

# SASEI

*Sight for all South Africans*



**South African Sight Enhancement Initiative**  
**DSD no: 192 - 546**

## **- CSI Proposal -**

**For NPO Funding Purposes**

**Level One B-BBEE Contributor**

**CONFIDENTIAL**

**6/2017**

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## Executive summary

The South African Sight Enhancement Initiative is a Non-Profit Organization, which is registered with the Department of Social Development with Registration no 192-546 , and is administered by the Board of Directors.

The NPO has at least 75% black beneficiaries as defined in the BEE Codes of Good Practice. In terms of Paragraph 2.8.1 of Statement 004, Scorecards for Specialised Enterprises, Government Gazette No. 38766, the Entity is therefore a **“Level One Contributor”** having a B-BBEE recognition level of 135%.

According to our stats, 95.5% of our beneficiaries are impoverished black people in rural towns with no medical services, only a clinic that’s open once a week.

Eye care in South Africa is far from universally accessible and the challenges are not only financial.

**Despite several outreach programmes and some efforts by the South African Department of Health, there are still millions in need of eye care, even within larger cities and metropolitan areas.**

Public health services are in decline and the government is hamstrung by budgets and simply cannot put in place the methods and means of reaching all South Africans.

A clear distinction must be made between available eye care and accessible eye care; the latter may be absent within poverty stricken areas, off the radar of currently accredited and state sanctioned service providers.

The South African Sight Enhancement Initiative (SASEI) will bring eye care to where it is needed most. **The objective is to render a basic optician service to communities that have limited access to such services, especially from a financial perspective.** The ultimate goal of SASEI is fundamentally to preserve or restore the sight of people living in highly impoverished communities in South Africa.

Other factors that may have an influence on such access would be remote locations, lack of optician services in smaller communities and mistrust of government medical services (even though such services may be free).

The false perception among graduates of optometry that the South African eye care market is largely saturated must be corrected. Despite all current efforts, **there are still about 6 million people in need of eye care.**

### IN NUMBERS...

**6 MILLION**

SOUTH AFRICANS ARE STILL IN NEED OF BASIC EYE CARE

**52**

MOBILE UNITS CAN BE PLACED ACROSS SOUTH AFRICA TO SERVICE THOSE IN NEED

**700**

THE MINIMUM NUMBER OF PEOPLE THAT EACH MOBILE UNIT CAN ASSIST EACH MONTH

With Lehlere Mophosho, a qualified and registered optometrist at the head of SASEI, we will make a service available that can provide eye care to these 6 million people, while also providing the foundation for SASEI head-office to function as an NPO, the aim of which is to gradually expand the scope of services far beyond simply providing glasses.

The aim of SASEI is to eventually also provide ophthalmology services by engaging with those in possession of the necessary infrastructure, either in the private or public sectors. **Our initiative aims to take eye care to every rural town and township, to those most in need and least able to access the current programmes.**

Furthermore, by rolling out a mobile service in underserved areas, staffed by optometrist graduates and undergraduates as well as optical dispensers, we will encourage future optometrists to consider setting up more permanent practices in areas currently seen as unviable. Our service can therefore serve as a stepping stone to these optometrists, establishing optometrist services away from the city malls and suburban business centres.

Our primary target is the 17 million (in 2017) grant recipients in South Africa, in other words those who do receive an income but who are still living very close to the poverty line. Many more do not receive any state support and our marketing efforts will strive to include all those without the financial means to obtain quality eye care from other sources.

Making eye care more affordable means there should be no barriers to any person obtaining corrective glasses and treatment. SASEI is striving to remove many of the current barriers, while substantially lowering yet others to make eye care as accessible as possible to all.

Having said that, we realise that there will still be scores of people who simply cannot divert funds away from the most basic of necessities. We are therefore looking to the corporate sector for assistance in making services to deserving individuals completely free. We are considering an income threshold of less than R2 000 per month as the qualifying income determinant, but each individual beneficiary will be evaluated on merit and by taking personal circumstances into account.

The funding we are seeking will be used towards assisting those with no means of obtaining eye care, by paying towards the eye screening and spectacles provided, assisting with the expenses of mobile units, inter alia salary requirements, fuel, internet, equipment etc. and administration obligations of SASEI Head Office, as well as providing expanded specialised eye care services e.g. cataract procedures in future. See "Annex D" for cost breakdown.

SASEI's research shows that 52 mobile units can be placed in the field across South Africa (*currently 3 units are already operational, another 3 will be operational by end July 2017*), while ensuring that each unit services an area large enough to assist as many as possible patients.

External funding and sustainability are fundamental to future development. Increasing our service offering, dependent on reliable available funding, would see additional services being rendered, either as part of the current mobile units or as fully independent services.

The scope and scale of the need is large. Quality of service also means that sufficient time must be spent with each patient to fully address conditions needing to be treated.

Our conservative estimate of helping 700 patients per unit per month means that to reach sufficiently large numbers of the population multiple units must be deployed in all areas of South Africa. It will take 52 units helping 700 people per month 13.7 years to help 6 million people.

**For every million Rand donated to this programme, we can supply 1 403 people with glasses on an ongoing and long-term basis.**

Any donation is welcome, regardless of amount, and can be made by monthly debit order or once-off donation.

Corporate donations can create marketing and publicity opportunities for the donor by having their corporate brand on the mobile units, cases, cloths and marketing material. In the case of sufficiently large donations or support, frames can be manufactured with the donors branding or logo on the frame. Other marketing opportunities are also available, for example offering donor branded gifts, vouchers, offers and other material in the unit.

There is huge PR, marketing and advertising potential while at the same time uplifting and enabling the less fortunate members of our society. By giving them the gift of sight you are giving them the chance to improve their lives; to see the black board in the classroom and finish school, make something and sell it for an income (jerseys, woodwork, needling and arts etc.), complete an application form for employment or even just to see their families.

**All of this will be possible because you helped improve their sight, not just for one day, but for the rest of their lives.**

**IMAGINE  
NOT BEING  
ABLE TO READ  
THIS PROPOSAL**



## Organization Profile

The South African Sight Enhancement Initiative is a Non-Profit Organization, registration number 192-546, and is administered by the Board of Directors.

The NPO has at least 95.5% black beneficiaries as defined in the BEE Codes of good practice. In terms of paragraph 2.8.1 of Statement 004, Scorecards for Specialised Enterprises, Government Gazette No. 38766, the Entity is therefore a **“Level One Contributor”** having a B-BBEE recognition level of 135%.

The stated objective of SASEI is to render a basic optician service to communities that have limited access to such services, especially from a financial perspective. Other factors that may have an influence on such access would be remote locations, lack of optician services in smaller communities, mistrust of government medical services (even though such services may be free), and poor quality service when such services are provided (conceivably as part of outreach services).

SASEI will bring basic eye care to every less fortunate South African citizen, and in due course, to expand the service into other African countries.

We are registered as a **Non-Profit Organization** with the relevant authorities such as SARS and the Department of Social Development.

The initiative is run by Lehulere Mophosho and is supported by two co-directors, Johan Luwes and Gunther Wolf. Between them they have the requisite experience and expert knowledge which brought the SASEI initiative to fruition.

The production of cost-effective high quality lenses for a limited selection of frames makes is essential. SASEI uses the same laboratories to manufacture the same quality spectacles and lenses than mainstream optometrists.

The directors of SASEI are passionate about the vision of the enterprise and are now looking to engage with suitably competent and equally motivated individuals to expand the concept.

The first three mobile units are operational and have been field tested over several months. During this time, most potential problems have been identified and ironed out. Extensive interest has been generated and more mobile units are likely to follow soon.

**Thus far (1 August 2017) 15 326 had their eyes screened and tested.**



# ANALYSIS



## Situation Analysis

The level of eye care in South Africa - and indeed in the vast majority of African countries - is well below acceptable first world standards. Since the intention is to initially roll out our services in South Africa, all analysis, strategy and planning is about the South African scenario.

Service levels from the South African Department of Health are below par. Most government Health Departments are either bankrupt or under administration. The trials we performed show that especially rural people struggle to find access to state sponsored assistance, as suspected, a great need was confirmed.

### ACCESS TO EYE CARE SHOULD TAKE PRECEDENCE OVER THE DESIRE FOR PROFITS - SASEI

A modular approach to service delivery was chosen to enable SASEI to deliver a service of uniformly high standard. The service was developed to be easily accessible to previously disadvantaged communities especially the elderly and school children e.g. through shipping containers in the townships and mobile units, either as a caravan or a panel van.

SASEI head office provides oversight and administration for all mobile units and is run as an NPO.

Optometrists function under the auspices of a Professional Board - Optometry & Dispensing Opticians (PBODO).

We have a strict set of rules and a code of conduct to which every employee must adhere. Our Operations Manual is a work in progress and rules and structures are updated regularly and distributed to all employees.

## Need Analysis

The need extends the width and breadth of South Africa and is comprised of a fraction of all sight challenged individuals. Also impacting is the need of some patients which we cannot treat to be referred to specialists, in either the private or public health care sector.

**Our analysis, based on Stats SA 2014 publications (using 2011 census figures extrapolated for 2014) indicates that a total of 52 mobile units can effectively be placed in South Africa.**

*However, the Stats SA data only lists figures for settlements of 1 000 inhabitants or more. According to the 2011 census, our country had a population of 49 million. The documented towns and cities add up to only 33 million.*



*There are unreported settlements, as well as farms, which make up 16 million citizens, or 36% of the total population. This part of the population is effectively "hidden" for planning purposes.*

Locating these “hidden population” pockets is and should be a key priority for the perspective of unit operators.

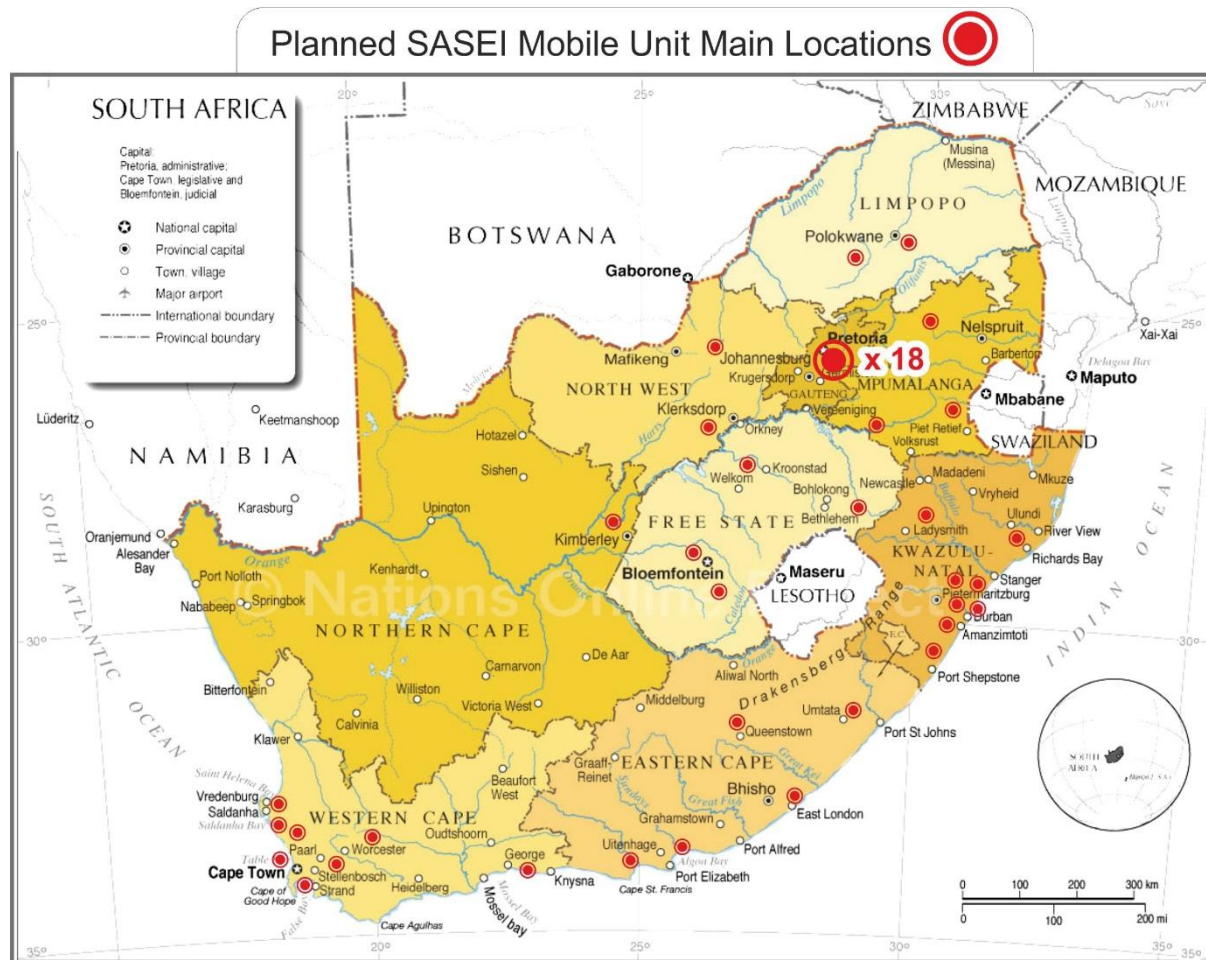
Using the available data<sup>3</sup>, it is possible to conclude that 11% of South Africa’s population has some form of sight deficiency. By further allowing for medical aids, as well as those who have access to state-run optometrist services, and are making use of those services, 6.6% of the total population is potential beneficiaries of the SASEI services. However, Health24 reports that almost all people require reading glasses as they grow older<sup>2</sup>. The same article mentions that one in three South African suffers from near-sightedness and our estimates of the actual need may fall well short. For planning purposes of this document, we chose to work with the Stats SA estimate of the prevalence of sight deficiencies in SA.

If you go to a mall, restaurant or shop, just look around and see how many people wear glasses. Then there's people with contact lenses, that’s not visible to the naked eye. The count will be at least 40%.

By province the scenario of how many mobile units can be deployed is as follows:

Units per area	
Free State	4
North West	2
Northern Cape	1
Eastern Cape	5
Gauteng	19
Limpopo	2
Mpumalanga	3
KwaZulu Natal	8
Western Cape	8
National Total	52

Based on the following map, units should be headquartered (their home base of operations), in the following centres:



#### **Free State (4)**

Bloemfontein 1 – Eastern & Southern FS  
 Bloemfontein 2 – Western & Southern  
 Welkom  
 Bethlehem

#### **Northern Cape (1)**

Kimberley

#### **North West (2)**

Klerksdorp  
 Rustenburg

#### **Eastern Cape (5)**

Mthatha (Umtata)	Queenstown
East London	Port Elizabeth
Uitenhage	

<b>Gauteng</b>	<b>(19)</b>	
Pretoria 1		Pretoria 2
Pretoria 3		Shoshanguve
Jhb - Cullinan		Jhb – Nigel
Jhb – Heidelberg		Jhb – Ekangala
Jhb – Fochville		Jhb – Westonaria
Jhb – Diepkloof		Jhb – Alberton
Jhb – Meyerton		Jhb – Tembisa
Jhb – Brakpan		Jhb – Randfontein
Jhb – Benoni		Evaton
Jhb – Vereniging		Carletonville
<b>Limpopo</b>	<b>(2)</b>	
Polokwane		Louis Trichardt
<b>Mpumalanga</b>	<b>(3)</b>	
Ermelo		Secunda
Middelburg		
<b>KwaZulu Natal</b>	<b>(8)</b>	
Durban 1 - Umlazi		Durban 2 - Chatsworth
Durban 3 – Kwa Mashu		Durban 4 - Pinetown
Durban 5		Estcourt
Empangeni		Scottburgh
<b>Western Cape</b>	<b>(8)</b>	
George		
Worcester		
Stellenbosch		
Mitchells Plain		
Atlantis		
Khayelitsha		
Bellville		
Du Noon		



## Project Analysis

THE CURRENT SITUATION IS SUCH THAT THE BUDGETARY RESOURCES TO GOVERNMENT WILL NOT BE AVAILABLE EVEN IF THE POLITICAL WILL EXISTED TO RENDER ADEQUATE HEALTH SERVICES TO ALL SOUTH AFRICANS.

Strictly speaking, there are no initiatives like ours and a concept such as ours does not exist. Private optometrists will lure potential patients that are slightly better off than those receiving social grants or less than R2 000 per month or the poor. *Wealthier patients and those with medical aids are not part of our target population group.* Slightly higher prices will not influence such patients, and they will be lured away by greater choice of spectacles offered elsewhere.

The public sector is potentially the biggest threat, since they are mandated to provide health services - including eye care - to the needy and poor. The past record of the sector proves that this is unlikely to happen. Furthermore, the current situation is such that the budgetary resources will not be available even if the political will existed to render adequate health services to all South Africans.

There are some private initiatives which conduct outreach services to remote and desperately poor communities, but these are sporadic and on a small scale. International efforts such as Vision 20/20 have almost fizzled out. *To our knowledge and research done, there are currently no new eye care initiatives in the pipeline anywhere in South Africa.*

## Ophthalmic Industry

The health profession is a highly-regulated industry, as it should be. In matters of life and death, only the best standards should be employed. South Africa has a very strong private health care sector and our standards of training are very high. *The public-sector leaves much to be desired though, with standards bordering on malpractice being highlighted in the news on an almost daily basis.*

In the recent case of the mental patients that died because of ineptitude, the consequences were tragic – and lethal. **Eye care may not have lethal consequences, but deficient eyesight leads to an inability to make use of employment opportunities and reduces the ability to learn – an economic deprivation factor<sup>1</sup>.** Our contention is that the ineptitude that made the media headlines is prevalent throughout most of the service delivered by the public sector.

**South Africa's citizens deserves better.**



# Our Stories of Hope

# SASEI

South African Sight Enhancement Initiative

When you're 70,  
getting new glasses  
calls for dressing  
in one's finest!

Before

?

After

No eye-care for 20+ years





Recently Carte Blanche withdrew its support to the Free State Department of Health (episode aired January 2017) after it came to light that equipment donated by them worth millions of rand's is locked away in hospitals medical specialist units where they are just gathering dust and all because it is simply being mismanaged by government officials.

**There are just not enough personnel and especially doctors and specialists to use the equipment.**

Medical personnel including specialists, doctors, optometrists, nurses, social workers etc. leave the public sector everyday for greener pastures and the potential for greater profits, thus leaving poor people who are dependent on them and the State for medical care more vulnerable.

*Patients at our mobile units have told us that when they go to the National Hospital in Bloemfontein they must wait 2 years for an appointment and sometimes there is no optometrist available when they finally get to their appointment. They then must wait another 2 years for the next appointment. If they do manage to have their eyes tested then there is often no money for frames and they again must wait, sometimes for another 4 years just to get a pair of glasses.*

This is the only government hospital in the region to supply optometric services to a population of nearly 1,5 million people.

The Phelophepa train, a government initiative comes to mind, it only visits towns that is situated next to a rail track, once a year. Stay for one day in the town, then goes to the next town. Many patients has missed the opportunity, simply because the queues were too long. We have a letter from a lady who missed the train in our possession.

Various officials at government hospitals confirmed these issues.

**Therefore SASEI was formed.**

We cannot measure ourselves against the worst of the industry and are positioning ourselves at the pinnacle of competence within a narrowly defined scope of services. Within this defined space SASEI will utilise the best technology, as well as competent and qualified operators, in a well-defined and refined concept, to make exceptional service available to all.





*Our trials have produced some heart-warming  
tales of hope and joy!*



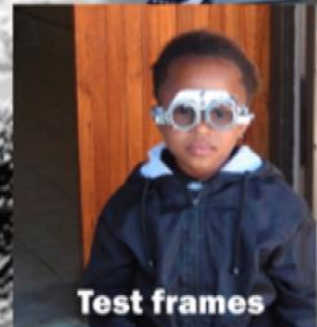
When you're 70,  
getting new glasses call for  
dressing in one's finest!



Eye screening  
process



## STRATEGY



Test frames



The joy of vision!



Amazed!



The queues can get long...

but everyone gets their turn.



## Marketing Strategy

The remoteness of our beneficiaries, both in geographic terms as well as in terms of accessibility, means that we must approach the individuals of neglected communities directly. This entails direct marketing, fliers (pamphlets), public announcements by megaphone and prominent vehicle/mobile unit signage.

Patient education is also of high concern to SASEI and so is enabling patients to retain contact with us for follow-up and further treatment. The key aspect here is to instil regular bi-annual eye testing which, under normal eye degradation conditions, means that most patients will require new prescription glasses every two to four years to maintain their eyesight at optimum levels.

One of our patients had the same glasses for 27 years, after visiting us, he got a new pair and started crying out of joy. We have thousands of stories to share. Of joy, hope and unbelief.

## Primary Focus

The proximity of SASSA pay points is a key aspect. Recipients of government grants and allowances are those most in need of our services. This is our primary focus group, but our marketing will not be restricted to such recipients.

A regular presence at the same location within each community also keeps our service at the forefront of people's minds, leading to ever increasing referrals and setting a footprint in the market.

**Our objective is to provide the glasses and screenings at no cost.**

A regular monthly presence at the exact location, means that over and above securing repeat visits, new referrals will also become beneficiaries.

Over time and once sufficient funding is obtained from donors and support organisations, SASEI will expand the range of services, including specialised surgical interventions and more comprehensive eye care treatments.

*Cataract surgery, as an example, requires the services of highly trained ophthalmologists, as well as surgery, anaesthesia and recovery facilities. We envisage engaging with our primary state-run health care sector and private facilities to render such services. Currently we are limiting ourselves to referring patients in need of such procedures to relevant service providers but intend to do this using our own contracted specialists to eliminate any barriers of access, long waiting lists, and financial hurdles.*

As mentioned, there is a substantial portion of the total population living outside the recognised city and town definitions. Unit operators will identify such communities. This “hidden” communities represents 36% of the population. Using our model for assessing likely beneficiary numbers, this hidden sector could produce an additional 30% of additional beneficiaries per mobile unit.

## Employment Potential

The generation of employment opportunities is also key to our growth strategy. Each mobile unit will present the following opportunities for employment:

- 1 X Manager (graduate optometrist)
- 1 X Assistant (pre-graduate)
- 1 X Admin person
- 2 X Marketers & patient liaison

At SASEI Head Office the increasing number of mobile units will also mean escalating administrative responsibilities, and every 6 units will likely require one administrative / managerial person. Once fully operational, the number of head office staff will thus likely total between 10 and 12. At that time, the number of people employed in the field across South Africa is likely to be 260+.

**We believe that for every spectacle handed out, we created a new income opportunity for the beneficiary. They can do clothing alterations, needling, knitting, tiling, welding, paving etc. the examples are numerous.**

## Our Position

SASEI is a non-profit organisation with its aim to supply quality eye wear and eye care to the poor and impoverished in South Africa.

We are a registered **Non-Profit Organisation** with the relevant authorities such as SARS and the Department of Social Development.

It will do so in a manner which, while not unique in concept, is certainly unique in scope and scale.

The scope and scale of the need we must address has been divided among an optimal number of mobile units across South Africa, and we now seek to address this need by deploying mobile units in collaboration with the private sector and suitable donor organisations.

To ensure that minimum service and professional standards are maintained, each mobile unit will only be burdened with a potential beneficiary base it can realistically handle.

*SASEI currently has 4 mobile units in the field operating daily, with a further 2 that will be operational by end September 2017.*

## **Project Development / Partnership Strategy**

SASEI has identified effective manufacturing and product supply partners for the basic mobile unit operations.

We will continue to seek capable development partners to effectively add additional services to our repertoire and provide an ever wider sustainable service. We will therefore engage with organisations capable of providing long-term and ongoing support, as well as once-off donations and support to fund once-off and random projects that are aligned with our overall strategy.

As a matter of course, SASEI will seek close co-operation with the South African Department of Health. Referrals of patients will in most cases be to the nearest facility of the department and a good professional and working relationship needs to be established. SASEI's service delivery should also be of the kind and quality that will make partnering with the department a desirous outcome and enable the development of a position of trust, where the department could earmark funding and other direct assistance to SASEI without doubting the use and application of funds or other assistance.

Our primary partners will be national and international corporations with business interests in South Africa and who have social investment programmes aligned to the objectives of SASEI. SASEI does not simply provide eye care, we address issues seemingly unrelated to eye care but ideally aligned to the specific areas and objectives of such social investment programmes. The social impact of our service extends far beyond a mere medical service, and includes:

- Ensuring adequate and satisfactory early childhood development
- Facilitating educational performance – from primary to tertiary
- Enabling greater employment prospects through better educational performance
- Enabling greater work performance for those already employed
- Preventing the progression of ocular diseases already present
- Referring patients for diagnosis of conditions our units cannot assist with
- Increasing the quality of life of recipients in general

Our mobile unit programme will thus assist:

- Pre-school children
- School-children from primary to secondary
- The unemployed
- Those already employed
- The aged and elderly
-

## **Products and Technology**

SASEI draws on efficient manufacturing for a limited range of glasses and frames. We currently have a range of 24 frames for patients to choose from. The frames are changed regularly to ensure we stay in touch with the best Optical fashion. All people want to be fashionable, including the poor.

We supply single-vision and bifocal glasses with a case and cloth included.

A narrow range of popular fashionable frames enables us to render our service in a cost-effective manner, maximising the benefits SASEI wishes to propagate.

Additional products and procedures are being assessed and considered continuously, and the benefits of these will be passed on to mobile unit operators at an appropriate time.

## **Sustainability**

SASEI would like to see mobile unit operators, who will likely be graduate optometrists, to consider establishing permanent optometrist practices in the home base of their mobile unit. Over time it should become apparent that besides the need for free glasses there will be sufficient demand for professional optometry services in areas where there is currently no such service.

The establishment of such permanent services will not eliminate the need for mobile services, but establish a permanent optometry service in conjunction with a mobile one. This will help to expand optometry services in currently under-served areas, in line with human development goals of government, and more specifically with the Health Department. The perception that the optometry market is saturated is false, as demonstrated by the clear and apparent need in the communities we are targeting.

This strategy will mean that mobile services will still be rendered. The intent is to never let the scope and scale of our service delivery slack. Our original mission of providing eye care services to every South African will always be executed.

It stands to reason that, in the event of demand outstripping a unit's ability to service an area, SASEI will then operate an additional unit, or to allocate another unit to the excess area identified.

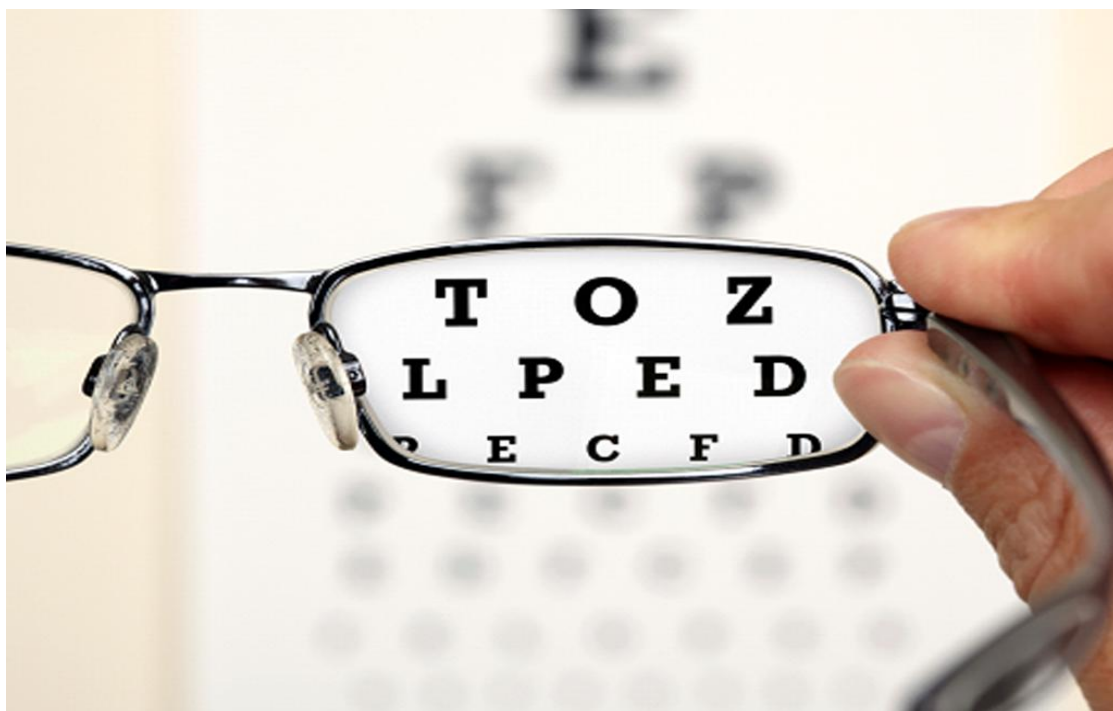
Very important to note is that we do not position the mobile units to be competitors of established optometrists and other eye care professionals. For this reason, we intend to maintain good lines of communication with state-run entities, as well as private optometrists, Ophthalmologists, and others, so that issues of direct competition can be identified and addressed as they occur. Good communication also enables effective referrals when our clients' needs demand these.







# PLANNING



# Marketing and Funding Plan

## Marketing Plan

Unit operators will be sought actively until market saturation is approached or reached. University faculties will be a primary source of these, but specialised publications are being considered for advertising purposes.

A comprehensive business plan serves as the bulk of the product offering and this is being expanded to include pamphlet and brochure-length synopses of our offering.

Corporate support will also be actively sought and SASEI is receptive to opportunities for collaboration, should such occur. The intent of corporate support is to enable provision of glasses to those individuals that cannot afford eye care, as well as to render broader optometry and ophthalmology services in future.

## Funding and Additional Services

External funding and sustainability are the key aspects of future developments. Increasing our service offering, dependent on reliable available funding, would see additional services being rendered, as part of the current mobile units. This could be infant care, breast feeding guidance, nutrition guidance, blood pressure tests, diabetes / glucose tests etc.

The scope and scale of the need we need to address is large. Quality of service also means that sufficient time must be spent with each beneficiary to fully address conditions being treated.

Our conservative estimate of 700 beneficiaries being treated per unit per month means that to reach sufficiently large numbers of the population, multiple units must be deployed in all areas of South Africa.

The operational cost of a mobile unit, fitted, branded and ready for service, is estimated at R94 500 per month, excluding the glasses and frames to be supplied. However all this has been included in the price per spectacle. **See the cost breakdown is "Annex D".**

**For every million Rand donated to this programme for enhancing the poorest of the poor's quality of living, we can supply 1 403 people with glasses – on an ongoing and long-term basis.**

Any donation of any amount is welcome, either by monthly debit order and once-off donations.

Corporate companies making donations can benefit from marketing and publicity opportunities by having their brand on the mobile units, glasses, cases, cloths and marketing material. In the case of sufficiently large donations or support, frames can be manufactured with the respective supporter's branding or logo on the frame.

Over time this will generate a large marketing footprint in hard to reach markets.

Other marketing opportunities are also available, for example offering donor branded gifts, vouchers, offers and other material in the unit.

## **Process and Operations**

Potential operators are thoroughly screened and vetted before being approved for participation in our systems. Registration with the optometry sector's governing bodies is also a prerequisite.

The total number of mobile units that can effectively be placed across the country is 52. Settlements and communities of less than 1000, as well as farming communities make up around 36% of the country's population, and these do not form part of official census number reporting. This is a total of 16 million people, representing potentially a further 25 mobile units. However, the scattered nature of such small settlements would mean that these "hidden" communities should rather be potential for growth of existing mobile units, than for establishing additional mobile units.

### **Service Delivery Quality**

Daily operations, as developed from experience gained rendering services on a trial basis in various locations, are not excessively complex. This ensures adherence to minimum standards is achievable and realistic, even for inexperienced operators.

To achieve the greatest possible compliance with basic standards, an operations manual has been developed. This manual is still very much a work in progress, and unit operators will receive updated editions as and when these are published. A copy of this manual is available as a separate document if required.

SASEI had an administration and ordering system especially developed by IT gurus for us to make the ordering of glasses very easy. This is part of the Intellectual Property Rights of SASEI.

### **Head Office**

The chief expenditure item of SASEI head office is administrative. Administration includes supervision and inspection of mobile units, collaboration and communication with medical boards and government departments, as well as funding or sponsorship solicitation. These functions will initially be handled by SASEI directors, but as the organization grows in size and complexity, additional staff, directors and consultants may be engaged.

The primary task of SASEI head office will be to ensure that mobile units' function as intended, as well as making sure that the full area of operation is serviced as intended. There will be operational challenges to be addressed during the initial period, and problems must be addressed diligently and without delay as and when they occur.

**The expenses of SASEI head office will be 2.10% of the total cost of a single spectacle. Thus far less than the accepted 15% ratio.**

Gradually, the function of SASEI head office will shift to a strategic and planning one. The objectives SASEI intends to fulfil will increase in scope and scale.

Besides increasing the number of services rendered under the original eye care scenario, SASEI intends to expand operations into other African countries.

## **The Path Forward**

Cataract removal is a primary future goal, a condition which affects about 900 000 people in South Africa<sup>2</sup>.

We have seen the heartbreak the effects of cataracts can cause – young and old being blinded needlessly, while this can be prevented with a 15-minute procedure.

Millions of people go blind every year, with millions more suffering poor vision due to the lack of access to basic care that most of us take for granted. At present, four in five people are blind from avoidable causes, with 90 percent of these people living in low income countries.

Once our services have started to gain traction in several areas of the country, we foresee expanding our services into ophthalmology and other services. A prerequisite of this expansion will be the commitment of a corporate partner or sponsor, without whom such expansion will be markedly slower.

In time, we will be expanding our activities into other sub-Saharan countries, modelled on the success of our South African units.

**Cataract removal is a primary future goal.**





# ANNEXES



A 30 minute procedure will change her life forever.

## Annex A

### Organisation and Director's Details

#### NPO Details:

Registered Name:	South African Sight Enhancement Initiative
Abbreviated Form:	SASEI
NPO Reg. No.:	2016/3308593/08
DSD Reg No:	192-546

Address:	Ubuntu Fedsure Building Ground Floor 49 Charlotte Maxeke Street Bloemfontein 9301
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Telephone Number:	+27 51 1010864
Email address:	<a href="mailto:admin@sasei.org">admin@sasei.org</a>

SARS Registration:	Currently in progress
Dept. of Social Development:	192-546

#### Directors:

1. Lehlere Mophosho (Practising Optometrist)  
CEO and Operations  
[lele@sasei.org](mailto:lele@sasei.org)  
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2. Johan Luwes  
Marketing and Procurement  
[johan@sasei.org](mailto:johan@sasei.org)  
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3. Gunther Wolf  
Finance and Admin  
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#### Associate

1. Tonie Konig (Cape Town)  
Marketing and Fund Raising  
[tonie@sasei.org](mailto:tonie@sasei.org)  
+27 81271 2069



## Annex B

### Minimum mobile unit staff and equipment list:

#### 1. Units

Units are a bright blue and orange in colour. They can either be a shipping container, caravan or a transit van, or any vehicle approved by the directors of SASEI.



#### 2. Personnel

A unit consists of the following personnel:

- 1 X Manager
- 1 X Admin Manager
- 1 X Assistant or runner
- Marketers (additional, 2 - 4 x recommended)

#### 3. Equipment

It is equipped with the following:

- Auto refractometer
- Trial frame
- Trial lens case (266)
- Snellen visual acuity Charts, (distance & near).
- Ophthalmoscope & Retinoscope set
- I-care Tonometer
- Blood Pressure and diabetes test apparatus
- 1 x Computer and Printer
- Stationery
- Chairs for clients and personnel to sit on.

## Annex C

### Financial Data

#### Mobile unit monthly running cost:

##### Break down of costs:

Courier	R 7 000
Salaries	R 49 000
Fuel	R 10 500
Vehicle	R 13 300
Internet	R 700
Equipment	R 7 000
Sundries	R 7 000
Total monthly running cost:	R 94 500

<b>Average cost of glasses:</b>	<b>1 @</b>	<b>R 625</b>	<b>excluding VAT.</b>
	<b>1 @</b>	<b>R 712.50</b>	<b>including VAT.</b>

**Cost of providing 700 glasses per month: R 498 750 pm**

#### Cost of setting up a mobile unit (once off if paid cash)

##### Cost of setting up a mobile unit:

Transit van	R 500 000 (R10 000 pm)
Equipment and Furnishing	R 150 000 (R 5 500 pm)
Total Cost	R 650 000
Expected life-span of a Transit van	5 to 10 years

**SASEI Head Office Admin burden per month: R 60 000 – R 90 000 per month**

**The expenses of SASEI head office will be 2.10% of the total cost of a single spectacle. Thus far less than the accepted 15% ratio.**

**Income from units: 10 x R 10 500 = R 105 000**

Salaries	R 50 000
Office rent	R 10 000
Stationary & Printers	R 1 000
Programmes	R 1 000
Fuel	R 5 000

## Annex D

### Budget (per 10 mobile clinics)

10 x Units operating in the field across the RSA.

700 x glasses per unit per month distributed to beneficiaries.

7 000 x glasses distributed to beneficiaries per month at R 712.50 per glass VAT included.

**Monthly expenses: 7 000 x R 712.50 = R 4 987 500**

**Yearly expenses: 84 000 x R 712.50 = R 59 850 000**

The figure of 84 000 beneficiaries only accumulate to 1.4% of the total of 6 000 000 people who needs glasses country wide.

Operating costs (Fuel, Salaries, Office Rental, Vehicle Repayments, Internet, Courier etc.) included in the price of R 712.50 per glass.

### Breakdown of price per pair of glasses:

Pair of glasses	@ R 475
Courier	@ R 10
Salaries	@ R 70
Fuel	@ R 15
Instalment	@ R 19
Internet	@ R 1
Equipment	@ R10
Sundries	@ R 10
Head Office	@ R 15
VAT	@ R 87.50

**Total: @ R 712.50**

**We can provide 1403 beneficiaries with glasses for every R 1 000 000 received from donors.**

## References

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6. St John's Eye Clinic – website
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