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Integrating the sustainability concept within ORBIS India eye care programmes

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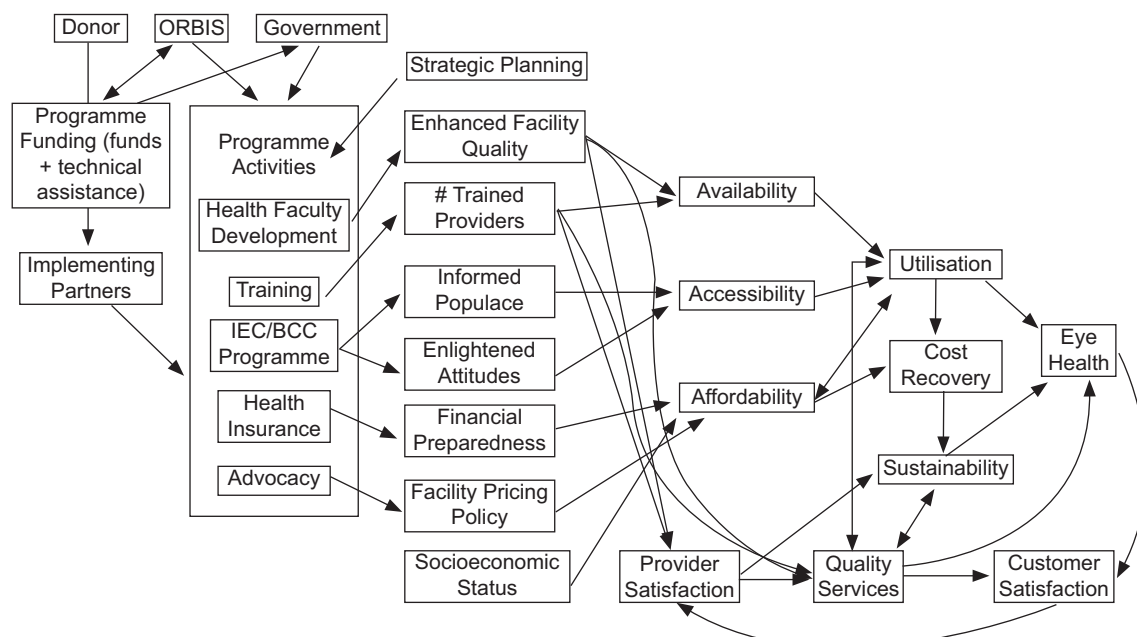
Sustainability is perhaps the most vital and yet elusive dimension for planners and implementers of development programmes to achieve. We at ORBIS understand sustainability as the ability to maintain the benefits achieved by our blindness prevention programmes indefinitely, i.e., after the conclusion of the initial partnership period where both technical and financial assistance are provided. To be sustainable, a service or an institution must become integrated into the local environment, and be able to support itself financially. In this article, we will share the framework and steps used by ORBIS for integrating the concept of sustainability into actual programme planning and implementation. The approach is based on our work and experience in establishing paediatric eye care centres in India from 2002 onwards.

The planning framework followed by ORBIS India to achieve sustainability can be explained as consisting of three simple steps. Before embarking on this journey, it is important to build the 'sustainability mindset' in partners (tertiary and secondary

level hospitals/trusts/NGOs) from the beginning and plan towards sustainability from day one. This is achieved by having a Strategic Planning workshop at the initiation of every project.

Strategic Planning Workshop – Strategic Planning is a process in which the major stakeholders of the partner organisation, right from the board members and directors to the optometrist and nurses sit together to contemplate, discuss and agree on the major issues facing the organisation as a whole. Major strategic issues are identified and prioritised and an action plan formulated to achieve them over a three to five year period. It is in this preliminary workshop that concepts of sustainability are introduced and indicators identified and agreed upon to track progress. It is important that the organisation builds this 'sustainability mindset' from the very beginning.

As illustrated below this process has been a most rewarding one for ORBIS India.



Adapted from a conceptual framework designed by Rodney Knight for ORBIS International

The Chitrakoot Case

Shri Sagduru Netra Chikitsalaya (SNC) is a large tertiary hospital established in the middle of a rural and remote area in Chitrakoot, Madhya Pradesh. ORBIS began a pediatric project with SNC in 2002 and a strategic planning – vision building workshop was held in May 2002. The progress achieved and the reasons thereof are presented below:

Status in 2002	Targets set for 2004	Targets achieved 2004	Current Status 2008	Planned interventions
Optimal Utilization of Capacity issue Total Surgeries – 23,525	Total Surgeries – 31,000	Total Surgeries – 29,315	Total Surgeries – 59,300	1. Expanded the outreach and increased both the no. of screening camps as well as per camp output; 2. Bought a vehicle and hired counselors
Quality issue IOL Surgeries – 45%	IOL Surgeries – 90%	IOL Surgeries – 68%	IOL Surgeries – 90%	1. Developed IEC materials and used audio visual material for increasing awareness on IOL surgery during summer months 2. Ophthalmologists trained in IOL surgery from Aravind, Madurai
Financial Sustainability issue Cost Recovery 69%	Cost Recovery 89%	Cost Recovery 84%	Cost Recovery 100%	1. Sliding scale fee structure introduced 2. Promoted phaco surgery among paying category

The three steps are as follows:

Step 1 – Initiating Core Activities:

Following the strategic planning workshop, the core programme activities supported through ORBIS funds are initiated. Three major sustainability themes cut across all project level activities. They include the following:

1. Ensuring that institutions can continue to provide services without donor support
2. Promotion of protective and health-seeking behaviours
3. Advocacy for formulation and adoption of government policies that reduce the risk of blindness and ensure availability of adequate high-quality eye care services

A. Achieving Institutional/Organisational Growth

Capacity building of eye care institutions to develop subspecialties and departments primarily focused on childhood blindness has been one of ORBIS's key strategies. Strengthening the capacity of existing and new partner institutions to function more efficiently – through addressing systemic weaknesses, building a dedicated team, identifying organisational needs and satisfying them – is vital for ensuring quality of service (the concept of high volume, high quality, low cost adult cataract surgeries is introduced where necessary) and overall programme sustainability.

One of the key strategies under this heading is supporting specialised training with an emphasis on team training. Increasing the skills of healthcare practitioners through long and short-term training is a strategy to ensure that a cadre of trained eye care personnel is available in the country, which will upgrade ophthalmic

services and ensure quality eye care services. ORBIS's training areas go beyond training of doctors or ophthalmologists to include other areas such as nursing, community eye care, healthcare management, etc. This specialised training fulfills the vital need of skilled manpower. It also leads to provider satisfaction. As an important spin off, training also leads to retention of skilled human resource.

As was noted in the recent external evaluation of nine ORBIS supported paediatric projects, the ORBIS team training concept (a team comprising of the paediatric ophthalmologist, nurse, anesthetist, optometrist, counselor, outreach coordinator and project manager) helps in building camaraderie, focus and coordination in achieving a common strategic objective.

Financial Sustainability is critical to the ability of an institution to sustain healthcare services and better allocate scarce resources. Simply put, healthcare financing is how healthcare systems and services are financially supported. Good health financing programmes have improved the access of the poor to quality services. ORBIS encourages partners to use financial decision making tools to effectively make investment decisions, primarily those which are capital intensive. However, it is important to factor in the economic and social value added in an intervention so as to arrive at a holistic decision. The important principle here is to make the institution financially sustainable in order to bring maximum benefit to the economically poorer section of the population indefinitely.

Pilot programmes where health consumers are responsible for partial payment have demonstrated an increase in use, sustainability, and quality of care. Fees

collected through such cost recovery programmes can be put back into the system to buy drugs and improve services. Therefore, health financing is an important contributor to ORBIS's capacity building approach and also contributes to the availability of quality services especially to the poorest section of the society.

As a provider of both technical assistance and grant funds, ORBIS has learned that it pays to build the entire organisation rather than concentrate only on the project. Organisational sustainability makes it easy for the project intervention to survive and sustain well after the end of the direct funding support.

B. Promotion of protective and health-seeking behaviours

Use of interactive health education techniques through Information, Education, Communication (IEC) and Behaviour Change Communication (BCC) strategies is critical to inform, educate and communicate information to targeted audiences. Integrating IEC/BCC strategies and their accompanying activities into existing healthcare settings and community health education programmes is an extremely effective approach to educate the public in how to prevent/treat each of the major avoidable blinding diseases. This strategic approach is key to bringing about 'health seeking behaviour' and 'prevention oriented mindsets' ultimately leading to a change in attitude leveraging the strength of Non Governmental Organisations (NGOs) and Community Based Organisations (CBO). In this sphere, eye hospitals can develop very effective partnerships with them as is demonstrated in the Dr. Shroff's Charity Eye Hospital (SCEH) collaborative refractive errors project. SCEH has a Memorandum of Understanding (MoU) with NGOs who

support them in the establishment and management of Vision Centres. The Vision Centre in a village set-up then becomes the hub of all promotion and preventive activities. As a one point source, it also serves as the centre for screening, referrals and spectacle disbursement.

Schools play a very important role in the early initiation and formation of health seeking behaviour in children. Acknowledging this, ORBIS has encouraged partners to strategically collaborate with the Government's flagship *Sarva Siksha Abhiyan* (SSA), a programme coordinated by the Department of Education to achieve universal education targeting the 6-14 age group. This strategy was found to be very effective in the ORBIS - HV Desai Eye Hospital Childhood Blindness Project in Maharashtra. After receiving training from the doctors of the institute, the school teachers screened and identified children for referrals and surgery. The fixed cost for treatment and surgery was reimbursed from the SSA. The collaboration was immensely useful in reaching out to the remotest of hamlets.

Similarly, for the 0-6 age group, partners are encouraged to collaborate with the Integrated Child Development Scheme (ICDS) programme implemented by the Department of Women and Child Development. M.M. Joshi Eye Institute, Hubli, has been strategic in using this approach to identify and reach out to this critical age group. Every month the departmental meetings of the ICDS department, where all anganwadi workers (AWWs) – women selected by the villagers from among themselves and responsible for running a small centre in the village for meeting the nutritional and pre school educational needs of all children (0-6) – and sector supervisors of one block participate, takes place in the conference hall of the Institute. The first half is utilized by the doctors in orienting the AWWs in early symptoms and identification of childhood diseases. The second half is reserved for the departmental meeting. In the next month the trained AWWs bring in the children identified with eye problems along with their parents for referral. The key learning here is to identify like-minded officers in the Government and then work out a mutually beneficial arrangement.

From the sustainability angle, working with the Government frontline functionaries like primary school teachers and anganwadi shows high returns. Not only is the strategy cost effective but also ensures a steady source of counseling and referrals long after the project period. Significantly, this is perhaps the only strategy that can achieve the scale and magnitude at a fraction of the cost otherwise.

C. Advocacy for formulation and adoption of government policies that reduce the risk of blindness and ensure availability of adequate high-quality eye care services

The adoption of certain national policies or programmes can increase the availability of high quality eye care services. Governments can also directly provide eye care services through their network of hospitals and clinics, or finance private and non-profit sectors. Government policies also play a key role in promoting health insurance programmes. The Government of Karnataka for example, is running a major health insurance scheme for farmer's cooperatives named Yashaswani. M. M. Joshi Eye Institute, Hubli, an ORBIS paediatric project partner, is the lead network hospital for eye care under this scheme in north Karnataka. Taking it further, the Karnataka Government has now decided to expand this scheme to include all school-going children of both government and private schools in its ambit. This has been the result of sustained advocacy.

Step 2 – Monitoring Progress towards Sustainability

The strategies discussed above are key in our mission to achieve sustainability. It is however vital to continuously monitor our progress and it is here that the core guiding principles of quality, accessibility, availability and affordability come in.

A. Quality

ORBIS defines “quality of care” as safe and appropriate services that meet client needs (including follow-up services). Good quality services are critical in expanding and sustaining ophthalmic care. We encourage partners to adopt quality protocols and certification and encourage the practice of surgical outcome monitoring and medical audit.

B. Accessibility

The best quality eye care will not result in blindness prevention if the intended beneficiaries cannot access it. Access to ophthalmic care is defined as the ability of a person to obtain or make use of eye care information and services. It is here that the outreach orientation needs to be built in and nurtured. Effective mapping of the service area is a key first step in the design of an outreach plan and is a primary focus for ORBIS.

C. Availability

Implicit in the theory of sustainable development is the reality that suitable infrastructure to support the provision of services must be in place. Otherwise, invested resources will never

produce the full benefits sought. ORBIS's commitment to sustainable programmes requires us to strengthen our partners' infrastructure and thereby enable them to provide modern and appropriate ophthalmic care. This includes assuring the availability and use of advanced equipment and essential supplies and medicines to support preventive and curative eye care services.

It has been our experience that many eye hospitals in India operate at 50% or even less of their optimal capacity (determined from personnel and infrastructure levels). With a population size of 1.2 billion and a blindness load of 12 million the minimum that one can do is to expand, reach out and, at the least, operate close to optimal capacity.

D. Affordability

Any ophthalmic care service must be made available to the poorest member of the society. While cost-recovery can be a fiscally prudent approach, it cannot become an inadvertent agent for service inequities, particularly for the poor. Options such as government subsidies, insurance programmes, membership clinics, and services provided by religious institutions ensure that the poor have adequate access to care. One needs to be vigilant that cost-recovery efforts do not create inequities related to accessing preventive and curative services.

Step 3 – Achieving Sustainability

Continuous monitoring of these 4 dimensions (accessibility, availability, affordability, quality), with course correction, as and when required, ultimately leads to sustainability through increased utilization and cost-recovery.

Sustainability is to be achieved through a long and sustained journey. To summarize our own learning in this quest:

1. Begin with a sustainability mindset, i.e., strategize and plan for sustainability early in the intervention.
2. Initiate strategies and activities that foster sustainability.
3. Continuously monitor and do course corrections guided by the principles of quality, affordability, availability and accessibility.

