# Vision Centre Models

This is, by no means, an exhaustive description of vision centre models. However, it highlights the importance of flexibility within the structure, whilst ensuring that the core function of a Vision Centre is maintained.

## 1. The Public Sector Vision Centre Model

In this model the Vision Centre is integrated into an existing Public Health-care Institution i.e. a public hospital or a clinic (Figure 1.). The establishment of such a Vision Centre may be jointly funded by an NGO, a Funder and the Public Health Care Institution. The management, operations and sustainability of the Vision Centre may also be the joint responsibility of these institutions, depending on the agreement established. In this model the Public Health Care Institution provides the floor space for the Vision Centre on its premises and may also integrate the Vision Centre's operations into the existing eye care services or Ophthalmology department, if any, thereby creating a comprehensive eye care facility.

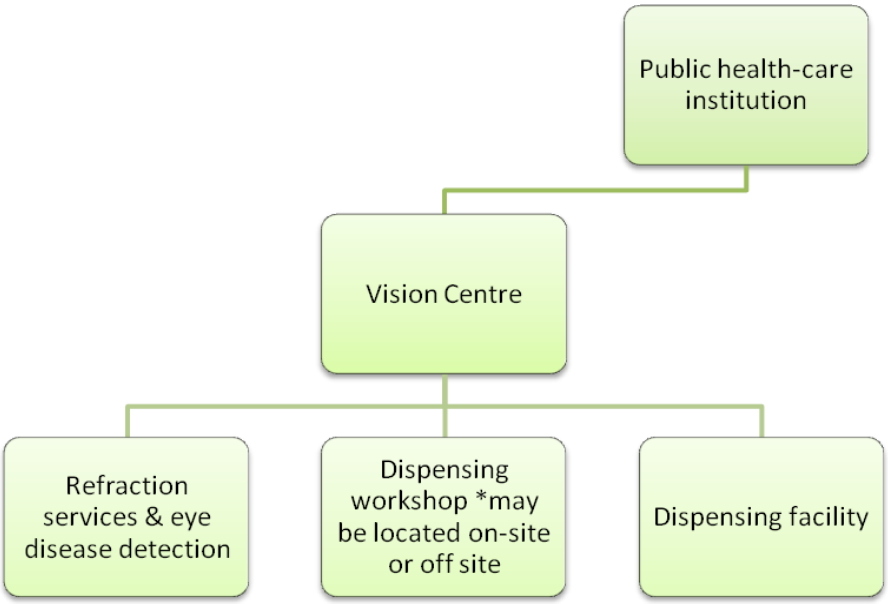


***Figure 1.***

This can be a very strong model of vision centre. One of the reasons is that the Ministry of Health (MOH) in many countries can be keen to develop and expand their own eye care services. This often comes with support and resources from them, in the form of personnel, finances, utilities and administration. This, in turn reduces the funds a vision centre must generate in order to be sustainable This is an ideal example of how a collaborative effort, involving the sharing of resources and expertise can lead to the materialisation of infrastructure and services, which may not be possible if each stakeholder develops independent and individual Vision Centre.

An example of such a model is the Kitwe Vision Centre, which was setup in 2007 at Kitwe Community Hospital, in partnership with the Zambian MOH and Brien Holden Vision Institute, with technical support from Christian Blind Mission (CBM). At this Vision Centre, the MOH provided the premises, pays salaries and covers the utility expenses. Using the funds generated from the sale of

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spectacles, this vision centre pays for the replenishment inventory and top up allowances for the staff. These top up allowances are to fill the shortfall in salaries paid by the MOH to some of the staff.

Planning and establishing this particular model of vision centre demands extensive advocacy work with the MOH in the country concerned. A strong local advocate from within the public sector (eg the hospital or MOH) can have a large impact on the success of a centre.

## 2. Non-Government Organisation (NGO) owned Vision Centre Model

There are situations where a vision centre cannot be established by a social entrepreneur in the community or in partnership with the public health sector. The situation may be that individuals within the community lack the capacity and resources to establish a vision centre. Also, the MOH in some countries may be unable to establish a vision centre or incorporate it into the existing public health infrastructure.

Where such a situation is encountered, a NGO-owned vision centre, as presented in Figure 2 can be established. In this model, an NGO owns and operates the vision centre. However, it does not work independently of the existing public health system. Although the MOH may not make any contributions or play a role in establishing and running the vision centre, the centre is aligned with the National Health Plan, health protocols and legislation of the country. Once again good advocacy plays an important role. By doing this, the Vision Centre, with the existing public health services, is networked to effectively provide comprehensive eye care services. Through this type of relationship, referral of patients can be made by the Vision Centre to public health services for further examination and treatment.

In Papua New Guinea (PNG), Brien Holden Vision Institute and PNG Eye Care (a local NGO established as an initiative of Brien Holden Vision Institute), co-own several vision centres, that are operated by PNG Eye Care. All employees of PNG Eye Care are recruited from the local community. All but one of the Brien Holden Vision Institute-PNG Eye Care Vision Centres are located on hospital grounds, with the hospital providing space and utilities either free or at a low rate. As the ideal exit strategy, and where appropriate, the vision centre may be absorbed into the existing public health infrastructure when the Hospital and MOH have developed the capacity to take over the responsibility. This may entail full transfer of ownership, employment of additional staff, management and control of the facility, eventually resulting in a public sector facility.

What is important when this type of model is implemented, is the development of an exit strategy. An exit strategy in this context refers to the transfer of ownership, control and management to another party. With respect to this type of vision centre model, the exit strategy may entail a transfer of ownership to a social entrepreneur from the community who may be groomed over time, to take over the centre. A social entrepreneur refers to an individual who operates a business with a social agenda, which takes precedence over the simple pursuit of profits only. In this context it refers to an entrepreneur who provides affordable eye care services to the surrounding communities and sees this as a priority, while engaging in other related business activities to remain sustainable.

Alternatively, where appropriate, it may be absorbed into the existing public health infrastructure when the MOH has developed the capacity to take over the responsibility.

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The benefits of an exit strategy, where appropriate, are to ensure that local capacity is developed and promoted. This may help create the momentum for local communities and governments to create and improve their own health care services without the dependence on foreign benefactors.

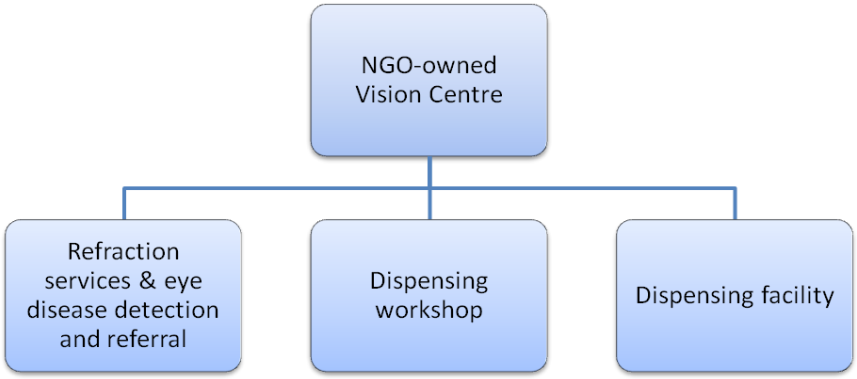


***Figure 2.***

## 3. The Social Entrepreneurship Vision Centre Model

One of Brien Holden Vision Institute's key objectives, which are linked to the Millennium Development Goals, is creating and promoting sustainable solutions that uplift communities and enhance their socio-economic status. Partnering with local communities and individuals is essential in pursuing this end. Also, in some instances, government policies preclude organisations from setting up any cost-recovery program in the public sector due to the restrictions on the collection of funds in the free public health system and the practice of returning any income generated to the central finance department. The social entrepreneurship model was, therefore, established to overcome this challenge as well as to fulfill its objectives (Figure 3).

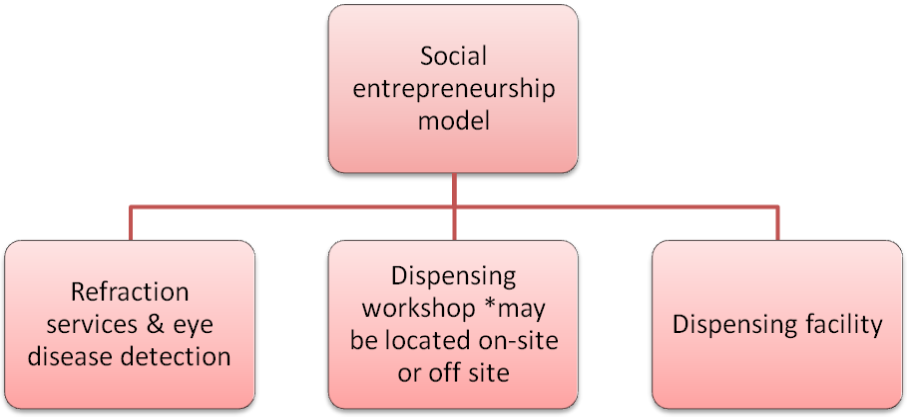


***Figure 3.***

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When planning and establishing this model, existing optical practitioners are approached, where such services are available, and mutually-beneficial partnerships forged with them. These optical practitioners operate private businesses that provide basic eye care services and spectacles. The exact nature of their businesses, qualifications and licenses vary from country to country, depending on in-country regulations. Community entrepreneurs are used as:

- where available, they are generally located closer to communities in need.
- being small-scale entrepreneurs, they generally have limited resources and may not have access to an efficient supply-chain of affordable optical products.
- it seeks to ensure that a comprehensive, high quality, but low cost service is delivered to communities in need.

It is important to support and partner with existing businesses rather than create new ones where possible. This creates support and acceptance within communities which, in the long term, gives people access to eye care and affordable spectacles. Through investment of equipment, skills and other resources, their operations are more effective and efficient with the concomitant benefits being better service delivery and improved revenue streams.

These practitioners initially undergo training so they can perform quality eye examinations, refractions, write prescriptions and refer patients as required for further ophthalmic care. When establishing this model, practitioners commit to a basic package of optical products and/or services at a fixed and negotiated price. The public hospital and the local health service are partners in that they recognize these providers as referral points and accept referrals from them.

Sometimes this model is used when there are no formal training programs. For example, Mongolia has no formal course for opticians or optometrists, so Brien Holden Vision Institute is training spectacle technicians in partnership with the Mongolian Optical Association. The aim is to train people to produce and fit spectacles, particularly in outlying areas where there are no facilities.

However, in countries or communities where these informal optical practitioners are absent, new vision centres can be established in partnership with local organisations and local social entrepreneurs. The employees for the vision centre are locally employed from within the community and also receive training. There is also a standardisation of costs and services and quality management interventions are implemented.

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## 3.1 Formats of the social entrepreneurship model

The social entrepreneurship model may be implemented in two formats (Figure 3.1).

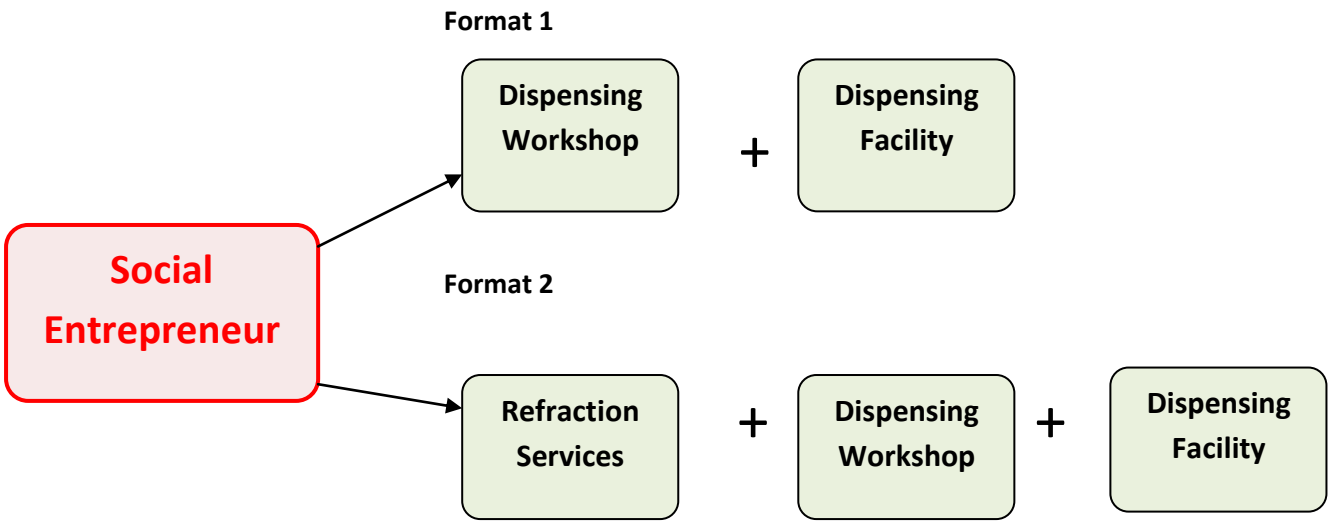


*Figure 3.1*

a) **Format 1**

In this format only the dispensing workshop and dispensing facility are owned and managed by the social entrepreneur, as a business. The refraction unit where patients are examined and diagnosed with refractive error is part of the public health sector that may be a government hospital or clinic. Once patients have been diagnosed with refractive error, they are issued with a voucher from the hospital or clinic for subsidised spectacles, which may be taken to the dispensing workshop, where a pair of affordable spectacles is produced and dispensed to them (Figure 3.1.1). The voucher can be a simple document or note, the contents and design of which may be agreed upon by both the vision centre and the public hospital / clinic.

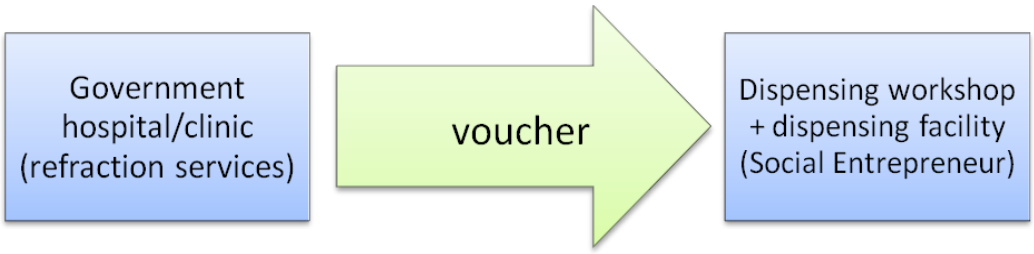


*Figure 3.1.1*

In order to ensure sustainability, this type of vision centre may also service the private sector market, provided that it does not infringe on its commitment to those requiring low cost affordable spectacles.

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b) **Format 2**

This format is implemented in countries where the public health stakeholders are reluctant or unable to engage the social entrepreneur in partnership to provide eye care services. It will often be established in areas where primary eye care and/or refractive services are not readily available in the local rural or district hospitals. In this format the vision centre provides refraction services in addition to the edging and fitting and dispensing service. It is important to ensure that although the centre may not be directly located within a public health institution, the centre must still have strong linkages with the public health system.

This format of the social entrepreneurship model is used ideally only in areas of need and where there are no existing eye care services. Patients have their eyes examined, and if required, a prescription written, after which an affordable pair of spectacles may be made and dispensed. A range of readymade spectacles, frames and lenses of varying prices are made available so that patients may select items within their budget. Any patient requiring further diagnosis or treatment is referred to the closest hospital for secondary or tertiary care (Figure 3.1.2)

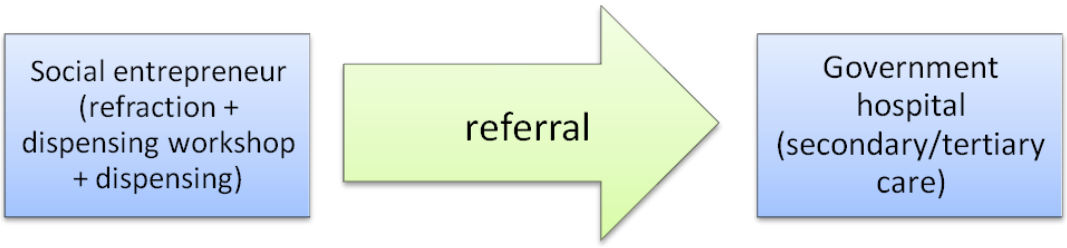


***Figure 3.1.2***

## 4. Conclusion

From the above sections it is clear that vision centres, in their various forms, present many opportunities for implementation. They can be easily adapted to specific situations as well as be integrated into existing service delivery systems and infrastructure. Most importantly, unlike ad-hoc strategies, they are sustainable at both the community level and within public health institutions. Their impact in providing surrounding communities with sight, preventing blindness and subsequently improving their quality of life, is lasting and long term.

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