

#### Indian Supplement Editorial Board

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## Eye health care for the elderly: A collaborative effort

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### Introduction

The Greater Hyderabad Municipal Corporation (GHMC), to serve the senior citizens under the area it covers, started AASARA (AASARA in Telegu means "helping hand"), a programme to help senior citizens lead a healthy, peaceful and dignified life. It encourages senior citizens to take part in volunteering for various support services for the elderly. The motto of AASARA is Equal Rights and Dignity for Elders. AASARA - GHMC's special initiative for senior citizens and physically challenged individuals subsequently also formed a separate unit to redress the grievances of senior citizens through a call center, "1253", and proposes to implement certain initiatives for rehabilitation of senior citizens in due course.

L V Prasad Eye Institute (LVPEI), Hyderabad and the GHMC's AASARA programme collaboratively initiated a comprehensive eye health programme for underprivileged senior citizens of Greater Hyderabad from January 2008.

### The Programme

The programme setting offers opportunities for the implementation of comprehensive strategies to address avoidable blindness among senior citizens. The programme involves GHMC AASARA project coordinators, GHMC staff members, members of local community senior citizen forums, volunteers and private and government hospitals that provide eye care services. To begin with, AASARA will conduct screening camps and list individuals with eye ailments and those requiring rehabilitation through LVPEI services with the support of senior citizens organisations in the GHMC area. LVPEI will participate as a major partner by supporting the training of field level functionaries, providing orientation in identifying and mobilising persons with eye ailments, and further follow up and referral services to other identified service partners in GHMC area.

An initial one-day orientation workshop was held for volunteers, participating hospitals and field workers. This programme reinforces the tenets of the Ottawa Charter for Health Promotion; building public health policy, creating supportive environments, strengthening community action, developing personal skills, and

reorienting health services towards promotion and prevention<sup>1</sup> through shared strategies of empathy and empowerment for eye care.

The goal of the eye health initiative is 'Prevention of all avoidable blindness among senior citizens in Greater Hyderabad'.

The objectives are:

- Identifying senior citizens with visual impairment due to cataract, glaucoma, refractive errors, retinal ailments and other eye ailments
- Providing rehabilitation services to those senior citizens who cannot be helped by medical intervention and have already become visually impaired
- Creating awareness of all major eye ailments among senior citizens and enable them to benefit from the service providers
- Training grass-roots-level eye-health workforce in different sectors and empowering them to facilitate appropriate services from eye care service providers
- Evaluating the pilot project and planning and implementing future programmes



AASARA workshop group discussion for planning



## Graduate Diploma in Community Eye Health (Grad Dip CEH) & Master's in Community Eye Health (MCEH)

The Graduate Diploma in Community Eye Health (Grad Dip CEH) and Master's in Community Eye Health (MCEH) are offered collaboratively by the L V Prasad Eye Institute (LVPEI) and School of Optometry & Vision Science, University of New South Wales, Australia (UNSW). LVPEI is a WHO Collaborating Centre with six major areas of focus: comprehensive patient care, clinical research, sight enhancement and rehabilitation, community eye health, education, and product development. UNSW is one of Australia's leading research and teaching universities.

We are pleased to invite applications for these programs commencing January 2009. The programs are intended to produce eye health professionals who are innovative leaders with an understanding of the principles of community eye health and their applications in blindness prevention programs.

Candidates with a degree equivalent to an Australian Bachelor's degree in a relevant discipline may apply for direct entry into the Master of Community Eye Health program.

Candidates without a Bachelor's degree but with 3 years' relevant work experience will be eligible to apply for entry to the Graduate Diploma of Community Eye Health program, and on achievement of at least a Credit average (65%) may apply for transfer to the Master of Community Eye Health program.

*For further details, please contact*  
Rohit Khanna / Srinivas Marmamula  
Course conveners

### **L V Prasad Eye Institute**

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Hyderabad, India 500 034

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E-mail: rohit@lvpei.org, sriptom@lvpei.org

- Provide medial treatment/spectacles to all those identified with refractive errors and other eye ailments
- Initiate rehabilitation measures for those who are visually challenged

Eight to ten secondary and tertiary level eye centres were invited to partner in this initiative in the GHMC area by providing treatment and surgical services. The focus was on addressing cataract, glaucoma, refractive errors and other major eye ailments that lead to blindness. The different steps in the programme implementation are listed below.

- To identify senior citizens suffering with eye ailments from slums allotted to the existing health staff of NGOs, voluntary agencies, Greater Hyderabad Municipal Corporation and the senior citizens associations and to refer them to the partner eye care centres in their location.
- Community eye health specialists of International Centre for Advancement of Rural Eye Care of L V Prasad Eye Institute, Hyderabad to train the workforce involved in this mission
- Senior citizens identified with eye ailments to undergo detailed eye examination in the nearest eye centre and receive treatment/surgical service based on their requirement.
- Surgery will be performed free of cost to the poor and underprivileged and the centres will manage the cost incurred from the funds that they receive from existing donor agencies.
- People who are able to pay can be counseled by the respective centres to pay for their treatment/surgery.
- Post operative medicine/spectacles will be provided whenever funds are available.
- All staff involved in case finding and the service delivery centres will document each stage of their intervention, prepare reports and submit these periodically to AASARA.
- The case finding workforce will be linked with the eye care service centres and will be assigned with targets for identification, referral and get people operated/treated.
- Eye care service providers will conduct a detailed eye examination, conduct necessary investigations and provide appropriate treatment/surgical services.
- Every month each eye centre will have a target of a minimum of 25 to 30 eye surgeries.

#### **Activities to date**

A one-day workshop was organised for the volunteers and representatives from eye hospital/institutions along with field functionaries of AASARA programme. The modalities and further follow up for screening programmes and surgery for the identified persons were discussed in 9 groups and an action plan finalized for a pilot Senior Citizens Eye Health Programme. A total of nine partner eye hospitals, 50 volunteers from senior citizens associations and 10 coordinators from AASARA participated. Staff from LVPEI and GHMC coordinated and facilitated this workshop.

A pilot project was initiated to test the larger initiative. Nine eye hospital teams were actively involved in conducting 40 screening programmes in different areas coming under the GHMC. Out of 4,977 persons attending the screening programmes, 588 have been advised to undergo cataract surgery. 1,489 persons were provided spectacles. Those suffering from other ailments have been treated by the respective eye hospitals. The results from this initial pilot experience has provided a good experience to the AASARA stakeholders and also provided directions to roll out this programme as planned in the future.

This programme is entirely voluntary. The role of the volunteer is pivotal in planning, mobilising persons to attend the screening programmes, and further follow-up through the associations with the help of the senior citizens community.

The programme had clear-cut strategies for effective execution, including leveraging the involvement of eye care service providers to accomplish its goal of preventing avoidable blindness among senior citizens and involving existing health workers of government, non-government, voluntary agencies and volunteers in identifying senior citizens with eye ailments at their doorstep and referring them to the appropriate service providers.

The programme set achievable targets for its pilot, which were to:

- Identify and screen 2000 individuals suffering with eye ailments during a period of 2 months
- Provide surgical services to all identified persons within this population

The eye hospitals participating in this programme are:

1. L V Prasad Eye Institute
2. Balanagar Lions Eye Hospital
3. Dr. Ranga Reddy Lions Eye Hospital
4. M.S. Reddy Lions Eye Hospital
5. Sadharam Eye Hospital
6. Lions Dundoo Eye Institute
7. Kishore Chand Chordia Eye Centre
8. Shankar Netralaya Eye Hospital
9. Pushpagiri Eye Institute

#### The initial learning

The programme provided a forum for key stakeholders from the public and private sectors to discuss important issues and coordinate activities. It ensured that all partners are aware of the full impact of cataract surgeries and treatments for all other ocular treatments and the importance of their role in promoting them. This has helped identify barriers and solutions to address these barriers and to develop realistic plans of action to increase awareness on eye health.

All the partner organisations acknowledged the need for cooperation and continual commitment, and action to achieve the goal of increasing and sustaining supply and demand. It is hoped that this meeting can serve as model means in developing countries to address barriers to increasing uptake of eye care services.

The full fledged programme will also reflect the Global Priorities for Health Promotion<sup>2</sup> of Jakarta Declaration such as:

- Promoting social responsibility for health
- Increasing investment for health development
- Consolidating and expanding 'partnerships for health'
- Increasing community capacity and empowering the individual
- Securing infrastructure for health promotion

The programme also hoped to facilitate senior citizens to be at the centre of health promotion action and decision-making process for it to be effective. Moreover it provides access to education and information on eye health needs for achieving effective participation. It is hoped that the 'empowerment' generated among the elderly and communities will prove that health promotion is a key investment and an essential element of health<sup>3</sup> and development.

#### References:

1. The Ottawa Charter for Health Promotion, WHO, Geneva 1997.
2. Jakarta Declaration on Leading Health Promotion into the 21st Century, [http://www.who.int/hpr/NPH/docs/jakarta\\_declaration\\_en.pdf](http://www.who.int/hpr/NPH/docs/jakarta_declaration_en.pdf).
3. Margaret Sills, The Development of Health Promotion, Commonwealth Health Matters Newsletter Page: 4, Volume 1.5 June 1998.



Participants of the Workshop

laico

## LIONS ARAVIND INSTITUTE OF COMMUNITY OPHTHALMOLOGY (LAICO)

### ARAVIND EYE CARE SYSTEM (AECS) MADURAI, TAMIL NADU

#### COURSE ADVERTISEMENT

#### Project Management for Eye Care

Sep 1 – 27, 2008 at LAICO, Madurai

This course is designed to enhance participants' knowledge, skills and attitude in preparing an implementation plan for their eye care projects. The central theme of the course revolves around

- Learning the basic core concepts and delivery of eye care services
- Acquiring various managerial skills needed to manage the project
- Planning the activities for the project to implement
- Internalizing and communicating the project to key stakeholders
- Resource (Human, Material and Money) planning and preparation
- Budget management and cash flow
- Project sustainability and Documentation
- MIS, Monitoring, Evaluation and Report writing

By the end of the course, the participants will be

- proficient in converting the project proposal into implementation.
- able to manage and monitor the project effectively.
- able to develop operational manual, accounting guidelines and reporting guidelines for their projects.

The course fee is Rs.20, 000 for participants from India and Nepal. For participants from other countries the course fee is US\$750. This covers the course materials, teaching aids, and field visits. The cost for stay and food is about Rs. 3,500 at the AECS Doctor's hostel. If the participants want to avail accommodation facility outside, LAICO will facilitate the process.

The last date for receiving completed application forms is August 15th 2008. The maximum number of seats is restricted to 20 to facilitate close interaction and better learning.

#### Application Process & Further Information

This brochure and application can also be had from the AECS website.

Please send the application & nomination form to  
Mr. Vijayakumar  
Project Manager at the following address  
LAICO, 72, Kuruvikaran Salai, Gandhi Nagar  
Madurai 625 020, TamilNadu, India  
Phone: +91(0)-452-4356500; Fax: +91(0)-452-253 0984  
Email: [vijay@aravind.org](mailto:vijay@aravind.org)  
Website: <http://www.aravind.org/education/homepage.htm>

# VISION 2020: The Right to Sight India

## Activities April-June, 2008

The First Quarter has been an exciting and productive beginning to the Fiscal Year 2008-09 for VISION 2020: The Right to Sight-India.

In the last quarter of FY07-08, the Six Teams of Competencies (TOCs) had come up with strategies in the areas of Advocacy, Policy and Program Development, Quality Eye Care, Resource Mobilization and Sustainability, Resource Center and Organization Capacity. Based on the prioritized strategies, activity and budgeting was done for FY08-09.

Some of the key decisions taken during the quarter were : conducting the 4th AGBM at Jodhpur, Rajasthan, inviting His Excellency, ex-President of India and Global Ambassador of VISION 2020, Dr APJ Abdul Kalam to be the Chief Guest at the AGBM.

The focus of the current quarter (Q1, FY08-09) has been on strengthening partnership with the NPCB, updating and following up on the membership database and subscription, and providing programmatic support to VISION 2020 India members and completing the 3-member team at the National Secretariat by identifying and recruiting an Administrative Executive.

### Board Meeting:

The 18th Board Meeting was conducted at the National Secretariat in New Delhi.

### Organization related activities:

During this period, application for seeking registration with the Central Government under the Foreign Contribution (Regulation) Act, 1976 was submitted, and the preliminary investigation by the Home Ministry Official was conducted. This will enable the organisation to accept foreign contributions.

The Annual Audit (FY07-08) was conducted.

### Working in Partnership with the National Programme for Control of Blindness (NPCB) of Ministry of Health, Government of India.

Member Organizations of VISION 2020 India are located in 47 districts of 13 states of India (<http://www.vision2020india.org/membership.asp>). VISION 2020 India has worked on 3 key issues, i.e., (1) Various clauses requiring amendment to the Transplantation of the Human Organs Act, 1994, (2) Streamlining the Grant In Aid Scheme, and (3) XIth Five Year Implementation Plan.

Data received from its members have been shared with the NPCB. Subsequent to the approval of the 11th Five Year Plan, a National Level Workshop will be conducted to review the Guidelines for District Blindness Control Society and NGO Participation. VISION 2020 India also worked in the design of a Pilot Project in three states on a Sight Guarantee Program (Project ANMOL) – it focuses on a paradigm shift in eye banking, moving beyond a sympathetic and philanthropic activity and numbers to Rights-Based Approach (RBA). It means a post-donation scenario of sight restored to the recipient.

**Membership:** Apart from support in the form of grants from the Founder INGOs (CBM, Operation Eyesight Universal, ORBIS International and Sightsavers International), membership subscription from its various categories is a crucial source of revenue for the organisation. Membership dues have been pending, and a drive was initiated to strengthen this source of income. At the end of the first quarter, 65.5% of the projected revenues from Membership were obtained. 20 of 66 member organisations (30.3%) still had their subscriptions pending by the end of first quarter. This will again be followed up in the next quarter.

**Programmatic inputs:** VISION 2020 India Team assisted the Lions Group (East and North East India) in organising a Regional Workshop (Sahayogita) to strengthen Public-private Partnerships.

<http://www.vision2020india.org/KolkataWorkshopReport-Final-May-19th2008.pdf>



Dr AS Rathore, ADG (Oph) discussing the XI Five Year Plan in the 18th Board Meeting at National Secretariat, New Delhi



Dr AV Mehta, Past International President, LCIF moderating the Workshop on Strengthening Public Private Partnerships

