

## Village Volunteer Programme (VVP)

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Cataract is a major cause of blindness in all countries in the world. Though cataract is known to mankind for the past 5000 years (one of the mummies in the pyramids in Egypt shows evidence of cataract) and cataract surgery was started in India by our ancient surgeon Sushruta three thousand years ago, it is still a major cause of curable but not preventable blindness.

In India, which has a very large population of over a billion (one hundred crores) nearly 70% people are residing in rural areas or villages. And for such a large population we have only about 10,000 ophthalmic surgeons i.e., one ophthalmic surgeon for every 1,00,000 population. Nearly 80% of these ophthalmologists are residing in towns.

To make the eye care services available to the rural or village people, the concept of eye camps was introduced in the 1960's in Tamil Nadu and later as All India Programme under the National Programme for Control of Blindness. Originally to start with they were operating camps, where the patients were examined and those who were suitable and willing for surgery were operated in the camp itself. In those days it was conventional cataract surgery where the patient had to be kept in the bed for a week and later had to take rest at home for a minimum of 3 weeks. So the medical team had to be in the camp for about 10 days. The surgery was done in an improvised theatre. Some of the postoperative cases developed complications. To overcome these problems, Aravind Eye Hospitals introduced screening eye camps where the cases are examined and the patients selected for surgery are brought to the base hospital and operated in a proper theatre. By this process, the team is able to examine more number of patients and operate them under proper conditions. By this method, they are able to increase not only the volume of work but also improve the quality of work. Aravind Eye Hospital, Madurai and its satellite hospitals at Tirunelveli, Theni and Coimbatore together are conducting about 1,500 eye

camps annually and performing about 1,50,000 cataract surgeries. This includes cataract cases - both paying and free cases which come directly. The cataract surgeries done by Aravind Eye Hospitals constitutes about 1/3 of all cataract surgeries done in Tamil Nadu annually, under the National Programme for Control of Blindness.

The PRA project conducted by Aravind Eye Hospital and Dr. Astrid from Tropical School of Medicine, London and SPEECH a social science organisation at Madurai, to study the impact of eye camps in 48 villages, in the district of Tuticorin, Virudhunagar and Madurai found that only about 7% of the villagers are aware of the eye camps which were conducted in small towns within a distance of 5km or 3 miles from the target village. So alternative arrangements to reach the village population was necessary. An operation research project with an aim to study the barriers for acceptance of cataract surgery, even when it is offered free, was conducted in 90 villages around Madurai in collaboration with University of Michigan – it was found that individual approach is better than mass approach to educate the village people regarding the acceptance of cataract surgery by them. In that project it was found that an aphakic motivator i.e., an old man from the village who has successfully undergone cataract surgery can be the best motivator. He is known to the village people and is respected by them. They have seen him suffering with diminished vision before surgery and comfortably moving around



*Patients at a screening eye camp*

after the surgery and they believe him when he says the surgery was painless as it was done under local anaesthesia. But his value is limited to his village. Normally he does not offer to come to other villages and even when he comes he is not successful in the new village; in the new surrounding and new people with whom he is not familiar. So we have to make use of voluntary organisations who are working in the villages for their own programme which may be religious, or educational or social improvement work, and are willing to help us. Such persons are brought to Aravind Eye Hospital and trained for one day. The training includes anatomy and physiology of the eye; how to identify cataract in the persons; the treatment for cataract surgery from conventional cataract surgery to the latest methods – PHACO; the usual reasons mentioned by the public for not taking up cataract surgery and how to educate and motivate them to accept cataract surgery; video shows of villupattu and bommalattam on cataract surgery. Above all they are also taught to clinically examine and identify cataract patients and measure visual acuity and also identify aphakic individuals (those who have undergone cataract surgery). After the training, they make house visits in their villages as a part of their programme and also examine persons aged 40 and above to find out whether they have cataract. On an average a volunteer can visit 100 houses a month and examine 100 persons in age group 40+. He can identify about 15 to 20 persons with cataract. He makes out a list of persons identified by him. Once in a month an ophthalmic assistant from Aravind Eye Hospital visits the village on a date fixed at the time of training. The volunteer shows the cases identified by him during the month to the ophthalmic assistant. He examines and confirms the cases. Visual acuity of 3/60 and below is taken as the criteria for suitability for cataract surgery.

The motivation of the patient to accept surgery is done jointly by the volunteer and ophthalmic assistant and those who accept to undergo surgery are brought to Aravind Eye Hospital. Here they are examined by the surgeon and suitable patients are operated. About 10% of the cases brought for surgery suffer from diseases like glaucoma, diabetes, high



*Ophthalmic assistant examining a patient*

blood pressure etc., which could not be identified by ophthalmic assistants in the field. Such patients are not taken up for cataract surgery. The entire service is free.

The motivation for the volunteer is, by arranging for cataract surgery he helps in restoring the vision for the villager. Any person who helps another to achieve his felt need, improves his own image – Restoring vision is an important felt need, and that helps him to successfully implement his own programme. Thus we mutually help each other.

The impact of the Village Awareness Programme is the villagers come to know that cataract could be cured by a simple surgery and immediately after which vision could be restored. Consequently they come forward voluntarily even after the volunteers leave the area on completion of their programme.

Originally the programme was known as 'Villagers Awareness Programme' (VAP) as it was meant to create an awareness among the villagers. Now it is known as 'Village Volunteer Programme' (VVP) since we utilise volunteers for this programme.

The increased awareness among the villagers was noticed during the intense drive in 1998 during which the NPCB organised camp in all the PHC's of Madurai District to examine the cataract patients and bring the suitable cases for surgery - The PHC's in Kallikudi and Kallupatti areas yielded the maximum number of cases for the VAP. This programme was implemented from 1989 onwards in this area and hence the level of awareness is high among the villagers.