



September at LVPEI

The visit of Her Excellency Dr. Ellen Johnson Sirleaf, President of Liberia and Nobel Peace Laureate was the main highlight of September. She was the first Foreign Head of State and also the first Nobel laureate to visit and address us. She spoke on "Public Health in a transitional democracy", and traced the evolution of health care systems in Liberia and their efforts to provide equitable health care to all Liberians. On this occasion, "Liberia Eye Health Initiative" was launched by the President. On her invitation, we have agreed to assist Liberia in the development of a comprehensive eye health system for the country.

"Comprehensive Eye Care" was the basis on which we founded the Institute, and hence all the components of the definition of "comprehensive" have been part of our activity almost since inception - prevention and health promotion programmes, clinical care at all levels and comprehensive rehabilitation. More recently, over 100,000 clients later, we have ventured into the care of associated disabilities too. Traditionally, most of the rehabilitation training is conducted indoors. Our team blazed a new trail by creating a "Mobility and Sensory Stimulation Park" in our Vijayawada tertiary care campus (Kode Venkatadri Chowdary campus) which was inaugurated on 27th. This park imparts training on various navigation techniques in a simulated mobility track and provides multisensory experiences to children with vision loss and additional disabilities. We gratefully acknowledge the support from Global IT giant, Microsoft, through their "Employee Giving Campaign" for this initiative. Thanks to the dynamic team of Beula Christy, Avinash Pathengay, Riyaz and their many team members for making this happen on schedule; meeting all deadlines even in the face of some agitations in the state.

Travelling to two of our secondary centres in Adilabad district along with and a few vision centres linked to them this month, I came away captivated, once again, by the spectacular beauty of nature in this district and the spirit of service in our teams. I was particularly pleased to meet several of our colleagues at our Secondary Centre in Mudhole (our very first one) who have been there since the centre's inception. It was a special pleasure to meet the prime individual donor Mr. Narayana Rao Patel and his family that provided substantial capital funding for this centre (along with CBM and Sightsavers), thus starting us on the right path with high levels of local community support. Both these centres are some of our busiest, touching those who are marginalized in this relatively underdeveloped geographic area and hence in desperate need of good health care.

Value-based organizations are known to be blessed with longevity and at LVPEI we are very protective of our value system and do everything to preserve this. Having realised how challenging this is in a growing organisation, we decided on an exercise to revisit this important issue. Twenty five of our colleagues met during a day-long session this month to come up with what our "five most important core values" should be. Moderated by Tim Schottman of SightLife in Seattle, the session turned out to be very productive and we are in the process of disseminating this across our network through a series of interactions with various groups of our colleagues across the Institute.



One other area of our activity is “Institutional Capacity Building”. We have now completed two projects with support from the International Agency for Prevention of Blindness (IAPB), Lavelle Fund and Seva Foundation in assisting Islamia Hospital of Dhaka, Bangladesh and University of Nairobi Eye Department, a process that ran for over four years. We feel honoured to be part of their transformation into centres of high quality care and education.

Last month, I had communicated about the first rural secondary centre in the state of Odisha. This month, we broke ground for another one with the state government allocating the required land. Thus the plan to roll out the replication of our rural eye health model is progressing well.

I am also pleased that the Institute has decided to recognize the many contributions on multiple fronts by my wife, Pratibha, over the entire journey of the Institute during the past three decades and more. Certain sections of the Institute will carry her name.

At one of our recent meetings with the administrators of our Village Vision Complexes (VVC is a secondary centre with a linked cluster of ten vision centres with a capacity for community screening programmes for 500,000 people), I heard a classic public health lesson. While conducting eye screening, an elderly lady was found to be blind from advanced cataracts, but was reluctant to get surgery done due to superstitious beliefs and lack of family support. Then our administrator personally met the lady and her family and organised to get her escorted to our centre, got her operated, with the person ending with 6/12 vision. This made her independent in her daily activities. Looking at her example, fifteen others from this village came forward and got their cataract surgeries done. This was a great example, demonstrating aspects of committed eye health work, quality of service, good outcome leading to better quality of life for that individual and the impact on that community through more people seeking care and deriving benefit. I am happy that our work, where it matters the most, is producing these real life lessons in public health.

Gullapalli N. Rao