

# Nepal

## LIONS ARAVIND INSTITUTE OF COMMUNITY OPHTHALMOLOGY

Review and Development of Actionable National Plans for the South East Asian Region: A Vision 2020 Regional Workshop

September 24 - 26, 2009

### Data Sheet

<b>Country</b>	Nepal					
<b>Population of service Area:</b>	28,196,960	<b>CSR:</b> 2,407				
<b>2015</b>	31,551,305	6,500				
<b>Eye Care area</b>	<b>Rate</b>	<b>Per</b>	<b>Potential Need</b>	<b>Annual Target</b>	<b>Currently Treated</b>	<b>New Targets (2015)</b>
Cataract Surgery	6,500	1,000,000	183,280	2,800	67,870	205,083
Spectacles	10.1%		2,837,235		9,000	3,174,755
Diabetes Prevalence	1.80%		507,545			
- Diabetic Retinopathy	20.00%		101,509		3,000	
Glaucoma Patients	1	100	281,970		1,000	
Incurably Blind	1	1,000	28,197		100	
Low Vision Persons	1	100	281,970		200	
Trachoma						

### HR Need - based on Population & above annual workload

Human Resource Category	Rate	Per	Unit	Total Need	Current Availability	HR Gap	*Desired Annual Output	Annual training capacity	Current Targets by 2015	New Targets (AC) by 2015	Remarks
Ophthalmologists	1	400	Cataract Surgeries	458	136	322	41	16	400	17	Only 101 of them operate
Hospital Based Ophthalmic Assistants	4.5	1	Ophthalmologist	2,062	315	1,747	219	50-60	1,500	40	
Community Based Vision Center Technicians	1	50,000	Population	564						150	
Optometrists	2	100,000	Population	564	26	538	68	4			
Eye Care Managers	1.5	1,000,000	Population	42	4	38	5		40-50	2	to train 10 candidates by 2015
Instrument Maintenance Technicians	1.5	1	Institution	12	14			5	5	5	

### Infrastructure Need - based on Population

	Population Base	Nos. Required	Current Status	Gap	Remarks
Centre of Excellence	50,000,000	1	#REF!	#REF!	
Tertiary Care Centres	5,000,000	6	8	-2	
Secondary Care Centres	500,000	56	13	43	
Primary care - Vision Centres	50,000	564	63	501	

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Strategy Area	Enhancing Access			Category	
	Infrastructure	Internal	Policy decision	Financial Implication	
Action Point : 1	Convert PECCs to monthly surgical centres (Cataract) in all the districts - atleast once a month by the year 2015 & set up PECCs in the five districts where there are no PECCs at present		√	√	
	Diseases Specific(Subsidie,Insurance,Financing Mechanism,Referral)				
Action Point : 1	CSR will be considered in two aspects: a) overall CSR rates for the country; b) CSR rate for presenting vision in best corrected eye, VA <6/60 for the country/district	√			
Action Point : 2	Opportunistic screening for Glaucoma services: Incorporate screening for glaucoma among patients identified cataract	√			
Action Point : 3	Could we explore the possibility of using micro-credit groups (charge a small premium per month, per family that could support eye care services). Pilot this in couple of areas	√			
Action Point : 4	Screening patients (with diabetes for more than 5 years) for diabetic retinopathy by ophthalmic assistants as part of diabetes screening by physician/diabetic clinics)		√		
Action Point : 5	To have lasers available in all the 12 eye hospitals (NNJS)				
Action Point : 6	Low vision services in all eye hospitals				
Action Point : 7	Provision of spectacles for the vulnerable population attending the screening eye camps & hospitals	√		√	
	Awariness creation				
Action Point : 1	Mobilisation of patients through creating concerted awareness. Include schools, workplaces, volunteers, religious leaders, political leaders, NOGs/CBOs/INGOs, ASHA/ICDS workers		√		
Action Point : 2	Increase community participation	√			
	Research : Evidence to Enhance Access				
Action Point : 1	RAAB study to understand the actual need Vs projected in the underserved areas to plan the services	√		√	
	Policies related to enhance access (Current Policies & Lack of Policies)				
Action Point : 1	Creating access to patients to reach the eye hospitals (not limiting only to the hopsital's but also leverage community structures and other programmes to support this	√			
Action Point : 2	Integrating eye care services with general health programmes (eg. Elderly, Diabetes, etc. and facilities) at the primary levels - case detection, motivation, referrals		√		

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	<b>Ophthalmologists</b>	<b>Internal</b>	<b>Policy decision</b>	<b>Financial Implication</b>
<b>Action Point : 1</b>	Optimise the existing operating surgeons' outputs to 1000 per surgeon per year	√		
<b>Action Point : 2</b>	Train the ophthalmologists to carry out speciality eye care services along with their cataract initiatives	√		
	<b>MLEP</b>			
<b>Action Point : 1</b>	Standardise the training curriculum and training period	√		
<b>Action Point : 2</b>	Develop accreditation standards for institutions and personnel	√		
<b>Action Point : 3</b>	Reorientation of existing staff	√		
	<b>Managers</b>			
<b>Action Point : 1</b>	Explore the potential of training the managers comprehensively in a batch	√		√

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