



Nepal Netra Jyoti Sangh

National Society for Comprehensive Eye Care



Strengthening eye health systems in Nepal through Peek-powered programmes

Innovative Approaches to Refractive Error Detection and Treatment in Nepal

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Context of eye health in Nepal

- 22% (6.8 million people) of the population are **living with vision loss.**
- 60,138 are estimated to be blind.
- **Remote regions and an ageing population** add to the challenges of getting eye care to the millions of people who need it.
- Access to eye care is limited in rural and remote areas, home to 78% of the population
- This case study describes a district-level approach to improve access to refractive error (RE) services using task-shifting and community-based models.



Methods

- Screening and treatment were delivered through door-to-door visits, school programs, health post services, and primary health centre outreach.
- Task-shifting expanded the workforce to include Eye Health Workers, Ophthalmic Assistants and health assistants, trained in screening, basic treatment, and referral.
- Referrals were linked to higher-level facilities for complex cases.
- Peek Vision software recorded visual acuity, tracked patients, and monitored spectacle dispensing.
- Programs were implemented through partnerships among stakeholders.



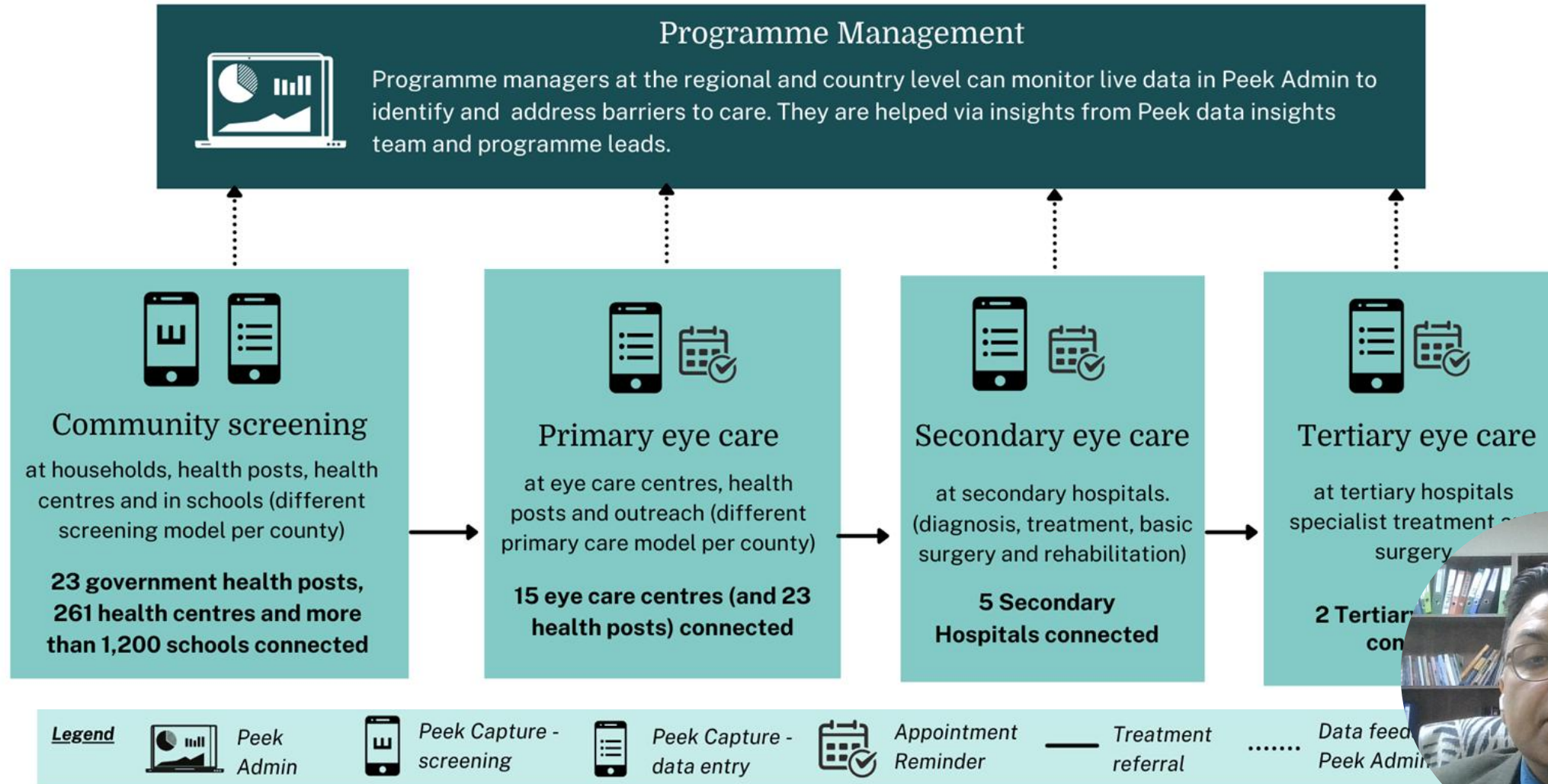
Methodology

- More than **240** health workers have been trained to use Peek to conduct vision screening in homes, schools and at health posts.
- **217 health posts, 21 eye care centres, 2 secondary hospitals, 1 tertiary hospital and 1,368 schools** have been connected into the programme using Peek.
- The Peek platform provides programme data to help optimise resources and increase access to care.

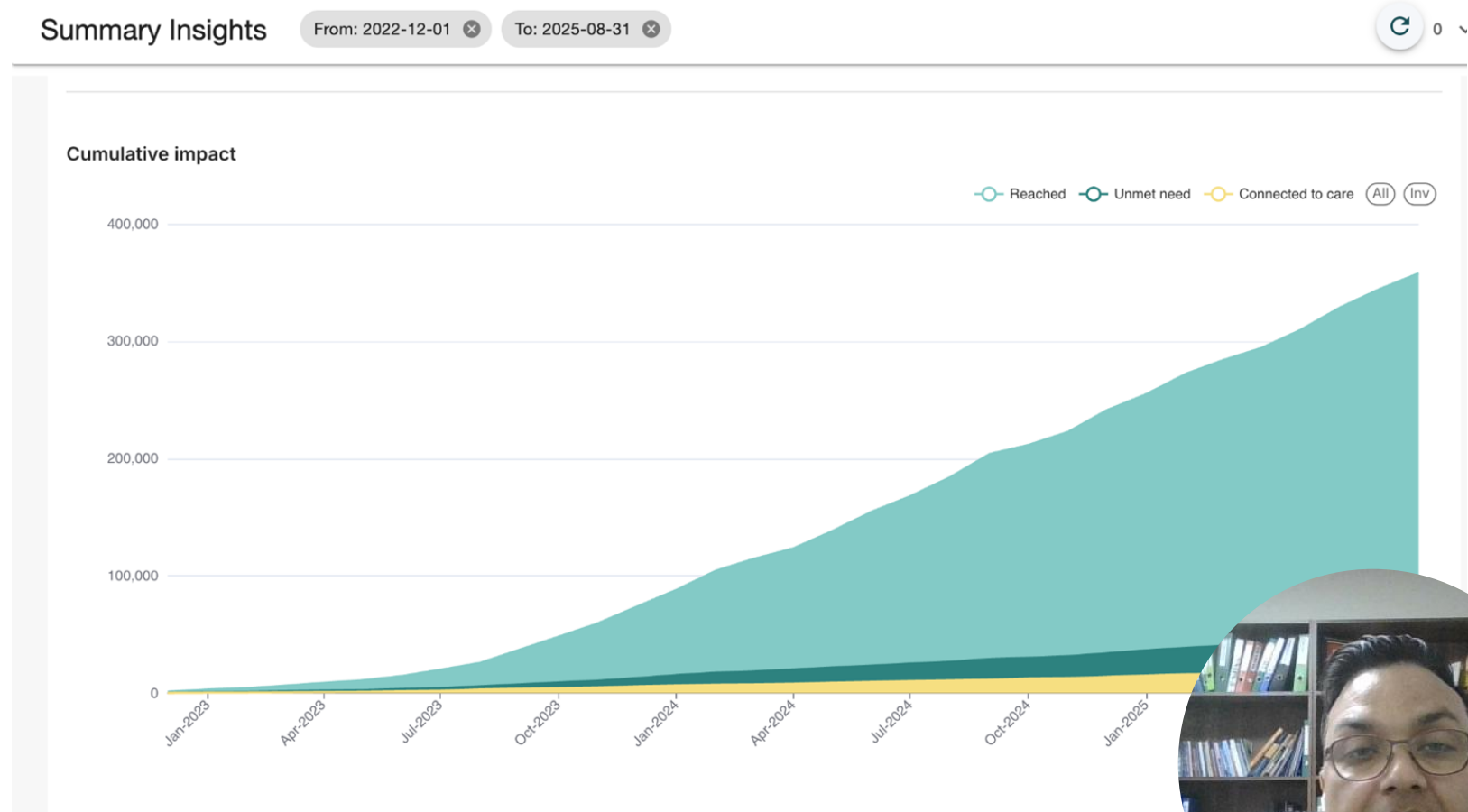
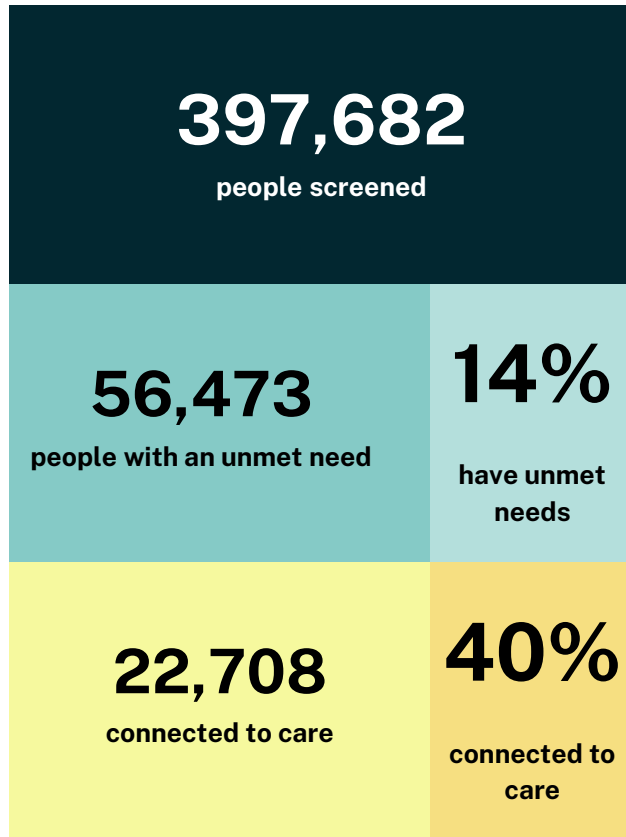


Credit: Ms. Rita Pradhan/ Nepal Netra Jyoti Sangh

Integrated eye health

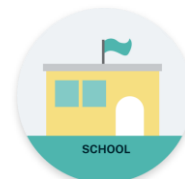


Cumulative impact (2022 - 2025)



Summary in Nepal programme by type of programme

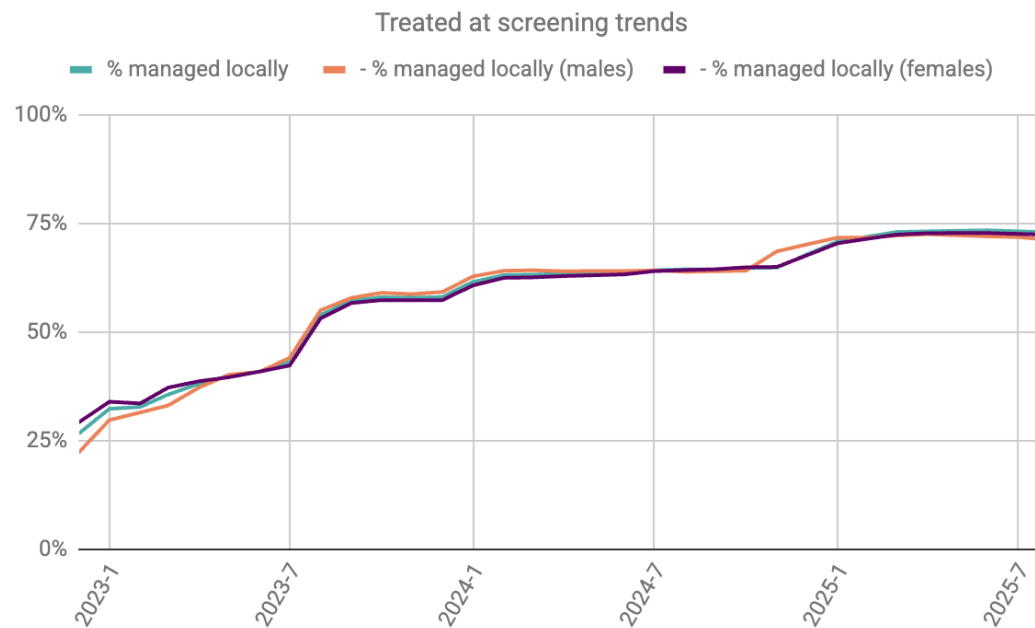
	Community Screening		School	Total
	Household	Static / Health Facilities		
Reach	133,460	99,002	165,220	397,682
Unmet need	17,559	28,100	10,814	56,473
Connected to care	3,295	16,225	3,188	22,708
% of overall reach	34%	25%	42%	100%
% unmet need	13%	28%	7%	14%
% connected to care	19%	58%	29%	40%



- Household screening model presents higher coverage (34%) but lower access to eye care (19%).
- Facility screening: higher unmet need identified (28%) and better connection-to-care (58%).



Lessons learned - increasing 'managed locally' in government health posts and facilities



Sunsari CEH

- In Sunsari CEH overall access was improved by increasing patients who were managed at the primary care level
- Achieved by:
 - Training community health workers on primary eye care
 - Advocating to the government to provide medicines at



Lessons learned - increased access to triage in remote areas

The problem

27%

triage adherence rate
in Mahattori CEH

The intervention

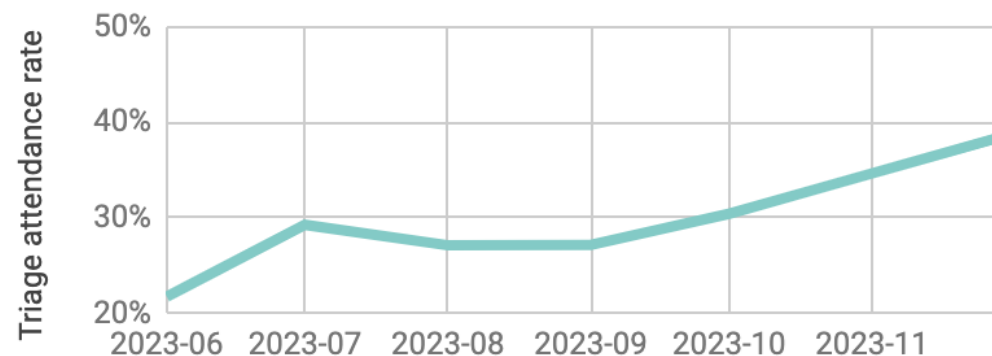
To encourage better counselling at screening, screeners were incentivised using a shared Whatsapp Group and received training.

Referral cards were introduced which offered free registration if brought to triage (to ensure better data capture as each referral card had a unique patient id).

The success

36%

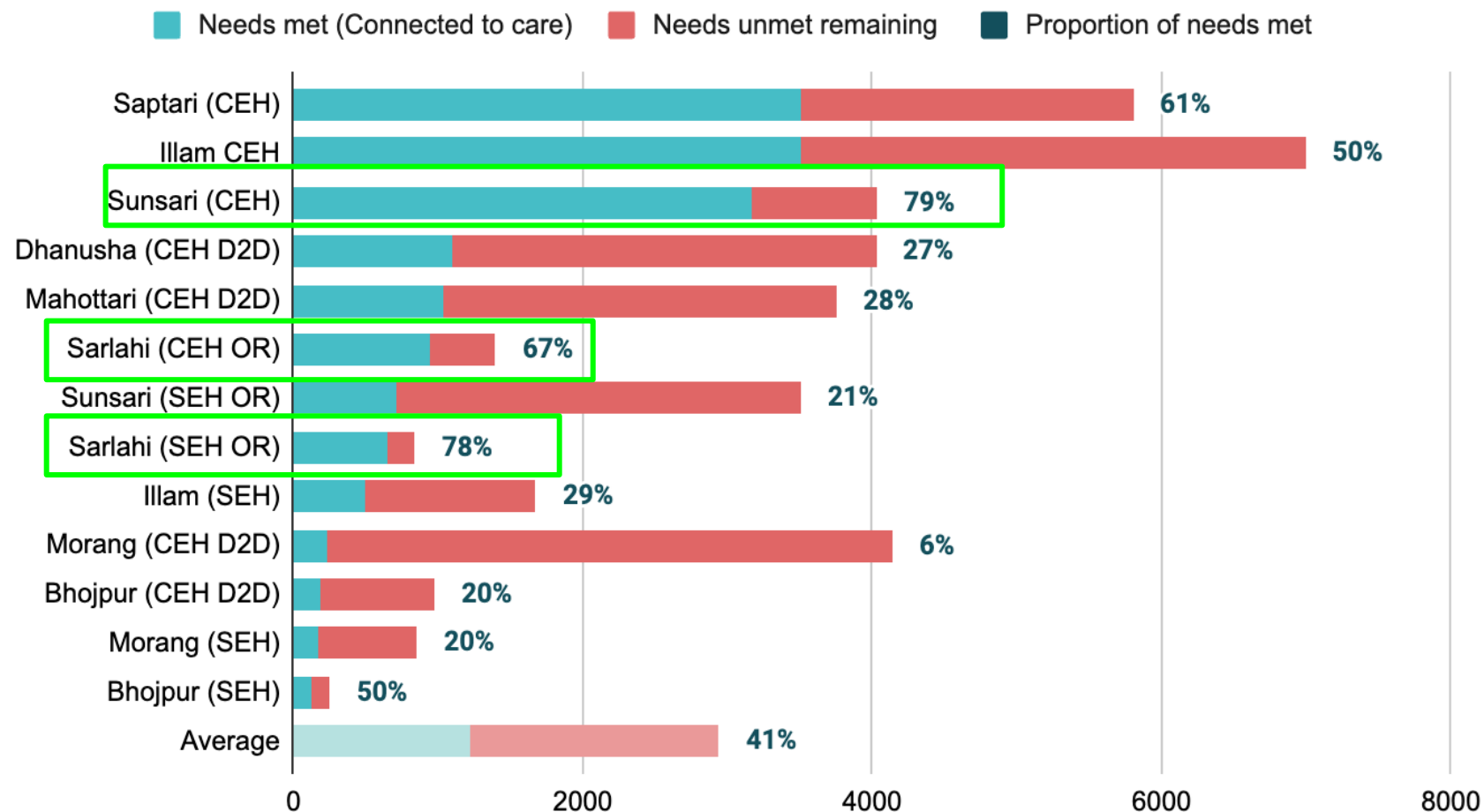
triage adherence
rate in Mahattori



Statistic - Mahottari CEH



Lessons learned - variation in access to care

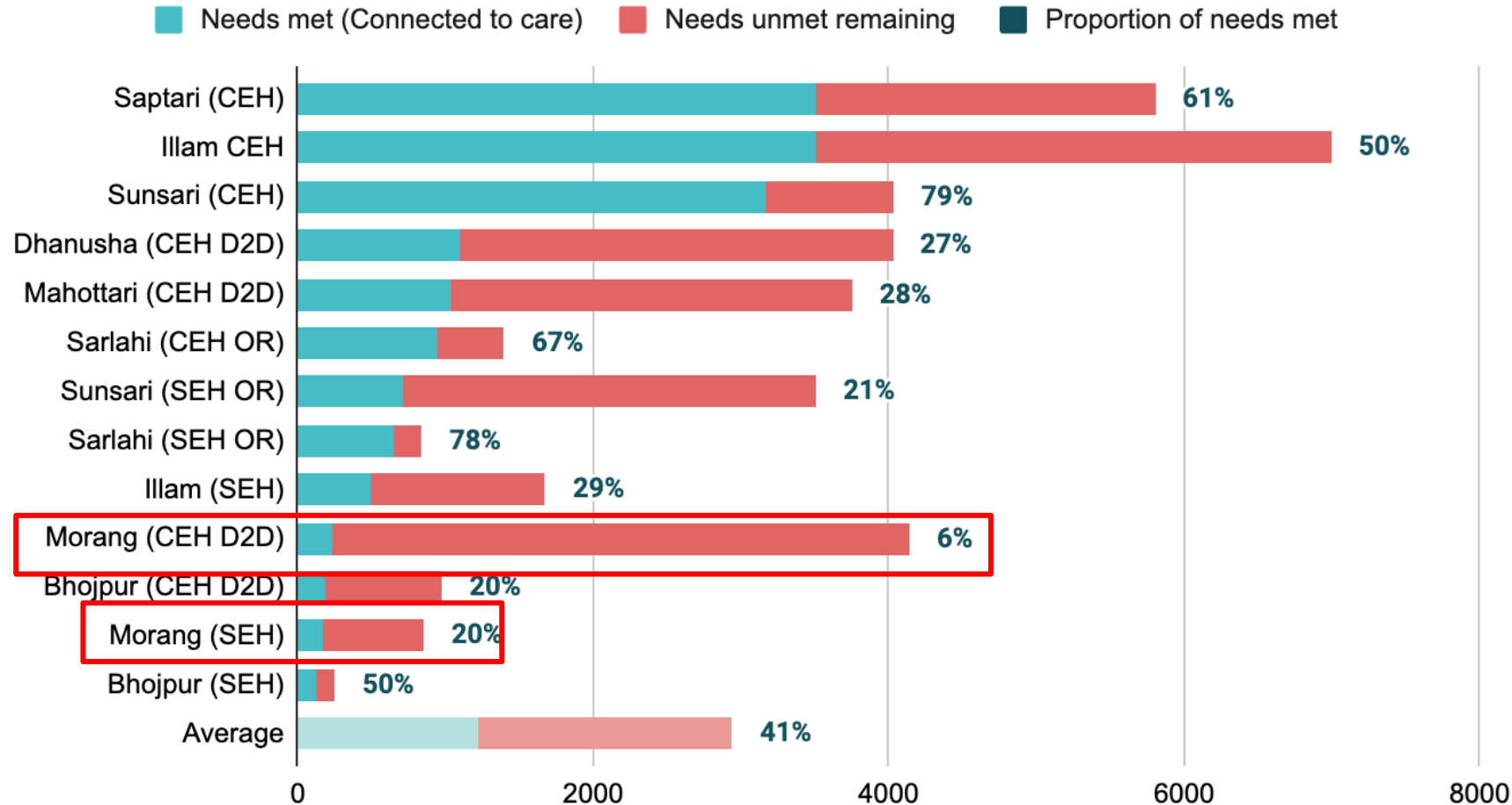


High level in connected to care rates in:

- Community screening when conducted at the health posts **Sunsari CEH - 79%**
- Outreach at health facilities **in Sarlahi CEH - 67%**
- School screening with outreach services - e.g. **Sarlahi SEH - 78%**



Lessons learned - variation in access to care



Lower level in connected to care rates in **hard to reach rural populations** - e.g.

- Morang CEH (with door to door screening)
- Morang SEH
- Bhojpur CEH (with door to door screening)



High-Level Care Received Breakdown	Number of people (2022-2025)
Cataract cases identified by Screeners	8,262
Cataract surgeries (connected to care)	593 (7%)
Total glasses prescribed	5,439
Distance glasses dispensed (% of prescribed)	563 / 1,057 (53%)
Near glasses dispensed (% of prescribed)	1,402 / 3,280 (43%)
Multifocal glasses dispensed (% of prescribed)	632 / 1,099 (58%)
Ready readers provided (% from those eligible)	0 / 4,230 (0%)
Medicines dispensed (% from those prescribed)	10,710 / 10,063 (94%)



Key takeaways

- **Data → action:** Harmonized routine data enables end-to-end referral tracking, faster improvements, and more equitable, people-centred eye care through strengthened primary-level services.
- **Scale through partnerships:** Peek and NNJS will expand to more districts and substantially increase monthly screening volumes over the next three years.
- **Equity focus:** Data is already highlighting access gaps; targeted work is needed to close them.



Next steps

- **Support scale-up:** Operationalise expansion with partners (district onboarding, workflows, capacity, and reporting).
- Deep-dive on low-access areas: **Collect richer socio-demographic data** to pinpoint who is being left behind and where.
- **Co-design and test interventions:** Work with affected communities to understand barriers and trial solutions to improve access and follow-up.



Credit: Ms. Rita Pradhan/ Nepal Netra Jyoti



 peek vision

