



DIK gifted VISION to POOR FAMILIES in Orissa-A report for 2010

A service project report on eye care

About the Organization:

The Kalinga Eye Hospital and Research Centre (KEHRC) provides high quality eye care services to poor and underserved citizens of Odisha in an affordable and sustainable way. Situated in Dhenkanal, Odisha, KEHRC serves seven surrounding districts through a series of sponsored outreach camps and screening clinics. KEHRC, founded in 2002 and registered under the Clinical Registration Act, is a distinguished member of the Vision 2020 program, a global initiative developed by WHO-IABP to eradicate avoidable blindness. KEHRC is a unit of the National Youth Service Action and Social Development Research Institute (NYSASDRI), an organization which has undertaken various development activities related to health, education, environmental conservation, sanitation, agriculture and livelihood support for approximately 2.2 million tribal and rural citizens of Odisha since 1982. Acknowledging the influential work that it performs, the United Nations Department of Public Information recognizes NYSASDRI as one of its associate NGOs.

Rural Odisha

The service area of KEHRC covers ten districts, including Dhenkanal, Angul, Bhadrak, Khurdha, Jajpur, Sambalpur, Deogarh, Kendrapara, Jagatsinghpur and Keonjhar. These districts are primarily inhabited by tribal groups and low caste populations, more than 80% of whom reside below the poverty line. The area suffers from unreliable communication tools, inadequate infrastructure, and an ineffective health service delivery mechanism.



Eye care is largely inaccessible to most citizens of rural Odisha, and the need for adequate eye care continues to grow. An estimated 102,800 Oriyas become blind each year, about 60% due to cataracts. Currently, only 25% of eyes affected with cataracts receive surgery.

The status of paediatric eye care is even poorer than that of adult eye care in Odisha. Paediatric eye care requires specific expertise, equipment and training. Major barriers to childhood cataract surgery in Odisha include the inability of health care workers to detect congenital

cataracts in children, the lack of outreach services to identify and treat children with cataracts, lack of awareness regarding cataracts and available treatment, poverty and the cost of surgery and difficulty accessing services.

The prevalence of refractive error, defined by visual acuity less than 6/9, also poses significant challenges for the children of Odisha . The Government of India estimates that refractive error among Indian children could be as high as 5%. If untreated, refractive error in children almost always leads to poor academic performance and results in students dropping out of their education system. If refractive error is not corrected in time it can lead to blindness, but refractive error can be easily and effectively corrected by providing a pair of glasses.

The interventions

In order to eradicate avoidable childhood blindness, and with the support of NGOs including ORBIS International and that [Deutsch-Indische-Kinderhilfswerk](#), KEHRC has trained a pediatric eye care team at one of Asia's leading eye care institutes, the Aravind Eye Hospital.



Since the effects of refractive error in children are so severe and so easily treatable, KEHRC has worked hard to ensure that as many children as possible are tested for visual acuity. KEHRC has developed a school eye health program, which sends equipped teams of eye care specialists to rural schools to hold visual acuity screenings. Educational outreach programs also enable village volunteers, doctors, school teachers, and other local resources to conduct screenings. This allows KEHRC to reach a greater spectrum of patients and helps to identify and treat eye problems at an earlier age. By focusing on paediatric eye care, KEHRC not only reduces overall blindness, but empowers a greater number of children to attend school and participate in community development.

But this time in order to reduce the avoidable blindness from the root in Dhenkanal district of Odisha, Kalinga Eye Hospital has joined hand with the local district authority and took it in a mission mode which has named as "Mission Netrotsav", under which comprehensive eye screening campaigns has planned to organize targeting various segments of population with the participation of the community, civil groups, NGOs, Corporate & nodal agencies of Government

with the aim to make the target mass free of avoidable blindness & ensure the requisite eye care.

The target segments are:

- School Children/ Pre-school children
- Drivers & Cleaners
- Villages of MADA & Cluster areas
- Population of NAC/ Municipality areas
- Handloom weavers
- Artisans
- Periphery villages of industries & mines
- Employees & Labourers, including contractual labourers of industrial plants
- Building construction workers
- Beedi Shramiks

In the first phase of the Mission, the hospital has targeted the paediatric population & the older persons.

The Challenges

Approximately 75% of Odisha 's population lives in rural areas, preventing many children from accessing paediatric ophthalmic care. Poverty, the cost of treatment, lack of awareness, and lack of facilities pose major challenges to the eradication of avoidable blindness, but thanks to the support of sponsors like you, KEHRC has the resources and capacity to fight avoidable blindness.

The Strategy

KEHRC has identified and developed several strategies to effectively reduce blindness and for this Mission, the following strategies were implemented.

- Addressing potential barriers such as the cost of treatment, distance, and the cost of transportation by providing free and subsidized surgery to poor patients by covering transportation costs to and from the hospital.
- Involving the local communities, youth clubs, NGOs etc.
- Screening the older persons for cataract on the day of receiving oldage pensions.
- Empowering local communities to recognize childhood eye diseases and take immediate action by training school teachers, primary health workers and local volunteers (trained the anganwadi workers to screen the children between 0-6 yr and the school drop outs, where as the school going children were targeted by the school teachers)

The Outcome

Following the strategies, 1590 Anganwadi workers & 1648 school teachers were trained by Kalinga Eye Hospital on detection of eye problems amongst the paediatric age group, as a result 363, 211 children were screened during the program, out of which 14,717 were identified with ophthalmic problems. The children identified with ophthalmic problems were screened at

the block level by the technical persons and the children identified for surgical treatment were referred to Kalinga Eye Hospital. 206 children were screened for surgical intervention and 107 found fit out of which 61 has undergone the surgery in the first phase at no cost.

The support provided by **DIK & OIK** has made a world of difference to poor and underprivileged children of Odisha and, quite literally, given them a new light in their lives. Without this generous support, we would not have been able to achieve such a wide range of accomplishments in such a short span of time. Your contributions have enabled KEHRC to screen children from rural schools and perform **40** sight restoring surgeries for poor children who would not otherwise be able to see. Not only the pediatrics, but **1500 old aged** person has also regained their sighted with the kind support of **DIK & OIK**.



Success Story



As we all know, Blindness in Children all the World-over is responsible for only 3% of all the Blindness. However, Child-Hood Blindness assumes greater importance because of the number of years that the Children have to live-with visual disability in comparison to adults. An adult going Blind at the age of 50years, looks forward to another 10 to 20 years of productive work and years of life if left un-treated, while a Child who suffers from Blindness to-day will still be alive with visual disability

even-after 2050 or 2070 AD, if the current rate of life-expectancy continues. Here, the concept of "BLIND YEARS SAVED" is very important and useful in arguing for allocation of resources for the Child-hood Blindness, because by restoring the eye-sight of just one Child with a Paediatric Cataract or Squint or some other Eye-related ailments, is equivalent to restoring the eye-sight of 5 to 6 adults with Cataract blindness.

With this mission in mind, we at KEHRC have started the all important Paediatric Eye-wing at our Base Hospital, and taken-up Paediatric Eye screening camps to identify, examine and operate them with our dedicated clinical team headed by a seasoned doctor who took special Paediatric technical training to operate and treat such patients. One of such Paediatric case who was identified in one of the out-reach Eye-screening camps and brought to the Base Hospital for surgery and treatment makes it one of the rarest of such cases for interesting study material. Had we not identified and brought the case for surgery and treatment, the child would have still led a very miserable life throughout his life-time with visual disability with no education, no training for employment



and would have lived a cursed life him-self and for his other family members.

A male child aged about 8 years old named Rabindra Kumar Parida S/o- Kailash Chandra Parida, a daily labourer with no land-holdings from-At/Po- Sukinda, Dist.-Jajpur in state of Orissa was brought to the PHC, Sukinda by his parents (Mother- Malati Parida & father named above), with a serious knee-injury and bruises in the body . On examination it was found that, while playing with some of his friends, somebody pushed him from behind for which he fell-down and sustained the injuries. The child when asked revealed that, since a year his Eye-sight was failing and he has stopped going to attend the School even though he wanted to pursue his studies like any of his classmates and support his family by becoming an ITI trained Mechanic. Rabi as he was affectionately called by His Parents & friends, never wanted to dropout from the school but just couldn't go to his school due to failing Eye-sight. He was shattered in his dreams, but hardly mustered courage to tell his father about the same, as his father didn't have the means to treat him. When he was going to the play-ground many of his erstwhile close friends used to give him verbal abuse and sometime pushed him from behind due to his failing Eye-sight. The Medical officer after examining the patient, advised his father to attend the up-coming Paediatric out-reaches screening camp to get himself screened and treated by the Kalinga Eye Hospital & Research Centre, doctors. Rabi came with his father to the out-reaches camp on 31-11-2010, with the complain of loss of vision for which he neither was able to attend to his normal day to day life nor was able to walk alone. When Rabi's vision was taken, the Pre-op vision was 2/60, in both the eyes. Rabi was admitted to the free-ward and preliminary examinations were done and he was found to be operation-fit. He was operated by a renowned Ophthalmologist- Dr. Mihir Kothari of Mumbai, India for cataract surgery with LRVA+Soft IOL method under GA, for the Left Eye. The operation was successful and the Post-up vision was 6/60 and with pinhole-6/24. Now Rabi is able to attend to his daily chores and is looking forward to his second surgery and his resumption of studies in the school, so that he can support his parents.

Future Goals

After the successful eye screening procedure in the Mission Netrotsav, 107 children were identified for surgical intervention, in those 107 cases there are children who are in need of treatment for both the eyes. And in the first phase of the surgical camp, 61 have undergone the eye surgery and there are another 46 waiting for their treatment. From this screening not only surgical cases, we have received information that 1371 children will also be in need of refractive corrected glasses. As Mission Netrotsav, has provided a clear picture of the ophthalmic scenario of Dhenkanal district, which will help us in redesigning our strategies to fight against the avoidable blindness.



In the coming year, Kalinga Eye Hospital would like to implement the same model in other service areas of the state for eradicating the needless blindness from the community.

In order to continue to provide high quality eye care, KEHRC has spent significant resources and funds on infrastructure and equipment. Without continued support from generous donors like DIK, it will be impossible to expand our capacity to combat treatable blindness and provide eye care to poor and underprivileged children. We appreciate your contribution in our efforts thus far, and look forward to your continued partnership as we develop our facilities and ability to provide high quality eye care for citizens of Odisha.

List of Children undergone the sight restoration Surgery

Sl No	Date	Patient Name	Gurdian Name	Address	Age	Sex	Op Eye	Diasease	Type Of Surgery
1	02.12.2010	Itishree Sahoo	Judhistira Sahoo	Nuapada, Patla	15	F	RE	Cataract	LRFV+ SOFT IOL under GA
2	02.12.2010	Lulu Nayak	Ratna Nayak	Thenga, Chhotapada	12	M	RE	Cataract	LRFV+ SOFT IOL under GA
3	02.12.2010	Pradeep Mallick	Jugala Mallick	Nabarada, Kalunigada, Gondia	16	M	LE	Cataract	LRFV+ SOFT IOL under GA
4	02.12.2010	Asanti Nayak	Arjuna Nayak	Indipur, Dhenkanal	16	F	RE	Cataract	LRFV+ SOFT IOL under GA
5	02.12.2010	Sinu Majhi	Bidyadhar Majhi	Ichhapur, Kalunigada, Gondia	14	M	LE	Cataract	LRFV+ SOFT IOL under GA
6	03.12.2010	Deba Pingua	Purna Pingua	Jamanalia, Gondia	3	M	RE	Cataract	LRFV+ SOFT IOL under GA
7	03.12.2010	Hari Nayak	Hajare Nayak	Bangu, Kalanda	10	M	RE	Cataract	LRFV+ SOFT IOL under GA
8	03.12.2010	Lili Behera	Nurshingh Behera	Durgapur, Kamalanga	12	F	RE	Cataract	LRFV+ SOFT IOL under GA
9	03.12.2010	Ritun Behera	Sita Behera	Kanbindha, Dhenkanal	2	M	RE	Cataract	LRFV+ SOFT IOL under GA
10	03.12.2010	Sipun Nayak	Kuna Nayak	Manitri, Jagannathpur	4	M	RE	Cataract	LRFV+ SOFT IOL under GA
11	03.12.2010	Sourav Rout	Parsuram Rout	Gobindpur, Dhenkanal	6	M	RE	Cataract	LRFV+ SOFT IOL under GA
12	03.12.2010	Dukhia Dehury	Prafulla Dehury	Sankarpur, Bantala, Angul	8	M	LE	Cataract	LRFV+ SOFT IOL under GA
13	03.12.2010	Jadu Dehury	Kamini Dehury	Luchapali, Gondia	8	M	RE	Cataract	LRFV+ SOFT IOL under GA
14	03.12.2010	Rahul Samal	Prasan Samal	Kalebari, Dhenkanal	5	M	RE	Cataract	LRFV+ SOFT IOL under GA
15	03.12.2010	Smrutirekha Dehury	Surat Dehury	Kusumjodi, Dhenkanal	5	F	LE	Cataract	LRFV+ SOFT IOL under GA
16	03.12.2010	Surya Kanta Sahoo	Laxmi Sahoo	Nuapada, Hindol	5	F	LE	Cataract	LRFV+ SOFT IOL under GA
17	03.12.2010	Gundicha Behera	Laxman Behera	Parajanga, Pitiri	10	M	RE	Cataract	LRFV+ SOFT IOL under GA
18	03.12.2010	Jyostana Mayee Pradhan	Babita Pradhan	Dalapaka, Bamur	13	F	LE	Cataract	LRFV+ SOFT IOL under GA
19	03.12.2010	Pravanjan Pradhan	Bhuban Pradhan	Parajanga	10	M	LE	Cataract	LRFV+ SOFT IOL under GA
20	03.12.2010	Reena Nayak	Ganeswar Nayak	Bhubanpur, Kalikaprasad	8	F	LE	Cataract	LRFV+ SOFT IOL under GA
21	03.12.2010	Reena Behera	Debananda Behera	Jhilli, Gondia	13	F	LE	Cataract	LRFV+ SOFT IOL under GA
22	03.12.2010	Siju Sethy	Golap Sethy	G. N Prasad, Bhuban	9	M	RE	Cataract	LRFV+ SOFT IOL under GA
23	04.12.2010	Gobinda Nayak	Makunda Nayak	Khaira Sahi, Dhenkanal	8	M	RE	Cataract	LRFV+ SOFT IOL under GA
24	04.12.2010	Sinu Samal	BimbadharSamal	Gorilo, Dudurkot, Hindol	14	M	LE	Cataract	LRFV+ SOFT IOL under GA

25	04.12.2010	Siuti Mohapatra	Nimai Charan Mohapatra	Balaram Prasad, DKL	8	F	RE	Cataract	LRFV+ SOFT IOL under GA
26	04.12.2010	Ambuja Dehury	Jadu Dehury	Sahala, Batagaon	7	M	RE	Cataract	LRFV+ SOFT IOL under GA
27	04.12.2010	Somyaranjan Mallick	Mamita Mallick	Jagannathpur, DKL	8	M	LE	Cataract	LRFV+ SOFT IOL under GA
28	04.12.2010	Sima Nayak	khageswar Nayak	Ambakata, Deogarh	8 month	F	RE	Cataract	LRFV+ SOFT IOL under GA
29	04.12.2010	Supriya Behera	Narendra Behera	Koshala, Angul	11	F	LE	Cataract	LRFV+ SOFT IOL under GA
30	04.12.2010	Nandakishor Mahanta	Maheswar Mahanta	Sapua, Anal, Bhuban	10	M	RE	Cataract	LRFV+ SOFT IOL under GA
31	04.12.2010	Rabindra Parida	Kailash Parida	Sukinda, Jajpur	8	M	LE	Cataract	LRFV+ SOFT IOL under GA
32	04.12.2010	Laxmidhar Mallick	Hurshi Mallick	Majhipala, Karamulu	6	M	LE	Cataract	LRFV+ SOFT IOL under GA
33	04.12.2010	Abhimanyu Sethy	Bimbadhar Sethy	Karakhojisahi, Solapata, Balesor	13	M	RE	Cataract	LRFV+ SOFT IOL under GA
34	04.12.2010	Udayanath Soren	Rublan Soren	Chandia, Riya, Bisipur, Balesor	16	M	RE	Cataract	LRFV+ SOFT IOL under GA
35	04.12.2010	Rinky Dehury	Hatia Dehury	Bangura, Sibilapashi, K. Nagar	15	F	RE	Cataract	LRFV+ SOFT IOL under GA
36	04.12.2010	Samir Nayak	Prabhakar Nayak	Ostapal, Ghatibiri	14	M	LE	Cataract	LRFV+ SOFT IOL under GA
37	04.12.2010	Deba Pingua	Purna Pingua	Jamanalia, Gondia	3	M	LE	Cataract	LRFV+ SOFT IOL under GA
38	04.12.2010	Hari Nayak	Hajare Nayak	Bangu, Kalanda	10	M	LE	Cataract	LRFV+ SOFT IOL under GA
39	04.12.2010	Lili Behera	Nurshingh Behera	Durgapur, Kamalanga	12	F	LE	Cataract	LRFV+ SOFT IOL under GA
40	04.12.2010	Ritun Behera	Sita Behera	Kanbindha, Dhenkanal	2	M	LE	Cataract	LRFV+ SOFT IOL under GA

