LOOKING TO THE FUTURE WITH HOPE

Photo: John Rae
In a Guatemala City clinic, doctors restore the sight of poor children. In Cambodia, a father rejoices as his child begins to see. For blind children in Lima, Peru, Braille books and writers create hope of independence. In Ghana, Liberian refugees learn to protect their eyesight through education programs they implement themselves. And in Tanzania, a man writes a song of thanks to his nurse counselor after surgery restores his sight.

USAID has worked for many years to address childhood blindness in the developing world. The largest single cause of preventable child blindness is vitamin A deficiency, and USAID supports national programs for routine supplementation of young children and fortification of commonly consumed foods with vitamin A. The rate of severe deficiency is falling rapidly as a result.

Other causes of childhood blindness can be addressed by preventive and corrective measures, but these treatments are beyond the reach of many in the developing world, consigning children with eye problems to a life of disability and dependence.

Since 1991, the United States Congress has provided over $4 million per year to USAID so that children do not have to live out a sightless, less productive life. USAID uses these funds to improve quality and access to ocular surgery, as well as to provide treatment and rehabilitation services for children with cataracts and other eye problems. Complementary programs work to strengthen school-based screening by providing eyeglasses and referring children with other eye pathologies to primary eye care services.

These programs are implemented through diverse non-governmental organizations that can reach out to those in need of support.

These include:

**Helen Keller International (HKI)** prevents cataract blindness through surgery, trains local ophthalmologists, and provides necessary equipment, rehabilitation, and education for the visually impaired. HKI also improves vision through its Childsight program, which provides underprivileged children domestically and internationally with on-site refraction diagnosis and free eyeglasses.

**The International Eye Foundation (IEF)** supports programs that charge those who can pay for eye care in order to reach out and treat those who cannot. Seven eye hospitals and clinics in six countries have been able to implement IEF’s sustainable approach. Now, more hospitals in more countries are looking at adopting the model.

**The Perkins School For the Blind,** in existence for more than 175 years, was the first school for the blind in the United States. The school developed the Perkins Braille; which helps blind children to learn by enabling them not only to read, but also to write. The school supports the education of blind children in fifty countries, helping to provide training and technical expertise while creating independent, self-sustaining services that can continue after the trainers leave.
Cambodia: Outreach Restores a Boy’s Vision

Five year-old Lo Lina lives with his parents and three brothers in Kok Thnot village in Siem Reap province, near ancient Angkor Wat. For generations, his family has scraped a living from the Mekong flood plain. When Lo Lina was one, his mother noticed that he squinted. The squint became progressively worse, so she brought him to a community health center where a worker expressed concern that he would become blind.

But the health center worker had heard of a new eye clinic in Siem Reap, the nearest town with medical facilities. Lo Lina’s parents brought him to the Angkor Hospital for Children in Siem Reap, where medical assistant and refractionist Mrs. Channy Soeung-dy found he had cataracts in both eyes. Without surgery to replace the damaged corneas, Lo Lina’s vision would deteriorate.

The Prevention of Childhood Blindness program in Cambodia, developed by the SEVA Foundation with USAID support, supports the monthly visit of an ophthalmologist to Siem Reap to see patients and perform cataract surgery. Explaining that the hospital would not charge if his parents could not afford to pay, Channy put Lo Lina on the list for surgery.

After months of waiting, Lo Lina’s parents learn that a surgeon trained at the SEVA-sponsored Lumbini Eye Hospital in Nepal, can perform the first of two cataract surgeries the following morning. Lo Lina’s surgery is just one of the many eye operations the visiting surgeon will perform over the next five days to restore the sight of people in the region.

After the surgery, Channy explains that the operation was a success and gives a cautious prognosis of full vision restoration. “Yesterday my son was blind, but now he will see the world,” says his father, Ouk Lo, smiling. Once Lo Lina’s vision stabilizes, Channy will fit a corrective lens. If all goes well, he will undergo surgery to correct the cataract in his other eye in six months time. By the time he starts school, Lo Lina will be able to participate normally with other children.

As well as working at the hospital, Channy gives educational presentations at schools and community health centers and performs eye screenings in the field, especially at schools, where she determines students’ eye care needs. These outreach trips are critical to early detection of eye problems.

In addition to supporting the work of Channy and others, USAID and the SEVA Foundation fund basic eye care training for community health workers, provide grants to purchase equipment and train ophthalmologists in high volume cataract surgery. They support some hospitals in order to attract the best ophthalmologists and subsidize poor patients like Lo Lina.
Guatemala: Treating Those who Can’t Afford to Pay

After years of running a private eye care practice in Guatemala City, brothers and ophthalmologists Mariano and Nicholas Yee realized they were not reaching those most in need of their help. They wondered if they could run a financially viable clinic that treated the eye problems both of those who could not afford to pay as well as those who could.

The International Eye Foundation (IEF) supported the Yee brothers with a grant to start up the Visualiza Clinic four years ago. Using IEF’s SightReach program, which combines modern clinical eye care practices with business planning and management systems, Visualiza is creating an innovative social-entrepreneurial approach to eye care delivery. As IEF intended, the clinic is now self-sustaining. “The doctors make as much money as they would in a private practice,” says IEF sustainability specialist Raheem Ramathulla. “But they get the satisfaction in knowing they are serving many more people; that makes them happy.”

In the early morning, scores of eager patients wait in line outside Visualiza. Once the doors open, the waiting room is filled to capacity. One of those present is 79 year-old Julia Lara, from Mixco, a town an hour away from the clinic. She has cataracts in both eyes, and will receive lens replacement surgery free of charge. Julia signs her name with an inky thumbprint and is quickly in the operating room.

It’s a busy week at Visualiza. The clinic is conducting a workshop for other countries in the region that want to adopt this model. Among the workshop attendees is Dr. Ramachandra Pararajasegaram of the World Health Organization, who praises the sustainability concept and says that the clinic is yielding tremendous results.

‘Jornadas’ are Visualiza’s working days in the community, a chance to raise awareness about eye problems and solutions. With the support of the local community, screenings are conducted free of charge. If a patient needs surgery, Visualiza and community leaders work together to organize transportation to ensure that even the poorest of patients can receive treatment.

In the village of La Libertad, one of the community volunteers, Carmelina Monroy, tells how her nine year-old daughter, Sara, benefited from the program. Outreach workers found that Sara was severely cross-eyed and was having double vision. She tended to shy away from school and friends. Left untreated, Sara’s brain would eventually choose one eye for vision, leaving the other to deteriorate. Sara was referred to Visualiza. The Yee brothers operated, and now, the only remnant of Sara’s eye problem is a pair of glasses, provided free of charge.
Peru: Teaching and Braille Help Promote Independence

In a simple house on a busy street in Lima, young people who can neither see nor hear are being equipped for a productive life. The school, run by the Asociación Helen Keller Peru (AHK), a local nonprofit, is bringing order, enlightenment and vitality to the mostly dark and silent lives of their students. Through teaching – and the aid of Braille machines – they aim not just to enrich the students’ lives but also to give them a degree of freedom and independence.

Ten year-old Ronald Levano Quispe began attending AHK eight years ago. Blind and almost entirely deaf since birth, Ronald was in bad shape when he came to AHK. Like most families whose children attend AHK, Ronald’s parents, Oswaldo Levano and Rosa Quispe, have little money and struggled to find care and support for their only child. Even their extended family was having a hard time helping them to care for an increasingly isolated and angry Ronald. AHK Director and founder Maria Graciela Leynes remembers the first time she met him. “He was always hitting himself, crying, lying on the floor – I saw right away he needed more sensory integration and we added more touch and movement.”

Ronald’s initial progress was slow. The focus at AHK has been on improving his communication skills so he can better connect to the world around him. His current teacher, Yesile Saavedra Tupacypaquiy, says, “The first year was so difficult, the second a little better, but now he has more connection, he can communicate better, he knows which of his friends is with him in class.”

Ronald has a long way to go and it is not clear how far he will ultimately be able to progress. The next step would be for him to learn more sign language skills and, eventually, Braille. For now, he looks forward to school every day and is interacting more with his extended family, making regular visits to his grandmother’s small shop and to his uncles, aunts, and cousins.

Starting with four students meeting in a public park, AHK has expanded to serve over sixty students. A psychologist and former teacher at schools for disabled students, Ms. Leynes was motivated by the deaf-blind children she saw shuttled from one school to another; none of the schools were able to deal with the combination of these children’s special needs. Now, AHK serves not only deaf-blind children, but also many with multiple disabilities. A new community-based outreach program promises to reach hundreds more students.

Financial support comes from private foundations and donors. Ms. Leynes has benefited from extensive training at the internationally renowned Perkins School for the Blind in Massachusetts, and AHK now serves as a Latin American training center for programs sponsored by the Perkins School. Perkins has also provided, through a USAID funded program, one of the school’s three Braille writing machines, or Brailers. Perkins Brailers allow more advanced students to write the Braille alphabet, the sequences of raised dots that can be read with the tip of the finger. As students progress, Braille becomes a crucial link to the world at large and an essential element of their education and independence.

21 year-old Johnny Lapa Angulo from Ayacucho moved to Lima four years ago in search of a better education. Johnny suffers from Ushers Syndrome, which combines profound hearing loss and progressive vision degeneration, leading to tunnel vision, and eventually, total blindness. Right now, Johnny still has limited tunnel vision. He comes to AHK every day to help in the kitchen, hone his cooking skills and take classes. He plans to run a business selling cookies in Ayacucho, and knows that with the eventual total loss of his sight, he will be dependent on Braille to read recipes, order supplies, and communicate with his friends.

In the afternoon Braille class, Johnny is attentive and eager. The four students in the small classroom include seven year-old Milagros Barrero, who is learning to recognize Braille letters, and 26 year-old Carlos Pizarro Berneo, who, like Johnny, is in the latter stages of Ushers Syndrome. Carlos is the most accomplished Braille student at AHK and Johnny watches, impressed, as he types out sentences on the Brailer. Carlos is working to translate a short novel into Braille for his fellow students before his vision fails entirely.

At over $600 each, the cost of the machines is beyond the reach of the poor families from which most of the students come, and is even prohibitive for a small organization like AHK. But the need is great. It is difficult for the teachers at AHK to teach a full Braille class with only the three machines. And for students like Johnny, the essential skills they learn in reading and writing Braille may go to waste without access to Brailers. It is only through the efforts of the Perkins School and other organizations that the need is likely to be met.
Ghana: Crystal Clinic Helps Hundreds to See

Kenneth Katoura sees properly for the first time in his life.

Ophthalmologist Dr. James Clarke, who trained in his native Ghana, is all too aware of the problem of preventable blindness. Seeing eye problems remain unsolved as a result of poverty, Dr. Clarke and his wife, Edith, also a doctor, began planning a free eye clinic in 1990. But it was not until 2004, thanks to funding from USAID, that the Crystal Eye Clinic finally opened its doors. Since then, Dr. Clarke has performed vision-restoring surgeries on hundreds of patients from all over Ghana.

One of those who has benefited is seven year-old Kenneth Katoura, who was born with cataracts in both eyes. Kenneth’s story is sadly familiar in Ghana. Lack of affordable diagnosis and treatment has created a high incidence of preventable blindness, contributing to the cycle of poverty by rendering the afflicted person unable to work and burdening family members who care for them. Now, thanks to cataract surgery, Kenneth has full vision again.

But the clinic’s mandate extends beyond performing surgery to promoting eye health in the community. Nowhere is this more evident than at the Buduburam camp, some 90 minutes from the Crystal Eye Clinic, which houses refugees from Liberia. Several times a week, Nurse Margaret Duah-Mensah makes the trip to the camp, which is run by Unite for Sight and staffed by local volunteers.

Like most of the volunteers in the camp’s Eye Care Services Center, Abigail Kudio first came here as a patient. Now, she screens incoming patients in a process that helps make a preliminary diagnosis. Some patients simply need eyeglasses, which can be prescribed and supplied right at the Center. Others are referred to the Crystal Eye Clinic for treatment.

The camp’s Eye Care Services Center also provides eye care education. Videos inform about eye disorders and their proper treatment. One outlines the different kinds of eye operations, helping to overcome patients’ fears and misconceptions as they prepare for surgery. The value of this work is evident in the calmness and eagerness of patients as they await their surgery at the Crystal Eye Clinic, giving them faith that years of blindness can be corrected literally overnight. Patients who were led in by family members can walk out unassisted into a new life of independence and productivity.

Tanzania: A Farmer Watches the Work Go On

Until he went blind four years ago, 70 year-old Masanja Nanguli managed his farm and cattle in Iramba, in the Singida region. When his sight deteriorated because of cataracts, he had to pass the running of the farm over to his sons. “I used to just sit like a log all day, what could I do, how could I walk and how could I work, with no eyes?” he says. He thought he would spend the rest of his life just sitting. Then, one of Mr. Nanguli’s sons heard the Helen Keller International/Singida Regional Hospital outreach service was coming to the nearby town of Sepuka. Learning that his father’s eye condition might be operable, he brought him to Sepuka the very next time the outreach service was there.

At Sepuka, a doctor looked at Mr. Nanguli’s eyes and told him the chances of regaining his sight were good. His condition was not unusual; cataracts cause fifty per cent of all blindness in Tanzania, with few ophthalmologists in rural areas and widespread lack of understanding of the problem – until the outreach programs began. As well as supporting the regional hospital’s activities, HKI is also helping to develop a sustainability plan that will allow the hospital to institutionalize the outreach services.

Traveling by bus to the regional hospital, Mr. Nanguli was nervous. When he arrived, Mrs. Shikanyau, the nurse trained by HKI to counsel patients before surgery, reassured him. The following day, when they removed the bandages from Mr. Nanguli’s eye, he could see. He sang for Mrs. Shikanyau, whose caring voice he had heard before his surgery. He later received surgery on his other eye, and his family members are extremely happy about his restored vision. They continue to recommend friends to use the HKI outreach service in Sepuka – even though restoring Mr. Nanguli’s sight hasn’t brought him back to work. Laughing, Mr. Nanguli says, “My children were doing all the work when I could not see and I am happy to let them. At least now I can sit and watch them and make sure they are doing it right”.

Photo: Raphael Talisman

Photo: Greg Kingston
Students at a Guatemala school practice testing each other’s vision after a Visualiza outreach.

Liberian refugees wait for vision screenings.

Recipients of blindness fund grants:

Helen Keller International
International Eye Foundation and its grantees
Perkins School for the Blind
SEVA
Crystal Eye Clinic, Ghana
Terma Foundation
Loyola Marymount/Sudan
Unite for Sight
Preah Ang Duong Hospital and Angkor Children’s Hospital, Cambodia

For further information, please visit www.usaid.gov