

LV Prasad Eye Institute



Reaching out 

20

Years

Gullapalli Pratibha Rao
International Centre for
Advancement of Rural Eye Care
(GPR ICARE)



20 years of making quality eye care
accessible and affordable for all

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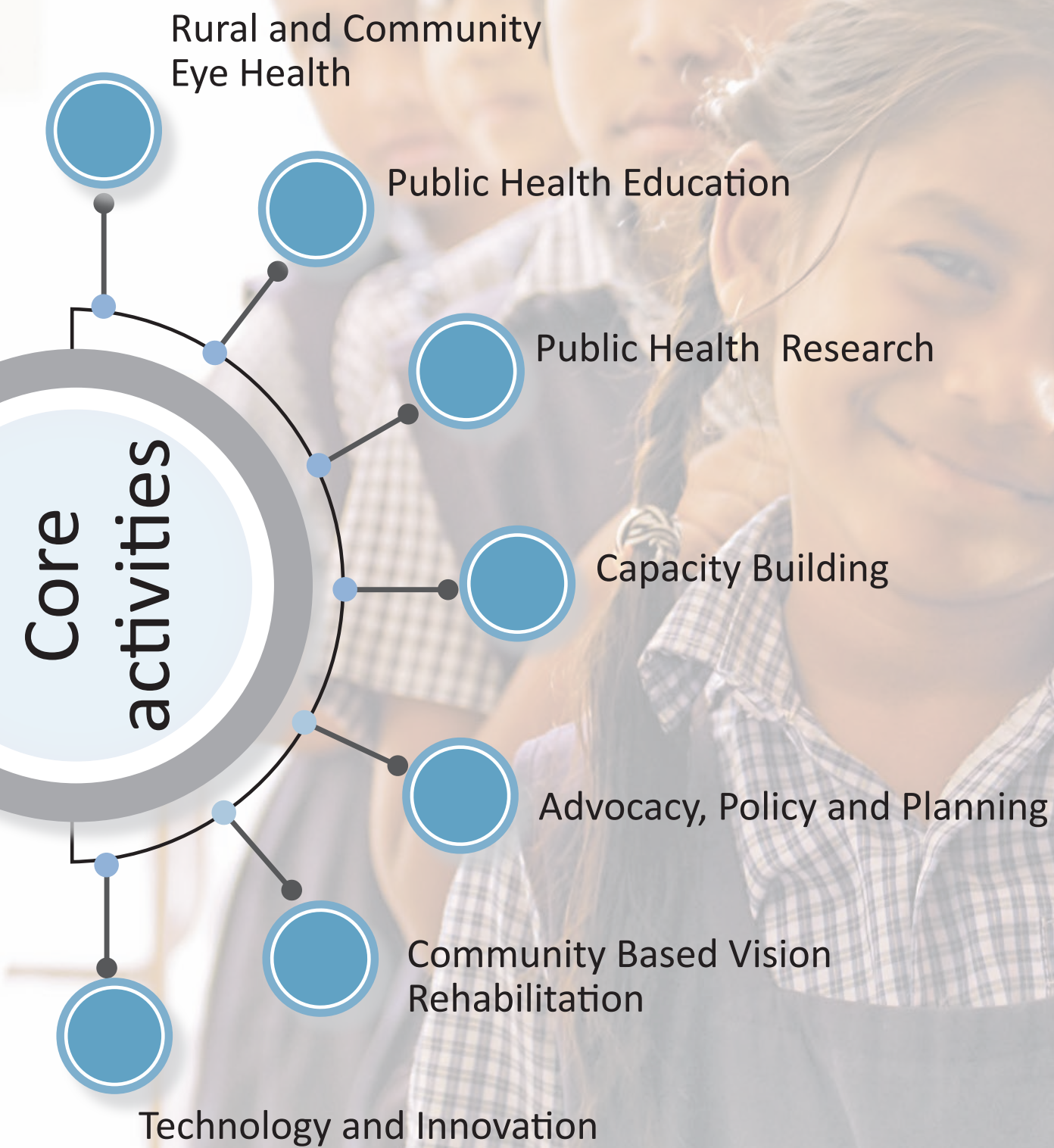
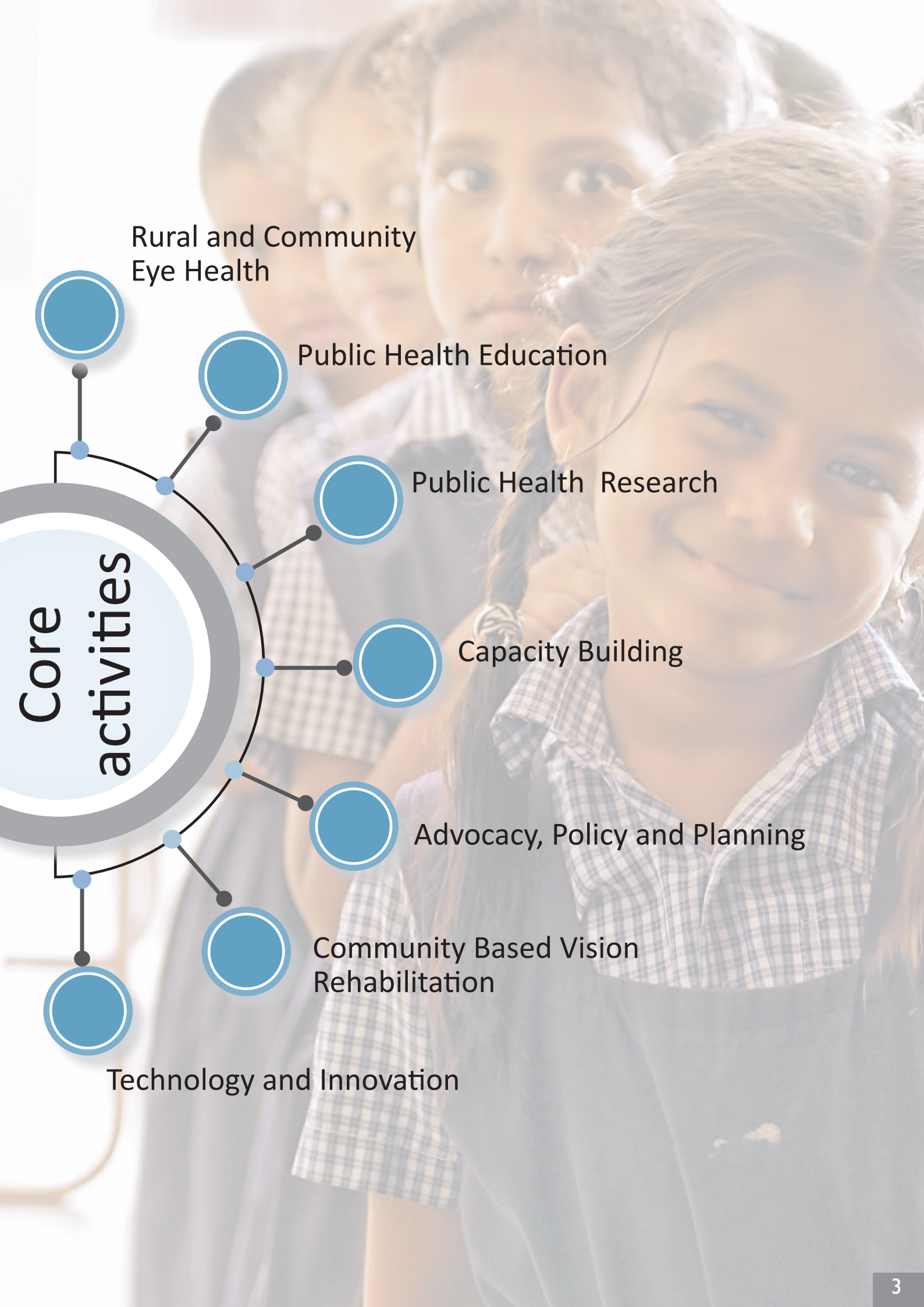
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Thanking our donors

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2020 & beyond

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Gullapalli Pratibha Rao International Centre for Advancement of Rural Eye care

Gullapalli Pratibha Rao International Centre for Advancement of Rural Eye care (GPR ICARE) came into existence in 1998 as an integral part of the L V Prasad Eye Institute, to manage, plan and execute the community eye health services offered by the Institute. Led by a team of over 795 dynamic and experienced eye care professionals, it works towards:

- ✿ Developing high quality, self-sustaining eye care services in the neglected areas of India and other parts of the developing world
- ✿ Training all cadres of eye care personnel for the provision of efficient eye care services
- ✿ Participating in the planning of eye health initiatives in the developing world, and also in advocacy, policy planning, and capacity building
- ✿ Undertaking operations and epidemiological research projects to understand the burden of vision loss and accordingly designing eye care service delivery programs for the communities

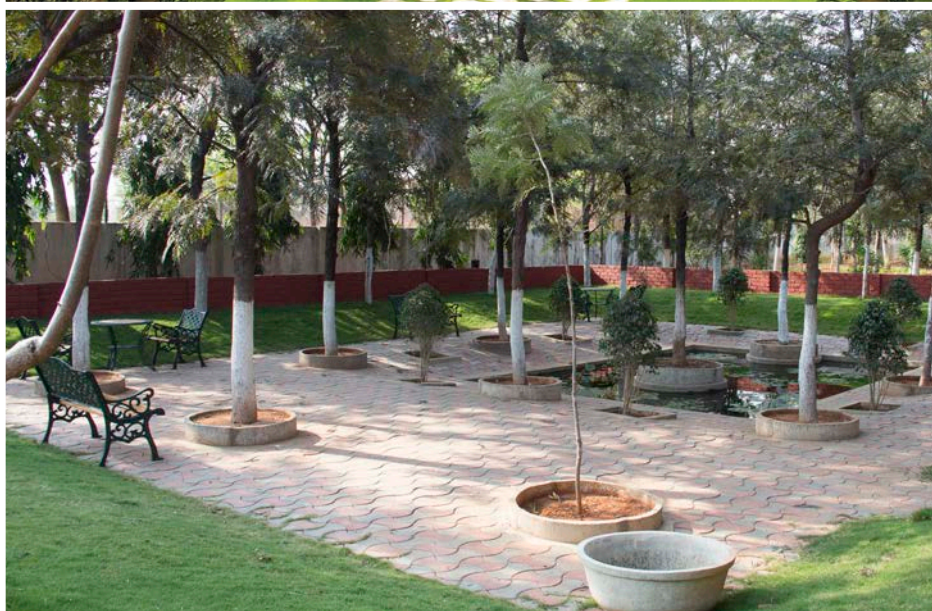




LV Prasad Eye Institute

Gullapalli Pratibha Rao

International Centre for Advancement of Rural Eye Care





Integrated Comprehensive Eye Care

The founding vision of L V Prasad Eye Institute was limited to the creation of a high quality Academic Eye Centre in Hyderabad very much akin to those in the USA. But today, one of the largest segments of our activities is in “Rural and Community Eye Health”. Spread over four states of India over the past almost quarter century, this encompasses functional elements such as Service, Education, Research, Capacity building, Innovation, and Advocacy, Planning and Policy. It started as a pilot to provide high quality, comprehensive eye care to all people in underserved rural areas, with the creation of a secondary level eye care centre covering a population of 500,000. The Institute’s integrated, multi-tier, pyramidal model of eye care delivery has now become a model for the world - much talked and written about. The results of the population based Epidemiologic study, “Andhra Pradesh Eye Disease Study (APEDS)”, provided a solid evidence base. In addition, this study has become a major benchmark with multiple peer reviewed publications and doctoral degrees to several individuals.

While the activity continued, a more structured programme with physical facilities evolved over the next five years with the inauguration of our “International Centre for Advancement of Rural Eye care (ICARE)” in Kismatpur on the outskirts of Hyderabad. (Indeed this would have been the location for the Institute but for the timely contribution of Mr L V Prasad with his gift of land in Banjara Hills and additional funding). In the recent past, the centre has been renamed in honour of Gullapalli Pratibha Rao, whose contribution to the Institute had partially paid for the land at Kismatpur, as also to acknowledge her significant role in developing many critical areas of the Institute during the first decade of its establishment. The Kismatpur campus has since become the epicentre of all our rural and community eye health related activity. The LVPEI pyramid, as described in the ensuing pages touches the lives of millions of people who are disadvantaged socially, economically and geographically.

This integrated model of delivery of health care is perhaps unique in manifesting the

principles of Comprehensive Care, continuity of care, commitment to quality, taking care closer to the doorsteps of those who need it most, and community partnership. Clear demarcation of functions and referral system across the pyramid, with the local community providing most of the workforce, makes it a really effective model. The Primary Care Vision Centre model, our innovation, has received worldwide acceptance as an effective model and has been replicated in many parts of the world. A robust integrated model of secondary and primary eye care is another of the unique features. An exciting recent development is the migration of some clinical services, traditionally in the realm of tertiary care, to the secondary centres. Corneal transplantation, care of complex glaucoma, pediatric care and laser therapy are some of the examples. Adoption of innovative technological applications has contributed significantly to this phenomenon.

The Education component of the GPR ICARE offers training programmes to all cadres and is affiliated to many Institutions. The recruitment and training of local youth is an added feature of our programmes. Several public health, operations and evaluative research programmes are part of the regular activity.

The capacity building programme has helped in the development or up-gradation of scores of programmes around the world. Many of these helped to transform Eye Care in those communities. Advocacy at all levels - local, national and global - has been an integral part of our work. We have played a pivotal role in the development and growth of the "VISION 2020: The Right to Sight" at the global, national and state levels. Our Institute is one of the World Health Organization Collaborating Centres (WHOCC) for the prevention of blindness. The contribution from our Technology Innovation group has further strengthened our reach and care; which includes screening, diagnosis, follow-up care, education and documentation areas of application.

As we celebrate the Twentieth Anniversary of the formal launch of our GPR ICARE, we are privileged to have had this incredible journey. Many organizations and individuals have made this possible with their generosity while hundreds of our colleagues have made us proud, toiling hard in very difficult geographic conditions. To all of them, I place on record our indebtedness.

Gullapalli N Rao
Chair, Board of Trustees





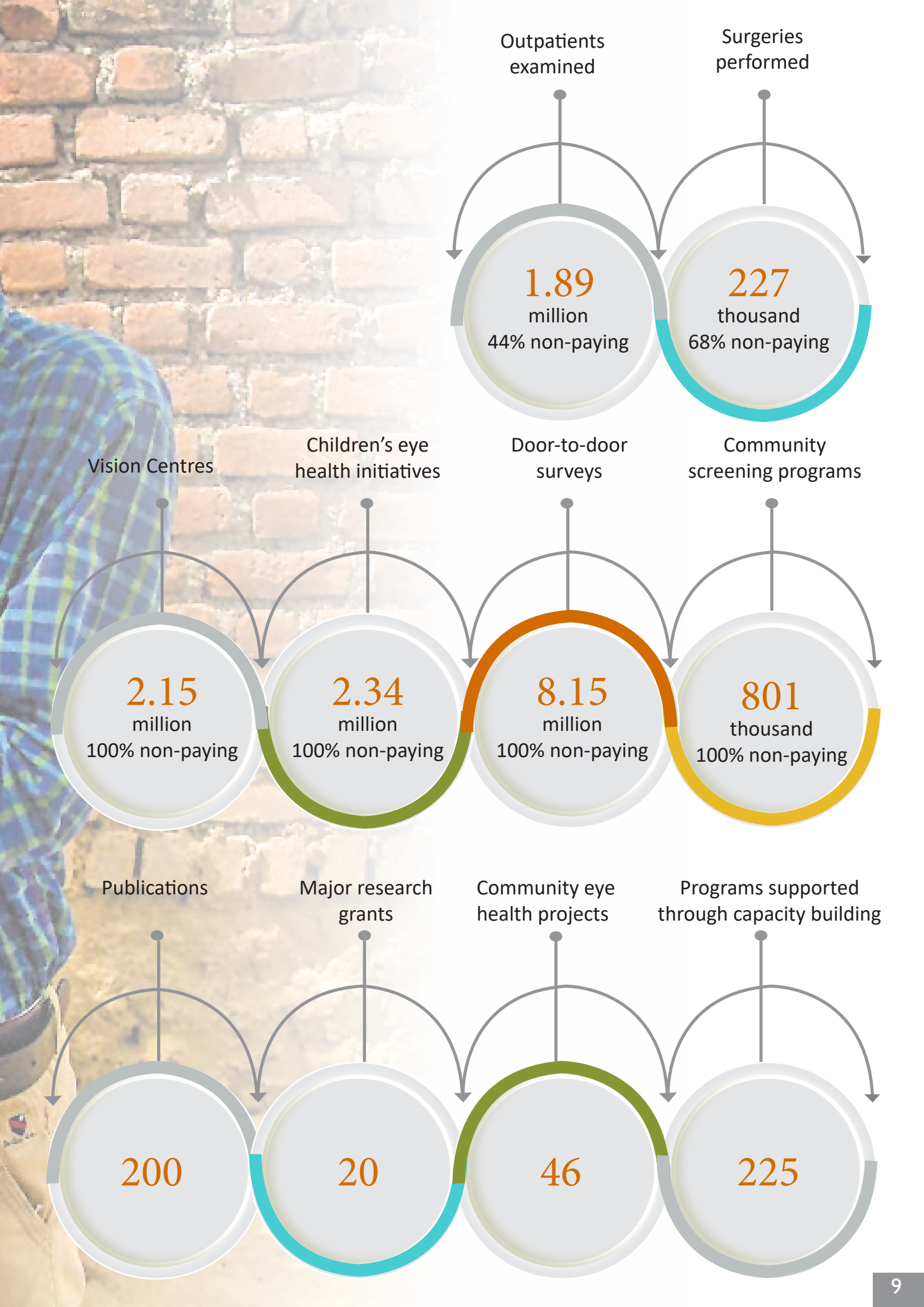
Impact

18

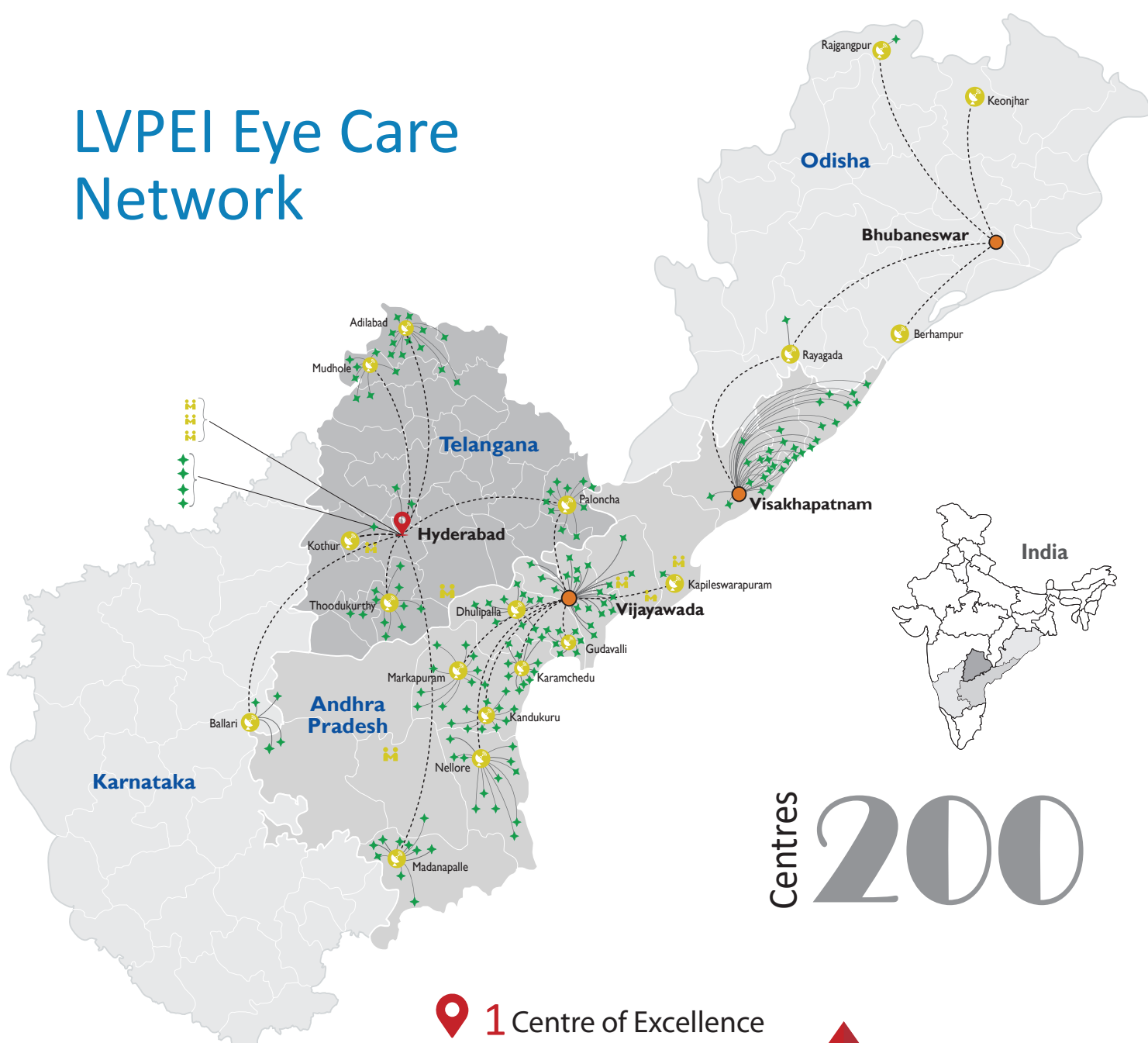
Secondary
centres

176

Vision
centres



LVPEI Eye Care Network



Centres **200**

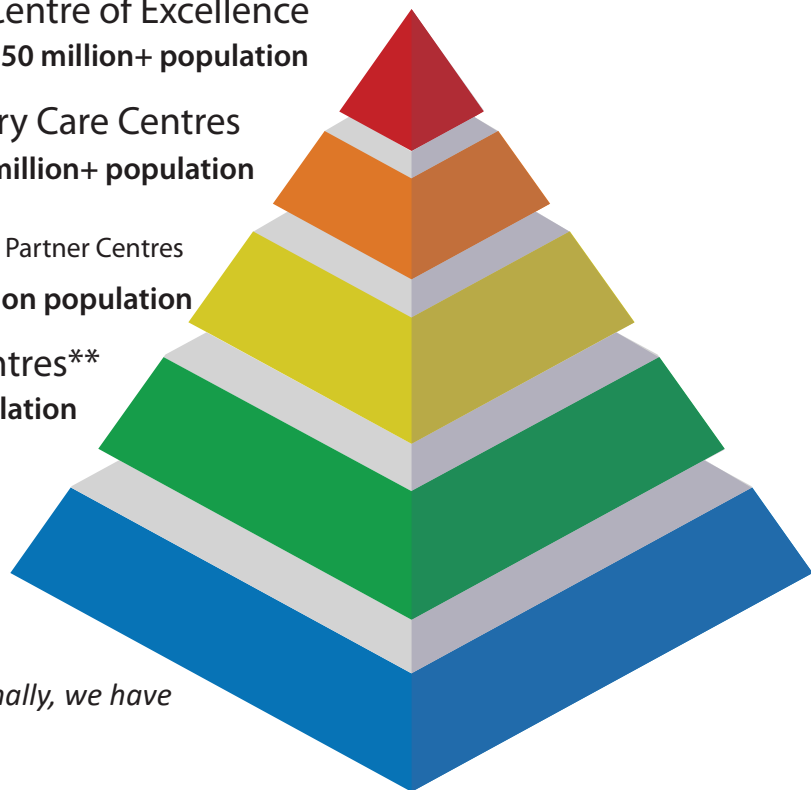
1 Centre of Excellence
Serves 50 million+ population

3 Tertiary Care Centres
Each serves 5 million+ population

18 Secondary Eye Care Centres* **9** Partner Centres
Each serves 500,000 – 1 million population

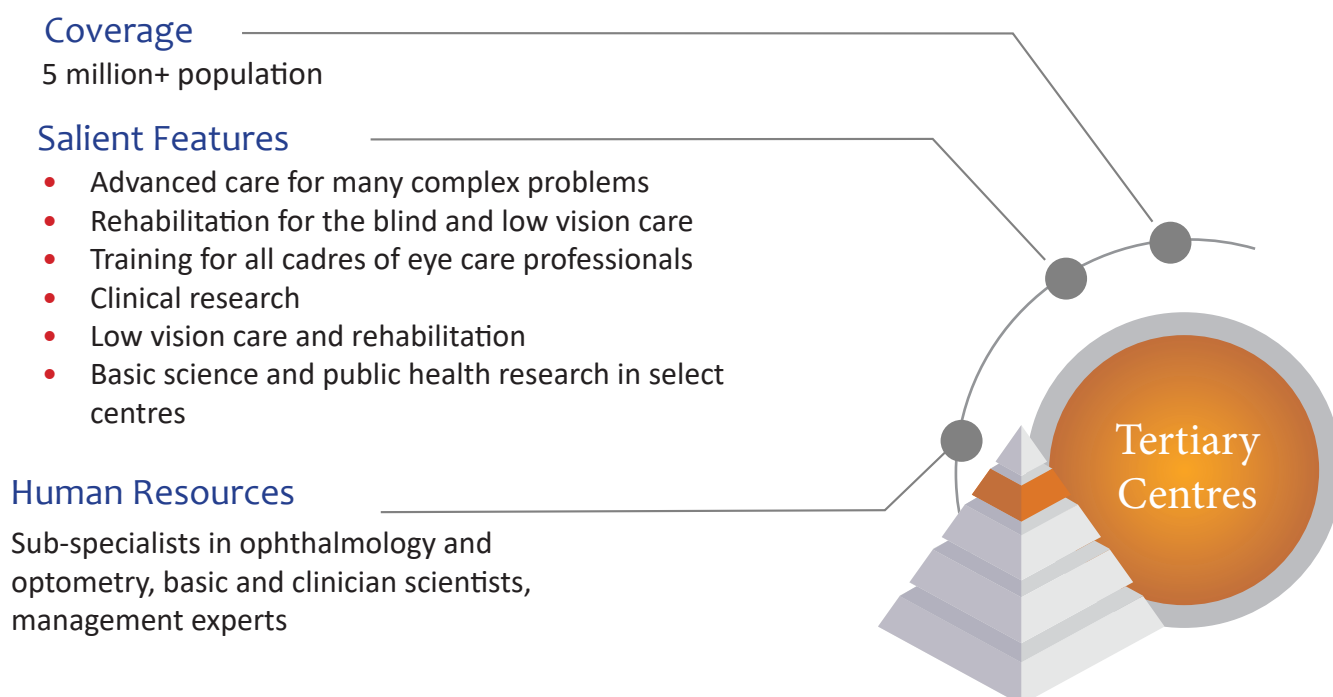
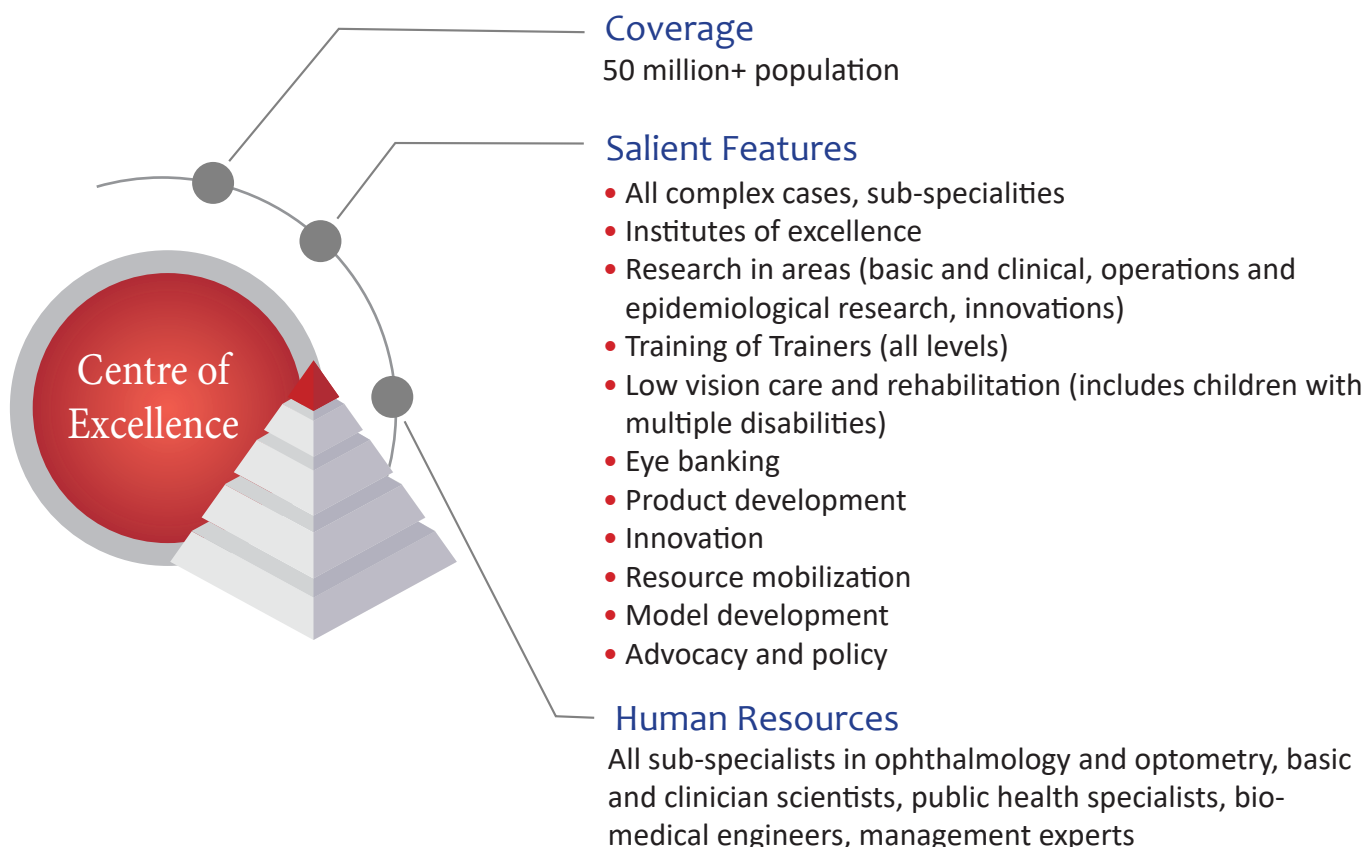
176 Primary Eye Care Centres**
Each serves 50,000 population

Vision Health Guardians
Serves 5,000 population



* Secondary Centres **Vision Centres ***Additionally, we have 2 urban city centres, in Hyderabad and Ballari

- The Andhra Pradesh Eye Disease Study (APEDS) conducted by LVPEI provided a comprehensive estimate for the prevalence and causes of blindness for the state of Andhra Pradesh.
- The APEDS revealed that uncorrected refractive errors (URE) is the leading cause of visual impairment. It also showed poor visual outcomes after cataract surgery.
- It highlighted that uptake of services was also an issue, predominantly among lower socio-economic groups, women, and rural populations.
- On the basis of this analysis, LVPEI developed a pyramidal model of eye care delivery.
- All vital components of the eye care delivery chain from Vision Centres to Centre of Excellence are seamlessly connected through teleophthalmology and electronic medical records. Tele-ophthalmology is bringing in real-time expert clinical care.



Village Vision Complex

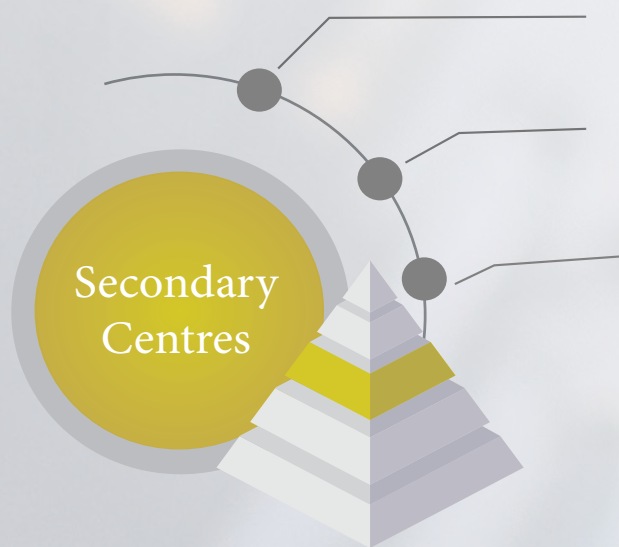
A Universal Eye Health Model

The Village Vision Complex (VVC) is an integrated model of primary and secondary care service delivery. A network of one VVC caters to a population of 500,000 people

Village Vision Complex
is a network of

100 Vision Guardians
+
10 Vision Centres
+
1 Secondary Centre

Spectacles for
Refractive Errors
+
Cataract Surgery
+
Management of
infections, glaucoma
and Diabetic
Retinopathy
=
Addresses 90% of the
causes for vision loss



Coverage

0.5 million population

Human resources

Ophthalmologists and a team of 20-25 support staff

Salient Features

Comprehensive Eye Care
Continuity of care
Commitment to quality
Closer to the communities
Community participation

*Promotive, Preventive, Curative & Rehabilitative care
Subspecialty services available at select centres*

Coverage

50,000 population

Human Resources

Vision Technician

Salient Features

Refraction and dispensing of spectacles
Recognition of eye conditions causing vision loss
Referral services, for non-correctable causes of vision loss
Rapport with the communities
Rehabilitation & low vision services



Coverage

5000 population

Human Resources

Volunteers

Salient Features

Screening – Door to door
School Eye Health
Surveillance – post surgery
Support community eye care programmes
Spectacles for near vision

Assist in community and school eye health initiatives

Paid Vision Guardians are termed as Field Assistants

1990-1995

- Outreach activities begin
- First urban Vision Centre established
- First rural affiliate centre established
- Door-to-door survey and community based rehabilitation initiated
- Community eye health training programs commence

2001-2005

- First rural Vision Centre established
- Designated as a World Health Organization Collaborating Centre for Prevention of Blindness



- First Secondary Centre established
- International Centre for Advancement of Rural Eye care (ICARE) formally inaugurated
- Refractive Error Study in Children conducted
- APEDS-I completed

1996-2000



2011-2015

- Allen Foster Community Eye Health Research Centre formally inaugurated
- Ramachandra Pararajasegaram Community Eye Health Education Centre formally inaugurated
- ICARE renamed as Gullapalli Pratibha Rao International Centre for Advancement of Rural Eye care
- APEDS III initiated
- First Secondary Centre in the state of Karnataka
- 100th Vision Centre established
- First Secondary Centre and Vision Centre in Odisha State
- Electronic Medical Records at secondary centres
- Liberia Eye Health Initiative launched
- Children's Eye Health Initiative at Odisha, Andhra Pradesh and Telangana States



- 50th rural Vision Centre established
- Project to perform 1 million additional cataract surgeries each year by 2020 initiated
- APEDS -II initiated
- Glaucoma Epidemiology and Molecular Genomic Study initiated
- Online course in collaboration with UNSW started

2006-2010

- Indian Oil Centre for Rural Eye Health, the extension of GPR ICARE inaugurated at Odisha
- First Secondary Centre with a milestone of two decades of service
- First Vision Centre in Karnataka
- 150th Vision Centre inaugurated
- Teleophthalmology at the Secondary Centres initiated
- Specialty services at secondary centres initiated
- First project on Disability Inclusive Community Eye care services initiated
- Vision Centres connected through Eye Smart electronic medical record system

2016-2018

Patient Care

For the last 20 years, LVPEI is reaching out to the communities, most often the neglected ones, and is making quality eye care accessible and affordable to them.

18 Secondary
Centres



Outpatients
1.89
million

44% at 'no cost' to the patient



Surgeries
227
thousand

68% at 'no cost' to the patient

176 Vision
Centres



Outpatients
2.15
million

100% at 'no cost' to the patient



Community Eye Care

people reached

Community
household screening

**8.15
million**

Community
screening programs

**801
thousand**



Children screened

**2.34
million**

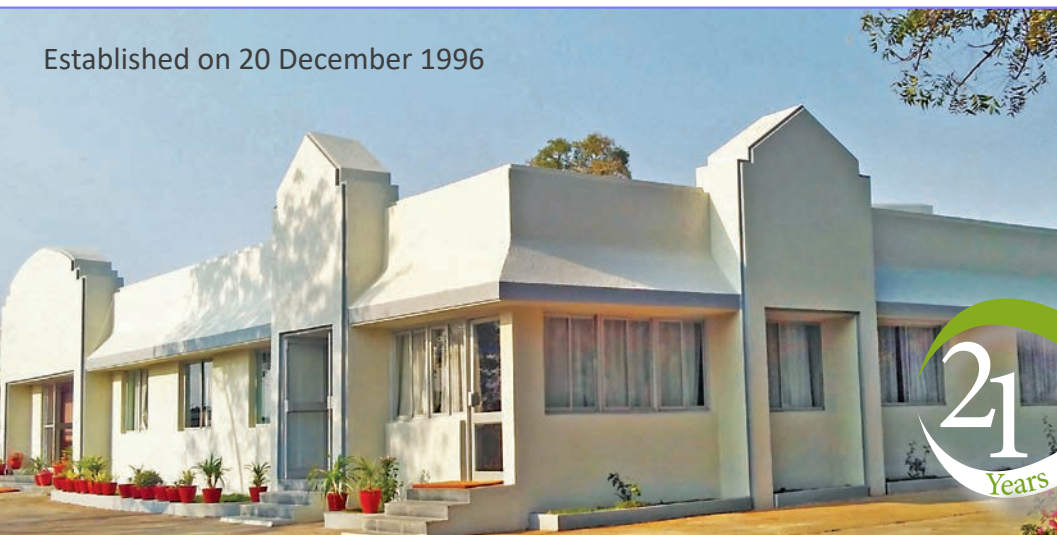
Community
Based
Rehabilitation

14,750

The first two secondary centres

20+ Years of a glorious impactful journey

Established on 20 December 1996



**Bhosle Gopal
Rao Patil Eye
Centre**
*Mudhol Village
in Adilabad
(Nirmal district,
Telangana)*

Outpatients

386,359

- 40% examined at no cost to the patient
- 50% of the outpatients were women

Surgeries

50,255

- 56.6% surgeries performed at 'no cost' to the patient
- 55% of the patients were women



500,000

Population catchment

Vision Centres



266,324 outpatients

100% examined at 'no cost' to the patient

7 Vision Centres are connected to this
Secondary Centre

Capital support for the building and equipment provided by Christoffel Blindenmission, Germany; Sightsavers International, UK; and Mr Narayana Rao Patel, local philanthropist. Land donated by the employees of Gram Abhyudaya Mandali, Mudhole, Bhainsa.



Established on 24 October 1998



Kuchakulla Ramachandra Reddy Eye Centre

*Thoodukurthy village
in Mahabubnagar
(Nagarkurnool district,
Telangana)*



Outpatients

255,147

- 40% examined at 'no cost' to the patient
- 50% of the outpatients were women

Surgeries

32,240

- 56.6% surgeries performed at 'no cost' to the patient
- 59% of the patients were women



500,000

Population catchment

Vision Centres



299,992 outpatients

100% examined at no cost to the patient

11 Vision Centres are connected to this
Secondary Centre

Capital support for the building and equipment provided by Christoffel Blindenmission, Germany; Sightsavers International, UK; and Mr Kuchakulla Damodar Reddy and his family, local philanthropist.



Impact

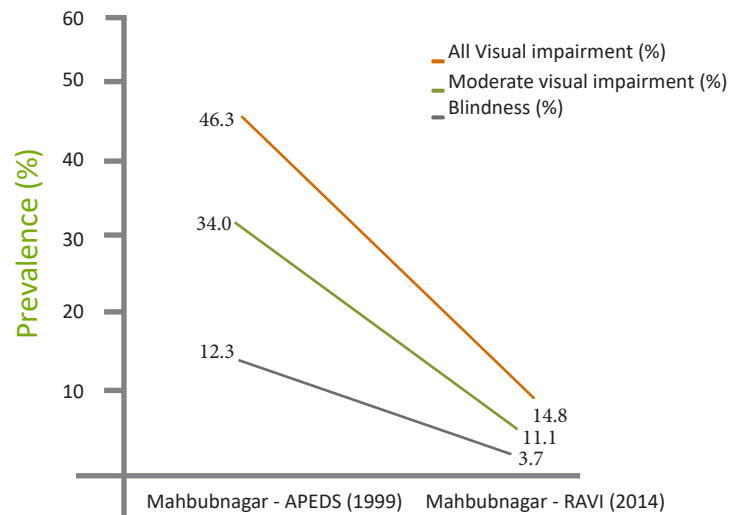
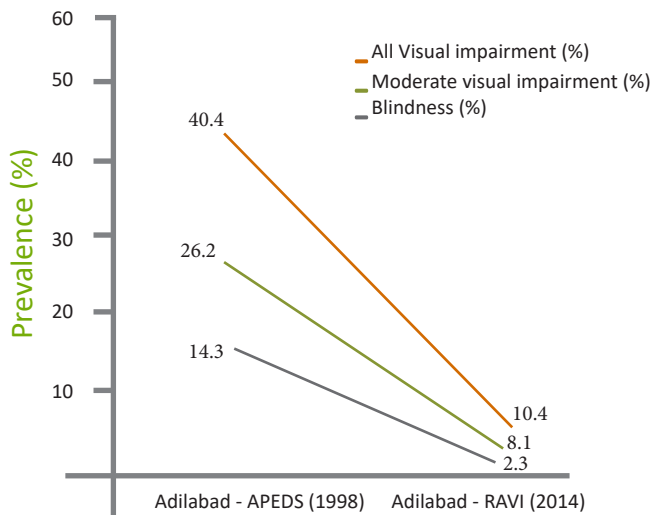
The districts of Adilabad and Mahabubnagar at the time of the inception of these centres were listed among the 250 most backward districts in India with high prevalence of blindness

Each Centre caters to a population of 0.5 million people

Comprehensive eye care (promotive, preventive, curative and rehabilitation care) is now available even to the most backward communities in the catchment areas of these centres

Both the centres have demonstrated decent cost recovery and human resources retention over the years

The centres have demonstrated that good visual outcomes after cataract surgery is possible even in remote rural areas



The population epidemiological studies conducted in catchment areas in both the districts revealed a declining trend in the prevalence of visual impairment over time.



Lost hopes regained

Intervention brings new life to Venkata Chennamma

Nalagati Venkata Chennamma was born with visual and intellectual impairment. Prohibitive costs and Chennamma's behavioural issues prevented the family from seeking medical treatment. She has been living with vision loss since early childhood.

It was only when she was 25 years old that LVPEI's Field Assistant Karunakar spotted Venkata Chennamma with cataract blindness. His counselling led to Chennamma being brought to LVPEI's secondary centre at Markapuram where she was operated for congenital cataract. She has since regained functional vision and is now undergoing treatment at the Hyderabad campus for further enhancement of her vision. Her family expresses immense gratitude for LVPEI's care and concern in their daughter's wellbeing. She has got a new lease of life as she can now see and be independent.



We not only do corneal transplants, we also do tree transplants

◀◀ Throwback



When LVPEI's Hyderabad campus was undergoing a facility expansion, there was a need to remove a 32 year old Banyan tree. Instead of cutting down the tree, it was shifted to the GPR ICARE campus, a distance of 21 km from the Hyderabad campus.



The Banyan tree continues to blossom at its new abode.

Edward and Soona Brown Eye Centre, Dhulipalla, Andhra Pradesh, experienced a sudden surge of flood waters at 9.30 am on 22 September 2016 due to a breach in the nearby rivulet, owing to incessant rains. Within minutes, the entire premises from the highway down and the ground floor of the building were flooded with chest high water. Displaying exceptional courage and dedication, the team garnered the limited options open to them to ensure 100% patient safety and well-being.

A few members from the team, physically prevented snakes from wading their way to the first floor and harming patients. The clinical staff kept a close check on the health condition of the patients; housekeeping staff gave available food to each patient and kept everyone warm; staff administrators managed to walk through the water and bring food supplies, which was promptly prepared by the canteen team. The GPR ICARE team and colleagues from the centres that were close by reached Dhulipalla within a few hours despite the roads collapsing. They walked long distances and waded through swirling water only to ensure the wellbeing of our patients.

As the water started receding, transport was arranged for the patients with one member of the staff accompanying each patient home. Around 4 pm, the water receded significantly, leaving behind half foot thick mud and debris inside the hospital. Everyone took to the brooms and wipers and started cleaning operations immediately.



Within just two days the entire hospital was cleaned, new systems installed, all equipment checked, and slit-lamps repaired for resuming outpatient activities at the earliest. This amazing turnaround was surely a tremendous reinforcement of the LVPEI Team's values of "Togetherness" and "Patient First".

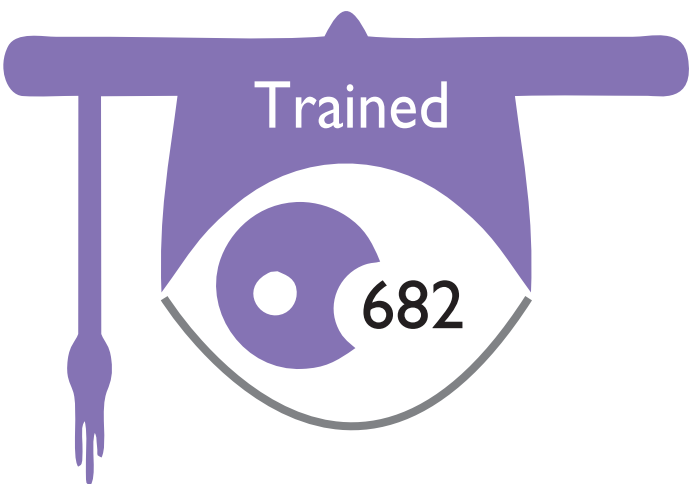


Developing human resources for better eye care



Ramachandra
Parrajasegaram Community
Eye Health Education Centre
conducts various short-term and
long-term programs

- One of the very few Institutes in India and among the developing countries, offering this specialized area of study
- Taught by experts, the programs are need-based with a large component of 'hands-on' practical and on-field training
- The programs encompass all cadres of eye care personnel from ophthalmologists, to optometrists to field workers
- Regular Continuing Professional Development programs for all cadre of eye personnel such as Community Eye Health Workers, Vision Technicians, Ophthalmic Nursing Assistants, Operation Theatre Technicians and Biomedical Technicians.
- Leadership training programs for eye care managers and ophthalmologists.



Course	Trained
Certificate Course in Program Management and Evaluation	29
Master's in Community Eye Health	92
Diploma in Eye Health Management	134
Certificate Course in Community Eye Health	11
Diploma in Community Eye Health	171
Online Course in Community Eye Health	173
Other Courses	72





Organizations that consciously engage in a design process before jumping into implementation are rare. It is rarer to see such design being based on good evidence. This is what the Gullapalli Pratibha Rao International Centre for Advancement Rural Eye care does and stands for. Not only does it practice this, but also systematically trains others in this mode of working, thus bringing greater effectiveness to eye care, worldwide.

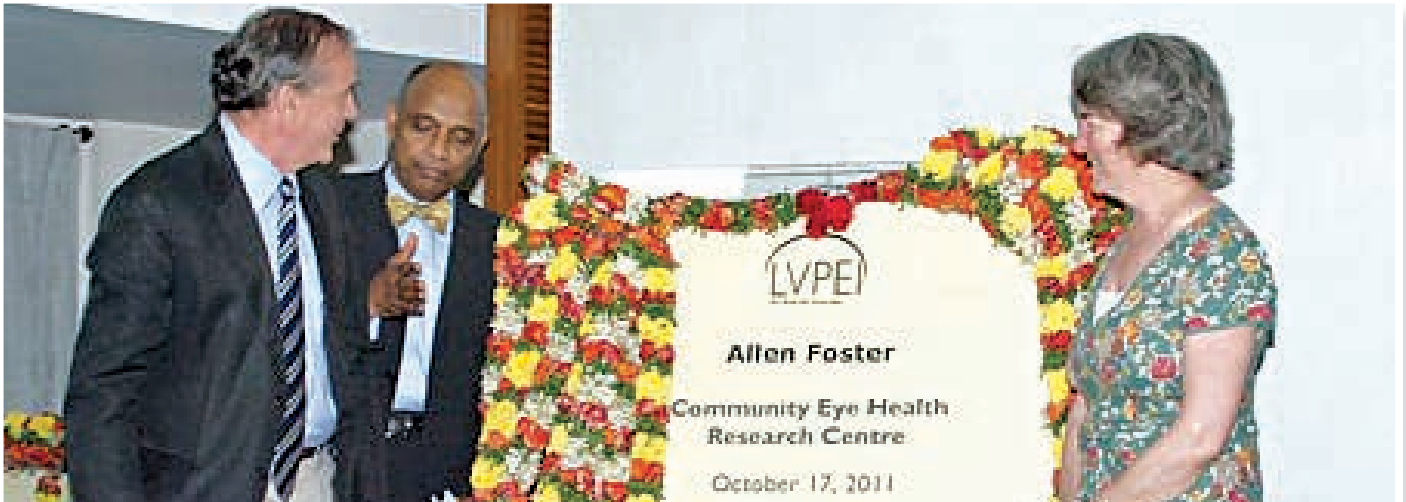
Thulasiraj Ravilla
Executive Director
Lions Aravind Institute of
Community Ophthalmology



Grooming leaders for tomorrow! Dr GN Rao in conversation with the new batch of doctors to be posted at secondary centres.

Public Health Research

GPR ICARE's Allen Foster Community Eye Health Research Centre spearheads the public health research at LVPEI and aims to strengthen the Institute's efforts towards prevention of needless blindness by carrying out 'need based' epidemiological and operational research.



The saga of Andhra Pradesh Eye Disease Study

One of the largest epidemiological studies in the developing world

Popularly known as APEDS, it was divided into three phases

APEDS I 1996-2000 Baseline Cross sectional	APEDS II 2009-2010 Tracing Exercise	APEDS III 2012-2016 Follow up study of the surviving Cohort
Study the prevalence, causes and risk factors for visual impairment	Feasibility study to understand the availability, migration and mortality of APEDS 1 cohort	The follow-up study of the surviving cohort of original APEDS 1 to understand incidence and progression of common blinding conditions

APEDS 3 team in a village during the study



A decade of Rapid Assessment Studies

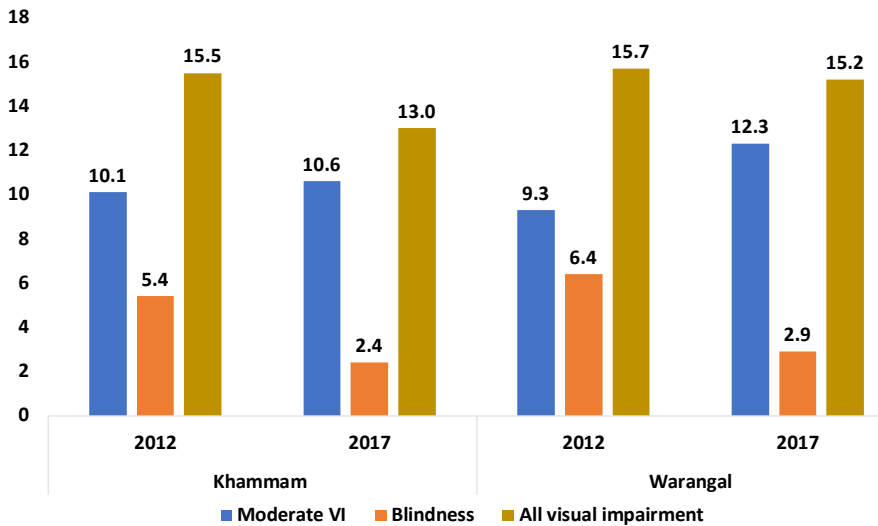
- Developed in-house
- Low cost survey methods
- Used across the network for monitoring and assessment of eye care services
- These rapid assessment methods can be used for planning and monitoring survey methods of eye care services in a region

Rapid Assessment of Visual Impairment (RAVI)

Rapid Assessment of Refractive Errors (RARE)

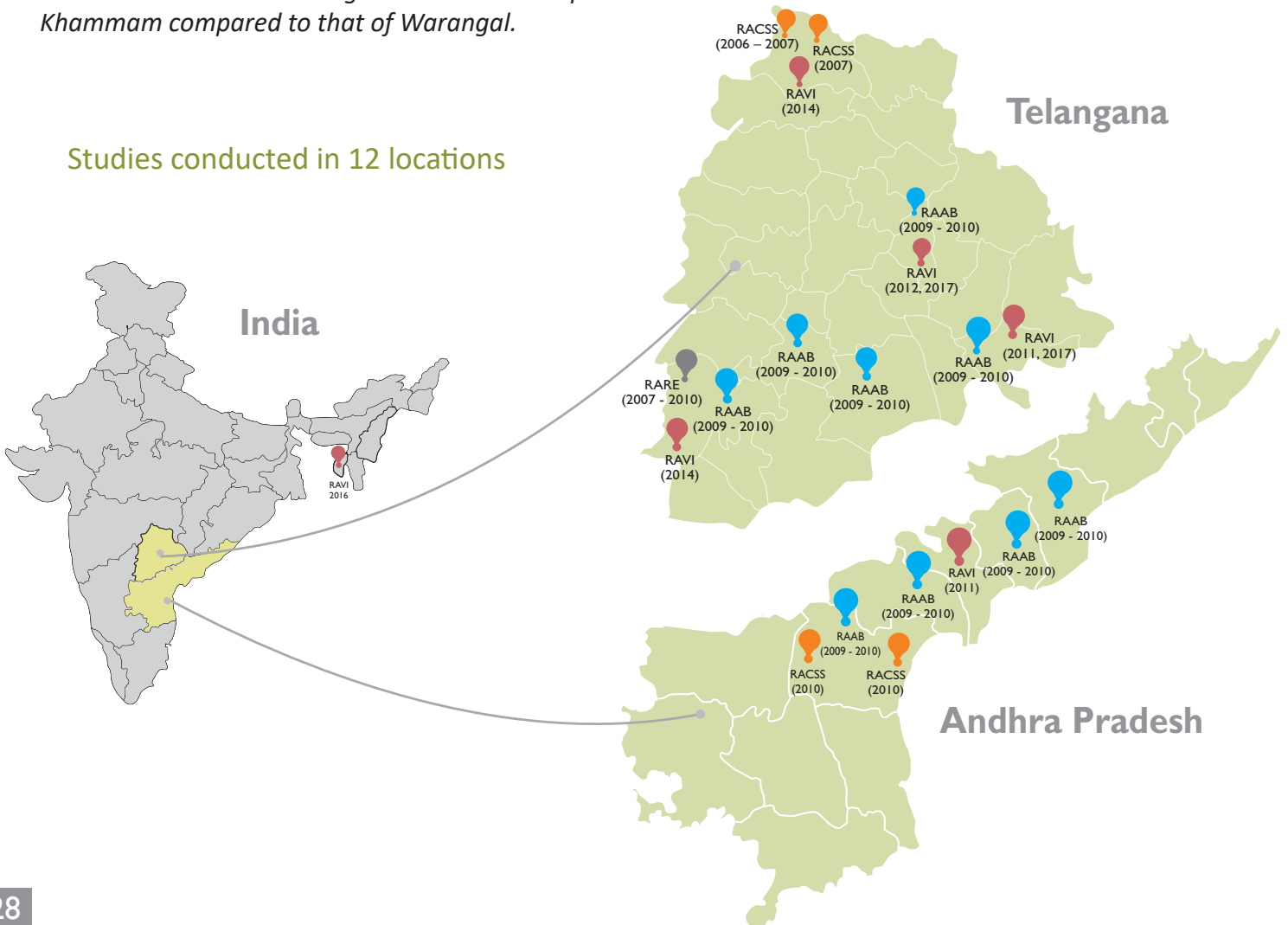
Rapid Assessment of Avoidable Blindness (RAAB)

Rapid Assessment of Cataract Surgical Services (RACSS)



The recent repeat of RAVI study in Warangal and Khammam districts showed a declining trend in visual impairment in Khammam compared to that of Warangal.

Studies conducted in 12 locations



Major ongoing projects

Children's Eye Health Initiative

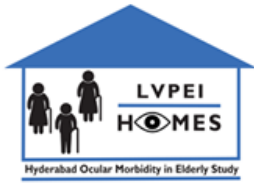


9,80,862
children covered

8
locations covered

- ✿ The Children's Eye Health Initiative is a massive umbrella of projects on vision screening in school children that is being carried out in the erstwhile districts of Adilabad and Mahbubnagar in Telangana and Krishna district in Andhra Pradesh, Rayagada in Odisha, India
- ✿ Involves vision screening and eye examinations in angawadi centres and schools, including schools for special children and for the blind
- ✿ Offers comprehensive end-to-end services including dispensing spectacles, surgical interventions, vision rehabilitation services and prescribing low vision devices
- ✿ Generating awareness among the key stakeholders for prevention of avoidable blindness is an integral part of this initiative

Hyderabad Ocular Morbidity in Elderly Study (HOMES)



Vision loss is common among elderly people living in residential care and has profound impact on their life. This research project aims to investigate the prevalence and causes of vision loss and to assess the impact of an intervention including the provision of cataract surgery and spectacles on the visual functions of elderly individuals living in residential care. The results of this study can help develop programs that can reach this vulnerable population and can be part of the larger health care agenda of 'happy ageing' in India.

LV Prasad Eye Institute
Hyderabad Ocular Morbidity in Elderly Study (HOMES)

A

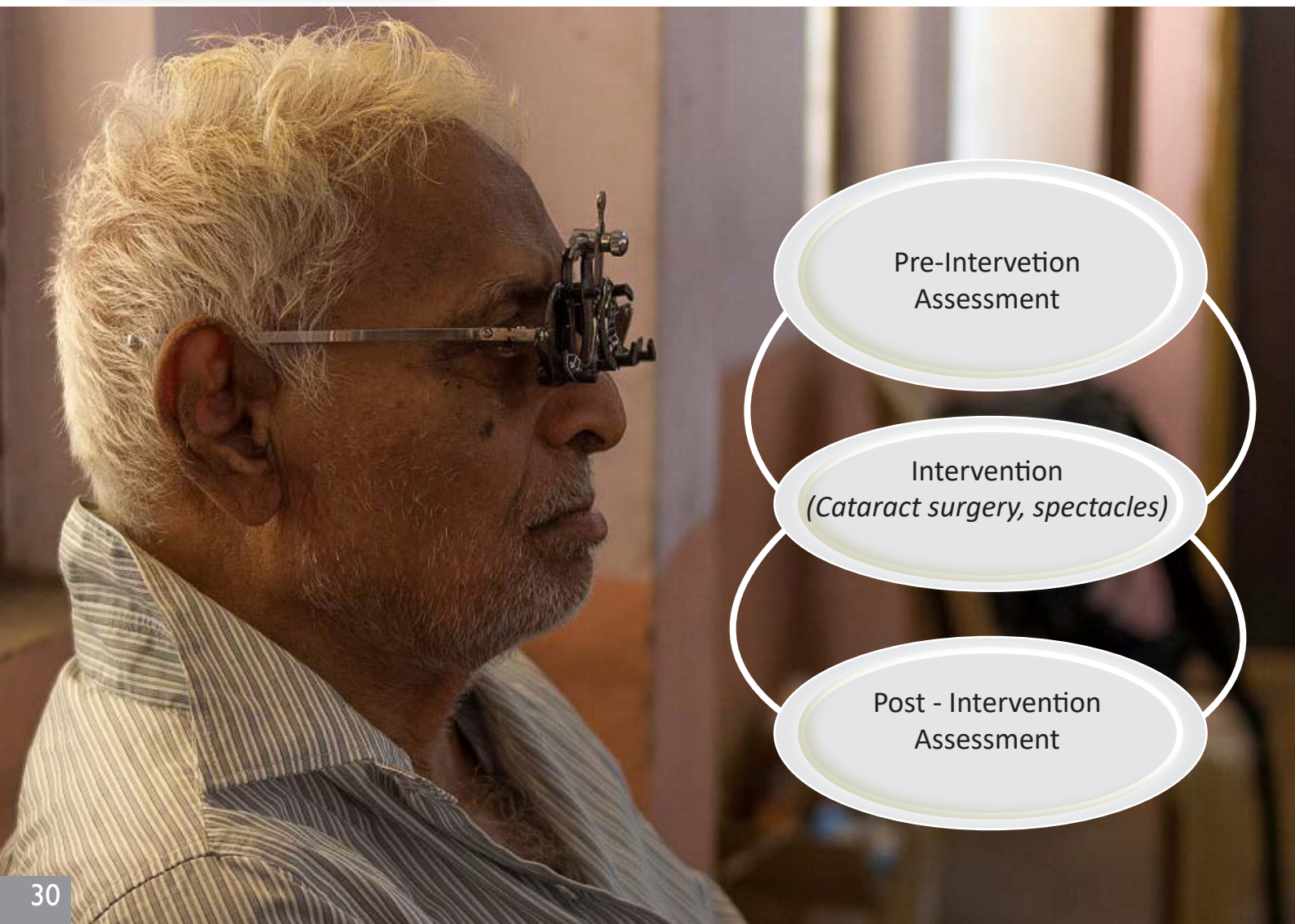
Instrument Name	Date	Signature	Remarks
Non-Clinical			
Refraction			
Anthropometry			
Clinical			

Name of the Subject: _____
 Name of the Home For Aged: _____
 Home For Aged ID: _____
 Subject ID: _____
 Date of Examination: _____
 Interviewer ID/Name: _____

Allen Foster Community Eye Health Research Centre
 Gulapalli Prashantha Rao International Centre for Advancement of Rural Eye Care (GPRICARE)
 LV Prasad Eye Institute, Hyderabad

Study Instruments

- Personal and demography
- Mini Mental State Examination
- Hearing Handicap Inventory for Elderly (HHIE-S)
- Indian Vision Functioning Questionnaire
- Systemic and ocular history
- Patient Health Questionnaire (PHQ-9)
- Fear of Falling Questionnaire
- Risk factors
- Anthropometry
- Physical functions
- Clinical examination





Over the last 20 years, LVPEI has been implementing an extensive Community Eye Health (CEH) programme and Training Centre. The training centre and community programme ensures:

- Eye health workers are trained in a community approach to eye health;
- People living in rural areas of Andhra Pradesh receive high quality affordable eye care and ready access to a Centre of Excellence if required

I congratulate the leadership and staff of LVP on promoting Eye Care for marginalized and rural people and delivering high quality training in CEH and appropriate research to improve global eye health.

Prof Allen Foster

Former President, CBM

*Professor and Co-Director of the International Centre for Eye Health,
London School of Hygiene and Tropical Medicine, UK*

The idea to establish GPR ICARE 20 years ago was inspired and ambitious. However, the impact it has had to date is breathtaking. One can only imagine the changes it will make to improve eye care over the next 20 years and we will all watch in amazement and be pleased and proud to help as we can.

Prof Hugh Taylor

Past President of the International Council of Ophthalmology

*Currently leading the Indigenous Eye Health Unit at the University of Melbourne,
Australia.*

Community Research

Empowering rural communities

- Community Assisted and Financed Eye care (CAFE) (2001-2006)
- Providing Eye care through Empowered People (PEEP) (2004-2007)
- Community Linked for Integration of Primary Health (CLIP) (2008-2010)
- Sight to Resight Vision Health Guardian Project (2010 ongoing)
- Photo Voice - Tool used to encourage participative action to address social and environmental issues for community development (2012-2014)
- Community Linked Integrated Project (CLIP), Jainath, Adilabad district, Telangana (2011-2015)
- Sunetra Hospital based community eye care program in Ballari (Karnataka) and Gudavalli (Guntur, Andhra Pradesh) (2013-Ongoing)
- Community Linked Integrated Project (CLIP) Kapileswarapuram, West Godavari district, Andhra Pradesh, India (2016)
- Kankipadu Hospital Based Community Eye care Program (2016 - Ongoing)
- Envision - Every person counts: Revisiting the vision centre model (2016-2017)
- Disability Inclusive Community Eye care (DICE) in Mahbubnagar (Telangana) and Rayagada (Odisha) (2016–Ongoing)

Epidemiological Research

Assessing the burden and causes of vision loss

- Andhra Pradesh Eye Diseases Study I (APEDS I) (1996-2000)
- Andhra Pradesh Eye Diseases Study II (APEDS II)-follow up Study (2009-10)
- LVPEI-Glaucoma Epidemiology and Molecular Genomic Study (LVPEI-GLEAMS) (2010-2014)
- Andhra Pradesh Eye Diseases Study III (APEDS III) (2012-2016)
- Rapid Assessment of Refractive Errors (RARE) (2007-2010)
- Rapid Assessment of Cataract Surgical Services (RACSS) (2003)
- Rapid Assessment of Avoidable Blindness (RAAB) (2009-10)
- Rapid Assessment of Visual Impairment (RAVI) studies (in Phases since 2011)
- Assessing the prevalence and causes of visual impairment in Children in Krishna district in Andhra Pradesh, India (2012-2017)
- Hyderabad Ocular Morbidity in Elderly Study (HOMES), Hyderabad, India (2016-Ongoing)



Projects on Children

An eye on the future

- Sight For Kids (SFK) (2005-Ongoing)
- Pediatric Ophthalmology Learning and Training Centre (POLTC) (2006-2010)
- Nimmagadda Prasad- LVPEI Children's Eye Health Initiative (2007-2014)
- Children's Eye Health Initiative in the 30 primary eye care areas of L V Prasad Eye Institute (LVPEI) in the state of Telangana (2015-2018)
- Rayagada Child Sight Program, Odisha (2016-2017)



Projects on Diabetes and Diabetic Retinopathy

A special Focus

- Diabetes Prevention Program through Child to Family Communication for change in lifestyle and health promotion in Prakasam district (2006-2011)
- Capacity building Program for the management of Diabetic Retinopathy in the state of Andhra Pradesh (2005-2008)
- Capacity building program to address Diabetes and Diabetic Retinopathy in Prakasam district, India (2008-2013)
- Alcon – LVPEI Diabetic Retinopathy screening eye care in rural India (2012-2015)

Operations Research

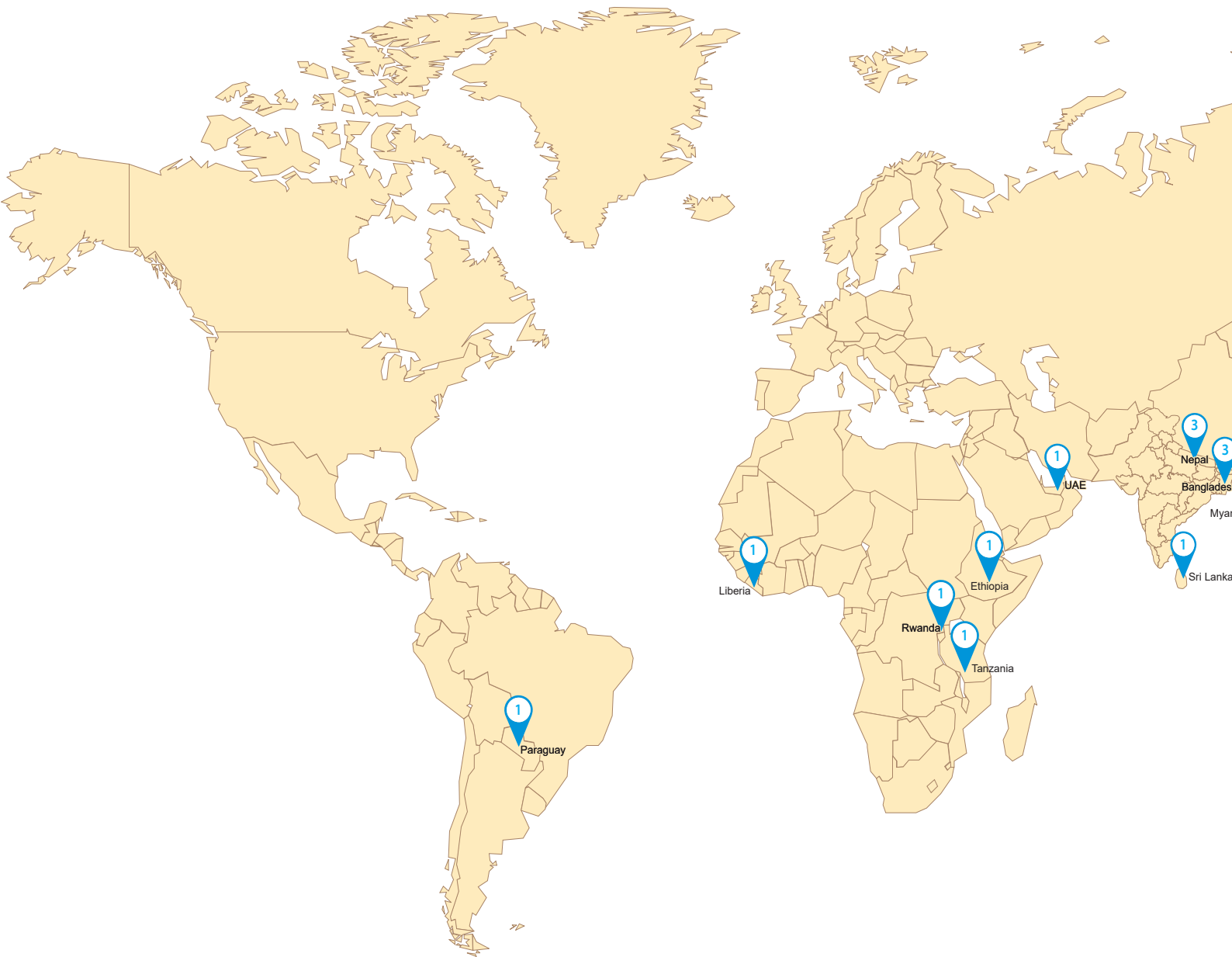
The leading lights to our work

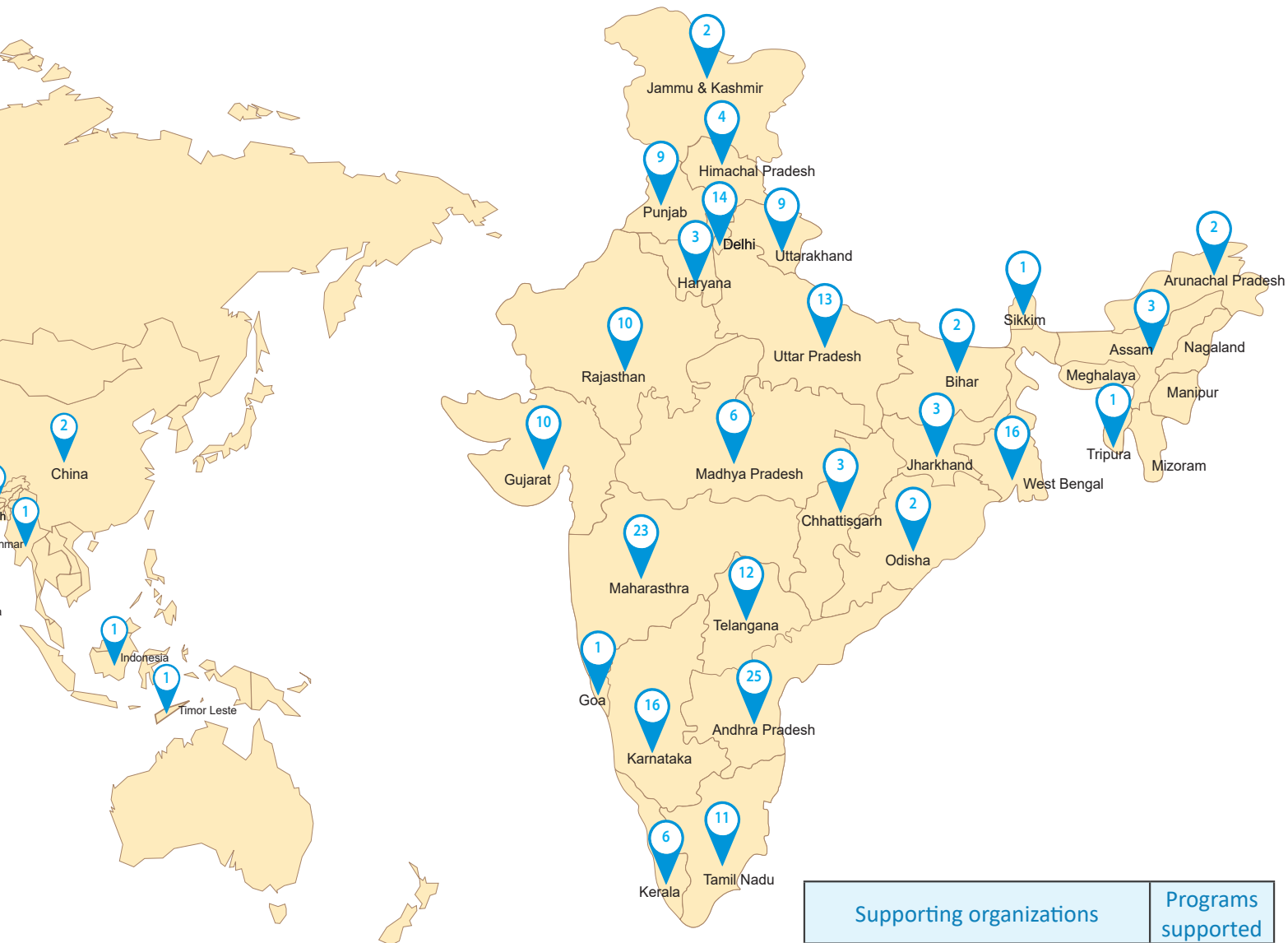
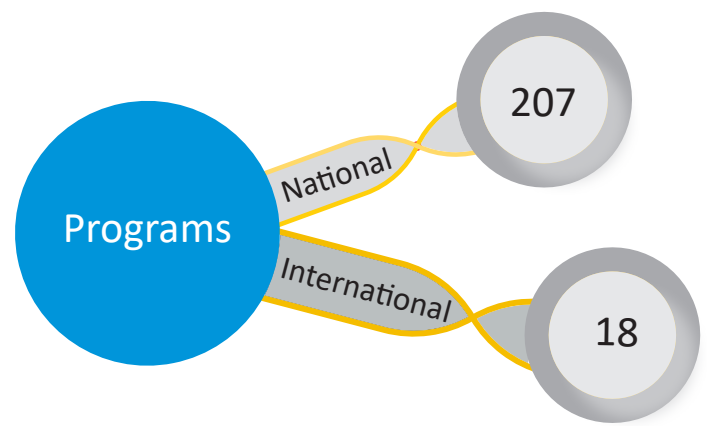
- Comprehensive Eye Health Program in Prakasam District, Andhra Pradesh (2005-2010)
- Child to Child and Child to Family communication as a strategy to improve awareness and uptake of eye care service (2006-2008)
- Barriers to uptake of referral services within L V Prasad's ICARE Pyramid: Khammam (2014), Mahbubnagar (2018)

Capacity Building and Consultancy

Partnering for impactful eye care

Since 1994 LVPEI has been working with partner eye care hospitals, with support from development agencies, and is providing them with strategic and technical assistance to establish standardized systems of patient care, human resource management, financial sustenance, hospital management and community eye care.





Supporting organizations	Programs supported
Bausch and Lomb India Ltd	3
CBM	7
Lions Clubs International Foundation	6
LVPEI affiliates and partners	9
Operation Eyesight Universal	33
Orbis International	26
Other Organizations	45
Rotary International	80
SEVA Foundation	12
SIB - Standard Chartered Bank	4
Total	225

Vision Centres Far and Wide

Reaching the unreached

Chandra Prabha Eye Hospital in Jorhat in the state of Assam was supported by LVPEI to upgrade its existing capacity. The patient care services have increased three times within five years of intervention from baseline and operational cost recovery from 60% to 95%. The mentoring process followed was as below:

- ❖ Initial Assessment: To leverage the existing capacity of the hospital, the key challenges and the priority areas were identified
- ❖ Work Plan: A detailed work plan was defined to upgrade the infrastructure, train resources and develop relevant standardized operating process
- ❖ Training: Customised training was provided to the clinical as well as non-clinical staff
- ❖ Leveraging resources: In collaboration with Operation Eyesight Universal (OEU) and the Government of Assam, an additional examination room was constructed in the hospital.

Majuli Island Declared Avoidable Blindness Free

- ❖ Majuli island is a very remote island located in the flood prone village of Kothalguri Gaon Village in the Brahmaputra river belt in Assam. Accessibility and affordability of health care is a major challenge for the tribal population that resides here.
- ❖ In partnership with SEVA Foundation and OEU, LVPEI helped Chandra Prabha Eye Hospital to open a Vision Centre in Majuli island and a centre dedicated to community ophthalmology, education and research
- ❖ OEU has declared Majuli island as avoidable blindness free village
- ❖ A team of trained vision technician and 10 community eye health workers have screened 115,308 people and dispensed 1623 spectacles in Majuli island. 3400 surgeries have been performed by the Chandra Prabha Eye Hospital at 'no cost' to the patient.

LVPEI Model Vision Centre in Himalayas: the heights of eye care



LVPEI partnered with Roy A Kite Memorial Clinic in Lamdon, Leh, Ladakh (India) to provide eye care in a geographically difficult and high altitude region in the country.

Operation Eyesight Universal is supporting its partner hospitals in delivering the best quality services on a sustainable basis. Till date, GPR ICARE team has helped built the capacity of our 100+ partner hospitals and their 1000+staff (both clinical and non-clinical) through various training programs. We would like to thank the team for supporting us in our goal to eliminate avoidable blindness in this country and wish them the best for the next twenty years!

Mr Kashinath Bhoosnurmath
Global Head, Operation Eyesight Universal

I have witnessed firsthand how the Public Health Arm of the LVPEI had influenced the development of various cadres of eye care personnel through training, building of networks and capacity building in many countries, including Mexico where I currently reside. Here is wishing not 20 years but 200 years more!

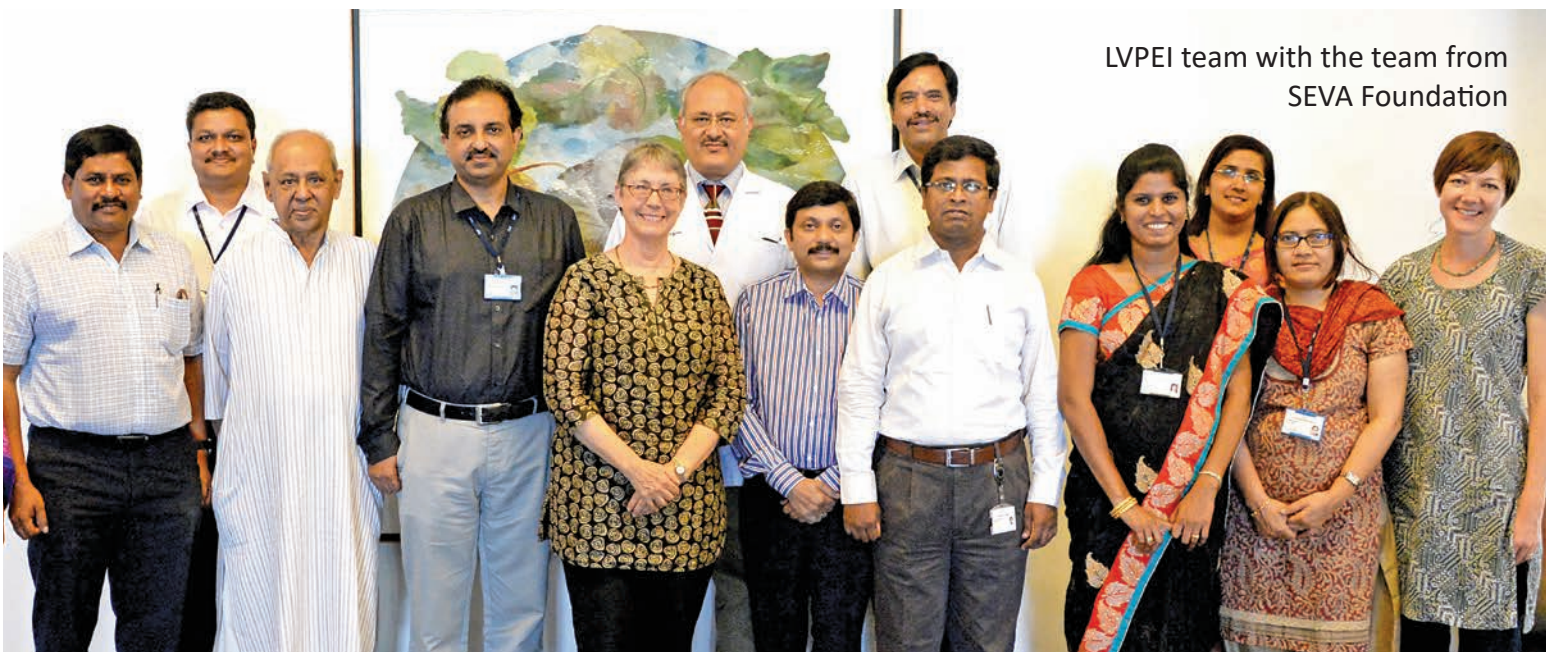
Dr Van Charles Lansingh
Help Me See's Chief Medical Officer for Latin America

In 1993 LVPEI became the central link for CBM & SSI to enter into Joint Partnerships - the 1st of its kind, was followed by Training programs, Trainees' hostel, Secondary centres (Mudhol & Thoodukurthy) etc. A logical extension of this partnership was to set up a centre towards services, monitoring & training in non-clinical areas. ICARE (original name CAREC) was conceived in 1996 to strengthen the LVPEI network & share the learnings with other hospitals in a formal manner.

From Surveys & 2 secondary centres in the beginning, the present ICARE has grown into the hub behind the pyramidal model (excluding COE & Tertiary centres). The whole range of training, coordination, monitoring and evolving of the other portions of the Pyramid is now in the realm of ICARE. It is also running accredited academic courses relating to Hospital Management & Public Health. Well done ICARE team!!! Great move forward in 20 years. Best wishes for spanning services internationally a la Liberia.

Mr Doraiswamy Nagarajan
*Advisor, LVPEI and AECS and
Board Member, Seva Foundation*

LVPEI team with the team from
SEVA Foundation



Advocacy and Policy Making

- ✧ World Health Organization (WHO) Collaborating Centre for the prevention of blindness and a pioneer in developing eye health models for underserved areas of the developing world.
- ✧ Secretariat of the International Agency for Prevention of Blindness (IAPB).
- ✧ Resource Centre for IAPB and Operation Eyesight Universal.
- ✧ Founder member of VISION 2020 India, a Right to Sight initiative, and involved in developing strategies for prevention of avoidable blindness in India.
- ✧ Member of Commonwealth Eye Health Consortium.
- ✧ Hosted some very critical meetings and workshops in collaboration with WHO and IAPB specific to national and South East Asia level.



With an aim to provide solutions to visual impairment in rural Odisha, the Indian Oil Centre for Rural Eye Health was inaugurated at LVPEI's Mithu Tulsi Chanrai Campus at Bhubaneswar. The centre focuses on working towards creation of 'Odisha Vision Atlas' that will enable planning quality eye care programs in Odisha.

The team LVPEI continues to be actively engaged in policy making, planning and execution of programs for prevention of avoidable blindness and vision impairment, and has important representations in global level advocacy committees.

Dr Gullapalli N Rao

- ✧ Former President, International Agency for the Prevention of Blindness
- ✧ Member, Lions Club Foundation, Sight First Advisory Committee
- ✧ Additionally he holds several other national and international appointments, both former and present

Dr Taraprasad Das

- ✧ Regional Chair - South East Asia of the International Agency for the Prevention of Blindness
- ✧ Chairman, Universal Eye Health Program – an initiative by Government of Odisha
- ✧ President, India Vision 2020, the Right to Sight initiative

Prof Jill Keeffe

- ✧ Committee Member, Tool for the Assessment of Rehabilitation and Support Services
- ✧ Committee Member, Tool for the Assessment of Diabetes and Diabetic Retinopathy
- ✧ Committee Member, WHO Standards on Low Vision Care
- ✧ Committee Member, WHO Integrated Care of Older People

Dr Rohit C Khanna

- ✧ Participated as expert in various meetings in WHO
- ✧ Participated as member for various working groups and as consultant for IAPB projects

Dr Srinivas Marmamula

- ✧ Technical Committee Member, Telangana Kanti Velugu Project, a massive Universal Eye Health initiative by Government of Telangana
- ✧ Evaluator, WHO, TAP, India (Training in Assistive Products) pilot project



WHO meeting of the regional expert group hosted at LVPEI in December 2016



Dr Rohit Khanna was part of the International Expert Consultation Team for Cataract at WHO in July 2016



Regional meeting of the WHO IAPB group to operationalize action plan for the prevention of avoidable blindness and visual impairment in SEA region, hosted at LVPEI in November 2014



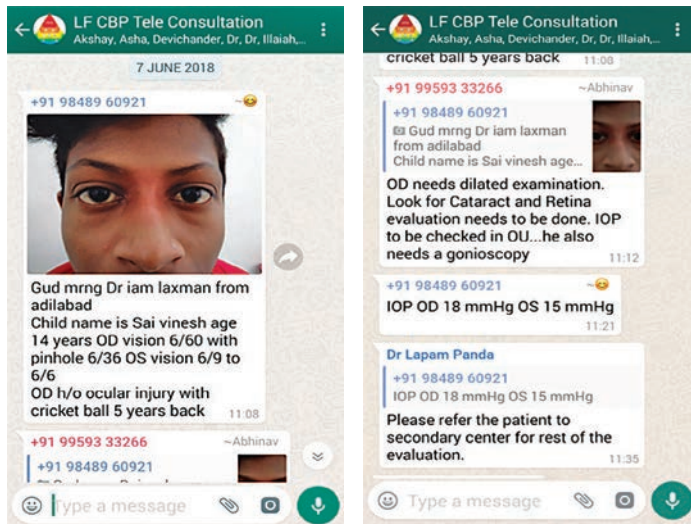
Several team members from the GPR ICARE team have been honoured with the IAPB Eye Health Leader and Hero award.

Leveraging technology and innovation in public eye health

LVPEI has adopted several technological innovations in the field of education and patient care which are cutting across geographical boundaries, and enabling far greater reach and impact.

Tele - Patient Care

- ✱ Taking expert clinical care closer to the communities
- ✱ Save on travel cost and time for the patients
- ✱ Cut down on referrals for further care



Community Level Programs: A WhatsApp group has been created where the Vision Technicians involved in school eye health/children's eye health initiatives click pictures, share them with the expert doctors and receive instant advice.

Secondary Centres: Five of our secondary centres are equipped with the Drone Robotic Slit lamp. Through this, the doctor sitting at the LVPEI Hyderabad campus can examine a patient at the secondary centre and provide treatment advice.



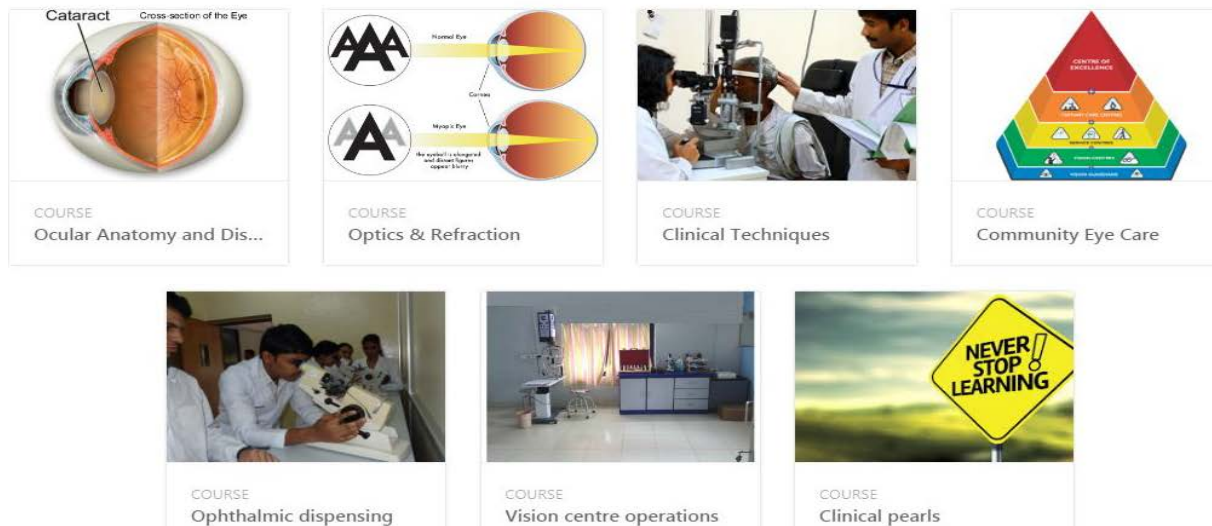
Vision Centres: Using the EyeSmart Tab application, the Vision Technician clicks pictures of the anterior segment of the eye and shares it with experts at Command centre at Kallam Anji Reddy, Campus, Hyderabad for expert advice.

Tele - Education

Online platforms are being used to continuously provide training to both clinical and non clinical staff

- o)) **Vision Project Sangam** – an online platform developed in collaboration with Microsoft – Used for Ophthalmologists and Vision Technicians posted at LVPEI's Primary and Secondary Eye Care Centres
- o)) **ECHO** – Extension for Community Healthcare Outcome - Exclusively used for Ophthalmologists posted at Secondary Centres to train them for better diagnosis and management of diseases
- o)) **Adobe connect** – Used for training both clinical and non clinical staff

Screenshot of Vision Project Sangam online portal



Innovation



A low cost innovation for a global challenge

Folding Foropter, developed in-house, is an innovative low cost product that can be used to screen for refractive errors in a community setting and has the potential to be used in School Eye Health programs.



LVPEI Liberia Eye Health Initiative



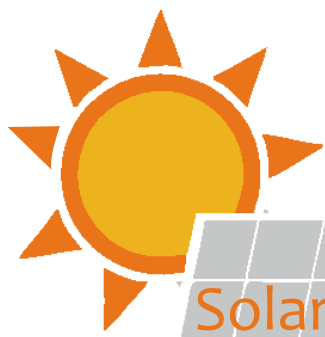
2013 - 2016

- 🇳🇮 Launch of Liberia Eye Health Initiative with LVPEI by former President H. E Dr. Ellen John Sirleaf
- 🇳🇮 John F Kennedy (JFK) Medical Centre at Monrovia renovated
- 🇳🇮 Provision of guidance and assistance in human resource planning, recruitment, and training of eye care personnel



2017 - 2018

- 🇳🇮 Official inauguration of the Liberia Eye Centre JFK Medical Centre
- 🇳🇮 Paperless electronic medical record (EMR) system, first of its kind in Africa, installed
- 🇳🇮 L V Prasad Eye Institute, (Liberia) Inc. registered as a local trust
- 🇳🇮 Nonpaying (free) services initiated
- 🇳🇮 Visit by subspecialty doctors from LVPEI on periodic basis to the centre
- 🇳🇮 Three year ophthalmology residency program in collaboration with the Liberia College of Physicians and Surgeons initiated



Solar energy initiative

Towards a greener tomorrow

To meet the power requirement at the Gullapalli Pratibha Campus in Kismatpur (Telangana) that houses Brien Holden Institute of Optometry and Vision Sciences, including the residential facility for the students, solar power panels have been installed. This has resulted in 45% reduction in power bills.

- ☀ As if now, 8 of LVPEI's centres at different locations are running on solar power
- ☀ Two of the Secondary Centres where these solar panels are installed, have also reported an average 46% reduction in the power bills
- ☀ By 2020, the plan is to implement this in all the centres across the LVPEI network
- ☀ It is estimated that in the coming 3-4 years, the investment made on installing these solar panels will be recovered



Thank you for your support

This eventful and impactful journey so far wouldn't have been possible without the commitment our supporters have shown towards our work of reaching the unreached and making quality eye care accessible and affordable for all.

Founding Donors

Christoffel Blindenmission (CBM), Germany

Sightsavers International, UK

Mrs Gullapalli Pratibha Rao

Founders

Operation Eyesight Universal, Canada

Mr Sudhakar Ravi & Mr Sreekanth Ravi, USA

Lavelle Fund for the Blind, Inc, USA

Mr Ashok Devineni/ Nava Bharat Ventures, India

Mr Satish Yeacheddy/ Y Mahabaleswarappa & Sons, India

Nimmagadda Prasad Foundation India

Mrs Soona and Mr Edward Brown, France

Mr M H Dalmia/ OCL India Limited, India

Mr D N Budhrani/ Naraindas Morbai Budhrani Trust, India

Savitri Waney Charitable Trust, UK

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Swarna Bharat Trust, India

Combat Blindness Foundation, USA

Dr Kalsi Patnaik and Family

Mission for Vision

Dr Kodali Varaprasad and Family

Ramanaidu Charitable Trust

Indian Oil Corporation, India

OneSight Foundation, USA

TOMS – Giving Sight One for One

Prof D V R Seshadri

Lions club of Akiveedu

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Wold Diabetic Foundation

Orbis, USA

G P Choudary / Surya Charitable Trust, India

Charities Aid Foundation, India

Prof Ramakrishna Raogaru and family

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Prof. Anjaneyulu & Dr Ravindra Babu
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Dr A Bala Krishna Reddy, India
Mr GD Rao, India

Mr Kaluva Srinivasa Rao, India
Lions Club of Uravakonda, India
Dr P V Rao, India
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Kavuru Help Line Trust, India
Kovvali Development Trust, India
PUG Trust, India
Mr Rajapampana Gouda, India
Mr Bollu Murali Mohan, India
Rama Krishna Math, India
Shahi Jamiya Masjid, India
Sri Shirdi Sai Rural Welfare Trust, India
Mr Kollipara Srinivasa Rao, India
Dr BSR Murthy, India
Dr M Subba Rao, India

LVPEI's GPR ICARE has added much value to the eye health sector through services, education and research over the past two decades and it has been a privilege for us to meaningfully engage with its activities. On behalf of Mission for Vision, I congratulate the Centre for its wonderful contribution towards eye health policy and practice over the past 20 years and wish it the very best in the years to come, in its mission and in promoting good eye health in India and globally

Elizabeth Kurian
CEO, Mission For Vision

CBM has a long partnership with LVPEI and the International Centre for Advancement of Rural Eye Care from 1996. ICARE demonstrates the commitment of LVPEI towards community eye care. Besides services delivery, CBM has supported construction of ICARE and rural eye hospitals, and research studies such as the APEDS eye study, and RAVI study. Current partnership includes research and practice on inclusive eye health, how people with disabilities can be supported through eye care programs. We look forward to more path-breaking work and learning together.

Dr Sara Varughese
*Regional director to CBM South Asia Region
(India, Bangladesh, Nepal and Sri Lanka)
and managing trustee to CBM India Trust*

There are quite a large number of highly reputed ophthalmology centres across the world. On the other hand, there is only one centre such as the Gullapalli Pratibha Rao International Centre for Advancement Rural Eyecare, which specifically focuses on populations who are typically the most underserved. The quality of the research carried out there has made GPR ICARE a unique beacon whose impact far exceeds the Indian subcontinent.

Dr Serge Resnikoff
*President of Théa Foundation, the President and Chair of the Organisation
pour la Prévention de la Cécité (OPC) in France and the Chair of the Interna-
tional Coalition Against Trachoma.*

It is our pleasure to congratulate the Gullapalli Pratibha Rao International Centre for Advancement Rural Eye care (GPR ICARE) on the occasion of this special twentieth anniversary milestone. The Founders' vision from the outset prioritized reaching the community as well as providing best in class clinical care and world recognized research. The accomplishments of GPR ICARE speak for themselves in the betterment of quality eye care in India and beyond. Congratulations!

Suzanne Gilbert,
Senior Director of Seva's Innovation & Sight Program

GPR ICARE is singularly peculiar because it was one place where sound epidemiological evidence generated was immediately transformed into policy and program development at the state, national and global levels. The stewardship to global initiatives being provided along with an appropriate and self-sustaining service delivery model was incubated at the beginning of the new millennium. The much-needed education and capacity building programs were also seminal contributions. At a personal level, the umbilical cord will continue to stay attached!! As the adage goes - 'time flies' - its 20 years thence - Continue the yeoman initiatives and wishing everyone at GPR-ICARE a great see and roaring success."

*Dr. B R Shamanna
Professor, School of Medical Sciences,
University of Hyderabad*

On this 20th anniversary of the Gullapalli Pratibha Rao International Centre for Advancement of Rural Eye care, the Lavelle Fund for the Blind would like to underscore our pride in being among the Centre's most loyal supporters. Since 2003, Lavelle has committed more than US \$2 million to help support the centre's work in expanding LVPEI'S vision centres network: the very foundation of LVPEI's world-famous Eye Health Pyramid System. Your Centre has provided the expert research and mentoring needed, to guide the building of affordable and sustainable primary eye care - and the needed, accompanying outreach and referral system in even the most remote rural areas.

Heartfelt congratulations to you, Dr. and Mrs. Rao, and everyone who has contributed to these magnificent achievements!

*Andrew S Fisher
Executive Director - Lavelle Fund for the Blind*





2020 & beyond

We have miles to go

The many smiles that have greeted us, the many blessings that we have received from those whose lives have been enriched both economically and socially due to the restoration of sight, the confidence that many of our supporters have shown in our work to deliver comprehensive eye care for all, has been our greatest reward. The 20 year journey has been equally enriching for us as it has been for those who have benefited from our work. We are humbled and touched by the congratulatory messages that our partners, collaborators and mentors have shared with us on the completion of this milestone journey. We thank each one of them!

Complemented by a dynamic governance, motivated teams, sophisticated technology and right people in the right place, GPR ICARE has evolved into an efficient eye health care service delivery component of LVPEI, with a strong presence not only nationally, but also internationally. We have constantly challenged ourselves to create effective, innovative and cost-effective models of eye care service delivery to ensure that nobody is deprived of their right to sight. Be it the spectrum of services from community based screening to a specialized surgery at the rural forefront or the low vision and rehabilitation service to a young child or be it a pair of glasses that makes a blurred blackboard to translate to a clear image in the classroom for a child, we are constantly working towards increasing the uptake of our services.

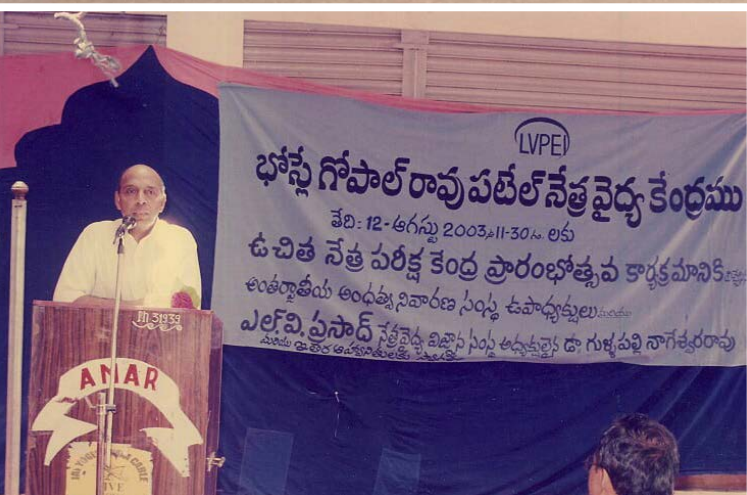
As we come to the closure of this milestone journey, we brace ourselves for yet another successful 25 years. To realise the vision of achieving Universal Eye Health, high-quality comprehensive eye care encompassing prevention, treatment and rehabilitation employing a Health Systems approach is the best way forward. A well trained eye health team, using good quality infrastructure and operating systems can meet this objective in an efficient and cost efficient manner. Proper segmentation of work to different levels of care, namely, primary, secondary and tertiary with vertical integration for appropriate referrals, will ensure quality and equity. Primary eye care model, with a commitment to a defined community, closer to the doorsteps of people with community involvement, will contribute to success.

Human resource development systems need scaling /strengthening to meet the current and future needs. Proven and innovative models of financing have to be adopted to achieve financial sustainability. Leveraging technology, both for care and education will enhance the scale and reach with better quality. Strong partnerships, both local and global and intersectoral have proven to produce good outcomes and are worth replication. Advocacy efforts with policy makers will have to continue both at national and global levels to pursue the priority for eye health in national and global health plans and thus ensure necessary support. It is equally important to meet the ever-increasing need for public awareness of eye health to create demand. A community activated and supported health care system is more likely to yield desirable outcomes that can realise the aspiration of "VISION 2020: The Right to Sight".

Dr Rohit C Khanna

Director,

Gullapalli Pratibha Rao International Centre for Advancement of Rural Eye care







LV Prasad Eye Institute



Gullapalli Pratibha Rao
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