



# NEPAL

**Population** 31 million **Area** 147,181 sq km (56,827 sq miles)  
**Major languages** Nepali **Major religions** Hinduism, Buddhism  
**Life expectancy** 68 years (men), 71 years (women) **Currency** Nepalese rupee

Nepal remains on the list of the world's poorest countries. The mountainous terrain is tough to negotiate. In addition, internal political differences culminating in a civil war stopped development in its tracks for years. Nonetheless, women are succeeding in getting an education, children are attending schools and basic health care is being developed. ECF has worked in Nepal since 1984.<sup>67</sup> Having started with one eye camp, aid initiatives in following years were streamlined with Dutch ophthalmologic help since, at the time, there were very few specialists in Nepal. The contribution of Prof. Dr. Ram Prasad Pokharel, the "Father of Eyes" has been crucial throughout the history of ECF in Nepal. Many Nepalese would go to Sitapur, India, for cataract surgery. According to the National Blindness Survey in 1981, the prevalence of blindness was 0.84 %<sup>68</sup> at the time.

With the Lions Work Group for the Blind as the driving force and financing partner, an eye care project was also started in the difficult to access Karnali region. Ophthalmologist and mountaineer Margreet Hogeweg organised eye camps there for years. As early as 1986, the decision was made to provide comprehensive eye care in a hospital environment in Pokhara, the second largest city in the country. Following sponsorship events in, among others, the Netherlands and Japan, the hospital was opened in 1993, with a capacity of fifty beds.<sup>69</sup> The Himalaya Eye Hospital still exists and has been (financially) independent since 2008. Since then, this particular



▲ Mechi, 2009 ▲ During an eye camp in Bhacheck

67 Praag, van, A. Annual report 2017, A good cause in sight. Amsterdam: Eye Care Foundation, 2017.

68 Mishra, S.K. Nepal Blindness Survey 1981. Katmandu: Nepal Netra Jyoti Sangh, 1981.

The Major findings were that Cataract was the major cause of blindness, 80% percent of blindness was avoidable, 90% percent of blind were residing in rural area and blindness prevalence among females and cataract surgical coverage was less.

69 Retrieved June 14, 2019 from Deshsanchar (March 2018), 25 jaar Himalaya Eye Hospital: <https://eyecarefoundation.nl/assets/uploads/180301-Himalaya-Eye-Hospital.pdf>

## ECF FAMILY IN NEPAL

In Nepal, ECF works together with Nepal Netra Jyoti Sangh (NNJS), Himalaya Eye Hospital, and Mechi Eye Hospital Sangh (MEHS). Nepal Netra Jyoti Sangh: Prof. Dr. Tirtha Mishra, Chairman and Mr. Sailesh Kumar Mishra, Executive Director. Mechi Eye Hospital Sangh: Mr. Dinesh Kumar Mittal, Chairman. Himalaya Eye Hospital (HEH)<sup>71</sup>: Dr. Indra Man Maharjan, Chief Medical Director and Prof. Dr. Dil Bahadur Chetri, Chairman, Management Committee. Mechi Eye Hospital (MEH): Dr. Purushottam Joshi, Medical Director and Mr. Suraj Kumar Rauniyar, Senior Admin & Finance Officer. Please see the inside cover of this publication for a full ECF Family List.



▲ Mechi, 2009

hospital has expanded its eye care services and trained hundreds of local doctors and ophthalmic nurses.

Once the hospital in Pokhara was operational, eye camp expeditions were only organised in the mountainous regions. In other regions, there were screenings on location and patients were sent to Pokhara for surgery. There, doctors treated cataracts as well as other eye disorders. The medical staff was limited at first. Dr. Gopal Prasad Pokharel was employed as the medical advisor consultant for Nepal in the early years of ECF, and later became instrumental in the start-up of the eye care services in Mechi. A second hospital in Mechi, that opened its doors in 1996, also expanded rapidly.<sup>70</sup> The number of patients increased every year and the understaffed medical team worked in a crowded rental facility. Some- times doctors from Pokhara would come to their aid, which would in turn lead to capacity problems.

ECF still supports both hospitals, partly by co-financing instruments or outreach programmes. These programmes consist of regional satellite clinics deep in the mountainous territories and eye camps in those remote regions. A number of these eye care centres are slowly expanding to become small eye clinics, for example in Gorkha. ECF helps these initiatives on the condition that they also receive a minimum of local support.

70 Retrieved June 14, 2019 from Eye Health Nepal: <https://www.eyehelthnepal.com/2018/08/list-of-eye-hospital-in-nepal.html>

71 Retrieved June 14, 2019 from Himalaya Eye Hospital (HEH): <http://heh.org.np>



### Scale up

Very shortly after ECF began operations in Nepal, local representation became essential. In 1988, Deepak Lama Pakhrin took on the job of handling the preparations for the growing number of eye camps and to ensure that the construction of the clinic in Pokhara progressed smoothly.<sup>72</sup> Dutch architect Herman Grimmick had been living in Nepal for years and, in his capacity as construction manager, solved constructional issues. The office in Kathmandu endeavoured to build an improved ophthalmic infrastructure and in 1992 the first district eye centre was opened in Jumla, Karnali.<sup>73</sup>

The training programme for ophthalmic nurses in Pokhara delivered new graduates every year. In a relatively short period of time, the shortage of specialised staff was reduced. In 1998, Dr. Shreshta became the first Nepalese hospital director, succeeding Dutch director Jan van der Hoek. Since that day, all the staff members in both hospitals have been Nepalese.<sup>74</sup>

### Republic

After the turn of the century expeditions in Karnali could only be organised with extreme caution due to political unrest. It was only after 2008 that things settled down, when the

72 Himalaya Eye Hospital (HEH) was established in 1993 with the aim of providing comprehensive eye care services to the people residing in Gandaki, Dhaulagiri and Karnali zones. HEH serves as the base hospital for the GDECP Eye Care Foundation (ECF), earlier Eye Care Worldwide, Foundation Eye Care Himalaya is the INGO that has been providing financial support to the Program and Nepal Netra Jyoti Sangh (NNJS) is the local counterpart NGO. Retrieved June 14, 2019 from Himalaya Eye Hospital (HEH): <http://heh.org.np>

73 Retrieved June 14, 2019 from the National Center for Biotechnology Information: <https://www.ncbi.nlm.nih.gov/pubmed/5169990>

74 Egger, R.J. Year report 2004. Stichting Mekong Eye Doctors. Amstelveen: MED, 1998



During an eye camp in Bhacheck

king abdicated and Nepal became a republic. When more than 100,000 surgeries had been performed at the temporary facility in Mechi in 2002 and there were tangible plans made to build a permanent hospital there, ECF politely refused the donation of a plot of land for the hospital in Mechi because the donors claimed the right to appoint family members to the staff. The issue delayed the construction of the hospital, which was already under pressure due to the tense political situation. The delay had one advantage: it gave Deepak Lama time to find a solution to the treatment of paying and non-paying patients. He came up with the 'two-entrances' concept with one entrance for the group of patients who were in need of free eye care and one for the group of patients who were paying for their treatment. At the first entrance people had to wait in a central hall until a doctor became available and at the second people could come by appointment. In the end every patient was seen by the same doctor, received similar treatment and had access to the same facilities, because the examination rooms are situated between the two entrances.

At the Kathmandu office, Anil Gorkhaly took over from Deepak Lama. Meanwhile, Dutch, Belgian and British medical students were increasingly discovering the merits of the hospital in Pokhara for internships. The new president of Nepal opened the new hospital in Birtamod in 2009.<sup>75</sup> And despite the uphill struggle to find and hold on to staff members, the hospital in Mechi was working towards the construction of a new nursing wing for paying patients.

## Earthquake

In April and May of 2015 Nepal was struck by major earthquakes that paralyzed large parts of the country for a long time. On top of that, the introduction of a new constitution caused continued political unrest, while relations with neighbouring country India were deteriorating.<sup>76</sup>

Added to that was the fact that the Nepalese government continued to underinvest in organising and maintaining basic health care. This was reason enough for ECF to continue focusing on training and education, screening schoolchildren, supporting eye centres and outreach programmes in the region and purchasing new equipment.

## Current situation

Today there are a total of twenty-two eye hospitals, ten eye departments and more than ninety-eight eye care centres in Nepal. By 2012,<sup>77</sup> the prevalence of blindness had been reduced to 0.35 % (based on a Rapid Assessment of Avoidable Blindness survey) and today Indian patients travel to Nepal for eye care, because of the high quality of the eye care services.

At the moment, ECF's office in Nepal has three full-time staff members: Mr. Anil Prasad Gorkhaly, Ms. Sujata Gautam and Mr. Mani Ram Pradhan.

75 Retrieved June 14, 2019 from Mechi Eye Hospital: <https://eyecarefoundation.eu/projects/nepal/mechi-eye-hospital>

76 Chapagain, P., Ghimire, P., Thapa, R. School Atlas. Approved by the survey department/ Mapping Sub-Committee, Nepal. Katmandu: Ekta Books Distributors Pvt.Ltd., 2001.

77 Belantrapu, T. IAPB Vision Atlas, First edition 2017. London: IAPB 2017.

During an eye camp in Bhacheck



During an eye camp in Bhacheck

Patient after cataract surgery



राहल)

आमनो चिकित्सकको

नयापुढिला ।

बिउ नुहाउने



“It would not be inappropriate to say that conducting an eye camp in Karnali in 2003, where three-hundred-and-seven patients had their sight restored, was a challenging task,” says Yuddha Dhoj Sapkota, a former community programme coordinator at ECF and now IAPB South East Asia Regional Coordinator. “We can proudly say that the eye camp was a success, despite the unabated and terrifying noise of gunfire and bullets that assailed the camp while we were operating on patients. Our hope for a temporary cease-fire between the government and Maoist rebel groups faded away. However, our commitment towards the people to whom this camp was a ray of hope, made us continue our work. Even the Chief District Officer (CDO) of Jumla had warned us: Maoist militants were gathering at a three to four hour walking distance and were preparing to attack the district headquarter within a few days. Should we cancel the eye camp, a large number of people who were blind had travelled, mostly on foot or carried by family members, for many days to reach the camp, would have to go back home with their blindness or eye disease untreated. We thought “if we have to die doing our best to help these people, then so be it.”

“We operated on one-hundred-and-eighty-three patients in Jumla, the highest number of surgeries we had ever performed in sixteen years,” Sapkota continues. The sheer number of patients overwhelmed us as people from Dolpo, Kalikot and Mugu thronged to the eye camp. We gradually became accustomed to working with the deafening



## EYE CAMP IN A WARZONE IN KARNALI

noise of gunfire and explosions, while being surrounded by heavily armed security personnel. We gathered our courage to face the trek to Mugu. As soon as we crossed the border into the Jumla region, the Maoist rebels swooped in on us to inspect our team. After intensive

interviews, we were issued a permission of sorts to travel to Mugu. On the second day of our travels we were once again almost shot at. We were not aware of the curfew starting at 7:00 PM and within minutes we found ourselves surrounded by Maoists carrying machineguns. It took a lot of effort to convince them that we were doctors. Our fear and fatigue soon faded away on account of the patients for whom this was the first opportunity to visit an eye camp in three years. We were expecting large numbers of patients, but due to the security situation, only those who had been able to convince the Maoists to let them pass were able to attend the camp. A total of one-hundred-and-twenty-five surgeries were performed. We will never forget that one time when we could do nothing but crouch and keep away from the window when there was an explosion followed by roaring gunfire very close to our camp. Out of the three-hundred-and-seven patients who attended the camp, one-hundred-and-eleven were bilaterally blind and were carried to the eye camp on the backs of their family members. One lady, aged thirty-seven and completely blind, had been carried all the way from Dolpo; a five-day hike. She thanked us and said that her husband was about to take a second wife. When she had regained her vision she was cheerfully discussing the second wife with her husband.”<sup>78</sup>



During an eye camp



During an eye camp in Bhacheck

