



Cure  
Blindness  
PROJECT™

# 2025 IMPACT REPORT

STORIES OF LIVES CHANGED

COUNTRY ACCOMPLISHMENTS

TRAININGS

RESEARCH



Dr. Geoff Tabin with a Ghanaian patient after her surgery.

## Who We Are

Founded in 1995 as the Himalayan Cataract Project, Cure Blindness Project is a global nonprofit organization driven to help people retain or regain their sight. What began in the mountains of Nepal has grown today to millions of surgeries, screenings and treatments performed in dozens of countries—and we won't stop until everyone in the world with avoidable blindness can see.

## Our Mission

We enable countries to cure avoidable blindness by developing high-quality, cost-effective eye care in underserved areas of the world.

## Our Vision

A world where no one is needlessly blind.

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## Opening Eyes to a Brighter World

Cure Blindness Project focuses on delivering high-quality patient care and strengthening eye care systems. This action-based approach builds local leadership, empowers key actors, and develops sustainable practices.

## Letter from Board and CEO

Dear Friend,

What a year! Thanks to you, 2025 became the most impactful year in the history of Cure Blindness Project. Let that sink in.

In the previous twelve months, we screened and treated more than 2.25 million patients across 26 countries, delivered over 315,000 sight-restoring surgeries—curing the equivalent of over 1% of global cataract blindness for the second consecutive year. We trained thousands of eye care professionals who will continue restoring vision in their communities for years to come and provided more than \$7 million in ophthalmic equipment and consumables, strengthening the capacity of eye care systems where the need is greatest.

None of this would have been possible without you—and without the extraordinary generosity of an anonymous donor whose commitment to ending avoidable blindness has transformed what we are able to achieve together.

But we know there's still so much work to be done. We're ready. And with your support, we'll do it.

Your generosity and compassion are restoring sight, expanding opportunity, and strengthening health systems around the world. Every patient screened, every surgery performed, and every clinician trained is part of a larger story — one in which your support is helping build a future where avoidable blindness no longer limits lives.

Thank you for making this extraordinary year possible.

With gratitude,

*Matt Oliva*

Dr. Matthew Oliva  
Chairman, Board of Directors



*K-T Overbey*

K-T Overbey  
Chief Executive Officer



## Board of Directors

Dr. Matthew Oliva, Chairman  
Dr. Menghis Bairu, Vice Chairman  
Dr. Geoffrey Tabin, Chairman Emeritus  
Dr. Dimitri Azar, MBA  
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Jessica Feilmeier  
Dr. Jeffrey Goldberg  
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Chris Holzshu  
Kedest Tesfagiorgis  
Dr. Rob Wolcott, PhD



## 5-Year Plan

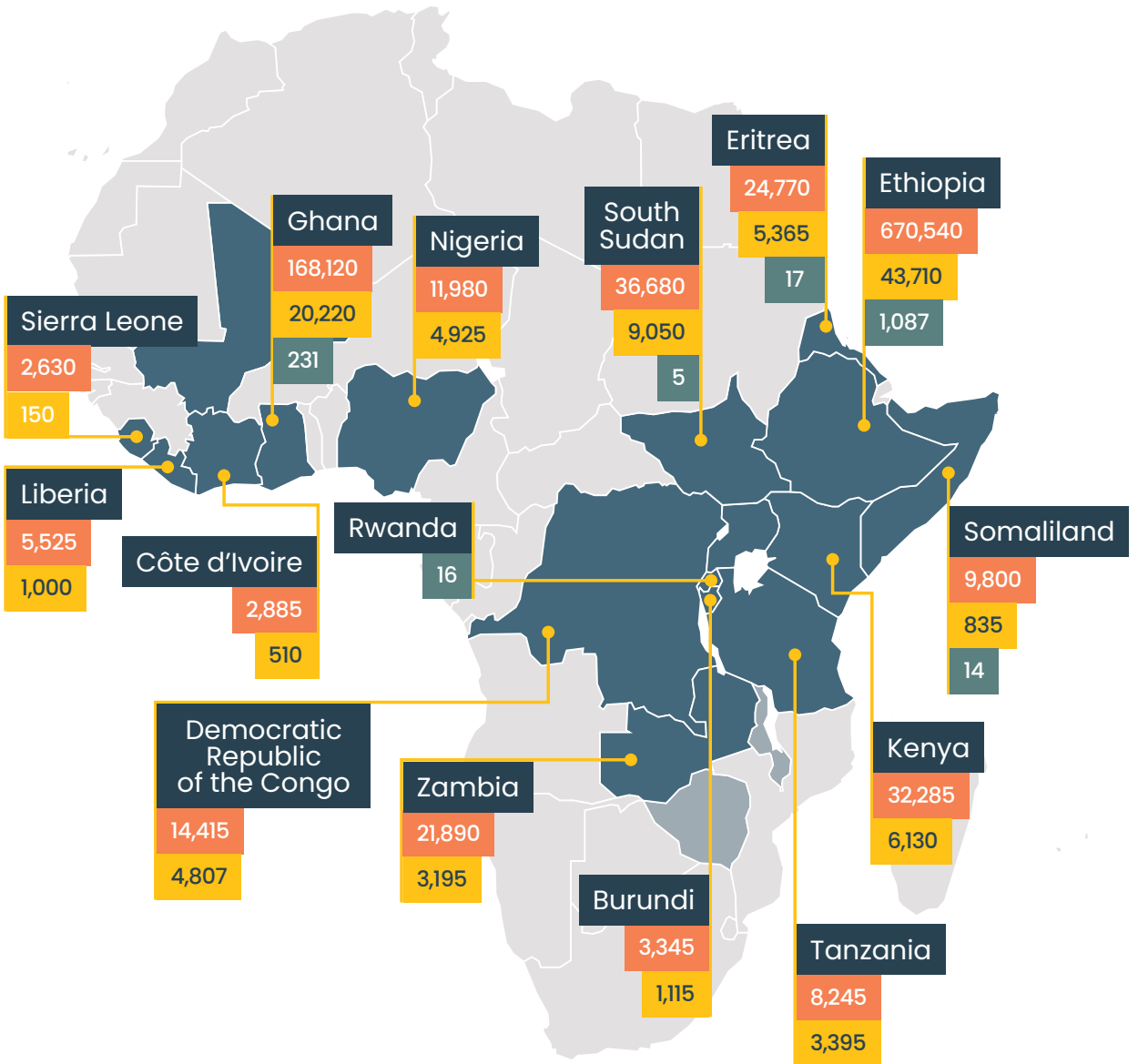
Our 5-year strategic plan is available on our website.

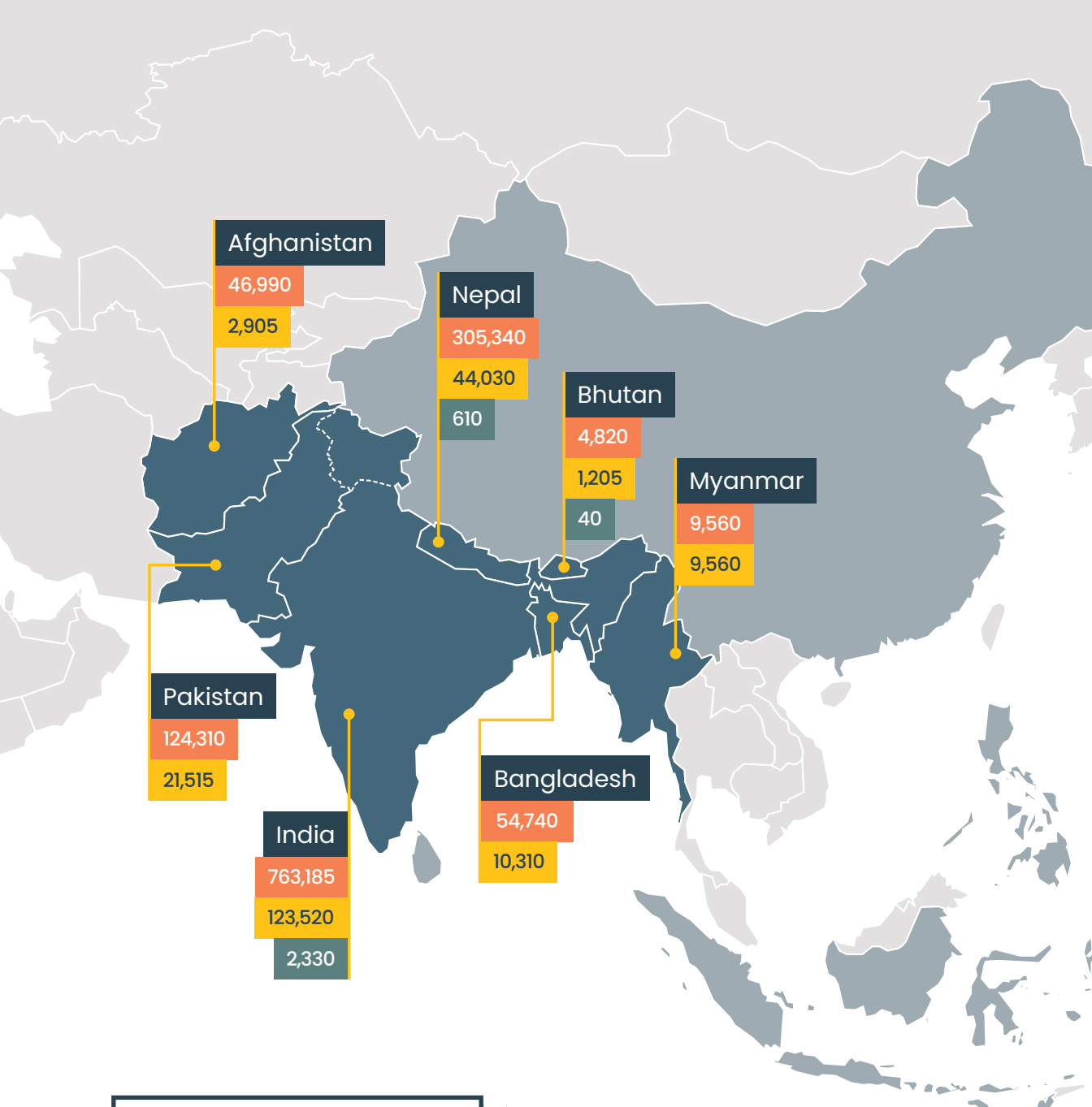


## More lives changed than ever before.

Thanks to your generosity and the extraordinary commitment of an anonymous donor, we cured the equivalent of **more than 1% of global cataract blindness** for the second consecutive year – transforming lives, families, and communities together.

- 2.25+ million patients screened and treated across 26 countries
- 315,000+ sight-restoring surgeries
- Thousands of local eye care professionals trained
- \$7+ million in ophthalmic equipment and consumables donated





### 2025 Country Activities

- screenings
- surgeries
- training opportunities
- country with 2025 activities
- country with past activities





# Building Sustainable Eye Care Through Training Partnerships

For more than 30 years, Cure Blindness Project has strengthened global eye care by prioritizing high-quality ophthalmic training delivered by leading ophthalmologists. By investing in local expertise, the organization helps countries build sustainable eye care systems and reduce preventable blindness.

Through partnerships with academic institutions and volunteer clinicians, Cure Blindness Project provides rigorous, locally relevant training. Key programs include the American Academy of Ophthalmology curriculum in an 18-month Virtual Classroom paired with a 3-day Live Classroom along with mentorship from experienced ophthalmologists, U.S. medical observerships, and fellowships for subspecialty training.

This approach creates a lasting cycle of impact where trained ophthalmologists become hospital leaders and mentors who train the next generation. Today, many graduates lead eye care programs in their home countries, helping build stronger, self-sustaining eye health systems.

## North American Partners

Bascom Palmer Eye Institute at the University of Miami  
Byers Eye Institute Department of Ophthalmology  
at Stanford University  
Duke Ophthalmology at Duke University  
School of Medicine  
Kellogg Eye Center at University of Michigan Medicine  
Medical Eye Center  
Midwest Eye Care  
UCSF Proctor Foundation  
University of British Columbia  
University of Illinois, Chicago  
University of Iowa  
University of Utah Moran Eye Center  
University of Virginia  
Wills Eye Hospital



# Global Clinical and Training Partners

## Bhutan

Royal Government of Bhutan

## Burundi

Eye Love Africa

## Democratic Republic of the Congo

Eye Love Africa

## Eritrea

Berhan Aini Hospital/Ministry of Health of Eritrea

Orotta College

## Ethiopia

Addis Ababa University

Ambo University

Arba Minch Hospital

Axum University

Bahir Dar University

Bete-Abreham Eye Clinic

Bisidimo Hospital

Boru Meda Hospital

Bule Hora University

Debre Birhan University

Dubti Hospital

Eye Bank of Ethiopia

Eyu Ophthalmic Clinic

Felege Hiwot Hospital

Goba General Hospital

Gode General

Gonder University

Hawassa University

Hosana Hospital

Jimma University

Mekelle University

Ministry of Health Ethiopia (MOH)

Myung Sung Christian Medical Center (MCM)

Nekemte Mekane Yesus Ophthalmology Specialty Clinic

Quiha Zonal Hospital

St. Paul's Hospital Millennium Medical College

Wolaita Sodo University

Woldiya Hospital

## Ghana

Agogo Presby Hospital

Bolgatanga Presby Hospital

Cape Coast Teaching Hospital

Crystal Eye Clinic

Friends Eye Center

Ghana Health Service/

National Cataract Outreach Program

Holy Family Hospital Techiman

Komfo Anokye Teaching Hospital

Korle Bu Teaching Hospital

Right to Sight and Health/ Tamale Eye Hospital

St. Patrick's Hospital Offinso

Tamale Teaching Hospital

Tetteh Quarshie Memorial Hospital

Watborg Eye Services

## India

Akhand Jyoti

Aravind Eye Care System

Dr. Shroff's Charity Eye Hospital

HV Desai Eye Hospital

LV Prasad Eye Institute

MGM Eye Institute

Pushpagiri Vitreo Retina Institute

Riti Eye Care Hospital

Sitapur Eye Hospital

SNC Chitrakoot

Siliguri Greater Lions Eye Hospital

Trilochan Netralaya

## Israel

Assof Harofeh Medical Center

## Ivory Coast

Helen Keller Intl

## Kenya

College of Ophthalmology of Eastern Central  
and Southern Africa (COECSA)

Kenya Society for Blind

Innovation Eye Centre

## Liberia

General Ophthalmic Association of Liberia

## Nepal

Tilganga Institute of Ophthalmology & Network

Bharatpur Eye Hospital

Geta Eye Hospital

Fattebahal Eye Hospital

Rapti Eye Hospital

The Ruit Foundation

Surkhet Eye Hospital

## Nigeria

Africa Cataract and Eye Foundation

Tulsi Chanrai Foundation

## Rwanda

Rwanda International Institute of Ophthalmology (RIIO)

## Sierra Leone

Helen Keller Intl

## Somaliland

Hargeisa Group Hospital (HGH)

Manhal Specialty Hospital (MSH)

## South Sudan

The Carter Center (TCC)

Catholic Diocese of Wau (CDoW)

Christoffel-Blindenmission Christian Blind Mission (CBM)

Ophthalmology Association of South Sudan (OASS)

## Tanzania

Eye Corps

Helen Keller Intl

## Zambia

Lions Aid Zambia





Kasturi Bishi, 64, India

Kasturi Bishi, 64, lives with her husband in a small village in Odisha, India. The couple worked as blacksmiths, making and selling iron tools to earn a living. Their routine fell apart when Kasturi began losing her vision to cataracts. She couldn't work, and her husband stayed home to care for her. With no income, accessing treatment felt impossible.

Hope came when they heard about a free eye screening supported by Trilochan Netralaya and Cure Blindness Project. At the screening, she was identified with mature cataracts in both eyes and referred to Trilochan Netralaya for surgery.

With quiet courage, Kasturi underwent the procedure—free of cost, with support from Cure Blindness Project. Today, she can see clearly again. She's back to work, back on her feet, and filled with joy and gratitude.



The Garang Maduok siblings a year after their surgeries. Kual (7), Arick (16), and Akual (13)



The Garang Maduok siblings before surgery.

Two years ago, photographer Chris Hildreth and Dr. Lloyd Williams, head of global ophthalmology at Duke University, traveled to South Sudan to provide free cataract surgeries in an area with great need. At the surgical outreach they met three siblings, each blind for a majority of their childhood. The youngest lost his sight as an infant and had never seen his mom.

In 2025, Dr. Lloyd and Chris returned to South Sudan to provide more sight restoring surgeries and visited the same three siblings again.

The children are now full of hope and excitement. We wish them happiness for their bright future.

South Sudan suffers from one of the highest rates of blindness in the world. The population of 11 million people have endured years of conflict and have little to no access to eye care.

Each surgery performed by our volunteers and partners brings hope not only to the patient, but also to their family and community.

Photos courtesy of Chris Hildreth / Rooster Media Official

# Social Return on Investment Study Proves Value of ASHA Training

The 2025 Social Return on Investment (SROI) study conducted by Deloitte illustrates the tangible impact of Cure Blindness Project's community-based eye care initiatives in India and Nepal. These programs address persistent gaps in rural health systems by bringing essential eye services closer to people who need care. Lack of eye health services close to communities in need can be caused by geographic isolation, limited trained personnel, low public awareness, and high travel costs for tertiary care.

Implemented in partnership with Sitapur Eye Hospital, the program in India equipped and trained Accredited Social Health Activists (ASHAs) to identify, treat, and refer eye conditions at the community level. This approach enabled timely treatment for more than 55,000 villagers with corneal abrasions, has facilitated referrals for 36,000 individuals, and has ensured that 97% of cases were managed locally. Early intervention helped 41% of primary earners avoid income loss, while the program strengthened alignment with national blindness-prevention strategies.

In Nepal, partnerships with Bharatpur Eye Hospital and the Tilganga Institute of Ophthalmology supported the training of Female Community Health Volunteers (FCHVs) to provide first aid for eye injuries, treat corneal abrasions, and improve referral pathways. The program reached 26,495 people and treated 14,440 individuals within their communities, reducing travel time by 2–10 hours per visit and generating meaningful cost savings for low-income families.

Across both countries, the SROI findings highlight substantial social and economic value: \$7.30 generated per \$1 invested in India, and \$5.02 per \$1 in Nepal. Beyond restoring sight, these initiatives protect livelihoods, reduce inequalities, ease pressure on tertiary facilities, and strengthen community resilience. By embedding eye care within primary health systems and empowering local health workers, Cure Blindness Project's approach offers a sustainable, high-value model for advancing universal eye health coverage.

India Country Director Shafali Sharma leads training of 640 community health workers in Sitapur. The April 2025 training equipped attendees with essential knowledge in basic eye anatomy, comprehensive eye care, identification and primary management of corneal abrasions, and appropriate referral protocols.

Cure Blindness Project expanded this initiative to Ghana in 2025 with a three-day training program for 25 ophthalmic nurses from five regions.



The study's findings show substantial social and economic value in both countries:

**\$7.30**

GENERATED PER  
**\$1 INVESTED**  
IN INDIA

**\$5.02**

GENERATED PER  
**\$1 INVESTED**  
IN NEPAL



**97% of ASHA cases**  
were successfully  
managed locally

**14,440 individuals**  
were treated within  
their communities



# Ophthalmology Training Accessible for First Time to Somaliland Residents

Ophthalmology residents in regions where Cure Blindness Project works often lack access to specialty training. This presents challenges since many countries in sub-Saharan Africa may have only a handful of trained eye surgeons to treat tens of thousands or more.

“We are so specialized here in the States that if I have a patient with a retina problem, it is very easy to give my opinion and then refer that person to a retina specialist. Doctors do not have that luxury in sub-Saharan Africa, so they develop a very broad skill set,” says Dr. Jason Dettori, a Live Classroom volunteer. Dettori has taught cataract surgical techniques in Ghana.

## Bridging the Gap in Ophthalmology Training

Cure Blindness Project’s Virtual and Live Classrooms bridge the learning gap by providing world-class instruction to enhance knowledge and skills for the next generation of those who will treat and cure blindness.

For residents Dr. Hooda Said Ahmen and Dr. Shukri Osman Jama from Somaliland, January’s Live Classroom offered a first-ever opportunity to learn from lectures and in critical hands-on wet labs. The two learned of the program when Cure Blindness Project staff traveled to Somaliland to participate in a high volume surgical outreach.

## A Vision for the Future in Somaliland

“It exceeded our expectations,” says Ahmen. “All aspects pertaining to this program were valuable and essential to us. We especially value epidemiology, understanding how global efforts to reduce the incidence of blindness and enhance visual quality and research methodologies.”

“Ophthalmology is developing quickly,” adds Jama.



“With new concepts, technology and updated requirements. Learning the skill of pupiloplasty will be essential to us due to a higher number of traumas.”

Empowered from their week in Ethiopia at Live Classroom, the doctors are committed to continuing what started here in the classroom.

“We intend to start a new project that will train health professionals and initiate primary eye care and expand the region from the district level. Also, doing community education programs including seeking a meeting early at an eye care facility and not waiting to go blind,” they say.

“We intend to impart the skills and knowledge we have acquired from this training to colleagues and peers in Somaliland by explaining ophthalmology needs as a team, and keeping each other updated by putting what we have learned into practice and consistently applying what we have learned.”



# “Now he can start school and have a chance at a real life.”



Bezabeh Andarge, 19, Ethiopia

Bezabeh Andarge, a 19-year-old from Dita Woreda, Ethiopia faced a double challenge: blindness in both eyes and a hearing impairment. Without resources for treatment, Bezabeh's world grew increasingly isolated.

Despite his hearing difficulties, Bezabeh had been a promising student, reaching the 6th grade. The loss of his eyesight forced him to abandon his education, extinguishing his hopes for the future.

Asefa Andarge, Bezabeh's uncle and a traditional cloth worker, became his dedicated caregiver. Limited by their financial circumstances, Asefa couldn't afford to seek medical help for Bezabeh's eyes or ears.

Asefa heard about a Cure Blindness Project outreach and brought his nephew for care. Thanks to Cure Blindness Project's intervention, Bezabeh regained his vision. Asefa watched with tears in his eyes as his nephew was finally able to see.

“We couldn't afford his treatment. Thank you all of you for doing this,” he exclaimed. “Now he can start school and have a chance at a real life.”

Overjoyed by the transformation, Asefa asked if Cure Blindness Project could also help Bezabeh with his hearing impairment. We were able to connect them with doctors who could evaluate Bezabeh's hearing and explore potential treatment options.

# The Positive Global Impact of Advocacy

## Bhutan

In Bhutan, Cure Blindness Project worked closely with WHO South-East Asia Regional Office to support the development of Bhutan's National Eye Health Strategic Plan. A key workshop held in July 2025 brought together national stakeholders and Cure Blindness leadership to finalize the plan, which is expected to guide future investments and strategic direction for the country's eye health system.

## Ethiopia

Cure Blindness Project supported the Ministry of Health's Human Resource Directorate in developing and adopting national Continuing Professional Development (CPD) manuals for optometrists and ophthalmic nurses. These manuals ensure that all eye health professionals meet standardized training requirements for license renewal, contributing to improved service quality.

At the 2025 COECSA Congress in Addis Ababa, Cure Blindness Project's visibility and strategic engagement helped strengthen relationships with regional stakeholders. Additionally, our organization continued to advance policy advocacy for eyeglass tax exemption by leveraging national platforms, including World Sight Day.

A regional workshop organized by the team trained corneal surgeons from Kenya, Tanzania, Rwanda, and Uganda as advocates for Eye Banking. The workshop not only strengthened regional networks but also contributed to ongoing efforts to improve access to corneal tissue and support eye banking systems across East Africa.

## Ghana

The advocacy team achieved a major policy advancement with the signing of a Memorandum of Understanding (MoU) with the Ghana Health Service. The agreement ensures that partners will reimburse the National Cataract Outreach Program (NCOP) for surgeries via national insurance mechanisms—an important step toward long-term financial sustainability.

The team also coordinated the Corneal Blindness Working Group, which continues to drive national momentum toward establishing an Organ and Tissue Donation and Transplantation policy. By the end of 2025, the Ministry of Health formally committed to developing this policy and legislative framework in partnership with the Cure Blindness Project.

## India

In India, the Advocacy team focused on advancing the Blindness Prevention Program (BPP) in Uttar Pradesh. Following state government approvals, the program expanded into two additional blocks and is now active across six blocks in Sitapur and Bahraich districts. This expansion demonstrates growing government confidence in the program's effectiveness.

A major milestone of the year was the high-profile launch of the Deloitte Social Return on Investment (SROI) Study on 11 September 2025 in Lucknow. The event convened more than 80 participants, including senior representatives from state health departments, district authorities, NGO partners, eye health institutions, and Community Health Workers. The study reported an SROI of USD 7.30, illustrating that every dollar invested generated over seven dollars in social value—underscoring the program's substantial impact.

Following the launch, the team compiled recommendations from the discussions and began engaging with the State Program Officer for the National Programme for Control of Blindness and Visual Impairment (NPCBVI). These consultations will inform a proposal to support sustainable scaling of the Sitapur model to additional districts.



## Nepal

Nepal hosted the 2025 IAPB 2030 IN SIGHT Live convening in Kathmandu, where Cure Blindness Project had a strong leadership presence. CEO K-T Overbey and senior leaders took the stage to share insights from the organization's global impact and innovation in eye health.

The team also utilized the convening to engage in strategic meetings with Ministry of Health officials. These discussions strengthened relationships and created momentum for deeper integration of eye health within national planning processes.

## World Health Organization (WHO) Regional Meeting

Punam Bhandari, Country Director in Nepal, attended the WHO regional meeting in Madurai, India in November. The meeting brought together WHO Collaborating Centers, NGOs, government officials across Asia, IAPB members, the Bhutan team, and colleagues from Aravind and WHO.

The discussions focused on countries' progress toward the 2030 cataract and refractive error targets, current gaps, and the strategic shifts needed to accelerate progress. Many countries continue to face similar challenges: limited baseline data, weak Health Management Information Systems, shortages of trained human resources, and low community awareness. There was a discussion on introducing community-level diabetic retinopathy screening across all countries, which was well received and recognized as an important emerging priority for the region.

Advocacy remains a major need, especially for integrating eye health into broader health systems and linking services with insurance and cost-recovery mechanisms.



U.S. Ambassador to Ethiopia visits an outreach in Bisidimo in November 2025.



U.S. Ambassador to Ethiopia speaks with Dr. Matt Oliva.

# Ethiopia Opens Second Eye Bank at Jimma University Medical Center

In 2025, Ethiopia reached a significant milestone in expanding equitable access to eye care with the establishment of the country's second eye bank at Jimma University Medical Center. The inauguration ceremony brought together State Minister of Health Dr. Dereje Duguma, Prof. Nesanet Werkeneh, Head of the Oromia Health Bureau, senior government officials, pioneers from Ethiopia's first eye bank, corneal surgeons from across the country, and representatives from partner organizations.

During the event, Dr. Jafar Kedir Ababora, anterior segment subspecialist, corneal surgeon, and Head of the Ophthalmology Department at Jimma Medical Center, highlighted the transformative impact of this development. With more than 500,000 Ethiopians currently in need of corneal transplants, reliance on a single national eye bank

had long been a critical constraint. The launch of the second facility marks a major advance toward meeting the growing demand for corneal tissue and strengthening Ethiopia's eye-care infrastructure.



Celebrating the new Eye Bank opening.

Dr. Jafar expressed deep appreciation to all partners who contributed to the realization of this effort, with special recognition to Cure Blindness Project—the sole NGO supporting the establishment of the new eye bank. In acknowledgment of our leadership and commitment, the Deputy Minister of Health presented an official certificate of appreciation to Dr. Zelalem Habtamu, Cure Blindness Project Ethiopia Country Director.

This achievement underscores Ethiopia's progress in expanding sustainable eye-health systems and advancing the country's vision to reduce avoidable blindness.





## Training Ophthalmic Nurses Across Ghana

For many people living in remote areas, community health centers are their only accessible source of medical care due to the long distances to larger hospitals. Unfortunately, most ophthalmologists and eye surgeons are concentrated in major towns, leaving a gap in timely diagnosis and treatment for those in need. Cure Blindness Project aims to bridge this gap by empowering front-line health workers to identify, manage, and refer a broader range of eye conditions.

As part of its commitment to delivering comprehensive eye care, Cure Blindness Project recently organized a three-day training program in Ghana for 25 ophthalmic nurses from five regions. The initiative is a key step in building the capacity of primary care personnel, often the first point of contact for individuals with eye health concerns, especially in rural communities.

The training focused on equipping nurses with the skills to provide primary medical care for conditions such as corneal diseases, refractive errors, cataracts, diabetic retinopathy, and glaucoma. Led by four of Ghana's ophthalmologists and our program team from Ghana and from India,

the sessions included lectures, case studies, and hands-on clinical practice at the Koforidua Regional Hospital. Nurses were grouped to ensure each participant had the opportunity to diagnose and propose treatment plans under expert supervision.

Dr. Seth Lartey, a corneal consultant at Komfo Anokye Teaching Hospital, emphasized the importance of the training:

“This initiative will reduce the burden on teaching hospitals, allowing surgeons to focus on the most critical cases. It also builds the confidence of nurses to manage less severe conditions and make informed referrals.”

Looking ahead, Cure Blindness Project plans to expand its training to include more ophthalmic nurses in Ghana, equipping them with the skills to screen and treat basic eye conditions and refer more complex cases. This approach is central to one of the organization's goals of creating stronger referral pathways and ensuring that comprehensive eye care is accessible to all, especially those in underserved communities.

# Fellowship Boosts Ethiopia's Glaucoma Treatment Capabilities

Expanding access to quality and affordable health care is a central element in eliminating extreme poverty and promoting shared prosperity. In many low- and middle-income countries, including Ethiopia, governments do not have the capacity to serve the entire population. Non-governmental organizations can play a critical role in filling the unmet needs.

Cure Blindness Project is currently building an eye center in Bahir Dar, Ethiopia. The goal of the eye care center is to eliminate needless blindness in the Amhara region by providing affordable and accessible eye care services to patients of all income levels.

Dr. Hiwot Degineh recently finalized her glaucoma fellowship and currently serves as Chief Clinical Officer and glaucoma surgeon at Bahir Dar Specialty Eye Center. Her interest in glaucoma was due to the high burden of blindness caused by glaucoma in Ethiopia.

Dr. Degineh writes about her experience as a fellow at Tilganga Institute of Ophthalmology (TIO) in Nepal: As an African-based glaucoma fellow, training at a place like TIO, where trabeculectomy and other glaucoma procedures are performed at the greatest level of skill and setup allows me to comprehend what is described in textbooks can be performed in person.

Early diagnosis of glaucoma, medical management, optic nerve head assessment, gonioscopy, tonometry, and the fundamentals of performing trabeculectomy procedures were the area of focus during my first phase of glaucoma fellowship training. These are crucial components of the fellowship program for glaucoma.

My glaucoma fellowship went incredibly well. Through the guidance and assistance of Dr. Indira Paudyal, I received a great deal of experience and expertise. I'm thankful to the dedication of my mentors, Dr. Suman Thapa and Dr. Indira Paudyal, during my training.

"I am deeply honored to have worked with Eritrea's first ophthalmology residents—among the most motivated and capable doctors I've trained. Their passion and dedication will undoubtedly transform and strengthen eye care in their communities.

"Mentoring them through both fundamental principles and complex surgical cases was equally a period of joy and growth for me, reinforcing the profound value of shared learning and collaboration in advancing patient care."

Dr. Lacey Echaliier, Oculoplastic specialist, Reconstruction and cosmetic surgery at Medical Eye Center, Oregon



Dr. Lacey Echaliier (on the right), providing oculoplastic training for an Eritrean resident.



## A Community Health Worker Brings Eye Care Home

In her village, Beena is often the first person neighbors turn to when something is wrong with their eyes. But it wasn't always this way.

For years, communities viewed Accredited Social Health Activists (ASHA) primarily as helpers for expectant mothers and newborn babies. Through specialized eye-care training from Cure Blindness Project, that role has expanded—empowering women like Beena to bring critical eye care directly to their communities while building on the trust they already hold as local health workers.

As an ASHA, a community health worker who connects rural residents with essential health services, Beena visits homes, speaks with families, and checks for early signs of eye disease. In places where access to clinics is limited, ASHAs are a vital bridge between the health system and the people in need of care. ASHAs serve as the backbone of primary healthcare in rural areas.

"Initially, when I used to go into the field, people were skeptical," Beena says. "The elders in the family thought that since I was a woman from the household, I couldn't go near them to check their eyes." Many in Beena's village didn't fully understand the role ASHAs could play in protecting vision. Without timely treatment, even minor eye injuries would often worsen. "Due to the lack of immediate

medical attention, many patients lost their vision completely," she explains.

Everything changed after Beena successfully treated a family member's eye infection. Word spread quickly. As the community saw the positive results, trust grew, and people began seeking her help.

With training from Cure Blindness Project, Beena learned how to identify common eye conditions, provide initial treatment when appropriate, and refer patients who need more advanced care. The training program equips community health workers with practical skills to detect problems early—sometimes preventing vision loss before it begins. Since the initiative launched, ASHAs have treated more than 70,000 corneal abrasions, injuries that often previously led to permanent blindness.

Armed with simple tools and life-saving knowledge, Beena now brings eye care directly to the doorsteps of her neighbors. A quick screening, timely referral, or a few medicated drops can mean the difference between healthy sight and preventable blindness.

"This is a great feeling to help people regain their vision," she said. "[My community] can be guided toward the right path, so that they can protect themselves from blindness. I'm thankful for this."



The Department of Clinical Services, National Medical Services, the Royal Government of Bhutan, and Cure Blindness Project, collaborated on a three-day clinical training program for 40 Ophthalmic Assistants and Ophthalmic Nurses (OA/ON) at the Gyalyum Kesang Choeden Wangchuck National Eye Centre, in Thimphu, Bhutan.



**“Mama, you  
can see!”**

Daughter Jane exclaims to her mother after successful surgery at City Eye Hospital, Nyeri, Kenya

Photo courtesy of Michèle Cardamone

# A Partnership Advancing Community Eye Health in Uttar Pradesh

In Biswan, in the Sitapur district of Uttar Pradesh, India, agriculture and local industry shape the daily lives of surrounding rural communities. Long hours in the fields and demanding work routines often mean that eye health receives little attention, even though these occupations expose people to risks such as dust, debris during crop cutting, and untreated vision problems. Limited access to timely eye care services further compounds the challenge, leaving many conditions unaddressed until they begin to affect people's ability to work and live comfortably.

Recognizing these challenges, Cure Blindness Project, in collaboration with Sitapur Eye Hospital, began working to strengthen access to eye care in the region in 2018. Building on these efforts, Seksaria Biswan Sugar Factory Ltd. joined the initiative in 2019 with a shared commitment to advancing community eye health. What began as a collaboration to support eye care services has since evolved into a broader partnership focused on expanding access to care, strengthening local capacity, and promoting greater awareness of eye health across Biswan and its surrounding villages.

As the partnership began to take shape, a key priority was to bring eye care closer to the community. Seksaria Biswan Sugar Factory served as a local anchor for the initiative by hosting refresher trainings for community health workers, who play a vital role in providing primary eye care at the community level. Access to services was further strengthened through the establishment of a vision centre within the factory campus, supporting both factory workers and residents from nearby villages. Together, these efforts are helping ensure that eye

health becomes part of everyday health-seeking behavior rather than a concern addressed only when vision loss becomes severe.

As the partnership expanded, its focus also included prevention and awareness. Factory supervisors were trained in basic eye health, while farmers in surrounding villages were sensitized on eye safety during agricultural work. The factory further supported these efforts by facilitating the distribution of **4,000 safety glasses** during the crop-cutting season to help reduce eye injuries.

The collaboration has also supported children's eye health. To mark World Sight Day, a school vision screening camp **screened more than 650 students and identified 93 children with refractive errors**. With support from Seksaria Sugar Factory, these students received free spectacles, ensuring that vision challenges do not hinder their learning.

Over the years, Seksaria Biswan Sugar Factory has remained an engaged partner in strengthening community-based eye care. The factory also contributed to the Social Return on Investment (SROI) study, sharing insights on how improved access to eye care benefits workers, families, and surrounding communities.

The partnership between Cure Blindness Project and Seksaria Biswan Sugar Factory highlights the value of collaborations rooted within the communities they serve. Through sustained engagement, the partnership continues to demonstrate how local industry can play a meaningful role in strengthening access to eye care and supporting healthier communities across the region.



School vision screening sponsored by Seksaria Sugar Factory.

# Virtual and Live Classrooms Advance Knowledge and Training Expertise

Cure Blindness Project's mission to build sustainable systems is advanced by the growing success of Virtual and Live Classroom. Launched in 2023, Virtual Classroom is an 18-month online program for ophthalmology residents that bridges existing training gaps.

In 2024, Cure Blindness Project added Live Classroom, a hands-on training program for residents. The Virtual and Live Classrooms are anchored in internationally recognized ophthalmology curricula and core textbooks, ensuring residents are trained to the highest international standard.

Live Classroom is an immersive resident review course covering all ophthalmic subspecialties through expert-led lectures and hands-on wet lab training in essential clinical and surgical skills. In 2025, nearly 200 residents from Nepal, Ghana, Ethiopia, Rwanda, and Somaliland participated.

Live Classroom pairs local and global faculty to engage residents, further empowering in-country doctors with learning and mentorship. In 2025 in **Nepal**, residents participated in **Phaco wet labs**, something no other residents in the region are doing. With the **addition of ten wet labs in Ethiopia** and the intensive training of medical faculty with curriculum plans for 2026 instruction, future wet labs in Ethiopia will be taught in Ethiopia by in-country ophthalmic leaders. This moves Ethiopia closer to self-sustainability for resident training. Two faculty in **Ghana** participated in the wet lab training to help the western sub-Saharan nation move toward self-sustainability.

"Cure Blindness Project is second to none in providing resident training," says Dr. Ashiyana Nariani, Senior Technical Advisor, Ophthalmic Training and Research with Cure Blindness Project. "Live Classroom allows us to elevate resident training with plans specific to their respective country's needs and meet them where they're at," explains Nariani. "By training residents, we're shaping the future of a country's eye care."

**33 RESIDENTS**  
TRAINED IN ADVANCED  
GLAUCOMA WET LABS

**7 MASTER TRAINERS**  
WERE TRAINED—INCREASING  
THE PROGRAM'S SUSTAINABILITY

**1,173 CATARACT SURGERIES**  
COMPLETED BY 50 RESIDENTS  
AT OUTREACHES



Dr. Geoff Tabin observes as an ophthalmology resident performs cataract surgery during the Live Classroom review course at the Korle Bu Teaching Hospital in Accra, Ghana.

# Winners of Cure Blindness Project's 2025 Research Grants

Cure Blindness Project awarded 13 grants in 2025 with research goals that align with our foundational pillars: to provide comprehensive patient care, build local capacity, support infrastructure and equipment, and to enhance advocacy efforts.

From the applicant pool, a total of four Faculty Grants (at \$10,000 award each) and nine Resident Grants (\$2,000 grant each) were selected.

Each accepted project explores and elevates eye care, global ophthalmology and practices in the regions where we work. Research addresses current questions in Nepal, Rwanda, Ethiopia and Eritrea.

"Research finds new, innovative ways to both look at and approach existing challenges within the field of

eye care," says Ashiyana Nariani, Senior Technical Advisor, Ophthalmic Training and Research at Cure Blindness Project.

Rooted in academic excellence, Cure Blindness Project has always placed an importance on research. Since the organization's inception, professionals associated with Cure Blindness Project have been publishing in a wide range of ophthalmological and public health journals.

Research topics include: Retinopathy of Prematurity, Pediatric Cataract Surgery, Cataract Blindness, Impact of War on Eye Care Services, Corneal Donations, Retinal Detachment, Glaucoma, Causes of Childhood Blindness, Macular Degeneration, and Refractive Error.



**"I am happy to be able to see my family again."**

At 68 years old, Joshua Chepkole from Baringo, Kenya developed cataracts that gradually clouded his vision. With no specialized eye health services available in the region, he struggled for months without access to treatment, unable to see clearly or recognize familiar faces. During the recent surgical outreach, Joshua finally received cataract surgery, and his sight was restored. He is now overjoyed to see the faces of his loved ones and the beauty of his environment once again.



## Restore sight for \$70

The average cost for a sight-restoring cataract surgery is \$70.

Donate online today:  
[cureblindness.org/impact2025](https://cureblindness.org/impact2025)



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