Eye Care is the Life Line for Survival & Development of Community in India

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• Switch off all the lights of the hall for 30 seconds. Now imagine a life of a blind / Visually impaired.
• 89% of the visually impaired people live in low & middle income countries.
• Untreated cataracts are the leading cause of blindness; which can be reverse
Situation in India

• 8.5% blindness in 50 & above
• 1.1% in general population
• Annual incidence of cataract induced blindness is 2 million
• Approx. 3 million need corneal transplant
• 6-7% of children aged 10-14 years have problem with vision
• Causes: Cataract-63%, Refractive Error 19%, Glaucoma 6%
The impacts of Blindness & VI

• If we go bit down to the reality
  – Difficulties with daily activities
  – Reduced earning capacity
  – Limited participation and social isolation
  – Anxiety and depression
The impacts of Blindness & VI

• Health
• Education
• Environment and
• Employment/Livelihood
If it’s a Child

- The number of blind years that child have to live after blind so early in life.
- Opportunities for education, employment and earning potential are severely affected.
- Early onset blindness adversely affect the psychomotor, social and emotional development.
- Blind children have much higher death rate compared to their sighted peers.
- 80% of what a child learns is visual, so...
The impact on Others

• The significant contribution of older people to the wellbeing of others and to wider society is well documented, but it is under valued and all too often forgotten.

• In low-income countries there is evidence that, in poor households, all members - regardless of age - contribute to the basic needs of the household. Taking care of children is just one example of how older people contribute: the benefits of this are likely to be multiple and include enabling a parent to continue in paid employment.

• In countries heavily affected by HIV and AIDS, older people often have to care both for their sick children and for their grandchildren.

• When older adults become visually impaired or blind, their ability to contribute economically, and to social and family life, is greatly reduced; this loss can be felt quite keenly by other members of the household.
• Lost productivity from poor vision costs the global economy $227 billion every year, according to the World Economic Forum.
• It’s easy to see why eye health doesn’t rank high among development priorities for everyone: It isn’t specifically mentioned in the Sustainable Development Goals.
• Yet a number of SDGs will not be reached without seeking to improve vision among the world’s most vulnerable: health, of course, but also poverty, economic growth, and education, to name a few.
• Water and sanitation, being connected to water-borne diseases causing blindness such as trachoma and onchocerciasis, are equally essential to promoting good eyesight, as well as forming partnerships with other development organizations working on connected issues, governments, and the private sector.
Eye care & Development

• Eye health is a very good indicator of whether health systems work, and whether at the time you’re in need of treatment, you have a chance to access that treatment.

• Now we are advocating for strengthening of health systems and integrating eye care services into primary health care, rather than pursuing vertical programs.
Global Goals

- Social protection policies are referred to in the Global Goals on Poverty and Inequalities. They offer the potential to cover costs of eye health services and to provide access to assistive devices for visually impaired people.
Global Goals

- An early detection and effective management of eye health conditions in children and youth – especially a timely response to the emerging myopia epidemic – would contribute to achieve the Global Goal on Education by reducing drop-out rates and improving academic performance.
Global Goals

- The prevalence of visual impairment is significantly higher among women. Yet they face many more barriers to access eye health services than men. The Global Goal on Gender Equality provides a key opportunity to promote equal access to comprehensive eye care services for women, as envisaged in the GAP.
Kalinga Eye Hospital

Kalinga Eye Hospital’s work begins at the community level. It’s also where our solutions begin. Our model of Hospital-Based Community Eye Health enlists the help of local people hired as community health workers.
What have been done so far by KEH

• We work to ensure that people have access to preventive, curative and rehabilitative eye care services without financial hardship
• Services for all age groups (Paediatric- Geriatric)
• Empowering local communities in detecting common eye problems, sensitizing people on eye health and take ownership of the activities.
• Through various programmes we empowers women to steadfastly continue their journey of independence and dignity.
• Creating different system strengthening models of eye care delivery.
• First state in the nation to introduce Universal Eye Health Programme.
Social Impact

• Husband and wife relationship:
  A few years ago a woman of 38 years old was brought to an eye camp 15 miles from Dhenkanal. She had bilateral mature cataract with light perception only in both eyes. She had been blind like this for 2 years. Her husband was a daily labourer. Neither the husband nor the wife knew the cause of her blindness and they did not get proper advice from their relatives or neighbours. It was difficult for the husband to look after his wife. So he married another woman who could cook and help him. The first wife went to her sister's house where she was given shelter, food and care. At the eye camp the lady with cataract learnt that she could get her sight back by an operation. We operated on both her eyes and gave her sight but she had already lost her husband and his support. She had to start working in the fields to earn her food.
• **Elderly mother with her children:**

In another village there lived a widow of 55 years with her two grown-up sons and a daughter. The sons were 22 and 20 years of age and the daughter was 17. They were landless labourers and made their living by working on farms. The widowed mother had worked hard to provide for her children ever since her husband had died 10 years previously. She was slowly going blind because of cataract. She was not able to cook and look after the family. The daughter had to do the cooking and go for part time work. After some time the widowed mother's blindness worsened and she needed somebody to take care of her. The sons and daughter found it hard to earn enough to take care of her and feed her. When the children began to neglect her she sought the help of her sister who lived in the neighbouring village. This sister fortunately knew of free cataract operations that were being done at camps and at hospitals. She was thus able to take her sister to a hospital and after surgery her sight was restored. Since her relationship with her children was strained she decided to stay with her sister and work there. We met this woman at an eye camp that was held in her village. By then she had mature cataract in her other eye and so we performed surgery and provided her with spectacles. It was then that she broke down and told us her story about how the children she raised failed to support her when she became blind.
• Young mother with small children:
A woman who was about 39 years of age was brought to us with bilateral mature cataracts and with only perception of light in both her eyes. She had been blind for nearly two years. Her husband was a palm toddy tapper. He had to climb palm trees every day and tap toddy or a sweet juice called neera. They had three children, the eldest a girl who was 10 years old, then a 6 year old boy and an IS month old girl. When the mother lost here sight the eldest girl had to work with the blind mother's guidance. The father, who also had to help around the house. could not climb trees any more and had to take a different job which did not pay him enough to feed his family. There was nobody to inform them of surgery that could restore sight. While the mother worried about the baby's health the older daughter had to shoulder more responsibilities and take care of her brother and sister. They were also forced to sell their belongings. such as pots and pans. to feed themselves. Finally when she was brought to us we were able to restore her eyesight and the association which helped us organise the camp in that village also helped her buy some cooking pots that she needed.
• **Problems of going to a hospital and getting relief:**

To a villager in allopathic hospital doctors and nurses are still alien. This is the reason why a villager does not feel comfortable in hospital surroundings. Also, staff in the hospitals have not made the effort to make the villager feel more at home. So the poor villager is intimidated at the thought of going to the hospital. When they have to go to hospital they try to find out if any of their distant relatives are working at the hospital, believing they will be able to get more attention from the doctors and nurses through their help. They also believe that they will get better care if they pay the doctors with money or kind. Some rich people do pay money or give presents to the staff and get their favour. Poor patients do not get any help unless they tip the staff. This situation prevents villagers from seeking advice for their problem. They go only when there is an accident or an emergency.
Case Story:

• My life has changed; I could not earn money before. Now, I can take care of the cows and goats, and I repair the nets for the fisherman – Gokul Majhi
Case Story:

• After this second surgery, Shankar could see the blackboard in school. As soon as he had the surgery, he was reading off the numbers on the plates of cars on our way back from the hospital. Now he helps me out in the kitchen with the cooking and house chores.
Case Story:

My life has changed; I was suffering from poor visual acuity which had become the obstacle in my school, because I had broke one of my previous glasses, so I can’t tell my parents to purchase me one more. I know we can’t afford another one;

Nahira was provided with a pair of spectacle at free of cost; now she happy than ever.
Thank you
Extra

9 million truck drivers - 65% of them drive national cargo - covering 3.3 million kilometres of national highways.

Poor eyesight is a key contributor in road accidents.

Assessment of depth perception, glare recovery and contrast sensitivity do not exist in our licensing system.

According to MoRTH, Gol, motorized vehicles accounted for 95.5% of the total road accidents in 2015.

Nearly 0.2 million people are killed in road accidents in India every year, second highest globally as per WHO.