



Annual Report

2009-10

Strategic Area:

Quality in Eye Care

Theme:

Infection Control Guidelines & Outbreak Policy



Review meeting in progress on January 24, 2010 at Kolkata

Optimizing the contribution from VISION 2020 INDIA

It's Board, Invitees, Technical Advisory Groups and the Secretariat

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(North, South, East & West)**



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Dr. Lalit Verma
AIOS



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Dr. Rajesh Noah
Executive Director

Synergistic Partnerships to Eliminate Avoidable Blindness



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Dear Friends:

It is indeed an honor and a privilege to share with you about the work done in 2009-10.

Last year apart from the Annual Report (2008-09), we had shared with you our Strategic Plan for CY 2009 and 10.

This report focuses on the work done during this period and our plans for the future.

Priority	Strategic Area	Key issues
1.	Advocacy for Eye Health	1. Develop an Advocacy Roadmap for India. 2. Advocate for the standardization of Training of the Paramedical Ophthalmic Personnel (Specifically, Ophthalmic Assistants)
2.	Policy & Program Development	1. Infection control Policy. 2. Health Management Information System
3.	Quality in Eye Care	1. Guidelines for Outbreak Management 2. Best Practices through symposiums and seminars
4.	Resource Mobilization & Sustainability	1. Work on obtaining 80G and 35AC Certification
5.	Resource Center	1. Best Practices through Publications of Guidelines, Manuals, 2. Journal (CEHJ-IS)
6.	Organizational Development	1. FCRA Registration

Our Board has further decentralized and extended our reach through the formation of two additional zones; North East India and Central India. Dr Jennifer Basaiawmoit and Dr BK Jain have taken the responsibility for promoting and developing the work of VISION 2020 INDIA in these two zones.

We thank you for contributing to the growth and development of our organization, and look forward to working together in partnership to a chieve the mandate of VISION 2020, i.e., elimination of avoidable blindness

With warm regards,

Dr GV Rao
President

Dr. Rajesh Noah
Executive Director

Advocacy • Policy & Program Development • Quality Eye Care
Resource Mobilization & Sustainability • Resource Center • Organizational Development



ORGANIZATIONAL *Raison d'être*

To eliminate Avoidable Blindness from India

The National Forum (**VISION 2020: The Right to Sight INDIA**) is a key driver of the World Health Organization-International Agency for the Prevention of Blindness (WHO IAPB) joint global initiative for the elimination of avoidable blindness from India.

We aim to eliminate the main causes of avoidable blindness in India by facilitating the planning, development and implementation of a **sustainable national eye care programme** (NPCB) based on the **three core strategies** of disease control, human resource development and infrastructure and technology, incorporating the principles of **Primary Health Care** (PHC), integrated within the NRHM (National Rural Health Mission) in the National Health System.

Our key strengths are our leadership, passion, knowledge, skills, experience and commitment brought together by like minded member organizations to fulfill our vision and mission.

80% of blindness in India is because of cataract and uncorrected refractive errors.

History has provided us (VISION 2020 INDIA Forum) with a unique privilege and opportunity to work as a team in mission mode with a laser sharp focus to eliminate avoidable blindness to a level that it ceases to be a public health problem for our citizens residing in our 626 districts in India.

We are doing this by focusing on six key strategic areas to produce an impact, i.e.,

- 1. Advocacy for Eye Health***
- 2. Policy & Program Development***
- 3. Quality in Eye Care***
- 4. Resource Mobilization & Sustainability***
- 5. Resource Center***
- 6. Organizational Development***

VISION

“An India free of avoidable blindness, where every citizen enjoys the gift of sight and the visually challenged have enhanced quality of life as a right”

MISSION

“To work with eye care organizations in India for the elimination of avoidable blindness by provision of equitable and affordable services as well as rehabilitation of visually challenged persons through development of appropriate policies, quality standards, advocacy, training, and promotion of best practices with a special emphasis on the poor and marginalized sections of society and underserved areas”

CORE VALUES

VISION 2020: The Right to Sight – INDIA is committed to being a transparent, accountable, inclusive and sustainable organization that respects all its members and stakeholders whose participation is actively sought in democratic decision-making and organizational learning. We promote quality and equity in eye care, with the highest ethical standards.

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Focus areas for FY 2009-10

(As identified in FY 08-09)

Strategic Plan: The organization will continue its work as per the Strategic Plan; with the strategies being formulated by each of the Technical Advisory Teams in the six strategic areas.

The Plan was updated and endorsed by the General Body in July-2009.

Prioritized Strategic Areas led by Technical Advisory Teams

Priority	Strategic Area	Team Leader (Organization)	Key issues	Key Partners
7.	Advocacy for Eye Health	Mr. R D Thulasiraj (Aravind Eye Care System, Madurai)	<ul style="list-style-type: none"> 3. Develop an Advocacy Roadmap for India 4. Advocate for the standardization of Training of the Paramedical Ophthalmic Personnel (Specifically, Ophthalmic Assistants) 	Our Member Organizations, NPCB, GOI, WHO, IAPB, EBAI, COSI, AIOS
8.	Policy and Program Development	Dr. S Chandrashekhar Shetty (LCIF, Bangalore)	<ul style="list-style-type: none"> 3. Infection control Policy 4. Health Management Information System 	
9.	Quality in Eye Care	Dr. Nelson Jesudasan (Joseph Eye Hospital, Trichy)	<ul style="list-style-type: none"> 3. Guidelines for Outbreak Management 4. Best Practices through symposiums and seminars 	
10.	Resource Mobilization & Sustainability	Mr. Niranjan P Pandya (PBMA's HV Desai Eye Hospital, Pune)	<ul style="list-style-type: none"> 2. Work on obtaining 80G and 35AC Certification 	
11.	Resource Center	Dr. Asim Sil (Vivekananda Mission Ashram, Chaitanyapur)	<ul style="list-style-type: none"> 3. Best Practices through Publications of Guidelines, Manuals, 4. Journal (CEHJ-IS) 	
12.	Organizational Development	Dr. GV Rao (ORBIS International, New Delhi)	<ul style="list-style-type: none"> 2. FCRA Registration 	

Key Highlights

SN	Achievements	Challenges / Comments
1	Advocacy for Eye Health	
a	Participation of Dr. Kalam in Patna AGBM – sensitization of local ophthalmologists & State Govt. to give importance to blindness prevention – through a speech	Public Private Partnership (PPP) Mechanism Discussion with ADG (O), NPCB: expectations that INGOs at least take up 7-8 districts of Bihar.
b	Participation of Brand Ambassador – Smt. Hema Malini ji in the World Sight day event in New Delhi.	How do we further utilize her expertise?
c	Planning for a national level workshop on “ Development of Advocacy Roadmap for Eye Health for India ” with support from IAPB & ICEH-London.	Gain joint ownership of all participants to the roadmap developed
2	Policy & Program Development	
a	HMIS – module developed as per suggestions given by the VISION 2020 INDIA team – under review by the Ministry	Quick roll out at the National level – during this year itself
b	GIA statement submitted to NPCB	Mostly from 2 Organizations in TN
c	Conducted a technical session on Comprehensive Eye Care during AGBM – Mr. RD Thulasiraj	
3	Quality in Eye Care	
a	Cataract Manual reviewed by review group and reworked by Dr. Ravindran	To be finalized soon – it will be a very important publication of VISION 2020 and will include the Infection Control Guidelines.
b	Conducted a technical session on Quality Assurance in eye care service delivery during AGBM – Dr. RD Ravindran: proposed to develop an online quality monitoring tool for use by our member organizations	Lead to be taken by Dr RD Ravindran
4	Resource Mobilization & Sustainability	
a	Decision to recruit a Resource Mobilization Officer to work closely with Mr. Pandya & his team for resource mobilization	For increased resource mobilization with adequate support to RM team
b	Conducted a technical session on Resource Mobilization & Sustainability during AGBM – Mr. NP Pandya	
c	Completed development of Manual on Vision Centre (developed by RP Centre for VISION 2020 INDIA)	Manual is currently under review by the LVPEI team for finalization
5	Resource Center	
a	Vision Centre Manual completed with inputs & review from LAICO & RP Centre	Manual under final review by LVPEI team
b	CEHJ published – 3 issues	For this year, we received a commitment of Rs 2.5 lakhs from HVDEH
c	Faculty support to DCEH program of LVPEI (2 times)	May 2009 & December 2009
d	Manuals sold at AIOC-2010 through the VISION 2020 stall	
6	Organizational Development	
a	FCRA Certificate obtained	
b	New Members inducted into the forum: 14 i. Associate members : 1 ii. Institutional members : 9 iii. Corporate members : 4	Active participation of the members in the forum activities
c	Four QTRLY Board Meetings conducted	With support of Member organizations
d	5 th AGBM conducted in Patna	

Activities under Strategic Areas

Strategic Area 1:

Advocacy for Eye Health



1. , New Delhi World Sight Day 2009

i) **Gender and Eye Health – Equal access to care:** The Theme for WSD 2009, in alignment with this global theme, VISION 2020 INDIA jointly with NPCB, organized a two day event in New Delhi.

A National Symposium on 7th October was followed by the Public function with Govt. dignitaries & Brand Ambassador on the 8th October was organized at the Institute of Defense Studies & Analysis, New Delhi. As per guidelines from IAPB, sapling plantation was done by prominent guests of the event on 8th October morning.

Sapling Plantation done to commemorate World Sight Day 2009



Mr. V Venkatachalam
Addl. Secretary
MOHFW, GOI



Ms. Shalini Prasad
Jt. Secretary
MOHFW, GOI



Smt. Hema Malini
Brand Ambassador
VISION 2020 INDIA



Dr. (Mrs.) Rachel Jose
Addl DGHS
MOHFW, GOI



Dr. GN Rao
Past President
IAPB

Guests included **Mr. V Venkatachalam**, Addl. Secretary, Ministry of Health & Family Welfare, **Ms. Shalini Prasad**, Joint Secretary, Ministry of Health & Family Welfare, **Smt. Hema Malini**, Brand Ambassador -VISION 2020 INDIA, **Dr. (Mrs.) Rachel Jose**, Addl DGHS, Ministry of Health & Family Welfare & **Dr. GN Rao**, Past President – IAPB. Guests addressed the audience on several aspects of gender equity in eye care & health care in general. **Dr. GVS Murthy** delivered the keynote address.

Brand Ambassador's message in detail can be seen in Annexure



Mr. Venkatachalam & Ms. Shalini Prasad addressing the gathering on World Sight Day 8th October 2009

A **Poster exhibition cum competition** was organized for the members of VISION 2020 INDIA forum on the theme of gender equity. Good response was received. The winners declared are:

- First** : **Ranjini Eye Care, Cochin (Dr. Biju Raju & team)**
- Second** : **Dr. RP Centre for Ophthalmic Sciences, AIIMS (Dr. S Ghose & team)**
- Third** : **Vivekananda Mission Ashram, Chaitanyapur (Dr. Asim Sil & team)**

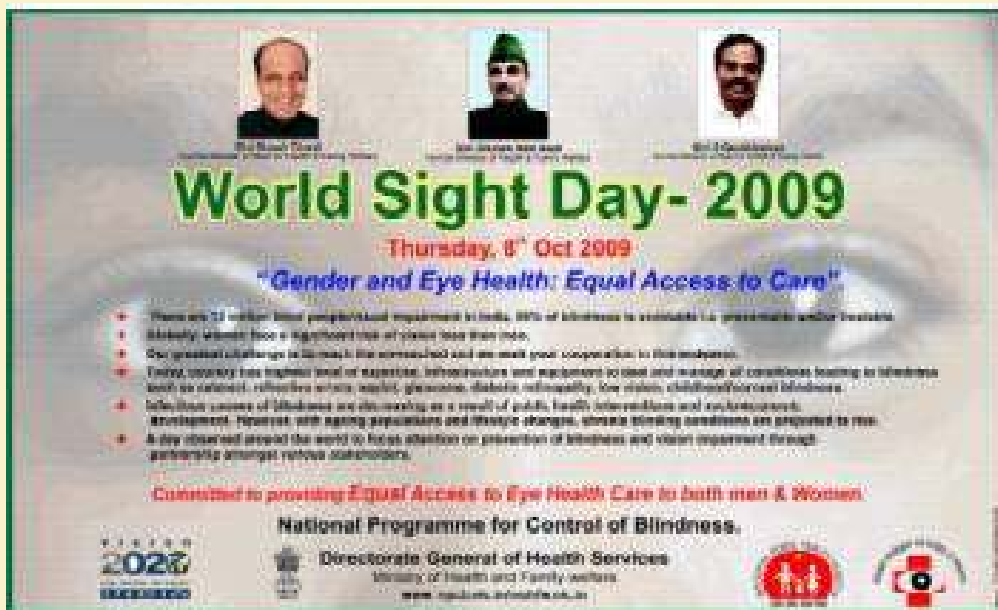


Posters received from the member organization on display



NPCB Team & VISION 2020 INDIA Board Members along with the Guests on World Sight day

On this occasion, NPCB released a nation-wide advertisement in print media bringing awareness on gender issues related to eye health

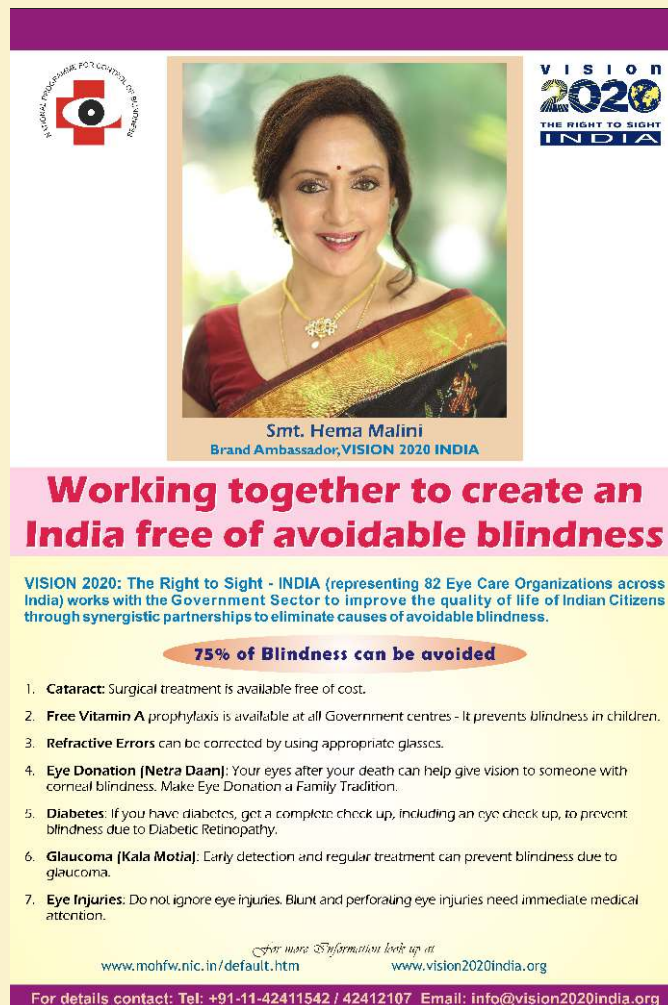


2. Brand Ambassador (Smt Hema Malini)

Smt. Hema Malini has pledged to donate her eyes— she announced on World Sight Day and at the same time appealed to all to promote eye donation in every possible way they can. A poster has been developed to promote eye donation as well as eye health through her charismatic support.



We are proud to have our Brand Ambassador’s support in working together to create an India free of avoidable blindness through enhanced focus on comprehensive eye care services being made available to one & all. The poster below rightly depicts this.



3. Patna Declaration: Dr. APJ Abdul Kalam in Patna for AGBM

5th AGBM in Patna was a collaborative effort of the following organizations.



Dr. Kalam motivated all the more than 250 delegates present in the hall to take up work through concerted effort in Bihar to make it a blindness free state within 3 years. In the presence of the State Health Minister, Shri Nand Kishore Yadav, Dr. Kalam exhorted the State Government to focus on making eye care available to all the people in the states through development of appropriate infrastructure and deployment of manpower.

At the end of his speech, Dr. Kalam administered an OATH to all the delegates, which primarily included Ophthalmologists, to serve mankind and make Bihar free from avoidable blindness – considering it God’s Mission.



4. All India Ophthalmological Conference (AIOS) at Kolkata

i) 2 hour seminar

A two hour session dedicated to VISION 2020 issues was organized by VISION 2020 INDIA in Hall J 10 at the AIOC-2010 in Kolkata on January 24, 2010 (0800- 1000 hrs). This session was planned by Dr. RD Ravindran for VISION 2020 INDIA.

Chairman	:	Dr GV Rao
Co-Chairman	:	Dr. Taraprasad Das
Convener	:	Dr. RD Ravindran

SN	Topic	Speaker
1	Introduction	Dr. G.V. Rao
2	Challenges of achieving goals of VISION 2020 – Need to revisit our strategies	Dr. Praveen Vashist
3	Women & Blindness – Strategies to correct the imbalance	Dr. Sara Varughese
4	Reaching the rural blind – How to set up a vision center for primary eye care & training the HR	Mr. Vilas Kovai
5	Vision Center – Strategies to enhance uptake of services in rural areas	Dr. RD Ravindran
6	Delivering comprehensive eye care in rural India through eye camps.	Dr. Asim Sil
7	Screening for diabetic retinopathy – Learning’s from different screening models	Dr. Chandrashekhar Shetty
8	Expanding the Public private partnership (PPP), Role of ophthalmologists in private practice, & addressing the newer challenges - Objectives of 11th five year plan to achieve VISION 2020	Panel Discussion Dr. (Mrs.) Rachel Jose Dr. V Rajshekhar Dr. Praveen Vashist Dr. Sara Varughese
9	VISION 2020: Integrating the Govt., INGOS, & NGOs	Dr. Rajesh Noah
10	Discussion	

ii) Exhibit stall

The exhibit stall displayed activities & IEC of VISION 2020 INDIA, National Programme for Control of Blindness (NPCB) & Eye Bank Association of India (EBAI) – showing the much needed convergence.



Panel discussion in progress



VISION 2020 INDIA Exhibit stall



NPCB guidelines & IEC leaflets on display



EBAI poster on Eye Donation on display

5. WHO India

Meeting was held with WHO India Office officers, Dr. JS Thakur - Cluster Focal Point for NCD & Mental Health & his team on May 15, 2009 to discuss possible collaborations of WHO & VISION 2020 INDIA to support the blindness prevention program at the national level.



6. NPCB, MOHFW, GoI Officials

Regular meetings were conducted with NPCB officials which included discussions on the National Program implementation, HMIS development & progress, IEC for new diseases besides cataract & Uncorrected refractive error, World Sight Day planning & organizing event, AGBM in Patna, Focus on North East as a priority region, etc. There has been tremendous support from NPCB towards VISION 2020 INDIA programs & events. This mutual support could really be a good example of PPP.

1. Outbreak Policy:

Under the Chairmanship of Dr. V Rajshekhar, Dy ADG (Ophthalmology), NPCB, Ministry of Health & Family Welfare, Govt. of India, an expert core group deliberated and reviewed Outbreak Policy documents and finalized for inclusion in the Cataract Manual that will be published soon by VISION 2020 INDIA. The expert review team included:



1. Dr. V Rajshekhar, Dy. ADG(Ophthalmology) – NPCB, Govt. of India
2. Dr. Taraprasad Das, Director – LVPEI – Bhubaneswar
3. Dr. RD Ravindran, Joint Director – Aravind Eye Care System
4. Dr. Sara Varughese, Medical Advisor – CBM SARO (North)
5. Dr. Praveen Vashist, Associate Professor and Head, Community Ophthalmology Department – Dr. RP Centre for Ophthalmic Sciences (AIIMS)
6. Dr. Uday Gajiwala, Director – Eye Care Programme, SEWA Rural

These documents assume greater importance in view of the cluster infection episodes that have occurred in different places in the country under varied circumstances. These guidelines would help organizations to handle a situation of outbreak of cluster infection as well as equip them to prevent such episodes in the future through adherence to strict quality measures.

2. Blindness Control Program in Bihar

VISION 2020 INDIA team visited Patna to meet important health officials to understand the eye care scenario in Bihar as well as use this opportunity to plan for the forthcoming AGBM with Dr. Kalam as the Chief Guest.



Meeting Dr. DK Raman – Addl ED – SHS, Bihar



Meeting Dr. SP Singh – DGHS, Bihar



With Senior Ophthalmologists at Patna Medical College



Dr. Subhash Prasad, Secretary – Bihar Ophthalmological Society

3. Health Management Information System (HMIS)



Being developed as a national level MIS for capturing performance data for the Blindness Program, this HMIS is being looked upon as a solution to several issues hindering the program progress as one would have expected it to. It is expected to resolve the problem of late reimbursement of GIA to NGOs and at the same time have desegregated data on several parameters, which would be necessarily useful for better planning & implementation. NPCB had invited VISION 2020 INDIA group to provide inputs to the

functionality of this module in March 2009, after which the development has begun. The software is almost done and we are looking forward to a joint review of the same.

Meetings have been held with the team of NPCB, especially Dr. V Rajshekhar, Dy ADG (O), who is the point person in NPCB and is dealing with the vendors for the development of the software.

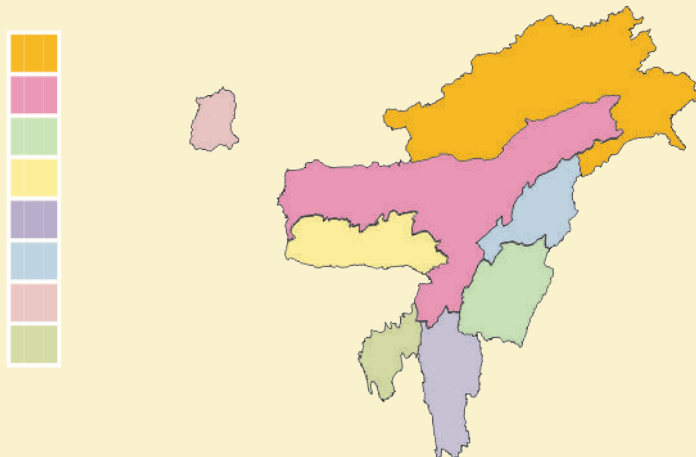
4. Recurring Grant in Aid to NGOs – on request from NPCB, data related to pending Grant-in-aid to NGOs for the last five years (2004-05 – 2008-09) was collected from NGO member organizations and submitted to NPCB for further action. We received response from only 23 organizations. This goes to show that NPCB has been really working to clear the backlog of pending GIA to NGOs over the last couple of years.

5. North East India Programme:

Since North East is a focus region for NRHM, Board has taken a decision in its Kolkata meeting to focus on this region as a strategic priority in eye care service delivery in an effort to **“support NPCB in developing a strategy for the North East”**.

VISION 2020 INDIA Team will visit North East early next FY to study the eye care scenario in the region with local support from NPCB and our member organization, Bansara Eye Care Centre based in Shillong.

- 1 Arunachal Pradesh
- 2 Assam
- 3 Manipur
- 4 Meghalaya
- 5 Mizoram
- 6 Nagaland
- 7 Sikkim
- 8 Tripura



1) Infection control Guidelines

Under the Chairmanship of Dr. V Rajshekhar, Dy ADG (Ophthalmology), NPCB, Ministry of Health & Family Welfare, Govt. of India, an expert core group deliberated and reviewed the **Infection Control Guidelines** and finalized for inclusion in the Cataract Manual that will be published soon by VISION 2020 INDIA. The expert review team included:



Core group reviewing the Guidelines

- 1) Dr. V Rajshekhar, ADG(Ophthalmology) – NPCB, Govt. of India
- 2) Dr. Taraprasad Das, Director – LVPEI – Bhubaneswar
- 3) Dr. RD Ravindran, Joint Director – Aravind Eye Care System
- 4) Dr. Sara Varughese, Medical Advisor – CBM SARO (North)
- 5) Dr. Praveen Vashist, Associate Professor and Head, Community Ophthalmology Department– Dr. RP Centre for Ophthalmic Sciences (AIIMS)
- 6) Dr. Uday Gajiwala, Director – Eye Care Programme, SEWA Rural

These documents assume greater importance in view of the cluster infection episodes that have occurred in different places in the country under varied circumstances. These guidelines would help organizations to handle a situation of outbreak of cluster infection as well as equip them to prevent such episodes in the future through adherence to strict quality measures.

2) Continuing Professional Development

i) Comprehensive Eye Care at AGBM: To add value to the work of members, during the Annual General Body Meeting (AGBM), Technical Sessions on Quality in eye care were organized, one of them being on Comprehensive Eye Care. The Session was led by Mr. RD Thulasiraj, which laid emphasis on comprehensive eye care on workshop mode where in the best comprehensive eye care practices were demonstrated to the V2020 members through presentation by experts & discussions. The following aspects of Comprehensive Eye Care (CEC) were covered:

SN	QUESTION	SPEAKER
1	What is meant by Comprehensive eye Care (CEC) – is it synonymous with tertiary care? What is the goal or higher purpose of CEC?	R D Thulasiraj
2	What protocols and equipment are required to provide CEC?	Dr. Asim Sil
3	What does it take to provide CEC by way of staffing & training?	Dr. Uday Gajiwala
4	What is the perspective of INGO's to CEC?	Ms. Elizabeth Kurian
5	What is the perspective of the Government to CEC?	Dr. A S Rathore
6	Is it possible to practice CEC in outreach or in primary eye care settings? Is it remunerative – cost vs. benefit	Dr. R D Ravindran
7	What is the major obstacle to promoting CEC – equipment, people or ATTITUDE?	Dr. T P Das
8	Role of WHO in provision of CEC	Dr. J S Thakur
	DISCUSSION	



ii) **Quality in Eye Care Delivery:** This session was led by Dr. RD Ravindran. He spoke about one single challenge that all the hospitals are concerned about and that is “how to grow the volume of patient care by sustainable process and tackle other related issues”. In the process of growing volume of patient care, quality concern forms a significant importance.

The following aspects were covered:

SN	TOPIC	SPEAKER
1	Introduction to the Concept	Dr. RD Ravindran
2	Quality Assurance in Health Care	Dr. Usha Gopinathan
3	Clinical Quality in eye care	Dr. RD Ravindran
4	Case presentation: Griffin Hospital	Mr. RD Thulasiraj
5	Outbreak policy / Clinical protocols	Dr. Uday Gajiwala
6	Developing monitoring system for cataract surgery	Dr. RD Ravindran / Dr. Asim Sil
7	Back to Basics / Panel discussion	Mr. RD Thulasiraj



The session was well received by participants who were given presentations, case study example of Griffin Hospital. Dr. Uday also dwelt on the issue of infection control & outbreak management aspects. And finally an idea was floated to consider developing a web-based tool to monitor quality of surgery in complete confidentiality, which could be hosted on VISION 2020 INDIA website restricted for member access only.

3) Human Resources for Eye Care:

i) PMOA related – Training of Ophthalmic Paramedics:

Workshop for Strengthening Hospital Based Clinical Ophthalmic Assistants in India was organized in Bangalore on April 22, 2009 as an initiative under VISION 2020: The Right to Sight – INDIA. This workshop focused on the nomenclature of the course to include different categories of personnel in this para-ophthalmic group. The course was titled: **Diploma in Ophthalmic Techniques (DOT)** which followed the formation of the **DOTT.Net (Diploma in Ophthalmic Techniques Training Network)**.



The group made several recommendations regarding:

1. Positioning of the Course
2. Selection criteria for the candidates
3. Basic functions of an Ophthalmic Assistant (OA)
4. No. of modules
5. Course duration
6. Medium of instruction & assessment
7. Certification
8. Eligibility Criteria for any institution to become a training centre
9. Formation of DOTT.Net
10. Formation of Academic Council
11. Formation of Secretariat to coordinate the training program and related administrative issues



Participants at the Workshop in Bangalore on April 22, 2009

ii) First Academic Council Meeting of

DOTT.Net in Madurai was held on November 28-29, 2009. The academic council in its meeting made the following recommendations:

- **Constitute “VISION 2020 the Right to Sight - India Academic Advisory Committee”**
- Develop registry of training centres
- Send to the Govt. of India a recommended curriculum, eligibility criteria for candidates, exam pattern & institution affiliation standards
- **Develop/collate (& disseminate) training resource materials**
- **Capacity building of training centres (e.g.: ToT)**
- Advocate for recognition/qualification of current in-house paramedics who have the requisite basic qualification though sitting for the diploma examination, without having to go through the whole course. An independent survey may be required to give us the evidence for advocacy.
 - Interim support can be given to the in-house trained OAs through modular courses
 - Write to Gol suggesting a process to have the existing Ophthalmic Technicians get the Diploma



4) Best Practices Manual/ Guidelines:

i) Cataract Manual:

The manual has been redone to ensure quality, consistency, clarity and ease of understanding by the users. The final draft is currently under review by the core group for finalization for publishing.

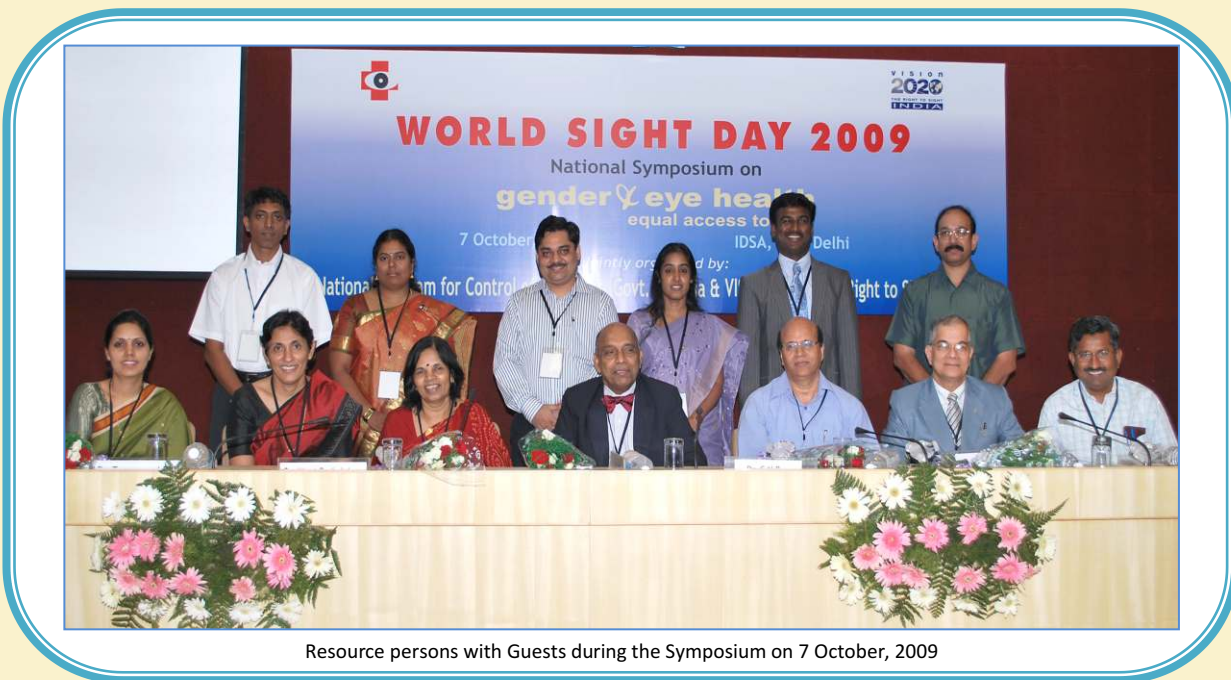
5) WSD Theme Symposium on “Gender & Eye Health – equal access to care”

Going by the global theme, a national symposium was organized on October 7, 2009 in New Delhi at IDSA auditorium. The topics and resource persons included:

SN	TOPIC	RESOURCE PERSON
1	Setting the context	Dr. CS Shetty
2	Keynote Address	Dr. GN Rao
3	Gender related experience in NCD	Dr. (Mrs.) Rachel Jose
4	Integrating Gender Perspectives in the National Programme on Control of Blindness (NPCB) – the NPCB Experience	Dr. AS Rathore
5	National perspective	Dr. Praveen Vashist
6	Gender Inequity: Findings from Research and experiential learning	Ms. Shanthakumari Gopal
7	Gender and Access to Eye Care Service: The IL&FS ETS experience using Tele-ophthalmology	Mr. Prem Anand
8	Case Study from Central India	Mr .K Anand Sudhan
9	Gender and Eye Care Services: JEH-Trichy Experience	Mrs. Aarthi Rajesh
10	Experiences from South India	Dr. RD Ravindran
11	Gender & Eye Care Services: CBM Experience	Dr. Sara Varughese
12	Gender and Access to Eye Care Service: experiences from Rural Rajasthan	Dr. Laxmi Jhala
13	Concluding Remarks / Taking it forward	Dr. CS Shetty

Resource Persons at the Symposium





Resource persons with Guests during the Symposium on 7 October, 2009

Strategic Area 4: Resource Mobilization & Sustainability

1. FCRA Registration

Received FCRA Permanent Registration Number from the Ministry of Home Affairs on December 1, 2009. This would enhance resource mobilization from foreign sources through funding proposals, partnerships, etc.

2. Funding

- a. Received a sanction of **22,000 Euros from Light for the World** (INGO) based in Vienna, Austria- supporting eye care & disability rehab work in the North East region of India. This fund was sanctioned in support of our 2 year Business Plan proposed to them in early 2010.
- b. Received **GB Pound 5,000 (Rs. 3,72,127/-)** from **ICEH-London** towards financial support for **Advocacy Roadmap Workshop** scheduled to be held on May 13-14, 2010 in New Delhi.
- c. Received **Rs. 2,00,000/-** from **Standard Chartered Bank** towards support to **World Sight Day 2008** event organized in Pune, as a result of persistent follow up and meeting with SCB officials in Delhi.

3. Technical Session on Resource Mobilization & Sustainability in AGBM

This session was led by Mr. NP Pandya, Team Leader of the Resource Mobilization & Sustainability Technical Advisory Group (TAG).

The session was planned bringing eminent speakers from field of resource mobilization. Key issues of fundraising were focused during the session emphasizing on:

SN	TOPIC	SPEAKER
1	Principles of Fundraising	Mr. NP Pandya
2	Role of International agencies in Resource Mobilization for NGOs	Ms. Elizabeth Kurian
3	NPCB Schemes for NGOs and Government Institutions	
	1. National	1. Dr. AS Rathore
	2. For Bihar	2. Dr. Anjani Kumar
4	Special Fundraising event	Dr. Veera Rao
5	Role of Public sector in Project Funding	Mrs. K Mani Mala
6	Open House – Interaction Session	



Resource persons seated on the dais



The focus of this session was to address the need of fundraising by giving practical examples from the field. The development activities cannot be rested only on one source of funding and it is important to diversify the donor database. Both Public sector and Government sector plays an important role for ensuring all possible support for development activities.

4. Membership

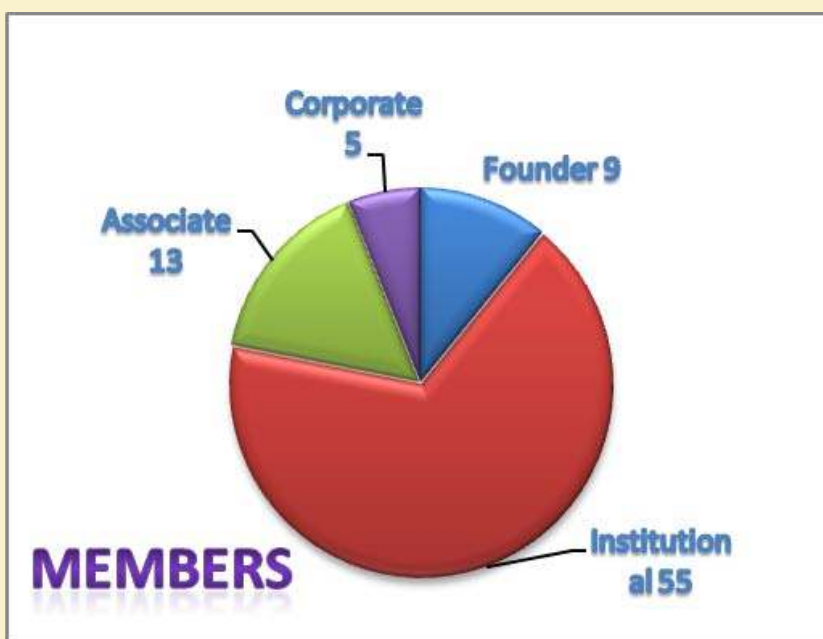
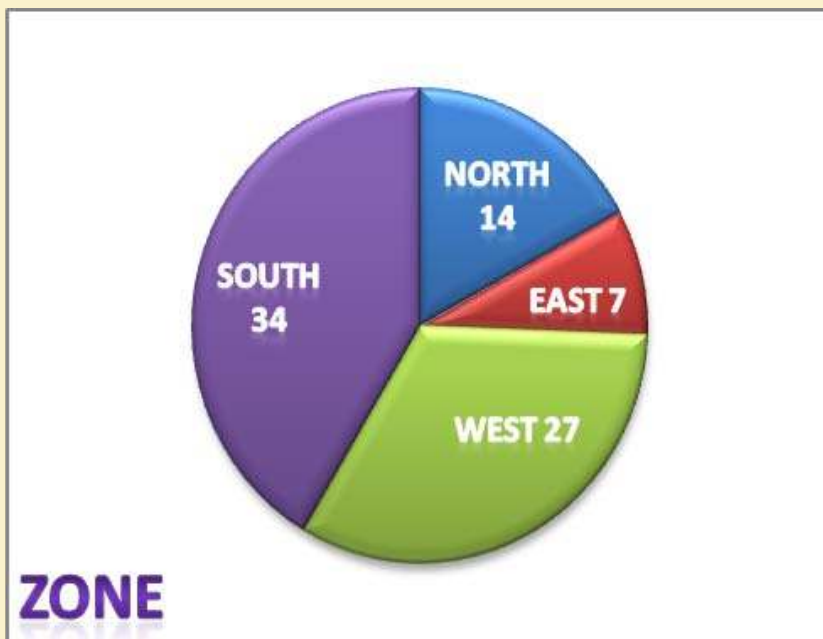
a. **New Memberships approved** by the Board during the year

SN	Name of Organization	Membership Category	Approval meeting
1	Sankara Eye Care Institutions – India	Institutional	22 nd Board Meeting APR 23, 2009
2	Pushpagiri Vitero Retina Institute	Institutional	
3	National Association for the Blind (NAB)	Institutional	23 rd Board Meeting JUL 16, 2009
4	Society for Promotion of Eye Care & Sight	Institutional	
5	Pondicherry Institute of Medical Sciences	Institutional	
6	Intra Ocular Care Pvt. Ltd.	Corporate	
7	Standard Chartered Bank	Corporate	
8	IL&FS Education & Technology Services	Corporate	24 th Board Meeting OCT 7, 2009
9	HelpAge India	Institutional	
10	Narayana Nethralaya Foundation	Institutional	
11	Anugraha Drishtidaan	Associate	25 th Board Meeting JAN 24, 2010
12	Mehra EyeTech Pvt. Ltd	Corporate	
13	Al Salama Eye Research Foundation	Institutional	
14	Light For The World	Institutional	

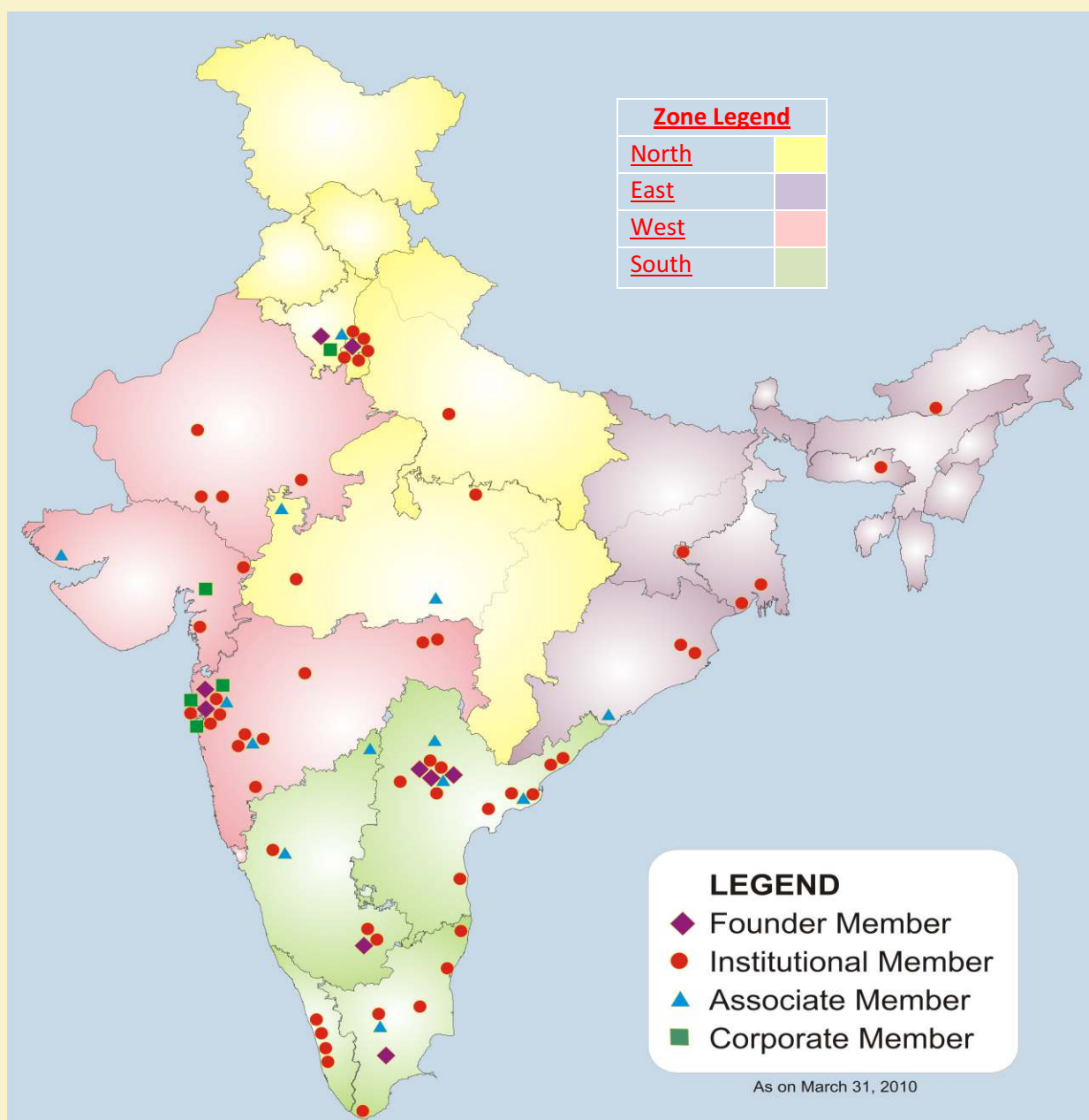
b. No. of Members (zone wise & category wise) as on March 31, 2010

Zone	Members	
North	14	17%
East	7	10%
West	27	32%
South	34	41%
TOTAL	82	100%

Category	Members	
Founder	9	11%
Institutional	55	67%
Associate	13	16%
Corporate	5	6%
TOTAL	82	100%



Zone Wise Distribution of Members – Map



- I) **Founder Members:** Institutions from 'Not for Profit' sector registered under appropriate statutory provisions (include Govt. Institutions) which came together to form the VISION 2020 The Right to Sight INDIA Forum.
- II) **Institutional Members:** Institutions from 'Not for Profit' sector registered under appropriate statutory provisions (include Govt. Institutions)
- III) **Associate Members:** Same criteria as institutional members, but with a different fee and 'holding no office' condition.
- IV) **Corporate Members:** Industries involved in manufacturing of ophthalmic supplies, equipments, pharmaceuticals, etc.

1. Community Eye Health Journal – Indian Supplement

The publication of this coveted journal’s Indian supplement was handed over to HV Desai Eye Hospital in 2009 for a period of 3 years under the leadership of Dr. Parikshit Gogate.

Following is the team contributing to the CEH Journal – Indian Supplement

Resource Centre Technical Advisory Team	Editorial Board
<ol style="list-style-type: none"> 1. Dr. Asim K. Sil (Team Leader) 2. Dr Taraprasad Das 3. Dr. Krishna Prasad 4. Dr. A.K. Grover 5. Dr. Supriyo Ghose 6. Mr. P. Kirubanithi 	<ol style="list-style-type: none"> 1. Dr. Parikshit Gogate (Editor - issue no 70) 2. Dr Kuldeep Suhas Dole (Editor –issue No 71 onwards) 3. Dr. GV Rao 4. Dr. Uday Gajiwala 5. Dr. Praveen K. Nirmalan 6. Dr. Rohit Khanna 7. Dr. BR Shamanna (Regional level) 8. Dr. GVS Murthy 9. Dr. Venkatesh 10. Dr. Sara Varughese
<p>Editorial Assistance :</p> <ul style="list-style-type: none"> • HVDEH Staff(s) involved in this work, • VISION 2020 INDIA Secretariat 	

Issues of CEHJ – Indian Supplement published during the period with their Themes:

Issue No.	Theme	Month
69	8 th General Assembly of IAPB	March 2009
70	Gender & Eye Health	June 2009
71	Corneal Blindness	December 2009



2. Vision Centre Manual



This national manual was originally developed by RP Centre for VISION 2020 INDIA was made ready by 2009 with inputs from experts. Publications Committee referred it to LVPEI team for a final review, before the document is made public.

3. Faculty support to DCEH Program at LVPEI

VISION 2020 perspective was shared with participant of the Diploma in Community in Eye Health (DCEH) course organized by LVPEI through faculty support on two separate occasions:

1. May 2009
2. December 10, 2009

The sessions were conducted through presentation, discussion, film & practical group work. Useful information regarding NPCB and VISION 2020 initiatives in India was shared with the participants as well as resource workbook given to them.

Strategic Area 6:

Organizational Development

1. 5th Annual General Body Meeting (AGBM) in Patna

Members reviewed the activities & finances of FY 08-09 and approved them. General Body also approved the activities & budget for FY 09-10.



Members at the AGBM in Patna

2. Board Meetings:

FOUR Quarterly Board Meetings were held to discuss issues & give director to the organization.

SN	MEETING NO.	DATE	PLACE
1	XXII	April 23, 2009	Sankara Eye Hospital, Bangalore
2	XXIII	July 16, 2009	Dr. AN Sinha Institute of Social Sciences, Patna
3	XXIV	October 7, 2009	Institute of Defense Studies & Analysis, New Delhi
4	XXV	January 24, 2010	Susrut Eye Foundation & Research Centre, Kolkata



Board members at the 22nd Board Meeting in Bangalore

3. Organogram



4. Implementation Team (2009-10)



Left to Right (in the photo)		
1	Devjeet Goldsmith	Executive – Finance & Administration
2	Dr. Rajesh Noah	Executive Director
3	Manish Kumar	Program Manager

Staff Changes:

1. Resignations:

SN	Name	Designation	Reason for Leaving
1	Sunita Tirkey	Program Manager	To handle issues at home in Orissa
2	Anukul Nayak	Executive – Fin & Admin	To take care of his wife & infant daughter in Bhubaneshwar

2. Appointments:

SN	Name	Designation	Background
1	Devjeet Goldsmith	Executive – Fin & Admin	Accounting experience in manufacturing unit as well as backend financial experience in BPO- GenPact.

ANNEXURES

1. Speech by Dr. APJ Abdul Kalam at AGBM in Patna on July 16, 2009

Light to See: A Noble Mission

“Let there be light”

I am delighted to participate in the 5th Annual General Body Meeting of the “VISION 2020: The Right to Sight INDIA” at Patna. My greetings to all of you. I am sure, this annual general body meeting being held in Patna, will enable working together of all governmental, non-governmental, autonomous organizations and international funding agencies to take up a project for Bihar for removing the avoidable blindness in a time bound manner. I am sure, “VISION 2020: The Right to Sight INDIA” functionaries will be able to sensitize Government of Bihar to consider eye-care as a priority health care area. May I suggest your opening a web site which would give information in regional languages to the public on preventive eye care, warning signals as well as possibility of interaction through question and answers. Friends, when I am in the midst of this audience, I would like to talk on the topic “Light to See: A Noble Mission”.



Status of Eye-care in Bihar

I was studying the eye-care need in terms of cataract surgery, spectacles, diabetes and diabetic retinopathy, glaucoma and low vision persons in Bihar. Our study indicates that against the need of cataract surgery for nearly 6 lakh people, the system is able to cater only 1.4 lakh surgery per year. Similarly spectacles are being provided for only 65,000 people whereas 42 lakh need spectacles. The citizens suffering from diabetic retinopathy and glaucoma are around the 12 lakh and none of them get any treatment. Nearly 9 lakh low vision persons need immediate attention. I am sure, this study definitely indicates an urgent need for starting a mission mode programme by all the stakeholders collectively, so that treatment is available to all the 67 lakh citizens with avoidable blindness within the next 3 years.

Right to Sight mission for Bihar

Right to Sight programme aspires to have our country free of avoidable blindness, where every citizen enjoys the gift of sight and the visually challenged have enhanced quality of life as a right. Now that we are concentrating on Bihar, the Right to Sight programme executives have to develop strategies through which all the 67 lakh citizens are provided with treatment at the earliest through the support of the Bihar Govt officials, Bihar Ophthalmological society, Ramakrishna Mission Ashram, Patna Blind School and other NGOs of Bihar and other states who volunteer for this noble mission.

Strategies to be adopted

In view of the current economic climate it is essential to maximize the impact of existing resources and technical programmes across India, across all the districts of Bihar. In my opinion the planning broadly should contain the following:

1. Increase political and financial commitment to eliminating avoidable blindness.
2. Facilitate the preparation of evidence-based standards and guidelines for cost-effective interventions.
3. Review international and national experience and share lessons learnt and best practices in implementing policies, plans and programmes for the prevention of blindness and visual impairment.
4. Strengthen partnerships and coordination between stakeholders involved in preventing avoidable blindness.

With increased allocation of union health budget for eye care from Rupees 400 crore to rupees 1250 crore, fund must be distributed to deserving eye-care agencies and states very speedily and transparently, so that they can take the development action very fast. I am sure, VISION 2020 INDIA could play a major role in this area. I would suggest that they work with the Ministry of Health and create a web-based information about the distribution of funds targets achieve and the utilization of funds.

Eye-care delivery

With modern technology and techniques nearly 80% of eye problem can be cured. At least they include cataract (62%) and uncorrected refractive error (18%). We have to train more eye care personnel in the modern and cost effective eye care. The training must include paramedics and nurses in addition to eye doctors.

Healthcare delivery personnel of Bihar must build a relationship with other states that have experience in eye-care. I know some eye hospitals in South, notably the Aravind Eye Hospital and the LV Prasad Eye Institute has been doing well working in all levels of Vision Pyramid. They have Vision Centers at the base of pyramid, Service and tertiary centers in the middle of pyramid and have topped the organization with one Center of Excellence. The Aravinds are in Uttar Pradesh already; Bihar is not far. This type of pyramid structure can be created in Bihar in partnership with experienced hospitals and professionals within and outside Bihar.

Finally there must be a strong Public- Private partnership in all healthcare activity including the eye care. Such a partnership is already piloted in the Kishanganj district. The partners are the District administration, Sightsavers and Susrut Foundation from Calcutta. While I wish this pilot all success, I would request all of you to see whether it can be extended to other eight needy districts of Bihar.

Vision village complex

Friends, in past, I have spoken about PURA- Providing Urban amenities in Rural Areas. I will today speak about an extension of this concept in eye care. This is called Vision Village Complex, my friend Dr. Taraprasad Das explained to me. Our friend Prof. GN Rao is doing this in Andhra Pradesh. The only mission of the entire concept is to provide affordable and quality eye care in villages all throughout the year. One service centre complex consists of 10 Primary Centers surrounded in 25 kms radius. The Primary center located in villages, serves a population of 50,000 people (approximately 25 villages) and so the Service center, located in a mid size town, typically a district head quarter or so, serves a population of 500,000. The L V Prasad Eye Institute has established several such models in Andhra Pradesh. They can also help Bihar in creating such centres.

Aravind Eye Care System

Similarly, the Aravind Eye Care system has a principle that the hospital must provide services to reach rich and poor alike, yet the eye care facility must be financially self-supporting. The entire Aravind Eye care system is conducting on an average 800 eye surgeries per day and annually treat over 2.5 million patients. They are providing for every 30 paid patients, free treatment for 70 patients who cannot afford. This principle is achieved through high quality, large volume care and a well-organized system. I am sure, Aravind Hospital with their culture of "efficiency" and a culture of "giving" which is essential in this noble profession can definitely come forward to train the ophthalmic doctors, nurses and para-medical staff of Bihar.

What is the need of the hour?

Through all these interventions, we have to see 38 districts of hospitals and sub-divisional hospitals have an eye surgeon on permanent basis or by borrowing the services from other hospitals in different states. It is also essential to do the same technique for filling the vacancies of eye surgeons in referral hospitals. Similarly there is a need to post para-medical ophthalmic assistants in all the districts, sub-divisional, referral hospitals and primary healthcare centres. Since, generating such a number of ophthalmic specialists personnel will take some time, I would suggest major hospitals like LV Prasad Eye Institute, Shankar Nethralaya, Aravind Eye Care Centre, Dr Rajendra Prasad Eye Institute, Ratanjyot Eye Hospital to nominate the doctors, nurses and para-medical staff along with equipments for a certain period for the Bihar Eye Care Mission. This will be greatest societal contribution of these major hospitals in this noble mission of providing light to needy citizens of Bihar.

Eye Bank with a mission

When I was in Rajasthan, I saw a unique mission carried out by Eye Bank Society of Rajasthan. I talk to Shri M.L. Mehta, President of Eye Bank Society of Rajasthan. I was inspired to know that this society has 100 members (30% women) and they are spearheading a movement to add 400 corneas every year with an ultimate goal of collecting 1000 cornea per year. This is an important mission in relation to Right to Sight India programme. What touched my heart was that the members of the society reach the homes and the mortuary to persuade the grieving relatives for giving the eye of the departed soul, so that light can be given to many who are in darkness. I visualize that the spirit of giving light should spread across the whole nation. I would suggest the Right to Sight programme executives can invite some of the members of the Eye Bank Society of Rajasthan to Patna. These members can share the knowledge with some of the NGOs of Bihar on the techniques they adopt, for mobilizing cornea from departed souls.

Tele-Ophthalmology

Many of our eye care centers have created tele Ophthalmology network using tele-eye care network of ISRO. Once we have the connectivity, then there should be a universal tele-ophthalmology system in place, Ophthalmologic specialist from different regions can come together in virtual clinics. More importantly, this network can be used for creating awareness and education for eye care and immediate aid in case of accidents or uncommon eye diseases. A multi eye clinic environment with seamless two-way interaction between the doctors and patients will enable the eye specialist to diagnose the particular patient and also seek expert opinion from distance doctors located in remote areas. Such sharing of knowledge will provide cost effective integrated treatment for the patients in the specialized areas like corneal blindness, surgical complications, posterior segment disorder, retinitis etc. The same system can be transformed into a virtual ophthalmic institute from where a specialist lecture or a diagnostic and treatment breakthrough, can not only reach any remote corner, but also enable a good eye specialist in the remote area, to share multicast information with others in the network. Thirdly the same system can be used to offer practical training to eye doctors and paramedical staff on the intricacies of eye operation through a "Virtual Operation Theater". As you all know, such is the power of network in Tele-Ophthalmology. As a first step, the Right to Sight India organisation should work towards providing a tele-ophthalmic network in Bihar for taking the aid of technology for enhancing eye-care. This will further enhance the volume and quality of treatment provided to the patients particularly in the rural areas. Tele-ophthalmology has been established by Aravind Eye Care centre in partnership with ISRO. Aravind Eye Care centre can assist in establishing tele-ophthalmology facility in different district centres of Bihar. If any tele-connectivity is needed through ISRO, I can definitely assist.

Ophthalmologists as teachers

Recently, there was a meeting of cured patients, their doctors and a few social workers. One important point emerged during the interaction was that the relationship between the patient and doctor extends to patients' family. This in turn, transmits effective messages from one family to another family on advice to prevent the eye diseases, necessity of periodic checks, the dietary habits and the need for life style changes including eye exercise for good eye health. Actually, I believe this good contact between the doctor and patients is comparable to that of a teacher and student. I request every doctor to play the role of a teacher in advising every family on eye disease prevention and methods to lead a healthy life. This message can be transmitted to all the 75 member organisation of the Right to Sight India programme.

Conclusion

'Defect free vision for all' should be our national mission. The eye problems of the children can be corrected, if diagnosed early. Such programmes should aim at screening all the school children and other citizens. Doctors and nurses of participating institutions of Right to Sight India programme can conduct eye camps in rural areas in partnership with other regional eye care institutions, so that the rural children can be screened at the earliest stage for detection of eye defect if any. Anyone having defective vision or any obvious complaints should be brought to the nearest eye institute for investigation and treatment. I have been asking the students to be helpful to their colleagues by bringing out special eye problem of their school friends to the notice of the parents or the teachers. While all out effort is being made to reduce the avoidable blindness among the grownup, there is a continuous increase in the eye problems among the

children due to modern life style. Research is required to pin point the causes and provide appropriate guidelines to the parents, so that they can facilitate the children to preserve quality eye sight. This type of prevention and timely intervention will enable faster realization of “Vision for All” in its true perspective. I would suggest the members participating in the Annual General Body Meeting today to work on a Patna Declaration which can be signed by all the eye-care stakeholders before the end of the Annual General Meeting. This declaration must outline the actions needed to be taken by each stakeholder for providing quality eye care treatment to the 67 lakh needy citizens of Bihar within the next three years.

Friends, let me share with a quote from Helen Keller, the visually handicapped lady who led us to vision.

“Be of good cheer. Do not think of today's failures, but of the success that may come tomorrow. You have set yourselves a difficult task, but you will succeed if you persevere; and you will find a joy in overcoming obstacles. Remember, no effort that we make to attain something beautiful is ever lost.”

My greetings to all the members of Right to Sight India success in their mission of enhancing the pace of eye care activities in the country aimed to ensure that every case of avoidable blindness is really avoided through appropriate intervention well before 2015.

May God Bless you.

Source:

http://www.abdulkalam.com/kalam/jsp/display_content.jsp?menuid=28&menuname=Speeches%20/%20Lectures&linkid=68&linkname=Recent&content=1293&columnno=0&starts=0&menu_image=

2. Oath administered by Dr. Kalam to the VISION 2020 INDIA Members & Ophthalmology Community

1. I as an eye care professional, I realize by removing the darkness and giving the light to the patient is indeed the God's mission.
2. I will always give part of my time for treating patients who cannot afford.
3. Based on the experience and my core competence as a Doctor, I am capable of diagnosing the exact disease at right time.
4. I will treat at least 100 rural patients in a year by going to rural areas and arrange cataract operation.
5. I will encourage the development of quality indigenous equipments and consumables by making use of them and assisting in enhancing the quality and reliability of the products.
6. I will follow the motto “Let my brain remove the pain of the suffering humanity and bring smiles”.
7. I will work for providing quality eye-care to all the needy citizens of Bihar within the next three.

3. Address by Brand Ambassador on the occasion of World Sight Day 2009

Gentlemen,

On the occasion of the World Sight Day, I have pleasure in conveying to the President & Executive Board of the VISION 2020 INDIA, my heartfelt greetings for the success of your contemplated ventures in brining light to those who are either condemned to the dark or born visionless.

I am reminded of a few passage of wisdom that speaks of the eternal truth:

The Ten Commandments:

1. To those who can not see, let's pledge our sight to lead to light,
2. To those who can see but are blind to human suffering, let's transform them,



3. To those who are blind to our delight and joy, let's share our fortune,
4. To those who have vision only of themselves, let's reflect many in one,
5. To those who grows out of their heart, let's embrace their generosity,
6. To those who are anchored in their solitary throne, let's draw them out,
7. To those whose passion in blinded, let's fulfill our promise to vision,
8. To those who nurse hate within, let's preach love to them,
9. To those who allies with crimes, let's reform them in nobility's robe,
10. To those hearts blinded in distress, let's greet them at joy's gates!

This is the essence of the pledge with which I am reminding you to recall our own dedication to the cause we have committed ourselves to the **World Sight Day**, the day when we all assemble every year. It arrives only to remind us of our potential promise to participate to make this world see "**ONE VISION**", that is:

Vision to All & All in vision!

To this achievement let's make our efforts one big leap forward!

A little step of ours shall move the entire race forward!

A single candlelight also leads the blind to an eternal gratitude!

While pledging our eyes after our physical has left is indeed a very noble act and a well-intended gesture, I would prefer to lead those blinded by false sense of pride and self-centered charities to serve all those who cannot see either by physical eyes or by mental veil of ignorance and pride. We can lead the blind in our lifetime to enable a brighter vision by lending our hearts to them, which is all they seek prior to winning a vision. Let's us therefore pledge our physical eyes after our lifetime while we shall pledge our hearts loaded with love during our lifetime. My appreciation to those in the Secretariat who have pledged their eyes in this noble service!

I would also like to add as a rejoinder and expect you to consider the following while volunteering services to your VISION 2020 programmes in future:

A timely, quality and appropriate eye care services should be in place to serve our poorest of poor Indian citizens, especially in the rural areas, especially for women and children.

Women and girl children are neglected – I want to see that the Government Health System as well as the 75 member organizations for **VISION 2020 INDIA** ensures that eye services (especially for Cataract operation, uncorrected refractive error and low vision, childhood blindness, diabetes including diabetic retinopathy, glaucoma) are provided to all – free of cost, if possible.

I would be keen to receive personally report on what progress has been made on these issues, especially from the 75 member organizations.

At present I understand that about 1,00,000 corneas are required per year to enable restoring sights to 1 lakh persons, but unfortunately only about 40,000 corneas have been collected per year. We need to strengthen this system.

I would be too glad to remind Ms. K. Sujatha Rao (Secretary Health and Family Welfare) and Ms. Shalini Prasad (Joint Secretary) to extend their support and ensure that the above assignments do materialize.

The VISION 2020 Goal (Our country is signatory to this goal by the World Health Organization) is to eliminate avoidable blindness by 2020 that means we have the next 10 years to do so. India has done a magnificent job in the area of blindness due to cataract, especially under the 20 years of leadership of Dr. (Mrs.) Rachel Jose, but still has a lot to do in the emerging issues of blindness due to more complicated diseases such as diabetes and glaucoma.

I am also happy to learn that representatives from five countries, including India met at Madurai from 24-26th Sept to review and revise the National Plans for Blindness Control.

I would persuade the audience and the decision makers to see that these revised plans are incorporated in the 11th Five Year Plan and implemented in all the 35 States/Union Territories of India.

I would be glad if a mapping of resources in eye care are done in all the 600 plus districts of India, so that we can focus on districts which require more support from the Ministry Department and VISION 2020 INDIA.

There are more blind women than men. Services do not reach women adequately. So, policy makers and planners should develop programmes to specifically address the needs of women and girl children.

We must also focus on education of women. If women are literate the whole society progress.

Meanwhile, my heartfelt felicitation to Dr. (Mrs.) Rachel Jose for rendering selfless service and for her 20 years of dynamic leadership of the National Programme for Control of Blindness on behalf of the 75 member organizations of VISION 2020 INDIA.

As the Brand Ambassador of VISION 2020 INDIA, it is my heartfelt desire that “We eliminate avoidable blindness from India by 2020”.

Lots have been done in the past 30 plus years of the programme, but yet lot more is still to be done to make this dream a reality.

May we meet again to see that those eyes could see what we had always seen Those sun smiles; those star laughters and those moon delight!

My best wishes for the success of your organization!

Thank you

Organizational Disclaimer

Legal Status

Registered as a Society in Madurai, INDIA under Tamil Nadu Societies Registration Act, 1975.

Registration No. : 48/2004
Registration date : 26th May, 2004

Offices

REGISTERED OFFICE:

LAICO Building, 72, Kuruvikaran Salai, Gandhinagar,
Madurai 625 020, Tamil Nadu, India

ADMINISTRATIVE OFFICE:

National Secretariat, # C 119, TOP Floor, New Rajinder Nagar,
New Delhi 110 060, Delhi, INDIA
Tel/Fax: +91-11-42412107 Email: info@vision2020india.org
www.vision2020india.org

Important Registrations

1. Registered under Section **12-A** of the Income Tax Act
2. Permanent Account No. (PAN): AAAAV2446E
3. Tax Deduction Account N. (TAN): MRIV00446F
4. **FCRA Permanent Registration** with Ministry of Home Affairs, Govt. of India

FCRA No. : II/21022/83(0100)/2008-FCRA-II
Dated : December 1, 2009



82 Member Organisations 2009-10

NORTH ZONE:

DELHI (7)

1. All India Ophthalmological Society, New Delhi www.aios.org
2. Anugraha Drishtidaan, New Delhi www.anugrahadrishtidaan.org
3. Dr. RP Centre for Ophthalmic Sciences, AIIMS, New Delhi www.rpcentre.nic.in
4. Dr. Shroff's Charitable Eye Hospital, New Delhi www.sceh.net
5. HelpAge India, New Delhi www.helpageindia.org
6. Sir Ganga Ram Hospital, New Delhi www.sgrh.com
7. Venu Charitable Society, New Delhi www.venueyainstitute.org

HARYANA (2)

8. ORBIS International, Gurgaon www.orbis.org
9. Philips Electronics India Ltd., Gurgaon www.philips.com, www.u-specs.org

MADHYA PRADESH (4)

10. Choithram Netralaya, Indore
11. Gomabai Nethralaya & Research Centre, Neemuch www.gomabainethralaya.org
12. Sri Sadguru Netra Chikitsalaya, Jankikund www.sadgurustrust.org
13. Sukri Mission Hospital, Junnordeo

UTTAR PRADESH (1)

14. Khairabad Eye Hospital, Kanpur www.mahendraeyeinstitute.com

SOUTH ZONE:

ANDHRA PRADESH (16)

15. Bollineni Eye Hospital & Research Centre, Nellore www.behrc.com
16. Goutami Eye Institute, Rajahmundry www.goutami.org
17. LEPRAS Society, Secunderabad www.leprasociety.org
18. LV Prasad Eye Institute, Hyderabad www.lvpei.org
19. Lions Club of Karimnagar Charitable Eye Hospital, Karimnagar www.ruraleye.org
20. M Ram Reddy Lions Eye Hospital, Mahabubnagar
21. Operation Eyesight Universal, Hyderabad www.operationeyesight.ca
22. Paramahansa Yogananda Netralaya, Vemagiri www.divineeye.org
23. Pushpagiri Vitreo Retina Institute, Secunderabad www.pvri.org
24. Rajavalli Radharaman Lions Eye Hospital, Palakol
25. Rotary Netra Rural Eye Hospital, Vishakhapatnam
26. Sadhuram Lions Eye Hospital, Hyderabad
27. Sankar Foundation, Vishakhapatnam www.sankarfoundation.in
28. Seva Foundation, Secunderabad www.seva.org
29. Srikanth Institute of Ophthalmology, Kakinada www.srikanth.org
30. VisionSpring India, Secunderabad www.visionspring.org

KARNATAKA (6)

31. Bangalore West Lions Eye Hospital, Bangalore, www.bwlionseve.org
32. CBM, South Asia Regional Office, Bangalore www.cbm.org
33. Narayana Nethralaya Foundation, Bangalore www.narayananethrayala.org
34. Shri Guru Mahipatiraj Eye Bank & Research Foundation Trust, Hubli
36. Velemegna Good News Society Hospital, Bidar www.velemegna.org
37. Vision Eye Hospital, Hubli

TAMIL NADU (9)

38. Aravind Eye Care System, Madurai www.aravind.org
39. Bejan Singh Eye Hospital, Nagercoil
40. Institute of Ophthalmology Joseph Eye Hospital, Thiruchirappalli <http://www.iojosepheye.in>
41. IL&FS Education & Technology Services Ltd. Adyar, Chennai, Tamil Nadu
42. Joseph Eye Hospital, Thiruchirappalli www.iojeh.in

43. KG Eye Hospital, Coimbatore
44. Pondicherry Institute of Medical Sciences, Puducherry
45. Sankar Eye Care Institutions – India, Coimbatore www.sanakraeye.com
46. Sankara Nethralaya, Medical Research Foundation, Chennai www.sankaranethralaya.org

KERALA (3)

47. Little Flower Hospital & Research Centre, Angamaly www.littleflowerhospitaltrustangamaly.org
48. MOSC Medical College Hospital, Kolenchery www.moscomm.org
48. Ranjini Eye Hospital, Cochin

EAST ZONE:

MEGHALAYA (1)

50. Society for Promotion of Eye Care & Sight, Shillong www.bansaraeyecare.com

ORISSA (3)

51. JPM Rotary Club of Cuttack Eye Hospital & Research Institute, Cuttack www.jpmmrotary.org
52. Kalinga Eye Hospital & Research Centre, Dhenkanal www.kehrc.org
53. Serango Christian Eye Hospital, Parlakhemundi

WEST BENGAL (3)

54. Rotary Club of Purulia Service Centre, Purulia http://www.puruliarotary.org/rotary_service_center.php
55. Susrut Eye Foundation & Research Centre, Kolkata www.susrut.org
56. Vivekananda Mission Ashram, Chaitanyapur www.vmaindia.org

WEST ZONE:

GUJARAT (4)

56. Drashti Netralaya, Dahod
57. Intra Ocular Care Pvt. Ltd, Vadodara www.care-group.net
58. Kutch Vikas Trust, Bhuj www.kutchvikastrust.org
59. SEWA Rural, Jhagadia www.sewarural.org

MAHARASHTRA (19)

60. Aditya Jyot Research Foundation, Mumbai www.adityajyoteyehospital.org
61. Evista Eye Care Centre, Nagpur, Maharashtra
62. IL&FS Education & Technology Services Ltd, Mumbai www.ilfsets.com
63. KK Eye Institute, Pune
64. LM Patel Rotary Eye Hospital, Mumbai
65. Lions NAB Eye Hospital, Sangli, Miraj
66. Lions Club International Foundation, Mumbai www.lcif.org
67. Lotus Eye Hospital, Mumbai www.lotuseyehospital.com
68. Maharashtra University of Health Sciences, Aurangabad
69. Mahatme Eye Bank & Eye Hospital, Nagpur www.mahatmehospital.com
70. Mehra Eyetechn Pvt. Ltd., Mumbai www.mehraeyetechn.com
71. National Association for the Blind (NAB), Mumbai www.nabindia.org
72. National Institute of Ophthalmology, Pune
73. Poona Blind Men's association, Pune www.pbmaindia.org
74. PBMA's HV Desai Eye Hospital, Pune www.hvdeh.org
75. Sightsavers International, Mumbai www.sightsavers.org
76. Standard Chartered Bank, Mumbai www.standardchartered.co.in
77. Suraj Eye Institute, Nagpur www.surajeyeinstitute.org
78. Vision Foundation of India, Mumbai www.visionfoundationofindia.org

RAJASTHAN (4)

79. Alakh Nayan Mandir Eye Institute, Udaipur www.alakhnayanmandir.org
80. Global Hospital Institute of Ophthalmology, Mt. Abu www.ghrc-abu.com
81. Kota Eye Research Centre Society, Kota
82. Shri Paramatma Chand Bhandari Charitable Trust, Jodhpur

Join this movement to eliminate avoidable blindness from India.