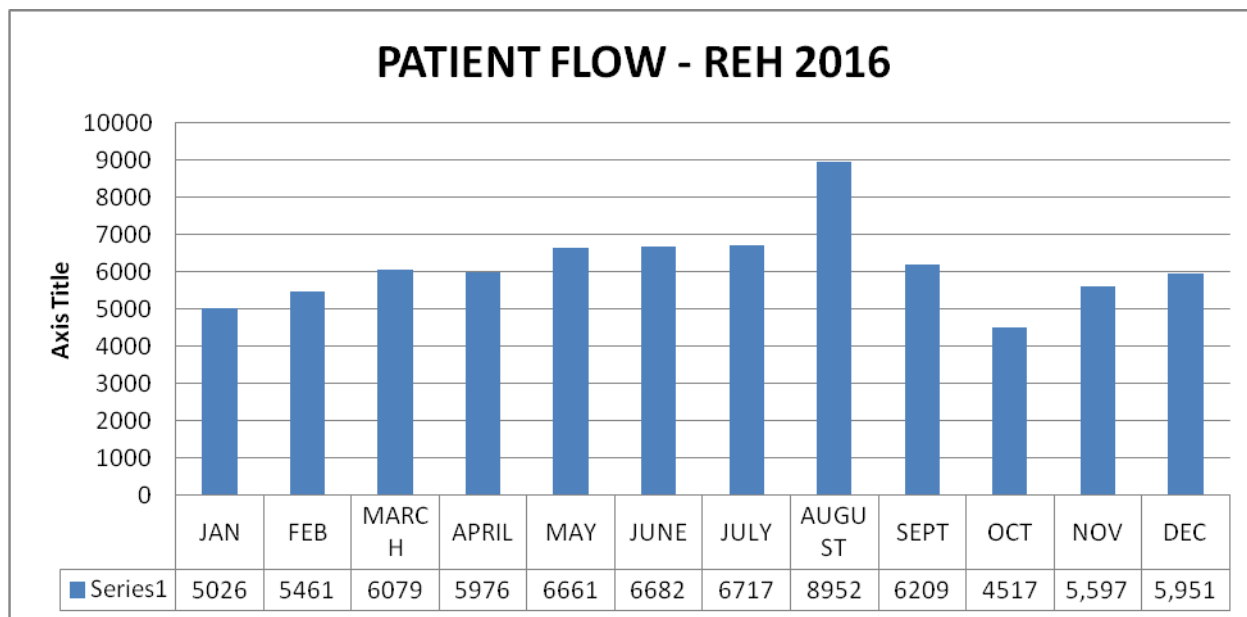
Visual Outcome 2016			
REH 2016			
	PRE OP.	POST OP.	%
6/6- 6/18	0	1747	86.9
<6/18 - 6/60	1042	226	11.2
<6/60 - 3/60	376	34	1.7
<3/60	593	4	0.2
Total	2011	2011	
LEH 2016			
	PRE OP.	POST OP.	%
6/6- 6/18	6	889	80.2
<6/18 - 6/60	325	217	19.6
<6/60 - 3/60	425	3	0.3
<3/60	353	0	0.0
Total	1109	1109	
CKNEH, 2016			
	PRE OP.	POST OP.	%
6/6- 6/18	18	6144	71.3
<6/18 - 6/60	820	2092	24.3
<6/60 - 3/60	1421	109	1.3
<3/60	6379	273	3.2
Total	8638	8618	
Camp, 2016			
	PRE OP.	POST OP.	%
6/6- 6/18	0	931	80.2
<6/18 - 6/60	353	208	17.9
<6/60 - 3/60	256	16	1.4
<3/60	552	6	0.5
Total	1161	1161	

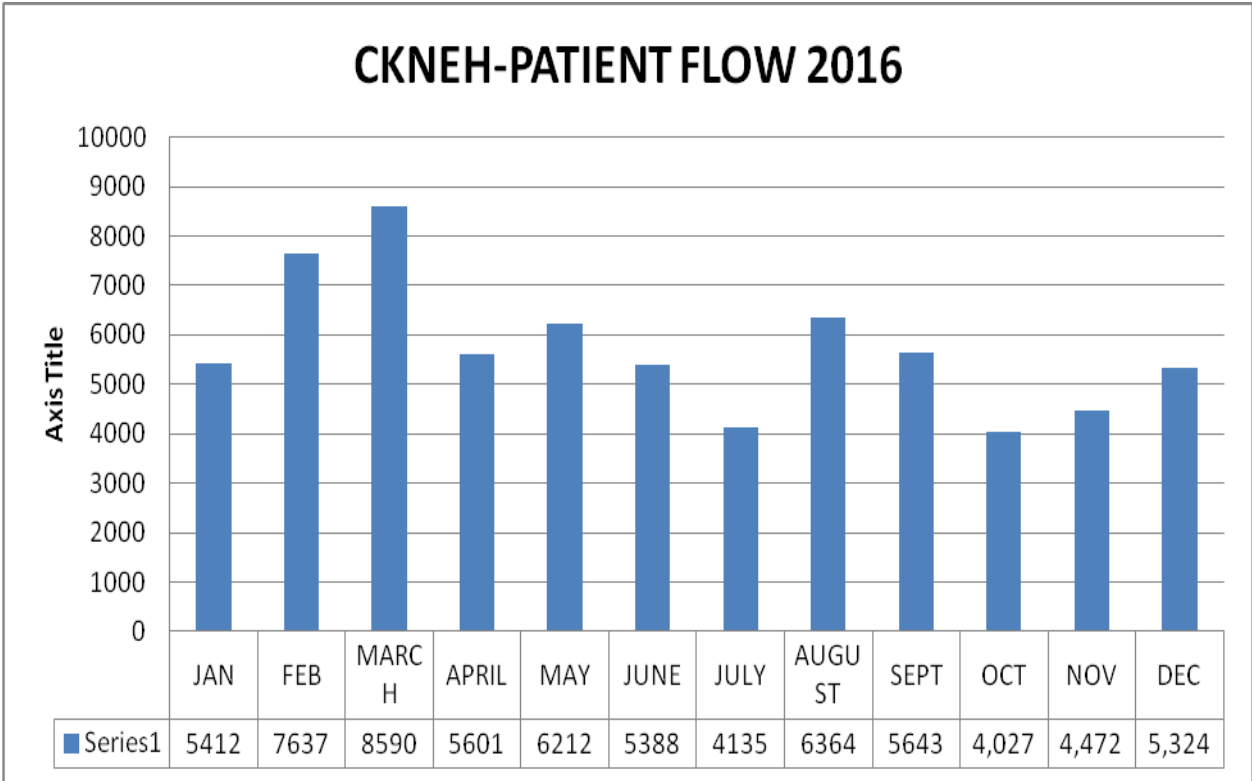
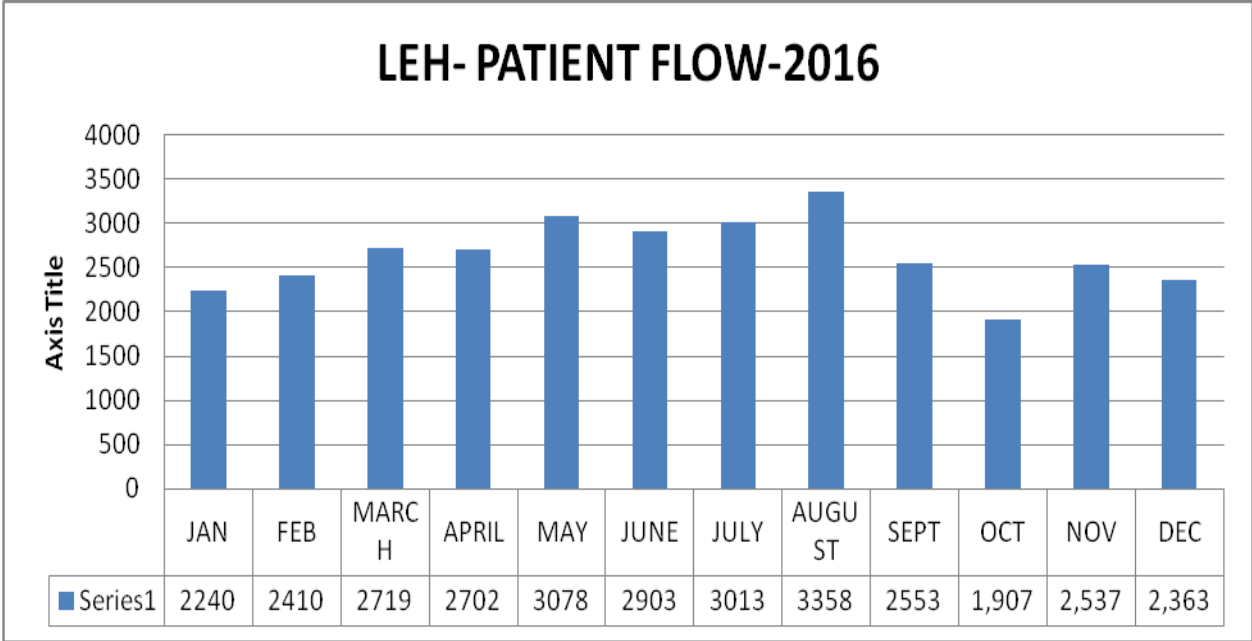
ICD(INTERNATIONAL CLASIFICACION OF DIEASES)- 2016

In 2016, conjunctivitis is highest in number and cataract is second in number.



PATIENT FLOW TREND IN BASE HOSPITAL-2016





CATARACT SURGICAL RATE (CSR)- 2016

Eye Health Programme Rapti and Bahadurgunj									
District Wise Catatract Surgical Rate (CSR) 2016									
Districts	Population 2015	Plan	Eye Camps	Hospital	Total	20% add	Total Surgery	CSR/ Million population	
Dang	557852	0	69	2305	2374	475	2849	5107	69 Gorkha Welfare Camp
Salyan	243575	0	309	260	569	114	683	2803	
Rukum	210878	0	301	151	452	90	542	2572	
Rolpa	227075	0	422	253	675	135	810	3567	239 Sx. Tilganga
Pyuthan	235165	0	193	138	331	66	397	1689	138 Sx.LEI
Kapilvastu	481976	0	275	1310	1585	317	1902	3946	
					0	0	0		
					0	0	0		
					0	0	0		
Total	1956521	0	1569	4417	5986	1197	7183	3671	

JANUARY- DECEMBER
2017

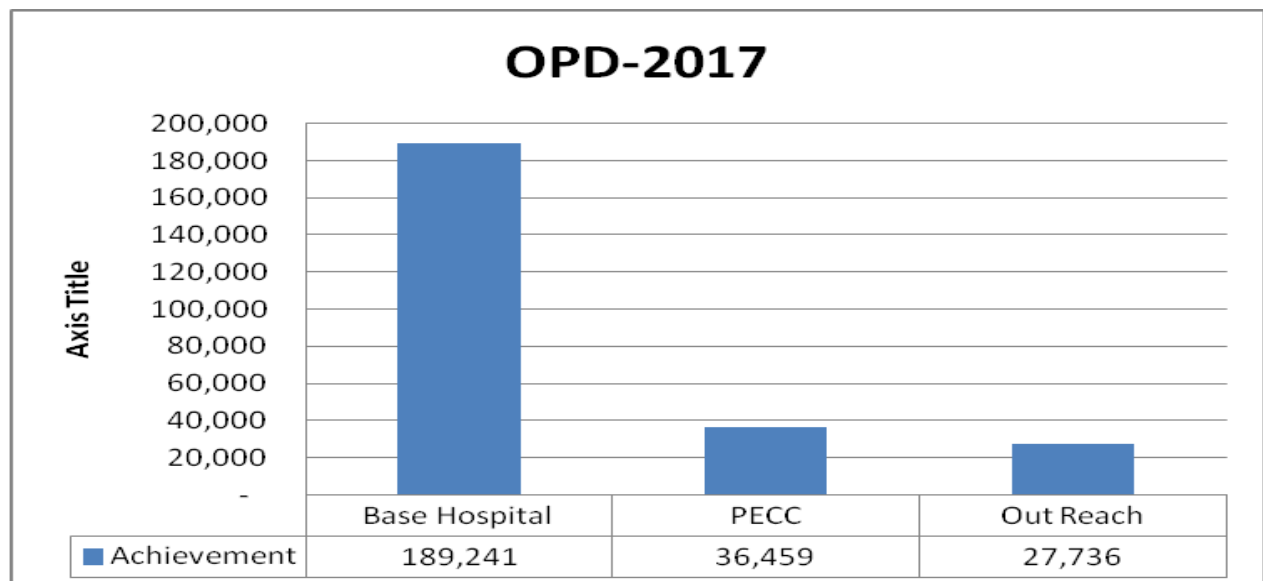
HIGHLIGHTS-2017

OPD

All three eye hospitals and eye centres under Eye Health Programme- Rapti and Bahadurgunj provided OPD service to 253,436 (Male 43.55% / Female 56.45%) patients. The number of OPD patients has increased both in Base Hospitals, Eye Care Centre and Free surgical eye camp due to quality service, affordable fee as well as strong referral system.

In 2016, OPD service was provided to 239,910 patients while in 2017, OPD service is provided to 253,436 patients (5.34% more than last year.).

Treated and Examined patients in OPD service by the Hospital and Centres	Male	Female	Total
Rapti Eye Hospital	32,216	44,713	76,929
Ghorahi Eye Centre	8,743	12,998	21,741
Lamahi Eye Hospital	15,183	21,270	36,453
Salyan Eye Centre	2,482	3,135	5,617
Rukum Eye Centre	1,986	2,005	3,991
CKNEH-Bahadurgunj	36,064	39,795	75,859
Koilabas Eye Clinic	142	179	321
Krishnanagar Eye Clinic	1814	1669	3,483
Sulichaur Eye Centre, Rolpa	592	714	1,306
Sub Total of Hospital and Centres	99,222	126,478	225,700
Outreach Activities			
Surgical Camp	1877	3129	5,006
Screening Camp	4507	7397	11,904
School Screening Camp	4,765	6,061	10,826
			-
Sub Total of outreach activities	11,149	16,587	27,736
Grand Total	110,371	143,065	253,436



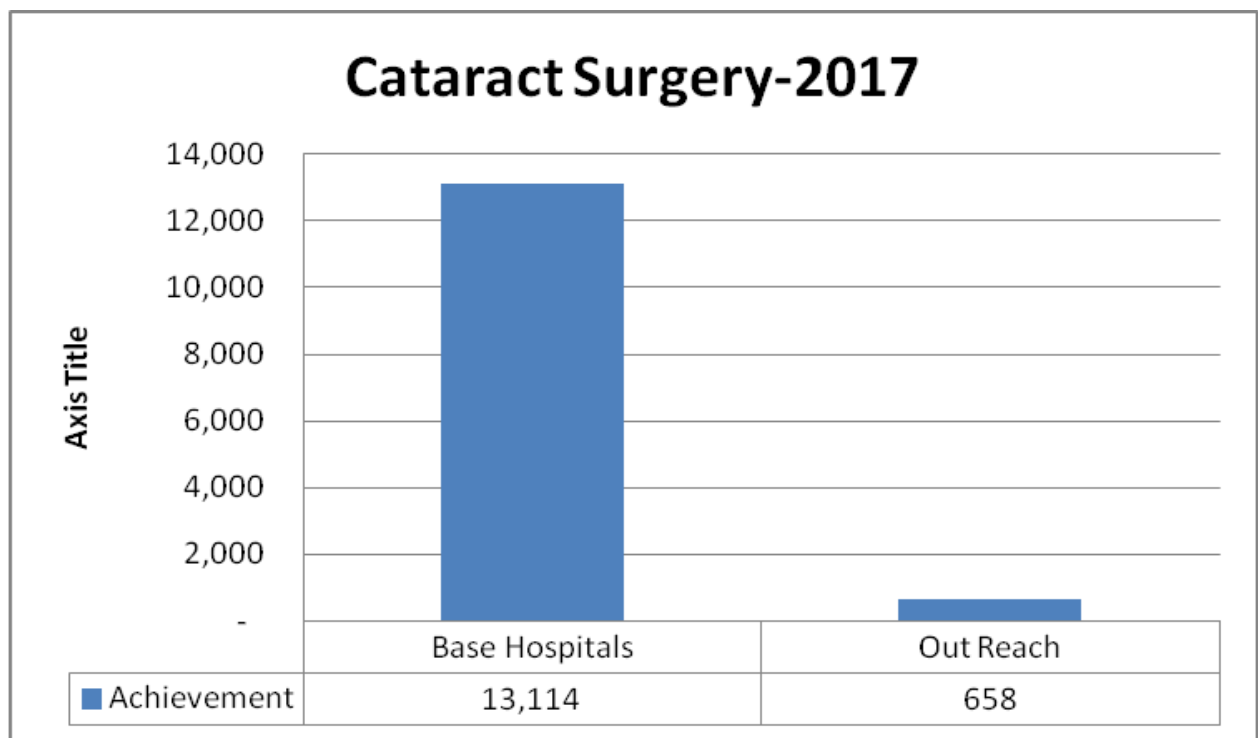
Ear Service

Ear service is started from this year at Lamahi Eye Hospital. Total 1826 patients were benefited by this service.

CATARACT SURGERIES

In three base hospitals, 13,114 cataract surgeries were performed and 658 cataract surgeries were performed in outreach activities. In Total, 13772 (46% Male and 54% Female) cataract surgeries are performed in 2017.

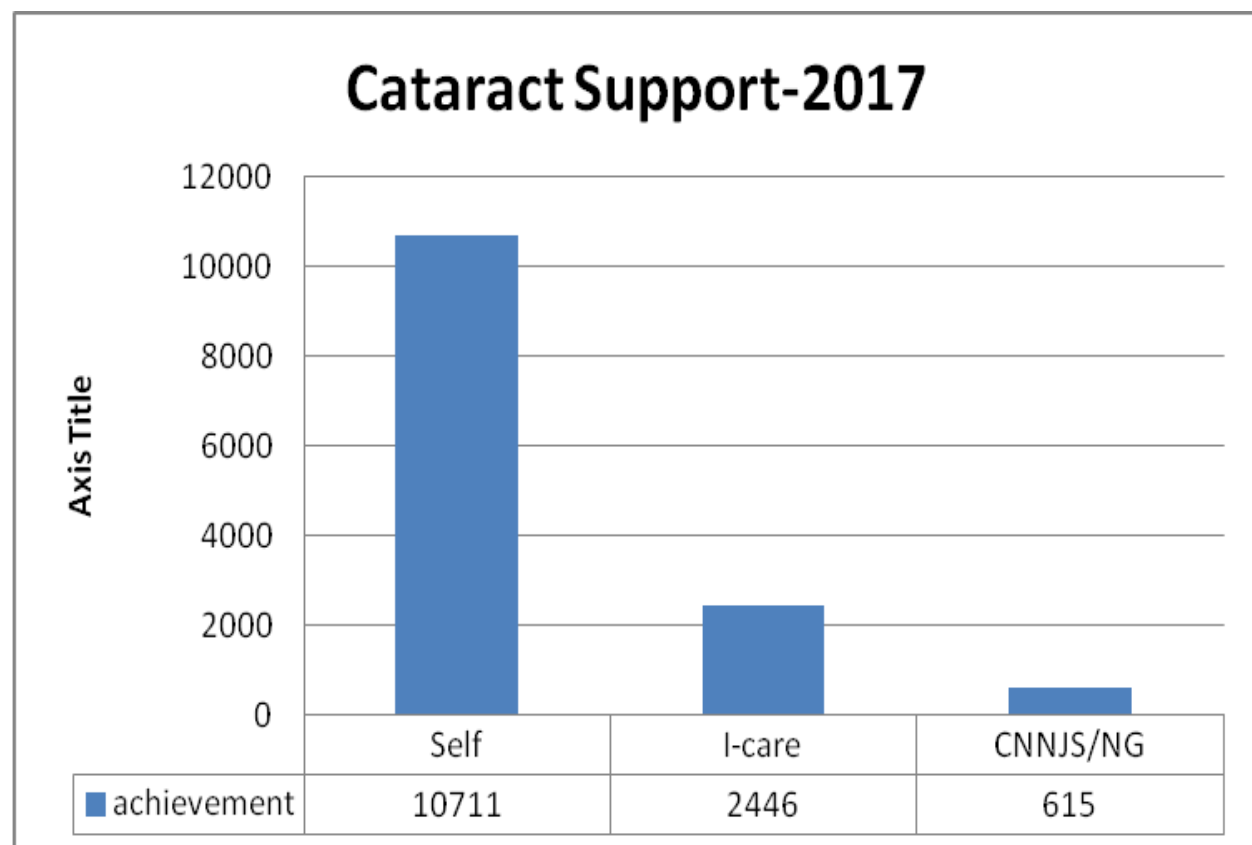
Vision Restored (Cataract Surgery)	Male	Female	Total
Rapti Eye Hospital	823	1164	1,987
Lamahi Eye Hospital	568	725	1,293
CKNEH-Bahadurgunj	4,676	5,158	9,834
In Outreach Activities	310	348	658
Ghorahi Eye Centre			
Salyan Eye Centre			
Total	6,377	7,395	13,772



FREE CATARACT SURGERY

Out of 13,772 cataract surgery, 10,711 (77.77%) surgeries were self paid, 2, 446 (17.76%) surgeries were supported by i-care and 615 (4.47%) surgeries were performed at free surgical eye camp.

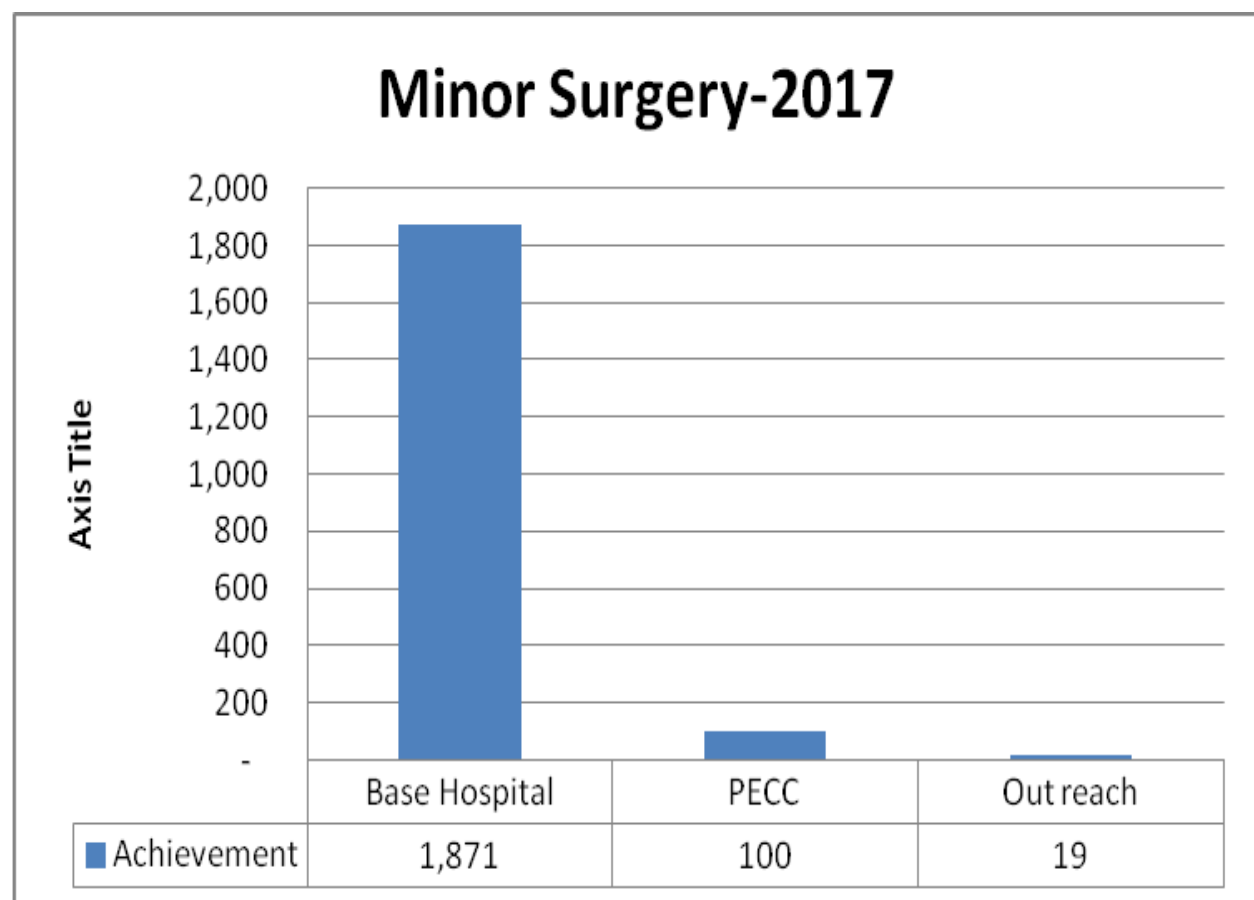
Type Of Surgery	RAPTI	LAMAHI	CKNEH	Out Reach	Total
I-Care Supported	456	664	1092	234	2446
SICS General	1127	439	8189	0	9755
Phaco Surgery	264	139	553	0	956
CNNJS (Nepal Government Surgical Eye Camp suport)	0	0	0	424	424
CNJJS (Nepal Government Base Hospital Support)	140	51	0	0	191
CNJJS (Indo Nepal Support)	0	0	0	0	0
CNNJS (HMS program)	0	0	0	0	0
Lions Supported	0	0	0	0	0
Pro - Poor	0	0	0	0	0
Lamahi Municipality support-Lamahi	0	0	0	0	0
Grand Total	1987	1293	9834	658	13772



OTHER SURGERY

Total 1,990 (37% Male and 63% Female) minor surgeries were performed in all the three eye hospitals and outreach activities.

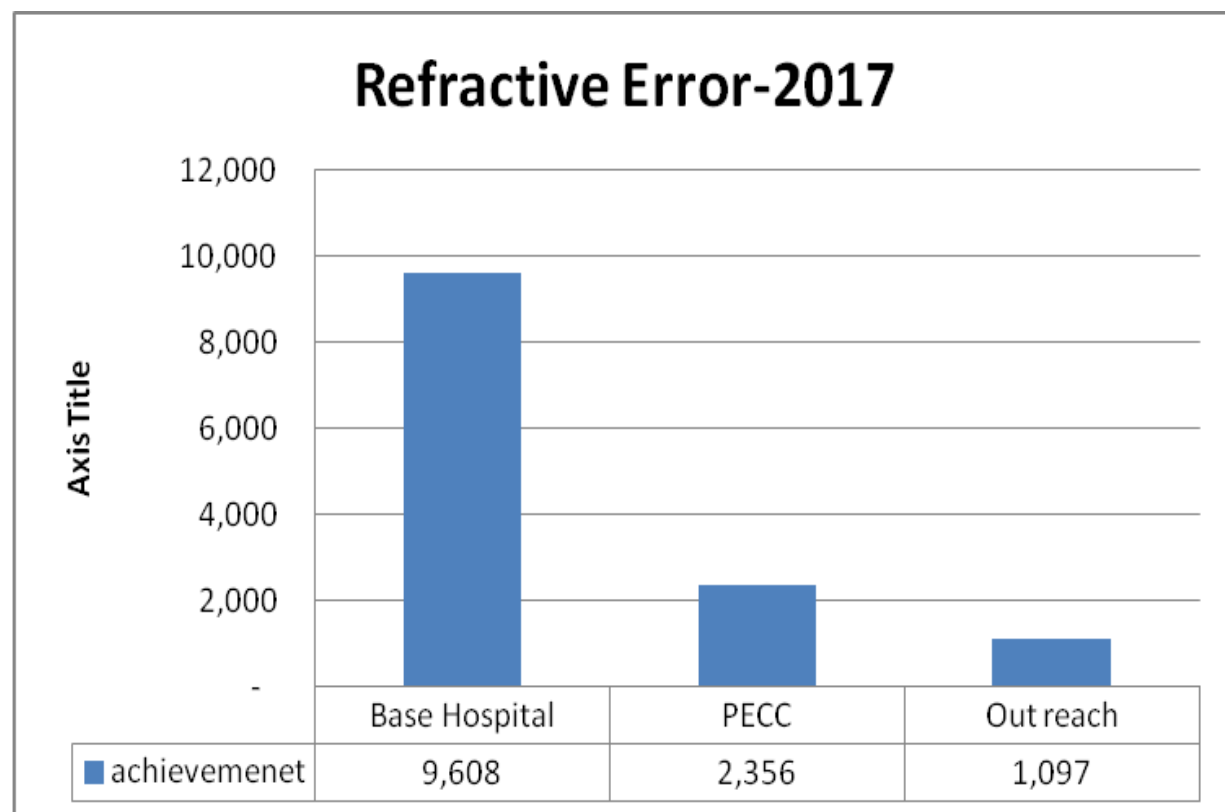
Minor Surgery	Male	Female	Total
Rapti Eye Hospital	314	625	939
Lamahi Eye Hospital	114	185	299
CKNEH-Bahadurgunj	265	368	633
Ghorahi Eye Centre	39	54	93
Rukum Eye Centre		5	5
Salyan Eye Centre		2	2
Koilabash Eye Clinic			-
Krishnanagar Refrral Centre			-
Surgical Eye Camp	4	14	18
Sulichaur Eye Centre, Rolpa		1	1
Total	736	1,254	1,990



VISION CORRECTION (REFRACTION SERVICE)

Vision of 13,061 patients (41% M/ 59% F) was corrected by refraction service. In comparison with 2016 (11,920 ref error), it has increased by 8.74% in 2017 (13,061 ref error)

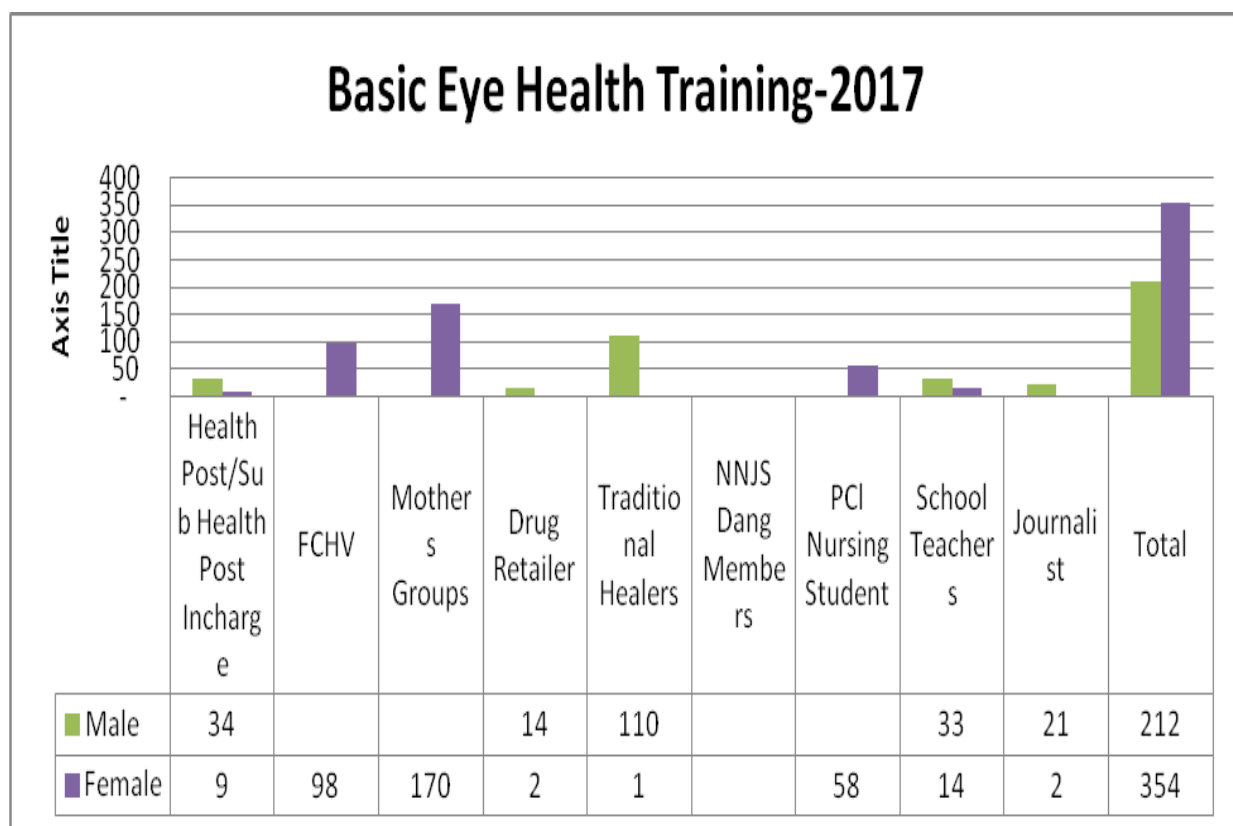
Refractive Error Corrected by the spectacles	Male	Female	Total
Rapti Eye Hospital	1338	2160	3,498
Lamahi Eye Hospital	953	1721	2,674
CKNEH-Bahadurgunj	1608	1828	3,436
Ghorahi Eye Centre	536	735	1,271
Rukum Eye Centre	109	133	242
Salyan Eye Centre	90	122	212
Koilabash Eye Clinic	21	26	47
Krishnanagar Refrral Centre	210	202	412
Sulichaur Eye Centre, Rolpa	73	99	172
Surgical Eye Camp	72	132	204
Screening / Pick up Camp	250	391	641
School screening	105	147	252
Total	5,365	7,696	13,061
	41	59	



BASIC EYE HEALTH TRAINING

Eye Health training was conducted with the support of National Eye Health Program of CNNJS and NABP-Norway, the basic eye health training was provided to Health Post Incharge, FCHV (health cadre), Mothers Group (volunteer), Drug Retailer (health care provider), Traditional healer and School teachers. Total 566 (37% M and 63%F) person received basic eye health training which will enable them to be a good eye health cadre as well as will support referral system strong.

Primary Eye Health Care Training	Male	Female	Total
Health Post/Sub Health Post Incharge	34	9	43
FCHV		98	98
Mothers Groups		170	170
Drug Retailer	14	2	16
Traditional Healers	110	1	111
NNJS Dang Members			-
PCI Nursing Student		58	58
School Teachers	33	14	47
Journalist	21	2	23
Total	212	354	566



EYE HEALTH EDUCATION/SCREENING CAMP/SURGICAL CAMPS/AWARNESS PROGRAM

School eye health education is a part of awareness and advocacy of our program. The main objective of eye health education is to provide information and knowledge about common eye diseases for early intervention. This year in 2017, we provided eye health education to 15563 students (45% Boys/55% Girls).

Free eye check up was conducted in 26 schools (target was for 20 schools) where 10,826 students were examined (Boys 44% / Girls 56%). Among them 252 students (Boys 42% / Girls 58%) were prescribed glasses which were provided to them free of cost with the support of central NNJS.

Screening camp (DST) and Pick up camps/ DST were targeted in 65 spots and conducted in 72 spots. The number of patients in screening and pick up camp were 11,904 (male 38 % / female 62%)

Eye Health Education/Screening Camp/Surgical Camps/Awarness activities	Male	Female	Total
School Eye Health education In 50 Schools	6,987	8,576	15,563
Total Eye health screening at Schools			26 schools
Total School Eye Health Education in Schools			38 schools
Free Surgical Eye Camps			8 spot
Pick-up and Screening (DST) Camps-			71 spot
Total awareness campaign			2 spot

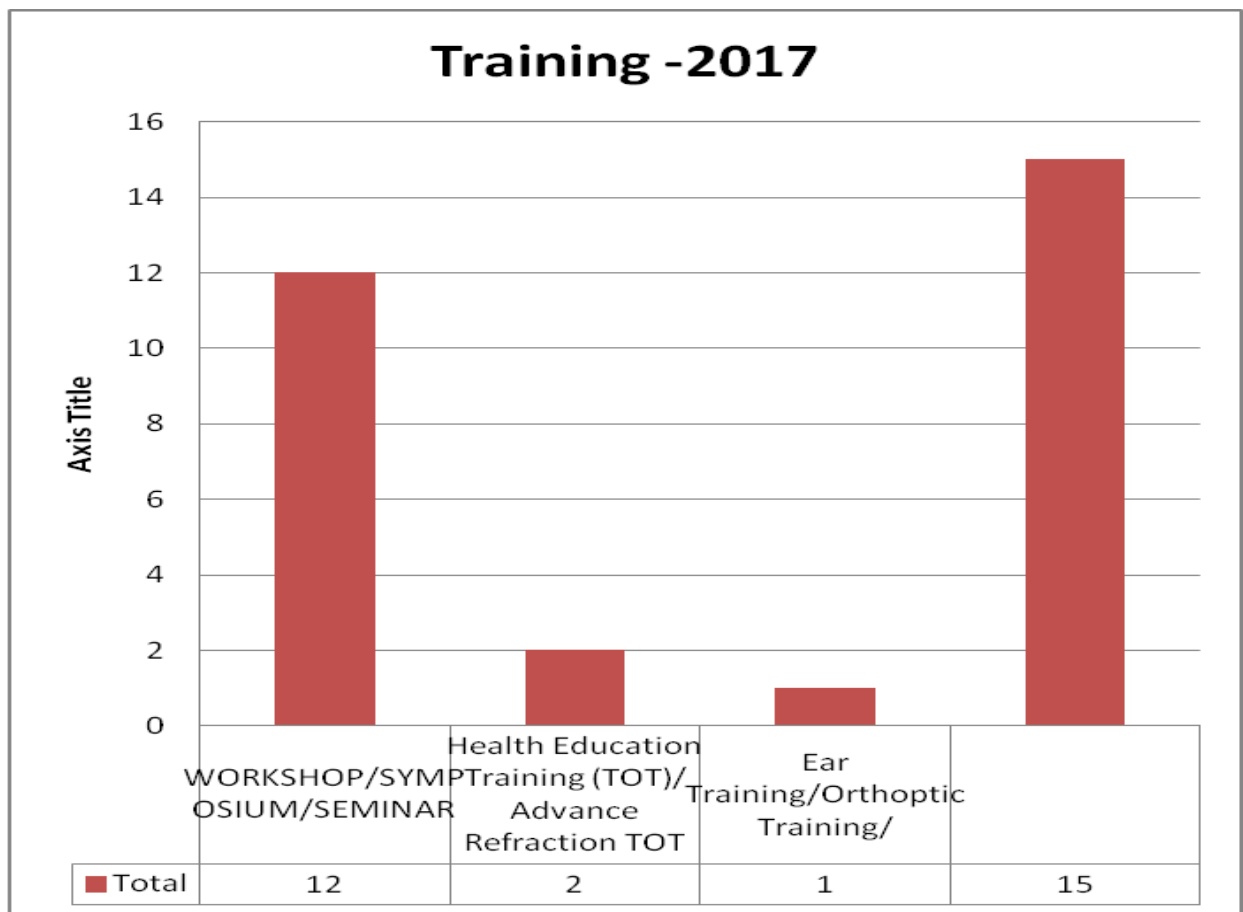
Free surgical camps were conducted in 8 places (Pharulla of Salyan, Salle of Rukum-2 times, Sitalpati of Salyan-2 times, Chaurjahari of Rukum, , Macchi of Pyuthan and Sulichaur of Rolpa). Where 5,006 patients received free treatment (Male 37% / Female 63%) Among them cataract surgery was performed in 658 patients (Male 47%/ Female 53%) with free of cost.

Keeping target to disseminate message on free surgical eye camp of Chaurjahari, Rukum, two days awareness cum advocacy program was conducted in Sankhepipal Mela, (festival), Rukum. Volunteers from NNJS-Dang had participated the program. The number of OPD patients (840) in the camp as well as number of surgery (135) is good in number by the effective awareness activities. The team had distributed leaflet with eye health message, broadcasted message through mike.

EXPOSURE TO STAFF AND MANAGEMENT TEAM

In 2017, Different short and long trainings such as refresher training, exposure visit, management training (both national and international level) were given to Medical, Paramedical and Administrative staffs.

	WORKSHOP/SYMPOSIUM/SEMINAR	Health Education Training (TOT)/ Advance Refraction TOT	Ear Training/Orthoptic Training/	
Total	12	2	1	15



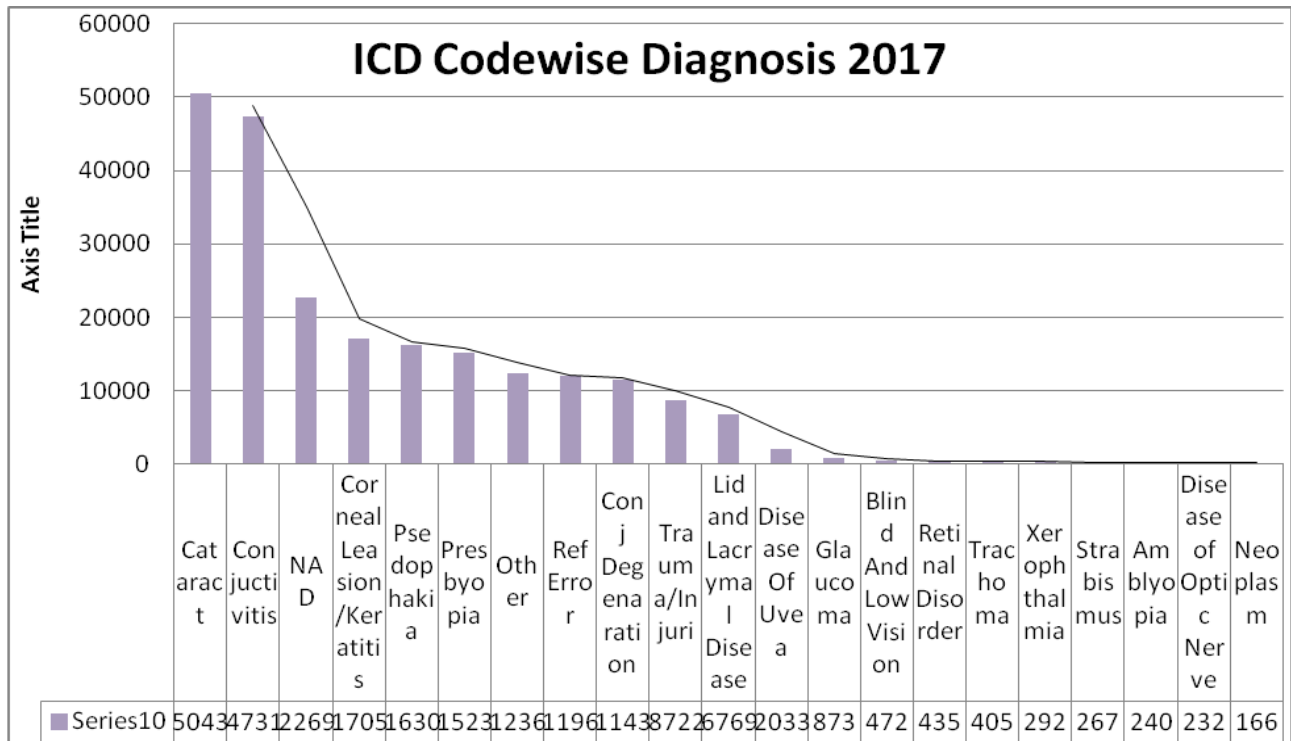
VISION OUTCOME 2017

In 2017, the performance of surgery in the Hospital and Camp is tabulated here. The result of vision which is taken on first post operative day. The measurement of vision 6/6-6/18 is best and <3/60 is poor.

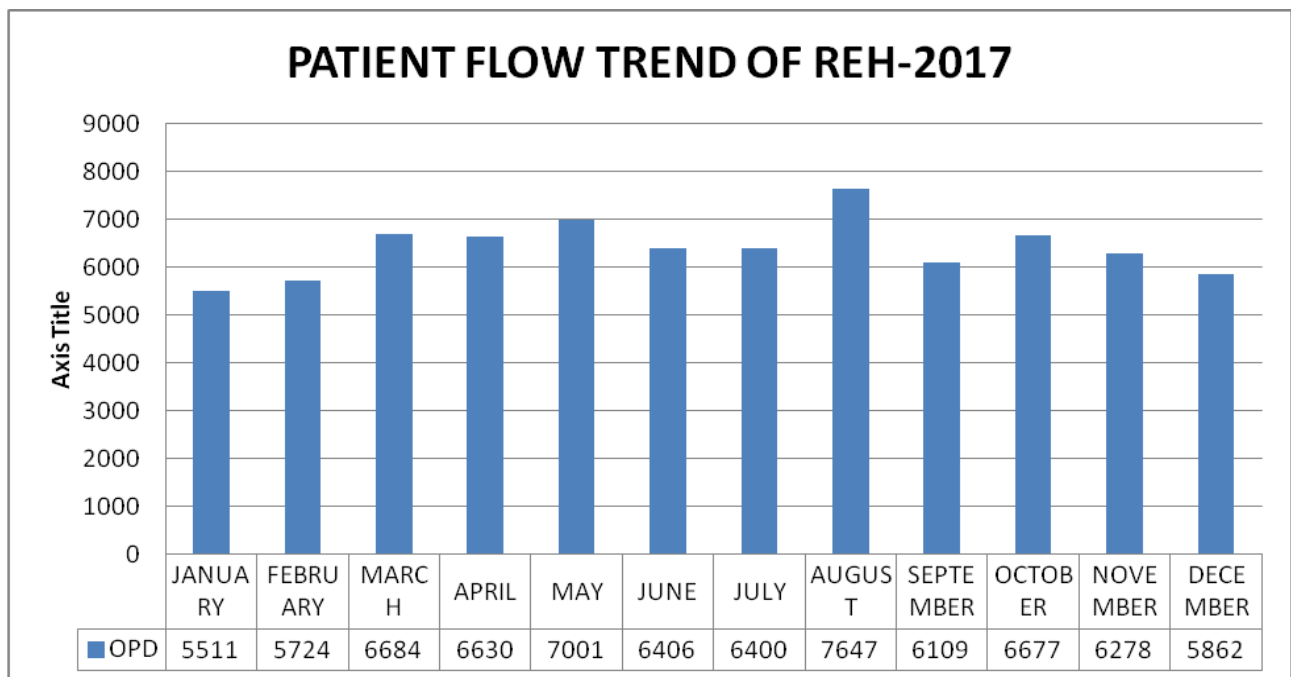
Visual Outcome 2017			
REH 2017			
	PRE OP.	POST OP.	%
6/6- 6/18	0	1772	89.2
<6/18 - 6/60	910	171	8.6
<6/60 - 3/60	481	40	2.0
<3/60	596	4	0.2
Total	1987	1987	
LEH 2017			
	PRE OP.	POST OP.	%
6/6- 6/18	15	1058	81.8
<6/18 - 6/60	335	177	13.7
<6/60 - 3/60	477	38	2.9
<3/60	466	20	1.5
Total	1293	1293	
CKNEH, 2017			
	PRE OP.	POST OP.	%
6/6- 6/18	28	7985	81.2
<6/18 - 6/60	692	1541	15.7
<6/60 - 3/60	1812	102	1.0
<3/60	7302	206	2.1
Total	9834	9834	
Camp, 2017			
	PRE OP.	POST OP.	%
6/6- 6/18	0	551	83.7
<6/18 - 6/60	209	91	13.8
<6/60 - 3/60	167	12	1.8
<3/60	282	4	0.6
Total	658	658	

ICD(INTERNATIONAL CLASIFICATION OF DIEASES)- 2017

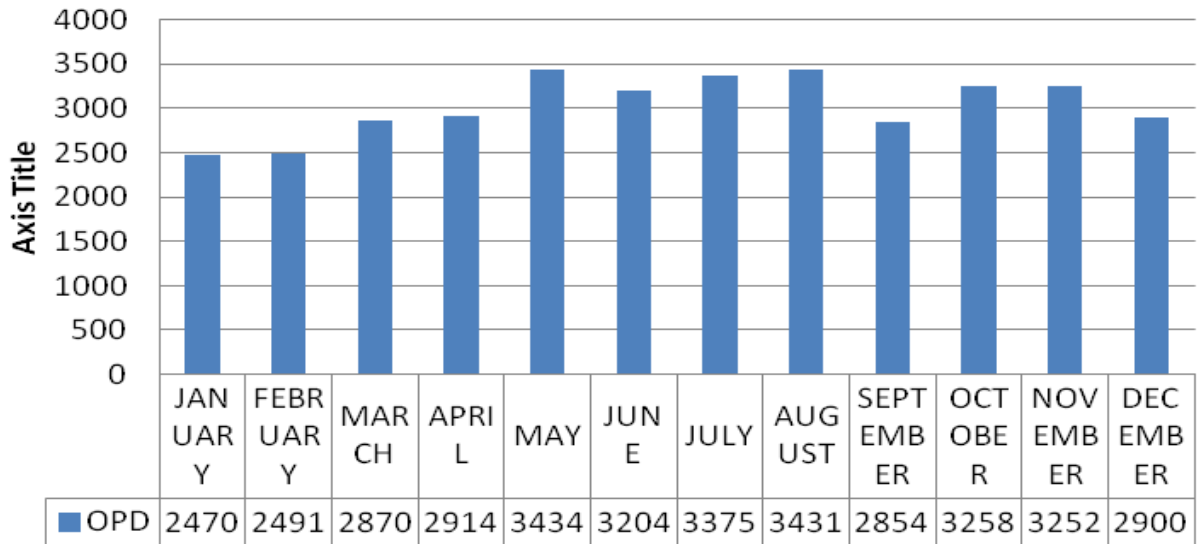
In 2017, cataract is highest in number and conjunctivitis is second in number.



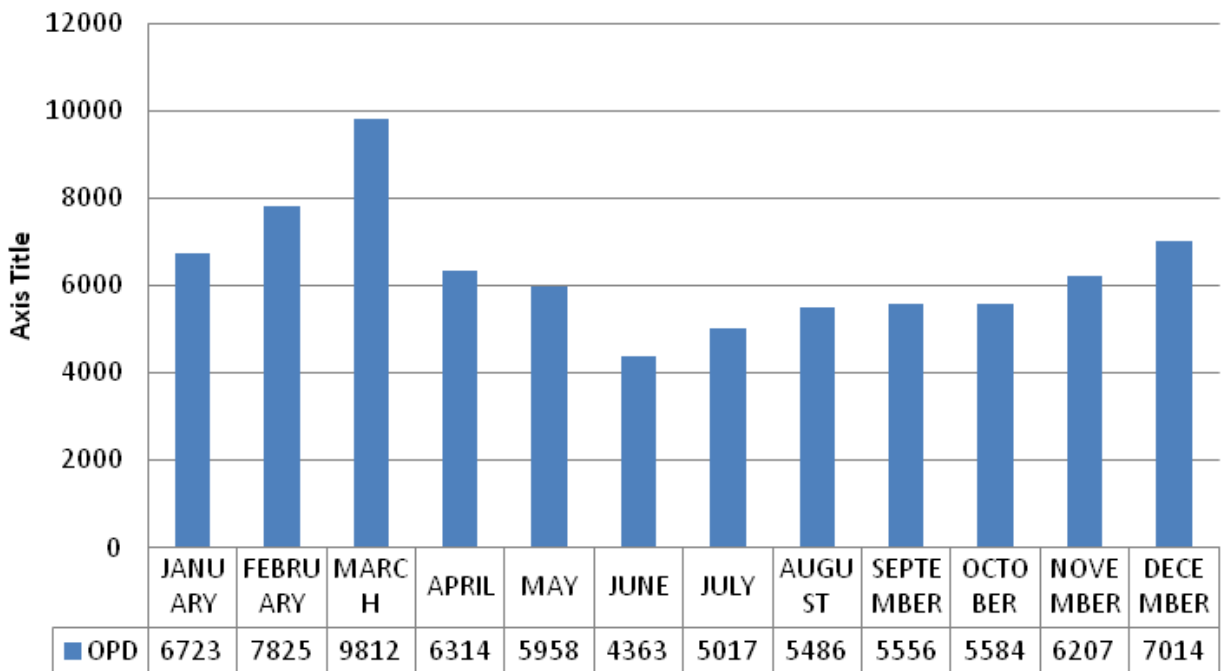
PATIENT FLOW TREND IN BASE HOSPITAL-2017



PATIENT FLOW TREND IN LEH- 2017



PATIENT FLOW TREND IN CKNEH-2017



CATARACT SURGICAL RATE (CSR)- 2017

Nepal Netra Jyoti Sangh								
Eye Health Programme Rapti and Bahadurgunj								
District Wise Catatract Surgical Rate (CSR) 2017								
Districts	Population 2015	Plan	Eye Camps	Hospital	Total	20% add	Total Surgery	CSR/ Million population
Dang	557852	0	0	2474	2474	495	2969	5322
Salyan	243575	0	213	280	493	99	592	2429
Rukum	210878	0	308	140	448	90	538	2549
Rolpa	227075	0	445	219	664	133	797	3509
Pyuthan	235165	0	308	135	443	89	532	2261
Kapilvastu	481976	0	0	1309	1309	262	1571	3259
					0	0	0	
					0	0	0	
					0	0	0	
Total	1956521	0	1274	4557	5831	1166	6997	3576

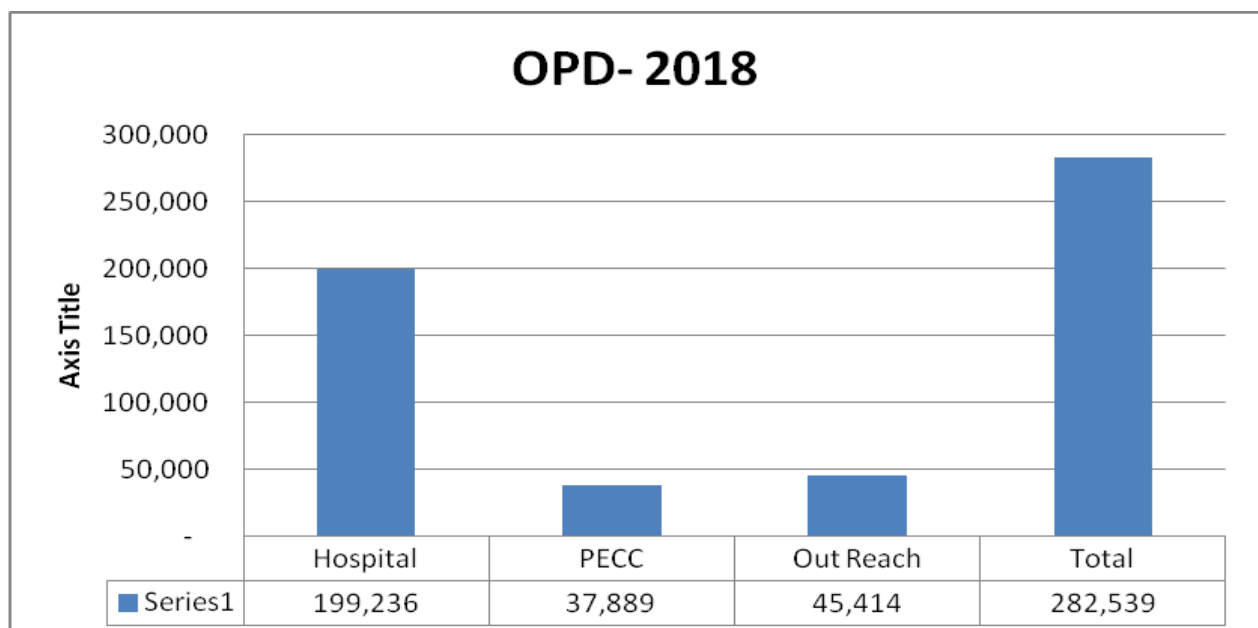
JANUARY- DECEMBER
2018

HIGHLIGHTS- 2018

OPD

All three eye hospitals and eye centres under Eye Health Programme- Rapti and Bahadurgunj provided OPD service to 282,539 (Male 43% / Female 57%) patients period during Jan-Dec 2018. The number of OPD patients has increased both in Base Hospitals, Eye Care Centre and Free surgical eye camp due to quality service, affordable fee as well as strong referral system.

OPD Service-Eye	Male	Female	Total
Rapti Eye Hospital	32,649	47,198	79,847
Ghorahi Eye Centre	9,003	13,238	22,241
Lamahi Eye Hospital	16,437	23,837	40,274
Salyan Eye Centre	2,719	3,577	6,296
Rukum Eye Centre	1,833	2,310	4,143
CKNEH-Bahadurgunj	37,516	41,599	79,115
Koilabas Eye Clinic	201	237	438
Krishnanagar Eye Clinic	1,802	1,614	3,416
Sulichaur Eye Centre, Rolpa	635	720	1,355
Sub Total of Hospital and Centres	102,795	134,330	237,125
Outreach Activities	#REF!	#REF!	
Surgical Camp	3,144	4,301	7,445
Screening Camp	7,691	11,588	19,279
School Screening Camp	9,274	9,416	18,690
Sub Total of outreach activities	20,109	25,305	45,414
Grand Total	122,904	159,635	282,539



EAR SERVICE – 2018

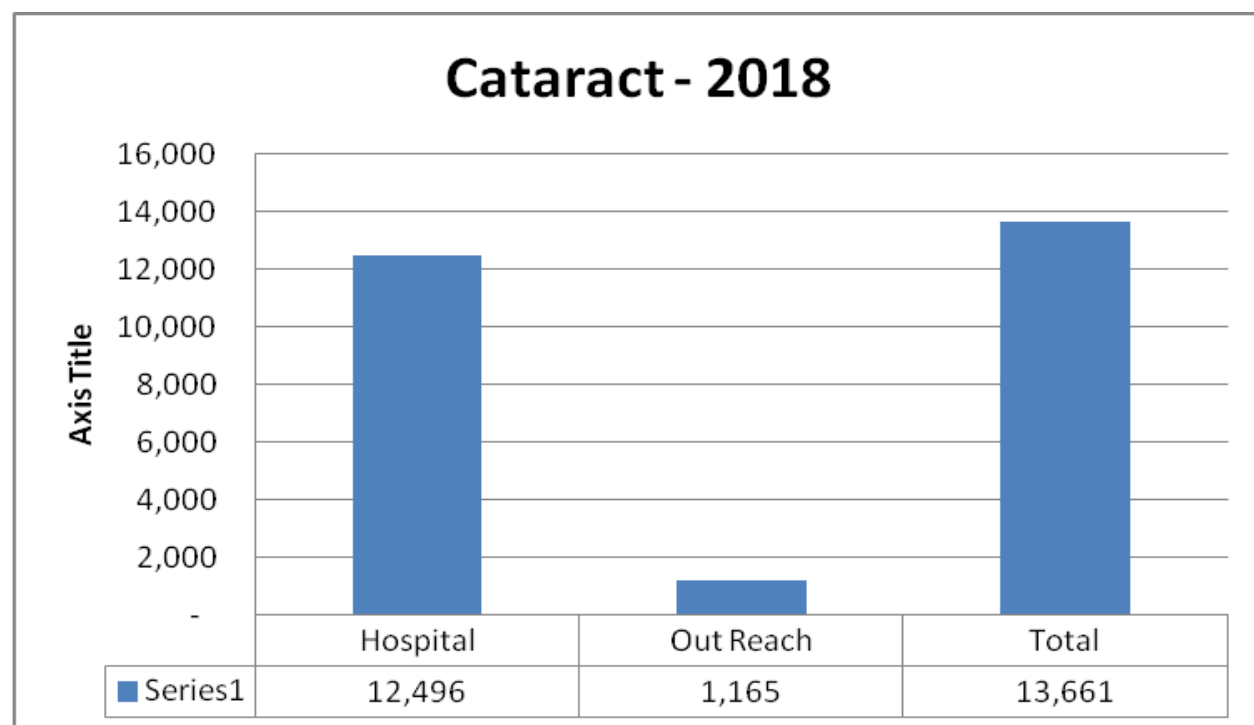
This year ear service is started in Rapti Eye Hospital. 1588 (46%Male/54%Female) ear patients were benefited by this service in Rapti. While, 2549(39% Male/61% Female) ear patients were benefited in Lamahi. All together 4,137 ear patients are treated in this year.

OPD Service-Ear	Male	Female	Total
Ear Service at LEH	998	1,551	2,549
Ear Service at REH	736	852	1,588
Sub Total of outreach activities	1,734	2,403	4,137

CATARACT SURGERIES – 2018

In three base hospitals, 12,496 cataract surgeries are performed and 1,165 cataract surgeries are performed in outreach activities during period of Jan to Dec 2018. In Total, 13,661 (46% Male and 54% Female) cataract surgeries have been performed during this period.

Cataract Surgery	Male	Female	Total
Rapti Eye Hospital	778	1,075	1,853
Lamahi Eye Hospital	509	723	1,232
CKNEH-Bahadurgunj	4,444	4,967	9,411
In Outreach Activities	602	563	1,165
Ghorahi Eye Centre	-	-	-
Salyan Eye Centre	-	-	-
Total	6,333	7,328	13,661

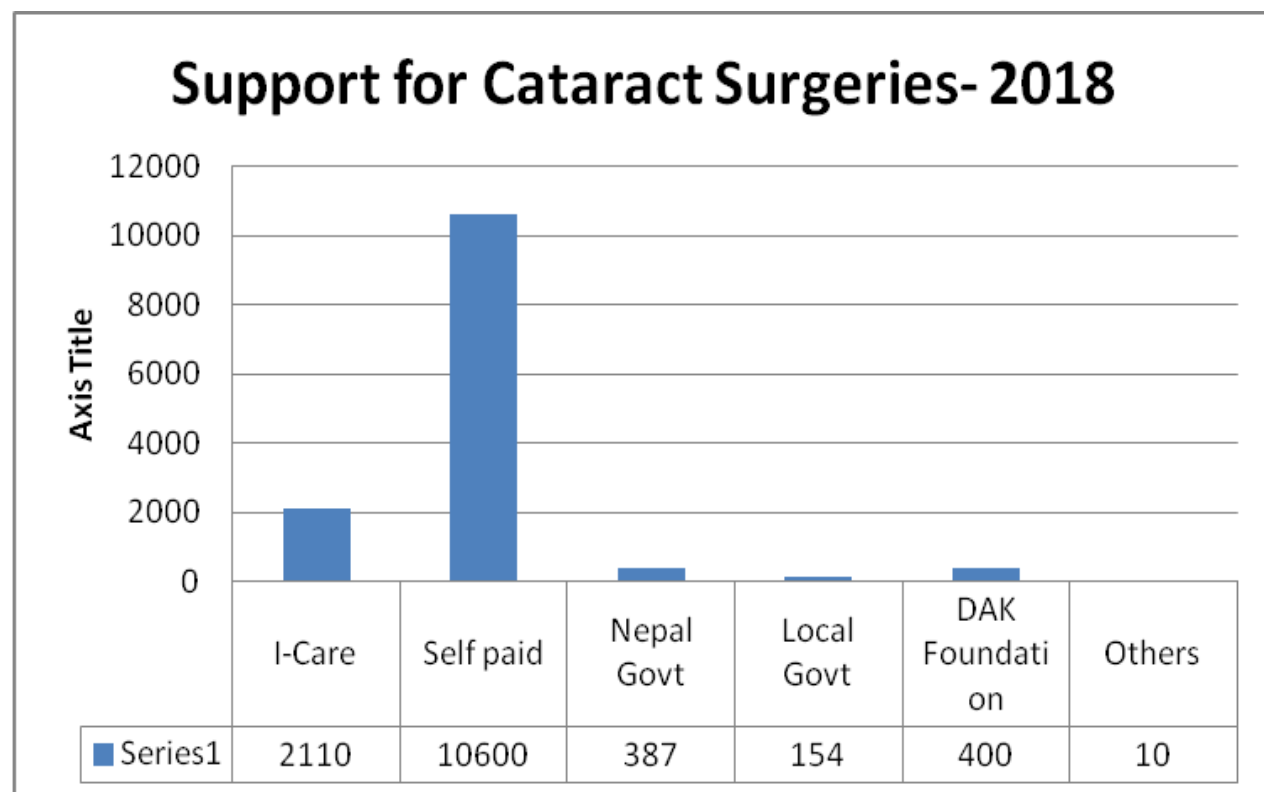


FREE CATARACT SURGERY- 2018

Out of 13,661 cataract surgery, 10,600 (77.59%) surgeries were self paid, 2,110 (15.45%) surgeries were supported by i-care, Nepal Government through CNNJS 387 (2.83%), DAK Foundation through CNNJS 400 (2.93%), Local Government i.e Rural Municipality and Lamahi Municipality 154 (1.13%) and Hariyali Co-operative, Sishaniya 10 (0.07%)

The number of phaco surgeries is increasing in good trend. Last year, 956 phaco surgeries were performed while 1623 (58.90% more) phaco surgeries are performed in this year.

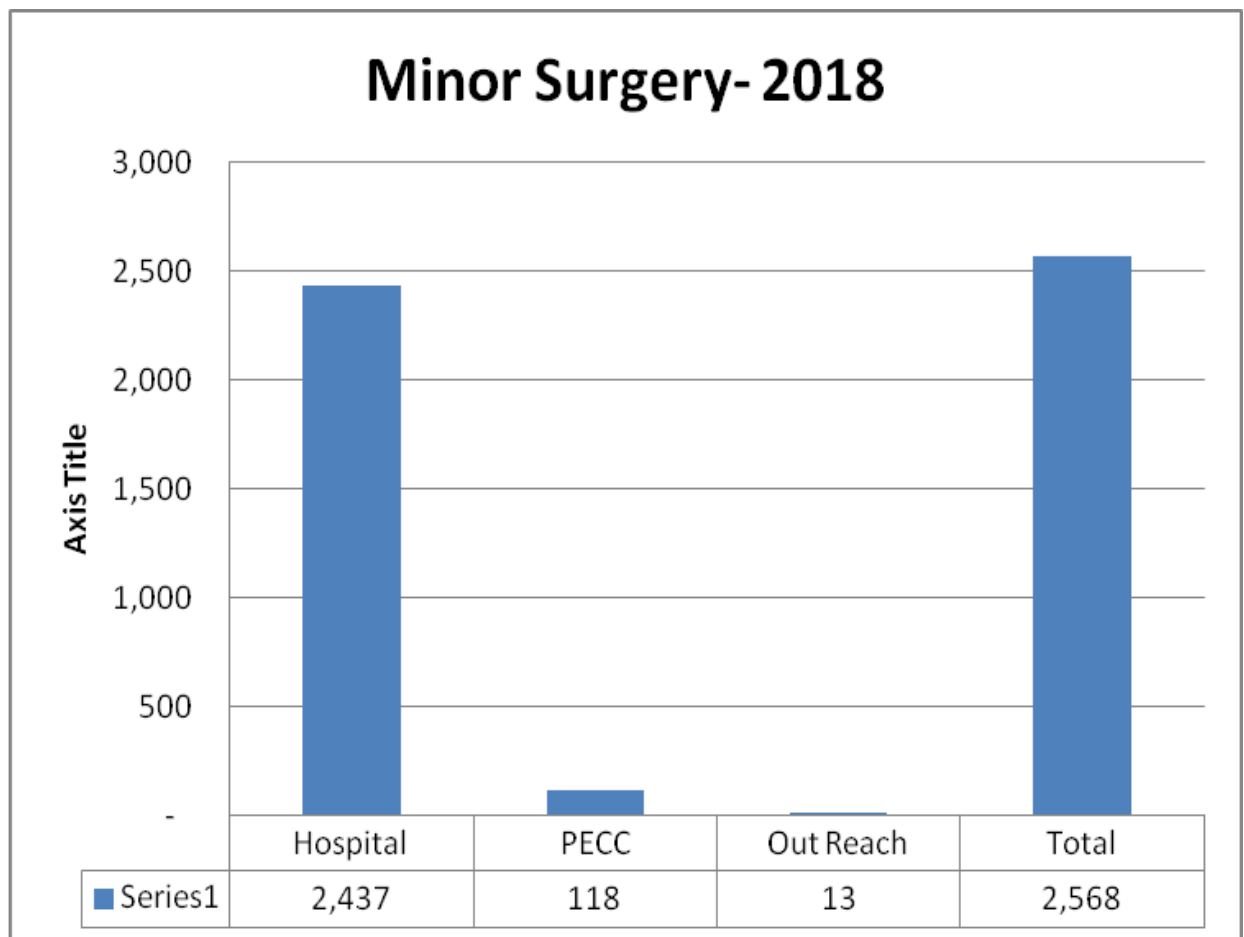
Free surgery with the support from	RAPTI	LAMAHI	CKNEH	Out Reach	Total	
I-Care/NABP Supported	380	388	934	408	2,110	support
SICS General- Self Paid	1,043	476	7,458	-	8,977	self paying
Phaco Surgery- Self paid	351	253	1,019	-	1,623	self paying
CNNJS (Nepal Government Surgical Eye Camp suport)	-	-	-	277	277	support
CNNJS (Nepal Government Base Hospital Support)	79	31	-	-	110	support
CNNJS (Indo Nepal Support)	-	-	-	-	-	support
Putha Uttarganga Rural Municipality Rukum East	-	-	-	80	80	support
Pro - Poor	-	-	-	-	-	support
Lamahi Municipality support-Lamahi	-	51	-	-	51	support
Hariyali Saving and Credit Co-operative Ltd, Deukhuri	-	10	-	-	10	
DAK Foundation	-	-	-	400	400	
Gadhwa Rural Municipality	-	23	-	-	23	
Grand Total	1,853	1,232	9,411	1,165	13,661	



OTHER SURGERY- 2018

Total 2,568 (38% Male and 62% Female) minor surgeries were performed in all three eye hospitals and outreach activities.

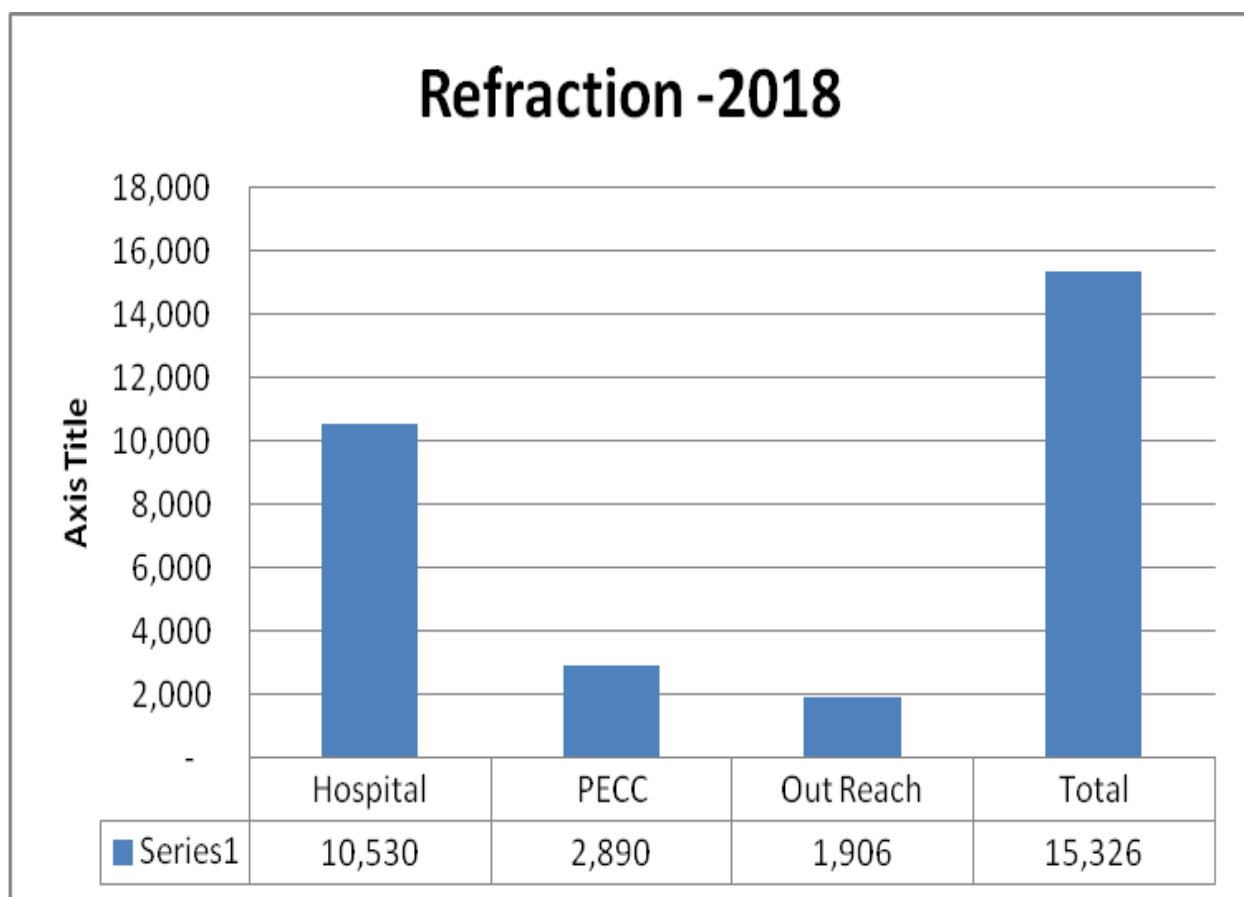
Minor Surgery	Male	Female	Total
Rapti Eye Hospital	471	844	1,315
Lamahi Eye Hospital	140	227	367
CKNEH-Bahadurgunj	322	433	755
Ghorahi Eye Centre	31	69	100
Rukum Eye Centre	-	5	5
Salyan Eye Centre	1	7	8
Koilabash Eye Clinic	-	-	-
Krishnanagar Refrral Centre	-	-	-
Surgical Eye Camp	6	7	13
Sulichaur Eye Centre, Rolpa	1	4	5
Total	972	1,596	2,568



VISION CORRECTION (REFRACTION SERVICE)- 2018

10,530 refractive error were corrected by refraction in base hospitals, 2,890 in PECC, and 1906 in out reach program. In total 15,326 (41% M/ 59% F) refractive error were corrected by refraction was corrected by refraction service.

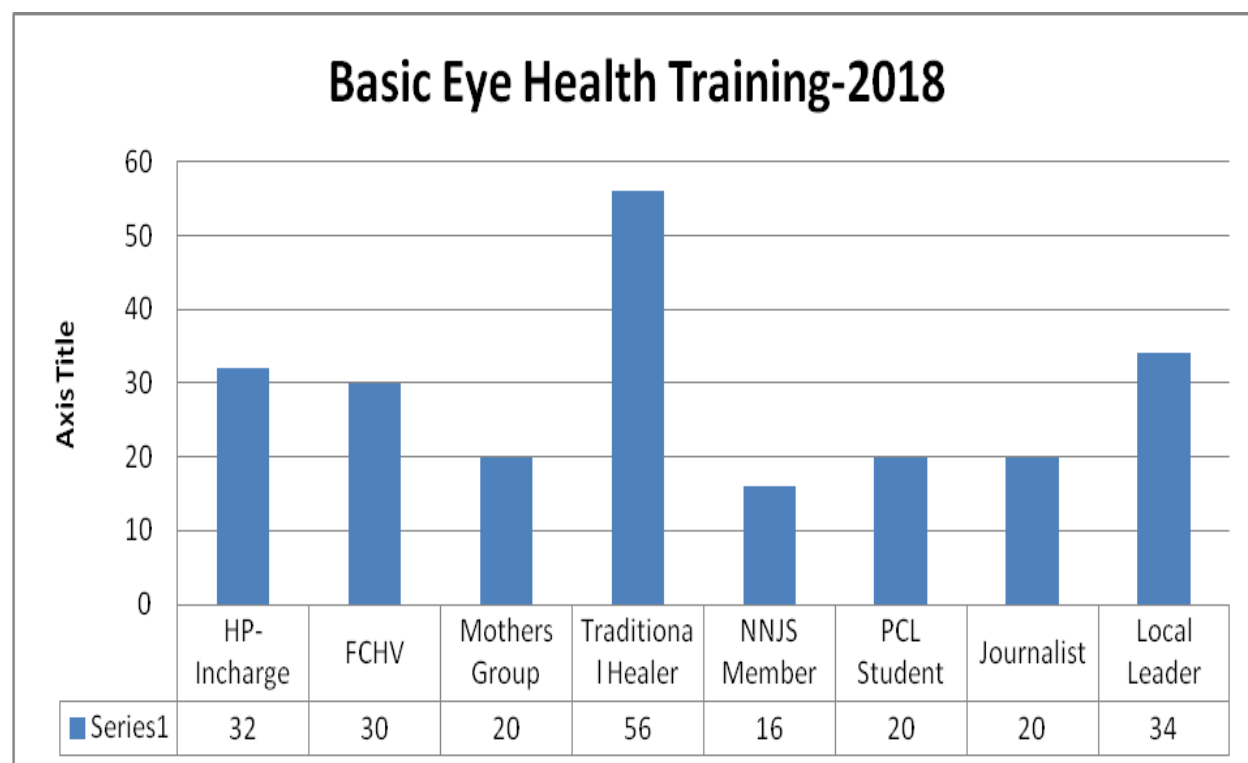
Refractive Error Corrected by the spectacles	Male	Female	Total
Rapti Eye Hospital	1,482	2,540	4,022
Lamahi Eye Hospital	1,113	1,879	2,992
CKNEH-Bahadurgunj	1,637	1,879	3,516
Ghorahi Eye Centre	688	1,000	1,688
Rukum Eye Centre	132	180	312
Salyan Eye Centre	117	160	277
Koilabash Eye Clinic	23	19	42
Krishnanagar Refrral Centre	218	213	431
Sulichaur Eye Centre, Rolpa	66	74	140
Surgical Eye Camp	124	186	310
Screening / Pick up Camp	387	508	895
School screening	340	361	701
Total	6,327	8,999	15,326



BASIC EYE HEALTH TRAINING-2018

Eye Health training was conducted with the support of NABP-Norway, the basic eye health training was provided to Health Post Incharge, FCHV (health cadre), Mothers Group (volunteer), Drug Retailer (health care provider), Traditional healer and School teachers. Total 228 (55% M and 45%F) person received basic eye health training which will enable them to be a good eye health cadre as well as will support in making referral system strong.

Basic Eye Health Trainingg	Male	Female	Total
Health Post/Sub Health Post Incharge	20	12	32
FCHV	-	30	30
Mothers Groups	-	-	-
Drug Retailer	12	8	20
Traditional Healers	49	7	56
NNJS Members	13	3	16
PCI Nursing Student	-	20	20
School teachers			
Journalist	15	5	20
Local Level Leader	17	17	34
Total	126	102	228



EYE HEALTH EDUCATION/SCREENING CAMP/SURGICAL CAMPS/AWARENESS PROGRAM

School eye health education is a part of awareness and advocacy of our program. The main objective of eye health education is to provide information and knowledge about common eye diseases for early intervention. This year in 2018 (Jan-Dec), we have provided eye health education to 18,690 students (50% Boys/50% Girls).

Free eye check up was conducted in 37 schools where 18,690 students were examined (Boys 50% / Girls 50%). Among them 688 students (Boys 49% / Girls 51%) were prescribed glasses which were provided to them free of cost with the support of central NNJS.

Eye Health Education/Screening Camp/Surgical Camps/Awareness activities	Achievement of 2017	Target for 2018	Male	Female	Total
School Eye Health education In 50 Schools	15,563	17,200	9,271	9,419	18,690
Total Eye health screening at Schools	26 schools	50 Schools	-	-	37 schools
Total School Eye Health Education in Schools	38 schools	72 Schools	-	-	37 schools
Free Surgical Eye Camps	8 spot	15 spot	-	-	14 spots
Pick-up and Screening (DST) Camps-	71 spot	70	-	-	97 spots
Total awareness campaign	2 spot	7	140	180	2 spot
Publish news and articles in newspaper		60 nos			63 nos
Broad cast eye health message by local fm		20160 times			9360 times
Free Glass Distribution School Children		400	336	352	688
Free Glass Distribution Adult		200	132	168	300
Blind Certificate distributed and refer to DAB			28	13	41

Screening camp (DST) and Pick up camps/ DST were conducted in 97 spots. The number of patients in DST camp were 19,279 (male 40 % / female 60%)

Free surgical camps were conducted in 16 places (Sallibazar of Salyan , Kholagaun of Rukum, Dhungebar of Salyan, Rukumkot of Rukum, Athbiskot of Rukum, Tharmare of Salyan, Kalimati of Salyan, Kol of Rukum, Jumlakot of Jumla, Maharajgunj of Kapilbastu, Salle of Rukum, Sallibazar of Salyan, Sulichaur of Rolpa) with the support of Nepal Government (support for 4 camp), NABP/I-care (6 camp support), Local municipality (1 camp) and Dak Foundation(3 camp) .

Two awareness campaign was conducted in the seasonal festival at Tulsipur and Ghorahi which was organized by local business organization. Eye Health Informations were disseminated, leaf let, pamphlets were distributed through eye health information desk. In our experience, this method is best to increase awareness among general people regarding the prevention of eye diseases.

EXPOSURE TO STAFF AND MANAGEMENT TEAM- 2018

Medical, Paramedical and Volunteers from NNJS (8 nos) were participated in International seminar of India, Dubai and Hongkong. Similarly, 28 medical, paramedical, administrative and volunteers were participated in different workshop. 5 medical, paramedical and administrative staffs were participated RAAB survey training in 2018.

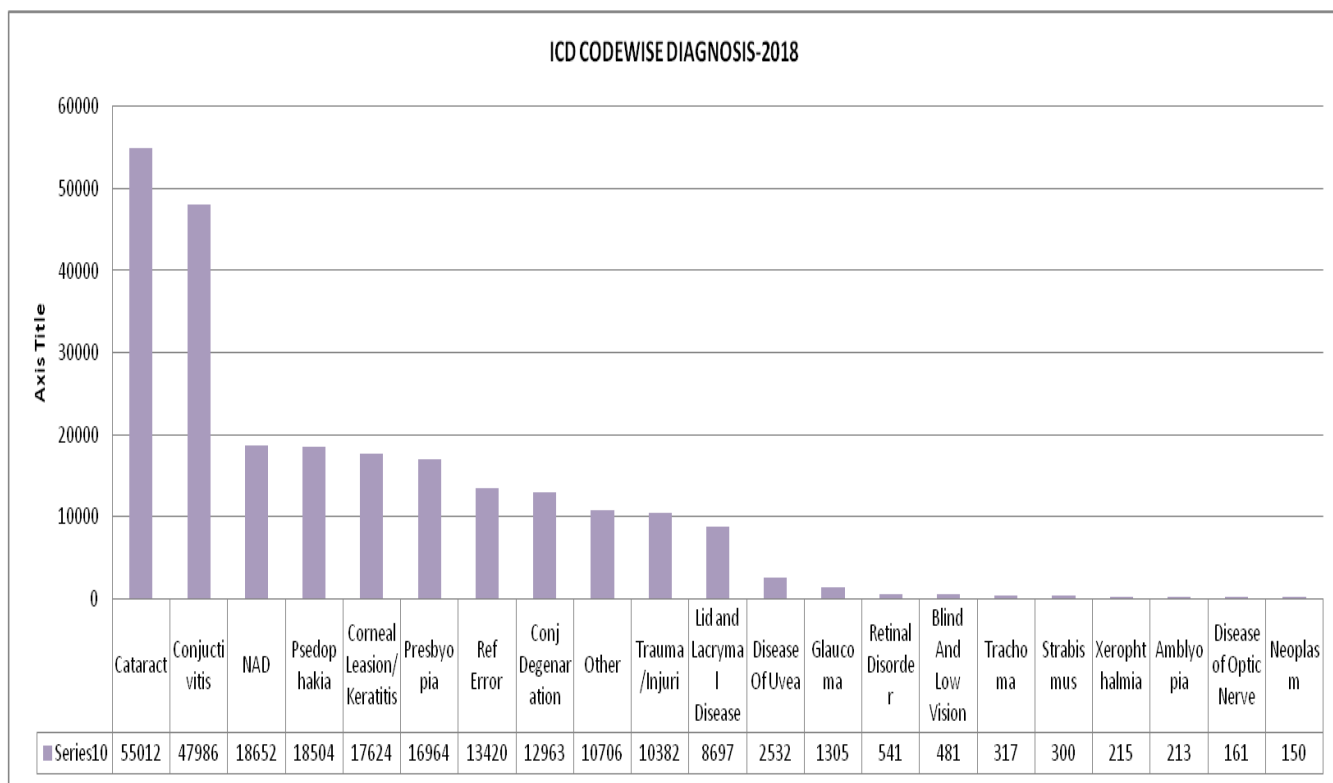
VISION OUTCOME 2018

In 2018, the performance of surgery in the Hospital and Camp is tabulated here. The result of vision which is taken on first post operative day. The measurement of vision 6/6-6/18 is best and <3/60 is poor.

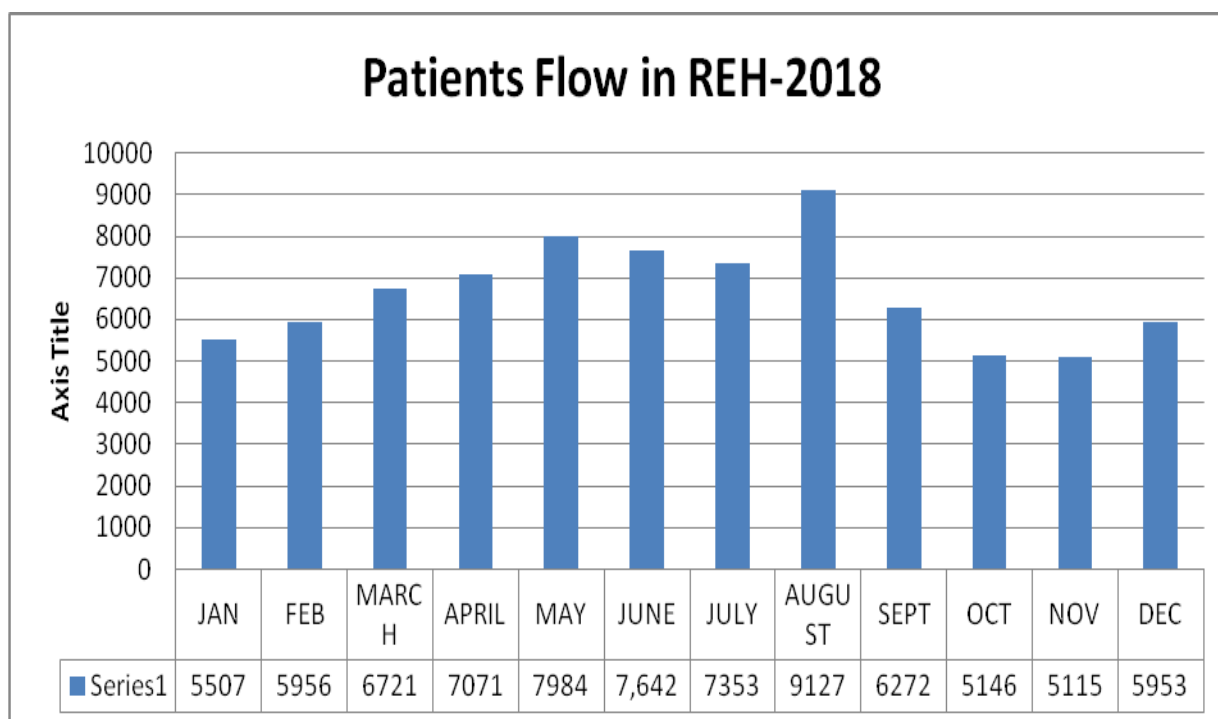
Visual Outcome 2018			
REH 2018			
	PRE OP.	POST OP.	%
6/6- 6/18	54	1616	87.2
<6/18 - 6/60	845	182	9.8
<6/60 - 3/60	456	51	2.8
<3/60	498	4	0.2
Total	1853	1853	
LEH 2018			
	PRE OP.	POST OP.	%
6/6- 6/18	85	1041	84.5
<6/18 - 6/60	319	145	11.8
<6/60 - 3/60	530	39	3.2
<3/60	298	7	0.6
Total	1232	1232	
CKNEH, 2018			
	PRE OP.	POST OP.	%
6/6- 6/18	60	7640	81.2
<6/18 - 6/60	869	1538	16.3
<6/60 - 3/60	2150	97	1.0
<3/60	6332	136	1.4
Total	9411	9411	
Camp, 2018			
	PRE OP.	POST OP.	%
6/6- 6/18	0	954	81.9
<6/18 - 6/60	304	176	15.1
<6/60 - 3/60	346	34	2.9
<3/60	515	1	0.1
Total	1165	1165	

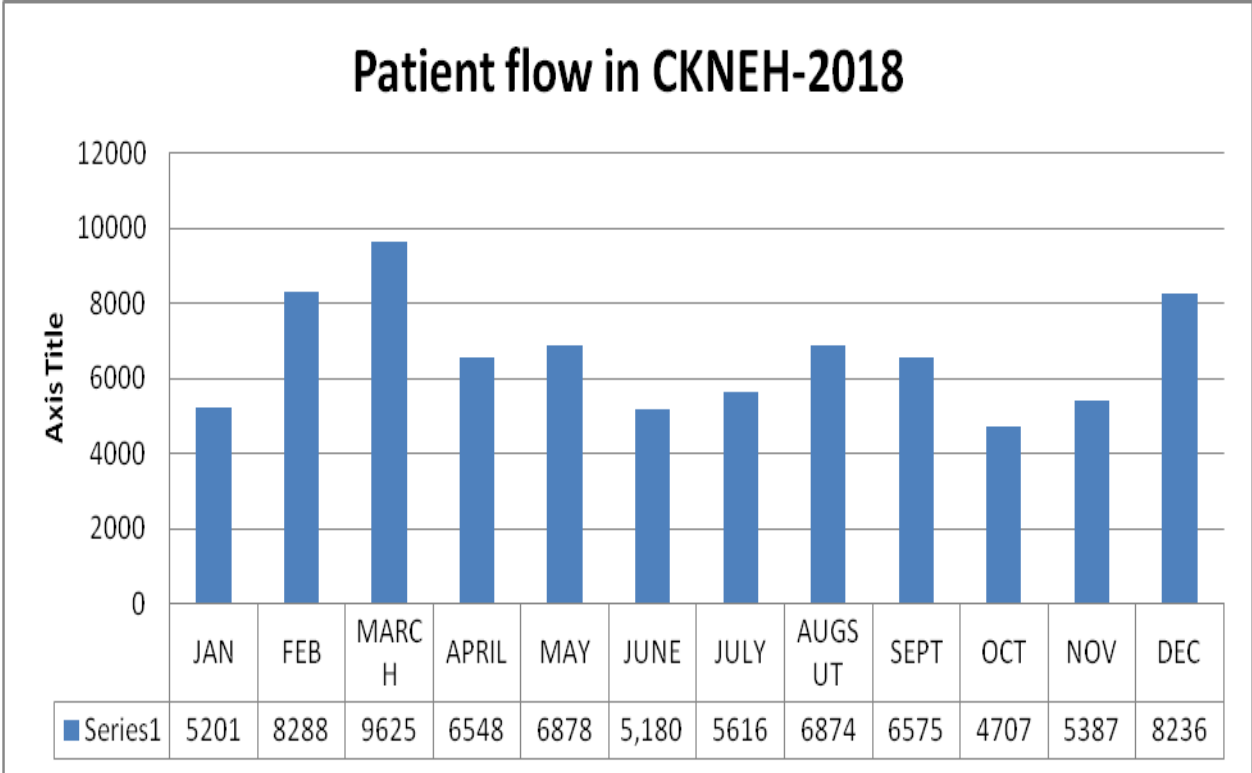
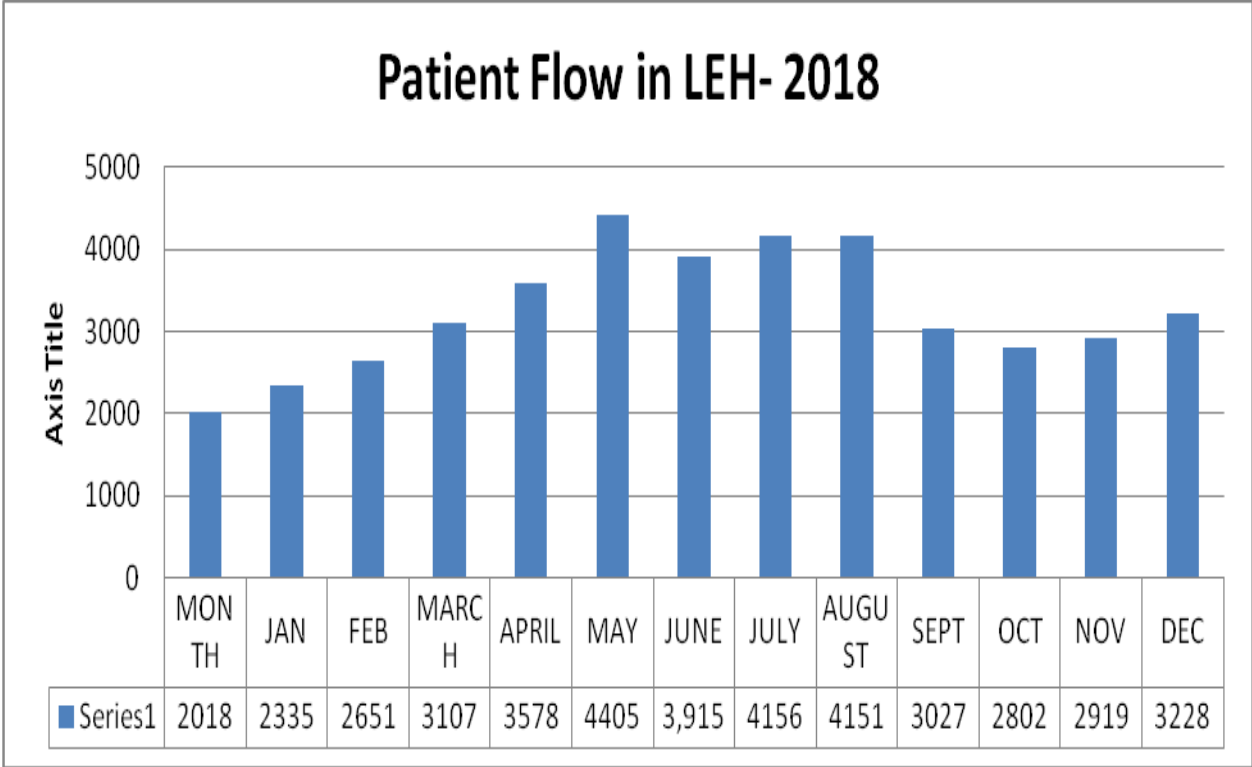
ICD(INTERNATIONAL CLASIFICATION OF DIEASES)- 2018

In 2018, cataract is highest in number and psedophakia is second in number.



PATIENT FLOW TREND IN BASE HOSPITAL-2018





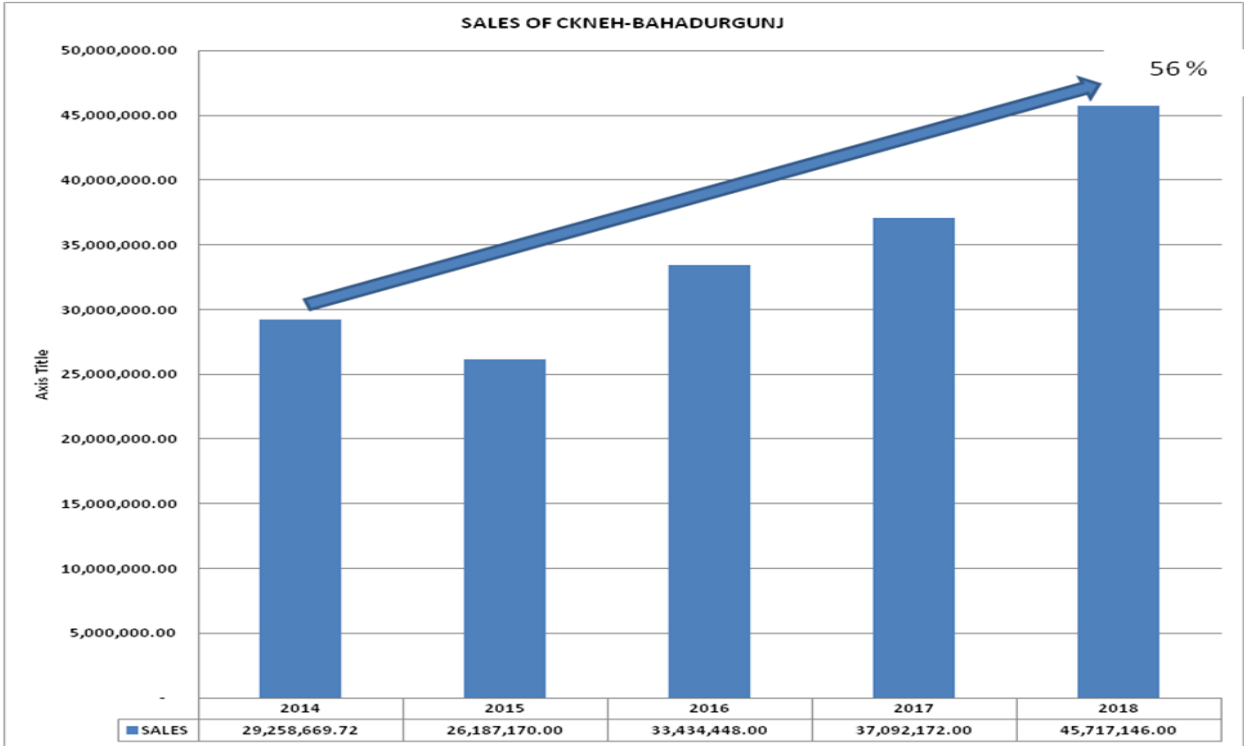
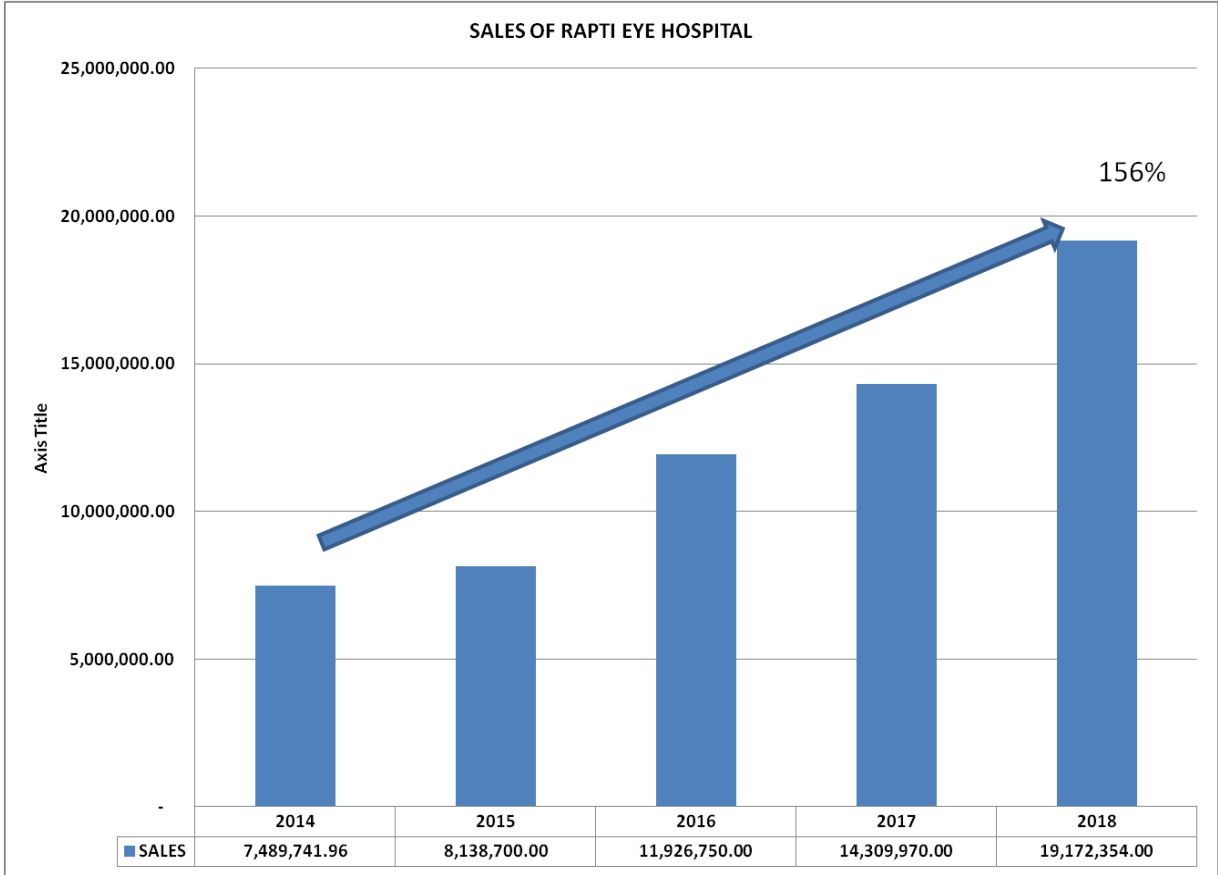
CATARACT SURGICAL RATE (CSR)- 2018

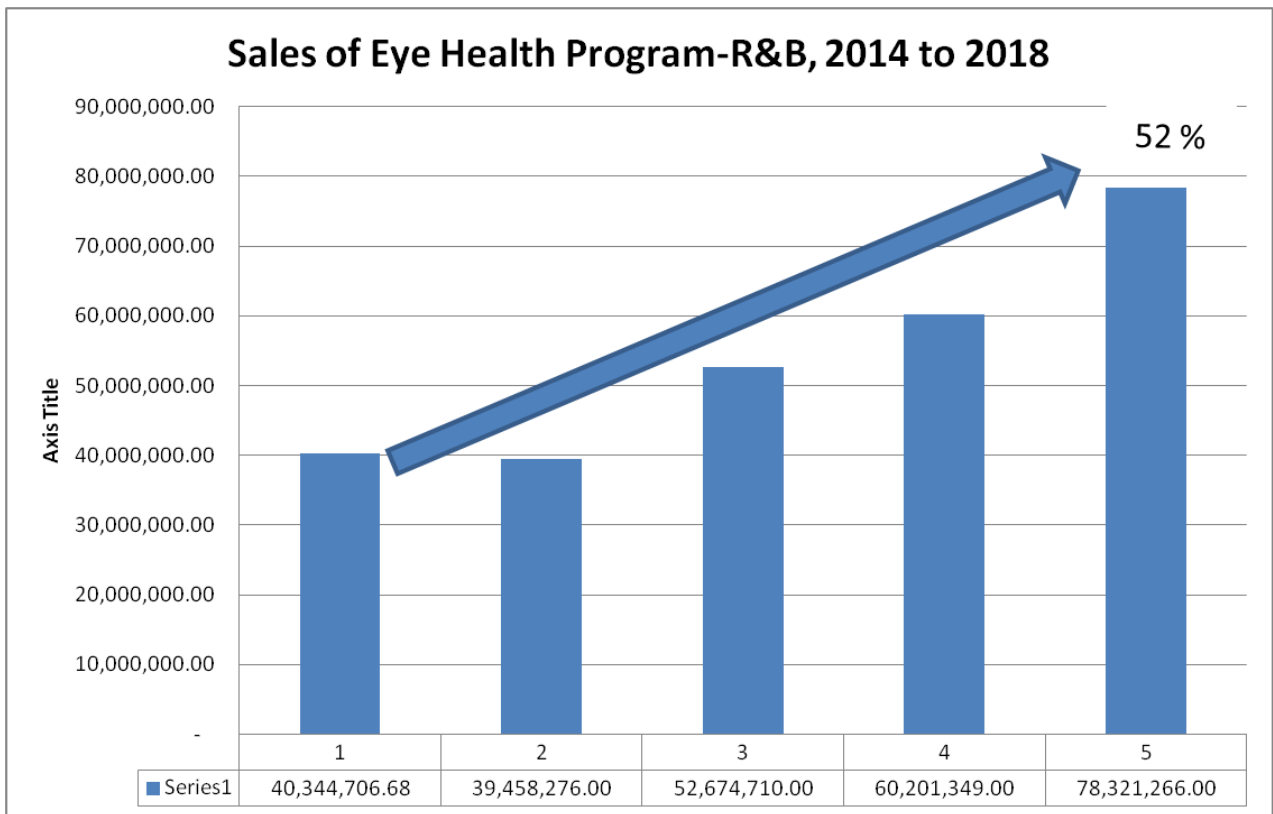
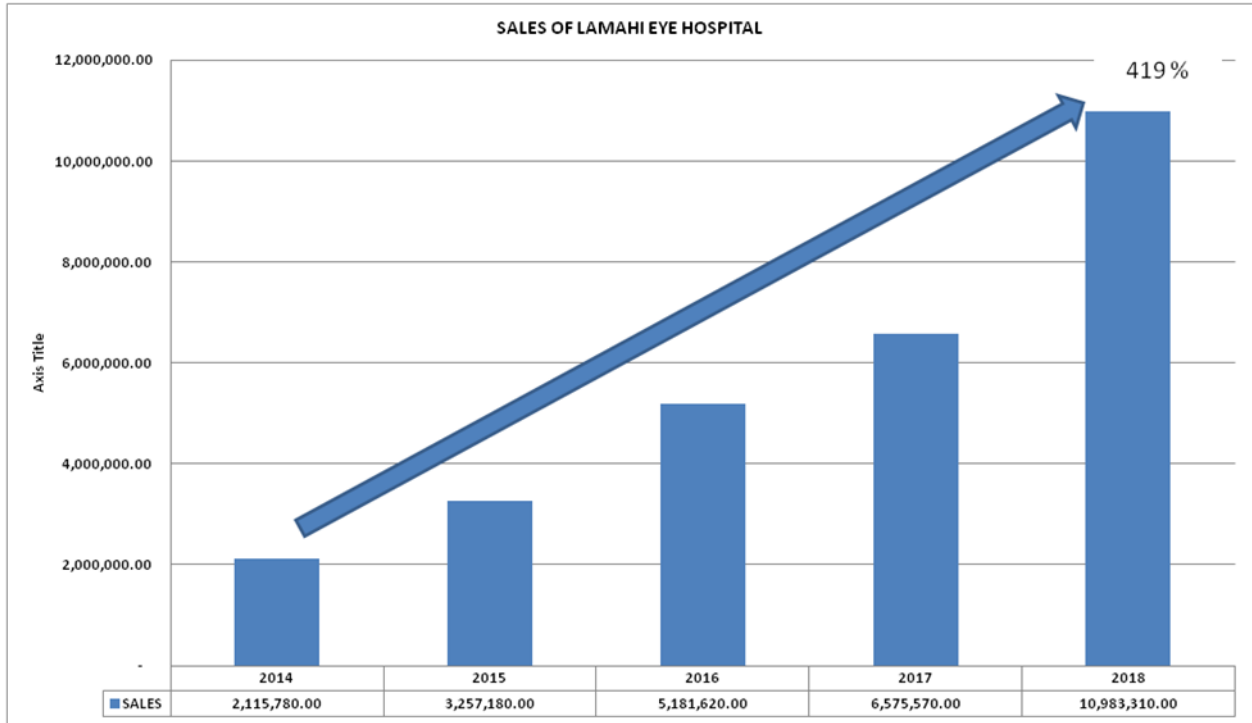
Nepal Netra Jyoti Sangh								
Eye Health Programme Rapti and Bahadurgunj								
District Wise Catatract Surgical Rate (CSR) 2018								
Districts	Population 2015	Plan	Eye Camps	Hospital	Total	20% add	Total Surgery	CSR/ Million population
Dang	557852	0	7	2323	2330	466	2796	5012
Salyan	243575	0	394	256	650	130	780	3202
Rukum	210878	0	359	135	494	99	593	2811
Rolpa	227075	0	315	221	536	107	643	2833
Pyuthan	235165	0	364	158	522	104	626	2664
Kapilvastu	481976	0	300	1641	1941	388	2329	4833
					0	0	0	
					0	0	0	
					0	0	0	
Total	1956521	0	1739	4734	6473	1295	7768	3970

INCOME AND EXPENSES

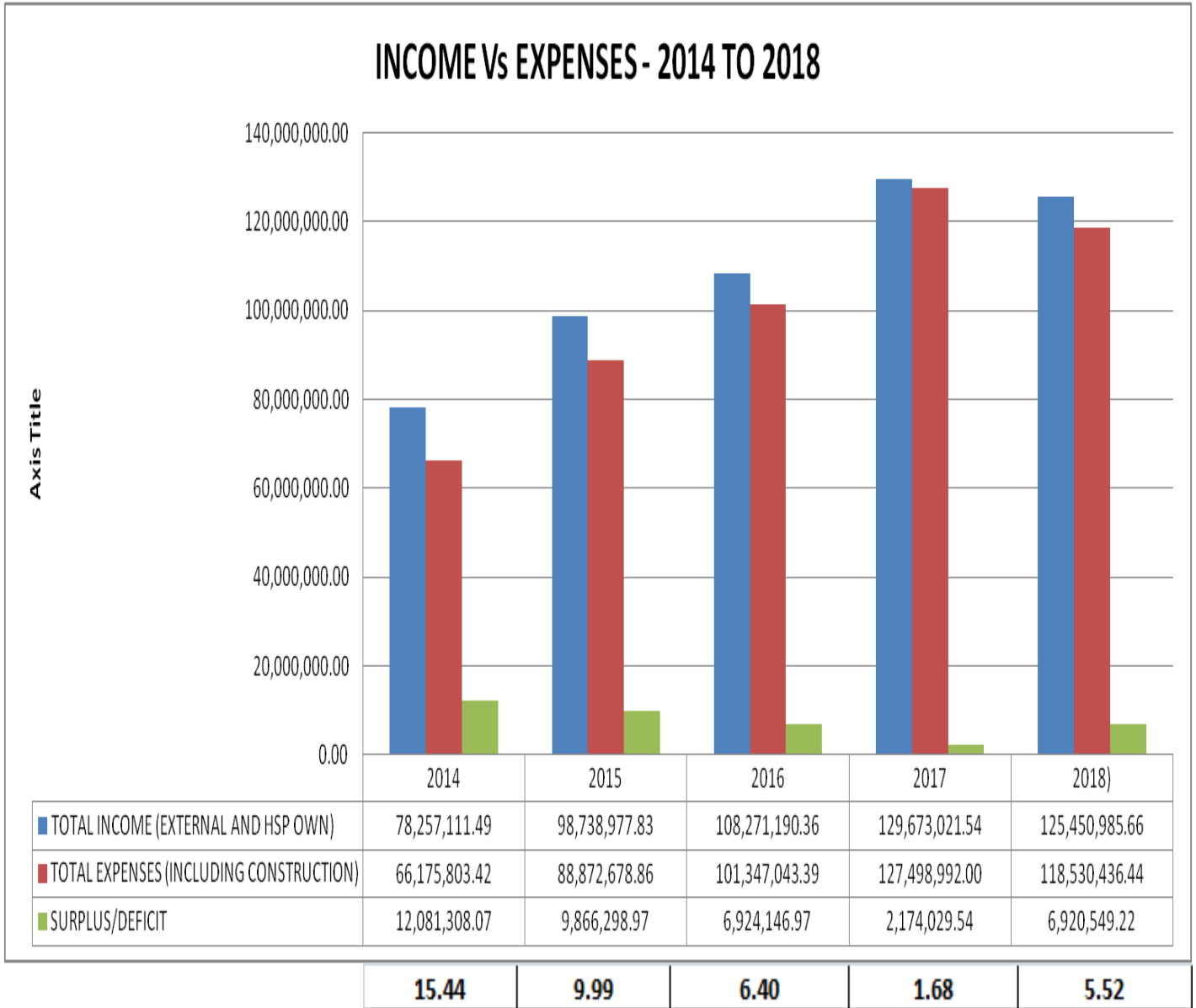
2014-2018

TREND OF HOSPITAL SALES- 2014-2018

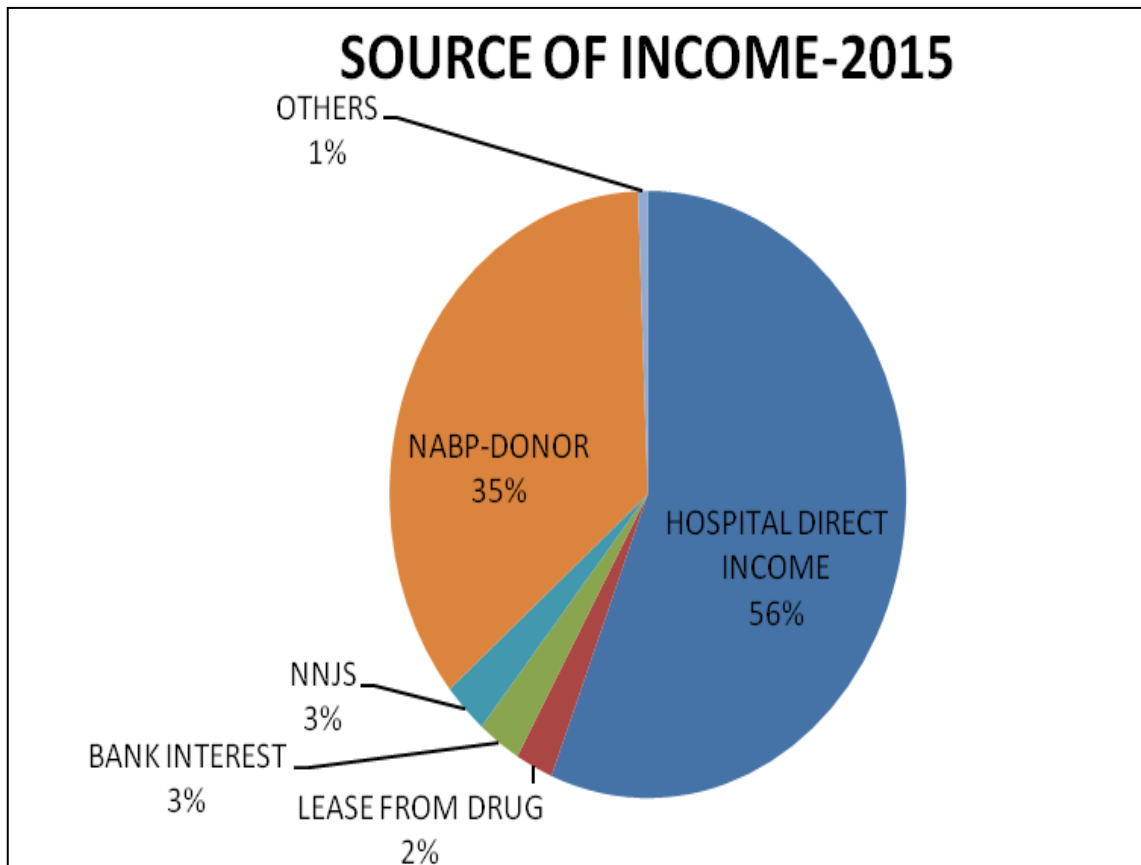
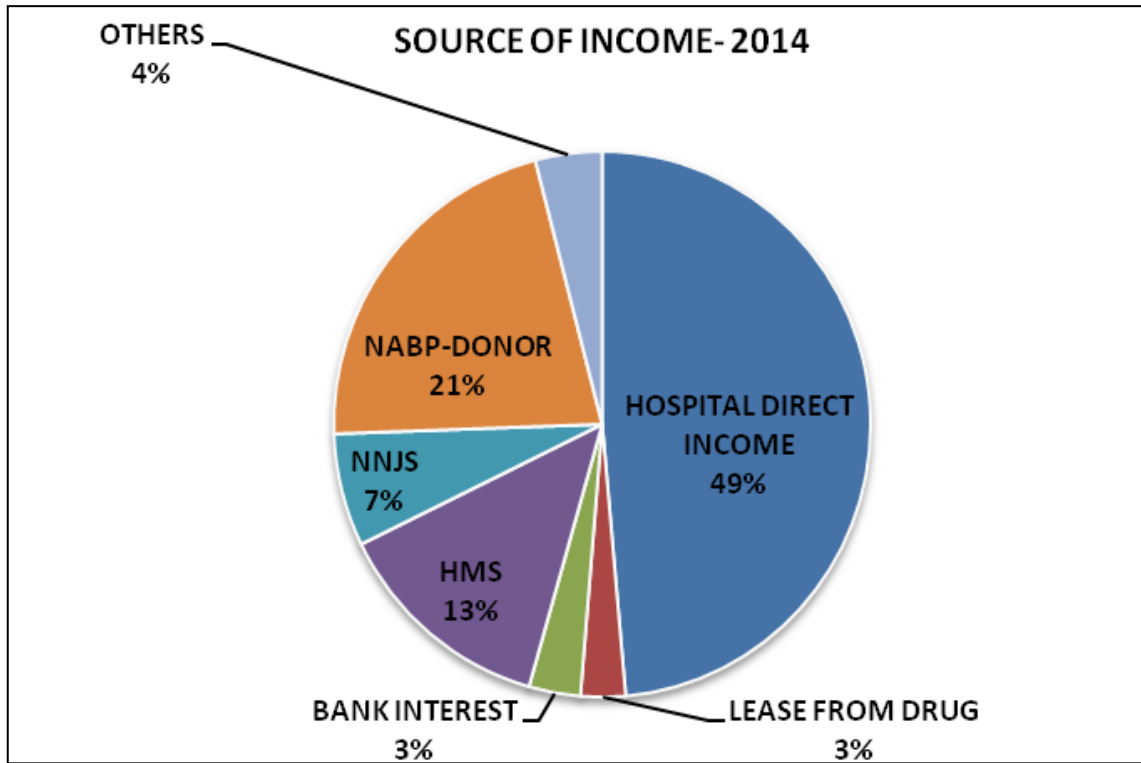


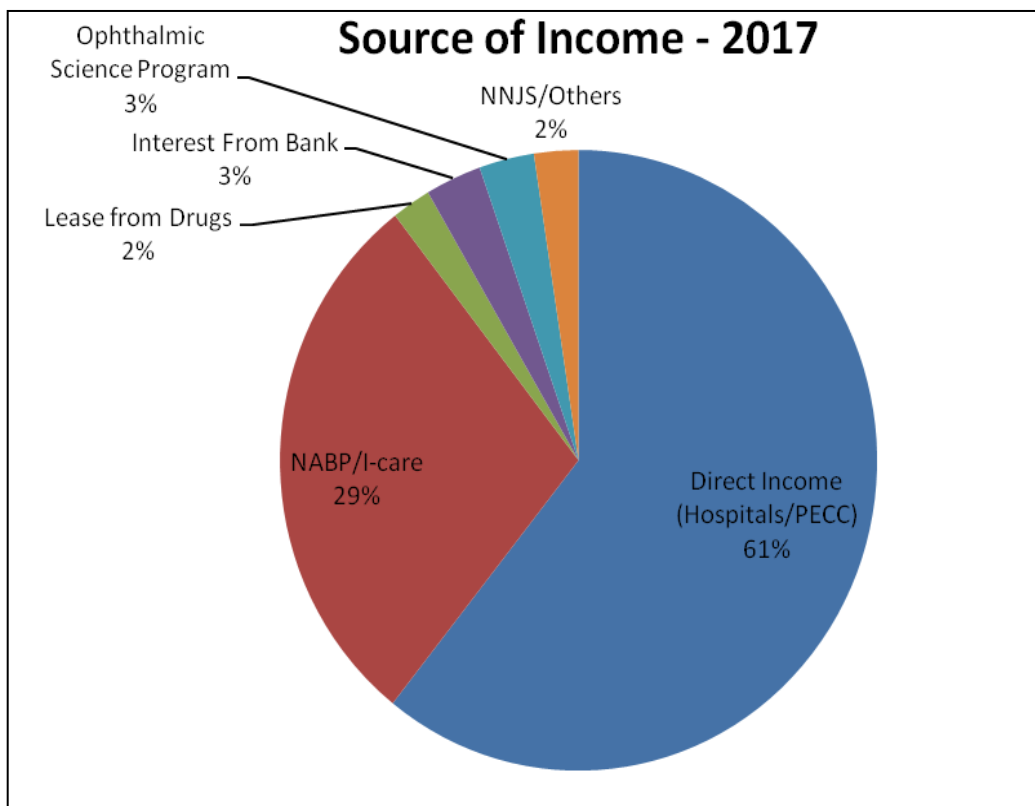
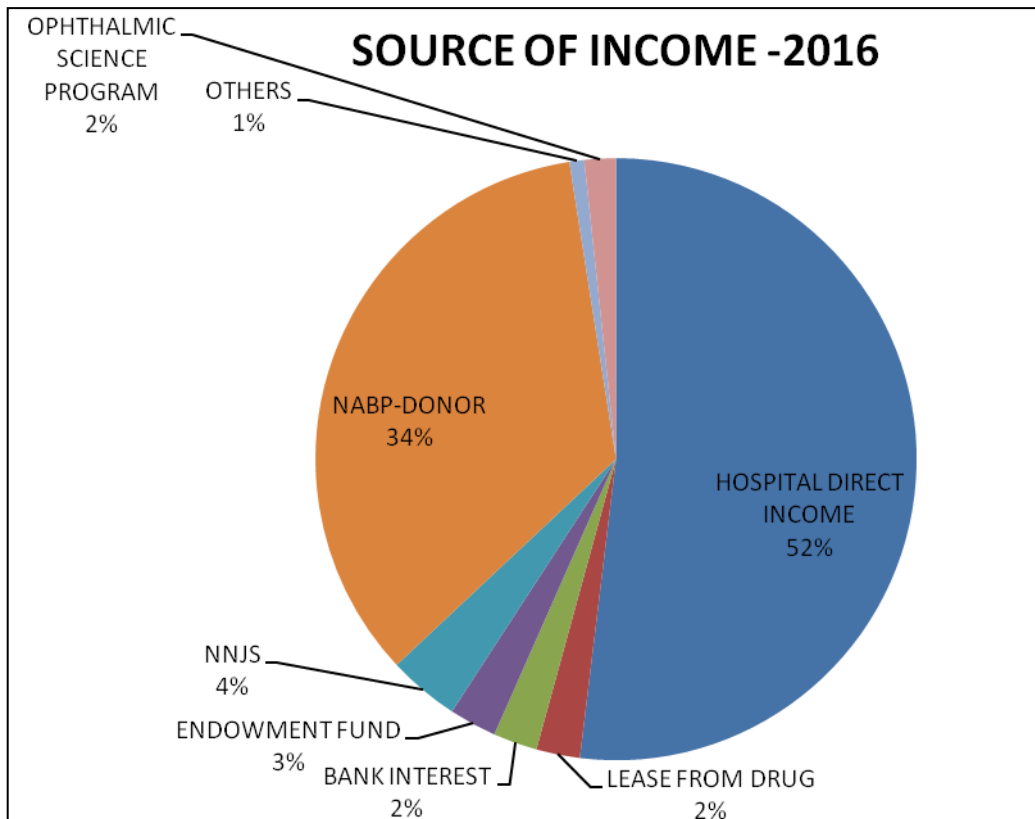


INCOME AND EXPENSES- 2014-2018

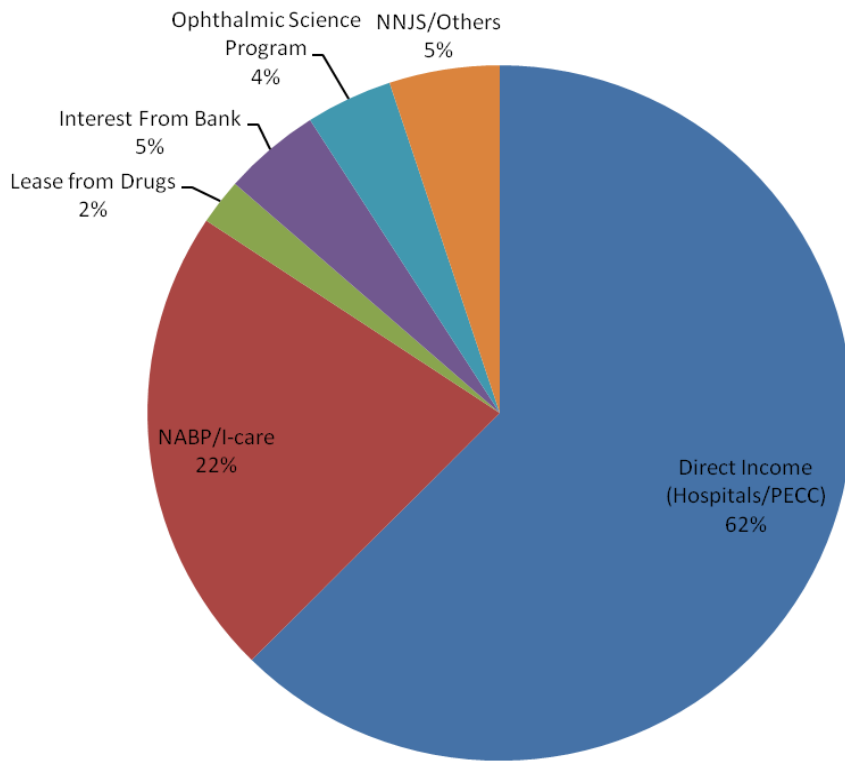


SOURCE OF INCOME IN PERCENTAGE





Source of Income - 2018 (Jan-Dec)



CUMULATIVE FIGURE
OF
2014 To 2018

CUMULATIVE FIGURE - 2014-2018

During the period of 2014 to 2018, the total number of OPD service provided to 1,172,981 patients. The total 662,846 female (57%) have received eye care service through out this period (2014-2018).

OPD

	male	female	Total	M	F
2014	86,426	113,054	199,480	43	57
2015	85,302	112,314	197,616	43	57
2016	105,132	134,778	239,910	44	56
2017	110,371	143,066	253,437	44	56
2018	122,904	159,635	282,539	43	57
	510,135	662,846	1,172,982	43	57

In total, 65,043 cataract surgeries were performed. Out of total cataract surgeries, the percentage of women (54%) are high.

CATARACT

	male	female	Total	M	F
2014	5,745	6,769	12,514	46	54
2015	5,730	6,447	12,177	47	53
2016	6,018	6,901	12,919	47	53
2017	6,377	7,395	13,772	46	54
2018	6,333	7,328	13,661	46	54
	30,203	34,840	65,043	46	54

Among total cataract surgeries, 9,687 surgeries were supported by i-care, 3,068 surgeries from CNNJS, 6,553 surgeries from different donor and 45,736 (4,967 Phaco and 40,769 SICS) surgeries were self paid.

Support for Cataract Surgery

	self paid	I-Care	CNNJS	Others	Total
2014	8196	480	537	3301	12514
2015	6666	2085	352	3074	12177
2016	9563	2565	777	14	12919
2017	10711	2446	615	0	13772
2018	10600	2110	787	164	13661
	45736	9686	3068	6553	65043

8,745 minor surgeries were performed during this period. Out of these numbers, 5,389 are female (62%).

Other Surgeries

	male	female	Total	M	F
2014	551	861	1,412	39	61
2015	532	740	1,272	42	58
2016	565	938	1,503	38	62
2017	736	1,254	1,990	37	63
2018	972	1,596	2,568	38	62
	3,356	5,389	8,745	38	62

Out of 63,150 refractive service, 59% are female and 41 % are male.

Refractive service

	male	female	Total	M	F
2014	4,732	6,976	11,708	40	60
2015	4,634	6,501	11,135	42	58
2016	4,905	7,015	11,920	41	59
2017	5,365	7,696	13,061	41	59
2018	6,327	8,999	15,326	41	59
	25,963	37,187	63,150	41	59

Basic Eye Health Training

The project had a high degree of involvement of health care agencies. After these trainings the referral system has become strong due to involvement of other health care agencies. Most of the health post and sub health posts are residing in the rural area of every VDC and one or more FCVH in every ward of every VDC. Likewise there are some traditional healers in every village. The training given to the above mentioned health workers has been a very effective and good tool. Now eye treatment, through these trained people, has been accessible to the poor, illiterate and people and women living in that area. FCHV and traditional healer can give primary treatment and advice and inform the eye patients to contact the hospital and eye centre on time. The Drug retailers (Pharmacist) have received the training to avoid the misuse of hazardous

ocular medicine which has helped to deal the complicated case in the hospital. In total, 1,669 (33%Male, 67% Female) have received basic eye health training.

	male	female	Total	M	F
2014	62	138	200	31	69
2015	41	162	203	20	80
2016	107	365	472	23	77
2017	212	354	566	37	63
2018	126	102	228	55	45
	548	1,121	1,669	33	67

Basic Eye Health Traininhg	2014	2015	2,016	2,017	2018	Total
Health Post/Sub Health Post Incharge	54	0	49	43	32	178
FCHV	20	38	159	98	30	345
Mothers Groups	28	31	77	170	0	306
Drug Retailer	20	54	23	16	20	133
Traditional Healers	0	0	21	111	56	188
NNJS Dang Members	0	0	0	23	16	39
PCI Nursing Student/Journalist	78	80	77	58	40	333
School Teachers	0	0	66	47	0	113
Local Leaders	0	0	0	0	34	34
Total	200	203	472	566	228	1669

PROJECT ACTIVITY AND TARGET

Focused Group of the Program

1. People in need of eye health care.
2. The community and school children.
3. The government health professional (Health Post/Sub Health Post In-charge, Female Health Volunteer FCVH) and traditional healer.
4. Government officials
5. NNJS partners for joint advocacy and awareness campaigns

Major Initiatives

- 1) Access to high quality eye health service in hilly and Tearai (low land) regions through continued service in hospitals and outreach activities.
- 2) Elimination of avoidable blindness by restoring vision of those who can be medically treated.
- 3) Involve the other health care agencies in order to make the primary eye care system and its referral system strong.
- 4) Information on prevention of blindness has become accessible to school children and people in general.
- 5) Professional and qualified members of staff (technical and administrative) at all levels in the eye health project.

Activity to achieve initiative.

1. Continue the efficient running of the 50 bedded Rapti Eye Hospital Dang, Tulsipur, 100 bedded Chhanda (Kale babu) Narayani Eye Hospital, Bahadurgunj, Kapilvastu, 50 bedded Lamahi Eye Hospital, Lamahi, Dang and its satellite eye centres and eye clinics.
2. Conduct outreach activity (eye camp, screening camp and pick up camp), to ensure accessible and free eye health service for the poor in remote areas.
3. Continuously improve the hospitals' infrastructure and technology, including:
 - Purchase and replace optimal, appropriate, high quality, affordable instrument, equipment, and consumable and resource material essential for the delivery of eye care service.
 - Gradually develop Chhanda (Kale babu) Narayani Eye Hospital as a full-fledged Eye Hospital (as per the master plan)
 - Open new eye centres to expand the services where services are inadequate to achieve the target of *Vision 2020*.
 - Develop master plan of Rapti Eye Hospital and construction of OPD building at first phase.
 - Develop Master plan of Lamahi Eye Hospital.
4. Educate/train:
 - eye health and administrative personnel
 - board members and other involved in the hospital management
 - community based cadres i.e. female community health volunteer, traditional healer, mothers group etc

5. Engage with government employees (schools, health centres etc) to improve referral systems (to ensure early treatment of eye diseases).
6. Engage with government, civil society and media for **advocacy** and awareness on eye health.
7. Frequent meetings conducted for the smooth running of the hospital to assess the target verse achievement and to provide the guidance, feedback, suggestion and directives to provide corrective measure to bring better result in future plans.
8. Awareness raising campaigns on eye health care, including;
 - providing educational material
 - mobilize media through the local NNJS
 - School visiting programme will be increased.
9. Workshops and seminars conducted to urge the importance of eye health and to integrate in general health system.
 1. Providing comprehensive eye health service from hospital, centres and outreach activities.
 2. Publishing news and article to sensitize and make aware about prevention of blindness and eye care in print and electronic media. Providing eye health education programme and eye examination to the school children. Distributing educational materials on eye care and disease remedy including picture, posters etc.
 3. Providing Primary eye health care training to Health Post/Sub Health Post In-charge, Female Health Volunteer (FCVH) and traditional healer on primary treatment and referral system.
 4. Conducting frequent meeting in local level with government authorities and political persons. Making them aware about the programme and importance of the eye health. By linking its programme/plan in the government's annual plan at district level(now at local level). Conducting DPAC (District Project Advisory Committee) and CPAC (Central Project Advisory Committee) meeting. Conducting different trainings in coordination with DPHO (District Public Health Office) and eye health education training to school children in coordination with district education office.
 5. By conducting frequent meetings jointly for overall programme to achieve vision 2020 goal, to advocate and lobby to include eye health programme into general health programme, for budgetary support, awareness programme etc.

Institutional ownership initiative

The hospital management carries out the day to day running of the hospitals, eye clinics, outreach activities et. The NNJS is the implementing partner and plays a significant role in the evaluation and monitoring of the existing program, mobilizes internal and external resources, involves community in activity participation and promotes self-reliance. It has

also its own local branches in the project implementing district, who are in regular contact with the management of the hospitals.

There are two layers of committees, Hospital Management Committee and Administrative Committee in the hospital. Management Committee is responsible for overall guidance and leadership for smooth and efficient running of the hospital and to evaluate target and achievements. The President of the NNJS branch is the chairman of the Management Committee. The other members are the district public health officer, NABP representative, hospital administrative officer and medical director. Likewise Administrative Committee is responsible to facilitate the hospital regular activities, to run outreach activities, plan & budget for new proposal, mobilize resources and to coordinate with government. It is headed by the medical director of the hospital.

The project also ensures the participation of all stakeholders in the process of project intervention. There is District Project Advisory Committee (DPAC) which is formed to regulate, monitor and evaluate the activities. All local authorities, key stakeholders and implementing agencies will be there in the committee.

Financial and Administrative policy of NNJS is strictly followed to run the hospital smoothly and efficiently.

There is recruitment committee headed by chairman of NNJS-Dang. All the recruitment process i.e advertising, conducting written exam, taking interview, selecting appropriate candidates and recommending are followed by this committee.

Procurement committee is also headed by chairman of NNJS- Branch. All the process is followed as per the rules of NNJS.

Similarly the Construction committee is headed by representative of NNJS-Branch and there are two more sub committees i.e procurement management sub-committee and quality management sub-committee which is also headed by members of NNJS-Branch.

These all has set a good track of institutional ownership for the long term development of program.

Cost efficient initiative

The program is well acknowledged for being cost efficient. Some of the measures adopted by the management are:

- Program has developed local human resource itself instead of hiring external human resource.
- Program has built hospital on land provided by government or other donors free of cost instead of hiring structure.
- Program has promoted maximum utilization of both human and technical resources for the benefit of people of Nepal. The service hours and number of operations have increased as far possible without compromising quality of service. Doctors and other staffs are well motivated to provide services to the

people who are really in need of it. Thus, outputs within limitation of human, capital and technology resource is commendable.

- Political leaders, partner NGOs, civil society and general people are mobilized for dissemination of information.
- Local government staffs receive training to enhance primary eye health care and to build effective referral system. Patients therefore come with problems that are less costly to treat.
- Local print and electronic media (FM and local newspaper) is used instead of national media.
- The program has been able to benefit from financial and technical resources from local government, national and international agencies, and from individual/private donor.
- The program has developed trained human resources for the maintenance of equipment, infrastructure, and other services instead of hiring people from different agency to do the same action, which is very expensive. Program also ensures regular check-up and maintenance of equipment and other hospital goods that helps to last the goods for longer time.
- Ophthalmic science program has been a model in fulfilling the gap of HR and also for the fund management for its long term sustainability.
- Advocacy for the purchase of our service at local level with local government has been a good initiation to reduce the cost of program.

Gender equality initiative

Period from 2014-2018, total 1,172,981 patients have received eye care service. Out of these numbers, 662,846 (57%) were female and 510,135 (43%) were male.

Out of 65,043 cataract surgeries 34,840 were female (54%) and 30,203 were male (46%)

In out reach program, out of 165,266 eye treatment 95,297 were female (58%) and out of 4,814 cataract surgeries 2,492 were female (52%)

This initiative was provisioned to ensure gender equality in the following way:

1. At least 50% female will be given service in treatment and examination (including surgery).
2. Outreach activity will be increased to address the female patients through outreach activities.
3. Female community health volunteers will be trained in prevention of blindness and basic eye care.
4. Eye care network has been established for the access to women in the eye care programme.

The program has facilitated the following activities to enhance the access of, women, girls and boys in the project.

- Eye health Education to school children
- Eye examination of school children
- Distribution of eye health educational materials
- Free distribution of spectacle to school children
- Women focused program i.e women empowerment, training, participation etc.

Target of Project Period and Achievement.

S.No	Project Activities Annually	5 years Target	Per year target	Achievement 2014 to 2018
1)	Access to high quality eye health service in hilly and Terai (low land) regions through continued service in hospitals and outreach activities.			
a)	40,000 patients are treated and examined in OPD service in Rapti Eye Hospital (135000 addition for five years)	335,000	67,000	341,579
b)	20,000 OPD patients are treated and examined in OPD service in Lamahi Eye Hospital (45000 addition for five year)	145,000	29,000	155,124
c)	60,000 OPD patients are treated and examined in OPD service in CKNEH- Bahadurgunj (35,000 addition for five years)	335,000	67,000	341,599
d)	20,000 OPD patients are treated and examined in OPD service in Eye Care Centre (60,000 addition for five years)	160,000	32,000	169,423
e)	15,000 patients are treated and examined in OPD service in outreach activities (65,000 addition for five years)	140,000	28,000	165,257
		1,115,000	223,000	1,172,982

2) Elimination of avoidable blindness by restoring vision of those who can be medically treated.				
a)	1,500 Cataract Surgeries will be performed in Rapti Eye Hospital (2000 addition for five years)	9,500	1,900	9,900
b)	1,000 Cataract Surgeries will be performed in Lamahi Eye Hospital	5,000	1,000	5,483
c)	8,000 Cataract Surgeries will be performed in CKNEH-Bahadurgunj (4000 addition for five years)	44,000	8,800	44,773
	Ghorahi Eye Centre			73
d)	1,000 Cataract Surgeries will be performed in Out Reach Activities	5,000	2,500	4,814
		63,500	14,200	65,043
3) Involve the other health care agencies in order to make the primary eye care system and its referral system strong.				
a)	Train 70 health post and sub health post in charge on primary eye health care. (100 addition for five years)	170	34	178
b)	Train 30 traditional healers on primary eye health care and on how they should act as referral agents.(120 addition for five years)	150	30	188
c)	Train 100 community based cadres on primary eye health care.(FCHV, Mother group, Staff Nurse) (1000 addition for five years period)	1100	264	1170
d)	Train 25 drug retailer on orientation and hazardous of ocular medicine.(100 addition for five years)	125	25	133
		1545	353	1669
4) Information on prevention of blindness has become accessible to school children and people in general				

a)	Publish 10 news articles	50	10	
b)	At least 7 schools visit annually (190 addition for five years)	197	39	<p>2014 – 7,920 times by electronic media. 29 times news and 33 articles published in print media.</p> <p>2015 – 5,760 times by electronic media. 42 times news and 2 article published in print media.</p> <p>2016 – 11,280 times by electronic media. 35 news and 2 article published in print media.</p> <p>2017 – 9,360 times by electronic media. 43 news and 2 article published in print media.</p> <p>2018 – 9,360 times by electronic media. 63 news and 1 article published in print media.</p>
c)	Number of patients has increased in hospitals and eye camps			<p>2014 – 28.3%</p> <p>2015 – - 0.9%</p> <p>2016 – 21%</p> <p>2017 – 6%</p> <p>2018 – 10.3%</p>

<p>5) Professional and qualified members of staff (technical and administrative) at all levels in the eye health project.</p>			
	<p>a) Specialization, Sub-specialization, refresher and observation training.</p>		<p>Three years MD Ophthalmology course was completed by four doctors and one doctor is under training. Those who completed course are working in the hospital and providing services such as ophthalmologist diagnosis, perform cataract and other eye surgeries. Sub specialization training is provided to one ophthalmologist of our hospital. Short term Phacoe emulsification training is provided to three ophthalmologists of the hospital. Besides this other short term observation and refresher trainings are provided to the ophthalmologists.</p> <p>Two Ophthalmic Assistants (OA) have completed 3 years course and working in the hospital and centers. The course enhanced skill on initial evaluation, examine visual acuity and refractive etc.</p> <p>Six eye workers have</p>

				<p>completed the training and working in the hospital. The course enhanced skill to assist ophthalmic and ophthalmologist at primary and the hospital level.</p>
b)	<p>Hospital/Programme Management Training, observation for administrative staffs and the board members of the hospital</p>			<p>Two Administrators have received the Health Care Management Training. One has even completed (PGDHCM) post graduation training in Health Care Management and both are working in the hospital. Currently one is under training. Different short and long trainings such as refresher training, equipment instrument maintenance training , exposure visit, management training were given from high level to low level medical and administrative staffs nationally and internationally to enhance the skill and knowledge of human resource.</p> <p>Different trainings are given to the members of partner organization and member of</p> <p>management team on the management programme and organization</p>

				nationally and internationally including the exposure visit, participation in the workshop, seminar, planning and monitoring and sustainability.
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Important result achieved in 2014-2018

All three Eye Hospitals (Rapti Eye Hospital, Lamahi Eye Hospital, CKNEH-Bahadurgunj) and four primary eye care centres (Ghorahi Eye Centre, Salyan Eye Centre, Rukum Eye Centre and Sulichaur Eye Centre) under the Eye Health Program-Rapti and Bahadurgunj have provided eye care service to 1,172,981 (43%Male/57%Female). The number of OPD service has increase except in 2015 (28% increased in 2014, 1% decreased in 2015, 21% increased in 2016, 6% increased in 2017 and 10.3 % increased in 2018).

In 2015, the agitation and blockade was started in Indian boarder. It was started immediate after the promulgation of constitution. The flows of Indian patients in Hospital were in few numbers during September-November due to blockade and agitation. Massive earthquake had affected our program in this year. But, the patients flow in the hospital was good due to our effective service at Hospital, good referral system and massive awarnes program.

ICare support for cataract surgery has supported to increase the number of surgery as well as financial support. Out of 65,043 cataract surgeries, 9,686 (15%) cataract surgeries were supported by I-Care.

Phaco surgery (specialized service) has started in all three eye hospitals. It was a process to have advance method of surgery as well as to increase the revenue of hospitals. Out of 65,043 (2014-2018) cataract surgeries 8% (4,967) was phaco.

Free surgical eye camps and outreach activities were not able to conduct as per planned schedule due to massive earthquake, frequent strikes called by different political parties and blockade by agitating groups in 2015. But we were able to complete the target after the situation got normalized. The free surgical eye camps were conducted in 52 spots (8 spots in 2014, 9 spots in 2015, 13 spots in 2016, 8 spots in 2017 and 14 spots in 2018). Similarly the screening camps (DST) were conducted in 401 spots (100 spots in 2014, 70 spots in 2015, 63 spots in 2016, 71 spots in 2017 and 97 spots in 2018).

In our past experience, generally there used to be less patients' participation in the free camps in hilly region but unexpectedly there were more patients in Salle of Rukum and Sallibazar of Salyan district. We assumed that this was because of the advocacy we did

in the “Dikre Sai Kumari Mela” took place in Rukum district. It is kind of festival (fair) to worship God where huge mass of peoples gather to fulfill their wish by worshiping God.

With the support of National Eye Health Education program through NNJS, we had conducted an exhibition on eye health service in 2015, 2016, 2017 and 2018 as well, awareness activities by disseminating poster, pamphlets, and pre announcement about the free surgical eye camp of Rukum and Salyan Districts. In the fair (Festival), near about 100 thousand people were gathered from different corner of Rukum district and neighboring district like Salyan, Rolpa, Jajarkot, etc.

Participation of members from NNJS (partner organization) in advocacy work as well as in awareness campaign has been good experience. The members from NNJS Dang branch along with outreach team of hospital had played important role in awareness activities in “Dikre Sai Kumari Mela”, Rukum. They had disseminated thousands of hundred leaf let regarding eye health message, announcement through mike about free surgical eye camps. Post this advocacy a very good direct impact was seen in the free eye camp in Rukum and Salyan. With the support of iCare, we had conducted free surgical eye camps in Rukum. More eye patients came in the camp compared to yester years. This has been one of the major achievements and a new facet of advocacy and campaign of eye health education.

Donation of land by local person for eye care centre, Rukum and Salyan, beginning of support from local government, receiving of commitments to support hospital has been possible by the activities of Eye Health Program- Rapti and Bahadurgunj (major support of NABP) and the efforts of volunteer members from local NNJS at different level and receiving regular government support for three eye care centres (GEC, SEC, REC) through NNJS at central level. This all could happen because of the cooperation and more participation and involvement in the activities by members of partner (NNJS). This is another good experience for us.

A sub-speciality service on Occuloplasty is started in Rapti and Bahadurgunj . Yag lazer service is started in all three eye hospitals. With the additional fund of icare NABP, necessary instruments and equipments are purchased, after that we have been able to run sub speciality service, which is another good achievement. Since hospitals are being equipped with the ultra modern instrument, equipment, and gradually with good infrastructure, the patients are more benefited with modern technology by which a kind of trust and a positive impact on service quality has been developed among patients. The increasing trend of patients in hospitals and centre is a good sign of accessibility for eye care service and surgery. The result shows that Eye Health Program- Rapti and Bahadurgunj has been working to meet the goal of vision 2020 “Right to Sight” (Blindness reduces from 0.87% to 0.13% in Rapti, RAAB survey 2010)

Nepal Government has started to support partial amount NRs 600,000.00 for two eye care centres in 2012 and two more eye care centre added in 2014 and 2018 respectively through central Netra Jyoti Sangh. In 2015 after the massive earthquake in the country,

the government has reduced the budget from NRs 600,000 to NRs 500,000. Likewise, Nepal Government have supported for 2730 cataract surgeries (2014-2018).

Additional important result

Lamahi Eye Hospital was inaugurated on 6th May 2014

Master Plan of Chhanda (Kale babu) Narayani Eye Hospital was finalized in 2014.

New Primary Eye Care Centre established on 16th February 2016 at Sulichaur, Rolpa.

Government has taken nominal revenue in registration of the land donated by individual to Chhanda (Kalebabu) Narayani Eye Hospital, in recommendation of Village Development Committee, from which 1 million rupees is saved.

Government of Nepal, District Development Committee (now district co-ordination committee) Dang has acknowledged the importance of eye care service. It also further allocated budget (NPRs 800,000.00) in government budgetary system for the infrastructure development. With that support, the accommodation of patients has improved in OPD of Rapti. Now the Hospital can accommodate 300 to 350 patients easily. The patient waiting time has reduced by which the service delivery system has improved.

Parliament member (around NRs 2 million), Tulsipur sub-metropolitan (around 1 million) city have allocated for the construction work of OPD in Rapti.

Parliament member have allocated NRS 5 million to Lamahi Eye Hospital for the infrastructure development.

The contribution of development actors has been increasing. Lamahi Town Development Committee has constructed NRs. 800,000 worth toilet for the patient. Likewise, Rukum district development committee supported NRs. 25,000 budget for the furniture of Rukum Eye Centre.

As per the plan of purchasing important equipment/instrument and vehicle for hospitals following equipment/instrument and vehicle was purchased:

- a) VFA, Green Laser, AB Scan/Pachymetry, Non Contact Tonometer, Portable Microscope, Phaco Machine, Yag Laser, Synoptophore, Autorefracto meter for all three Hospitals
- b) Electric Sterilization Drum for Lamahi Eye Hospital and CKNEH-Bahadurgunj.
- c) 50 KVA Kirloskar Generator for Chhanda (Kalebabu) Narayani Eye Hospital, Bahadurgunj
- d) 2 Mahendra Pick up Jeep

Rapti Eye Hospital together with executive members of NNJS Dang was doing exercise for a long to initiate Ophthalmic Science course in the hospital, as a result an MoU has been signed between Rapti Eye Hospital and Rapti Technical School, Lalmatiya, Dang. It is a three years Ophthalmic Assistant (OA) Course after SEE (10th Class). The theoretical course of first year is in Rapti Technical School, Lalmatiya and practical course for other two remaining years is in our hospital, Rapti Eye Hospital. Second and Third year students are studying in our Hospital. The organization is very much hopeful that it will be help in the sustainability of the programme in one way and in the other way it will be easier for the fulfillment of needed skillful human resource in the hospitals/centres, which is one of the most difficult parts for the organization to run it smoothly.

The Government of Nepal had put the Eye Health Programme in least priority at local level. There was no budget allocation for the eye hospitals/centres till some years back. The hospital along with the NNJS Dang Branch had been doing constant lobby with local government by inviting them to the hospitals and centres and briefing about the programme, informing about the target and the achievement/activities of the programme. As a result, municipalities and rural-municipalities has initiated to accommodate our program by purchasing eye care service for the reduction of avoidable blindness. This is a new initiation started by two (Rapti and Lamahi) eye hospitals.

A plan to deliver a comprehensive eye care service (Curative, Preventive, Promotive and Rehabilitative) through all three eye hospitals has been in progress. The project has designed in a way to patients those who can medically be cured will receive the medical treatment and those who cannot be medically cured will be rehabilitated by different rehabilitation services in the society. Rehabilitation program will be conducted jointly with the Dang Association of Blind for that a co-ordination committee have been formed.

Other activities performed.

- a. Construction work of Chhanda(Kalebabu)-Narayani Eye Hospital, Bahadurgunj has completed (Ground and First Floor).
- b. Master Plan (first Draft) of Rapti Eye Hospital is completed and construction of OPD building is under process.
- c. Ophthalmic Science Program (Ophthalmic Assistant Training Program) is started.
- d. Sub specialization service has been started i.e oculoplasty, YAG laser, B-Scan, Green Lazer service etc.
- e. Ear Service started in Lamahi and Rapti Eye Hospital.
- f. Advocacy at Municipality and Rural Municipality level has set good impact for the development of eye care program.
- g. Advocacy at Karnali Province and Province No.5 has set good initiation to support eye care program from provincial level.

- h. Master Plan of Lamahi Eye Hospital is in process to complete. Has allocated 5 million rupees from member house of representative for infrastructure development.
- i. Created website of hospital (www.raptieyehospital.org)
- j. Conducted Social Audit
- k. Organised press meet
- l. Appointed Information Officer/Legal Advisor for the development and transparency of the program.
- m. RAAB Survey in Dang,Rukum, Salyan and Rolpa completed,Pyuthan (5th Aug-10th Oct 2018)

Lessons learnt

Lessons learnt 1: Including traditional healers

The approach in training on Primary Eye Health Care (PEC) to the traditional healers has showed to be very important and effective. Because most of the people who live in the remote districts (especially illiterate people and people residing in the villages) believe that blindness is the curse of God. Hence, they go to the traditional healer for treatment instead of going to hospital. Our experience is that trained traditional healers first treat the patients traditionally but safely and then refer the patients to the hospital. This prevents eye diseases from becoming worse and at the same time increases the patients flow to the hospitals/centres.

Lessons learnt 2: Reaching the poor

Generally, cataract patients in hilly and remote area wait for free surgical/screening camps for their eye treatment for years due to hindrances such as poor accessibility, lack of knowledge and/or lack of funds for the treatment. In such cases the programme has established "Poor Patient Fund" in all hospitals, which provides free treatment to the poor and needy people who cannot afford the service charge. Furthermore, experiences show it is equally important to provide transportation cost to the poor patients. The hospitals have established good reputation by providing quality treatment and surgery at affordable cost and providing immediate treatment hence quality and prompt service are major part for the sustainability of the hospital in the long run.

Lessons learnt 3: Collaboration/harmonization

The programme has always tried to maintain good relationship and cooperation and to be in harmony with several Municipalities, Rural Municipalities (government organizations), political leaders and social workers for advocacy, ownership and local support. This will continue in the future. The regular Project Advisory Committee (PAC) both at the central and district levels has been providing guidelines to implement the programme effectively and to achieve better result, better coordination and networking in central and district level. As a result, the programme has run successfully, smoothly, efficiently and kept a positive image. The programme has achieved support and some donation in cash and kind.

Lesson Learnt 4: An effective integrated model

The coordination between the three Programmes, Institutional development, the Rehabilitation Programme and the Eye Care Programme has been a model programme in health care sector in Nepal. It has been very effective and successful in rendering service to both curable and incurable blind. It welcomes all aspect of the overall development of blind and partially sighted individuals as well as institutions working for them. The combination of three components has improved the livelihood of thousands of blind and partially sighted.

Lesson Learnt 5: Towards institutional sustainability

With the support of NABP, eye health program Rapti and Bahadurgunj has made many provisions for institutional sustainability i.e, construct infrastructure, management of instruments and equipments, training centre of Ophthalmic Assistant and human resource development .

Lessons learnt 6: More focus on Advocacy/Awareness Campaign

Eye Health Programme Rapti and Bahadurgunj generally face the problem to render service to the people those who are very poor and in remote and hilly areas. Every year the programme conducts free eye/surgical camps in the hills targeting those people. In our past experience, generally there used to be less patients' participation in the free camps in hilly region but unexpectedly there were more patients We assumed that this was because of the advocacy we did in the "Dikre Sai Kumari Mela" took place in Rukum district. It is kind of festival (fair) to worship God where huge mass of peoples gather to fulfill their wish by worshipping God. This has supported to increase patients in surgical eye camp as well as in the Hospital.

With the support of National Eye Health Education program through NNJS, and NABP we had conducted an exhibition on eye health service, awareness activities by disseminating poster, pamphlets, and pre announcement about the free surgical eye camp of Rukum and Salyan Districts. In the Mela (Festival), near about 100 thousand people were gathered from different corner of Rukum district and neighboring district like Salyan, Rolpa, Jajarkot, etc.

Lessons learnt 7: Participatory Approach

We conducted internal workshop, where representative of all hospitals, centres and the NNJS board members had participated. The Progress Report, activities and problems of all hospitals and centres were presented. Discussion was made on long and short term planning, review and other major topics. The problem and hindrance was addressed and tried to seek ways to solve them. It is learnt that by such participatory approach, staff and partner members will develop more responsibility and ownership toward their respective workplace and overall programme. This will help to smooth running of the programme and to be self sustain in long run.

This year the hospital representatives, NABP delegates and the NABP Nepal staff gathered together and made discussion and decision on the necessary subject needed for preparing Long term plan 2016 – 2019 to be submitted to Norad. From this it is realized that such approach will be important for the future programme also.

Lessons learnt 8: Retention policy for medical staff mainly ophthalmologist

There is always scarcity of ophthalmologist mainly in the hospital situated outside Kathmandu valley. It was very tough in the past days to run hospital with very limited ophthalmologist and was challenge to retain the existing ophthalmologist. Considering these facts, for some years the programme has started to train the doctors in MS Ophthalmology course providing scholarship with the bond sign and having commitment from them to work in the hospital for certain period after the completion of their course. This has helped to lessen one major burden of the programme and has also taught on how to retain the ophthalmologist in future for the smooth running of the hospital. In addition, we have developed retention policy of Ophthalmologist to encourage them to work in our hospital for longer period.

Internal and/ or external hindrances.

Internal:

The overall progress in the projects is in line with the long term plans and the expected results and predefined objectives. Most of the activities have been carried out according to the plan, with minor deviations throughout the period.

The number of patients has increased in comparison with previous year. The patient waiting time in all three hospitals is in increasing trend. To some extent this has been managed by renovating OPD shed with the support of district development committee in Rapti. The construction work of OPD at Rapti is going on and hope the challenges will be minimized in coming days.

But in Bahadurganj and Lamahi, present infrastructure (OPD) will not be sufficient to reduce patient waiting time, if increasing trend of patient flow remains be same in future.

External:

The year 2015 has not been so favourable in terms of various reasons not only for our programme but for the whole country. The massive earthquake took place in April, which had demolished public and private houses in many places of the country. Though there were no human casualties and destruction of buildings in our programme, it directly or indirectly affected our programme, such as decline in the number of patient flow in the hospitals (Bahadurganj), as well as in the camp as expected though we were succeeded to meet the target except one hospital.

The new constitution was promulgated in October, immediate after that the terai area people started agitation and blockade. As a result it generated the scarcity of fuel and other many important things and load shedding. This affected the overall programme, right from the patient flow in the hospital. Our two hospitals, situated in the terai belt, and which is mainly dependent on Indian patients affected more since the number of patients declined immediate after that incident. We could not carry out our set free eye camps on time. The expenditure of the overall cost of the programme has increased.

The ongoing construction work in Bahadurgunj eye hospital affected very badly, first by the earthquake and later by the agitation and the blockade in terai belt. The construction work was stopped for some months. There was scarcity of construction materials and available materials price was hiked. Directly and indirectly the cost of construction has increased due to scarcity and blockade.

HUMAN RESOURCE MANAGEMENT

**PROVISIONED IN LONG TERM
STRATEGIC PLAN- NNJS (2013-2020)**

HUMAN RESOURCE

In the long term Strategic Plan of Nepal Netra Jyoti Sangh (2013-2020), human resource development is the second component of the strategy for eliminating avoidable blindness by 2020.

CURRENT SITUATION OF HUMAN RESOURCE

Eye care Human Resource	1981	1995	2000	2012
Ophthalmologists	7	71	76	175
Optometrists	0	0	20	36
Orthoptist	0	2	2	14
Ophthalmic Assistants	0	200	275	275
Managers	0	2	4	10
Biomedical technician	0	0	2	6

TARGET REQUIREMENT OF OPHTHALMOLOGIST AS PER VISION 2020 GUIDELINE

Descriptions	Present status	By 2015 (28 Million)	By 2020 (30 Million)
Ophthalmologist to population ratio	1: 150,000	1:100,000	1:50,000
WHO Target		280	600
Additional number required	175	105	425

ESTIMATED REQUIREMENT OF OPHTHALMIC ASSISTANT BY 2020

Descriptions	Present status	By 2015 (28 Million)	By 2020 (30 Million)
Ophthalmic Assistant to Population Ratio	1: 85,000	1:75,000	1:40,000
WHO Target	275	375	750
Additional number required		100	475

HUMAN RESOURCE ALLOCATION IN SECONDARY/TERTIARY B/PECC

Quantity of clinical personnel allocation in PECC will reflect expected patient load and planned outreach activities. However the basic personnel allocation will be as follows:

S.No.	Category of Staff	Qty	Expected work to do
1	Ophthalmic Assistant (OA)	1	OPD, refraction, minor surgery, syringing, tension, sterilization, management of PECC.
2	Eye Worker (EW)	1	Edging, dispensing, fitting of glasses; dispensing of medicines; cleaning the rooms and assisting to the ophthalmic assistant with book keeping. In the absence of the OA, act as manager of PECC

A recommended human resource allocation in the PECC with 30 to 50 patients per day:

S.No.	Category of Staff	Qty	Job Description
1	Ophthalmic Assistant (OA)	1	OPD, Refraction, Minor surgery, syringing, tension, sterilization and other work as the In-charge.
2	Eye Worker (EW)	2	Edging, dispensing, fitting of the glasses, assisting to the In-Charges in book-keeping and other work as instructed by the In-charge. When In-charge is on leave, need to work as In-charge too.
			Dispensing of medicines, Registration, Visual Acuity test, Support in Minor OT and need to develop a skills to manage optical shop when the assistant In-charge is on leave.
3	Helper	1	For cleaning, and assist to OA/EW in various clinical and non clinical activities of PECC.

For a PECC/District Eye Care Centre (DECC) having average OPD patients 50 to 70, the following personnel are suggested.

S.N.	Category of Staff	Qty	Expected work to do
1	Senior Ophthalmic Assistant	1	OPD, minor surgery and other technical work, as well as other works as an In-charge.
2	Ophthalmic Assistant	1	Refraction, minor surgery, syringing, tension, B.P. measurement, health education. Involve in outreach program.
3	Eye Worker	2	Edging, fitting and dispensing of glasses. Counseling, delivering health education and support to management of OPD when Ophthalmic Assistants are on leave. Registration, visual acuity test, dispensing of medicine, support in minor OT.
4	Accountant	1	Book keeping, store, support in supplying, and help to manage the office to the In-Charge.
5	Helper	1	For cleaning, and assist to OA/EW in various clinical and non clinical activity of PECC.

HR allocation plan for different levels of eye hospitals

For secondary level eye hospital

Cadre of HR	Number
Ophthalmologist (General)	3
Optometrist	2
Ophthalmic Assistant	12
Biomedical Technician	1
Trained Manager	1

For tertiary B level eye hospital	
Ophthalmologist (General)	5-10
Ophthalmologist with specialty training	3
Optometrist	5
Orthoptist (for pediatric dept.)	1
Ophthalmic Assistant	20-40
Biomedical Technician	1
Trained Manager	2
Anaesthesiologist (for pediatric and/or vitreo retina dept.)	1

For tertiary A level eye hospital	
Cadre of HR	Number
Ophthalmologist (General)	10
Ophthalmologist with specialty training	5
Optometrist	5
Orthoptist (for pediatric dept.)	2
Ophthalmic Assistant	40
Biomedical Technician	1
Trained Manager	2
Anaesthesiologist (for pediatric and /or vitreo retina dept.)	1
For Centre of Excellence level eye hospital	
Cadre of HR	Number
Ophthalmologist (General)	10
Optometrist	5
Orthoptist	3
Ophthalmic Assistant	40
Biomedical Engineer	1
Trained Manager	3
Anaesthesiologist	1

HUMAN RESOURCE OF EHP – R&B -2018

RAPTI EYE HOSPITAL			
MEDICAL /PARAMEDICAL STAFFS- 2018			
S.No	Name	Post	Level/Remarks
1	Dr Sulaxmi Katuwal	Chief Medical Director	Officer Class, First Level
2	Dr Suresh BK Rasialy	Ophthalmologist	Officer Class, Second Level
3	Mr Om Prakash Yadav	Optometrist	Officer Class, Third Level
4	Mr, Salik Ram Gautam	Out Reach Coordinator	Officer Class, Third Level
5	Mr, Ramesh Bdr Giri	Ophthalmic Assistant	Non Officer Class, First Level
6	Mr, Hari Ram Chaudhary	Sr Eye Health Worker	Non Officer Class, First Level
7	Ms Parbati Kumari Sharma(Paudel)	Sr Eye Health Worker	Non Officer Class, First Level
8	Ms Srijana Khanal	Ophthalmic Assistant	Non Officer Class, First Level
9	Mr Bishnu Pd Khanal	Sr Eye Health Worker	Non Officer Class, First Level
10	Ms Meena Malla	Sr Eye Health Worker	Non Officer Class, First Level
11	Miss Sapana Gautam	Ophthalmic Assistant	Non Officer Class, First Level
12	Mr, Rohit Kadayat	Ophthalmic Assistant	Non Officer Class, First Level
13	Mr, Santosh Sharma	Lab Technician	Non Officer Class, First Level
14	Ms Tika Khadka	Eye Health Worker	Non Officer Class, Second Level
15	Ms Bijeta Chaudhary	Eye Worker	Non Officer Class, Fourth Level
16	Ms Kamari Chaudhary	Eye Worker	Non Officer Class, Fourth Level
17	Ms Mamata Chaudhary	Eye Worker	Non Officer Class, Fourth Level
18	Ms Binita Chaudhary	Eye Worker	Non Officer Class, Fourth Level
ADMINISTRATIVE STAFFS			
1	Mr, Kiran Paudel	Administrator	Officer Class, Third Level
2	Mr Balaram Khadka	Suchana Adhikari	Non Officer Class First Level (Eye Health Program-R&B)
3	Mr, Hum Chaudhary	Account Assistant	Non Officer Class, First Level
4	Mr, Man Bahadur Oli	Driver	Driver Class, Fourth Level
5	Mr, Jeeban Thapa	Maintenance Assistant	Non Officer Class, Third Level
6	Mr, Purna Bahadur Oli	Office Assistant	Non Officer Class, Third Level
7	Mr, Bam Bahadur Basnet	Office Helper	Office Helper, Third Level
8	Ms Lila Kala Pun	Office Helper	Office Helper, First Level
OUT SOURCE			
1	Ms Nirala Aryal	Assitant/Librarian	
2	Mr, Pit Bahadur KC	Security Guard	
3	Mr, Dandabir Bista	Security Guard	
4	Mr, Man Bdr Oli	Security Guard	
5	Mr, Man Raj Oli	Security Guard	
6	Ms Sailaja Pandey	Recorder	
7	Ms Srijana Budha	Recorder	
8	Mr Hari Bahadur Gurung	Helper	
9	Ms Sobha Oli	Helper	
CONSULTANT/ADVISOR			
1	Advocate Mr, Prabin Lamsal	Legal Advisor	Eye Health Program-R&B
DRUG/SPECTACLES (OUT SOURCE)			
1	Ms Dhana Gautam	Sales Asst (Pharmacy)	
2	Ms Shiva Thapa	Sales Asst (Spectacles)	
3	Mr Suresh Chaudhary	Sales Asst cum Accountant	
4	Ms Sharmila Chaudhary	Sales Asst (Spectacles)	
5	Ms Naina Chaudhary	Sales Asst (Pharmacy)	
6	Mr. Gopal Jung Shah	Sales Asst cum Accountant	
CONSTRUCTION/STORE			
1	Mr. Tilak Pant	Site Engineer	OPD Construction
2	Mr. Deepak Mahat	Store Keeper	OPD Construction

LAMAHI EYE HOSPITAL			
MEDICAL /PARAMEDICAL STAFFS-2018			
S.No	Name	Post	Level
1	Dr Nita Sunam	Ophthalmologist	Officer Class, Second Level
2	Mr, Lal Bahadur Chaudhary	Ophthalmic Officer	Officer Class, Third Level
3	Mr, Madan Chaudhary	Optometrist	Officer Class, Third Level
4	Miss Binika Shreshta	Ophthalmic Assistant	Non Officer Class, First Level
5	Ms Anjali Dharmi	Ophthalmic Assistant	Non Officer Class, First Level
6	Mr Amrit Nepal	Ophthalmic Assistant	Non Officer Class, First Level
7	Mr, Kamal Raj Bista	Ophthalmic Assistant	Non Officer Class, First Level
8	Mr, Krishna Bahadur Oli	Lab Technician	Non Officer Class, First Level
9	Ms Shanti Chaudhary	Eye Health Worker	Non Officer Class, Second Level
ADMINISTRATIVE STAFFS			
1	Mr, Samsheer Thapa	Sr Administrative Officer	Officer Class, Second Level
2	Mr, Krishna Pd Bhattarai	Account Officer	Officer Class, Third Level
3	Ms Meena Thapa Magar	Act. LM Officer	Officer Class, Third Level
4	Mr, Chedu Ram Chaudhary	Driver	Driver Class, First Level
5	Mr, Tek Bahadur Chaudhary	Office Assistant	Non Officer Class, Third Level
OUT SOURCE			
1	Mr, Hari Ghimire	Security Guard	
2	Mr, Lalit Basnet	Security Guard	
3	Mr, Pradeep Ramijal	Security Guard	
4	Miss Shanta Pun	Recorder	
5	Ms Tula Chaudhary	Helper	
6	Ms Narayani Giri	Helper	
7	Mr Chaturbir Chaudhary	Helper (Gardner)	
DRUG/SPECTACLES (OUT SOURCE)			
1	Mr, Prakash Chaudhary	Sales Asst (Spectacles)	
2	Ms Deepa Chaudhary	Sales Asst (Pharmacy)	

CHHANDA(KALEBABU)-NARAYANI EYE HOSPITAL, BAHADURGUNJ			
MEDICAL /PARAMEDICAL STAFFS-2018			
S.No	Name	Post	Level
1	Dr Santosh Subedi	Ophthalmologist	Officer Class, Second Level
2	Dr Jyoti Sapkota(Subedi)	Ophthalmologist	Officer Class, Second Level
3	Dr Aric Vaidhya	Ophthalmologist	Officer Class, Second Level
4	Mr, Opendra Chanda	Ophthalmic Assistant	Non Officer Class, First Level
5	Mr, Ramesh Bista	Ophthalmic Assistant	Non Officer Class, First Level
6	Ms Narayani Maskey	Ophthalmic Assistant	Non Officer Class, First Level
7	Ms Archana Shrewastav	Ophthalmic Assistant	Non Officer Class, First Level
9	Ms Rekha Gupta	Ophthalmic Assistant	Non Officer Class, First Level
10	Ms Sabitra KC	Sr. Eye Health Worker	Non Officer Class, First Level
11	Mr Bir Bahadur Chaudhary	Sr. Eye Health Worker	Non Officer Class, First Level
12	Mr, Sartaj Husain	Ophthalmic Assistant	Non Officer Class, First Level
13	Mr, Dikshya Sunuwar	Ophthalmic Assistant	Non Officer Class, First Level
14	Mr, Niranjana Gaire	Ophthalmic Assistant	Non Officer Class, First Level
15	Mr, Devraj Sharma	Lab Technician	Non Officer Class, First Level
16	Ms Saraswoti Bhandari	Eye Health Worker	Non Officer Class, Second Level
17	Ms Janaki Bista	Eye Health Worker	Non Officer Class, Second Level
18	Ms Sreejana Paharai	Eye Health Worker	Non Officer Class, Second Level
19	Ms Sharita KC	Eye Health Worker	Non Officer Class, Second Level
20	Ms Kamala Bhusal	Eye Health Worker	Non Officer Class, Second Level
ADMINISTRATIVE STAFFS			
1	Mr, Jas Raj BK	Administrative Officer	Officer Class, Third Level
2	Mr, Kamal Chaudhary	Account Assistant	Non Officer Class, First Level
3	Mr, Dhak Bahadur Oli	Driver	Driver, Second Level
4	Mr, Hemanta Basnet	Office Assistant	Non Officer Class, Third Level
5	Mr Chinta Mani Lodh	Office Helper	Office Helper, Second Level
6	Mr,Mangre Nau	Office Helper	Office Helper, Second Level
7	Ms Bal Kumari Oli	Helper	Helper, Second Level
OUT SOURCE			
1	Mr, Dil Prasad Belbase	Security Guard	
2	Mr, Narayan BC	Security Guard	
3	Mr, Raj Kumar Yadav	Security Guard	
4	Mr Ganesh Bhattarai	Security Guard	
5	Ms Sarita KC	Recorder	
6	Ms. Aruna Paharai	Recorder	
7	Mr Raj Kumari Lodh	Helper	
8	Mr, Guru Pd Harijan	Helper	
9	Mr, Ram Pd Harijan	Helper	
DRUG/SPECTACLES (OUT SOURCE)			
1	Mr, Prakash Chaudhary	Sales Asst (Spectacles)	
2	Mr, Binaya Chaudhary	Sales Asst (Spectacles)	
3	Mr, Roshan Chaudhary	Sales Asst (Spectacles)	
4	Mr, Mohan Chaudhary	Sales Asst (Spectacles)	
5	Mr, Raj Kumar Chaudhary	Accountant	
6	Ms Shila Gautam	Sales Asst (Pharmacy)	
7	Mr, Rohit Kori	Sales Asst (Pharmacy)	
EYE HEALTH PROGRAM-RAPTI & BAHADURGUNJ			
S.No	Name	Post	
CONSULTANT /ADVISOR			
1	Advocate Prabin Lamsal	Legal Advisor	

EYE CARE CENTRE-SALYAN-2018			
S.No	Name	Post	Level
1	Mr,	Ophthalmic Assistant	Non Officer Class, First Level
2	Mr, Padam Raj Panta	Sr Eye Health Worker	Non Officer Class, First Level
OUT SOURCE			
1	Miss Sunsara Khadki	Helper	
DRUG/SPECTACLES (OUT SOURCE)			
1	Ms Radhika Khadka	Sales (Spectacles/Pharmacy)	
EYE CARE CENTRE-RUKUM-2018			
S.No	Name	Post	Level
1	Miss Manju Bohora	Ophthalmic Assistant	Non Officer Class, First Level
2	Mr, Pal Singh Oli	Eye Health Worker	Non Officer Class, Second Level
DRUG/SPECTACLES (OUT SOURCE)			
1	Ms Kamala Khadka (Oli)	Sales (Spectacles/Pharmacy)	
EYE CARE CENTRE-SULICHAUR, ROLPA-2018			
S.No	Name	Post	Level
1	Mr, Bimal Ghimire	Ophthalmic Assistant	Non Officer Class, First Level
DRUG/SPECTACLES (OUT SOURCE)			
1	Mr Buddhi Ram Chaudhary	Sales (Spectacles/Pharmacy)	
REFERRAL CENTRE- KRISHNANAGAR-2018			
S.No	Name	Post	Level
1	Mr, Rajanish Shresthav	Ophthalmic Assistant	Non Officer Class, First Level
OUT SOURCE			
1	Ms Chameli Khadka	Helper	
DRUG/SPECTACLES (OUT SOURCE)			
3	Mr, Sunil Chaudhary	Sales Asst (Spectacles/Drugs)	

SUCCESSFUL STORY

NEW VISION CHANGED MY LIFE FROM HELL TO HEAVEN.

One day a local person of Lamahi Mr. Santu Ram Chaudhary saw an old man inside a empty drainage pipe. He was very old with shabby cloth, long hair and nails. When he approached near him he smelled very badly. Mr. Santu Ram Chaudhary soon figured out that he was completely blind with both eyes. Mr. Santu Ram took him to his home, helped him to improve his personal hygiene and asked him about his personal life.

He was Mr. Tulsi Ram Chaudhary. He was born on 1933 in Mohanpur, Kailali district (far western region) in a bonded labour family with two siblings. His parents were died when he was very young. Being born in a bonded labour family he also spent his most of the life as a bonded labour serving other people. He was married but his wife got seriously ill soon after their marriage. He tried to save his wife's life taking Rs, 12.000 loan from his master but unfortunately she died. Later he was migrated from Kailali to another district Lamahi, Dang. Later as he became blind and gradually he became unable to do work, his master refused to keep him in his home. He had no option other than to beg to survive and stay in an empty drainage pipe lying by the road side since he had no family to support and a shelter to live in. Many people started to behave him as an insane.

After getting known the story of Mr. Tulsi Ram Chaudhary, Mr. Santu Ram Chaudhary realized that Mr. Tulsi Ram had to go all these trouble because of his blindness hence he decided to get him checked in the eye hospital. He took him to Lamahi Eye Hospital. Mr. Lal Bahadur Chaudhary a Ophthalmic Officer of the hospital checked his eyes and



found that he was blind due to cataract. Since Mr. Lal Bahadur was also from Tharu Community, he could communicate with Mr. Tulsi Ram in their native language, this made Mr. Tulsi Ram very comfortable to communicate and tell his problem. Dr. Jenu Sainju, a female Ophthalmologist of the hospital operated his one eye. The operation was successful. After the surgery for the first time after a long time when he saw everything very clearly, he was crying with joy. There was no bound of happiness seen in his face. He was expressing his gratitude to everybody in the hospital. He told that after the surgery he came out from the hell. Days before surgery he was refused to get shelter in old age home due to blindness. After getting new vision, he got shelter in the old age home. Again his next eye was operated in Rapti at free of cost with the support of NABP-i-care. **“I have got new vision and new home, very thankful to all people who helped me to change my life from hell to heaven”-Said Tulsi Ram Chaudhary.**



There are hundreds of Tulsi Ram Chaudhary in Nepal who have been compelled to spend their life in dark, depriving with a small, costing not very expensive surgery. The Eye Health Programme Dang and Kapilvastu, for a long time is rendering comprehensive eye care services to such patients, through hospitals those who reach to hospitals by any means or getting in their places through free eye camps. International donors, mainly NABP Norway and national donors are contributing Eye care programme Rapti and Kapilvastu for this noble cause.

HAPPINESS AFTER NEW VISION

Mr. Khadke Damai, aged 47, resident of Khalanga – 9 of Rukum district, a hilly remote district of Rapti zone, and western region of Nepal was deaf and dumb since his birth. In spite of his disability he was able to carry out his daily activities, in addition he was help to his family as he used to look after the cattle and do some household chores. Four years back he got hit by the cataract and became blind with both eyes. Post blindness his life started to become worse as he already was deaf and dumb. He became totally dependent even for a small thing. His life became miserable and he became very much depressed. One fine day the Incharge of our Rukum Eye Centre found him at his home. He collected the information from his family member and started to counsel him for the surgery. Previously he denied for the surgery as he was very much panic. As per source of his family he was approached two years back also by our outreach activity team and that time also he had denied. After the very much effort and counselling of Mr. Niranjan Gaire, incharge of Rukum Eye Centre, finally he agreed. He was brought to Rapti Eye Hospital, Dang in full expense of the hospital and he got both eye surgery one after another within some span of time difference in the support of iCare NABP Norway. The total expenses incurred his surgery was borne by the fund from NABP Norway. The surgery was performed by Dr. Sulaxmi Katuwal and Dr. Monica Karmacharya. After surgery when he got vision, the joy in his face could not be described. He including his family



member was very happy, after all a deaf, dumb and total blind person had got new life, he again was able to see the world and lead the normal life as before. His brother Mr. Haste Damai told, "We can't describe how happy we are. My brother who was total idle and burden to the family, have got new life. Without the support of Eye Health Programme and NABP it would not be possible. We from the bottom of our heart would like to thank the hospital team." After about four months our hospital had organized a camp in the same area of Mr. Khadke Damai. As per our outreach coordinator Mr. Salikram Gautam Mr. Damai came to the camp. Mr. Gautam found a drastic change on him. He looked very smart with cleanly shaved face and clean cloth. He looked very cheerful. In such a huge gathering he recognized each and every staff involved in his surgery at the hospital, approached to them and greeted. By his sign language he thanked the hospital team.



Successful story of Mrs. SukMaya Rokaya

Mrs. SukMaya Rokaya was born in Ghode Mahadev VDC, ward no. 7, Karnali zone (West Nepal, Jumla district). She is the first daughter among her seven siblings. She was a small girl when she got married. She belongs to a very poor family. Due to deficiency of food her children have malnutrition. They have a very tough life in the village.

Since 2016 she started to have her vision blurred. During the time she gave birth to her third child. After her delivery she became totally blind with both eyes. Things became worse to worst for her.



First they approached to traditional healer for her eye treatment but nothing changed in spite of spending huge amount for buying goats, chicken, gold, utensils and other many things, instructed by the traditional healer to offer the god for her recovery. Eventually they visited the hospital. The hospital advised them to have surgery since she had bilateral cataract. Due to the financial constraint they were unable to do surgery so they went to NNJS Jumla Branch and the chair person helped them giving shelter in his home. Suk Maya's husband started to work there and saved some money to visit hospital. The chair person advised them to visit Lamahi Eye Hospital and recommended her to the hospital for free surgery. They somehow reached Lamahi Eye Hospital got checked the eyes in OPD. The doctor declared bilateral cataract and advised for the surgery. After considering their financial situation the hospital decided to operate her



eye in free of cost from the fund of NABP icare programme. As per the suggestion of doctor they stayed there for forty one days, not only for her eye examination but for the treatment and recovery of their ill son affected by malnutrition. The hospital bore the whole expenses. They celebrated Dashain (the biggest festival of hindus in Nepal) during the period. They were so happy with the love, care and respect showered by the hospital staff.



The hospital decided to do her surgery in her village, where a surgical eye camp was going to be held in the presence of representative of NABP Business Department and NABP Nepal. A team of eye camp comprising twenty people started the journey to Jumla. The first night they spent in Surkhet and started the journey again next morning with the help of porter and pony (for carrying the luggage). Next day they reached Jumlakot and started the OPD. There were seventy three cataract patients, all were instructed the necessary preparation pre operation like applying medicine, having the biometry (for applying the correct number of lens inside the eye during operation) etc. Next day Ms. Sukmaya got her both eye surgery. After one day when the doctor unfolded her eye bandage, she cried with joy because she was already transformed from blind to fully sighted. She thanked the doctor and entire team expressing her deep gratitude comparing the doctor and team with her parents. She explained that the hospital and the team was like god for her since nobody would help her the way she got the treatment in her own place, a very remote area. She also got the glass and medicine in free of cost. She was advised of everything



related to her operation like applying medicine on time, keeping eye clean and maintain the hygiene to avoid the infection.

Although she was advised to come to hospital for follow up after two weeks she showed up only after three weeks. The doctor checked her eyes, it was perfectly fine. Mrs. Sukmaya told that she now has become fully active like before. She is able to carry out all the house hold chores and other activities. She further said that she will advise other neighbor to visit hospital if they have any problem with eye.



THANK YOU

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