

Aravind's Model

of

Community Out-reach

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Aravind Eye Care System

Topic: Community Out-reach

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1. Objectives of Outreach program?

- 1.1 Since Cataract is the major cause of blindness, our main objective of conducting eye camps is to identify people with cataract and provide them with the necessary treatment, that is, surgery.
- 1.2 To detect Glaucoma cases and manage by routine tonometry and in suspected and proved cases of Glaucoma, to refer them to the base hospital for treatment.
- 1.3 To prescribe glasses for refractive errors.
- 1.4 To detect and treat (operate when required) diseases such as pterygium, chronic dacryocystitis and other infections.
- 1.5 To refer school children in the villages for refractive errors, squint, amblyopia, nutritional deficiencies etc.
- 1.6 To undertake health education of the community on proper care.
- 1.7 To develop and maintain relationship with the community.
- 1.8 To market the facilities offered.
- 1.9 To train medical staff and develop their capacity.

2. Do we need to organize outreach programs?

Most developing countries are now challenged with the problem of blinding cataract besides a huge backlog. India has perhaps the largest blind and potentially blind population in the world. According to the two surveys of 1971-73 & 1986-88, the prevalence of blindness (visual acuity <6/60) has increased during the period from 1.4% of the population. About 80% of this blindness is due to cataract which can be cured by a simple surgery.

In the rural areas where health care facilities are primitive, blindness is more pronounced (1.62%) constituting over 75% of the population than in urban areas (1.03%). **Because of their unawareness and poverty they continue to remain needlessly blind. The social and financial hardships created by blindness gravely affect individuals and families in particular and the nation at large.**

Free eye camps are a major step in this war against needless blindness. They provide a link to the rural masses by reaching out, seeking the needy patients and restoring their vision.

3. Discuss some types of Outreach programs?

3.1 Screening (Diagnostic) Camp:

The medical team examines the patients for eye problems and treats minor problems on the spot with medication. People who need surgery or specialty care are advised to come to the base hospital. No surgery is performed at the screening camp.

3.2 Outreach Surgery Camp:

Patients are examined for eye problems and the necessary surgery is also performed at the campsite itself.

Difficult as well as highly expensive to conduct in rural and backward areas due to lack of proper facilities.

3.3 Village Volunteers Program:

It is observed that the cataract patients are reluctant to come forward to undergo surgery even when it is offered free. It is not possible to have eye camps in small villages. So, various voluntary organizations who are working in the villages are identified. Their projects may be religious, social, educational etc. They are motivated to help us to identify cataract patients along with their project. Such willing volunteers are trained in base hospital for one day – in anatomy, physiology of eye, cataract how it is formed and treated, to identify cataract patients and measure their visual acuity, to identify aphakic individuals etc and to motivate them to accept cataract surgery.

An Ophthalmic assistant from the base hospital visits the village according to a schedule, mutually fixed at the training time. The volunteer shows the cataract patients identified by him; the ophthalmic assistant examines and confirms which patients are suitable for surgery; motivate the confirmed patients and brings them to the base hospital for surgery. At the hospital, the patients are examined by the ophthalmic surgeon and suitable cases are operated. This program can help to create awareness and increase the surgical acceptance rate in the remote villages.

3.4 School Eye Health Scheme:

It is necessary for the school children to have not only good health but also good eye sight to be successful in their studies. Children with poor eye sight, will be poor performers in their studies. It is necessary such children should be identified and their refractive errors corrected to restore good eye sight to them. Another common cause of blindness is deficiency of Vitamin A. The child with squint eyes runs the risk of developing Amblyopia unless treated as early as possible in life. Blindness due to Amblyopia is irreversible.

In view of the above considerations, it is fundamental to take up the school eye health scheme as one of the major outreach programs. The active participation of trained teachers is encouraged for better results and follow-up.

4. What are the steps involved in conducting eye camps?

- **Areas Jurisdiction**
(Hospital service area and camp organizer area jurisdiction is decided)
- **Collection of Baseline Information (Secondary Data)**
(Camp Manager and Organiser must have an idea of service area population, prevalence and incidence of blindness and Cataract surgical rate etc.)
- **Selection of Potential areas**
(Organizer should select and suggest the places to conduct camps, based on the population and accessibility)
- **Identification of Social Service Groups (Sponsors)**
(Organizer must be able to identify community based social service organizations)
- **Motivating Sponsors**
(Organizer should collect the list of social service organizations in each potential area and approach to conduct the camp. He must be able to judge the sponsor's capacity i.e. interest, money, manpower support etc. and motivate them)
- **Clarification of Commitments (Hospital / Sponsor)**
(It is good that we must have agreed upon the responsibilities of sponsor – publicity, camp site arrangements, medical team hospitality, volunteer support, transportation of patients etc. The sponsor should also realize the hospital's inputs)
- **Communication with Sponsor(Date-Place-requirements)**
(Camp Manager should communicate and confirm the date, place and requirements with the sponsors based on the organizer's field reports)
- **Planning of required Manpower & Logistics**
(Camp Manager should take responsibility of deputing medical team, receiving the patients from the camp, providing accommodation and food, mode of transport etc. He should also ensure that the clinical procedures are taken care of. It is essential to have cordial relationship with clinical and non-clinical coordinators)

- **Conduction of camp and case selection**
(Organizer is responsible for engaging the medical team to the camp site, conducting camp without discrepancy)
- **On the spot transportation to Base Hospital / Operation site**
(The organizer must plan transport facility in advance and take the patients from the camp site to the hospital or the place of operation as soon as the screening process is over)
- **Operation – Post-op. Medication - Discharge – Follow-up**
(Manager has to make sure that clinical service is provided as per the schedule. He is accountable to provide follow up service either at the camp site or base hospital)
- **Report Generation (Internal / External)**
(Manager is accountable to generate final reports to various departments, senior management team, government offices, donors etc.)

5. How will you choose the village, camp venue and date?

5.1 SELECTING THE LOCATION:

- Select a village with a population of atleast five to ten thousand in the surrounding areas.
- Should be easily accessible to people in surrounding areas.
- There should also be some convenient means of transport from the surrounding areas to the camp.
- In some cases the sponsors themselves arrange transport for patients, between the villages and the site of the camp.
- Find out what camps have been conducted earlier in that place, the results, and whether they can affect your camp.

5.2 SELECTING THE VENUE:

- A convenient venue would be a large school building in the area.
- There should be two rooms of length or width atleast 7 meters or 25 feet, for vision checking, apart from space for the other activities.
- There should be electricity as well as two plug points in working condition.
- Contact the school building authorities well in advance and take the necessary permission.

- Ensure that the school building will not be functioning on the day of the camp.

5.3 SELECTING THE TIME:

Ensure that there will be no important activities in the area at the time of the camp that can affect the patient turnout of the camp.

5.4 FIXING THE DATE:

- A suitable date atleast one month in advance may be fixed.
- This would give sufficient time for planning of publicity, site selection etc., and necessary for good turnout.
- Do not conduct camps on the days which are not comfortable for you.

6. List the criteria that influence the success of camp?

6.1 Proper planning:

The Administrator / Camp coordinator is responsible for pre-planning the camp activities. He/She has to help the sponsor to understand and handle camp related activities like publicity, accommodation, food arrangements, campsite preparations etc. It is best to conduct a discussion with the sponsor and field organizers to get a full idea about the camp.

6.2 Publicity:

Any marketing needs an effective way of publicity to market the product. Here we discuss how to market our quality eye care. The hospital receives most of its marketing through screening eye camps. These camps form an integral part of the marketing strategy for increasing the number of patients.

It is possible to recruit a good number of patients by successfully propagating the message about the camps to the rural masses. The sponsor of the camp should pay more attention in educating the needy about these camps. There are some common and effective methods of publicity that can be done 3 to 5 days before the camp.

6.3 Community participation:

- A high degree of community participation and involvement are the key to making a camp successful.
- The sponsor should identify and work with other service minded people in the community.

- Village leaders, Panchayat President can use their influence to persuade people to attend the camp and also extend some facilities for conducting the camp.
- Doctors who know people with eye problems can advise them to attend the camp.
- Teachers can persuade their students to identify patients particularly in their own families.
- Religious leaders can talk about the importance of camps when people gather for worship.
- Involving the community can help to reduce the propaganda cost a great deal and to get a good turnout.

7. What are the common methods of publicity?

7.1 Printed and Visual Aids:

7.1.1 Hand Bills:

- Sample handbill can be collected from the hospital.
- May need to distribute atleast five thousand handbills.
- Door to door distribution through volunteers may be the best way.
- Put them inside the daily newspaper (where people read news papers)
- Hand them out while doing mike propaganda, and at places of worship or other places where large gatherings are there.
- Set up a few temporary information centers at these places for distributing the handbills
- Distribute them not more than 5days before the camp so that people do not forget and have time to see and discuss them with others.

7.1.2 Wall Poster:

- Sample poster can be collected from the hospital
- Atleast one hundred posters would be required for one camp.
- Display at all places where people gather in large numbers, like bus stops, places of worship, cinema theaters, schools, hotels, on buses, markets etc. in both the location of the camp and the surrounding areas from where you can expect patients.

- Should be put up 2-3 days before the camp.

7.1.3 Cloth Banners:

- Five to ten banners would be required at important places.
- Put them up one week to three days before the camp at all important places.
- Specify the date, place and time very clearly.

7.1.4 News Paper Advertisement:

- Can give date, place and sponsor's name and other information depending on space available as news item.
- Advisable to send information from the hospital for publication (in Today's Engagements), to the various dailies, on the camps to be conducted at various places during the following the week.

7.1.5 Cinema Slide:

- The message should be simple, as in the banner
- Show in cinema theatres in the village of the camp as well as nearby villages.
- Can be displayed starting from one week before the camp.

While using Visual Media, remember:

- Illiterate people or those with cataract or other eye problems will not be able to see or understand message given through visual media properly.
- They would have to depend on some one else to tell them about the message.

In order to reach these people directly, you should make use of audio media also.

7.2 Audio / Video Aids:

7.2.1 Mike / Loudspeaker Propaganda:

- This is the most important media
- Convenient way to attract attention and reach a large number of people, especially those illiterate or with poor eye sight.
- Two to three days before the camp

- Announcements are made from a moving vehicle fitted with a mike and loudspeaker.
- Can use pre-recorded message through a cassette player, or announce through mike or both.
- Sound quality should be good so that people can understand
- Try to cover as much of the population as possible, as this can be a major influencer.
- Make the announcements interesting to hold the interest of the public.
- Handbills can be distributed at the time of mike propaganda.

7.2.2 Tom – Tom:

- Use this wherever the facility is available.
- Get it arranged through the village head or Panchayat President.
- Can be done in the village and surrounding areas
- One to two days before the camp
- Message would give date, place, name of sponsor and the hospital.

7.2.3. Radio:

- Routinely send information to AIR on the camps being conducted in the following week.
- Information about camp may be announced along with the commercial announcement.

7.2.4 Cable T.V.:

- In order to reach every house directly camp sponsors approach local cable T.V. operators to give a flash news about the camp date, duration, place and venue.

8. List the essential requirements in the campsite?

8.1 Furniture and other requirements:

For a camp of moderate size, with an expected patients turnout of around 300, the furniture required at the venue is as below:

Tables	:	6
Chairs	:	20 + another 50 for waiting patients
Stools	:	6

Benches : 5 + another 10 for waiting patients

There should be electricity and two plug points and two or three fans.
There should be two rooms of width atleast 7 metres or 25 feet for checking vision.

8.2 Volunteers for the Eye Camp

Volunteers are essential for various activities.

A. Before the camp – 10 volunteers

- Preparing and putting up posters and banners
- Distributing hand-bills
- Other publicity campaigns

B. On the day before the camp – 7 volunteers

- Arranging the furniture : 5 volunteers
- Cleaning the campsite : 2 sweepers

C. On the day of the camps – 20 to 25 volunteers

- Managing the crowd : 5 volunteers
- Making entries in the Registers and records : 5 volunteers with good hand writing
- Registering patients
Selected for surgery : 2 volunteers with good hand writing
- Assisting the medical Team and escorting Patients at all stages : 10 volunteers

D. After the camp – 5 volunteers

- Cleaning up the venue of camp
- Assisting in transporting selected patients to hospital
- Bringing back patients after discharge.

You can get volunteers locally, from school students, religious and dedicated service organizations, NSS groups, Nehru Yuvak Kendra, various friends and fans associations etc.

9. How will you budget for conducting an eye camp?

The following table shows the expenditure which has been calculated based on the expenditure incurred by some sponsors who conduct eye camps in association with Aravind Eye Hospital. It will give an idea of cost to conduct different size of eye camps. The expenditure differs from a small camp to a major camp. Conducting a camp successfully can mean incurring a sizeable expense. Trying to reduce these expenses too much can result in poor turnout of patients. The expenses incurred are nothing if we see what it means to the patient. Getting back sight would be like getting a new life, and the value of this is much more than the money spent for it. We should therefore regard the cost not as expenses, but as an investment in a better life for the patients.

As an organizer, who must be able to guide the sponsor in the financial aspects? Camp organizer can motivate sponsors to conduct camp jointly with other organizations or individuals and share the costs. Community involvement can help the sponsor to reduce expenses and still get good turnout.

Aravind Eye Hospital - Madurai

Budget to conduct an Eye Camp

No.	Camp Activities	Small Camps (OP:300 IP:60)			Medium Camps (OP:600 IP:60 - 100)			Major Camps (OP:1000 IP:100 - 200)		
		Nos.	Unit Cost in Rs.	Rs.	Nos.	Unit Cost in Rs.	Rs.	Nos. *	Unit Cost in Rs.	Rs.
1	Publicity:									
	Wall Posters	100	3	300	200	7	1400	300	10	3000
	Hand Bills	3000		1000	5000		1500	10000		2000
	Mike announcement (days)	2	600	1200	3	600	1800	4	600	2400
	Publicity boards				3	200	600	5	200	1000
	Fluroscent boards				100	4	400	100	4	400
	Banner							3	400	1200
	Sub Total (Publicity Cost)			2500			5700			10000
2	Patients food packets on camp day	60	7	420	100	7	700	200	7	1400
3	Patients to & fro actual bus fare	60	60	3600	100	80	8000	200	160	32000
4	Medical team Expenditure:									
	Meals	14	20	280	17	40	680	20	75	1500
	Stay			0			0			2000
5	Misc. expenditure:									
	Labour, Refreshment, Sanitation			300			500			750
	TOTAL			7100			15580			47650

* Applicable for stay camps