

# TOUCHING LIVES

## EXPERIENCES OF POSITIVE CHANGE

FROM THE SUNDARBANS EYE HEALTH SERVICE  
STRENGTHENING PROJECT  
WEST BENGAL, INDIA





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**RN Mohanty**  
CEO Sightsavers India

## From the CEO, Sightsavers

Eye Health programmes are Sightsavers' area of particular expertise, where we have the opportunity to make the most impact for people with disabilities. By making sure disability and gender considerations are planned into all of our eye health work, we can deliver more effective services and reach the most marginalised people.

Sightsavers has been working in the Sundarbans for seven years and, until 2013, had supported the establishment of 2 eye hospitals and 2 vision centres. The hospitals provide secondary level eye health care whereas the vision centres provide primary level care, including screening and provision of spectacles. Although these facilities are offering much needed services, they are however inadequate in meeting the huge demands in this under served and complex geographical area.

The Sundarbans Health Service Strengthening Project, which is a Phase V "Seeing is Believing" project, was designed considering the unique needs of the Sundarbans area and in consonance with the learnings from the earlier phase IV Kolkata Urban Comprehensive Eye Care Project. The project is

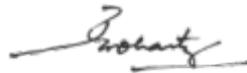
contributing towards the elimination of avoidable blindness in the Sundarbans region of West Bengal. It has adopted a two pronged approach, providing primary eye care services to the community through primary health centres, commonly known as Vision Centres, and strengthening the eye health system in the Sundarbans through developing a cadre of eye health professionals from the community. Sightsavers is also supporting infrastructural improvements within existing primary and secondary healthcentres, both at the government and non-governmental levels.

In the last four years, the project has had an impact on the lives of more than 20,000 people whose vision has been saved through cataract surgeries. Touching Lives', the case study compendium, contains 10 such cases from the field, capturing changes to the lives of the individuals treated under this project and how they have contributed meaningfully in their community afterwards. The compendium also highlights the work of the people who have immensely supported the cause of reducing avoidable blindness and have been active health champions throughout the journey.

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Many people have contributed to the writing of these case studies, some of them having been involved directly in the work described. I congratulate our partners, Sundarbans Social Development Centre, Vivekananda Mission Ashram Netra Niramaya Niketan and Southern Health Improvement Society for their continuous hard work. I congratulate, the consultant Ronita Chattopadhyay for taking up this assignment and for the way in which she has described the work and voices of the people.

I really appreciate the support of Standard Chartered Bank under the 'Seeing is Believing' initiative for working with us on this cause and providing financial support for 5 long years.





**Karuna Bhatia**  
Head of Sustainability,  
Standard Chartered  
Bank, India

## From Karuna Bhatia

Around 39 million people in the world today are blind, most of them living in the developing world. Yet in eight out of ten cases, blindness can be prevented or treated with proven cost effective intervention.

Our sustainability programmes address the issues of health, education, water, sanitation and skill development.

Launched in 2003, Seeing is Believing is Standard Chartered's global initiative to tackle avoidable blindness which is run in partnership with the International Agency for Prevention of Blindness (IAPB). Seeing is Believing funds leading eye care organisations to deliver projects that train doctors and health workers, develop eye care infrastructure and support services to the poor. In India, Seeing is Believing is present in 21 states.

Sundarbans Eye Health Service Strengthening Project is part of Phase V of our Seeing is Believing investment in India. The project was designed considering the unique needs of the people residing in the complex Sundarbans region and in consonance with the learnings from the earlier investment in the Kolkata

Urban Comprehensive Eye Care Project. The project has been highly beneficial for people of Sundarbans - majority of who belong to historically marginalised groups.

Standard Chartered's SiB programme is one of the pioneers in launching the Vision Centre model in India, which can be replicated and scaled-up. In India, we have provided over 12.6 million people with quality and affordable eye health interventions through our 120 Vision Centres, from 2003 to date. 17 of the 120 Vision Centres serve the eye health needs of the people in Sundarbans.

It is a great pleasure to present 'Touching Lives' - Experiences of positive change from the Sundarbans Eye health Service Strengthening Project. I believe each case story will narrate their own journey through the project and about people who have been great supporters in this cause. I congratulate Sightsavers and its partners in Sundarbans for their hard work in creating a long-term and sustainable value for the local community and the society where we live and work.

A handwritten signature in black ink, appearing to read 'Karuna Bhatia', with a horizontal line underneath.

# Introduction ▶▶

## Living with Uncertainties

The Sundarbans, formed by the confluence of three rivers across two countries (India and Bangladesh) is a region of great beauty and biodiversity. It derives its name from the mangrove tree, Sundari, which grows in abundance (Sundarbans literally means beautiful forest). This delta region is made up of islands located within a complex maze of rivers and rivulets. Declared a UNESCO World Heritage Site and a unique biosphere, it is home to several rare and endangered species of flora and fauna, including the Royal Bengal Tiger. Of the 106 islands that fall within Indian territory, 54 are inhabited.

The bounties of nature are also accompanied by perils. The local communities have to contend with floods and cyclones that wreak havoc on their lives. [The cyclone Aila, for instance, hit the region on May 25, 2009 and left behind a trail of devastation.] The region is also marked by constant shifting of boundaries between land and water that cause some islands to disappear and new ones to be formed. Sundarbans has been susceptible to climate change effects as well. Meanwhile, transport and communication remains problematic. For those living on the remote islands, a journey to the mainland is a time consuming and uncertain affair, they have to cross multiple rivers by boats. Within the islands, narrow muddy paths dominate with paved roads making an infrequent appearance. Access to electricity remains uneven and mobile network coverage is inconsistent.

### Sundarbans: At a Glance

**106** islands spread across

**19** blocks in North 24 Parganas and South 24 Parganas districts in West Bengal, India

**54** islands inhabited

Total population: **4,426,259**

Scheduled Castes and Scheduled tribes (historically marginalised groups) constitute **40%** of the local population

#### Key Occupations:



**Farming**  
(single crop)



**Forest Product**  
(collecting and selling wood and honey)



**Fishing**

([www.sundarbanaffairs.in](http://www.sundarbanaffairs.in))



## Eye Health in Sundarbans



**Prevalence of blindness in Sundarbans: 1.88%** (higher than national average of 1.00% and West Bengal average of 1.19%)



**Visual impairment (blindness and low vision): 6.7%** (higher than state figure of 5.6% but lower than national figure of 8%)



**Presbyopia** (where eyes lose the ability to focus on objects close by) much higher for all age groups above 45 years in Sundarbans than for West Bengal as a whole (NPCB RAAB Survey 2007, Sightsavers Baseline Study, IHMR Study on Sundarbans cited earlier)



Livelihoods remain uncertain too. The inflow of saline water affects land and diminishes its use for agriculture. The age old practice of harvesting forest products is dangerous on many levels – risks of animal attacks as well as legal action (for areas marked as protected i.e. reserved forests). All these stressors combine with other contextual factors to exert adverse effects on the well being of local populations. A study found that about half of children below 5 years of age in the Sundarbans have a low height for their age (stunted) and are chronically malnourished. This reflects deep rooted poverty and food insecurity. In fact, general morbidity (i.e. being in a diseased state) is higher than the state average.

Unfortunately, the developmental deficits are felt more keenly by the traditionally disadvantaged groups who make up a substantial 40% of the local population. In many ways, the cycle of deprivation continues to be perpetuated.

The status of eye health in the Sundarbans is a matter of concern as well.

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Typically, vision related problems are often unaddressed due to lack of understanding of its severity and implications as well as other contextual factors.

Moreover, shortages of health care facilities and related personnel have been noted. A government sub-division centre, on an average, serves 5,321 people in the Sundarbans as opposed to the norm of 3,000 population in other areas. Also, availability of public health services and access to the same remain problematic particularly for areas that are farther away (i.e. Gosaba, Canning II, Sandeshkhali I and II, Haroa, Hingalganj and Hasnabad). For serious health concerns, local communities rely on facilities in Kolkata (the state capital). But this involves disruption of their normal routines, as family members have to stay with the patient in Kolkata and a higher expenses burden. Locally, rural medical practitioners (RMPs) dominate with their proximity and constant availability. Many are known to provide medicines as well as offer services on credit with the option of future payment. However, since the RMPs largely operate without any formal training, it is a risky option.

## **Providing Comprehensive Eye Health Services: An Introduction to the Project**

Initiated in 2013, the Sundarbans Eye Health Service Strengthening Project aims to address the urgent need for improving eye health in select blocks in North 24 Parganas and South 24 Parganas (West Bengal, India). The five year project is

being steered through a partnership between UK based non-government development organisation Sightsavers and local partners (Southern Health Improvement Society-SHIS, Sundarbans Social Development Centre- SSDC and Vivekananda Mission Ashram-VMA). It is financially supported by Standard Chartered Bank under the 'Seeing is Believing' initiative. The project's goal is to contribute towards elimination of avoidable blindness in the Sundarbans region of West Bengal by 2018.



## About Sightsavers

Sightsavers is a UK based non-political, secular, non-governmental development organisation founded by Sir John Wilson in 1950 to eliminate avoidable blindness and bring about equality for people with disabilities. Sightsavers works in 34 developing countries worldwide. It initiated work in India in 1966. Since then, it has supported the treatment of millions of persons with eye disorders and brought eye health related services to some of the least served areas in the country. Currently, Sightsavers implements programmes on Eye health, Social Inclusion and Inclusive Education in eight states in India including West Bengal.

### The Project's Objectives Are



To improve coverage and access to affordable quality eye health services



To increase awareness and improve attitudes towards eye health in target communities



To increase the capacity of government and non-government institutions to deliver eye health care services



It includes working with local communities and undertaking sensitisation activities and outreach camps through clubs, women's groups and others. The project is investing in developing a cadre of health volunteers (community health workers) who can act as catalysts of change, as well as training and sensitising existing RMPs.

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The project also supports interested community members to grow as health ambassadors who can share key messages on eye health as well as help their local communities access related services.

The project incorporates the provision of free corrective surgeries for specific categories, such as cataract cases among children and the elderly with financial difficulties. It provides access to affordable spectacles and supports school screening and referrals for further services as needed. Vision centres at the block level play a pivotal role in the project. These are sites for primary consultation and treatment with provision for referrals to hospitals for diagnosis and treatment of more complex cases. These vision centres and hospitals are managed by the local partners. Capacity building activities for personnel associated with the project as well as those working on eye health within the local public health systems is also undertaken.

This document attempts to look at the journey of the project and the progress made through the eyes of those who have been closely associated with it. Thus, in the following pages, adults and children who have undergone surgeries as well as local stakeholders who have grown as health ambassadors share their experiences.

They talk about the very personal impact of their engagement with the project. The document also provides glimpses of Vision Centres that have made a mark for themselves and the project personnel from the partner organisations, who are possibly the biggest change makers of them all!

Kanjilal, B., et al (2010). Healthcare in Sundarbans (India): Challenges and Plan for a Better Future. Future Health Systems Research Programme: IHMR. For instance, the literacy rate among women from Scheduled Tribes in North 24 Parganas stood at 47.71% compared to the much higher district figure for female literacy at 80.34% (Census 2011). De, D., Spatial Inequality in healthcare infrastructure in Sundarbans, West Bengal, India International Research Journal of Social Sciences Vol 3(12), 15-22, December 2014.

## Case Study ▶▶

### Regaining Sight and a New Granddaughter

As the waves roll in on the Bakkhali beach in Namkhana in South 24 Parganas, 60 year old Pratima Sikdar sprints to pick up four chairs and the big umbrella shade over them. She places them at another location on the shore where the water hasn't reached yet. She does this while also maintaining a watchful eye over her remaining property, another 36 chairs. Every day, she shifts the chairs and umbrellas countless times to keep them at prime spots on the shore, but beyond the reach of the water. Pratima earns 50 rupees per hour by renting out four chairs and the umbrella shades. It is hard work and it keeps her on her toes. Her income is erratic, though it does get better in the winter tourist season. Nonetheless, it ensures that she can take care of herself and contribute a bit to her son's family. "He is a fisherman. But there is no guarantee he will earn regularly. I have two granddaughters. I want them to study and...you know how expensive education is," shares Pratima who could only study till class II herself.

Her ability to take care of herself and her family was jeopardised two years back when a cataract developed in her left eye. She could not see clearly. Some neighbours suggested names of doctors. But Pratima remained unsure. Moreover, she felt that she could still manage. But then she started having problems with her right eye as well. "I could not even see what was in front of me and black. I was so helpless. I couldn't work," she shares. "If she



Pratima Sikdar

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(pointing out to the local health worker associated with the project) had not taken me for the operations, my world would have remained dark,” she adds. A man who ran a salon nearby, and had earlier benefited from the Sightsavers supported initiative in the Sundarbans, informed the health worker of the available services. He had undergone a cataract surgery himself.

Pratima underwent cataract surgery on both her eyes during February-March 2015. She had to stay at the base hospital for two nights on both the occasions. The hospital is managed by the local partner organisation with specialised support from Sightsavers. She shares that she was pleasantly surprised by the concern and affection with which she was treated. “All of them called me dida (grandmother) and they behaved very well,” she states. Her daughter in law and daughter (who lives close by since the death of her husband) ensured that she rested. “It was because they took care of me then, I could get back to work after that,” she says.

Since then, she has told many people about the local Vision Centre and the hospital managed under the Sundarbans Eye Health Services Strengthening project. “Many have got operations done as well. Nobody has ever reported any problem,” she says with a smile. Besides saving her eyesight, Pratima feels that the project has also given her a chance to meet people and forge new bonds. “I have a new granddaughter now. She always asks me how I am doing,” she says with a smile referring to the local health worker.

In a life marked by constant struggle and very few friendships, this has been a significant gain as well.

## Case Study ▶▶

### Being a Part of Something Big and Good



Madhav Sardar

“I couldn’t cross the road. I could not do my work. I had turned blind,” recounts 72 year old Madhav Sardar. He was unable to prepare the parathas (very popular flatbread; the word means layers of cooked dough) that he used to sell. This was three years ago. Following a cataract surgery for his right eye in March 2015, he is back at what he does best and a steady clientele that finish off his wares by 9.00 am daily is testimony to that.

Madhav had started a small shop five years ago on the main road close to the Dakshin Barasat railway station in South 24 Parganas. He first sold tea and snacks and then graduated to making and selling parathas. When he started having problems with his eye sight, he consulted a doctor. He was told that he had a cataract and the surgery would cost around Rs 20,000 – 22,000. “Where would I get that kind of money? I had felt that there was nothing left to do,” he shares. A neighbour – who is also a rural medical practitioner – took him to the nearby Vision Centre operationalised with support from Sightsavers. He was then referred to the hospital, also managed under the same initiative, where he underwent the surgery free of charge. He was not afraid of the procedure. He states, “I had already turned blind. What else could happen?”

He shares that the arrangements at the hospital were satisfactory. He says, “Some people think if it is free, it is not good. But it wasn’t like that at all. When I was leaving, I even asked them – can I refer other people here?” Madhav even suggested that an eye health

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camp be organised close to his shop. He helped with the arrangements for it as well. “I want to help people. There are so many who need this kind of support. If they go somewhere else, they will keep getting referred from one place to another and then another. They will also just end up spending a lot of money,” he states.

Madhav has grown to be one of the biggest and most consistent supporters of the project. He often sets out on the road, meeting people (particularly the elderly) in neighbouring communities and encouraging them to visit the Vision Centre if they have any eye related problem. In the last two years, Madhav has helped organise five eye health camps. He has referred more than 200 people to the Vision Centre. Seventy of them subsequently underwent cataract surgeries. “I am at the shop from 4 am to 1.30 pm. After that, I am free to do this,” he says.

His efforts have also made him quite popular in the area. “Sometimes, when I start talking about eye health and these services, people ask me about myself. When I tell them about my shop, they say – Oh! You are that paratha wala. We have heard about you,” he says as his face breaks into a big smile. “I am not an educated man. But here I am getting a chance to be a part of something big and something good and to meet so many new people. That is enough for me,” he says.

## Case Study ▶▶

### An Extraordinary Life

“Someone can write a play or make a film on our lives,” says 53 year old Kalpana Biswas with a laugh. Her husband nods in approval. Kalpana’s life was never easy. She lost her mother when she was in class VII. Her father, a poor wood cutter, married again. She did not get along with her new mother and was soon married off to Amal who was 11 years older than her. She came to live in Joynagar in South 24 Parganas. While the couple struggled with poverty (Amal too was a wood cutter), Kalpana was still happy. Gradually, the family grew to include two children.

Then, a routine (but typically clandestine) visit with a few others to the forested area for cutting trees brought Amal face to face with the famous Royal Bengal tiger. “He sunk his teeth into my neck,” recounts Amal. Another member of the group attacked the tiger with an axe and it slunk away. “We built a big fire to keep him at bay. But I could feel his presence that night,” he adds. Amal credits the blessing of the reigning deity of the forests (Bon Bibi) and his parents for keeping him alive and bringing him back to his family. But he had been mauled badly and needed sustained medical treatment. “We sold our cows to relatives. We almost moved to Kolkata. My daughter and I started working. We needed the money,” shares Kalpana. This was 27 years ago. While Amal gradually improved, the treatments and expenses in Kolkata plunged the family deeper into poverty. Amal never regained his



Kalpana Biswas

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strength fully and had to rely on a string of odd jobs. Meanwhile, the family had grown with the addition of two more children.

By 2012, the couple's three daughters had got married and moved away. The son also married and began living separately with his wife. Husband and wife were now on their own. Gradually, Kalpana began to have problems with her left eye. Then, she had difficulty seeing with her right eye as well. "I couldn't cook properly. Sometimes, the food would get burnt. I couldn't see anything," shares Kalpana who then hit upon a novel method to help herself. She got her husband to tie strings within the two rooms of the house and also leading from the house to the pond nearby. She would walk holding these strings. But even then, Kalpana would sometimes bump into things or trip and hurt herself. Around the same time, Amal's eyesight also began to fail.

Amal's sister had attended an eye camp under the Sightsavers supported project in the Sundarbans and then undergone a cataract surgery at the base hospital. She told the couple to visit the local Vision Centre. Kalpana and Amal underwent cataract surgeries for both eyes during 2016-17. "First, he got it done for one eye. Then I did and then he went again and then me," shares Kamala with a smile. Both husband and wife are satisfied with the service and care given. "They all did their duty beautifully," says Amal. They have told relatives and neighbours about the services. "One woman had got the surgery done for one eye. She had been asked to go again for the other eye. But she could not go on time

and ten ten days passed. She told me that she was scared – that if she went now, they would scold her and not treat her properly. I told her – these people are not like that. I convinced her to go," says Kalpana with a smile. "I have worked in a nursing home as a helper. I know what good service is and I saw it there," she adds.

Post surgeries, Kalpana and Amal have been able to return to their usual routines. "He doesn't have to eat burnt food anymore," says Kalpana with a chuckle.





## Case Study ▶▶

### Gaining a Foothold



Interaction with Sabar Community in G Plot

G Plot, a remote island that falls within Pathar Pratima block in South 24 Parganas is home to about 200 households belonging to the Sabar tribal group. Recognised as a Scheduled Tribe in West Bengal, the Sabars are believed to have migrated here from the neighbouring state of Odisha for work during the 1940s. They continue to work as farm labourers or fishermen on the island. An attempt to maintain their distinctive identity and traditions has also meant that they have consciously chosen to limit their contact with 'outsiders'.

Not surprisingly then, the initial efforts of the community health worker designated for the area to engage with them were rebuffed. On his part, the community health worker was also unable to fully understand their language and this made communication even more difficult. Two years of meetings with local leaders, chats with community members at tea shops and other such interactions finally paid off. By then, the health worker had picked up the language as well. "He (community health worker) comes to visit us often. He discusses about eye related services," acknowledges Bimal Bhogta who is a leading figure among the Sabars. Forty five year old Bimal, a fisherman by occupation, has been instrumental in helping the Sightsavers supported project on strengthening eye health services make its presence felt in the area. His interest stems from a very personal reason – his six year old daughter has vision related problems. "Here, we don't have a good eye doctor. Everybody cannot go to Kolkata. It is expensive and we are all poor here," he shares.

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Bimaleven followed up with Mukundu (a fellow Sabar) when he was referred for cataract surgery to restore his vision. The 63-year-old Mukundu had sunk into depression as his fading eyesight had cost him his reputation of being a good builder of houses with local materials. He had been making mistakes in measurements and mixing materials. He even had to refund some of the people whose houses he had been asked to help build. Yet, Mukundu remained apprehensive about the surgery. Bimal, along with the community health worker, managed to convince Mukundu to undergo surgery under the project. They stressed that he would receive quality services free of charge. Mukundu finally relented and underwent surgery at the hospital. He was able to return to his work and slowly correct his tarnished reputation. This success reinforced Bimal's efforts as well. Subsequently, another four people from the area underwent cataract surgery. An eye check-up camp was also island for services. "People don't want to go out. Some are still afraid of surgery," he shares. But, on the positive side, there is now an openness to talk to the project personnel. That, Bimal agrees, is a good start.

## Case Study ▶▶

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### Finding Hope

Seven-year-old Imraj Sheikh affirms that he loves to study with a nod and a shy smile. “He even teaches the alphabets to his younger sister,” shares his mother Ashiya Sheikh proudly with a smile. She once hit her son for not being able to keep up with what was being taught in school and has been repentant about it since then. “He could not answer anything. He could not even tell me ABCD. I hit him. I didn’t know then that he couldn’t recognise the alphabets because of his eye problem,” she shares with remorse.

Imraj was born premature. He fell ill within a month. When he was six months old, he fell ill again. This time, his eyes turned red. She and her husband who makes furniture, residents of Basanti in South 24 Parganas, took him to many doctors within the district and also in Kolkata. However, he continued to have problems with his vision and his eyes would often water. Then in 2016, Ashiya noticed that he would often rub his eyes. After being scolded by his mother, Imraj had told her that the alphabets and numbers written on the board in school appeared hazy to him. Ashiya again did the rounds to various clinics and hospitals. Eye drops were prescribed. But there were no signs of improvement. Then, a couple of doctors told her that Imraj had cataract in both his eyes and needed surgery. Ashiya did not know what to do.



Imraj Sheikh

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Meanwhile, her sister in law had attended an eye health camp organised with support from Sightsavers. She had also undergone a cataract surgery at the hospital managed under the project. She told Ashiya to contact the project personnel. Ashiya first took Imraj to a local eye health camp, where he was referred to the Vision Centre. The Vision Technician examined Imraj and found that he had severe allergies as well as cataract in both his eyes. While eye drops were provided for temporary relief, he also stressed that cataract surgery was needed. This was confirmed at the hospital. The positive feedback provided by her sister-in-law helped Ashiya and her husband in making up their minds regarding the surgery. Ashiya's mother stepped in to help. She stayed with Imraj in the hospital while the couple came back home after the surgery. "I had to come back for my younger daughter," she explains. Her husband and she were still slightly apprehensive about the surgery. "We didn't eat properly for three days," she recounts. Imraj's left eye was operated upon in January 2017. He was also given spectacles for regular use.

The improved sight in the left eye has certainly helped. "Earlier, he used to stumble and fall a lot. Now, that does not happen. He can also read much better than before," shares Ashiya. Ashiya wants to get the surgery in the right eye done soon and is waiting for an eye allergy to subside. "We can see the light of the world with our eyes. His eyes have to be ok for him to see and to move ahead in life," she affirms.

## Case Study ▶▶

### Back on Track



Sonali Das

Nine-year-old Sonali Das, a resident of Kanmari village in Sandeshkhali 1 block of North 24 Parganas, wants to grow up and become a teacher. A student of class III, Sonali loves studying English. “She is very good in her studies. She can write in English also,” says a proud father Krishnapado Das. “She should have been in Class IV,” mentions mother Jharna Das referring to her daughter’s eye problem which had affected her life academically and otherwise.

Three years ago, Sonali had been playing with other friends in her neighbourhood. A boy had thrown a stone which hit her left eye. Her parents found her crying, but she refused to tell them what had happened. “She had got frightened. She had thought her father would scold her,” shares Jharna. But soon, Sonali started having problems with her eye sight. Her vision became cloudy. She could not keep up in class. She stopped playing out in the late evenings and nights. Then, a white spot began to form on the retina of the left eye. Jharna noticed this and shared with her husband. The couple took her to a doctor who said that a cataract had developed and she needed surgery. Krishnapado and Jharna were worried and unsure of what to do. Meanwhile, Sonali’s vision began deteriorating.

An elderly lady who was associated with another initiative of the local eye health partner organisation told them to bring Sonali to the next eye health camp that would be held in their area. The couple did so. The doctor at the camp, held under Sightsavers’ eye

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health initiative in the Sundarbans, referred Sonali to the base hospital. Sonali was admitted to the hospital in August 2014 and the surgery was conducted. “I made sure that she wore the black spectacles that were given for a year. I did not let her bath in the pond because the water may be dirty and affect her eye” recounts Jharna.

Post-surgery, Sonali’s vision cleared up. She has gone back to her routine of going to school and playing with her younger brother who confides that she hits him! The restrictions imposed by the protective parents have had mixed results. Playing with other children, taking part in sports in school and other such activities are still forbidden (for fear of injuring her eye again/picking up any infections). But the fun loving Sonali is back to splashing around in the pond. “No. Now there is no problem,” says Sonali with a broad smile on her face.

## Case Study ▶▶

### Playing their Part

Partha Mukherjee teaches Mathematics to classes VI-VIII at the Taki Bhagannath High School in Taki, North 24 Parganas. The high school, established in the late 1920s, has about 1,200 boys on its rolls. Partha's interest and support ensured that an eye health screening camp could be organised in the school in September and October 2016. "They (pointing towards the project personnel) were here for two days so that they could cover a maximum number of students," recounts Partha. When the local community health worker associated with Sightsavers' eye health initiative in Sundarbans approached him, he immediately offered his support. He secured approval from the head master as well. "When I was in Class IX, I could not read the blackboard. Our family condition was not good. I finally got my eyes checked when I was in Class XI. Then, I was told I have minus 5 power," he recounts. Having experienced difficulties himself, Partha was eager to ensure that his students got the opportunity to get their eye sight tested - a provision offered through the school eye screening component of the project.

For fifteen-year-old Santanu Saha, the eye screening camp had meant a break from the regular classes. He had stood in line with his friends, awaiting his turn with curiosity and excitement. For about five-six months, he had been experiencing headaches. His eyes would also often turn red. A doctor had given him eye drops



Partha Mukherjee

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which had provided temporary respite, but the headaches were back. “I was asked to sit in a chair which was quite far from the board and read what was written on the board. I could not read the letters when they were in the smaller sizes,” he recounts. He was told to visit the Vision Centre, run under the project, with a parent. Overall, about 20 boys were referred to the Vision Centre. “I also followed up with them,” adds Partha. Santanu went to the Centre with his mother. Further examination revealed that he needed spectacles. He received these free of cost.

Santanu is satisfied with the services provided at the screening camp and the Vision Centre. He was treated well. He also visited the Vision Centre later with friends. “One of them could not see properly. The other one used to suffer from neck pain. I went with them,” he shares. However, he admits that he does not wear his spectacles all the time as advised. Partha shakes his head in disapproval. “I always try to explain the importance of taking care of their eyes, of wearing spectacles. If they don’t do this now, they will suffer,” he shares.

In the past one year, Parthahas also helped a child with cataract to connect with the project and undergo surgery free of cost. He also put the local community health worker in touch with the headmistress of a neighbouring girls’ high school (it too was subsequently covered under the school screening component). He is appreciative of the efforts made by the project in increasing awareness about eye health and related services in the area.

“Parents are slowly getting conscious. Many are from below the poverty line families and this kind of support helps them,” he states. “Also, we can do some more awareness about maintaining good eye health, good nutrition and some danger signs,” he adds.

## Case Study ▶▶

### Spreading the Word



Ganga Haldar

“I went and checked the hospital. I also followed up with the patients. If they don’t get good service, news will spread in the field,” asserts forty year old Ganga Haldar who has been working as an Accredited Social Health Activist (ASHA) in Sankijahan in Kultaliin South 24 Parganas since 2008. Ganga, as an ASHA worker under the Government of India’s National Health Mission, has been tasked with spreading awareness and connecting communities and service providers for improving a range of reproductive and child health, nutrition and sanitation outcomes. She knows that one bad experience can undo all the good work and drastically impact community perceptions and access. “This is about eyesight and people are very sensitive about that,” she adds. She is happy to note that the chain of trust – of local community members trusting her advice in accessing services under the Sightsavers supported project and then her own trust in the personnel and quality of facilities offered - has only grown stronger with time.

Ganga came to know about the project in March 2016 when project team members raised awareness amongst the key health functionaries and ASHAs at the Jamtala Block Primary Health Centre. She shared her phone number with the local community health worker. She had become aware of a range of eye health related problems while making household visits and undertaking various community level activities as an ASHA worker. “Sometimes children’s eyes watered or they became red. They bathe in the ponds and the water is not always clean. So maybe they

developed eye related problems because of that. There were a lot of cataract cases among the elderly,” she states. She was happy to pitch in. “Why will I not help? After all, I am here to help the mothers and their families,” she affirms.

For more than a year now, Ganga has been recommending people with eye related concerns to visit the local Vision Centre initiated and managed with support from Sightsavers. She has helped inform community members about eye camps held under the project. She has also talked to people who had been recommended cataract surgeries but were apprehensive. “Everybody wants me to go with them. But that is not always possible. I tell them... you go. You will find that they will take good care of you,” she shares.

Ganga has seen a lot of changes in terms of increasing awareness and access among her community members on health (including eye health) in the last eight to nine years. But she feels that a lot more remains to be done.

“More awareness activities would help. For instance, people are selling paddomadhu (honey from lotus) in haats (local market) and saying that if you put it in the eyes, you won’t get cataract. We need to check and inform people about what they should do,” she points out. She is hopeful that sustained efforts will help dispel misconceptions and she is ready to help.

## Case Study ▶▶

### Leveraging Ties

Madhabi Jana is a feisty 38 year old who is equally comfortable guiding 11 women's self-help groups (SHGs) and highlighting local issues before government officials and elected people's representatives in Frazergunj, North 24 Parganas. "We have to stand on our own feet. We have to raise our voices when needed," she affirms. This interest in identifying and collectively addressing local needs paved the way for her participation in the Sundarbans Eye Health Service Strengthening Project supported by Sightsavers.

"Eye health is very important and we cannot neglect it. It is very difficult to find reliable service providers here and I want the women and other people in the area to get good services," she declares. Madhabi came to know about the facilities (Vision Centre and base hospital managed under the project) and the range of related services from the local community health worker who had contacted her. The two struck up a friendship almost immediately. They later discovered that they were distant relatives as well.

Madhabi has proven to be a valuable link with the local communities. In 2017, she played the key role in organising an eye health camp by obtaining permission from the headmaster of the local primary school for the venue. "In our SHG meeting, I spoke about the camp. I even went door to door to tell people about the



Madhabi Jana

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camp. I started at 7 am in the morning. They (the people) trust me and so many came,” she recounts.

Since then, Madhabi has ensured that the women’s SHGs in her area include eye health in their monthly discussions. She has referred many people to the Vision Centre. About ten of them have subsequently undergone cataract surgeries as well. “Those who went were satisfied. Some came back and said that even their families could not have cared for them like this. I had also gone and checked out the hospital,” she states. While awareness about eye health issues and services have increased, Madhabi feels that a lot more can be done. “We can do programmes where panchayat, health and ICDS workers and my SHG women are all brought together.

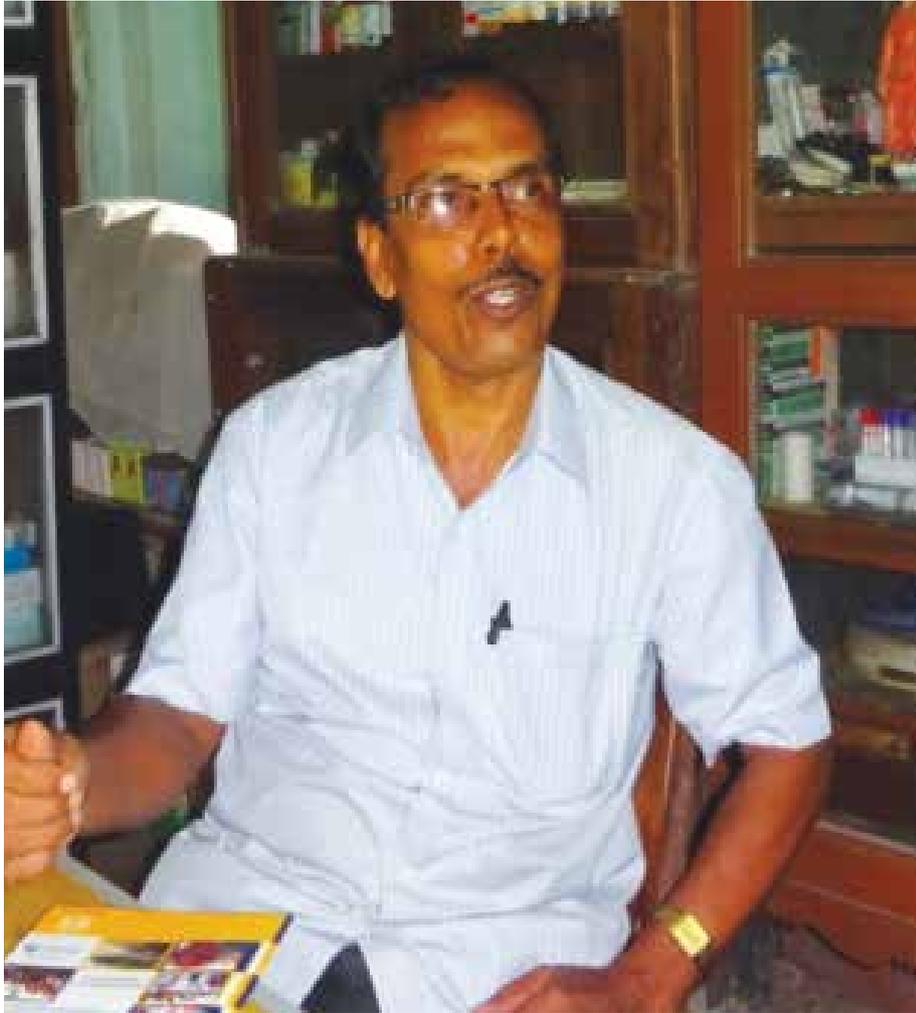
We can share several messages including the importance of nutritious food for good eye sight,” she suggests.

The three tiered, rural local self government bodies are known as Panchayati Raj Institutions in India. She is referring to the Gram Panchayat, the tier that is closest to the communities.

## Case Study ▶▶

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### Standing by His People



Subhas Chandra Maity

Fifty four year old Subhas Chandra Maity has been working as a rural medical practitioner for about 30 years in Bali 2, Gosaba in North 24 Parganas. He fills a critical need – of providing medical advice and support to local communities in remote areas in the Sundarbans where access to public health services remains problematic. He is also available at all times. “I provide basic services. We need to stand by our own people,” says Subhas who is associated with multiple organisations working for social and economic development in the Sundarbans.

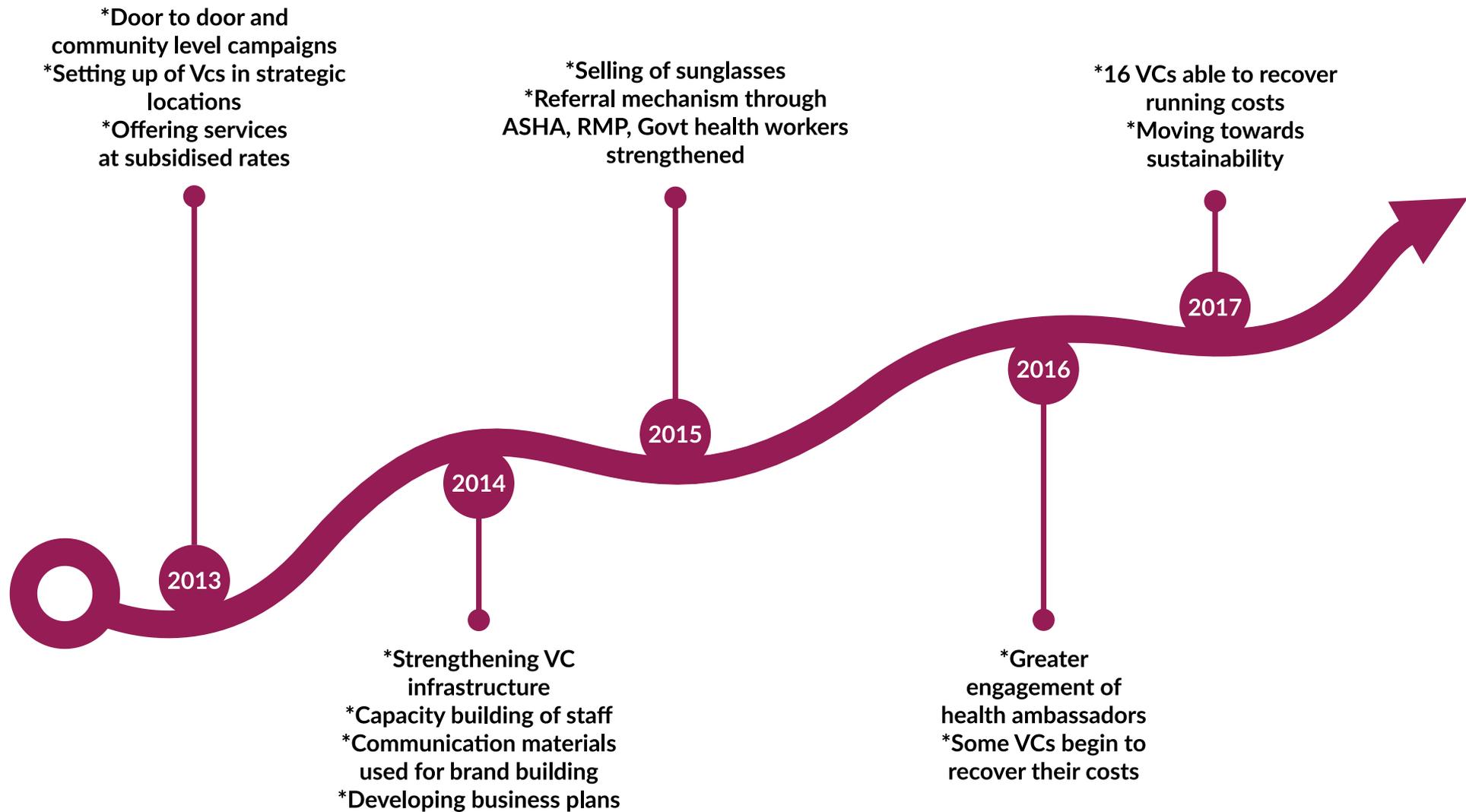
Subhas has been supporting the project for the past three years. When anyone comes to him with eye related concerns, he does a preliminary assessment. If it is a minor eye infection, he deals with it. Otherwise, he refers the patients to the Vision Centre in Gosaba or the base hospital (all managed under Sightsavers eye health services initiative in the Sundarbans), depending on the nature and severity of the concern/issue. “I had attended training in Salt Lake (Kolkata) by another organisation earlier on eye care. I have also participated in orientations organised under the project as well,” he shares. Recognising his abilities for effective preliminary screening, the project has provided him with a referral slip pad to facilitate the process. Subhas also checks blood pressure of patients advised for cataract surgery. “I tell them if they have high pressure and advise them on stabilising it before going for surgery,” he shares.

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In the past three years, Subhas has referred 775 people, predominantly for cataract surgeries. He has helped in organising an annual eye health camp in Bali 2 gram panchayat. Subhas also pitched in when eye screening camps were held in two high schools on the island. “Any platform I get, I talk about eye health. I do all this completely voluntarily,” he says.

He is happy that the project provides transport to the hospital for the patients. He is also appreciative of the monthly visits by a senior doctor to Gosaba which aids treatment of chronic difficulties and follow up. “Many others in my position don’t contribute like this,” he says hinting at the complex links between several other rural medical practitioners and the mushrooming clinics and nursing homes with high charges that cover commissions for all involved. In this context, Subhas’ participation (with no financial incentives from the project) is commendable. “I have become so involved with them. It is almost like they (project personnel) have corrupted me,” he says with a laugh. “I know I will not be able to leave this work as long as I am alive,” he affirms.

# The Journey of Vision Centres ▶▶



Note: Some VCs were opened in a subsequent phase in 2014-15.

# The Journey of Vision Centres ▶▶

## Strengthening Primary Level Services for Improved Eye Health: The Journey of Vision Centres

Initiated since 2013, the 17 Vision Centres established under the project have grown into strong service providers that bring quality eye health services closer to the local communities. These Centres, managed by partner organisations with support from Sightsavers, have undergone an eventful journey. Over the years, ties with local communities have deepened. Growing positive feedback and consistent awareness and mobilisation efforts have led to increasing number of people stepping into the Vision Centres and accessing the services offered.



Each Vision Centre is run by a community health worker (CHW) and a Vision Technician (VT) supported by other project personnel and Sightsavers. Door to door awareness raising, outreach camps, school screenings and other mobilisation activities help identify community members with eye related concerns. They are referred to the closest Vision Centre by the CHW. Local ASHA workers, SHG women, RMPs and other health ambassadors also refer people. The presence of the CHW at the Centre helps maintain a reassuring sense of continuity. The VT screens the patients and suggests relevant measures to be taken. For refractive errors (including short sightedness or myopia where one cannot see distant objects; far sightedness or hyperopia where one cannot see

objects that are close), spectacles may be prescribed which can be bought from the Vision Centre itself at subsidised rates. In case of cataract surgeries or other more serious concerns, the VT refers the patient to the base hospital. Transport facilities to the hospital are arranged as well. Referrals may also be made to other service delivery point as needed. The CHW maintains contact with the patient throughout the process and also undertakes follow up post-surgery. Counselling, at these various stages, constitute a key part of his/her work.

Among the six Vision Centres run by SHIS, the one located at Hasnabad in North 24 Parganas has performed particularly well. A key contributing factor is its location within a multiservice health delivery point managed by SHIS for fifteen years. The centre is housed within premises where a general practitioner is available and services related to treatment of tuberculosis are offered as

well. Thus, people who come to access these services also learn about the Vision Centre and, in turn, spread the information. The VC caters to nine gram panchayats and 1 municipal area. It has even drawn patients from the neighbouring country of Bangladesh!

Number of screenings since inception in August 2015: **9,209**  
Average footfall: **40** people per day  
Spectacles prescribed: **2,588** with **72%** dispensed  
Cataract surgeries referred: **578** directly and **681** from outreach camps  
The Centre started recovering its costs in **2016**.

## HASNABAD VISION CENTRE



Date as of June, 2017

The Sagar Vision Centre in South 24 Parganas run by SSDC has carved a particularly strong identity for itself. This is a result of the concerted efforts of the CHW and the VT who, though not a local, has chosen to live close to the Centre on the island itself. Constant availability of the VT (even beyond the scheduled time at the Centre) has helped in building bonds with the local community. Moreover, a felicitation ceremony for patients and other local health ambassadors who have promoted the Centre is held annually. CHWs are encouraged to hold small meetings on the haat (local market) days and this has also helped in reaching out to more people.

Number of screenings since inception in August 2014: **4,340**

Average footfall: **17** people per day

Spectacles prescribed: **1,278** with **89%** dispensed

Cataract surgeries referred: **391** directly and **573** from outreach camps

The Centre started recovering its costs in **2016**.

## SAGAR VISION CENTRE



Date as of June, 2017

The Gosaba Vision Centre in South 24 Parganas run by VMA has made a significant turn around within one year (2016-2017). The enthusiastic efforts of the CHW who joined in June 2016 have contributed to this. She has maintained contact with all the local, influential community members consistently. In her interactions, she repeatedly points out the financial advantages of accessing quality services at the Vision Centre (i.e. low user fee, provision for referral, subsidies for certain services) compared to other service delivery points where one may not even be fully informed and can end up with high out of pocket expenses. This remains a key concern for people in the Sundarbans, particularly those living on the more remote islands. Reliable delivery of spectacles has also helped in earning goodwill.

Number of screenings since inception in February 2015: **4,088**  
Average footfall: **15** people per day  
Spectacles prescribed: **1,313** with **73%** dispensed  
Cataract surgeries referred: **735** directly and **229** from outreach camps  
The Centre started recovering its costs in **2017**.

GOSABA VISION CENTRE



Date as of June, 2017



## What This Project Means to Us ▶▶



**Riazul Ghazi and Nazrul Islam Ghazi**  
Community Health Workers  
**Hasnabad VC**

One patient, an elderly man, had cataract in both his eyes. He was so helpless. We had even heard that sometimes he was unable to eat because a cat would eat out of his plate and finish off the rice given to him. He almost became bedridden. After the cataract surgeries, he started earning again. He has become very fond of us. People have given us a place in their hearts and lives. This is a very big thing for us.



**Tapan Mondal**  
Community Health Worker  
**Kultali VC**

The Vision Centre is functioning on my land. When I agreed to that, I did not know that I would also become so involved in this work myself. Now, I am a community health worker. We are connected with this work and the people with our hearts.



**Pallabi Mandal**  
Community Health Worker  
**Gosaba VC**

Initially, it was difficult. Also, we are young and so people were not sure if we were trustworthy. But I was persistent. I would keep following up with people and talking to them about our services. I would take my bicycle and go wherever I needed to go. Slowly, people started opening up and trusting us. I like talking to the patients the most.

## What This Project Means to Us ▶▶



**Laboni Singha**  
Community Health Worker  
Namkhana VC

I feel happiest and proudest when I see the smile on the faces of people who regain their vision after the cataract surgeries. This becomes life changing for them, especially for the elderly people who otherwise become a burden on others. I am glad that I am able to connect them with such services.



**Somnath Bag**  
Vision Technician  
Sagar VC

I was not very sure about what I wanted to do with my life. Then I saw the advertisement for the VT training and I joined. This is a unique opportunity to work with so many people, to be of use to them and also see how our work can become a sustainable business. All of us need to stand on our own feet. The VCs need to stand on their own feet. Also, I have had patients here ranging from a two day old child whose eyes were watering to a 115 year old man with cataract! I am very proud to be a part of this work.



**Sourav Sahoo**  
Vision Technician  
Gosaba VC

Initially, I wasn't sure how I would manage here. I am from a different district. But I have grown to like my work. When I go for eye camps, people are so welcoming. If we get late and miss the boat and get stuck on some island, they offer us food and a place to stay at night. I feel happy that I am able to help them.

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West Bengal - 740 532.

##### **Sundarban Social Development Centre (SSDC)**

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West Bengal - 743343

##### **Vivekananda Mission Asram (VMA)**

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