

Ramachandra Pararajasegaram
Community Eye Health Education Centre

Education Programs



International Centre for Advancement of Rural Eye care
LV Prasad Eye Institute, Hyderabad, India



Vision

To create excellent and equitable eye care systems that reach all those in need.

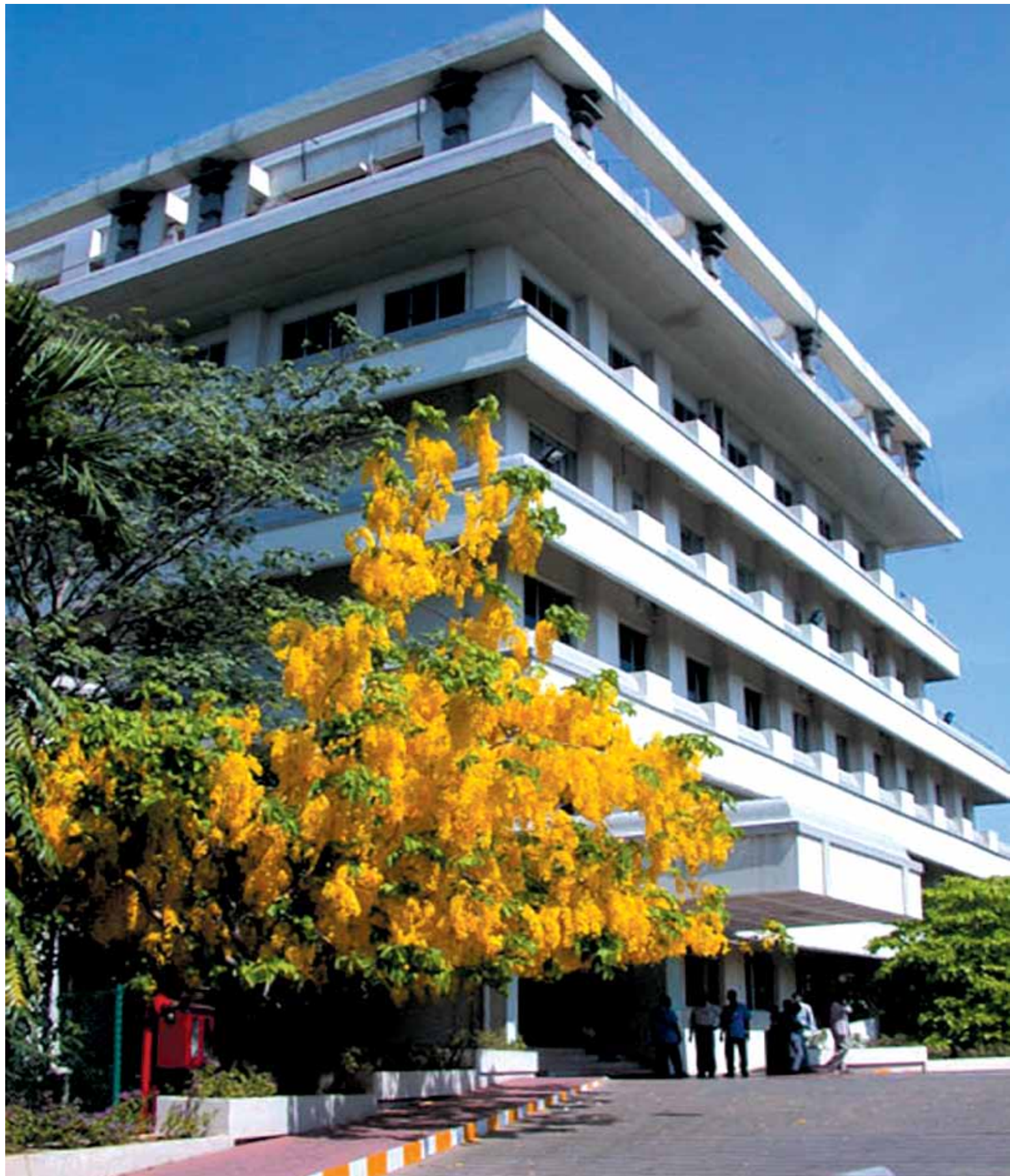
Mission

The mission of LV Prasad Eye Institute is to be a centre of excellence in eye care services, basic and clinical research into eye diseases and vision-threatening conditions, training, product development, and rehabilitation for those with incurable visual disability, with a focus on extending equitable and efficient eye care to underserved populations in the developing world.



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LV Prasad Eye Institute (LVPEI) is a comprehensive eye health facility with its main campus located in Hyderabad, India. A World Health Organization Collaborating Centre for the Prevention of Blindness, the Institute offers comprehensive patient care, sight enhancement and rehabilitation services and high-impact rural eye health programs. It also pursues cutting edge research and offers training in human resources for all levels of ophthalmic personnel. A not-for-profit organization, LVPEI is governed by two trusts: Hyderabad Eye Institute and Hyderabad Eye Research Foundation.

LVPEI's mission is to provide equitable and efficient eye care to all sections of society. In the past 25 years we have provided eye care services to over 15 million people, over 50 percent of them free, regardless of complexity. We have trained over 14,000 eye care personnel from India and abroad.

The LVPEI system is now a network with 1 Centre of Excellence at Hyderabad, 3 tertiary centres at Bhubaneswar, Visakhapatnam and Vijayawada and 89 secondary and primary care centres that cover the remotest rural areas in the state of Andhra Pradesh, India. Each day hundreds of people, who cannot afford eye care, receive care from some of the best eye health professionals, while hundreds more benefit from LVPEI's affiliate and satellite centres in rural areas and urban slums.

At our rural centres, we have seen 3.0 million outpatients in Andhra Pradesh alone; over 60% of them have been treated free. Of more than 277,000 surgeries performed, two-thirds have been done free of cost. Our rural and urban community eye health programs include surveys of over 6085 villages, covering over 5.51 million people, of which 13% were identified with eye problems. Teams of community eye health workers, including local volunteers, have conducted more than 5296 community screening and 5895 school screening programs. Apart from surgeries, the services provided include prescription of spectacles, follow-up visits, referrals, training and community rehabilitation.

Education at LVPEI

One of the key aspects of LVPEI's mission is to generate human resources for eye care, so as to help fill the large gap between the demand and availability of eye care workers by providing them all the relevant skills and knowledge, complemented by an attitude of compassion and caring. Building an adequate human resource base is also key to achieving the goals of 'VISION 2020: The Right to Sight' initiative for bringing affordable eye care to all people everywhere. As a World Health Organization Collaborating Centre for the Prevention of Blindness, LV Prasad Eye Institute is committed to training eye care workers across all cadres in the eye care service delivery chain.

Training programs are offered at all levels of the eye care service delivery chain: post-doctoral ophthalmology fellows and practicing ophthalmologists, as well as optometrists, ophthalmic technicians, nursing assistants, biomedical technicians, rehabilitation professionals, community eye health workers, eye banking personnel and eye care administrators.

Education at LVPEI has three main objectives:

- To upgrade the skills and knowledge of various eye care professionals
- To provide opportunities to keep abreast of developments in the field of vision science and its application
- To equip new entrants to the field with the appropriate skills and knowledge

All programs are designed around a combination of practical and theoretical approaches and are continually revised to incorporate new knowledge.

The International Centre for Advancement of Rural Eye care (ICARE) was founded in 1998, and is an integral part of the Institute. LVPEI works towards developing eye care services in those areas of Andhra Pradesh and other parts of India where such facilities are neither available nor well developed. ICARE is an organized large-scale effort to reduce blindness in rural and unreached India, and other parts of the developing world, over the long term. All LVPEI's community eye care services are planned and managed by ICARE.

ICARE strives toward the following major objectives:

- To develop high quality self-sustaining eye care services in the needy areas of India and other parts of the developing world
- To train all cadres of eye care personnel to provide excellent and efficient eye care services
- To participate in the planning of eye health initiatives in the developing world based on well-documented and reliable epidemiological information about blindness and visual impairment among the population
- To undertake operations and research projects to understand the best way to deliver eye care services to entire communities.

ICARE's activities span patient care, community based rehabilitation and community screening programs, touching 5000 to 8000 people every day. They also include education programs ranging from a PhD to training of community health workers and research into various aspects of eye health. It also plays a major role in policy and planning at the national and global levels.



Ramachandra Pararajasegaram Community Eye Health Education Centre

Prof Ramachandra Pararajasegaram, former WHO Regional Advisor and Consultant, and former President of the International Agency for the Prevention of Blindness, has been a major influence on LVPEI's community eye health initiatives during its 25-year journey. To acknowledge Prof Pararajasegaram's role and guidance, ICARE's educational component was named the "Ramachandra Pararajasegaram Community Eye Health Education Centre" in his honor on October 17, 2011, LVPEI's 25th Foundation Day.

Accepting the honor, Prof Pararajasegaram said, "After 25 years of very active clinical practice in Sri Lanka, following a very illustrious postgraduate training in the UK, it was a three-month volunteer stint for the then Royal Commonwealth Society for the Blind (the present Sight Savers) in Northern Ghana that gave me the realization that there was more to the practice of our great profession, than the sort of clinical practice most of my colleagues and I were engaged in, day in and day out. My conviction is that we must consider and practice the principles of community ophthalmology as an integral and intrinsic part of ophthalmic practice and not as a subspecialty, as it is often done."



Dr R Pararajasegaram unveils the plaque for the "Ramachandra Pararajasegaram Community Eye Health Education Centre"; also seen, Dr Rohit Khanna, Dr Gullapalli N Rao and Dr Padmaja K Rani. October 17, 2011

The LVPEI Eye Health Pyramid

In 1997, L V Prasad Eye Institute began work on a model that ensures excellent eye care for all, across villages and cities. Offering sustainable eye care delivery, the model comprises a five-level inter-connected structure, with permanent infrastructure and human resources at each level of care — from a Centre of Excellence at the apex to tertiary, secondary and primary centres, and community level vision health guardians at the base. The LVPEI Eye Health Pyramid model is based on the following assumptions:

- 90% of the blind and visually impaired live in developing countries, where huge disparities exist in service availability, affordability and quality.
- 80% of all blindness is avoidable.
- Effective Vision Centres at the primary care level in villages can entirely eliminate blindness due to the need for spectacles. They can also detect potentially blinding problems, address conditions like Vitamin A deficiency, detect cataract, certain glaucomas and diabetic retinopathy. Thus, 25% of avoidable blindness can be tackled at this level.
- At the next level, secondary care Service Centres can manage 75% of all avoidable blindness.
- This means, of all the people with visual impairment, only 25% need to travel to the cities to access tertiary care.
- Each level generates income while providing care at no cost to the economically underprivileged through a system of cross-subsidy and delivers good quality eye care, irrespective of a person's ability to pay.
- Close linkages between the different levels of the pyramid ensure comprehensive care for everyone who needs it.

The Government of India has adopted the pyramid model of eye care service delivery in its current five-year plan budget. Several other organisations in India and other developing countries have also implemented other aspects of the model.

An Eye Health System that

Every level of the Eye Health Pyramid has fully-trained personnel and world-c

The Services

The Centre of Excellence is at the apex of the pyramid, and functions as an advanced Tertiary Care Centre.

Tertiary Care Centres offer a complete range of eye services, such as:

- Comprehensive eye check-ups
- Advanced care for many complex problems
- Rehabilitation for the blind and low vision care
- Fully-equipped support: pharmacy, opticals
- Training for all cadres of eye care professionals
- Clinical research

Service Centres are **Secondary Care Centres**, which offer comprehensive eye care services, including surgery:

- Comprehensive outpatient services
- World-class surgical services (secondary)
- Community based rehabilitation and low vision care
- Fully-equipped support: pharmacy, opticals

Vision Centres are **Primary Care Centres**, managed by Vision Technicians. At a Vision Centre, you will find:

- Full eye screening
- Prescription and supply of low cost spectacles
- Referral to the next level for cataract surgeries and other conditions
- Link to other community services

At this level, LVPEI works with volunteers to deliver **Community Eye Care**, the Vision Guardians, who:

- Keep an eye on the eye health of 5000 people
- Monitor children and the elderly
- Refer people who need an eye check-up to the appropriate centre
- Monitor those who have had surgery
- Provide ready-made near-vision glasses



reaches all those in need...

class equipment. All services are offered free of cost to those who cannot pay.

The Structure

The Centre of Excellence is an advanced Tertiary Care Centre that engages in Training of Trainers and specialists, active research, and advocacy. 10 Tertiary Centres link to 1 Centre of Excellence.

In a year, an average Centre of Excellence:

- Provides outpatient services to 200,000 people
- Performs 25,000 surgeries
- Trains 250 professionals at all levels of eye care
- Publishes at least 50 research papers
- Provides eye banking services, collects close to 2500 corneas
- Provides low vision services to 3000 people
- Contributes to eye health policy

A **Tertiary Eye Centre**, servicing 5,000,000 people, offers the complete gamut of eye services including sub-specialty care, low vision and rehabilitation, and conducts training and research.

Within 5 years of establishment, every year, an average Tertiary Eye Centre:

- Provides 75,000 outpatient consultations
- Performs 10,000 surgeries
- Trains 100 professionals at all levels of eye care
- Publishes at least 10 research papers

The **Service Centre** serves a population of 500,000. 10 Vision Centres, within a radius of 50 km are linked to a Service Centre.

In a year, an average Service Centre:

- Provides outpatient services to 10,000-15,000 people
- Performs 1500-2000 surgeries and refers 5-10% of patients for tertiary care
- Performs 50 community-based screening activities within its target area
- Acts as a referral and administration source for the 10 Vision Centres linked to it

Each **Vision Centre** caters to around 50,000 people (20-25 villages). Vision Technicians are community members who are trained for 1 year, who screen the village population and connect with other community services.

In a year, an average Vision Centre:

- Screens 2500 people (at the Centre) and 2500 children (in schools)
- Dispenses 400 pairs of spectacles and educates 300 people on spectacle usage
- Identifies and refers 500 people to the next level

Vision Guardians service 5000 people (2-3 villages) and work closely with the nearest Vision Centre.



Education Programs

The principle of community eye health is to apply the knowledge of eye care to the community to reduce blindness and visual impairment. This specialized area of study is not included in the routine curriculum of ophthalmology teaching in India and, to the best of our knowledge, in other developing countries. Hence, the community eye health programs aim to help professionals and programs to focus on delivering quality eye care to benefit the community as a whole.

Demographic and epidemiological transitions and changing lifestyles have led to an increase in eye ailments and blindness. The knowledge and skills required to prevent and treat visual impairment, and rehabilitate the blind and the visually impaired, not only enhances the quality of their lives, but also benefits society. The skills learnt from this program can be applied to other health care and development programs. The program fits the broad objectives of the global 'VISION 2020: The Right to Sight' program.

Course	Duration	Session Commences	No. of Candidates	Eligibility
*Masters in Community Eye Health (MCEH)	1 year	March	15	Graduates with experience in community or development work and an interest in leading rural eye care projects
Diploma in Community Eye Health (DCEH)	6 months	January	15-20	Graduates with experience in community eye care or ophthalmologists
Diploma in Eye Health Management (DEHM)	1 year	August	15-20	Graduates interested in pursuing a career as administrators
Certificate Course in Program Management & Evaluation (PME)	2-3 weeks	Mid December	15-20	Graduates working in eye care with the government/NGOs/private sector for at least 3 years in a supervisory/senior position
Comprehensive Community Eye Care & Community Based Rehabilitation (CBR) of the Visually Impaired	6 weeks	Variable	10-15	Persons working in organizations involved in health care service delivery, rural and urban community development programs, eye hospitals and other welfare organizations

*MCEH: In collaboration with the University of New South Wales, Australia

In addition, several other courses of varying duration are offered to all cadres of eye care personnel, in conjunction with other components of the LVPEI Eye Health Pyramid.

Course Objective

The Masters in Community Eye Health (MCEH) program was developed by LVPEI in collaboration with the School of Optometry and Vision Science of the University of New South Wales, Australia. The program aims to provide education in community eye health to eye care personnel from India and abroad. Learning takes place in the LVPEI environment of ophthalmology and community eye health, thereby providing live examples and direct experience. The MCEH program comprises 6 credit courses (a total of 36 credits) and a 12 credit research project. Individual courses can be taken on a non-award basis without enrolling in the program.

Course Structure

- Module 1: Introduction to Community Eye Health (6 credits)
- Module 2: Epidemiology and Biostatistics for Community Health Needs Assessment (6 credits)
- Module 3: Epidemiology of Blinding Diseases (6 credits)
- Module 4: Advocacy and Education in Community Eye Health (6 credits)
- Module 5: Eye Health Economics and Sustainability (6 credits)
- Module 6: Eye Care Program Management (6 credits)
- Module 7: Research Project (12 credits)



Of these, Module 6 is already online, while Modules 2 and 5 will go online in 2013 and Modules 3 and 4 in 2014.

Eligibility

- Graduates, preferably with 2-3 years of experience in community eye care
- Ophthalmologists/optometrist with an aptitude for community based eye care programs
- Graduates of medicine with eye care service delivery experience of at least one year
- Candidates without an undergraduate degree should earn a minimum average grade of 65% in the GradDipCEH (Graduate Diploma in Community Eye Health) course to be eligible for MCEH.
- International applicants need to demonstrate proficiency in English. For further details, please visit www.international.unsw.edu.au/future/entry/entryenglish.html

Teaching Methodology

The curriculum balances theoretical and practical coursework and is delivered through offline and online lectures, presentations, group discussions, teamwork, projects and exercises.

Course Duration	Commencement	International Applicants (Total Fee AUD)	Local Applicants (Total Fee AUD)
12 months	January – November	21,806	18,086

Expected Outcomes

Graduates of this program will be able to assess the community's eye health needs and design the tools required to manage it. They will also have an excellent understanding of community eye health principles, as well as their application in real life through communication, management and research.

Course Objective

The course aims to extend the individual patient-based clinical practice of ophthalmology by including assessment and facilitation of good eye health for the entire community. The program has been developed in-house with feedback from both clinicians and eye care program managers.

Course Structure

The course has six modules, which can also be taken individually without enrolling in the program. These modules cover aspects related to the assessment of the eye care needs of the community, design and implementation of eye care programs, management and evaluation of eye care programs, development of models in community eye health and advocacy for community eye health.

Course Outline

- Module 1: Introduction to Community Eye Health
- Module 2: Advocacy and Education in Community Eye Health
- Module 3: Epidemiology of Blinding Eye Diseases
- Module 4: Epidemiology and Biostatistics for Community Health Needs Assessment
- Module 5: Eye Health Economics and Sustainability
- Module 6: Eye Care Program Management



Eligibility

- Graduates with experience in community eye care or ophthalmology
- Qualified ophthalmologists/optometrist with an aptitude for community based programs
- Administrators and managers (of eye hospitals) with more than one year of experience
- Eye care professionals with a collective experience of more than three years will be considered.



Teaching Methodology

The curriculum balances theoretical and practical coursework and is delivered through lectures, presentations, group discussions, teamwork, projects and exercises.

Course Duration	Commencement	Low Income Countries & India (INR)	Middle Income Countries (INR)	High Income Countries (INR)
6 months	January – June	₹ 360,000	₹ 460,000	₹ 560,000

Expected Outcomes

Successful participants will acquire an understanding of the core aspects of community eye health, along with the ability to apply that knowledge to address issues and problems not only in the field of eye care but also to other healthcare related programs in developing countries like India.

Course Objective

The objective of this course is to impart training in comprehensive eye health management so that administrators can efficiently and effectively manage the resources required to provide eye care services. The program, developed in-house, has been updated to incorporate advances in eye care service delivery as well as management of eye hospitals (at both the secondary and tertiary levels).

Course Structure

The one-year program comprises five modules. Each module begins with classroom based theory lessons, followed by a related practical internship posting at a tertiary and secondary centre for 45-60 days. Upon the completion of the internship, a detailed review and evaluation of students is performed. The classes are taught by experienced administrators and managers, some of whom serve as mentors.



Course Outline

Module 1: Eye Hospital Overview

Module 2: Clinical Services

Module 3: Support Services – I (Opticals, Pharmacy, Medical Records, Accounts, Eye Banking)

Module 4: Support Services – II (Procurement, Stores, Biomedical and Maintenance, HR)

Module 5: Support Services – III (Community Outreach and General Administration)

Eligibility

Graduates of any discipline with interest in eye care management or administration

Teaching Methodology

The curriculum balances theoretical and practical coursework and is delivered through lectures, presentations, group discussions, teamwork, projects and exercises.

Course Duration	Commencement	Course Fee (INR)
1 year	August 1 – July 31	₹ 100,000

Expected Outcomes

Students graduating from the program will be able to manage a secondary level eye care hospital fairly independently with limited supervision. Successful students will also be able to work as administrators in tertiary level eye care hospitals. All graduating students will gain an understanding of the systems and processes required to operate an eye hospital at the secondary or tertiary level of care.

Course Objective

The successful implementation of eye care programs depends on the availability of trained administrators who are well versed with the principles of managing programs. Management of programs begins with planning and transition into the dual activities of assessment and implementation. This course is aimed at training managers in the field of eye care to effectively manage eye care programs so as to achieve the goals of VISION 2020: The Right to Sight program.

Course Outline

- Program Development and Planning
- Implementation and Execution
- Monitoring and Evaluation
- General Administration
- Human Resource Management
- Financial Planning and Management

Eligibility

Graduates of any discipline with at least three years of eye care experience in a supervisory role.

Teaching Methodology

The curriculum balances theoretical and practical coursework and is delivered through offline and online lectures, presentations, group discussions, teamwork, projects and exercises.



Course Duration	Commencement	Course Fee (INR)
2-3 weeks	2 nd and 3 rd week of every December	₹ 40,000

Expected Outcomes

Upon the completion of the course, successful participants will demonstrate a thorough understanding of the dynamics of project planning, implementation and evaluation and gain the ability to develop project plans, implement programs effectively and measure the impact of the project.

Community Eye Care and Community Based Rehabilitation of the Visually Impaired

Course Objective

This course seeks to train healthcare and rehabilitation personnel at the grassroots level in community based eye care and rehabilitation techniques to benefit the visually impaired section of the population.

Course Outline

Module 1: Prevention of Blindness and Promotion of Eye Health (2 Weeks)

Module 2: Community Based Rehabilitation of the Visually Impaired (4 Weeks)

Eligibility

Healthcare personnel at the grassroots level in both urban and rural communities



Course Duration	Commencement	Course Fee (INR)
6 weeks	Variable	₹ 1,50,000

Expected Outcomes

Successful participants will be able to assess the eye care needs of communities, provide rehabilitation services, educate community groups and individuals and promote eye health.

Continuous Professional Development Programs

Continuous Professional Development (CPD) is essential for every professional and, more so, for those engaged in health service delivery. CPD uses a structured approach to learning to ensure competence in practice, knowledge, skills and practical experience. It involves any relevant learning activity — formal and structured or informal and self-directed.

CPD is also a key factor for retaining the trained human force for an organisation’s sustainability. ICARE offers CPD programs for all cadres of professionals engaged in eye care service delivery. The programs are designed specifically to address the needs of each cadre in short, focused programs. The timings are flexible and can be adapted to the requirements of the requesting institution. The CPD courses adopt a combined methodology of brief classroom sessions, practical observation and elaborate discussions on the work area. The course material is given in English; however, the discussion is conducted in three languages — English, Telugu and Hindi.

Course	Duration	Session Commences	No. of Candidates	Eligibility
Field and Vision Centre Administrators	2 days	January & June	10-15	Field & Vision Centre administrators, with 3-6 months’ relevant experience
Community Eye Care & Rehabilitation	1-2 days	June	10-15	Community program coordinators and community based rehabilitation professionals, with 3-6 months’ relevant experience
Secondary Centre Administrators	2 days	February & July	10-15	Secondary centre administrators and program coordinators, with relevant experience
Diabetic Retinopathy in the Community	1-2 days	February & August	10-15	Program coordinators, ophthalmologists, students, researchers and program managers
OR Sterilization and Infection Control	1-2 days	September	10-15	Program coordinators, with relevant experience
Ophthalmic Nursing Assistants	1-2 days	September	10-15	Program coordinators, with relevant experience
Biomedical and Maintenance	1-2 days	September	10-15	Biomedical technicians and supervisors
Optical Dispensing and Selling Skills	1-2 days	October	10-15	Opticians
Biostatistics and Epidemiology	1-2 days	October	10-15	Ophthalmologists, trainee researchers and clinical researchers
Patient Counseling	1-2 days	February	10-15	Patient counselors

Entrance Test

The admission procedure will comprise an entrance exam, followed by a group discussion and personal interview. Selection will be based on the composite score, taking into consideration the written test grade, the group discussion grade and the personal interview grade. For international candidates, selection is based on a review of the applications and, if required, telephonic interviews.

All the applications are available on our website. Candidates can submit a soft copy of the application by email, except for the Masters in Community Eye Health (MCEH) program. The University of New South Wales accepts MCEH applications completed online only. The details are available on the UNSW website, or you may write to postgrad.optom@unsw.edu.au.

Selection Procedure

The list of selected candidates will be displayed on the LVPEI website. An intimation and acceptance letter will also be sent to inform successful candidates about the admission date.

Placement Opportunities

Placement opportunities are available for trainees who successfully complete the DEHM course, depending on the performance of the individual in the course and LVPEI's requirements. Some students may be recruited as Junior Administrators and posted at either a secondary centre or a tertiary centre. LVPEI's secondary centres are located in rural locations.

Note: Applications are available throughout the year. Admissions are based on merit. Entrance test formats and interviews guidelines vary from course to course. For applications and brochures of ICARE training programs, please visit our website: www.lvpei.org.

Contact Person

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Website: www.lvpei.org

Ramachandra Pararajasegaram Comm

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January	Variable						DCEH/MCEH begin		DCEH/MCEH OPTM 7001: Introduction								
February	DCEH/MCEH OPTM 7004: Advocacy and Education in Community Eye Health																
											Diabetic Retinopathy Workshop		Secondary Center Administrator Refresher Training				
March	DCEH / MCEH OPTM 7003: Epidemiology of Blinding Eye Diseases																
	DEHM Application Cycle Opens																
April	MCEH OPTM 7002: Community Eye Health Needs Assessment : MCEH OPTM 7005:																
	DCEH OPTM 7002: Community Eye Health Needs Assessment																
May	MCEH OPTM 7002: Community Eye Health Needs Assessment : MCEH OPTM 7005:																
	DCEH OPTM 7005: Eye Health Economics and Sustainability																
	DCEH/MCEH Application Cycle Opens																
June	DCEH OPTM 7006: Eye Care Program Management																
	MCEH OPTM 7006: Eye Care Program Management ONLINE																
	DEHM Application Cycle Closes							Community Eye Care & Rehabilitation Refresher Training									Fi Cent Ref
July	MCEH OPTM 7006: Eye Care Program Management ONLINE																
	OPTM 7001 Research Project Begins																Secondary Center Administrator Refresher Training
August	DEHM Course 2012 Batch Begins										Diabetic Retinopathy Workshop						
September																	OR Sterilization Protocols and Infection Control Workshop
																	Ophthalmic Nurse Assistant Refresher Training
October														Optical Dispensing and Selling Skills Workshop			
November		MCEH Final Evaluation															
December																	Program Management
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	

Community Eye Health Education Centre

17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
to Community Eye Health					DCEH/MCEH OPTM 7004: Advocacy and Education in Community Eye Health									
										Field and VC Administrator Refresher Training				
DCEH / MCEH OPTM 7003: Epidemiology of Blinding Eye Diseases														
Patient Counseling Refresher Training														
DCEH and MCEH Course Break										DCEH OPTM 7002: Community Eye Health Needs Assessment				
										MCEH OPTM 7002: Community Eye Health Needs Assessment MCEH OPTM 7005: Eye Health Economics and Sustainability OPTM 7006: Eye Care Program Management ONLINE				
Eye Health Economics and Sustainability: MCEH OPTM 7006: Eye Care Program Management ONLINE														
					DCEH OPTM 7005: Eye Health Economics and Sustainability									
Eye Health Economics and Sustainability: MCEH OPTM 7006: Eye Care Program Management ONLINE														
DCEH OPTM 7006: Eye Care Program Management														
Study Leave and Examination Week for DCEH Students														
Field and Vision Center Administrator Refresher Training														
														DEHM 2012 Batch Final Evaluation
			Biostatistics and Epidemiology Workshop		Biomedical and Maintenance Workshop									
Eye Hospital Management Course														
Management & Evaluation Course														
Graduation Day														
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Community Eye Health Faculty

S Baburao	Sashi Mohan
K Jyothi	V Rajashekar
Rohit Khanna	Padmaja Kumari Rani
S Krishnaiah	Gullapalli N Rao
Asha Latha	S Sheeladevi
Srinivas Marmamula	Jachin David Williams

We also draw upon the expertise of the medical and scientific faculty from the LVPEI network.

Representative Guest Faculty at ICARE

National

Kasinath Bhoosnurmath	Kasinath Lakkaraju	B R Shamanna
S Anil Chandran	Santosh Moses	S Chandrasekhar Shetty
Franklin Daniel	GV S Murthy	Rahul Shidhaye
Navratan Dhanuka	Praveen K Nirmalan	Rajan Shukla
Kuldeep Dole	Lalitha Raghuram	Asim Kumar Sil
Parikshit Gogate	Usha Raman	J P Singh
Pradeep Krishnatray	GV Rao	R D Thulasiraj
R Suresh Kumar	P Srinivasa Reddy	Kovai Vilas
Elizabeth Kurian	Swapan Samanta	

International

Dr Ramachandra Pararajasegaram

Consultant, Prevention of Blindness
World Health Organization, Geneva, Switzerland

Prof Detlef Richard Prozesky

Faculty of Health Sciences
University of the Witwatersrand, South Africa

Dr Catherine Suttle

Senior Lecturer, School of Optometry and Vision Science
University of New South Wales, Australia

Dr Isabella Jalbert

Senior Lecturer, School of Optometry and Vision Science
University of New South Wales, Australia

We also draw upon the expertise of faculty from the following institutes

Administrative Staff College of India, Hyderabad

Dr Mohan's Diabetes Specialties Centre, Hyderabad

National Institute of Nutrition, Hyderabad

Lions Aravind Institute of Community Ophthalmology, Madurai

Indian Institute of Public Health, Hyderabad

Classroom Facilities

ICARE houses well-equipped and networked classrooms, with computer projectors and air conditioners. The lectures are given offline and online, with regular web conferences. ICARE offers a wi-fi enabled campus to facilitate online educational activities. Videoconferencing facilities in all LVPEI campuses enable faculty and students to interact in real-time, and attend lectures, symposia and discussions held at all the campuses. The facility also links LVPEI with many international institutes.

Stipend

Full-time sponsored students in the DCEH and MCEH programs are given a stipend of ₹4000 per month, while sponsored DEHM students receive a stipend of ₹2000. Students receiving special fee packages or discounts and those attending individual courses are not eligible for any stipend.

Accommodation

Full-time students are provided shared accommodation in the ICARE campus. The campus cafeteria serves Indian vegetarian food at subsidized rates. Students with special needs are assisted in their search for accommodation close to the campus in Kismatpur.

Libraries and Reading Rooms

In addition to the libraries at LVPEI's Centre of Excellence in Hyderabad and ICARE's shared library with the Bausch & Lomb School of Optometry, libraries at the National Institute of Nutrition, the British Library and the Centre for Cellular and Molecular Biology are open to visitors. Arrangements can also be made for students to use library facilities at other medical colleges in Hyderabad.

Access to Rich International Expertise

LVPEI employs the most modern medical and surgical techniques in all subspecialties of eye care. Basic and clinical researchers interact closely on projects to understand the causes and management of the most prevalent eye diseases and conditions. Extensive research on community eye health focuses on understanding the barriers to uptake of services, eye health promotion strategies, epidemiology of eye diseases and eye health models. All this is done within a streamlined administrative and managerial system. LVPEI thus provides a unique training ground for all cadres of eye care workers, from ophthalmologists and optometrists to all para-medical and administrative cadres and community eye health personnel in the eye care service delivery chain.

Participants for these courses come from all over India and from across the world, making for a richly interactive learning forum.

Field Visits

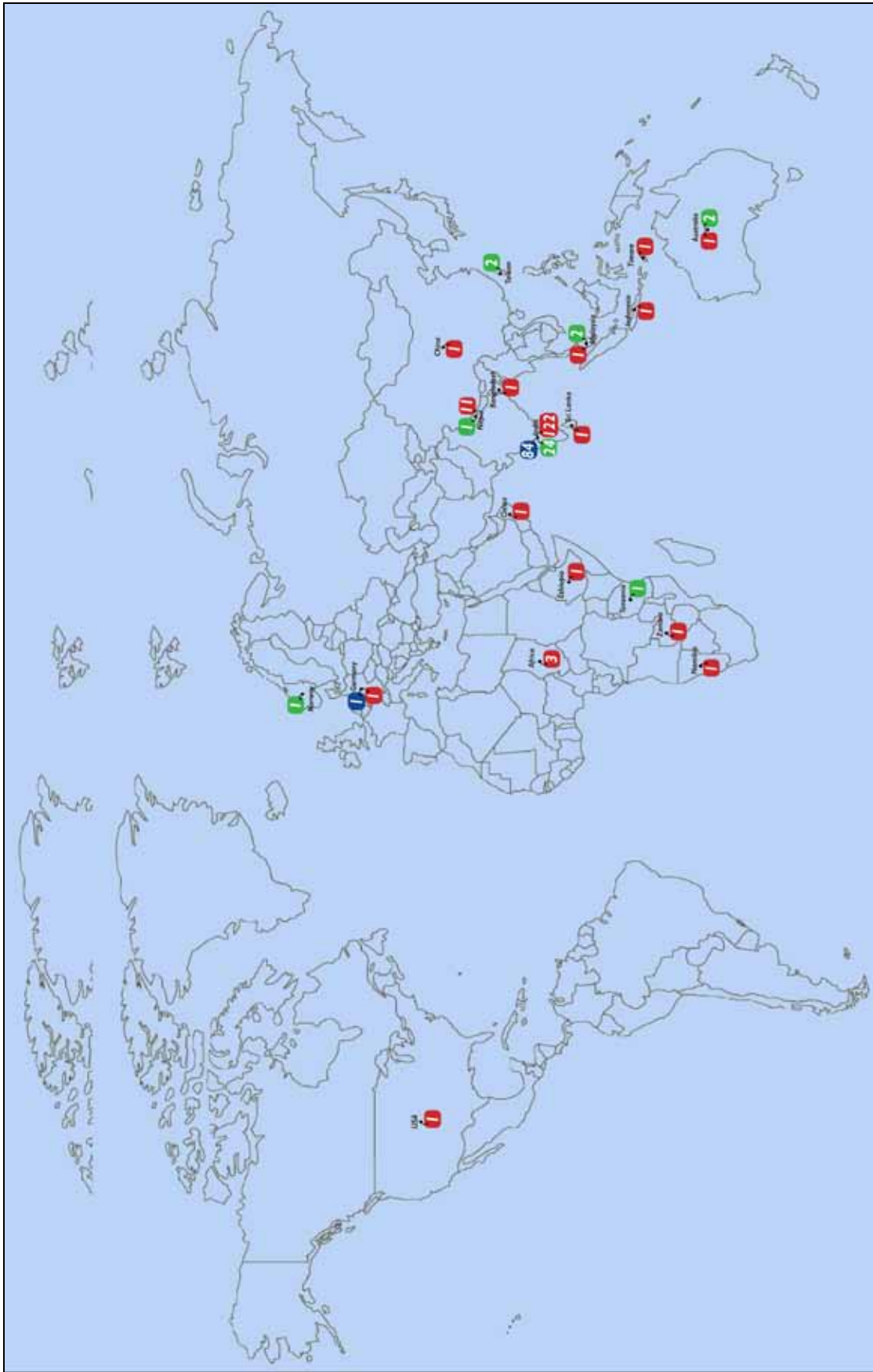
Field visits arranged during the courses enable students to observe various community eye health programs and projects. Participants also get the opportunity to conduct field projects, either in small groups or individually.

Sports & Recreational Facilities

The campus has a spacious playground for sports and games.



Trainees at ICARE (2001 - 2012)



● **MCEH Students Trained – 33 (2009-2012)** National: 24 International: 9
● **DCEH Students Trained – 149 (2001-2012)** National: 122 International: 27
● **DEHM Students Trained – 85 (2001-2012)** National: 84 International: 1

Testimonials

The study environment here in LVPEI is totally different and unique. You don't find many institutions where the faculty and the students engage in community work together. Right from the beginning, I started gaining valuable knowledge, in theory and practicals, while acquiring humanitarian values. The course is a perfect platform to excel in the public eye health field.

Mr Azuwan Bin Musa (MCEH 2012)
Assistant Lecturer, Malaysia

We are fortunate to have the Masters in Community Eye Health program in an institution like the Ramachandra Pararajasegaram Community Eye Health Education Centre, ICARE, LVPEI. It helps develop human resources in the field of community eye health (a component of VISION 2020), which is a big issue in developing countries. I can now plan a district program for any eye health problem from the cadre of the ophthalmic officer.

Mr Ramakrishna (MCEH 2011-2012)

The MCEH course helped me to build capacity and upgrade my skills in research and management strategically, to manage the VISION 2020 eye care program and achieve the national millennium strategies (MKUZA II). The course will help us use new approaches and well-defined targeted strategies for efficient outcomes, to improve eye health care services in my country.

Dr Fatma Omar (MCEH 2012)
Tanzania

The Diploma in Community Eye Health course helps me to prepare project proposals for various funding agencies, estimate the prevalence and understand the economic burden of the patient in a particular area, in order to provide appropriate eye care services.

Mr Ananta Kalita (DCEH 2012)
Community Eye Health Manager
Chandra Prabha Eye Hospital, Jorhat, Assam

The DEHM course is quite enriching. Getting back to studies after a break, and while one is working, is not easy, but the way LVPEI gives opportunities to the staff, and the support that the staff and faculty at ICARE provide, make it quite simple. This course helped me to achieve my dream to pursue higher studies and get a solid foundation in eye health care that has made me much more effective.

Ms Kirteemayee (DEHM 2011-2012)

I hope I can do justice to the excellent learning provided in your PGDEHM training course. Your guidance is very useful, since I'm not good in English. The excellent handouts, books and background reading material was very welcome. The sessions are well run and interesting, with a good balance of exercises, presentations and group discussions. There is good teamwork from the presenters and the mutually supportive and flexible approach has worked well. The practical activities are very helpful.

Mr Sivakrishna (DEHM 2011-2012)

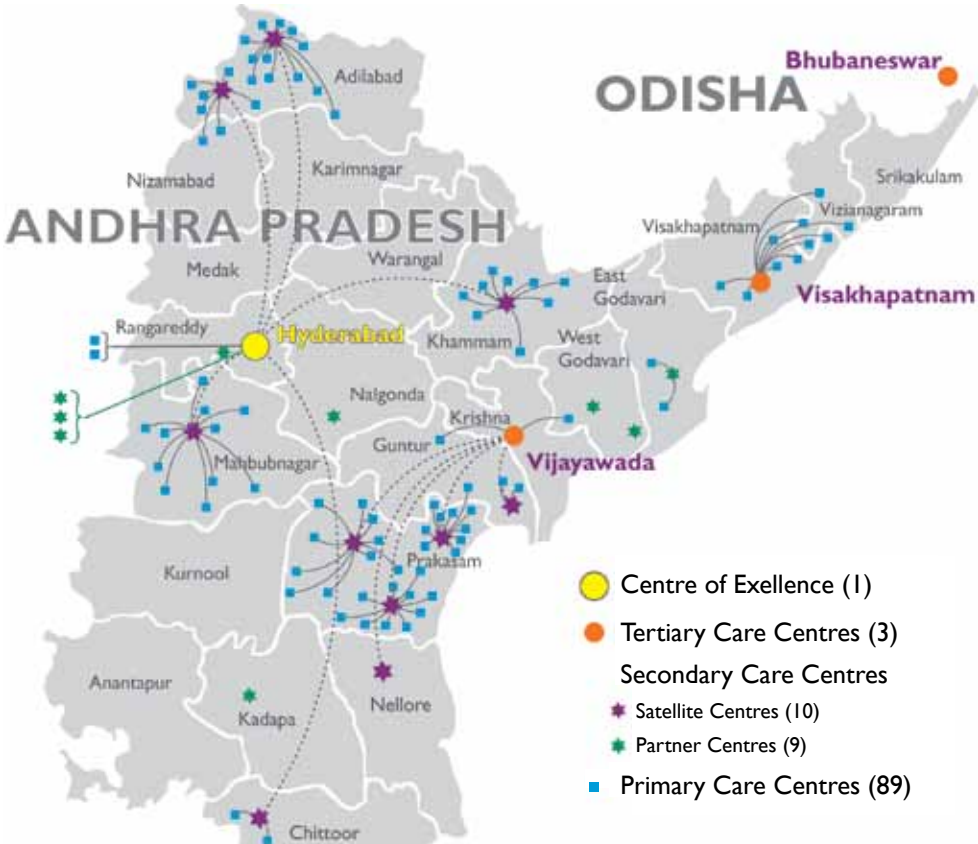
This course helped me to improve my personal, managerial and administrative skills. Now I feel comfortable in managing an eye hospital independently. The way of teaching and practical sessions are well organized.

Mr Sandeep Rao (DEHM 2011-2012)

I am happy I did my Diploma in Community Eye Health from LVPEI, Hyderabad. I was very skeptical about the program initially, But my decision proved to be right. The course complemented my job and the faculty were a great help with their vast experience. Overall, it was a wonderful learning experience.

Mr Gaurav Saxena (DCEH 2012)
C L Gupta Eye Institute
Moradabad, Uttar Pradesh

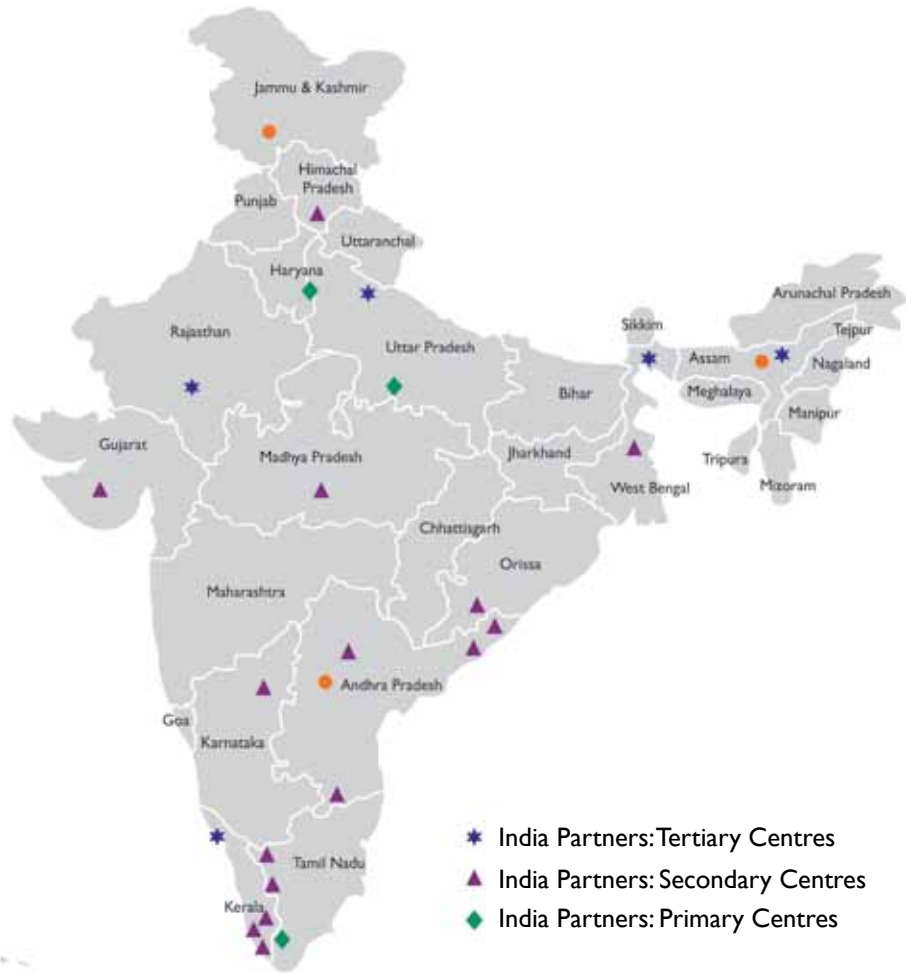
The Service Delivery Network



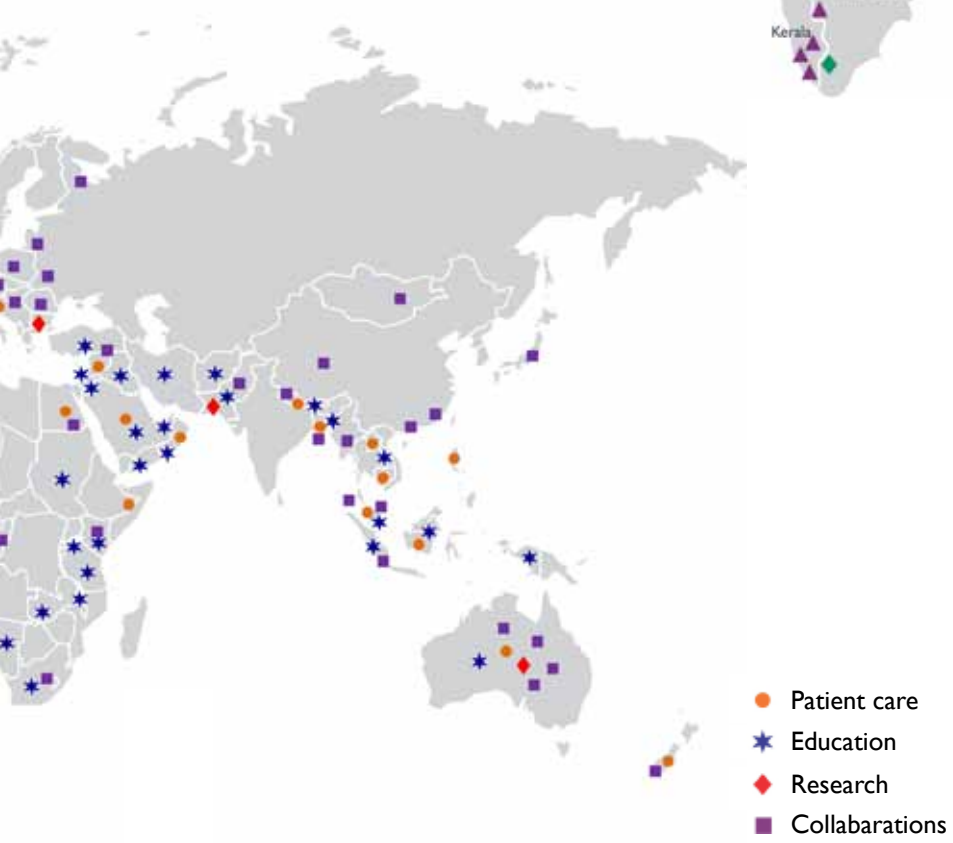
Global Network



Current National Partners



& Linkages



Living in Hyderabad



Charminar in the old city

The city: Hyderabad is one of India's largest cities and offers a cosmopolitan, yet culturally rich, living experience. Its four-hundred year history is tempered by a fast-growing information technology infrastructure. The city boasts of several large medical institutions as well, and has therefore become an important destination for medical tourism. At the same time, it has a large network of very active civil society and development groups, engaged in work related to equitable and sustainable socio-economic growth.

Language: Though Telugu is the language of the state, English, Hindi and Urdu are understood and spoken by a majority of the people. Knowing these languages is a distinct advantage for conversing and dealing with the local population, while using public transport and making transactions in shops and business places. Assistance can be arranged for students to acquire a working knowledge of these languages. Multilingual translation books are also available in the institute library.

Climate: Hyderabad enjoys three main seasons: summer, monsoon and winter. Summers are quite hot starting from March/April and running through June, whereas winters are pleasant starting from November till February. Light clothing for summer and a sweater or jacket for winter is recommended.

Food: Hyderabad is famed for its world-renowned cuisine. The local food is quite spicy, but Continental, Chinese and other kinds of food are available in most of the restaurants. Fruits are available round the year and are reasonably priced; these include bananas, apples, grapes, oranges, mangoes and melons, which are cheap during the season.

Health: Health and medical insurance is not compulsory in India. Eye examinations will be provided free of cost to students at LVPEI. General practitioners, super specialty hospitals and nursing homes offer quality care, if needed. Medications and drugs are easily available.

Recreation: Cinema theatres, parks and local sightseeing places offer entertainment and recreation to students. Many picnic spots exist in and around Hyderabad and most of them can be visited within a day.

Communication: International and national telephone facilities are available in the vicinity. Mail and courier services are available. Internet kiosks and cyber cafes in the city offer good services at nominal charges.

Banks and Valuables: Several nationalized banks close to the institute provide for bank transfer of money and safe keeping of valuables with a locker facility. The average time period for making a bank transfer to USA or Europe is 7-10 days. Most banks have Automated Teller Machines (ATMs) and credit and debit cards can be used to withdraw money.

Shopping: The twin cities – Hyderabad and Secunderabad are famous for their pearl bazars, jewellery, glass bangles, handicrafts and handlooms. Most shops accept national and international credit cards.



A View of the city from Golconda Fort



Ramachandra Parrajasegaram Community Eye Health Education Centre
International Centre for Advancement of Rural Eye care
LV Prasad Eye Institute
Hyderabad, India