

District Eye Care Service Lumbini Model

Lumbini Eye Institute

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Nepal

Situated in South Asia, Land locked country sandwiched between big Asian giant china and India, Birth place of lord Buddha and land of Mt Everest, home of 26 million Nepalese



Human Resource Allocation

Zone/Province

Ophthalmologist

District

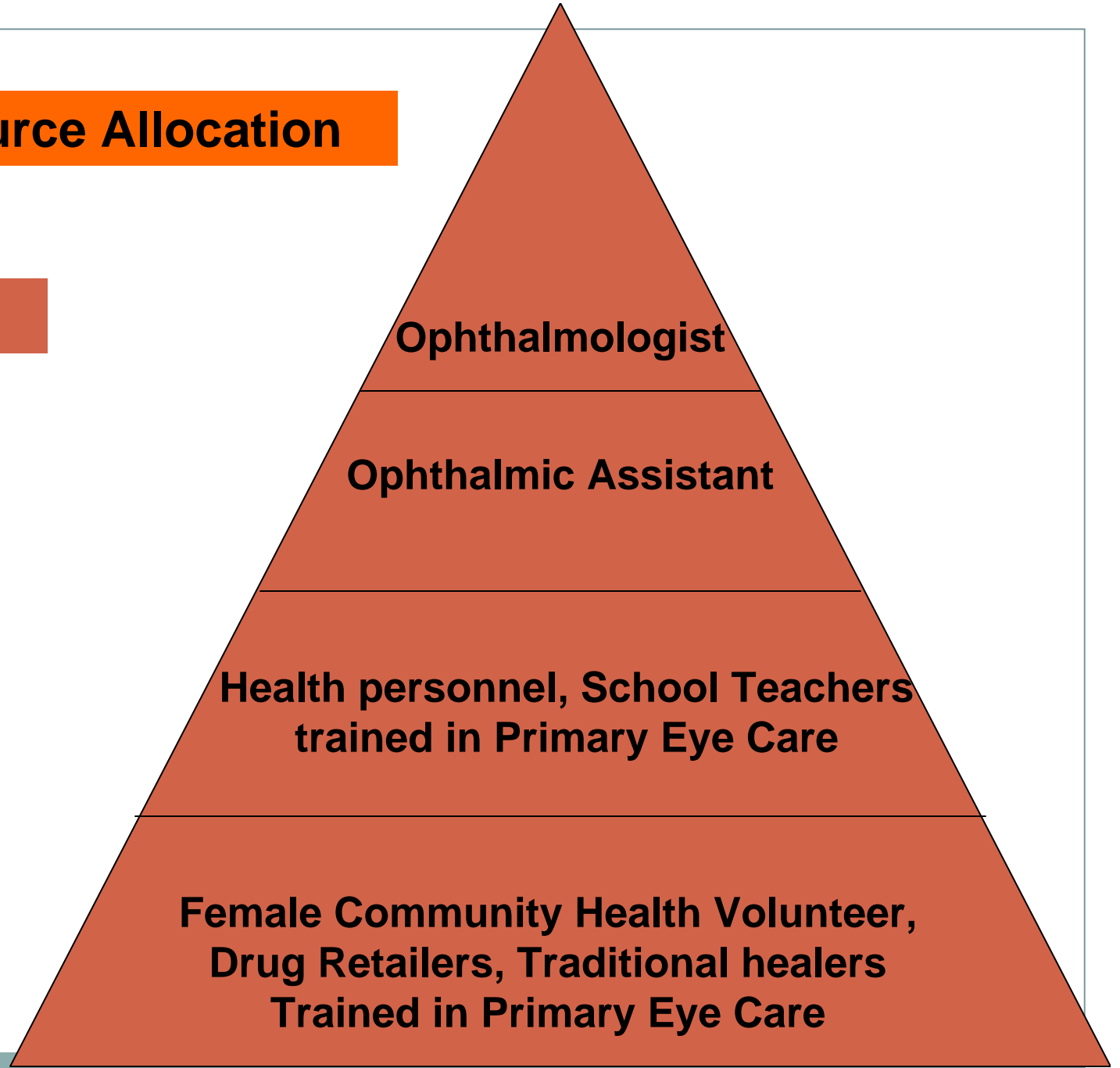
Ophthalmic Assistant

Village

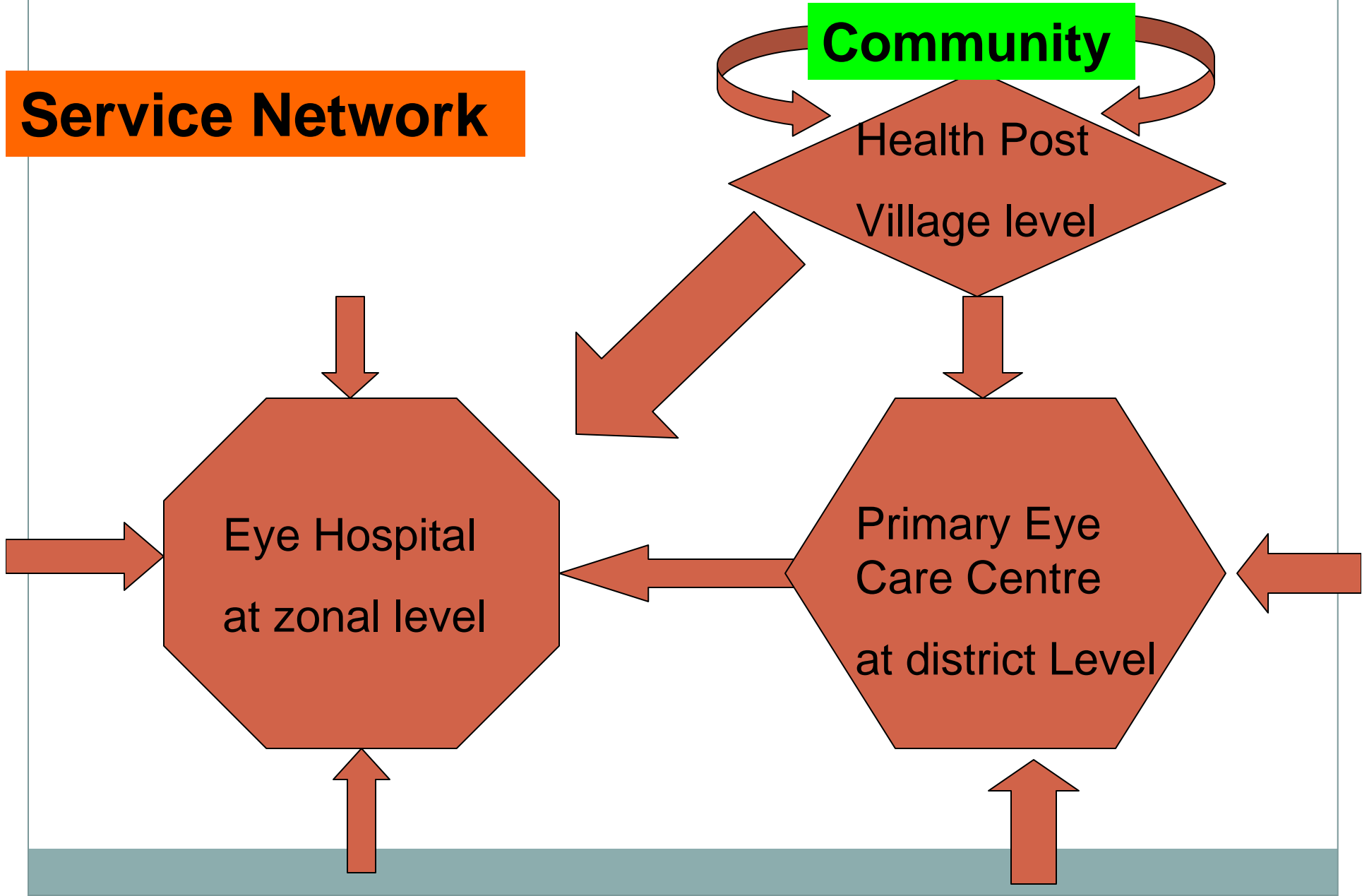
**Health personnel, School Teachers
trained in Primary Eye Care**

Community

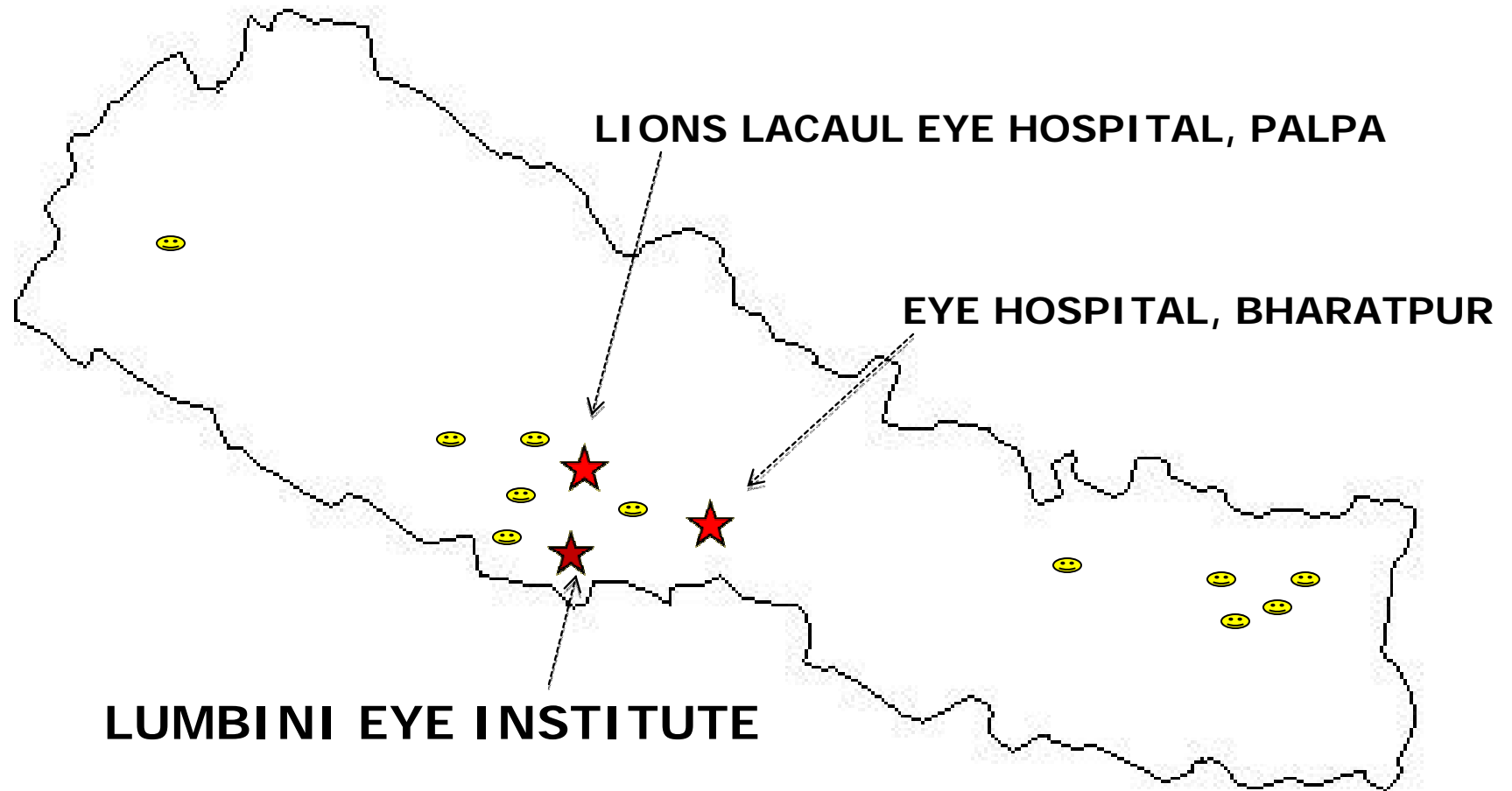
**Female Community Health Volunteer,
Drug Retailers, Traditional healers
Trained in Primary Eye Care**



Service Network



MAP OF NEPAL WITH LEI Infrastructure



 Primary Eye Care Center

PECCs functioning under LEI

S. N	Name of PECC	Established	Target Population
1	Palpa	Jan. 1988	268,558
2	Nawal Parasi	Aug. 1988	562,827
3	Gulmi	Aug. 1990	296,654
4	Arghakhachi	Mar. 1992	208,391
5	Kapilvastu	Jun. 1997	481,976
6	Taplejung	Dec. 1998	134,698
7	Pyuthan	Oct. 2004	212,484
8	Doti	Mar. 2004	207,066
9	Sakhuwasava	Sep. 2005	159,203
10	Dhankuta	Aug. 2006	166,479
11	Terathum	Nov. 2006	113,111
12	Dolakha	Aug. 2007	175,912

Primary Eye Care Centre (PECC): (or Vision Centre)

District level; population: 100,000 - 400,000

Infrastructure: 2 rooms (at least 12 x 14 feet) also waiting area, toilet and drinking water.

Equipment: eye examination including slit lamp (biomicroscopy)

Service:

- Refraction and low vision aids
- Chalazion & entropion surgery
- Treatment trachoma, xerophthalmia, conjunctivitis
- Initial treatment for corneal ulcer and Ocular emergency
- Referral of cataract

Education and Training:

- village health workers and community leaders

Human resources

- Ophthalmic assistant -1
- Paramedical (Eye Worker or Certified Medical Assistant) 1
- Helper – 1 (cleaner)

Establishment Criteria

- Request from the CNNJS and LNNJS
- Feasibility study “needs assessment”
- Establish collaboration with government district health system
- Establish community participation
- Capital investment with predefined business model of sustainability by donor
- Define explicit roles for local partners, base hospital and donor for day to day and organizational management

Role of Local Partners

- **Provide land, building, and furniture (if possible)**
- **Service marketing**
- **Monitor, supervise (non clinical activities)**
- **Financial management**
- **Legal ownership**

Role of Base Hospital

- **Responsible for over all technical management and supervision of center such as:**
 - Provision of technical staff
 - Upgrading the skill of staff development (CME)
 - Conduct cataract surgical eye camps
- **Evaluate appropriateness of referrals**
- **Monitor and evaluate clinical service quality**

Role of partner organization (Seva)

- Financial support for initial capital costs, (primarily medical equipment/Instruments) and initial operating costs
- Financial supervision and audit
- Financial support for training and community outreach activities

Sources of income

- Patient registration (\$.25)
- Optical shop
- Pharmacy
- Extra ocular surgery
- Local undraping
- Government grant (occasionally)

Cost recovery situation: 06/07

S.N	Name of PECC	Established	Cost recovery
1	Palpa	Jan. 1988	87% Converted in to Secondary Hospital in 2004
2	Nawal Parasi	Aug. 1988	126%
3	Gulmi	Aug. 1990	143%
4	Arghakhachi	Mar. 1992	103%
5	Kapilvastu	Jun. 1997	100%
6	Taplejung	Dec.1998	39%
7	Pyuthan	Oct. 2004	65%
8	Doti	Mar. 2004	63%
9	Sakhuwasava	Aug. 2005	98%
10	Dhankuta	Aug, 2006	50%
11	Terathum	Sep, 2006	20%
12	Dolakha	Aug. 2007	

Financial Sustainability

- **Reputation and patient satisfaction**
- **Need 15-20 patients per day**
- **Optical shop**
- **Dedicated and motivated team**

Challenges/Barriers

- **Staff retention**
- **Ownership issues**
- **Supervision and monitoring**
- **Other eye hospitals/eye care providers**
- **Financial sustainability**

Breakdown of Barriers

- **Hiring local staff**
 - Providing training opportunities
- **Empowering local CBOs**
 - Frequent meetings/problem solving
- **Increasing frequency of supervisory visits**
 - Email, telephone
- **Community involvement in designing and conducting programs**

Thank you

