A conversation with the Seva Foundation, May 15, 2017

Participants

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Note: These notes were compiled by GiveWell and give an overview of the major points made by Seva Foundation staff.

Summary

GiveWell and IDinsight spoke with Dr. Suzanne Gilbert and Heidi Chase of the Seva Foundation as part of their cataract surgery project (http://www.givewell.org/charities/IDinsight/partnership-with-idinsight/cataract-surgery-project). Conversation topics included the Global Sight Initiative, development grants to hospitals, and room for more funding.

The need for cataract surgery

In the developing world, most providers of cataract surgery are not meeting the needs of the areas they serve, and some areas do not have any providers of cataract surgery.

Worldwide, the need for cataract surgery is increasing. Most people over the age of 70 or 80 will need cataract surgeries at some point, so as lifespans increase and populations age, the need for cataract surgery will continue to grow. Even the strongest eye care programs in the developing world are not prepared for this increase.

In the United States, cataract surgery is the most commonly performed surgery. Typically, the surgery is performed before cataract can cause blindness. It is hoped that in the future, people in the developing world will also receive this level of early care for cataract.

Cataract in children

Although almost all of the people affected by cataract are adults, children can also be affected by congenital, developmental, or traumatic cataract. Reaching and providing surgery for these children requires special efforts with a big pay-off. When they are successfully treated then they can benefit from improved vision for decades.

Seva Foundation's work on cataract

Seva Foundation (Seva) works both on building new hospitals and on improving existing eye care institutions. New hospitals are needed, but may cost half a million to a million dollars. Meanwhile, many existing institutions that are already equipped

and staffed can become much more productive with technical support, coaching, and grants of only tens of thousands of dollars. Seva focuses on addressing cataract within the context of capacity building for comprehensive eye care services.

There are Seva staff teams in Nepal and Cambodia, and until recently in Tibet, that work on improving existing eye care institutions. The situation in each region is somewhat different:

- Seva has been working in Nepal for almost 40 years, running nationwide eye care programs as well as working with hospitals in more than 22 districts.
- Seva's work in Cambodia is different from its work in most other countries because Cambodian government requirements make it difficult for hospitals to be financially sustainable. Its focus there is on accessible, quality services for all.
- Seva had an office in Lhasa, Tibet for nearly 20 years. Due to recent changes in government, Seva closed the office but continues to work with Tibetan communities through a high-quality eye care partner institution in the Gānzī prefecture.

The Global Sight Initiative

Seva's Global Sight Initiative project began in 2010. Seva analyzed its past work, particularly in India, Nepal, Tibet, and Cambodia, and decided that to make a long-lasting impact at a large scale, it could create a network of institutions through which the most successful institutions could mentor others. Seva now does most of its eye care work with and through the Global Sight Initiative.

Currently the network consists of 10 mentor institutions[1] and close to 100 mentee institutions. Seva is working to double the number of mentee institutions in the near future. Some of these institutions are government-run, some are privately owned, and many are non-governmental organizations.

Each mentor institution is responsible for selecting the mentee eye hospitals with which it works. Seva staff is in close contact with all of the mentor institutions, and reaches out to some of the mentee institutions to check on the mentorship process from their perspective. Seva organizes professional development and networking opportunities among mentors to strengthen their institutions internally and as change agents with others.

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[1] Global Sight Initiative mentors include: Aravind Eye Care System/ India; Divino Nino Jesus/Peru; Kilimanjaro Center for Community Ophthalmology/Tanzania; LV Prasad Eye Institute/ India; PBMA HV Desai Eye Hospital/India; Sadguru Netra Chikitsalaya/India; Seva Nepal; Shroff's Charity Eye Hospital/India; Vivekananda Mission Asram Netra Niramay Niketan/India; and Visualiza/Guatemala.

Network-level work

Training

Many of the mentee institutions need more trained personnel, but these mentees and their mentors may not have the resources to design and establish training programs. For this reason, Seva centrally designs and establishes training programs that can benefit all of the institutions in the network. For example, Seva has worked with Aravind Eye Care System, the International Council of Ophthalmology, and the Joint Commission on Allied Health Personnel in Ophthalmology to create the Eyexcel training program for allied ophthalmic personnel. This annual week-long hands-on workshop has strengthened training programs with 121 eye hospital teams from 22 countries.

Seva also catalyzes learning groups among mentor institutions, holds workshops, and brings in expert consultants to help mentors collectively. Topics include:

- Developing and strengthening libraries/resource centers within eye hospitals.
- Initiatives to reach more women and girls with services.
- Protocols to monitor and enhance quality of cataract surgery and other services.
- Scaling of primary eye care centers/vision centers for community-based treatment of eye conditions and for early detection/referral of conditions requiring eye hospital care.

Collecting information

Global Sight Initiative members have identified a set of key performance indicators that every hospital should track and that each mentee institution reports to the Global Sight Initiative. These factors include: number of outpatient and cataract surgical patients who are advised to have and then receive cataract surgery, number of patients examined and advised to get glasses and the number who actually obtain them, gender of patients, number of operating ophthalmologists, postoperative visual outcomes, expenses, and revenue.

Seva takes a "ground-up" view of information collection: any data it requests from the institutions it works with should be useful to the people collecting the data, not just to evaluators and donors.

Standardizing measurements of quality

Eye hospitals measure postoperative visual acuity in a variety of ways: some measure it the day after surgery, others two weeks or a month later; some measure uncorrected visual acuity, others best-corrected visual acuity. Seva is working with its partners in India to determine the most useful definition of postoperative visual acuity that will be applied throughout the Global Sight Initiative.

Another important metric is the cataract acceptance rate, that is, the proportion of patients advised to have cataract surgery who actually undergo the surgery. Mentee hospitals may start with cataract acceptance rates as low as 20-30 percent. Seva

encourages mentors to help the mentees identify why patients are not agreeing to have cataract surgery and fix those barriers, with the goal of reaching cataract acceptance rates of 85-90 percent.

Impact assessment

Seva has recently published a Global Sight Initiative impact study that considers the volume of cataract surgeries performed by 25 mentee hospitals over four years. Although it is difficult to establish causation, the study finds that cataract surgical rates in catchment areas of participating hospitals increased more than the overall cataract surgical rates in the regions of those hospitals.

To assess longer-term impact, Seva is continuing to track the institutions that participated in this study, as well as institutions that have joined the Global Sight Initiative since the study began. A robust cohort is coming into place for study of factors prioritized among Seva and mentors.

Development grants

A large portion of Seva's spending through the Global Sight Initiative goes to capacity-building development grants.

Grants to mentors

Mentor institutions request funding, both to strengthen their own services and to enable them to reach out to mentee institutions. Grants to mentors may fund additional staff, access to expert consultants, and work on translating an institution's successes into recommendations for other institutions.

Relationship building

Seva provides funding for the process of determining whether an institution will join the network as the mentee of a particular mentor. Personnel from the mentor institution visit the potential mentee, talk to hospital leadership and staff, and conduct a needs assessment. In this process, the institutions determine whether they want to commit to work together, and if so, establish the top priorities for improvement at the mentee institution. These priorities are surfaced through a mentor-led systematic situation analysis and extensive vision building with a cross-section of hospital members. The results of these exercises are summarized into a plan of action to which mentee and mentor commit.

Grants to mentees

Action plans with funding requests from mentees are shaped by mentors and reviewed by Seva. By design, Seva supports only a small fraction of the costs of running the mentee institutions: the goal is to contribute consulting, training, and support that will help these institutions use all their resources more effectively. Grants to mentees may fund:

- Training – mentee staff may spend time at the mentor hospital for training, among other training options. Seva finds that staffing and training is especially important at the ophthalmic assistant level; these assistants can

take on tasks such as preparing patients for cataract surgery, which allows doctors to focus on performing more surgeries.

- Information management – mentee hospitals may need funding to buy computers and integrated hospital management system software. It is important to train hospital staff not just to input data, but to use the data they collect to help make decisions.
- Community outreach – most hospitals do not have an established way to fund community outreach programs. Mentors help mentees design their outreach programs, which can often be funded partly by the community and partly by Seva. These programs are very helpful to the community, and may also help the hospital by bringing in more patients.

Room for more funding

Seva is ready to scale the Global Sight Initiative by identifying and strengthening more mentor institutions who in turn will initiate work with new mentees. This will require more funding to new mentee institutions, through the mentor institutions, to help the mentees improve and increase their services more rapidly. The mentee institutions are already committed to the program and doing good work; Seva is currently able to give them a helpful, but not optimal, level of funding. These institutions could use development grants on the order of $50,000, for example to improve surgical theaters, buy surgical microscopes, or buy vehicles to use for community outreach and patient transportation.

Meanwhile, mentor institutions could use more funding to increase their capacity for working with mentees, allowing more mentee institutions to join the network. Continuing to expand the network – possibly doubling the number of institutions within the coming year – will require a lot of resources.

Goals beyond cataract surgery

Cataract surgery is important, but is not Seva's only focus. Seva works to create sustainable eye care systems that provide comprehensive services for leading causes of blindness and visual impairment including retina, cornea, glaucoma, pediatric, and refraction needs. Seva actively promotes community health education and prevention and funds community-based vision centers and outreach activities. Seva uses the quality of an institution's or a region's cataract care as a proxy for the quality of its current and potential overall eye care.

Seva runs some programs that do not focus on cataract, such as the American Indian Sight Initiative (AISI), which works to increase access to quality eye care within these often underserved communities. Seva also has a long-term commitment to its AIDS Eye Initiative, which trains front-line HIV doctors to diagnose and treat a severe blinding condition among people with HIV called cytomegalovirus (CMV) retinitis.

All GiveWell conversations are available at http://www.givewell.org/conversations