



TRANSFORMING LIVES  
BY RESTORING SIGHT

# Annual Impact Report

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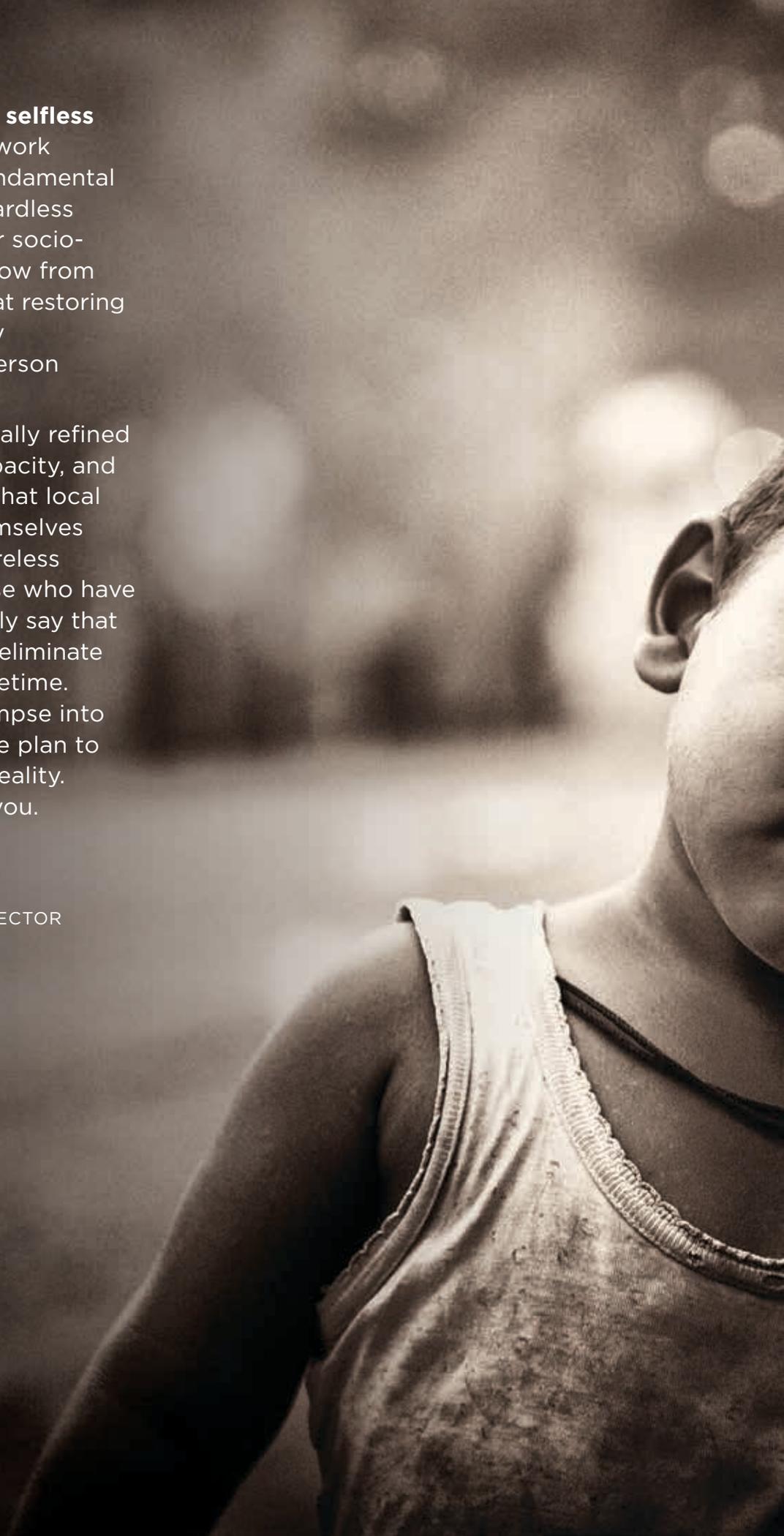
JULY 1, 2017 - JUNE 30, 2018

**Seva celebrates 40 years of selfless service in 2018.** We do this work because we believe in the fundamental dignity of every person, regardless of gender, age, nationality or socio-economic status. And we know from these years of experience that restoring sight is one of the most truly transformational gifts one person can offer another.

Since 1978, Seva has continually refined our approach, expanded capacity, and raised our expectations of what local communities can do for themselves ever higher. Thanks to the tireless efforts and ingenuity of those who have come before me, I can proudly say that we are — at last — poised to eliminate avoidable blindness in our lifetime. This brief report offers a glimpse into some of the specific ways we plan to make this ambitious goal a reality. We could not do it without you.



**KATE MOYNIHAN**, EXECUTIVE DIRECTOR





## Overview

Thanks to the support of our donors, Seva made gains in access, capacity, and learning this year, helping more people than ever before to receive life-changing eye care services.

With the establishment of 19 primary eye care visions centers (PECVCs) in Bangladesh, India, and Nepal, people living in remote areas have improved access to vision care. These permanent, community-based eye care facilities provide easily accessible eye care services and a way for patients with chronic blinding eye conditions to readily monitor their eye health status. Staffed by locally recruited and well-trained technicians, PECVCs can address up to 80% of a community's eye care needs.

This year was also full of cross-institutional knowledge sharing through the Global Sight Initiative, with teams travelling to Mexico, India, Nepal, and Guatemala. 2017 marked the 10th anniversary of Eyexcel, an intensive course created by Seva and Aravind Eye Care System for hospitals seeking to launch or strengthen their in-house training of allied ophthalmic personnel (AOP). The Eyexcel course also launched in Guatemala in June of this year, enabling hospitals in Latin America to better meet the growing need for AOPs in the region. AOPs are critical to hospital growth as they allow doctors to focus on diagnostics and surgery, for which they are uniquely trained, while the AOPs provide primary eye care.

These are a few glimpses of the impact your generous gifts to Seva have achieved over the past year. We hope you enjoy reading more about the life-changing impact we've accomplished together.

# Program Highlights FY 2017-2018



## Trainings Conducted

5,912

Total individuals trained

573

Clinically trained individuals

5,339

Non-clinically trained individuals

282

Total training sessions provided

159

Clinical training sessions

123

Non-clinical training sessions

## TRAINING HIGHLIGHTS

- » 1,921 female community health volunteers trained.
- » 1,966 school teachers trained.
- » 573 clinicians trained.
  - + Specialties include: small incision cataract surgery (SICS), oculoplasty, diabetic retinopathy, phacoemulsification, corneal transplant, ophthalmic assistants, retina conditions.
  - + Also includes 22 HIV/AIDS clinicians trained in Myanmar and Ukraine to conduct an eye exam to detect CMV retinitis and TB.
- » 1,452 non-clinical staff trained, including hospital managers, program managers, hospital data administrators.
- » One doctor and two ophthalmic assistants from Myanmar began residency training and refraction training, respectively, in Nepal.
- » One doctor from Cambodia began his four-year ophthalmology residency in Phnom Penh, Cambodia.
- » Supported Southwestern Indian Polytechnic Institute (SIPI), which this year had 28 students enrolled in its Vision Technician Program.
- » Training 16 AOPs as part of the initial training programs in Latin America.



## Global Sight Initiative Highlights

8

Mentee hospitals added

+400,000

Cataract surgeries completed in 2017 by GSI hospitals



## Promoting Access

**For the majority of people who are blind or vision impaired, the primary barrier to seeing again is simply a lack of access to affordable, quality eye care. Seva partners with local organizations to address this hurdle, by promoting universal access to comprehensive eye care services in a culturally appropriate manner while honoring the dignity of all patients.**

Visual impairment creates overwhelming challenges for individuals, especially those who already face economic disadvantages. The implications also deeply impact their families and communities, who often assume responsibility for visually impaired family members. Young children who serve as a guide for a family member are unable to attend school. Adult caretakers often miss employment opportunities or are unable to dedicate time to their own responsibilities. As a result, communities suffer economically as not one, but two or more people are unable to achieve their potential to contribute to their community.

Working with local partners, Seva increases access to eye care by actively engaging in public outreach to find and counsel patients in remote communities, with an emphasis on women and girls. Partner programs often provide transportation and lodging to regional clinics or hospitals to eliminate the financial and geographic barriers. Partners also focus on increasing eye care education by training local community healthcare volunteers and teachers about basic eye health. Services provided by partners typically include medical procedures, medication, timely treatment of trauma, corrective glasses, highly efficient 15-minute cataract surgeries, and sub-specialty eye surgeries.

## Continuing to Create Access

A key strategy in creating and sustaining universal access to eye care is to establish Primary Eye Care Vision Centers (PECVCs). A majority of people living with blindness reside in villages. Women, who suffer higher rates of blindness, are often not able to travel as far as men. To address this, Seva establishes PECVCs, which are closer to the doorsteps of women living in rural communities.

Staffed by locally recruited and well-trained technicians, PECVCs are permanent eye care facilities in the community that act as the first level of response in offering comprehensive eye care services. Typically, services include refraction and dispensing of spectacles, diagnosis of common eye conditions, and referrals to a hospital for cases needing further intervention.

This past year Seva supported the creation of 19 PECVCs in Bangladesh, India, and Nepal. Twenty more PECVCs are scheduled to open in the coming year in Bangladesh, Cambodia, China, India, and Nepal.

In remote communities, PECVCs equipped with telemedicine offer a way for the patient to talk directly to a doctor located in a distant hospital via video conference. The patient can receive more information about a medical issue, share test results electronically, and receive medication if it requires a doctor's sign off. Having the opportunity to talk to a doctor validates the PECVC and can reinforce the capacity of the vision technician.



**PHOTO HERE.** PECVCs remove the geographic barrier to accessing eye care when they are located closer to the doorsteps of women living in rural communities.

## Telemedicine

In 2017, Seva's American Indian Sight Initiative partner, Kewa Pueblo Health Corporation, traveled to Madurai, India to learn about telemedicine from experts at Aravind Eye Care System (AECS). Over the past year, Kewa has taken the lessons learned at AECS to introduce telemedicine in the nearby pueblo of San Felipe in New Mexico.

Currently, this remote pueblo has no access to eye care services. However, through the recent introduction of telemedicine services at San Felipe Pueblo, diabetic patients with potentially sight-threatening diabetic eye disease will now be able to be screened on-site and provided a diagnosis and treatment plan remotely by Kewa Pueblo's optometrist. This telemedicine installment in a rural and resource-limited setting

greatly improves Native American access to timely screenings and treatment and reduces the burden of preventable blindness through a cost-effective and evidence-based strategy.

In preparation for San Felipe's clinics to begin providing telemedicine consultations, six clinic staff received training on diabetic retinopathy and how to operate the telemedicine equipment to obtain high quality retinal images. Four of the trainees work as Community Health Representatives (CHRs), who are advocates for the clinic and act as health promoters at the community level. CHRs naturally have the closest relationships with community members and will be instrumental in the outreach process and in recruiting patients for the new eye care services available at San Felipe. Telemedicine services are expected to begin in the Fall of 2018.



**PHOTO LEFT:** San Felipe's Diabetic Retinopathy Technician, Mario, training on the new EyePACS teleretinal camera.

### PATIENT STORY:

Sabitri is a young mother living in Kharagpur, West Bengal. At age 24, she is one of almost 1 million women who received life-altering eye care through Seva's donor-supported programs.

Prior to giving birth to her daughter, Lakshmi, Sabitri had lost her vision completely due to mature cataracts in both eyes.

Thanks to the outreach team from long-time Seva partner, Vivekananda Mission Asram Netra Niramay Niketan (VMANNN), Sabitri was able to receive an eye examination without having to travel far from her village in West Bengal. The team diagnosed her with cataract and recommended surgery. Soon after being diagnosed, she was brought to the hospital, where she received a successful cataract surgery. The next morning, when the eye patch was removed, Sabitri was able to see Lakshmi, her 4-month-old child, for the first time!



**PHOTO ABOVE:** Sabitri is finally able to see her 4 month old daughter.



## Building Capacity

Building local capacity is a core strategy Seva brings to all of its partnerships. The Global Sight Initiative (GSI), Seva's major partnership-based program, has established a network of the most proficient eye hospitals and organizations in international eye health. The program's model enables mentor institutions to provide training and consultancy services to mentee hospitals around the world. There are currently 10 mentor institutions and 91 mentee institutions in 16 countries participating in the GSI. Each of Seva's GSI partners share the mission to build high quality, equitable, and sustainable eye health services in communities within their own countries and beyond. A recent study of 25 hospitals participating in GSI found a 69% average increase (range: -63% to 690%) in cataract

surgical volume over baseline, with 12 hospitals showing increases over 100% after participating for four years.

Seva strengthens each partner eye hospital by creating management systems, equipping local staff with the tools they need to improve their comprehensive eye care services. Essential services include cataract surgery, glasses, medications, and other core needs. Seva provides rigorous training in management, clinical skills, and community outreach, along with a myriad of other roles required for a strong program. Seva gives small investment grants in order to launch robust community-based services, which increasingly take the form of PECVCs. These centers often grow to cover their costs through low patient fees and the sale of spectacles.



## Capacity Building Program Highlight: Eyexcel Latin America

Excellence in Eye Care, or Eyexcel, is an intensive course that equips and empowers eye hospitals worldwide to systematically train allied ophthalmic personnel (AOPs). The course draws upon Aravind Eye Care System's (AECS) experience while focusing on strengthening training programs for AOPs. These personnel make up a wide umbrella of eye care workers, such as vision technicians and ophthalmic assistants, who are essential in providing eye services globally.

Seva, the International Council of Ophthalmology, and AECS have offered the annual Eyexcel course in Madurai, India since 2007. From inception through June 30, 2018, Eyexcel has reached 374 participants from 128 eye hospital teams based in 29 countries.

After close collaboration with AECS, Seva and two mentor institutions in Latin America — Visualiza and Divino Niño Jesus (DNJ) — piloted Eyexcel in Latin America. Offered in June 2018 in Guatemala City, the course is designed to meet the growing need for AOPs in Latin America. Conducted entirely in Spanish, the course was customized to be regionally appropriate for Seva's Latin American partners.

Twenty-three participants from GSI partner hospitals in Guatemala, Haiti, Dominican Republic, Nicaragua, Paraguay, Peru, and Mexico attended the training. The next Latin American Eyexcel course will be held in 2019 at DNJ in Lima, Peru.

The goal of Seva's capacity building is to create durable services that are sustainable in terms of their management structure and staffing. In a growing number of areas around the world, sustainability extends to finances through modest patient fees and local philanthropic support. Through the GSI, Seva equips high-functioning eye hospitals to reach out to help other hospitals by disseminating best practices and supporting their implementation.

### **Seva-sponsored capacity building and training activities in the past year:**

- » 563 doctors, nurses and other health professionals received clinical training in the ophthalmic field—including fellowships in retina and cornea conditions and high-level training in cataract surgical technique.
- » 5,339 teachers, local health partners and other key outreach personnel received eye care training — including 1,921 female community health volunteers and 1,966 school teachers.
- » 123 non-clinical trainings were conducted for hospital managers, program managers, patient counselors, and hospital data administrators.
- » Increase and expansion of GSI partners: Our network grew to 101 hospitals around the world, including 8 new members.



## Collecting and Learning From Evidence

Seva promotes evidence-based interventions through systematic data collection and analysis. With Seva's partners in more than 20 countries, data collection methods often need to be customized to fit the needs of each hospital. Many of the hospitals in the GSI network operate within unique cultural contexts, yet often face similar obstacles. Through GSI's mentorship model, hospitals are able to exchange useful information focused on improving methods for capturing data in order to analyze, compare, and share statistics across our network.

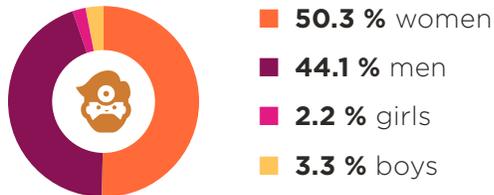
Aravind Eye Care System recently hosted a GSI Mentee Workshop in June at the Sankara Eye Hospital in Odisha, India. The workshop convened 10 mentee hospitals from India and Bangladesh along with mentor institutions from Guatemala, Peru, and Tanzania to focus on the importance of capturing data to illuminate opportunities for improvement. With ongoing support from GSI mentor institutions, mentees work to increase their hospitals' performance.

**Vivekananda Eye Hospital in Karnataka, in southwest India, reported an impressive increase in productivity thanks to mentorship support through GSI. This hospital went from performing 435 cataract surgeries to 841 cataract surgeries this past year, a 93% increase!**

## Breaking down Gender and Age

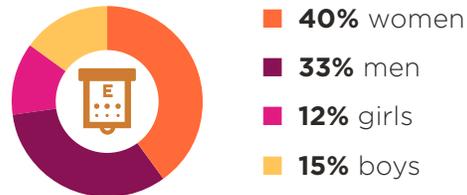
Gender and age percentages are based on data available and may not reflect the percentages for all services provided. Many countries where Seva works count children as 15 years and younger.

### SURGERIES: 129,450\*



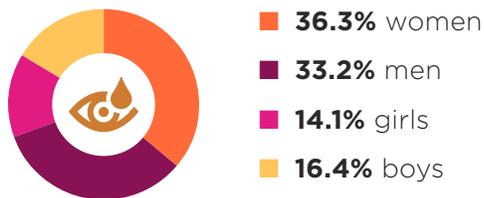
\*Surgeries include intraocular (e.g. cataract, glaucoma, etc.) and extraocular (e.g. lid surgery, pterygium, DCR, etc.).

### EXAMS AND SCREENINGS: 1,526,862\*

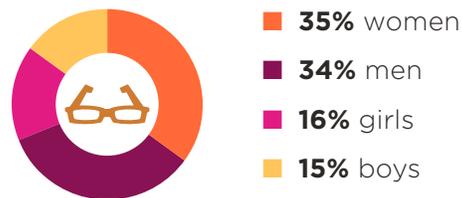


\*Includes school screening, community outreach screening, as well as hospital-based.

### MEDICAL TREATMENTS: 93,425



### GLASSES: 96,729



## SPOTLIGHT: SEVA TRAINEE DR. PROM POVSORINA FROM CAMBODIA

During the past year, Seva (with support from Standard Chartered Bank) began supporting Dr. Prom PovSorina's ophthalmology residency program at Thammasat University in Bangkok, Thailand. Dr. PovSorina, a general doctor from Cambodia, began the three-year program in June 2017.

Dr. PovSorina's first year as a resident focused on increasing her overall knowledge of eye diseases. She presented on eye diseases almost weekly to her colleagues, saw patients at the eye outpatient department, and began performing surgical procedures. On top of her studies, she has even learned the Thai language!

She has already begun utilizing the knowledge she has gained to help save the eyesight of those in need. Once she completes her residency in 2020, she will be able to practice as an ophthalmologist and provide much-needed eye care to the people of Cambodia.



PHOTO ABOVE: Dr. Prom PovSorina

# Plans for the Future

Seva's three-pronged strategy, of Access, Capacity, and Evidence, continues to be integral in implementing our goal to eliminate avoidable blindness for those most in need.

## ACCESS

Seva will continue to promote and implement universal access to comprehensive, quality eye care services in the coming year by:

- » Establishing 20 new PECVCs with partners in Bangladesh, Cambodia, China, India, and Nepal in partnership with corporate partner TOMS and other donors.
- » Scaling Seva's delivery of pediatric eye care services globally by screening and providing comprehensive eye care to 1 million children by the end of 2020. Another corporate partner, MODO Eyewear, has committed the first half of the funding needed to reach this goal.
- » Screening 100 Native patients through the pilot American Indian Sight Initiative Telemedicine Project in New Mexico.
- » Establishing 2 new partnerships to expand access to eye care services for American Indian communities in the United States.

## CAPACITY

Seva's capacity-building process will continue to focus on holistically strengthening each partner eye hospital and its community services by:

- » Expanding Eyexcel Latin America, completing the second course in Peru in 2019.

- » Training 11 AOPs in Latin America with two partners.
- » Supporting the training of 3 ophthalmologists (two from Cambodia and one from Myanmar), as well as offering sub-specialty training in phaco, pediatrics, and retina, in Nepal.
- » Adding 10 mentee hospitals from Bangladesh, Mexico, and Pakistan to the Global Sight Initiative.

## EVIDENCE

Through systematic data collection, as well as modernizing and utilizing best practices among our partners, Seva will support the continued expansion of evidence-based learning and growth by:

- » Documenting and sharing lessons from the AISI telemedicine project in order to improve processes and implementation of future telemedicine initiatives in American Indian pueblos as well as across the globe.
- » Completing and reporting the results of community-based assessments of avoidable blindness in China, Bangladesh, and Nepal. Scaling up learning exchange and management within the Global Sight Initiative network with emphasis on strategies to reach more people in need with better quality eye care.







## Conclusion

The highlights of Seva's efforts contained in this report illustrate the impact of your financial support on Seva's important work and what you enabled us to accomplish. If you are interested in learning more about a specific area of Seva's work, please let us know by contacting us at [give@seva.org](mailto:give@seva.org). We are happy to provide you with additional information.

On behalf of the entire Seva family in Berkeley, Cambodia and Nepal, and our partners around the world, thank you for your commitment and generous support!



**SEVA FOUNDATION**

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