## **Strengthening Eye Care Providers and Patient Services**

### **Building a Movement for Sustainability Programming Worldwide**

### **International Eye Foundation and Global Team**

# IEF INTERNATIONAL EYE

Founded in 1961, IEF reoriented its programming in the mid-1990's to focus on sustainability, recognizing that 90% of the global pie chart for blinding diseases represents conditions that can only be treated by a qualified ophthalmologist in a highly functioning, efficient eye care unit. To date, IEF has assisted 36 eye hospitals and clinics in 19 countries to become sustainable serving both private and social patients within their practices and earning revenue to support core costs. The movement is building with buy-in from key stakeholders such as PAHO, Orbis International, CBM/LA, the Global Sight Initiative, and donors who recognize the importance of sustainability to expand quality eye care services.

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AFRICA		
GHANA:	Ridge Hospital, Accra	
MALAWI:	Lions SightFirst Eye Hospital, Lilongwe	
MALAWI:	Lions Eye Unit, Queen Elizabeth Central Hospital, Blantyre	
TANZANIA:	Kilimanjaro Centre for Community, Ophthalmology, Moshi	
LATIN AMERICA		
BRAZIL:	Recife Eye Hospital, Recife	
COSTA RICA:	Caja Costarricense del Seguro Social Hospital (CCSS), San José, and Clínica Dr. Carlos	
	Duran Cartin, Zapote	
ECUADOR:	Fundación Oftalmológica del Valle, Cumbayá Quito	
EL SALVADOR:	Clinica Oftalmológica Dr. José Miguel POSADA Fratti, San Salvador	
EL SALVADOR:	Instituto Salvadorello del Seguro Social (ISSS), San Salvador	
GUATEMALA:	Visualiza, Guatemala City *	
HAITI:	Visión Plus Clinique, Cap Haitien	
HONDURAS:	Visión America, Tegucigalpa	
HONDURAS:	Instituto de la Visión Dr. Douglas Perry (IVDP) and OptiLens, San Pedro Sula Hospital San Felipe Eve Department. Texucisaloa	
MEXICO:	Hospital San Felipe Eye Department, Tegucigalpa Instituto de la Visión. Montemorelos and Sureste	
MEXICO:	Hospital Regional de Alta Especialidad de Vera Cruz (Lions supported Cataract Clinica).	
MEXICO:	Hospital Regional de Alta Especialidad de Vera Cruz (Lions supported Cataract Clinica), Vera Cruz	
MEXICO:	Clínica de la Vista. Club de Leones LCIF IAP. Obresón. Sonora	
NICARAGUA:	FONIPRECE, Managua	
PARAGUAY:	Fundación Visión, Asunción	
PERIL!	Clinica Oftalmológica Divino Nino Jesús, Lima *	
PERU:	Instituto Regional de Oftalmologia, Trujillo	
NORTH AMERICA		
USA:	Wills Eve Hospital Department of Pediatrics & Genetics and the Eagles Youth	
	Partnership, Philadelphia	
MIDDLE EAST		
EGYPT:	Al Noor/Magrabi Eye Hospital, Cairo *	
EGYPT:	Coptic Evangelical Organization for Social Services (CEOSS) Hospital, Menia	
EGYPT:	Shebin El Koum Hospital, Menoufiya	

CONSULTANCIES

BANGLADESH: BSNB Eye Hospital, Sirajganj on behalf of Volunteer Eye Surgeon

ETHIOPIA: Synskey Eye Clinic, Addis Ababa on behalf of American Society of

Refractive Surgery (ASCRS)

\* IEF Regional Demonstration Centers

#### **Mobilizing Broad Sector Reform**

Mobilizing broad sector reform through advocacy with governments, and the charity/NGO, and private sectors is leading to major stakeholders stepping up to institute sustainability programming in the eye units they support. They recognize that this model creates growth, sub-specialty services, staff retention, and increased care for the poor.

#### Process of transforming an eye hospital to a social enterprise

- 1. Assessment of capacity for growth
- 2. Commitment of leadership to the change process
- 3. Interviews with all staff to identify gaps and gain trust
- 4. Orientation workshop at IEF Regional Demonstration Center in the region
- 5. Development of sustainability plan
- 6. Investment in mentoring, training, capacity building, construction, HR, technology, outreach, etc.
- 7. Hospital may demonstrate leadership to become an IEF Mentor Team Member
- 8. Hospital becomes a mentor in the region.

# Vision



#### Three types of hospitals determine technical assistance

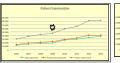
<b>Capacity Type</b>	Initial Capacity	Sustainability Intervention(s)
Туре І	Well equipped Well staffed Questionable quality Underproductive Poor revenue generation	Mentoring only Assessment Orientation workshop Sustainability plan Standards & Protocols Revenue generating services plan Monitoring benchmarks IEF investment \$20,000 over two years
Туре ІІ	Underequipped Understaffed Questionable quality Underproductive Poor revenue generation	Mentoring & Investment in Capacity Building All of the above plus Capital build-out and renovation Increase equipment Increase HR + patient counselors Clinical/surgical training IEF investment \$200,000 over 2-4 years)
Type III	Little to no equipment Leader and potential staff Few patients Quality & productivity weak Revenue generation not in place	Mentoring, Build-out Clinic, Investment, Intense Capacity Building All of the above plus Costs of build-out and renovation Safety net for increasing fixed costs for equipment and HR IEF investment \$400,000 plus over 3-4 years

Photos - Top: IEF's Raheem Rahmathullah mentoring leaders at the Orbis supported Regional Institute of Ophthalmology in Trujillo, Peru (Type I) - Center: sophisticated equipment for newly renovated Eye Clinic at Ridge Hospital in Acrra Ghana (Type III) - Rottom: IEF's Inbin Rarrows, left cuts ribbon of new eye clinic FONIPRCS coneped in Managua, Nicaragua in 2012 (Type III)

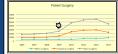
# Case Study "Clinica Divino Nino Jesus" Lima, Peru



Clinica Oftalmologica "Divino Nino Jesus" (DNJ) exemplifies how one small eye clinic can become sustainable, grow, and impact national eye care strategies. Established in 1996, DNJ provided general health care using volunteers. In 2006, CBM/LA helped DNJ focus on eye care, invested in capacity building, and in 2009, sponsored a DNJ leadership team to an IEF sustainability workshop in Paraguay. DNJ then began a 3-year sustainability change process with technical assistance from IEF and Guatemala's Visualiza.









#### IEF interventions from 2009

DNJ is now a national leader in Peru. It collaborated with the Clinton Foundation's cataract surgery initiative, VISION2020/Latin America, and provides technical assistance to four CBM/LA supported hospitals. Two DNJ Executive Directors serve on the Advisory Committee for the MOH's "National Strategy for Eye Health". DNJ helps develop eye care delivery standards for Peru, coordinates workshops and courses, and is a technical resource for MOH ophthalmic training programs. Regionally, DNJ led the RAAB study, and participated in the PRECOG international cataract outcomes study. DNJ staff join IEF's sustainability team to transform more eye hospitals in the region, and recently ioined the Global Sight Initiative.