

## Seeing is Believing

### Standard Chartered Bank and Helen Keller International Collaboration in Indonesia

#### Summary

Standard Chartered Bank (SCB) and Helen Keller International (HKI) have partnered since 2004 to provide eye glasses, support cataract surgeries, and distribute Vitamin A capsules in Indonesia. HKI plans and coordinates the work, and SCB provides resources to implement activities that also involve the Indonesian Ministry of Health (MOH) and professional associations. The MOH ensures consistency and sustainability of activities, and professional associations strengthen local surgical capabilities.

The partnership has supported nearly 2,000 surgeries to restore sight on the island of Lombok, increasing the success rate from below 30% to over 80%. It has reached nearly ½ million children in West Java with Vitamin A capsules, including 60,000 children receiving Vitamin A for the first time, and provided eye glasses and cataract surgeries to more than 800 children in Jakarta. The partnership is also strengthening capacity among government and private health professionals at the local level to distribute Vitamin A and perform sight-restoring surgeries, increasing the sustainability of these services.

SCB and HKI plan to continue to work together toward their mutual goal of improving sight in Indonesia. This includes sharing the lessons they have learned in working together to encourage more partnerships to eliminate preventable blindness.

#### Challenges and Solutions to Reducing Blindness

Blindness is a serious public health problem in Indonesia. Blindness is slightly more prevalent in Indonesia than in Sub-Saharan Africa (1.5% of the population, compared to 1.4%).<sup>1</sup>

The most common causes of blindness worldwide - cataracts and Diabetic Retinopathy (damage to the retina caused by diabetes mellitus) - are widespread in Indonesia. Cataracts cause about 52% of Indonesian cases of blindness, and the country ranks fourth worldwide for diabetes mellitus with an estimated 8.4 million cases. Cases are projected to number 21.3 million by 2030.<sup>2</sup>

Over two million people in Indonesia - plus 25,000 more each year - need cataract surgery. Additionally, only 323 per million people have the opportunity of getting such surgery. This is below the level of 400 per million mandated by "Vision 2020," a global initiative of the World Health Organization (WHO) to eliminate avoidable blindness worldwide by 2020. Compared with other common public health interventions, cataract surgery has been ranked as one of the most cost-effective means offered to adults in the developing world.

#### The Partners



Standard Chartered Bank (SCB) has operated for more than 150 years in emerging markets and for 146 years in Indonesia. SCB has branches in several urban areas in Indonesia, including Jakarta, Medan, Bandung, Denpasar, Semarang, and Surabaya. Its strategic intent is to become the world's best international bank, leading the way in Asia, Africa, and the Middle East. It is committed to leading by example to fulfill its commitment to its stakeholders and become the right partner to make a difference in countries where it operates and in communities surrounding its areas of operation.

SCB implements a program of corporate social responsibility focused on sustainability through several initiatives - including Seeing is Believing, Living with HIV, and Environment and Micro Financing for Small Enterprises - especially for women. For the Seeing is Believing program, SCB's goal is to restore sight to 20 million people by 2020 in countries where it operates. SCB provides financial resources for activities in communities near its operations, implemented in collaboration with local and international NGOs, and allows employees two days of voluntary leave per year to participate in them. In Indonesia, SCB employees' volunteer work includes teaching at primary schools, home building, and translating documents on the computer into Braille.<sup>3</sup>



Helen Keller International (HKI) is one of the oldest NGOs in the world, established in 1915. It has been working in Indonesia since Helen Keller visited President Soekarno in 1955. HKI programs restore and improve sight through cataract surgeries and eyeglass distribution, improve the nutritional status of populations at risk, particularly women and children, and mainstream "inclusive education."<sup>4</sup> Increasing distribution of Vitamin A to children under age 5 is a special focus of its nutrition program. HKI is known for pioneering new areas of work, evidence-based programs, developing programs at the community level that can be scaled up to the national level, information dissemination and advocacy, monitoring and evaluation, and sustainable programs. It has extensive experience partnering with companies, agencies at all levels of governments, and international and local NGOs, and has conducted programs throughout Indonesia.<sup>5</sup>



## Initiating the Partnership

In response to the WHO's "Vision 2020 Program, The Right to Sight," in 2003 SCB committed to contributing to the elimination of preventable blindness, and encouraged its national banks to participate. SCB contacted the International Agency to Prevent Blindness (IAPB), a group in support of the WHO's vision program, which conveyed SCB's expression of interest to Sight Savers, the English counterpart of HKI. At the time that SCB was announcing its "Seeing is Believing Program" worldwide, John Palmer, the country director of HKI, was arriving in Indonesia. Having heard about SCB's international commitment from HKI headquarters, Mr. Palmer approached SCB headquarters in Indonesia to discuss the possibility of working together to prevent blindness. SCB in Indonesia was receptive to a partnership with HKI not only because of their shared interest, but because, like Sight Savers, HKI was a founding member of IAPB, an organization known and trusted by SCB. SCB also appreciated the cost-effectiveness of HKI programs.

In response to a request from SCB, HKI submitted a proposal that was revised several times as HKI and SCB refined a project and budget. It took about a year from the initial contact between HKI and SCB before the first three-year project with a detailed budget was approved. (The process took this long in part because it involved SCB at both the international and local levels — local arrangements can often take less time and be less formal.) The partnership was launched in 2004.

Initially, HKI requested SCB support for its Community Eye Health Program on the island of Lombok to develop a new model for sight restoration in the country. The program was already funded by another company-related foundation, the Starr Foundation of AIG, and HKI wanted to increase its impact. SCB wanted to be involved in a project that offered cataract surgeries, but preferred to do so in Jakarta where it has branches so SCB employees could participate in the program. As a result, the partnership began with both activities in Lombok and in Jakarta.

## Implementing the Partnership

The collaboration between SCB and HKI in Indonesia has five goals: improve the sight and nutrition of adults and children; increase public awareness; lead by example; contribute to a successful public-private partnership involving the Ministry of Health; and encourage more international partnerships to eliminate preventable blindness.

HKI plays a key role as the catalyst for social change and for coordinating the partnership's work. It implements the activities and reports their results via summaries and brief descriptions, presentations to international forums, and articles in peer-reviewed journals. SCB provides needed financial and staff (volunteer) resources. SCB involvement includes brainstorming with HKI on possible local volunteering programs in Indonesia, facilitating communications to SCB stakeholders internationally and in the country, and support for media relations.

The partnership also involves the Indonesian Ministry of Health (MOH), to ensure consistency and sustainability. The MOH is one of the foci for the partnership's advocacy and for that of three professional organizations providing technical assistance and training to communities on ophthalmology — the Faculty of Medicine at the University of Indonesia (FKUI), the Association of Indonesian Ophthalmologists (PERDAMI), and the Indonesian Association of Optometrists (IROPIN).

### *World Sight Day Events*

The partnership was launched with a series of events and activities surrounding World Sight Day in October 2004. Activities included an exhibit at both the Ministry of Health and SCB headquarters in Jakarta illustrating HKI's work (this exhibit later toured SCB country branches). At the same time, HKI trained SCB volunteers who subsequently helped HKI staff screen the vision of students from elementary schools in Jakarta and help children with refractive error select eyeglasses. They also recorded data and interacted with students, parents, and school staff. Other activities included a press conference, an evening event with lectures, live music, and an auction to raise additional funds from SCB employees, and workshops co-hosted by HKI and the MOH for government officials and partners to increase awareness and develop a policy to prevent blindness. SCB and HKI continue to support events in conjunction with World Sight Day every October.



"In Black Feeling," a band of blind and low vision musicians performing at a World Sight Day event in Jakarta.

### The Golden Bullet

One Vitamin A capsule taken twice a year can prevent blindness and reduce deaths and illnesses among children under age 5 by 23% because of its effect on their immune system. Vitamin A capsules can also reduce maternal illness and death. Often called "The Golden Bullet," Vitamin A is considered by the World Bank to be the most cost-effective means of reducing child deaths.

In 1994, the most populated provinces in Indonesia, representing almost 70% of the population, met the national goal of reaching 80% of children with Vitamin A capsule distribution, even reaching 100% in some areas. By 2007, however, coverage dropped to 72% (to under 5% in some remote districts), in part because of government decentralization.

### Community Eye Health Program in Lombok

The Community Eye Health Program in Lombok is developing a new model for sight restoration to be applied all over Indonesia. Beneficiaries include community members who receive sight-restoring surgery, their families who benefit socially and economically, and ophthalmologists, nurses, government officials, and university staff who receive training, technical assistance, and equipment to perform surgeries. The program includes proactive screening, deployment of senior resident ophthalmologists who are members of FKUI to enhance professional skills and experience, and patient monitoring for 12 weeks after surgery.<sup>6</sup> Nearly 2,000 sight-restoring surgeries have been performed and the combination of good screening, training, and follow-up has increased the success rate of surgeries from below 30% to over 80% since the start of the program.

### Child Cataract Surgery Program in Jakarta

In 2007, SCB and HKI incorporated child cataract surgery in Jakarta in their partnership. Children are identified through HKI's Opportunity for Vulnerable Children (OVC) program, a school-based program implemented in cooperation with pediatric ophthalmologists affiliated with FKUI.<sup>7</sup> In addition to equipping students with visual impairment with eyeglasses, the program provides an entry point for screening children for cataracts and other eye conditions. Cataract surgeries are performed for children aged 2-17 to avoid permanent blindness. They cost around US\$ 500-600 for state-of-the-art surgery and include post surgery follow-up to avoid infections and complications. SCB has contributed US\$ 200,000 to this program.

### Vitamin A Program in West Java

Also in 2007, SCB and HKI undertook a three-year initiative to distribute Vitamin A in two districts of West Java Province: Bandung and Garut. The program includes distributing Vitamin A capsules to children under age 5 twice a year; working with government officials to improve Vitamin A distribution at the national, regional, and district levels; training trainers and front-line health workers and volunteers to increase the capacity of health workers and government health centers ("puskesmas"); social marketing to increase public awareness of the importance of Vitamin A and community demand for its distribution; strengthening monitoring and evaluation of distribution programs; and disseminating "lessons learned" to improve programs.



### "I can read A,B,C like others"

As a little girl born with cataracts, Hilda could not carry out her daily activities or even play. She often bumped into things and could not recognize people until they were quite close.

"I always found it difficult to recognize the person who came to my house", Hilda said. "I also could not read properly. I remember sitting in a kindergarten class only listening to my friend learning to read A, B, C," she added.

As she aged, her sight problems made her life increasingly difficult.

Things changed when Standard Chartered Bank and Helen Keller International supported her cataract surgery through a partnership that began in 2004. The surgery was part of the "Seeing is Believing" program that aims to improve sight and nutrition for adults and children in Indonesia.

Hilda can do everything other kids can do now. She is in her second grade of elementary school and teachers praise her performance.

"Ayah pergi ke Kantor, Ibu pergi Belanja" [Father goes to the office, Mother goes to the market], says Hilda happily, reading her own writing in her assignment book.



Hilda, with her mother, poses after doing her homework

## Results

Since 2004, the partnership has supported nearly 2,000 sight-restoration surgeries on the island of Lombok, increasing the success rate from below 30% to over 80%. It has reached nearly ½ million children in West Java with Vitamin A capsule distribution, including 60,000 children receiving Vitamin A for the first time, and provided eye glasses to more than 800 children in Jakarta and cataract surgeries to some of them.

In addition to the direct impact on individuals whose lives have been changed as a result of programs supported by the partnership, their families and communities have benefited to the extent that restored or saved sight contributes to higher productivity and the ability of children to attend and stay in school. The partnership has strengthened the capacity of government and other health professionals to plan and implement successful service delivery, and increased the potential for their sustainability. SCB employees have developed the capacity to contribute to their employer's goal of restoring sight, and HKI has been able to extend the reach of several of its programs as a result of its partnership with SCB.

## Future Plans & Expectations

Future plans include continued efforts to prevent blindness and improve vision through programs to enhance nutrition, distribute eyeglasses, and provide cataract surgery. The current agreement on Vitamin A distribution continues until 2010, and SCB-HKI plan to continue distributing eyeglasses and improving sight with programs beginning in 2009 addressing Refractive Error (RE), which is typically addressed by inexpensive prescription eyeglasses, and Diabetic Retinopathy (DR), damage to the retina caused by diabetes mellitus. The RE project will improve the vision of adolescent students, teachers, and adults in Greater Jakarta by establishing school- and community-based systems for identifying refractive errors and providing free or low-cost corrective eyeglasses. The DR project will improve access to, and long-term compliance with, diabetic retinopathy (DR) care among Jakarta's urban poor by establishing a collaborative network to identify and refer cases, provide high quality treatment, and keep patients in the healthcare system.

Other plans include a "Walk for Sight" program to raise funds among SCB clients and employees and to increase employee participation in SCB efforts to reduce preventable blindness. SCB wants to increase the percentage of its 1,500 volunteers who use volunteer days from 13% (or 200 volunteers) to 80% (1,200) by December 2009.

## Key Success Factors & Lessons Learned

SCB and HKI think their partnership exemplifies the opportunities that exist for successful public-private partnerships. Both consider the following lessons as key factors in the success of their partnership:

- Collaboration with technical institutions achieves the best results.
- Government needs to be involved for sustainability.
- Effective campaigns are necessary to inspire others.
- It is essential to clarify what each partner wants and needs from the partnership. This requires agreeing on roles and responsibilities, monitoring and evaluation, and program outputs.
- Budget transparency, advance agreement on advertisements and public relations campaigns, advance agreement about the involvement of corporate volunteers, and flexibility in pursuing opportunities for innovative collaboration are key components.
- Clear and consistent communication is a two-way process and very important even though it is not always easy to find the time.
- Commitment at the highest level of leadership in the partnering organizations is essential.

### About this Case Study

This is one in a series of case studies based on presentations by partners at sessions of the Health and Business Roundtable Indonesia (HBRI). HBRI is an activity of Company-Community Partnerships for Health in Indonesia (CCPHI), a project led by the Public Health Institute, implemented in partnership with The Fund for Peace, and funded by the Ford Foundation.

This study is based on presentations by Patrisia Kumala, Corporate Affairs Executive of Standard Chartered Bank (SCB) in Indonesia and John Palmer, Country Director of Helen Keller International (HKI) in Indonesia at the 5th HBRI Session in March 2009. Dr. Alene Gelbard, CCPHI project director, prepared the study in consultation with SCB and HKI.

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### Footnotes

- 1) Blindness and Deafness Survey, Department of Health, 1993-1996.
- 2) Ophthalmic Epidemiology, (2007) Sep-Oct:14(5): 306-10.
- 3) In addition to HKI, SCB partners with local NGOs including Mitra Netra, a local NGO that works on sight issues, Aria Sutra with which it collaborated on a 5-K walk, Nurani Dunia (community development), and the international NGO Habitat for Humanity (housing). SCB employees working as volunteers may contribute more than two days a year, but only two days can be booked into the SCB system. However, if an employee uses one of the two voluntary leave days on a weekend, s/he will receive a compensatory day during the week.
- 4) Inclusive education is an approach to overcome barriers that deny children the opportunity to learn as a result of individual challenges including disabilities.
- 5) An example of HKI partnerships with companies and governments is Vitalita, a home-based food fortification program to improve child health. Partners include the Ministry of Health, HI Heinz Co., Heinz ABC Indonesia, Azko Nobel Chemicals Singapore, KFI (Fortification Coalition of Indonesia), and local NGOs. (See HKI, Sprinkles Effectiveness Program (SEP), Program Fact Sheet (May 2006), and additional summaries of program results including Piloting Distribution of Sprinkles Through Indonesian Health Volunteers, and Efficacy of "Sprinkles" Home Fortification to Reduce Anemia and Micronutrient Deficiencies in Young Children in Indonesia.) Following the tsunami in 2004, HKI worked with 40 other organizations to distribute vitamins and minerals during the first-line emergency response, making this the first time nutrition distribution was part of an immediate relief effort (HKI, Tsunami Response Indonesia, December 2006). Other companies that have partnered with HKI to improve nutrition, sight, and health include Total, Freeport, Nike, SmithKline Beecham (now GlaxoSmithKline), and Kimia Pharma.
- 6) For more information, see HKI Program Summary, Community Eye Health Program, and Program Fact Sheet (May 2006).
- 7) OVC is a program that benefits students with disabilities in several parts of Indonesia. The OVC program is funded by the US Agency for International Development (USAID). For more information, see Program Summary: Opportunities for Vulnerable Children Program, and HKI fact sheets on specific aspects of the program.

For further information on the CCPHI Project and the Health & Business Roundtable Indonesia, please contact Alene H. Gelbard of Public Health Institute at [alenegelbard@earthlink.net](mailto:alenegelbard@earthlink.net) or visit [www.phi.org](http://www.phi.org)