

From the CEO's Desk



Dear Esteemed Members,

Greetings from VISION 2020: The Right to Sight – India.

It's my pleasure to be communicating with you through the VISION 2020: The Right to Sight – India's quarterly newsletter.

As you all know that we had knowledge enriching 10th annual conference at Angamaly, Cochin on July 5-6, 2014 with an overwhelming 650 participants taking benefit. We also had encouraging trade participation. Our aim, however, is beyond sheer numbers. We hope that all the delegates who attended the conference had useful take that they can implement at their organisations. We will be analysing the feedback from the conference to improve the conference next year to have a bottom approach to meet the expectations of our member organisations.

We have been flooded by congratulatory messages at the success of the conference. The entire credit for the success of the conference goes to Little Flower Eye Hospital and Research Centre and for their tremendous support to us in hosting it. Our special thanks to Father Paul Madan, Director, Little Flower Eye Hospital and Research Centre, Angamaly for leading his team to work on all aspects of the conference meticulously and making it a well coordinated and well facilitated conference.

I also take this opportunity to thank all the delegates to the conference who helped us in making the conference a success through their participation.

This past quarter has been significant in terms of advocacy and programme development. We have had meetings with WHO India and the new Joint Secretary at the Ministry of Health, Government of India which will have positive impact on our programmes in the future. We continued conducting thematic workshops aligned with our five year strategic plan which are all reported in this document. .

We, of course, will continue to strengthen our programmes and approaches with new Board in place and work with more rigor towards eliminating the avoidable blindness.

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Phanindra Babu Nukella, Ph.D.

CEO, VISION2020: The Right to Sight – India

ADVOCACY

Two important meetings marked the activities of this quarter. The meetings were with two vital stakeholders in eye care aimed at advocacy towards the larger goal of VISION 2020- India. One meeting was with the WHO India team and another with incumbent Joint Secretary, Ministry of Health and Family Welfare, Government of India.

Meeting with WHO India

The team from VISION 2020: The Right to Sight – India met World Health Organisation (WHO) India-Non Communicable Disease (NCD) team. The NCD unit is led by Dr. Fikru Tesfaye Tullu. The team from VISION 2020 – India led by its CEO, Phanindra Babu Nukella gave an introduction on VISION 2020 – India and its activities and discussed areas of possible collaboration with WHO India. They were also invited for the 10th annual conference at Angamaly, Kerala.

Following are the points made by Dr Tullu:

- Collaborate in areas that are common like diabetes where VISION 2020 – India could provide inputs on Diabetic Retinopathy in the manual of diabetes prevention and control that WHO India is currently working on.
- WHO works with the country governments at policy level. We would explore areas where, in our collaboration with the government in India, we could involve VISION 2020 – India.
- Will engage VISION 2020 - India in multi-stakeholder consultation and development of action plan for NCD for the country
- Will be glad to participate in VISION 2020 – India workshops and conferences.

Meeting with Joint Secretary

CEO, VISION 2020 – India, Phanindra Babu Nukella met Joint Secretary, Dr AK Panda Ministry of Health and Family Welfare (MoHFW), Government of India. The aim of the meeting was to apprise him about VISION 2020 – India's programmes and for reconfirming Joint Secretary's participation at the annual conference as the Chief Guest. The discussion also included government's possible collaboration with VISION 2020 – India in observing the World Sight Day.

Special Feature

National Trachoma Survey 2014-15

A national Trachoma survey is currently being conducted by the apex institute for eye care in the country, Dr Rajendra Prasad Centre for Ophthalmic Sciences, AIIMS, Delhi, with the support from National Programme for Control of Blindness (NPCB), Government of India.

Trachoma is the leading cause of infectious blindness globally. It usually affects the most socio-economically disadvantaged regions of the world. According to recent estimates, trachoma is endemic in 57 countries of the world and India is one of the five countries accounting for nearly half of the global burden of active trachoma.

In 2006, a national survey on trachoma was conducted in the previously hyper-endemic states

of Punjab, Haryana, Rajasthan, Gujarat, Uttarakhand and Western UP. It was reported that 5.8% of children aged 1–9 years demonstrated clinical signs of active trachoma, while the magnitude of trichiasis was very low (0.15%). Hence it was inferred that trachoma has ceased to be a public health problem in India.

The present Trachoma prevalence survey is planned to be conducted in the districts covered during the 2006 TRA in order to provide evidence whether trachoma has really been eliminated from these districts or not. The 2014-15 national trachoma survey was initiated from district Mewat in Haryana.

Even as the team from RP Centre, AIIMS gears up to visit Vidisha, M.P., **Sridevi Sunderarajan, Development Communication Officer, VISION 2020 – India** caught up with **Dr Praveen Vashist**, the Co-Principal Investigator for the survey to find out the

Special Feature

National Trachoma Survey: an interview with Dr Praveen Vashist

V 2020 – India: *Why a survey on Trachoma?*

Dr Praveen Vashist: According to the World Health Organisation (WHO) India is one of the endemic countries for Trachoma. The last national survey was done in 1986 – 89. It is more than 25 years, a period in which a number of socio-developmental and trachoma specific SAFE initiatives have been taken to reduce the burden of the disease. It is time to conduct a mega survey to assess how these initiatives have impacted and to find out the current prevalence and magnitude of trachoma in the country.

V 2020 – India: *Has the disease not been eliminated from the country?*

Dr Praveen Vashist: Though the burden of disease is reduced but there are still some high risk areas for trachoma. Dr RP Centre did a survey in Nicobar Island of Andaman and Nicobar Island in 2010 and nearly 50% children were identified with active trachoma infection and trachomatous trichiasis was also observed in adults in all the ten villages surveyed, wherein trachoma control measures were suggested in form of mass Azithromycin treatment once in a year for three consecutive years. We conducted a repeat survey after three years in 2013 and found that the prevalence of active infection has come down to 6.8% amongst the surveyed children.



Trachoma survey underway at Mewat, Haryana



Trachoma survey underway at Mewat,

In our Rapid Assessment of Trachoma (RAT) in urban slums of Delhi, we found active cases of trachoma in few slums although the magnitude of active trachoma infection was low.

V 2020 – India: *For the current survey which are the states that you have selected?*

Dr Praveen Vashist: We are conducting the trachoma prevalence survey in 9 districts of 5 states which were part of the previous TRA survey in 2006 – 07. The 5 states are: Punjab, Haryana, Rajasthan, Gujarat and Uttarakhand. Uttar Pradesh was part of the 2006 – 07 survey, but Trachoma prevalence study has already been conducted by NPCB in this state.

The districts to be covered are: Hoshiarpur (Punjab), Mahendergarh & Mewat (Haryana), Bikaner, Dholpur & Tonk (Rajasthan), Pauri Garhwal (Uttaranchal), and Kutch & Banaskantha (Gujarat).

Additionally, 15 districts in 15 states will also be covered where a rapid assessment of trachoma will reflect the current status of trachoma in these regions.

V 2020 – India: *What is the sampling frame/size for the survey?*

Dr Praveen Vashist: For the Trachoma prevalence survey, we have selected 20 clusters randomly from each district. In each cluster minimum 100 children are examined: 1- 9 years for active infection and population of 10 years and above examined for trichiasis, corneal opacity including blindness.

V 2020 – India: *Dr Praveen, you have led several surveys, including the one on trachoma in Andaman and Nicobar. So drawing from that experience what do you bring different to this survey?*

Dr Praveen Vashist: In one word: quality. We are concerned about quality and are making all efforts to ensure that we maintain standards as per WHO guidelines. We are also conducting microbiological investigations among the cases as well as equal number of controls. Direct Immunofluorescence analysis will be done using the MicroTrak Chlamydia trachomatis Specimen Kit procured from M/s Trinity Biotech, Ire-

Direct Specimen Kit procured from M/s Trinity Biotech, Ireland in the dedicated trachoma lab of ocular microbiology unit of Dr. R.P.Centre.

For detailed interview, please visit: <http://www.vision2020india.org/index.php>

PROGRAMME DEVELOPMENT

VISION 2020: The Right to Sight – India introduced zonal specific thematic workshops last year. These thematic workshops aim at areas where organizations need skill enhancement. The themes also align with VISION 2020 – India’s focus areas of comprehensive, quality and equitable eye care.

In this quarter three such workshops were held

- 1] **‘Operations Management for effective eye care delivery’,**
- 2] **‘Quality Assurance in Eye Care Delivery’** and
- 3] **Glaucoma training.**

Workshop on ‘Operations Management for effective eye care delivery’

This two day workshop was held on May 3 & 4, 2014 at Sankar Foundation Eye Hospital, Visakhapatnam, Andhra Pradesh. Nearly 32 participants including ophthalmologists and eye care managers representing nearly 10 eye hospitals from the State. Sankar Foundation Eye Hospital, Visakhapatnam, hosted the workshop.

Dr. S. Chandra Sekhar, Chairman, Srikan Institute of Ophthalmology, Kakinada inaugurated the workshop.

The sessions over two days covered were:

1. Managing Human Resource and Emerging Issues—Quality Benchmarking in Hospital setting
2. Hospital day to day Business Operations and
3. Practicalities
4. System Management & Support Services for
5. Effective Hospital Management
6. Financial Management

Col Deshpande lighting the inaugural lamp.
Dr Chandrasekhar and Mrs Manimala look on.



Mrs Manimala at the workshop.



‘Quality Assurance in Eye Care Delivery’ Workshop

A two – day workshop on ‘Quality Assurance in Eye Care Delivery’ was held on May 24-25, 2014 at Vivekananda Mission Ashram, Purba Medinipur, West Bengal.

Fifty three participants from 21 organisations across the country participated in the workshop. The workshop also included two participants from Bangladesh.

The workshop was hosted by Vivekananda Mission Ashram Netra Niramay supported by GSI Project SEVA Foundation, USA.



The objective of the workshop was to:

1. Understand minimum required quality standards for eye care services.
2. Identify quality benchmarking for improvement in hospital setting.
3. Find out the different methods to ensure quality eye care services.
4. Understand the Comprehensive Eye Care Services with quality.

Two group works were held in the workshop. The first group work focused on clinical qualities in eye care services and the second group work worked on quality in comprehensive eye care. Four groups were formed for both group works. After every group work presentations were made on the findings/suggestions from the group.

For report go to:

<http://www.vision2020india.org/index.php>

Glaucoma Training

Towards our objective for a comprehensive eye care, a one – day training workshop on **Glaucoma** was held on May 4, 2014.

The training workshop was co-organised and hosted by Divya Jyoti Trust and co hosted by: VISION 2020 The Right to Sight Gujarat Chapter. The training module was designed by Dr. Devindra Sood, Director Eye Q Institute of Glaucoma, New Delhi.

The faculty for training included: Dr. Mayuri Khamar Raghudeep Eye Hospital, Ahmedabad, Dr. Jhanvi Shah, Eye Q Institute, Ahmedabad and Dr. Devindra Sood, Eye Q Institute, Delhi. Fifty four participants from Gujarat and Rajasthan attended the training workshop.

Reporting on the training workshop Dr Uday Gajiwala said, "The academic sessions were extremely interesting and useful. The presentations made by the faculty were eye openers and our fundamentals of glaucoma have changed following this CME. Presentations were made in simple language and were quite informative. Interactive sessions encouraged an active participation".

Developing Eye Bank in Northeast

Towards Equitable eye care, north east region is a priority area for VISION 2020: The Right to Sight – India. Col Deshpande, President, VISION 2020 - India attended a workshop on evolving a strategy for escalating eye bank facility for the north east region especially Assam on May 13, 2014.

The meeting was organised by SightLife at Guwahati. It was attended by Dr Deka, RIO, Assam; Dr Harsh Bhattacharjee, Director, Shankar Deva Nethralaya, Assam and Mr Manoj Gulati, Country Director, Sight Life.

Strategic Planning

A two day Strategic Planning and Team Building workshop was held on June 7 & 8, 2014 at Suraj Eye Institute, Nagpur. Col Deshpande conducted the workshop.



East Zone Members Meeting

A daylong meeting of the East zone members of VISION 2020: The Right to Sight – India was held on May 23, 2014 at Vivekananda Mission Ashram, Purba Medinipur, West Bengal. The objective of the meeting was to build stronger relations with VISION 2020 - India eye care hospital members and provide a platform for state level networking. A total of five organisations from Jharkhand, West Bengal and Odhisha attended the meeting. Sighsavers from the east region was also part of the meeting.

The meeting was moderated by Col. Deshpande, President, VISION 2020: The Right to Sight – India, Dr. Asim Sil, Chief Medical Director, NNN and East Zone Representative, and Dr Phanindra Babu Nukella, CEO, VISION 2020: The Right to Sight – India.

Group work to identify the problems in east zone came up with the following challenges and opportunities in east zone. VISION 2020 – India will work towards addressing the challenges in the zone.

Challenges:

- Lack of staff (mostly in rural areas)
- Long GIA dues
- Frequent change in leadership
- Low perceived risk about eye health by community
- Low acceptance rate of surgeries in Community
- Myths/fear
- Equipment maintenance
- DR/ Glaucoma Patients turn up

Opportunities:

- School of Optometry- Faculty awareness
- Eye Banking
- Specialised Glaucoma Unit
- Training of staff
- Expansion

Meeting with Chief RP Centre: Phanindra Babu Nukella met Chief, Dr RP Centre, AIIMS, Dr Yograj Sharma on June 30, 2014. This was an introductory meeting after Dr Sharma became the Chief. The aim of the meeting was to apprise him about VISION 2020 –India’s programmes; follow up on our invitation to him for participating at the 10th annual conference at Angamaly, Kerala.

Meeting with Vision Spring

The team from Vision Spring: Mr Kevin Hussey, President; Mr Keerti Pradhan, India Country Director and the team. They expressed on a possible close collaborations with VISION 2020: The Right to Sight – India.



*Mr Kevin Hussey with Phanindra Babu
at the VISION 2020 –India office*

ORGANISATIONAL DEVELOPMENT

The 42nd Board meeting of VISION 2020: The Right to Sight – India was held on April 24, 2014 at Orbis India Country office, Gurgaon, Haryana.

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