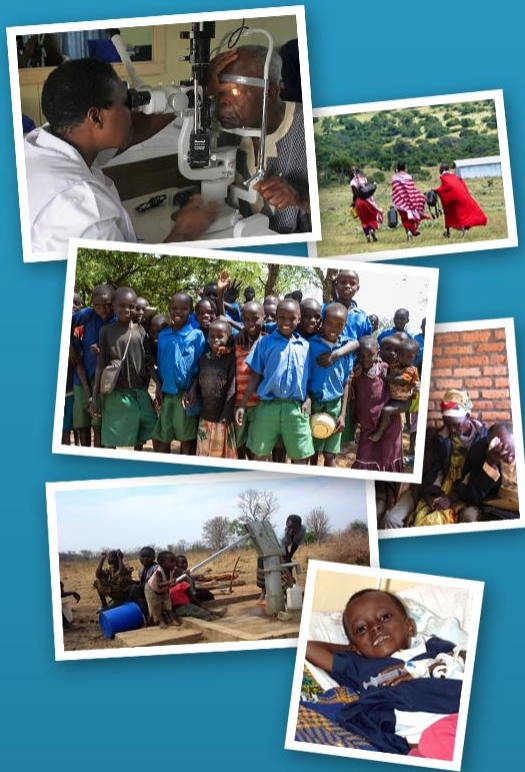




 OPERATION™
EYESIGHT
UNIVERSAL

For All The World To See



Hospital-Based Community Eye Health Program

We Are Eliminating Avoidable Blindness

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Global Director, Programmes
June 19, 2017*



VISION LOSS & BLINDNESS: A GLOBAL VIEW

Visually impaired
PEOPLE worldwide:

about
285
million

39
million
BLIND

246
million
LOW VISION

Visually impaired
CHILDREN
worldwide:

about
19
million

Age of 82%
of people living
with blindness:

50+

Vision loss that
can be prevented
or cured:

80%

Where 90% of
the world's visually
impaired live:

**low- &
middle-income
countries**

FACTS
&
STATS



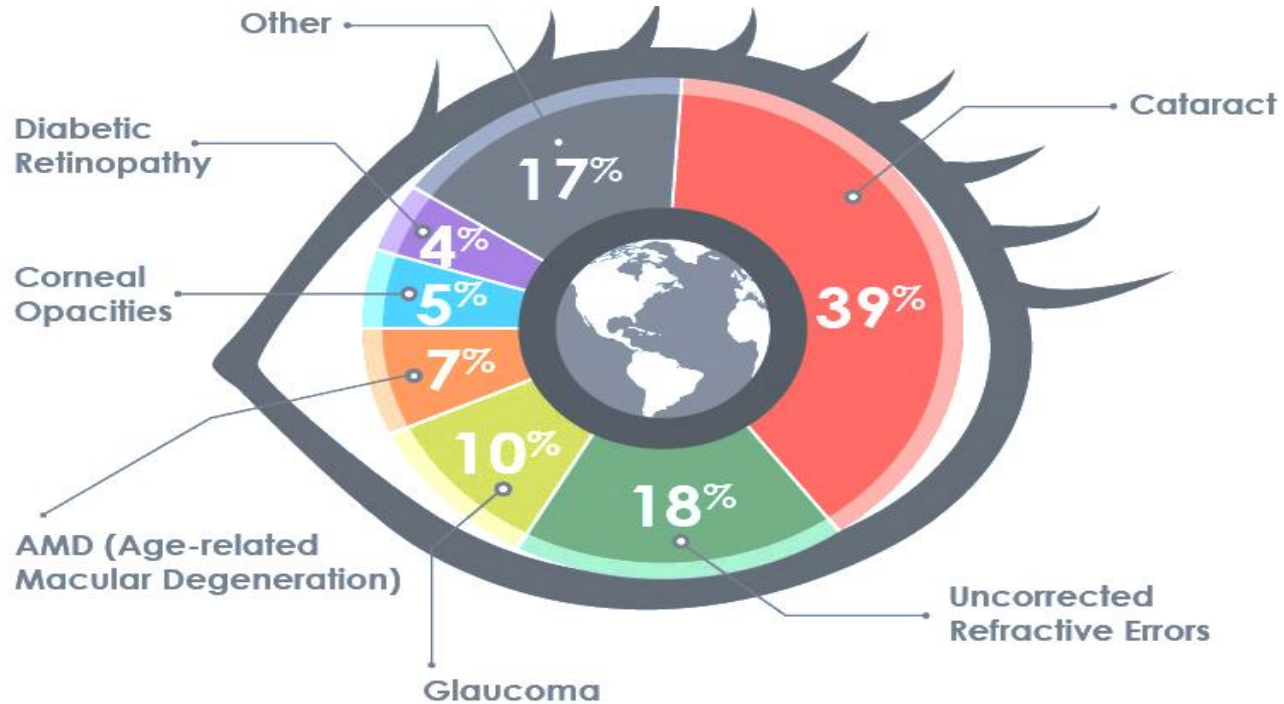
Source: Information is from the World Health Organization

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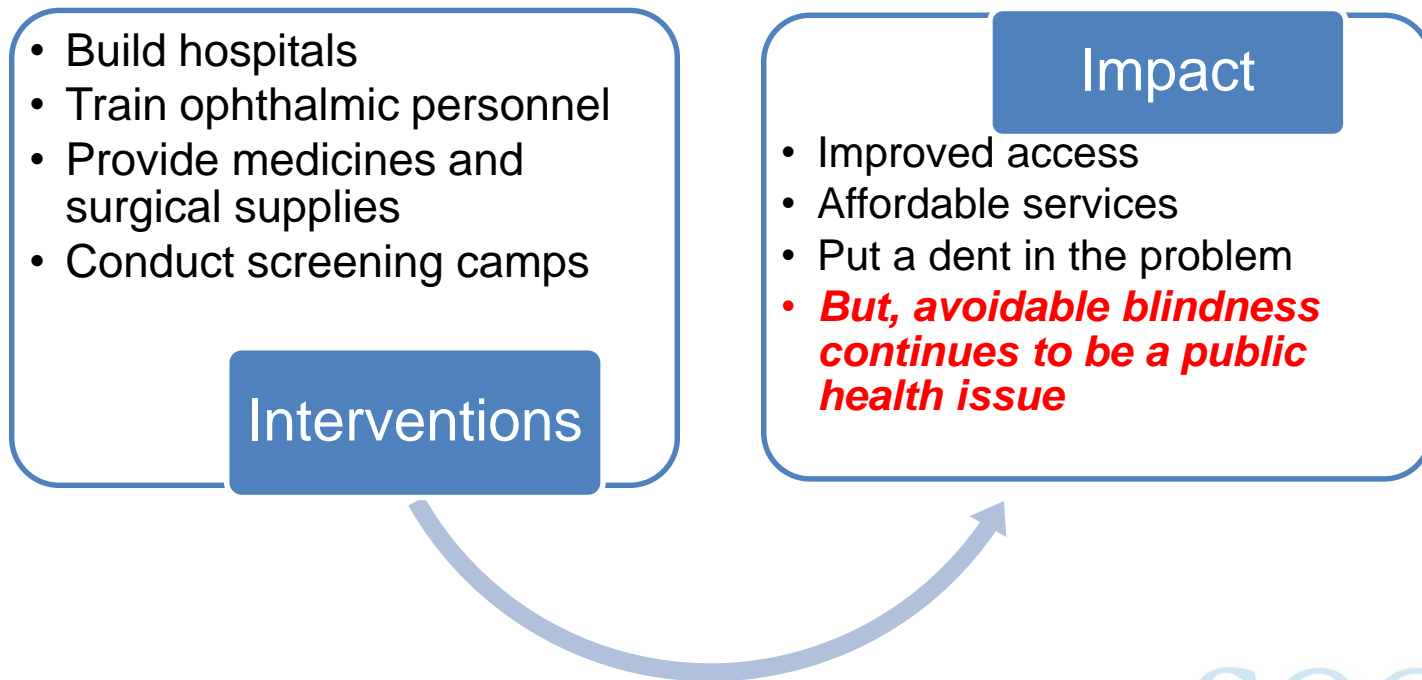
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Leading Causes of Blindness Around the World



Common Interventions by NGOs



Common Gaps

- Focus on making services:
 - free/affordable in some cases
 - available at the door steps – vision centres
- **But:**
 - enhanced supply did not result in enhanced demand or utilization
 - target communities were largely ignored

Operation Eyesight: Focus on Social Demand

- Social demand: Actual need supported by an active willingness to use appropriate services among target individuals/communities
- Prevailing scenario: Enhanced supply of services but gross underutilization
 - Only about 15 – 20% of the most marginalized benefit from the screening camps
 - Social demand largely ignored

Determinants of Social Demand

- Hierarchy of needs/prioritization
- Awareness
- Finance
- Fear
- Family
- Others

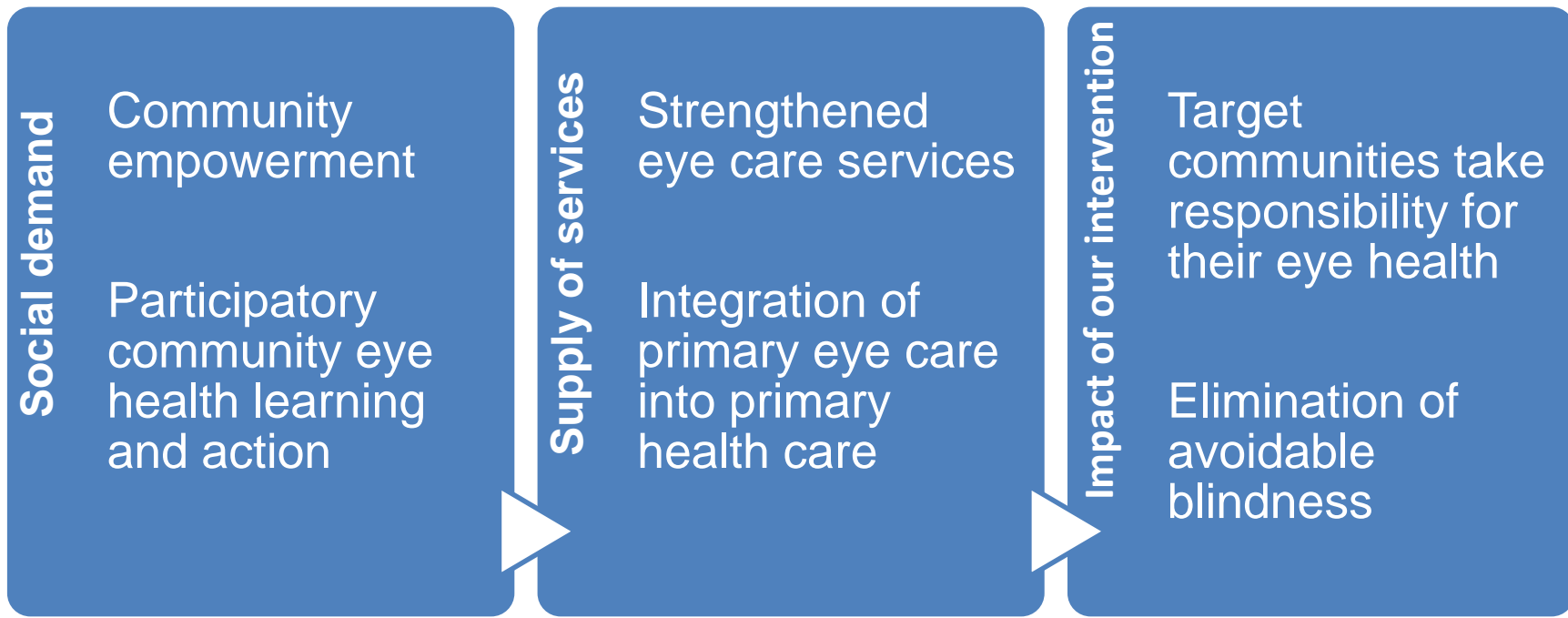


Operation Eyesight's Hospital-Based Community Eye Health Program



(HBCEHP)

HBCCEHP: The Concept



HBCEHP: The Concept

- Complete elimination of avoidable blindness from a geographical area on a **sustainable** basis from:
 - Service areas of hospitals
 - Service areas of vision centres



HBCEHP: The Concept

- Clearing all backlog of cases
- Training and capacity building to address incidences
 - Target communities
 - Local community health workers



HBCEHP: The Components



Community eye health workers

- An army of compassion
- From target communities
- Address gender disparities and sustainability issues



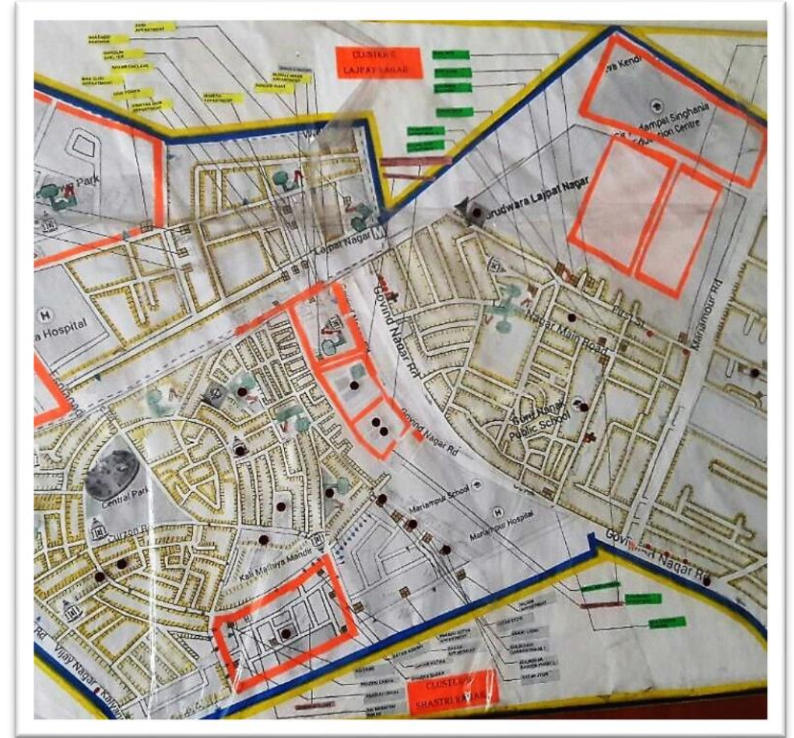
Door-to-door survey

- Screening of entire service area
- Visual acuity assessments and identification of eye conditions
- Validation by ophthalmic personnel
- Status of immunization, nutrition, etc.
- Computerization of data



Cluster-based micro action plans

- Based on results of door-to-door survey
- Target-oriented
- Community health workers responsible for implementation



Participatory approach to community eye health

- Effective in addressing local needs
- Better scope for engagement of marginalized groups
- Ownership and sustainability ensured
- Cluster-based micro plans are informed by this



Integration of primary eye care into primary health care

- Training of government primary health care staff
- Horizontal linkages
- Key result areas: immunization, malnutrition, antenatal and postnatal care
- Community eye health workers are a key link between target communities and primary health care services



Behavioural change communication

- Designed locally
- Focused on eye health and primary health
- Entire community is targeted (mothers, children and elders)
- Empowers communities to take responsibility for their own eye health



Vision centre

- Centrally located
- Catering to a population of 50,000 to 100,000
- Ambience: as attractive as a private optical shop
- Best-in-class equipment
- IT-based, real-time reporting system



Strengthened referral system

- Vertical linkages
- High quality clinical care
- Accessible and affordable



Community



Vision centre



Hospital

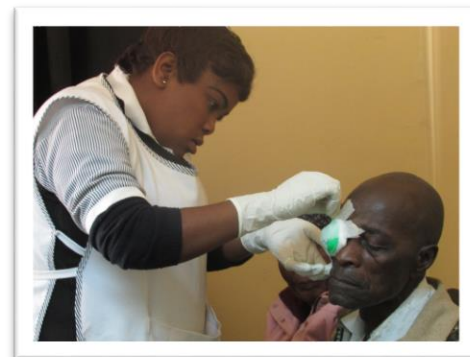
Avoidable blindness-free villages/communities

- No backlog cases
- Empowered communities
 - Those with eye health issues visit the facilities
- Surveys to confirm
- Public declaration event



Our Success!

- To date, we've declared more than **300 villages** as avoidable blindness-free
- We've established **98 vision centres**
 - 93 of these are financially self-sustainable



Our Success!

- We have a practical, **replicable model** that is recognized in the eye health community
- The model was developed in India and is now being implemented in Zambia, Ghana, Kenya and Nepal



Thank you



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