

Sight Savers International — Saving Sight, Changing Lives



“People don’t go blind by the million. Each of them, as a human being, goes blind as a personal tragedy” — Sir John Wilson, Founder of Sight Savers International.



Sight Savers International is the UK’s leading charity for the prevention and cure of blindness in developing countries, bringing hope to people who would otherwise never see again. Sight Savers International has restored sight to more than 4 million people and treated 45 million for potentially blinding conditions in more than 20 of the world’s poorest

countries. The programmes are developed in collaboration with local partners with the aim of establishing sustainable services targeting the most vulnerable communities.

During the past 50 years, Sight Savers International has helped to pioneer the introduction of integrated education, allowing blind children to attend mainstream schools; established a comprehensive eye

care model, providing entire districts with a complete range of eye care services; and established the production of low cost equipment (intraocular lenses [IOLs], sutures, etc) in developing countries, enabling low cost cataract procedures to be performed.

Sight Savers International in Asia

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Sight Savers International’s presence in Asia focuses on India, Pakistan, Bangladesh, and Sri Lanka. Work in India began in 1966, in partnership with local organisations. During that time, 3 million cataract operations have been performed and more than 20 million eye patients treated.

Although Sight Savers International supports projects in most Indian states, the emphasis for expansion is currently in the poorer states of Rajasthan, Madhya Pradesh, Uttar Pradesh, Orissa, and Bihar in the north of the country.

Sight Savers International works with more than 75 partner organisations in India, ranging from small community groups to world class eye institutions. Projects include primary eye care training, community-based rehabilitation, and clinical care. Sight Savers International is helping to develop the major institutions as national resource centres for training and low-cost product development such as intraocular lenses and sutures. Increasingly, as eye hospitals develop in all the Indian states, the most successful are also functioning as resource centres for smaller partners in each region.

Since 1985, Sight Savers International has worked with 3 major partners in Pakistan

The Pakistan Institute of Community Ophthalmology

In conjunction with Sight Savers International, the PICO is developing a range of programmes aimed at bringing eye care within the reach of the largely rural population of the NWFP. Three of the Institute’s projects are currently funded by Sight Savers International:

- Ophthalmic Technicians Course — ophthalmic paramedics are able to provide care for a large proportion of patients with visual disability, freeing up time for the ophthalmologists to work with patients with more severe conditions. More than 100 ophthalmic technicians have already been trained, and are qualified to run eye clinics and sight testing programmes, as well as making surgical referrals and assisting in the operating theatre.
- MSc in Community Ophthalmology — offering training in the development of prevention programmes which reach out into the community as well as clinical treatment for blinding conditions. Activities include eye screening programmes, eye health education, and early intervention programmes for children. The course will train at least 6 ophthalmologists per year, and is based on the curriculum of the International Centre for Eye Health (ICEH) in London, UK.
- Comprehensive Eye Care Projects — development of a comprehensive eye care programme to make services available at the community level. A pilot comprehensive eye care project has been successful in reaching most sectors of the population in Bannu district and new programmes are being developed to serve the more remote regions of the NWFP.

— the Layton Rahmatulla Benevolent Trust, the Pakistan Institute of Community Ophthalmology (PICO) in Peshawar, and the Al-Shifa Trust Eye Hospital in Rawalpindi. The programmes aim to develop eye care services for the poorest people in both urban and rural areas, providing preventive care as well as a full range of eye care services.

The World Health Organization (WHO) estimates that more than 1% of the population in Pakistan is blind. The North-West Frontier Province (NWFP) is the current focus for Sight Savers International's work in Pakistan, where the number of blind people is estimated to be 160,000.

Six field hospitals in areas that previously had no eye care have been established and are running with the support of Sight Savers International. These hospitals serve some of the poorest people in both urban and rural areas, and are supervised by base hospitals in Karachi and Lahore. Korangi Hospital in Karachi also provides treatment for more serious conditions referred from the field hospitals and runs a training centre for ophthalmic personnel and a school eye screening service. During the next few years, the focus of the partnership in Pakistan will be on preventive eye care services.

The WHO has estimated that there are more than 1.2 million blind people in Bangladesh, more than 90% of whom have curable or preventable blindness. However, most of Bangladesh's eye care facilities are based in the cities, while more than 80% of the population live in rural areas. Sight Savers International, in conjunction with Bangladeshi partners, has largely concentrated on bringing eye care within the reach of the poor communities and, for the past 15 years, has helped to develop services for incurably blind people. Comprehensive eye services projects are based at Comilla, Ulipur, Sirjganj, Bogra, and Cox's Bazar, and offer permanent, year-round services for the entire population of the district.

The ultimate aim of the comprehensive eye services is to treat the backlog of patients requiring cataract surgery and to be in a position to treat all new patients with cataract blindness. The number of cataract surgeries has increased significantly since the projects were launched in 1994 to more than 15,000 per year.

The core of each comprehensive eye service programme is the base hospital, located centrally within the programme command area. The base hospital acts as a nerve centre for programme control as well as being the primary centre for medical service delivery. The comprehensive eye services programmes also deliver primary eye care and screening systems to people living in the project area.

Each comprehensive eye service owns a vehicle which transports the eye care teams and brings patients to the base hospital for surgery — an important service for communities where people cannot afford to travel by public transport.

In 1999, Sight Savers International set up its first pilot programme in partnership with the government of Bangladesh at Gopalganj in the south of the country. Only through working together can the government and organisations such as Sight Savers International hope to operate on the backlog of more than 500,000 people requiring cataract surgery. It is hoped that the Gopalganj project will help to show how eye care services can be delivered effectively within a government structure.

In order to find out more about the work of the organisation, *ASIAN JOURNAL OF OPHTHALMOLOGY* met with Wilma Van Berkel and Debbie Sagar at the Sight Savers International headquarters in the UK.

An Interview With ...

Wilma Van Berkel
India Programme Officer

Debbie Sagar
Programme Officer South Asia and Caribbean

Sight Savers International
Royal Commonwealth Society for the Blind
Haywards Heath, UK

Q: What was the rationale for founding Sight Savers International?

Ms Van Berkel: The charity was founded in 1950 by Sir John Wilson when he became involved in research into the high incidence of river blindness in West Africa. As a result, what was then known as the British Empire Society for the Blind was formed as an offshoot from the Royal National Institute for the Blind in the UK, with a remit to work in Commonwealth countries. Since that time, our policies and approaches have evolved tremendously. We are now known as Sight Savers International. In Asia, the organisation may still be recognised as the Royal Commonwealth Society for the Blind.

Sight Savers International is currently working in 29 countries throughout the developing world, primarily, but not exclusively, in Commonwealth countries. We work across all the areas of eye care and services for blind people. Community

Bhabani Mishra, aged 70, is overcome with emotion when she returns to her village in Midnapore, India, with her daughter-in-law (left), able to see again after years of blindness.



Photograph by Felicia Webb



eye health, as it is now becoming known, includes prevention, clinical care, and services for people who are irreversibly blind.

Q: Which geographical areas do you cover?

Ms Sagar: The world is essentially divided into 4 areas for the purposes of Sight Savers International's work: India, West Africa, East Africa, and South Asia and the Caribbean. I cover South Asia and the Caribbean, which includes Bangladesh, Pakistan, and Sri Lanka. The regional office is based in the UK and there are country offices in Bangladesh and Pakistan, with direct responsibility for the day to day running of relationships with the partners with which we work, and for development of the programmes. I have an interactive role with the partners and work closely with the partners and country offices on programme development.

Ms Van Berkel: My role as a programme officer for India relates to liaison and communication with the regional office in India. The programmes are developed by the local Sight Savers International programme staff in India, who work with local partner organisations. Sight Savers International has permanent staffing in India, and the support structure allows us to work closely with the partner organisations and to build on these relationships. The introduction of Vision 2020: The Right to Sight, a global coalition of NGO's and the WHO to eradicate avoidable blindness by the year 2020, has been helpful to us. This initiative will enable comprehensive assessment of the needs of an area and how best to meet these needs.

Q: What is the blindness picture in India and South Asia and how do you ascertain the needs of the country?

Ms Van Berkel: We are looking for the areas of greatest need that are least

served. These areas tend to be rural, but we are also involved in a few urban programmes. We aim to help particularly vulnerable members of the community, for example tribal groups and people with leprosy.

While India does have a relatively high level of ophthalmologists and clinical services, the main problem is how those services are distributed, and primary eye care and prevention of blindness is often neglected. Broadly speaking, South India is generally better served — some of the larger eye care institutions have had a very positive influence. Our focus, therefore, is mainly in the northern states of Rajasthan, Madhya Pradesh, Uttar Pradesh, Orissa, and Bihar.

One of the unique points about India is that there is a vibrant voluntary sector, and a real interest in community involvement and support, so there is a wealth of partner organisations to work with.

Ms Sagar: The situation in South Asia is somewhat different, in that although we do work with NGOs, we also work quite closely with the government, particularly in Pakistan, to strengthen eye services within the existing infrastructure.

The main problem in Pakistan is not with the number of clinical ophthalmologists, but with the distribution. Most ophthalmologists work in cities rather than rural areas, so one of the key priorities of our work is to support training for ophthalmology paramedics. This relieves ophthalmologists from the more routine activities and enables specialists to concentrate on surgical procedures and blinding conditions. Sight Savers International does support training of ophthalmologists in specialist areas,

Bankim Sahu from Midnapore, India, has been blind for many years. The smile on his face, when he sees for the first time after years of cataract blindness, says more than any words could express.



Photograph by Felicia Webb

particularly to upgrade surgical skills and knowledge of sub-specialities such as diabetic retinopathy. The aim of training, therefore, is not to produce more ophthalmologists, but to equip the existing ophthalmologists with modern skills and support staff. The key points that hinder ophthalmologists from working to their full potential are lack of support staff such as paramedics, and insufficient equipment and infrastructure in the form of operating rooms.

We are currently working in collaboration with the PICO on a programme to equip 10 districts with government eye units, which will enable the ophthalmologists to work to their full potential. This includes providing paramedics, training, and equipment, and improving the infrastructure.

Ms Van Berkel: A key point about training is that, as we are working through partner organisations in each country, Sight Savers International is able to establish in-country training programmes. As we believe in establishing local capacity for the training, we help to establish a course, which will then be run by local people. Importantly, there is collaboration between the countries in the region. For example, we recently helped to establish a microsurgery course in Bangladesh in which the Faculty were trained in

India on courses previously established by Sight Savers International.

Courses are also run on an informal basis, whereby some of the larger comprehensive eye service programmes expand the capacity of their own hospitals by offering microsurgery training. This approach does not result in a formal qualification, but offers 'hands on' training while working. This type of training can be offered at regional hospitals, giving regional ophthalmologists the opportunity to update their skills.

Q: Even if local hospitals are equipped to deal with surgery, patients still need to attend the hospital, which for many will be financially difficult. How do you address this problem?

Ms Van Berkel: In India, we often provide vehicles to support outreach screening work, in addition to the provision of ophthalmic equipment.

Q: What are some of the other problems you encounter in the various states?

Ms Van Berkel: Delhi and its surrounding area of Haryana is more affluent than most other parts of the North, but the states that surround Haryana such as Rajasthan, Madhya Pradesh, Uttar Pradesh, and Bihar are poor and there is a great need for eye care services. Madhya Pradesh, particularly, is very poor. It is a large state, with a scattered tribal population living in inaccessible areas. Rajasthan is a sparsely populated desert area, with few ophthalmologists and continuing problems with drought. India is a complex country, with great differences between one state and another.

Q: How do you allocate resources in this situation?

Ms Van Berkel: We assess the needs of each area to decide where to focus the

available resources, in conjunction with our partner organisations and other NGOs. There tends to be a concentration of NGO activity in the South, with less focus on the poorer northern states. For example, Uttar Pradesh is a very poor state, with a background of eye camps. Sight Savers International is aiming to improve on what is already in place with a more sustainable approach.

Q: What is the role of the local partners?

Ms Van Berkel: The local partners range from local women's groups through local community service groups such as Rotary Clubs, to religious foundations and world class eye institutions such as Aravind Eye Hospital and LV Prasad Eye Institute.

One of our partners is a large federation of community groups, which has health and education workers throughout the Thar desert. We are currently working together to establish permanent eye facilities and to provide primary eye care training in this area. Primary eye care and prevention of blindness are very important from the community point of view, so as not to over-stretch the resources for clinical care.

Q: Is the work similar in the other countries in the sub-continent?

Ms Sagar: In Bangladesh, Sight Savers International works with NGO partners, charitable organisations and eye care hospitals, so the spectrum of partners is similar to that of India although on a smaller scale. However, we are starting to work more closely with the government so as not to duplicate resources.

In Pakistan, we work with NGO partners focussing on support for community-based outreach work. The PICO has an interesting approach in which they have set up a MSC course in Community Ophthalmology, based on the course run by the International Centre for Eye Health (ICEH) in London, UK.

This course emphasises the need to move from clinical eye care to community eye care in which the eye health needs of whole communities can be met. The course is open to ophthalmologists throughout the country, and the first graduates are now successfully raising the profile of community eye care in a number of provinces. Ophthalmologists graduate from the course with a new outlook on community eye care. There are many barriers to people accepting eye care services, such as lack of knowledge, financial difficulty, fear, and travel difficulties. Community eye health is about overcoming these barriers and aiming for early intervention.

Ms Van Berkel: Sight Savers International has supported the ICEH for some time, and also sponsors students from within supported programmes to attend the course. However, the aim is for the course to devolve out, so that it is available in countries that require this type of training. The course is aimed at ophthalmologists from developing countries and the faculty have extensive experience of working in these countries. Since it is not always economically viable for ophthalmologists to attend courses in London, it is therefore more practical for the training to be offered in their own countries.

Ms Sagar: Another benefit to the course being offered in, for instance, Pakistan is that students are required to produce a dissertation using the methodologies learned on the course. This means that more accurate epidemiological information is gathered at the community level, which is contained in a database, and used to address specific problems in the community.

Q: What are the main causes of blindness in the areas in which you work?

Ms Sagar: In the context of the Vision 2020 campaign, 5 diseases have been prioritised



Sight Savers International Mission Statement

Sight Savers International believes that:

- No one should needlessly lose the sense of sight
- Everyone has a right to access services that maintain, restore, or improve sight
- All blind and partially-sighted people have a right to access services which enhance their quality of life.

— cataract, trachoma, onchocerciasis, childhood blindness, and refraction and low vision. Onchocerciasis is not seen in Asia, and trachoma is only present in pockets in rural areas, so the 3 main WHO concerns in Asia are cataract, childhood blindness, and refraction/low vision.

However, a population-based survey in Pakistan showed that corneal scarring was a significant cause of blindness, and is often caused by untreated infection, highlighting the need for prevention and early treatment. The important factors are to ensure that treatment is available, people know about it and can access it easily, and that medicines are affordable. Where possible, Sight Savers International supports the development of facilities to produce high quality, low cost eye consumables.

There is some vitamin A deficiency in Pakistan, although the incidence is decreasing. Vitamin A is now being distributed in Pakistan with the poliomyelitis vaccination.

Sight Savers International has supported a comprehensive blindness survey in Bangladesh, with the results expected later this year. The intention is to provide data for planning eye service provision and capacity for more detailed research in future.

Ms Van Berkel: Cataract is the main cause of blindness in India. Cataract surgery is therefore a major emphasis and last year 115,000 free cataract surgeries were performed through programmes supported by Sight Savers International.

A growing problem in India is diabetes,

particularly in the more affluent areas, so diabetic retinopathy is a problem. Sight Savers International is helping to establish a course for treating diabetic retinopathy. However, work is also needed to ensure that general practitioners and people with diabetes are aware of the ocular implications of the disease. Similarly, health workers caring for people with leprosy in India have only a limited knowledge about the link between leprosy and ocular disease, and education in these areas is required.

Q: Can you tell us about the situation in Sri Lanka?

Ms Sagar: The situation in Sri Lanka is a little better than in the other countries we have discussed. There are several eye units

in the country and Sight Savers International has supported a number of programmes to upgrade them during the past 10 years. The situation has improved and a programme to train community health care workers in eye care is now in place. The number of referrals to hospital for cataract surgery has increased since the programme started, indicating that patients are motivated to seek treatment by these workers. Certainly, accessibility is not such an issue in Sri Lanka as the basic infrastructure is satisfactory.

Q: What is your final message?

Ms Sagar: The key point is that we are working in long-term partnerships to facilitate the creation of low cost eye care, and enable local people to continue the programmes without Sight Savers International's presence.

Ms Van Berkel: Another key point is that our approach is comprehensive, in terms of looking at the community and their eye health needs as a whole. This work is as important as how many surgeries are carried out, and will have the greatest impact in the long run.

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