

Can we improve the eye health seeking behaviour of the community? A reality with Vision Centres

K. Anand Sudhan and D. Subramanyam

Introduction

The grand humanitarian vision of our founder Param Pujya Gurudev Shri Ranchoddasji Maharaj, a great devotee of *Lord Rama*, is to provide "Sight for the Blind". Gurudev with his amazing foresight had organized the first eye camp in 1950, when even Government had no thought of blindness control. Sadguru during the past 53 years is engaged in transforming the lives of thousands of people in the rural parts of Central India. Committed to Gurudev's vision, we at SNC have been actively involved in eye care since the inception of the organization. Tara Netra Dan Yagna (Hospital based eye camps) has been the basis of our eye care activities till recently. Since then, 65 surgical camps have been held and more than 6 lakhs patients have been lighted with vision.

Extending Eye Care Services

To extend the benefit of eye care services to more people, a 350 bedded state-of-art Eye Hospital, Sadguru Netra Chikitsalaya (SNC) enabling 12 surgeons to operate concurrently, has been established in 2000. SNC now performs around 45,000 surgeries every year. Now SNC envisions of becoming a Centre of Excellence (COE) in Central India. SNC as on date has the following services: Cataract, Pediatric Ophthalmology, Glaucoma, Oculoplasty, Vitreo-Retina and a full fledged Community Ophthalmology Department has been established in the year 2003.

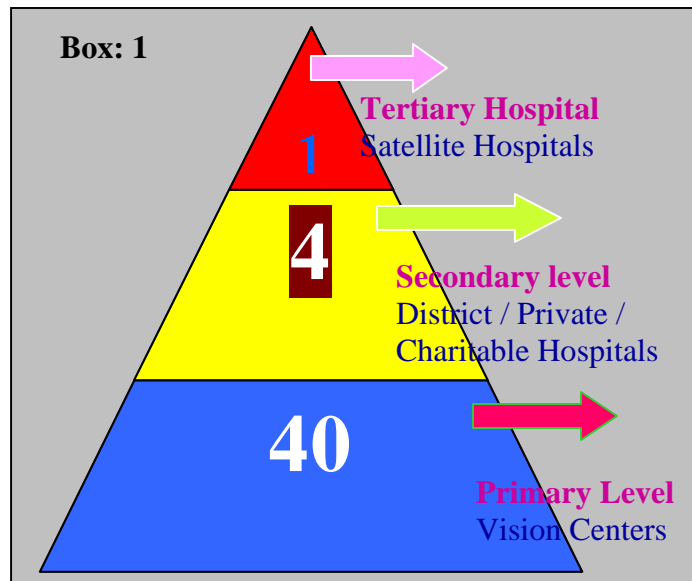
After the establishment of Community Ophthalmology Department there has been a continuous interventions from SNC to serve underserved areas through Adult Outreach and Childhood Blindness Camps in the remote rural areas of Uttar Pradesh and Madhya Pradesh. SNC always stood in frontline in the movement of eliminating avoidable needless blindness and benefit more people in the marginalized sections of the society. Community approach has taken shape in the form of Outreach camps initially, followed by Health Education programs, primary eye care services in the form of Vision Centres and the latest evolution of research.

Despite efforts in different forms there lags a space of higher rate of blindness prevalence due to accessibility and affordability factors combined with economic limitations. Delayed presentation of eye problems at base hospital, low level of literacy, absence of any other eye care service provider and lost-to-service have forced us to re-look at the strategies of reaching out to the community.

It was during the same period that Vision 2020 India Forum was taking similar mission to combat blindness in the underserved regions of the country. Then comes the concept of Vision Centers quite similar to the idea of Primary Health Centers but with a systematic approach of primary eye care services. Tasting the success of DBCS supported drive of eliminating Cataract related Blindness the induction of Eye Care NGOs provided the much-needed impetus to carry forward the program. The program not only gave an opportunity of providing much better access of eye care at primary level but with hope of sustainability and preventing loss of wages as well as eliminating transport hurdles. The strategy was taken up in COE plan of SNC that defines 40 such centers by

the year 2020 (see box 1). Each centre was provided with a task of reaching 50,000 people in conjunction with the national thoughts.

The concept of Vision Centre has been envisaged by SNC with the support of Global Eye Care NGO ORBIS International in 2003. Seeing through the success of the Child eye care project, ORBIS felt that a strong primary eye care services would not only benefit the children but as well the persons in all ages. The plan was to open three Vision Centres by the year 2006, one each year. First Vision Centre of the association became a reality on October 15th 2002 in the tribal area of Manikpur in Uttar Pradesh. The area has poor connectivity and a hilly terrain. Irrespective of its nearer location to SNC



(35km) the accessibility of eye care was very poor from people in the region. Considering the various facts Manikpur was the automatic first choice for starting of Vision Centre.

Gaining Community support ***

Before starting of Vision Centre at Manikpur a public meeting was arranged in presence of local leaders. Aim of the public meeting was to gather community support explaining the eye care scenario, prevailing blindness problems in the region and the role a Vision Centre could play in eliminating such problems. These meetings created a sense of ownership in the community and a grand inaugural ceremony marking the opening of the Centre was held. The same trend was observed at the opening of second Vision Centre in Attara. The community members took on responsibility of mike announcements and pamphlet distribution which revealed that "traveling 40-50 km for getting their



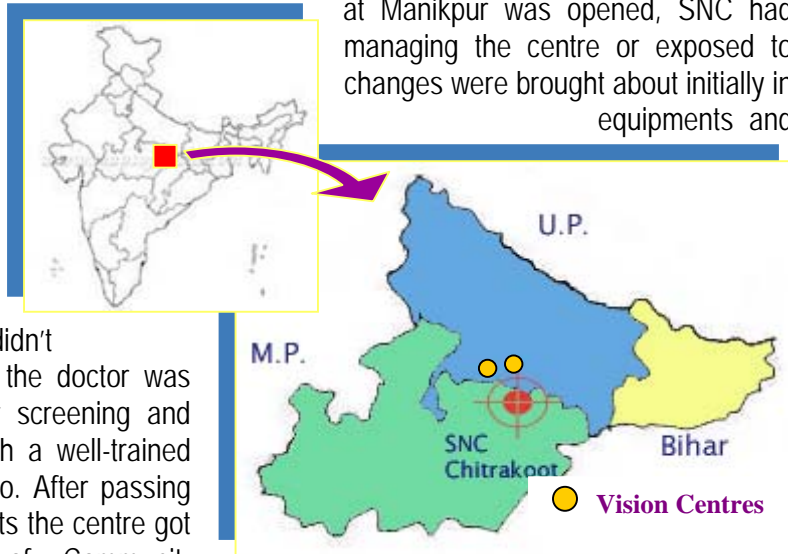
Inauguration of Attara Vision Centre in Uttar Pradesh (photo: 1)

eye checked up is a ritual of the past and they now have a centre which is exclusively for them".

The inaugural ceremony flocked by the local leaders, representative from ORBIS International and members from Sadguru family gave an integrated environ of the goal of different stakeholders on a common platform.

When the first Vision Centre not had the experience of any such set-up. Many terms of human resources, community interventions. Initially in the first Centre SNC sent Ophthalmologist every week and could find major inflow of patients on that particular day. This didn't serve the purpose at all, as the doctor was grossly underutilized only for screening and referring surgical cases, which a well-trained ophthalmic technician could do. After passing through many such experiments the centre got settled when the Head of Community Ophthalmology was exposed to the practices at LVPEI (a bench mark opined across the country) and then to Aravind. Most of the practices at LVPEI were in line to what SNC is doing except the S/L examination and maximum spectacle dispensing through the centre itself. Now SNC with standard examination facility at Vision Centres and 80% spectacle dispensing through the centres itself brings better facilities to the patient and at their doorsteps. The discussions and outcomes of the Vision 2020 Vision Centre conference held at HV Desai, Pune provided more impetus and confidence in extending the practices to different districts in the coming years.

While the first Vision Center comes under a tribal belt, the second Atarra is a medium size town located around 50 k.m away from SNC. Vision Center at Atarra was started on demand from the local community. The population is a mix of both affordable and poor giving more chances of viability. Most importantly SNC conducts 15-20 camps in near by



at Manikpur was opened, SNC had managing the centre or exposed to changes were brought about initially in equipments and

Box: 2

The Primary aim of the Sadguru Vision Centers includes:

To improve and strengthen primary eye care services at primary level.

- ❖ To reduce the affordability and accessibility barriers to eye care services
- ❖ To deliver refractive error services
- ❖ Early identification of eye problems
- ❖ School eye Screening program
- ❖ Referral of surgical cases to the base hospital
- ❖ To increase follow-up rate at base hospital.
- ❖ Development of Base hospital in to a centre taking care of surgical load and ensuring responsibility of screening at Vision Centre.
- ❖ Sensitizing the community on the importance of Eye Health.
- ❖ Improve the eye health seeking behaviour in the next 5 years.

districts making it a central place for follow-up rather than calling them to the base hospital.

Since SNC doesn't have secondary hospital in its platform and is there in the pipeline in the next 2 yrs the centres are now directly connected to the Base Hospital. The establishment of the centres was with the support of ORBIS International.

The services helped SNC gain a lead in Central India and demonstrated that this concept, which is, yet not in action in many developed states will add more benefit to the underserved states. The action falls in the context of Vision 2020 National plan of action. Quite interestingly the idea of vision center is similar to the concept followed in Nepal ie., Primary Eye Care Centres.

Placing Vision Centres

Site selection was done after rigorous contacts with local people by experienced community coordinator. After meticulous search a suitable place for vision centers were found which belonged to wealthy businessmen from local areas. The distance from the base hospital, non-availability of eye care services, community support, sustenance factors were given a priority in selection of the place of opening the Vision Centres. Community concerns and expectations were addressed to ensure their belongingness in the concept.

Community Ownership

Community partnership is there in both vision centers. A place for both vision centers is provided by local business men at free of cost for a period of two years. Another interesting fact is that Atarra vision center was started by the demand of the local people. Regular contact with community in the form of village meeting with local leaders to receive feedback became an integral part of the system. With continuous efforts the number of people approaching the centre showed an upward trend. .

Human Resources

At both vision centers senior and qualified Ophthalmic Assistants were posted. Both OA's were provided one month training in the areas of Optical edging/fitting and Slit Lamp examination. A Vision Guardian is posted at both vision centers by providing training in the areas of community mobilization, vision screening and maintaining of vision centers.

Vision Center Activities

Currently preliminary examination is done by OA for correcting refractive errors. The patients suffering with refractive errors are provided spectacles at subsidized cost at vision centers. Medical treatment is provided for minor ailments and patients who need surgical intervention are referred to base hospital with vision center referral cards. In order to sensitize and bring about the importance of eye care many



Examination by Vision Technician during School Screening (Photo: 2)

community oriented activities are done through vision centers which includes:

- ❖ School eye screening in winter season.
- ❖ One outreach camp in a month during summer season.
- ❖ Continuous health education in villages focusing on eye health.
- ❖ Training of health workers and anganwadi workers.

Monitoring of Vision Center

Monitoring and supervision team regularly visit vision centers to see the overall functioning of vision centers. Monitoring team includes Ophthalmologist, Senior Ophthalmic Assistant, Optician, VC supervisor and Project Manager / Assistant Project Officer. Ophthalmologist or Senior Ophthalmic Assistant visits once in a month for clinical audit. Supervision team regularly visits vision center for planning of the filed activities, problem solving and for collecting reports. The whole activity is managed by the Community Ophthalmology Department.

Quality Control

Supervisor from Community Ophthalmology Department is having regular communication with OA'S posted at vision centers for ensuring uninterrupted functioning of vision centers. Performance

Box 3

No. of outpatients examined
No. of persons screened
No. of refractions done
No. of surgical cases referred
No. of school eye screening program conducted
No. of Health Education program organized
No. of patients referred turning up at base hospital

reports are collected on a weekly and monthly basis. A standard format is prepared for collecting vision center statistics. Special attention is provided to the patients referred

from vision centers. Spectacle which cannot be fitted (bifocal) at vision center are delivered from base hospital to vision centers within two to three days. Ophthalmologist visit is specially utilized for clinical audit purpose and for providing treatment to complicated cases every quarter.

Particulars	Total	
	Male	Female
Outpatients (N)		
Out patients (R)		
Out patients (F)		
Total Outpatients examined		
Refractive Errors		
Cataracts		
Squint		
Vitamin A Deficiency		
Others		
Total		
Spectacle Prescribed		
Spectacle Dispensed		
Medicine Distribution		
Medical Treatment		
Referred to SNC		

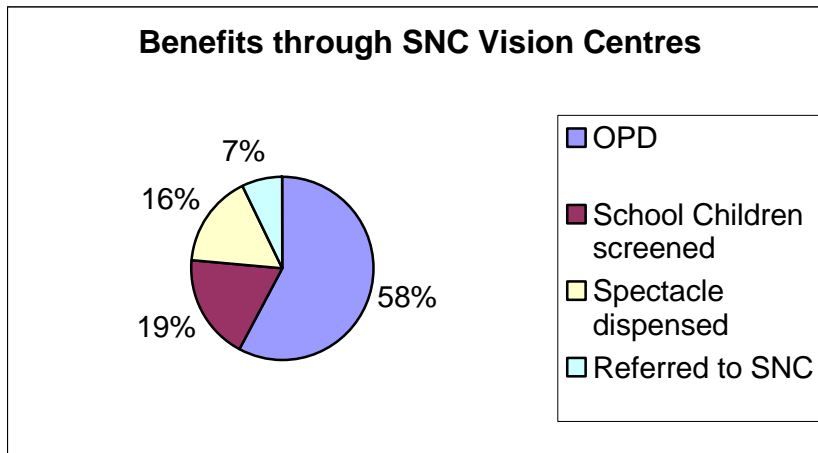
* *Formats can be customized according to the reporting needs*

Sustainability

Running a Vision Center for SNC costs around INR 9000-10,000 per month, which includes OA and Vision Guardian's salary, food allowances, cost of purchasing

spectacles and stationary e.t.c. Currently both vision centers are only able to recover 80% of running cost. Hence, there should be increase in direct income from vision centers. If three spectacles are dispensed per day at each vision center and two Phaco patients are referred to the base hospital then sustaining vision centers is not a difficult task. Sustainability of vision centers is the primary aim of SNC and we believe that very soon we will be able to accomplish our aim with better integration and support from the community.

Achievements at a glance:



5-10 persons visit Manikpur vision center and 10-15 persons in Attara a day is quite a pleasant indicator in short-term, but on the other hand efforts to close the gap of lost-to service patients remains an uphill task.

Challenges upfront:

- ❖ Bringing optical dispensing to atleast 80% against prescription in the next two years.
- ❖ Better intervention at community level to bring persons towards early access to eye care services.
- ❖ Reducing the gap of lost-to service patients to ensure that patients with eye problems, are getting their condition treated.
- ❖ Increase Persons visiting the centre with / without eye problems.
- ❖ 100% financial sustainability of vision centers.
- ❖ Creating a cadre of specialized personnel to man Vision Centres.

Future Vision:

- ❖ Continuous interaction with Health/Anganwadi workers to bring about a strong community referral system.
- ❖ Linkages with local doctors / practitioners.
- ❖ Under-5 children screening..
- ❖ Eye screening a practice before admission in schools.
- ❖ Development of the 2 Vision Centres to secondary hospitals with Cataract and Refractive error services.
- ❖ Introducing Telemedicine services.
- ❖ **SNC should have in its fold atleast 40 Centres by the year 2020.**