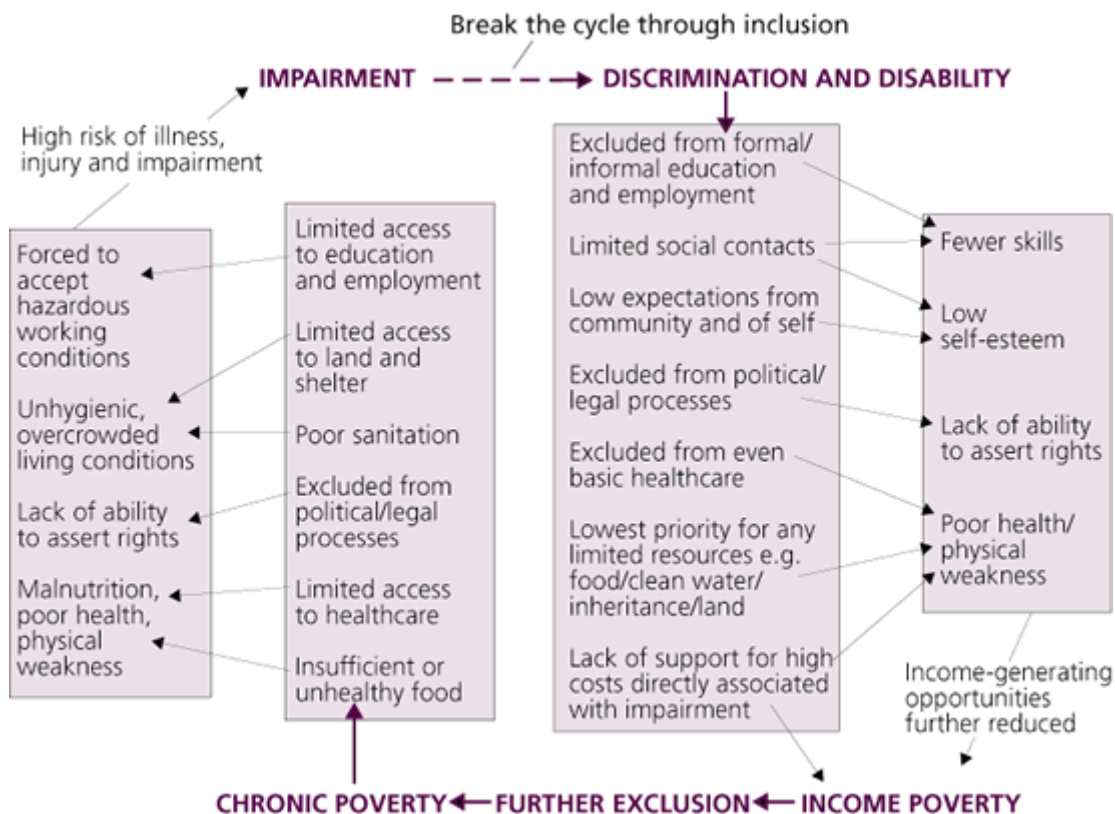


Dark & Light's mission in relation to the Millennium Development Goals (MDGs)

Goal 1: Eradicate extreme poverty and hunger

Disability influences livelihood opportunities in many ways. A known phenomenon is the [poverty cycle](#): poverty increases the risk of getting an impairment. An impairment often leads to exclusion from education, employment, health services etc. This leads to a further decline in income opportunities, resulting in further exclusion and eventually leading to chronic poverty.ⁱ See figure below.ⁱⁱ



This cycle is broken by inclusion of disabled people in society and by prevention & treatment of diseases that lead to disability.

Dark & Light Blind Care contributes to the fight against extreme poverty by focusing its activities on:

- prevention and treatment of blindness through community eye care.
- inclusion of visual impaired people into society through rehabilitation, education & vocational training.

Impact of community eye care on poverty reduction

Community eye care prevents people from becoming unnecessarily blind and provides treatment for curable eye diseases. Community eye care aims to remove all barriers that people can face in accessing the available services. This approach improves the access to eye care for vulnerable groups.

Eye care interventions are often relatively simple and have a quick positive impact on the vision and abilities of the patients. Cataract for example: if not treated, cataract eventually leads to blindness. However, more than 90% of the patients can be operated with good results. Treatment of cataract is a [very cost-effective measure](#) according to the World Bankⁱⁱⁱ. The costs of surgeries are far less than the expected costs for society when the patients are not operated¹. A few weeks after the eye operation patients have regained their optimal vision again and can thus continue with their daily work.

Interventions to fight Trachoma, an infectious “poverty” disease that can be prevented by taking hygienic measures and can be treated by antibiotics and trichiasis surgery, are also very cost effective. A study on the economic impact of trachoma interventions estimates a [cost-effectiveness of trichiasis surgery](#) ranging from I\$ 13 to I\$ 78 per disability-adjusted life years (DALY) averted^{iv}. This means that trichiasis surgery is very cost-effective. Mass treatment with the antibiotic Azithromycin is cost-effective when drugs are donated or when large price reductions can be achieved.

Goal 2: Achieve universal primary education

Children with disability are often less likely to be in school. A survey of data in different countries shows an enrolment rate of disabled children (age 6-11) from 14% in Burundi to 29% in Indonesia. While the enrolment of children without disability in the same age group in Burundi was 37% and 88% in Indonesia^v.

The EFA (Education for All) Global Monitoring Report 2007 estimated that one third of the 77 million children still out of school are disabled, and that fewer than 10 per cent of disabled children in Sub-Saharan Africa attend school (UNESCO, 2006). The report recommends that Inclusive education should be a top priority if governments want to achieve the targets on Education for All.

(source: *Strong Foundations: Early Childhood Care and Education*, EFA Global Monitoring Report 2007, Paris: UNESCO (www.unesco.org)).

The UN Convention on the Rights of the Child expresses the right of each child to education (Article 28), and the responsibility of governments to ensure that disabled children receive quality education (Article 23).

This is reinforced by the UN Convention on the Rights of Persons with Disabilities, which places an obligation on governments to ensure an inclusive system (Article 24).

¹ The article mentions cost-effectiveness ratio's of I\$ 57 for South-East Asia and I\$ 109 for Africa per disability-adjusted life years averted (the number of years people would have to live with disability if they were not operated). According to WHO standards this means a positive economic impact on society.

Dark & Light Blind Care contributes towards reaching this goal in two ways. Our regular community eye care programmes and childhood blindness programs work on early detection of children with visual impairment. If possible children are operated. By operating children with cataract at a young age, the result of the operation is much better. Children who are still blind or who have low vision are stimulated to attend school via inclusive education programs. Our low vision programmes provide them with glasses and adaptive devices and trains the teachers to give special attention to those children. This prevents them from dropping out.

Goal 3: Promote gender equality and empower women

Population based surveys on blindness-prevalence indicate that women bear approximately two-third of the burden of blindness in the world. Barriers that prevent people from using available eye-care services vary considerably for women and men.^{vi} Statistics from different eye care programs show that in the first years the female: male ratio is below 50:50 but after some years of service provision the ratio is usually increasing to above 50:50. Eye care providers have a role to play in the identification and the removal of barriers that prevent women from receiving health care services.

Another topic is the risk of sexual abuse and the risk of sexually transmitted diseases. People with a disability, and especially women with a visual impairment are more likely to be sexually abused^{vii}: they cannot see potential abusers or identify actual abusers, they are often less powerful and lack permanent marriage partners. On top of this, communication materials on important health issues are often inaccessible. Organisations that work on empowerment of blind men and women, play an important role in reducing these risks.

Goal 4: Reduce child mortality

Several studies indicate higher mortality rates among children and adults with visual disabilities and also greater risk of accidents^{viii}. Research also suggests that interventions to reverse blindness or rehabilitation interventions can reduce the risk of mortality. For instance: vitamine A supplementation prevents blindness in young children and also is the best treatment against measles and other potentially fatal diseases.

Goal 6: Combat HIV/AIDS, malaria and other diseases

A study on HIV/AIDS and disability has found that people with disabilities are at significant higher risk of becoming HIV infected^{ix,x}. See also the text under goal 3 about the risks of sexual abuse. Organisations providing rehabilitation services to blind and other disabled persons organise awareness campaigns targeting the disabled and their community members to inform them about the risks of HIV/AIDS and how to prevent them.

Goal 7: Ensure environmental sustainability

The eye infection Trachoma, which is in fact a poverty disease, is to be eliminated using the [SAFE](#) strategy, which is promoted by WHO^{xi}. Besides Surgery and Antibiotics, the SAFE strategy targets the Facial cleanliness and improvement of the community Environment to eliminate the disease. Especially provision of water, improvement of sanitation and garbage removal are measures taken to reduce the number of transmissions of trachoma.

ⁱ Yeo,R. and K. Moore. 2003. Including disabled people in poverty reduction work: “Nothing about us, without us”, *World Development*, 31(3).

ⁱⁱ Based on Yeo and Moore, 2003, extracted from www.id21.org.

ⁱⁱⁱ BALTUSSEN, Rob, SYLLA, Mariame and MARIOTTI, Silvio P. Cost-effectiveness analysis of cataract surgery: a global and regional analysis. *Bull World Health Organ*, May 2004, vol.82, no.5, p.338-345. ISSN 0042-9686. (www.scielosp.org)

^{iv} Baltussen RM, Sylla M, Frick KD, Mariotti SP. Cost-effectiveness of trachoma control in seven world regions. *Ophthalmic Epidemiology*, 12(2): 91-101 (April 2005)

^v Filmer. D. 2005. Disability, Poverty and schooling in developing countries: Results from 11 household surveys. World Bank.

^{vi} Paul Courtright. 2005. Gender and Blindness. *Gender and Health*. World Health Organization.

^{vii} Yousafzi, A. and K. Edwards. 2004. Double Burden: A situation analysis of HIV/AIDS and young people with disabilities in Rwanda and Uganda. Institute of Child Health, University college London and Save the Children.

^{viii} World Health Organization. 2000. Preventing Blindness in children: report of WHO/IAPB scientific meeting. Geneva. WHO/PBL/00.77.

^{ix} Yousafzi, A. and K. Edwards. 2004.

^x Groce, N; Capturing Hidden Voices: Global Survey on HIV/AIDS and Disability, Yale/Worldbank 2004

^{xi} <http://www.who.int/pbd/blindness/trachoma/en/>