CATARACTS AND POVERTY

Cataract surgery is one of CBM’s focus areas. In rural areas where hospitals are rare, CBM ensures the poorest people can still have access to affordable and adequate health care by providing mobile outreach services or arranging transport to the nearest hospital. Since cataract surgery was introduced in 1966, CBM International has performed more than 12 million cataract operations worldwide. With your support we can perform around 600,000 operations annually and help people who are blind or vision impaired be full and active members of their communities.

WHAT ARE CATARACTS?

Cataracts occur when a person’s eye lens becomes clouded. Their sight becomes blurry, and without surgery this will deteriorate to eventual blindness.

Cataracts are not infectious, and most cataracts are related to ageing. Children, however, may be born with cataracts, and some people develop cataracts through an injury or disease.

HOW ARE CATARACTS TREATED?

In clinics with adequate staff and equipment, such as those CBM works through with your support, cataracts can generally be removed through a simple, 12-minute surgery:

- **12 minutes**
  - A small incision is made into the eye and the cloudy lens is removed and replaced with an artificial one.

- **1 day**
  - The eye is covered with a patch for a day. The person’s vision can begin to improve soon after the patch is removed, and in most cases this continues gradually over the coming weeks.

- **Life-long freedom from cataract!**
  - People usually receive a check-up around a month after having the surgery, and in most cases full sight is restored and no further treatment is required.
Although cataracts are generally straightforward to treat, they often lead to permanent vision loss for people living in the world’s poorest places who cannot access affordable eye-care and surgery.

Becoming blind would pose challenges for any of us, but it is particularly devastating in poor countries where there are often fewer resources to support people with vision impairment and higher stigma regarding disabilities. **This leads to more people becoming vulnerable to extreme poverty.**

Through our work in the world’s poorest places we have seen how blindness (such as that caused by cataract) and poverty create a vicious cycle:

- **Disability:** People with vision impairments such as cataracts are often discriminated against and not provided with appropriate opportunities to earn a living. The person’s family members may also need to stay home and care for them. In many places prejudice and stigma around disabilities may also mean these people and their families are even further marginalised.

- **This means people who are blind or have vision impairment are at higher risk of living in poverty.**

- **Poverty:** People living in poverty are often less able to access the safe and healthy living conditions and eye-care needed to avoid loss of vision. This means that the poorest people are at higher risk of remaining blind due to conditions such as cataracts that could be treated.

Together with our supporters, CBM is working to break the cycle of poverty and blindness.
**CATARACTS AND CHILDHOOD**

Omari is now sitting with his father at CBM’s partner hospital in Tanzania. They travelled five hours by bus to get there. One of the hospital’s ophthalmologists, Dr Lucy Njambi, examines Omari.

‘His age is a bit of a problem,’ she says. ‘The earlier you diagnose and treat cataract in children, the better the chances of recovering their vision’. Dr Lucy continues, ‘His vision will not go back to 100 per cent but it will be much better than now. Therefore the quality of his life will improve a lot, too.’

Dr Lucy and her colleague Dr Vaitha, together see around 85 children on a normal clinic day. Most patients have cataracts. Amiri understands how important their work is.

‘I am so grateful that Omari receives help here. What would happen in the future if he weren’t able to see? ... I am also thankful that I don’t have to pay the full price of the surgery. We don’t have much money,’ Amiri explains.

Thanks to CBM supporters, children receive cataract surgery for free or at a subsidised fee in some of the world’s poorest countries. The day after the surgery, Omari’s eye patches are removed for the first time. Omari smiles at the nurse, gets up and explores around the room by himself. ‘I can see much better, daddy. The clouds are gone!’

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**TREATING CATARACTS IN CHILDREN**

The treatment of cataracts in children can be more complicated as general anaesthetic is required and the child will often have to ‘learn to see’ once the procedure is completed. This means the cost is generally higher than the 12-minute operation where the patient is usually released on the same day.

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**Omari’s story:**

‘Daddy, I have clouds in my eyes and can’t get rid of them,’ Omari said. Omari’s father was frightened. For several months he had been noticing his little boy seemed to be having trouble with his sight. By the time Omari was in his first year of school, his sight was very bad.

‘He needed to hold books close to his eyes. His performance was poor. He just couldn’t see as well as all the other children,’ his father, Amiri, recalls. ‘The other children laugh at me. At school I am called Kijicho (he who can’t see),’ Omari himself says. ‘I so much want to be able to see like them again.’

As soon as Amiri was able, he took his son to the ophthalmologist. The doctor diagnosed *mtoto wa jicho* which means “the eyes have children,” a reference to the small white spots in the eyes that come with cataracts. ‘I suddenly remembered that my father used to have such white spots in his eyes,’ explains Amiri. ‘He was finally treated at the eye clinic... He is 75 years old now and can see properly again.’
OUR RESPONSE

We focus on working with partners in poor communities to reach people who would otherwise be unable to access cataract surgery and eye-care.

Increasing the availability of cataract surgery in the world’s poorest places is one of the key ways that CBM is helping to break this cycle.

Cataract surgeries are one of the most cost-effective public health procedures, so we invest in this to ensure that our funding and work achieves maximum impact.

Strengthening communities for lasting change, we ensure long-term, sustainable eye-care for future generations.

This means that we look beyond just performing surgeries to working with communities to build their own capacity to provide high quality, affordable eye-care to everyone who needs it.

When surgery is not an option

We believe that strong communities must include all people.

That’s why it’s important that we work not only to provide cataract surgeries, but also to improve the quality of life of people living with permanent blindness and vision impairment. Through your support, we provide:

• skills and training.
• microloans to kickstart their own livelihoods.
• support and empowerment groups.

We also know that often the biggest barriers faced by people who are blind or vision impaired are their communities’ negative attitudes and discrimination—for example, misconceptions that people who cannot see clearly are incapable of working or being active members of their societies. Therefore, we also work with communities:

• breaking down society’s negative attitudes.
• equipping schools with resources to give children who are blind or vision impaired a quality education.

With your support we do this by:

Training local staff for sustainability
Training staff in local hospitals about eye-care and the prevention of blindness so that they can continue to carry on this work throughout their own communities.

Outreach to poorest and most marginalised
Training local village health staff and school teachers to identify cataracts and other basic eye conditions. This helps us reach those who often find themselves excluded from society and services: the poorest people, women, children and people with disability.

Strengthening work through partnership
Partnering with local services, hospitals and communities to ensure that our work has strong foundations, takes place on a grassroots level and has local ownership and expertise.
Mr Kenneth’s story

‘I was very worried – and scared,’ Mr Kenneth says. ‘My sight is everything for me. Being blind would mean: No job, no life anymore. I would completely depend on others. Yes, I was really scared...’

Back in 2008, Mr Kenneth—a primary school teacher from Tanzania—started to have problems with his right eye, and could soon only see about four metres in front of him.

He went to a big hospital in Dar es Salaam where they told him he had a cataract and needed surgery... expensive surgery that he could not afford. ‘I was desperate,’ he recalls.

Finally, someone told him about CBM’s partner hospital, which offered much cheaper surgery—thanks to CBM supporters. ‘That’s where I went and had surgery on my right eye. I was very happy,’ Mr Kenneth recollects.

Then a few years later, Mr Kenneth started getting problems in his left eye. He knew he had to go back to the hospital. ‘But I had to teach and needed to wait for the big holiday,’ he explains.

In the meantime his left eye got worse, and he experienced how hard life would be if he was not able to access surgery again. ‘As a teacher you need to prepare your lessons. But I couldn’t write properly anymore, as I couldn’t even see the lines in the exercise books. Everything I did took ages. I was terrified of losing my existence.

‘I also started to get disorientated at night. We have lots of power cuts in our area. Streets are hardly lit. So it is very dangerous when you can’t see properly,’ Mr Kenneth says.

Now you can’t wipe the smile from his face. He has had his surgery, which took less than 20 minutes. A day later he went back to have the eye-patch removed and take an eye test, and all is going well. Mr Kenneth is delighted.

‘Today I say: Hallelujah, I can see! What a present! I thank everybody who makes the work at this hospital possible. Without the funded surgeries they offer here, I would most surely be blind today.’

CBM International has performed more than 12 million cataract operations worldwide. With the generous support of our supporters around the world, we can perform around 600,000 cataract operations annually.
HOW CAN YOU HELP?

We believe everyone has a role to play in fighting poverty and building a world that includes all people with disability.

☑️ Talk to your friends and family about cataract, poverty and CBM’s work.

☑️ Pray for our work with people with disability in the world’s poorest places at cbm.org.au/prayer

☑️ Get social! Share this page with your friends on social media

☑️ Donate $32 to restore sight through cataract surgery.

☑️ Learn more about the work we do towards eliminating avoidable blindness in partnership together with other renowned agencies through Vision 2020 www.vision2020australia.org.au

☑️ Email for more information on our work and how you can help, info@cbm.org.au

Whichever way you chose to get involved, we are so grateful for the part you play in our work. Everything we do—from performing eye surgeries, to training village health workers, to giving microloans so that people who are blind can earn their own living—is possible because of you, our supporters.

Information Sourced from:
CBM International 2015, Report of Activities 2014, CBM, Germany