



Organizing Outreach

Case Presentation on Aravind Model

R.Meenakshi Sundaram
Senior Manager – Outreach
Aravind Eye Care System

Development in Organizing Outreach

In early 80s (1983)

**Camp Manager 1
Camp Organizer 3
Camps – 213
Surgery – 10,975**

Cataract Focused Outreach

Aravind - Madurai

Key Components

Target and Action Plans

Community Participation

**Standardization of
Policies and Procedures**

Comprehensive Eye Care

Control and Monitoring

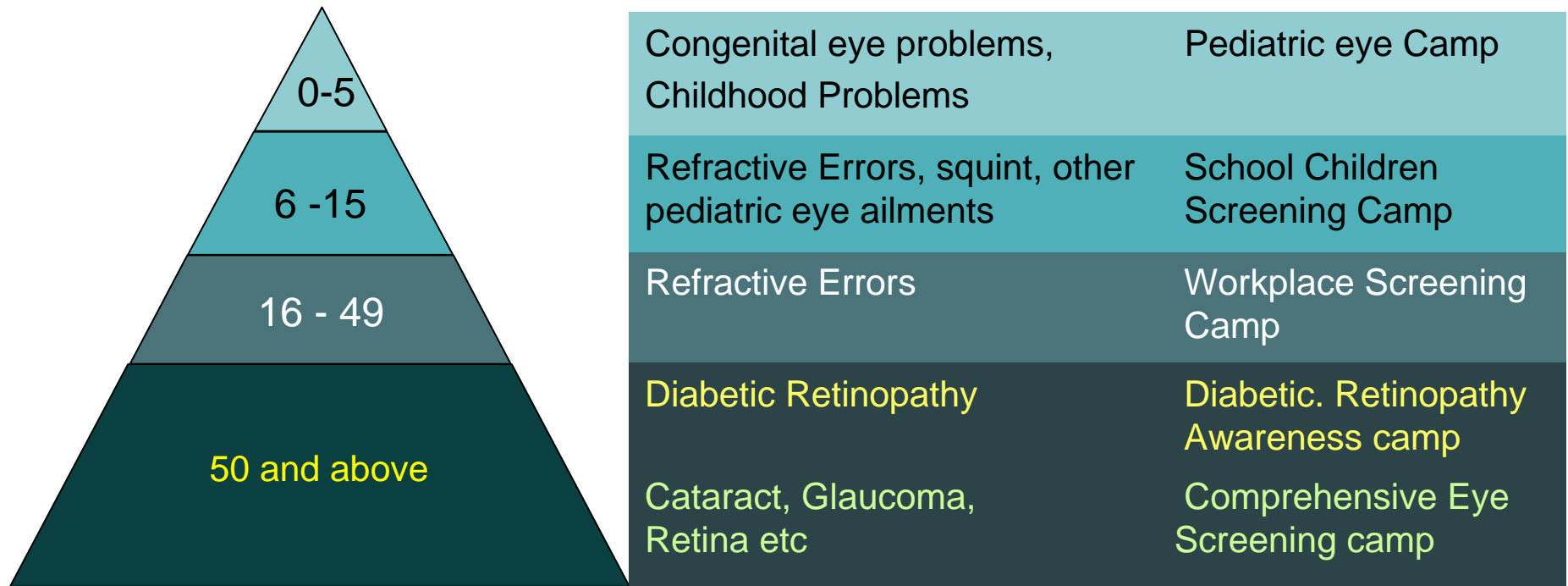
Where we are now!

**Camp Managers 6
Camp Organizer 24
Administrative Assts. 7
Camps – 1443
Surgery – 92,346**

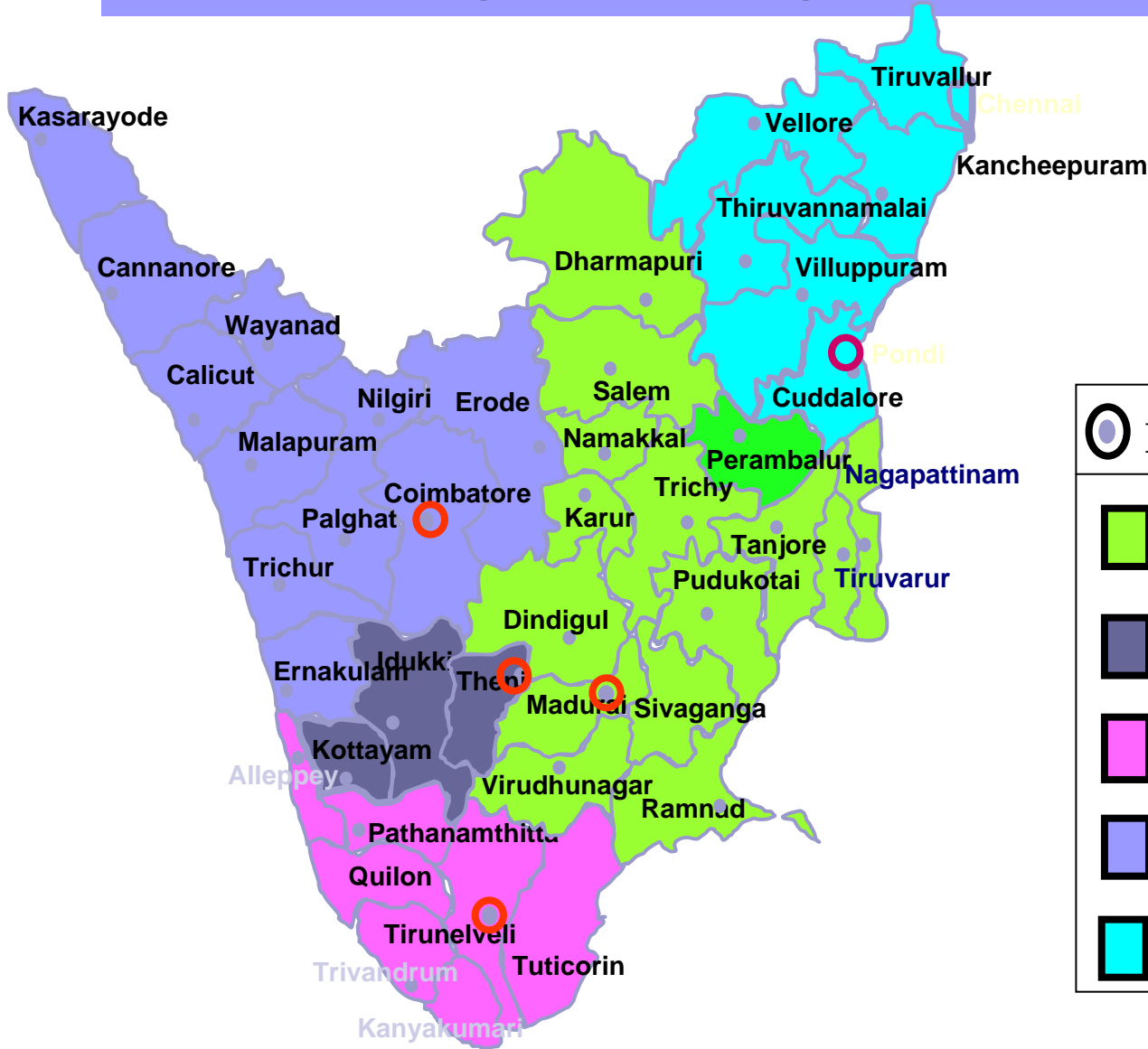
Comprehensive eye care







**Base Hospitals 5
Secondary level hospitals 2
Community Eye Clinics 2
Vision Centers 14**

Designing Outreach Models

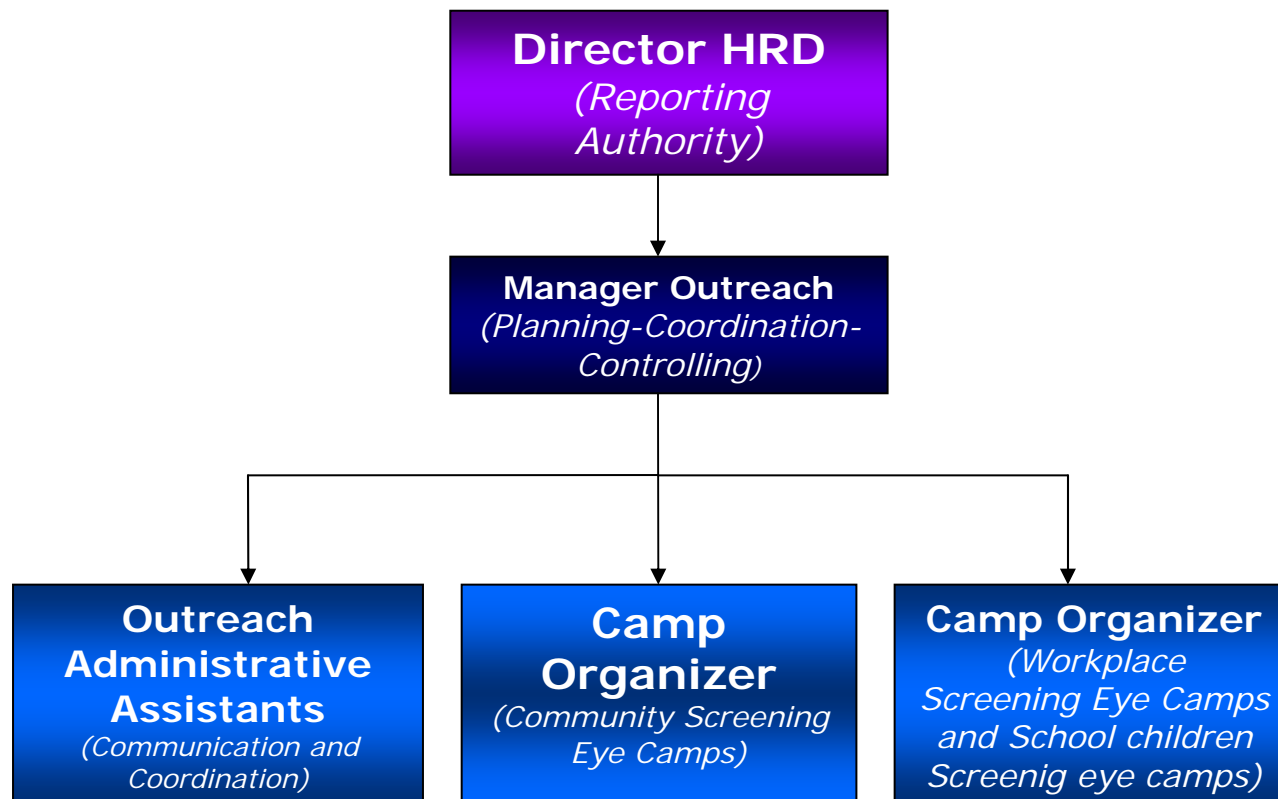


Aravind's Outreach Service Area

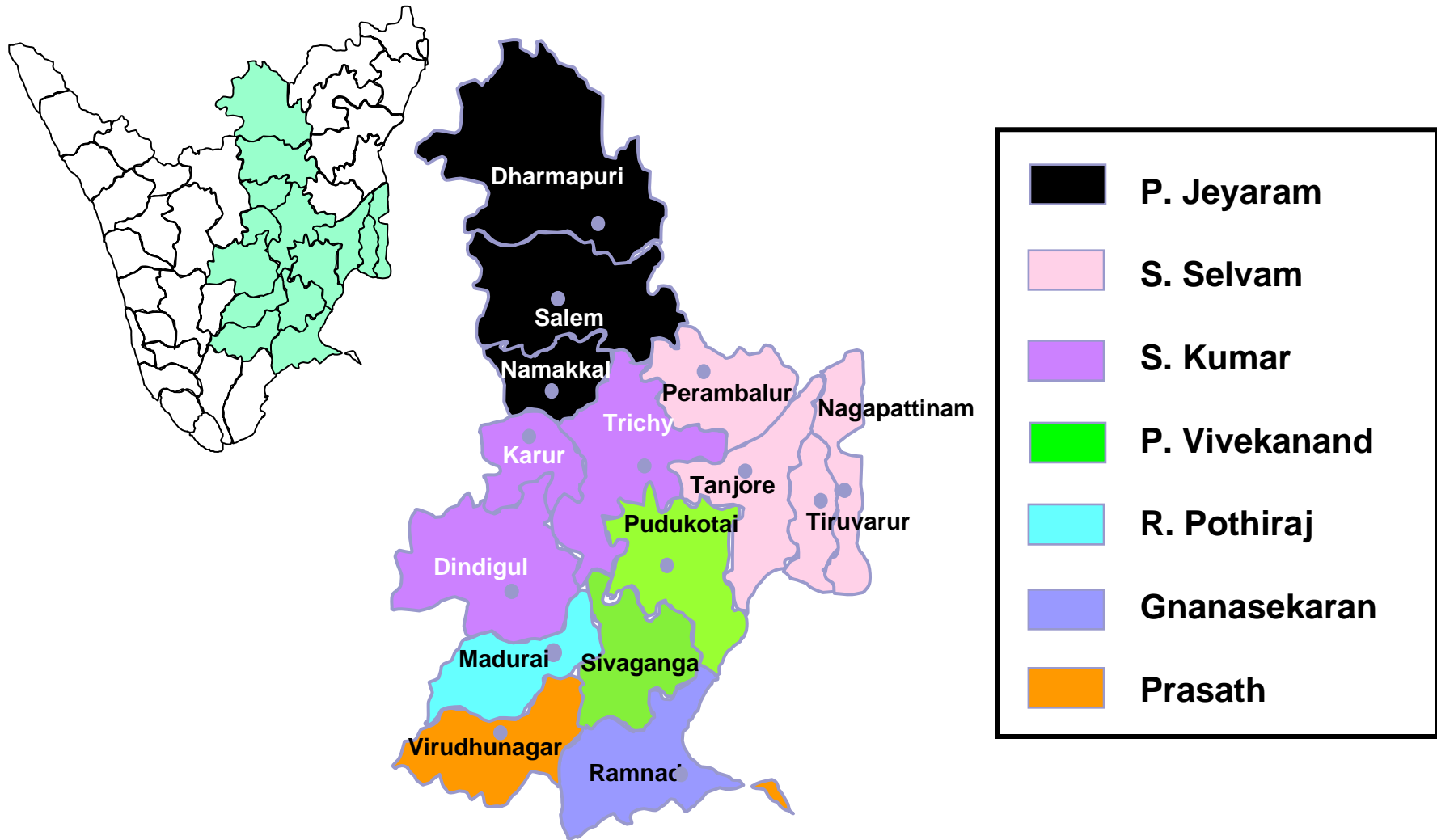


 Base Hospital	Population
 Madurai	26.7 Million
 Theni	4.1 Million
 Tirunelveli	15.1 Million
 Coimbatore	27.1 Million
 Pondicherry	21.6 Million

Outreach Organizational Structure



Organizers' Jurisdiction at Aravind - Madurai



Aravind Annual Plan Meeting





Annual Outreach Planning Agenda

Each Camp Organizer should be aware of their;

- **Population and Magnitude of Blindness**
- **Target and Performance in the last year**
- **Cataract Surgery Rate**
- **Success – Failure experiences**
- **Our Market Share in Cataract surgery**
- **Annual Growth Rate in surgery performance**
- **Challenges and Opportunities**
- **Target and Plan of action for next year**

Annual Plan – Target setting Process

Aravind Eye Hospital – Madurai – Organizer's Performance 2006

Service Area		Perambalur,Thanjavur, Tiruvarur.		Organiser	S.Selvam		
Total Population in lakhs		48.12		Dt.of Joining	01.09.1994		
2006 Performance overview				Productivity(IP)	Camps	In total camps	
1	Camps	55		01 to 25	3	5%	
2	Targeted Admission	8500		26 to 50	11	20%	
3	Actual Admission	7300		51 to 100	14	25%	
4	% of Annual target achieved	86%		101 to 200	16	29%	
5	Average admission per camp	133		201 to 300	5	9%	
6	Target CSR	177		>300	6	11%	
7	Actual CSR	152		Total	55	100%	
Assessment based on Performance Indicators				Periodicity and its impact in total admissions			
Rank	Camp	%		Period	Camp	IP	%
Best camp	9	16%		Monthly	0	0	0%
Good camp	23	42%		Bi monthly	10	2637	36%
Fair camp	17	31%		Annual	19	2566	35%
Poor camp	6	11%		Other	26	2098	29%
Total	55	100%		Total	55	7301	100%

Annual Plan – Target Setting Process

II. DISTRICT WISE TREND AND TARGET 2007

III. Monthly Distribution of Target and Action Plans 2007

Service Area 2007	Thanjavur, Tiruvarur & Perambalur
Total Population in Million for 2007	4.54

Organiser	S.Selvam
Dt.of Joining	01.09.1994

District 1 :		Thanjavur			Popln. In Million		2.2
Year	Camp	Target	Achvt.	Yr. Growth Rate	% of Target achvd	Avg IP/ Camp	CSR
2002	37	4500	4518		100%	122	2053
2003	23	5445	4448	-2%	82%	193	2022
2004	26	4600	4734	6%	103%	182	2152
2005	29	5000	4915	4%	98%	169	2234
2006	31	5500	5125	4%	93%	165	2330
2007	25	5500		6.8%		220	2500

Fin.-year	Cat. Market Share	Paying+ Direct+ Camp
2001-2002	50%	5,913
2002-2003	51%	5,718
2003-2004	43%	6,055
2004-2005	43%	6,180
2005-2006	42%	6,136



Partnership with Local Community

- International Organization like Lions, Rotary ...
- Religious Organizations (churches/mosque..)
- Educational Institutions (schools/colleges)
- Youth Welfare Associations
- Banks, Industries, Trusts, Hospitals
- Cooperative Societies (Dairy, Weavers, Farmers..)
- Village Leaders
- Business Men, Philanthropists



Internal organization – Hospital level

- Staffing structure
- Roles & responsibilities for clinical and non clinical staff
- Policy on admission, operation, discharge and follow up
- Service delivery (medicine, spectacles, specialty referral)
- Cost management (Source of fund)
- Interdepartmental communication and coordination
- Report generation (Internal and External)
- Strategies to retain the community partners

Camp level Human Resources Planning

		Small	Medium	Large
Expected Out-patients		200-300	300-500	500-800
Expected In-patients		40 - 60	60 - 75	75 – 150
Doctors (<i>A senior PMOA can help the Doctor in Preliminary Examination</i>)		1	2	3-4
PMOAS	Preliminary vision	1	2	3
	Tension and duct	1	2	3
	Refraction	1	2	3
Patient Counselor		1	1	1
Optician (Sales and Delivery)		1	1	2
Optical Technician (Edging and Finishing)		1	1	2
Camp Organizer		1	1	1

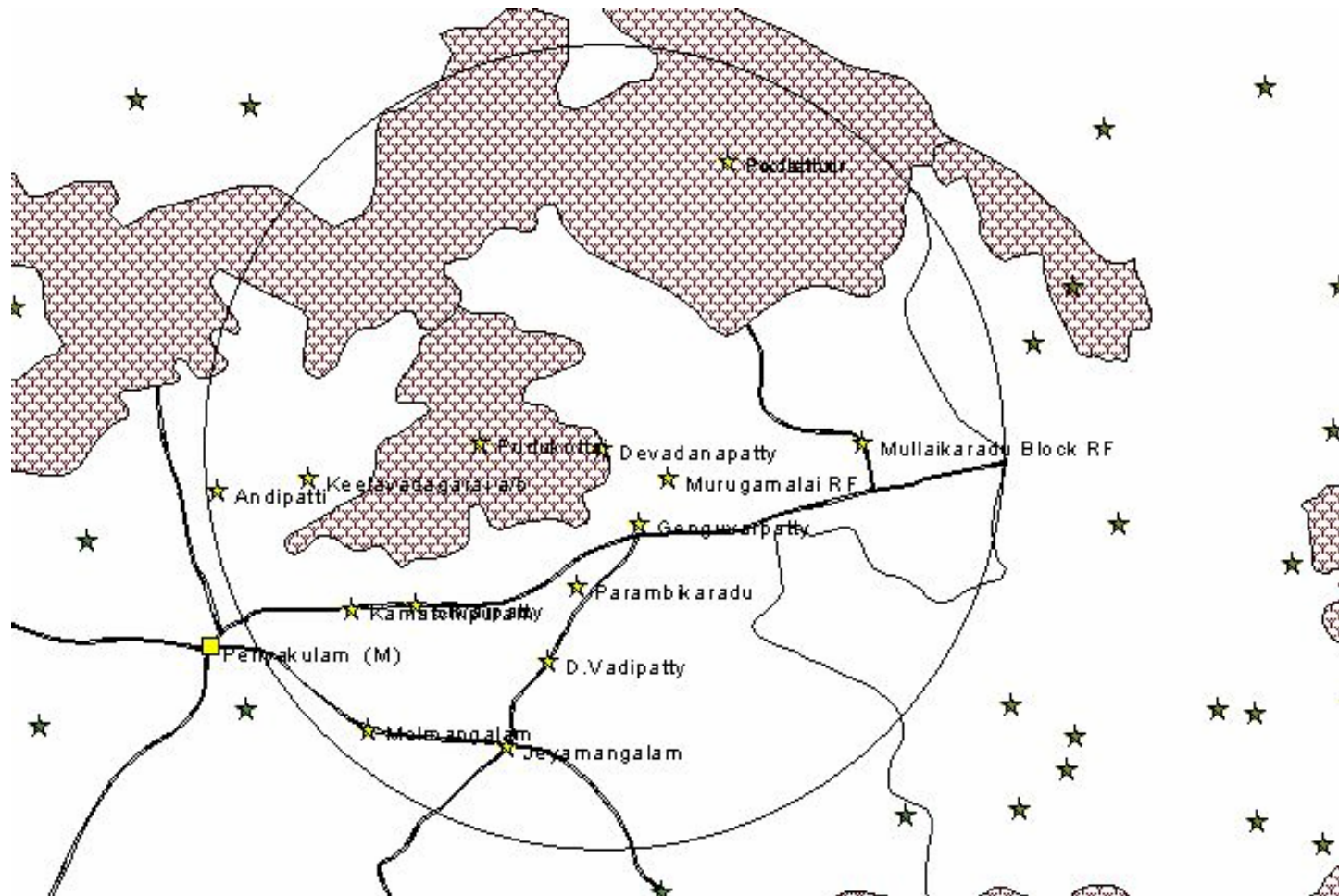


Organizing at Community level

- Selection of camp venue and permission
- Support services planning and management
- Planning and execution of Publicity and awareness
- Referral network with other social service organizations
- Volunteers (Pre-camp and Camp day management)
- Amenities for volunteers medical team & patients
- Planning the transportation of patients

Camp level publicity planning use of GIS – to list villages and Target population

Camp location : Devadanapatti, Theni District



Villages in a radius of 10 Kms to Devathanpatty, Theni District

No	Name of the Village	Resi House	Total Popln.	Male	Female	Boys under 6 yrs	Girls under 6 yrs
1	Keelavadagarai	1,204	5,207	2,658	2,549	410	372
2	Silvarpatty	1,347	6,039	3,073	2,966	455	403
3	Kamatchipuram	459	2,013	1,109	904	118	101
4	Melmangalam	1,659	6,982	3,523	3,459	489	457
5	Jeyamangalam	3,676	16,151	8,346	7,805	1,232	1,042
6	D.Vadipatty	132	592	305	287	53	28
7	Pudukottai	439	1,930	993	937	155	137
8	Devadanapatty	3,968	17,905	9,096	8,809	1,282	1,200
9	Genguvarpatty	3,687	15,732	7,943	7,789	1,219	1,030
10	Parambikaradu	126	554	270	284	49	32
11	Poolathur	814	3,229	1,629	1,600	256	207
	Total	17,511	76,334	38,945	37,389	5,718	5,009

**Sponsor
Logo**

Sponsor Name and Hospital Name

**Eyes
picture**

Free eye Screening Camp

Date

Duration

Venue

Village

Examination by Medical team from Aravind

- * Examination for all eye problems
- * Free Surgery for Cataract patients
- * Spectacles for Refractive Errors at affordable cost

Use this Opportunity!

Sponsored by:

Comprehensive Eye Care in Community Outreach

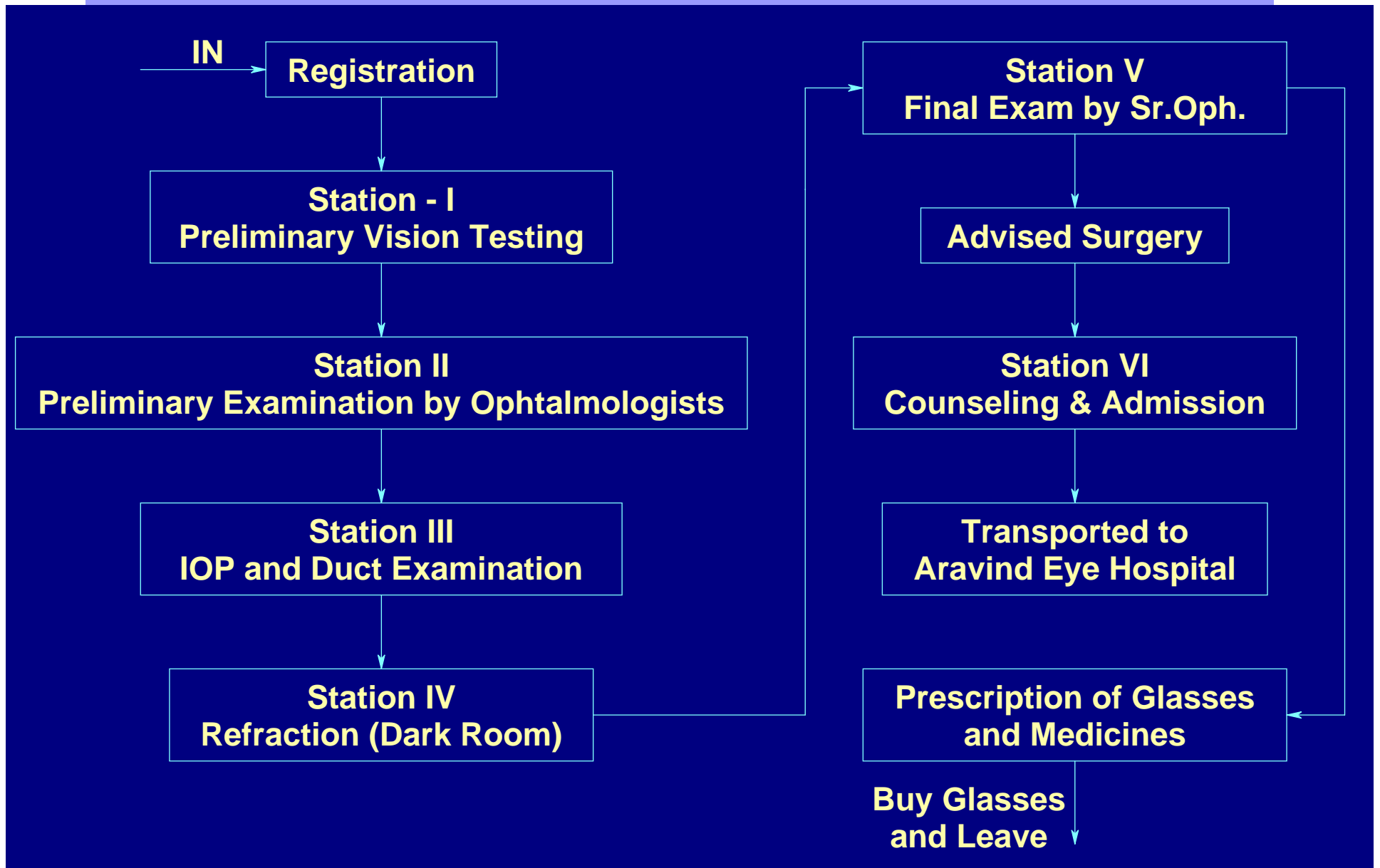
- Screening for Cataract, Glaucoma, Retina, Orbit, Diabetic Retinopathy, Corneal opacity, ulcer, Childhood blindness etc.
- On the spot spectacles services for Refractive errors
- On the spot admission and transport of cataract patients
- Counseling and referral for specialty problems
- Follow up for operated patients in the same camp site after a month



Video on Eye Screening Camp



Patient flow in Screening eye camp





Immediate Post Camp activities in Base Hospital

- Admission procedure
- Preoperative counseling
- Preoperative preparation
- Surgery
- Post operative care
- Post operative counseling
- Discharge counseling
- Discharge planning
- Communication to community partners
- Support facilities (Dietary – Housekeeping)
- Handling of emergencies and not-operated patients
- Analysis of patients records

Structured Monitoring Process



**Performance is measured based on the results
not by the efforts put in**



Post Camp Report helps to analyze the performance and for constant development

Performance Indicators in Outreach

Screening Eye Camps

1. Expected number of patients Vs Actual
2. Proper distribution of Age group
3. Number of defective people benefited
4. Case finding cost (for Cataract)
5. Acceptance rate on
 - Surgery
 - Spectacles
 - Specialty referral
 - Surgery Follow up

Workplace Screening Camps

1. Number of 40+ aged in Outpatients
2. Number of patients prescribed Glasses
3. Number of other eye problems diagnosed
4. Acceptance rate on
 - Spectacles
 - Specialty referral
 - Referral Follow up

Diabetic Retinopathy Screening Camp

1. Expected no.of Diab.patients Vs Actual
2. Age group of Outpatients
3. Number of people diagnosed for Diabetics
4. Number of patients diagnosed with D.R.
5. Acceptance rate on
 - referral
 - Laser procedures

School Children Screening Camp

1. Number of Children identified with defects by trained Teachers, Oph. Assistants & Doctors (3steps of screening)
2. Accuracy rate on defects (Teachers identification Vs. Doctors confirmation)
3. % of Defects in total students strength
4. Acceptance and Follow up rate on
 - Glass prescriptions
 - Referral to base hospital



Thank you



*much has been done and
much remains to be done . . .*