

Community Outreach Initiatives
For
High Quality, Large Volume,
Sustainable Cataract Surgery Programmes for
High Quality, Large Volume, Sustainable Cataract
Surgery Programmes

Mazharul Haque BNSB Eye Hospital, Chandpur

12.1 Screening Eye Camp (SEC)

12.1.1 Selection of Venue

Public Relations Officer of the hospital will contact to the Local Organizers to select the Camp Venue. PRO will consult the feasibility of the selected venue with Manager Administration. Manager Administration will analyze the matter and report to the Senior Consultant for final selection of the Venue.

12.1.2 Supporting and Organizing Camp

Go through checklist of items to be taken to the campsite before leaving the Hospital: Torch Light, Direct Ophthalmoscope, Schiottz Tonometer, Syringing Set, Sphygmomanometer, Reagent for estimating Urine Sugar, Box of Trial Lenses, Retinoscope, Dark Curtains and Generator.

12.1.3 Number of Camp

Total 25 numbers of Screening Eye Camps will be organized for the project period.

12.1.4 Camp Period

Preferable time period for implementing the camps from September to March of a project year.

12.1.5 Number of Camp Days

Total 5 days will be required for completion of a Screening Eye Camp. Day-1 for arrival of the Medical Team at the venue and Screening to select Cataract patients & prescribing other patients and bringing the selected cataract patient to the hospital; Day-2 for Surgery of the cataract patients; Day-3 for IPD activities of the cataract operated patients; Day-4 for Discharging the operated patients and send them to the Camp venue; Day-5 for Evaluation of the operated patients at the venue after 10 days of their discharge.

12.1.6 Number of Cataract Surgery per Camp

Total 62 cataract cases will be operated for each Camp. Maximum 30 cases will be operated by one surgeon per day.

12.1.7 Distance and Area Covered

The rural remote and unprivileged inaccessible *Upazilas* will be covered to serve the maximum number of accumulated eye patients. The venue will be selected 60 to 80 km far from the base hospital. But it may be flexible in special circumstances as such backward communication, island, etc.

12.1.8 Surgical Techniques

Admitted patients will be registered at MRD. The Clinical Examinations will be done. Separate OT list will be generated. All other sterilization protocol of the Hospital to be followed during surgery. Manual "Small Incision Cataract Surgery (SICS)" will be the preferred technique for IOL implantation for each selected case.

12.1.9 Planning Matrix for Screening Eye Camps

❖ Pre-Camp Activities

Activities	Time Frame	Person Responsible
Develop Weekly, Monthly and Annual Schedule	Beginning of the Project Year	Hospital Supervisor & Outreach Camp Organizer
Contact the Sponsors (NGO/Local Organizer (LO) and make them realize the need for camps.	At least one month before organizing the camp	Outreach Camp Organizer
Explain the camp procedure to the Local Organizer/Organization.	As above	Outreach Camp Organizer
Suggest a suitable date that does not coincide with religious festivals, harvest, etc.	One month before the camp	Outreach Camp Organizer
Select camp site & confirm	One month before the camp	Outreach Camp Organizer
Assist the Local Organizer/Organization in planning the work to be done & publicity to be made	After finalizing the date and place	Outreach Camp Organizer
Update the Local Organizer/	Periodically	Hospital

Organization on hospital based actives related to camps (after screening of patients).		Supervisor/ Outreach Camp Organizer
Provide a standard format of Notice and Poster to the Local Organizer(LO)/Organization for publicity work	One month before the camp	Outreach Camp Organizer
Ensure the execution of publicity work (proper planning and delegation)	At least two weeks before the camp	Outreach Camp Organizer
Conduct periodical meetings (monthly/weekly) at the hospital to assess the numbers of Doctors, Paramedical staff, Drivers and Vehicles needed.	Once a month	Hospital Supervisor (HS) and Camp Organizer (CO).
To plan for accommodation & food for the expected In-patients on the camp day.	During the Camp meeting	HS/LO/CO
Finalize the camp Date and Venue and then inform the people concerned.	A week before the camp	HS/CO
Make indents for the items (medicines/ instruments) to be received from stores.	A week before the camp	HS/Assistant Store Officer/ Storekeeper
Plan and arrange Transportation to bring the patients from the campsite to the hospital and back to their area.	A week before the camp	CO

❖ Camp-Day Activities

Activities	Time Frame	Responsibility
Make ready OP & IP Registers, other Documents, Medicines, Equipments, etc.	One day before the camp	HS/CO
Arrange necessary Furniture facilities in the campsite for Screening of patients.	One day before the camp	HS/CO/LO
Instruct the Volunteers to enter the Patient information (name, age, sex,	One day before the	HS/CO/LO

address, date and place of camp) in OP Card, Identity Card, Register and to manage the patient flow	camp	
Group the patients advised for Surgery.	On the Camp day	Counselor
Perform the Urine Test & Record BP at the campsite itself	On the camp day	Ophthalmic Paramedic
Enter the selected patient's particulars in In-patient Documents	On the camp day	Counselor/LO
Arrange Food for Medical Team as well as the patients selected for Surgery	One day before the camp	HS/CO
Arrange Transport to take the patients to the hospital	On the camp day	LO/CO
Give date of the remaining final surgery advice patients for surgery to the hospital	On the camp day	HS/CO

❖ Post-Camp Activities

Activities	Time Frame	Responsibility
Admit the patients brought from the camp site.	On the camp day	HS
Inform the Doctors & Paramedical staff to take care of Pre-operative procedures	A week before the camp (attentive schedule).	HS
Make Food arrangements for the patients	On the camp day	HS
Thank the Sponsor/ LO with camp results	The day after the camp	CO
Maintain a good rapport with the Sponsor.	Periodical visit, mailing & Meeting	CO
Discuss the success & failure and to review the plan performance	Every month	PRO/CO
Draw Camp Reports & Statistics (update)	For each camp, after the camp	CO
Send the reports to the Local Agencies, Government Sectors, and Supporting Agencies.	For each camp whenever it is needed	Manager Admin

Get interdepartmental feedback in order to maintain a level of satisfaction and growth	Periodical Meeting	Manager Admin
Plan future Outreach Programs	End/beginning of the Project Year	HS/CO

12.1.10 Follow-up Day of the Camp

Within 10 days of post operation, a Follow-up Team will reach the venue for reviewing of all operated patients. They will test the eye vision. Doctor will examine all the operated patients to lookout for any complications. Refraction will be done by the Refractionist and for cases with pinhole vision of 6/18 or worse further review at the hospital. Any patient needing detailed examination or management of complications is advised to refer directly to hospital with referral slip.

12.1.11 Reporting of a Camp

For each of the camp, a Completion Report will be prepared and be submitted to the Hony. General Secretary by the Camp Leader and Sr. PRO for forwarding to the Donor Agency. Besides, the Camp Supervision Committee will prepare a report on the highlighting the strengths, weakness and suggestions for way forward.

12.2 School Sight Testing Program (SSTP)

12.2.1 Selection of Institutions

Public Relations Officer will contact to the District Education Officer to collect the list and name of the primary level educational institutions for selection of SSTP venue. Institutions from the surrounding Upazilla of Chandpur will get preference for selection. No commercial institution will be selected. The school must be selected beyond the municipality areas.

12.2.2 Supporting for organizing a SSTP

Necessary instruments shall be carried by the medical team including: Trail Box, Retinoscope, Ophthalmoscope, Refraction Cubicle, Vision Chart (near vision) and Vision Chart.

12.2.3 Number of SSTP

40 number of SSTP will be organized in the project period.

12.2.4 Duration of a SSTP

One day will be taken to complete all the SSTP activities.

12.2.5 SSTP Period

The SSTP will be organized round the year as per school calendar.

12.2.6 Number of Students for a SSTP

Government statistic on number of primary level students shall be considered because the Government statistic has been based on the survey done by the Bangladesh Bureau of Statistic (BBS), which is one of the most reliable data resources of our country. The Government Statistic shows that the average number of students in primary school is approximately **420**. So the target would be **370** students.

12.2.7 Distance and Area Covered

Frequent visit in the same institution must be dropped and SSTP shall be organized in the deserving areas where students really get no eye care facilities. A careful monitoring shall be done with the support of both Supervision Committee and Monitoring Team. Revisit shall only be allowed after a lapse of minimum three years.

12.2.8 Process of Screening

Teachers Demonstration Program shall be organized before the start of the SSTP. Teacher shall do initial screening by checking the visual acuity of the students and refer only the cases with impaired vision and the cases with complaints to the medical team thus bringing down the pressure from the shoulder of doctors for testing huge students, improving the quality of service. As this is a new practice, the effectiveness of teacher's screening should be monitored by the medical team e.g. rechecking of V/A of some of the students with normal vision randomly.

12.2.9 Medical Team for SSTP

The Medical Team shall visit the institution. The Team shall be formed consisting of five members including Doctor (1), Paramedic (1), Refractionist (1), Male Helper (1) and Program Officer (1).

12.2.10 Process of the Medical Team

First the visual acuity of the screened students shall be checked by a paramedic of referring to Doctor. The doctor shall examine and do the necessary treatment for the referred students. If required, student shall also be referred to hospital for management. The hospital must ensure that the referred cases attended for management at hospital by way of guidance to reach the hospital, transportation cost (if local contribution is not managed), etc.

12.2.11 Motivational Health Education

An hour long health education session involving all the students and parents shall be organized giving emphasis on eye health in each school. Proper instruction materials shall be developed.

12.2.12 Refraction of the Student

The selected students will be done Refraction for prescribing spectacle.

12.2.13 Supply of Spectacle and Medicine

Therapeutic and referral services to treat students in order to restore eye sight following arrangement shall be followed: Out of 370 students, 40% prescription, 10% refraction, 20% medicines, 01% referred and 10% spectacle shall be supplied. Supply of the spectacles must be ensured at free of cost.

12.2.14 Case Study

Sr. PRO shall prepare a successful case study among SSTPs along with photos immediately after completing SSTP. The same shall be sent to Donor Agency.

12.2.15 Follow up and Reporting

A brief report shall be prepared on each SSTP and submitted to the Hon'y General Secretary for forwarding to Donor Agency. SSTP Supervising Committee shall follow up the process of SSTP and prepare a consolidated report on SSTPs highlighting the strength, weakness and suggestions for future improvement and also shall send a half yearly report of the Donor Agency.

12.3 Teachers Demonstration Program (TDP)

12.3.1 Selection of Institutions and Teachers

The Sr. Public Relations Officer will contact to the District Education Officer to select the teachers and official information and approval. Then the institutions and teachers will be selected as per following considerations-

☐ Institution Selection

- Shall be primary level educational institutions.
- Shall be priority where ophthalmology facilities are limited/absent
- Shall be selected following the number of sanctioned institutions.
- Institution shall be selected considering on an average 420 students.
- Institution shall be selected from remote rural areas school, where the students are poor and very limited ability to bear education expenses.

☐ Teachers Selection

- Shall be a teacher from primary level educational institutions.
- Shall be two from each institution
- Shall be selected young teachers
- Selection shall be made as per the official nomination of institution authority.

12.3.2 Selection of Venue for TDP

- ☐ The Teachers Demonstration Program will be organized in the district level big Conference Hall.

- ☐ The Conference Hall shall have the capacity of at least 100 teachers with necessary class room set-up for convenient in teaching.
- ☐ The Conference Hall shall have the capacity of good sound system, ventilation system and well decorated.
- ☐ The Conference Hall shall be well known to mass people.
- ☐ Date shall be fixed before the beginning of School Sight Testing Program
- ☐ Before organizing SSTP, endure teachers are orientated on eye care situation, diseases and trained on screened method for students eye sight testing.
- ☐ Manager Administrative shall scrutiny the venue, selected teachers and others necessary materials of TDP after due consultation with Hon'y General Secretary and Chief Consultant of the hospital.

12.3.3 Number of TDP and period.

Yearly once before the beginning of School Sight Testing Program.

12.3.4 Duration of TDP and Process

- ☐ The main aim of the Teachers Demonstration Program (TDP) is that the teachers of the selected rural primary level institutions will be oriented on eye care situation and some common diseases and trained on screening process of students' eyes for detecting the problems of students' eyes so that the service rate on eye care among the students' will be multiplied. The trained teachers will become the primary part of the ophthalmology process and referring students will be treated at Base Eye Hospitals.
- ☐ The training program shall be day-long including two session's i.e. first session- briefing on total eye care situation and the second session- learning on screening method.
- ☐ The program shall start from 08:30 am and shall continue until 04:00 pm. Under the time frame, there shall have one hour for inauguration and closing and in that one hour limit, it will have to manage everything including tea break. Total training session shall be six hours

i.e. each session shall have three hours with half an hour break for prayer and lunch in between.

- ☐ Opening and closing session may be colorful or simple ceremony and the most important point to keep in mind that it should be brief. The Government Autonomous, NGOs officials and local elites/social workers may be invited, if the officials are thought to be potential/fruitful for this kind of program. The media people will get preference for awareness purpose and coverage of BNSB activities.
- ☐ Demonstration lectures will be carried by Doctors and Paramedics.
- ☐ Before closing the session, shall have the open floor for the participants for discussion of topics which are not well understood or to elaborate on certain issue(s) cleaner on certain issue(s) and feedback for future steps.

12.3.5 Teaching Media and Contents for TDP

- ☐ Media of teaching shall have Multimedia Projector as this is the most effective method of teaching and black board presentation as well as flip chart.
- ☐ A teaching module shall be followed for demonstration.
- ☐ Chief Consultant is responsible for designing the module of teachings, materials to be used and select person(s) to conduct the lecture.
- ☐ Teachers will be demonstrated on the subject matters are- Definition and Significance of Eye, Various Eye Diseases, Preventive and Curative Measures of Eye Problems, Primary Eye Care, Awareness building about Environmental Health and Nutrition for Eye Care, etc.

12.3.6 Teaching Materials for participants.

The following items will be distributed among the participants-

- ☐ A Bag
- ☐ A Pen
- ☐ A Note Book
- ☐ A Guide Book on Eye Care
- ☐ A Yearly Magazine on Hospital Activities and eye related Articles

- ☐ And A Vision Chart

12.3.7 Refreshment and Remuneration for participants

The following items will be distributed among the participants-

- ☐ Two times Tea with good size Snacks
- ☐ Lunch Packet (*Biriany*)
- ☐ And taka 400/- for each participant as TA/DA

12.3.8 Follow up and Reporting

A detailed Completion Report of process of TDP including photos will be prepared immediate after completion of the TDP and submit it to Donor Agency.

12.4 Primary Eye Care Center (PEC)

12.4.1 Selection of Venue

A Committee shall be formed for selecting PEC site consisting of the following members: Chief Consultant, Manager Administration, Sr. Public Relation Officer, An Executive Committee Member and a Representative from Donor Agency.

The Selection Committee will primarily select the site consist the followings:

- ☐ PEC should be set up in the Upazilla Headquarter. It is suggested that the gateway of numbers of Upazillas and the business centers of the Upazilla of a District. It should be well connected by road with the adjacent Upazillas or union Parishad and with the base hospital. It should be consideration that the waterways also play a very important role in transportation system of Upazila during the monsoon. In a nut shell the respective Upazila should be as a business or communication hub for the targeted area.

- ☐ It is ideal to set up PEC on an average of 50 km far from the base hospital for better monitoring and communication. No permanent Ophthalmologic services of the said area.
- ☐ The committee will submit a written report including geographical map and recommendations addressing to the Hon'y General Secretary within 10 days of the visit.

12.4.2 Infrastructure Facilities of PEC center

To set up a PEC center a building will be rented having at least 06 rooms. Room-1 for Registration, Room -2 for Patient waiting, Room-3 for OPD, Room-4 for Investigation, Room 5 for Refraction and Room 6 for Store. The building must have electricity connection, safe drinking water facilities, hygienic sanitation (toilets), and a kitchen.

12.4.3 Committee for Local Citizens (CLC)

A Local Committee of PEC shall have to be formed headed by UNO consist of Local Opinion Leaders, Local Elites and Social Workers. Maximum number of Members 07 to 09.

CLC will be responsible for-

- ❖ PEC's objective is to eradicate the curse of blindness and to provide primary eye care of both curative and preventive services to the rural poor and underprivileged eye patients. Besides, awareness program will also be taken for the community so that adequate numbers of unprivileged people become aware about Primary Eye Care/Ophthalmic services/treatments.
- ❖ Respective members of CLC would work as Volunteers. No financial benefit will be given to them rather every respected members of CLC will extend their cordial support and efforts for the PEC.
- ❖ CLC will supervise the day-to-day activities of PEC as per the proposed activity plan.
- ❖ No member of CLC will be involved with such activities that undermine PEC's objectives

- ❖ CLC will not have any right to impose/interfere in PEC activities/plan of action rather than to give suggestions to ensure that the planned activities are done in time.

12.4.4 Human Resources for a PEC center

☐ **Regular Staff** : A Six member team will run the PEC such as:

- ❖ One Senior Ophthalmic Paramedic cum PEC In-Charge
- ❖ One Refractionist
- ❖ One Accountant cum Office Assistant
- ❖ Two Patients Helper (One Male and One Female)
- ❖ One Security Guard cum Cleaner

☐ **Part-time Staff** : Surgical Staff (for Monthly visit & O.T. Day)

- ❖ One Ophthalmologist for monthly twice visit
- ❖ One Ophthalmologist (Surgeon)
- ❖ One Ophthalmic Paramedic
- ❖ One Driver

12.4.5 Number of PEC center

We have a existing PEC center started from July 2008 Financial support by Andheri Hilfi, eV, Bonn, Germany.

12.4.6 Activities/Services to be delivered from PEC center

☐ **Clinical Services:**

- ❖ Examination of patients
- ❖ Vision Test
- ❖ Detection of Eye problems
- ❖ Prescription to patients
- ❖ Refraction
- ❖ Free Medicine
- ❖ Basic Investigation (Blood Pressure, Urine Sugar, Sac Test)

- ❖ Intraocular Pressure
- ❖ Cataract and Minor operations
- ❖ Post operative Follow up
- ❖ Counseling

▣ **Investigations/Interventions done in PEC center**

- ❖ Visual Acuity testing
- ❖ Refraction and glass prescription
- ❖ Detail eye examination including Direct Ophthalmoscopy
- ❖ IOP measurement by Schiotz Tonometer
- ❖ Sac Patency test
- ❖ Urine sugar estimation by Benedict's solution
- ❖ Blood Pressure measurement
- ❖ Intraocular Pressure
- ❖ Irrigation of eye by normal saline where indicated
- ❖ Superficial foreign body removal
- ❖ Dressing of eye with medicines and patching
- ❖ Post operative Follow up

▣ **Other Activities:**

- ❖ Publicity
- ❖ Screening Camp
- ❖ Monthly Staff Meeting

12.4.7 Follow up and Reporting

A report will be prepared on each PEC Center (quarterly basis) and be submitted to the Hon'y General Secretary for forwarding to donor agency. Besides, a monitoring Team will prepare a report on the PEC highlighting the strengths, weaknesses and suggestions for further improvements.

12.5 Pediatric Screening Camp (PSC)

12.5.1 Selection of Venue

Public Relations Officer of the hospital will contact to the Local Organizers to select the Camp Venue. PRO will consult the feasibility of the selected venue

with Manager Administration. Manager will analyze the matter and report to the Chief Consultant for final selection of the Venue.

12.5.2 Supporting and Organizing PSC

Go through checklist of items to be taken to the campsite before leaving the Hospital: Torch Light, Direct Ophthalmoscope, Schiotz Tonometer, Syringing Set, Sphygmomanometer, Box of Trial Lenses, Retinoscope, Dark Curtains, Refraction Cubicle, Vision Chart (near vision) and Vision Chart.

12.5.3 Number of PSC

Total 15 numbers of Pediatric Screening Eye Camps will be organized for the project period.

12.5.4 Camp Period

Preferable time period for implementing the camps from September to May of a project year.

12.5.5 Duration of a PSC

One day will be taken to complete all the PSC activities.

12.5.6 Planning Matrix for Pediatric Screening Eye Camps

❖ Pre-Camp Activities

Activities	Time Frame	Person Responsible
Develop Weekly, Monthly and Annual Schedule	Beginning of the Project Year	Hospital Supervisor & Outreach Camp Organizer
Contact the Sponsors (NGO/Local Organizer (LO) and make them realize the need for pediatric camps.	At least one month before organizing the camp	Outreach Camp Organizer

Explain the camp procedure to the Local Organizer/Organization.	As above	Outreach Camp Organizer
Suggest a suitable date that does not coincide with religious festivals, harvest, etc.	One month before the camp	Outreach Camp Organizer
Select camp site & confirm	One month before the camp	Outreach Camp Organizer
Assist the Local Organizer/Organization in planning the work to be done & publicity to be made	After finalizing the date and place	Outreach Camp Organizer
Update the Local Organizer/Organization on hospital based activities related to camps (after screening of patients).	Periodically	Hospital Supervisor/ Outreach Camp Organizer
Provide a standard format of Notice and Poster to the Local Organizer(LO)/Organization for publicity work	One month before the camp	Outreach Camp Organizer
Ensure the execution of publicity work (proper planning and delegation)	At least two weeks before the camp	Outreach Camp Organizer
Conduct periodical meetings (monthly/weekly) at the hospital to assess the numbers of Doctors, Paramedical staff, Drivers and Vehicles needed.	Once a month	Hospital Supervisor (HS) and Camp Organizer (CO).
Finalize the camp Date and Venue and then inform the people concerned.	A week before the camp	HS/CO
Make indents for the items (medicines/ instruments) to be received from stores.	A week before the camp	HS/Assistant Store Officer/ Storekeeper

❖ Camp-Day Activities

Activities	Time Frame	Responsibility
Make ready OP Registers, other Documents, Medicines, Equipments, etc.	One day before the camp	HS/CO
Arrange necessary Furniture facilities	One day	HS/CO/LO

in the campsite for Screening of patients.	before the camp	
Instruct the Volunteers to enter the Patient information (name, age, sex, address, date and place of camp) in OP Card, Identity Card, Register and to manage the patient flow	On the camp day	HS/CO/LO
Examine the Patients and register their details including refraction result	On the camp day	Medical Team

12.5.7 Process of Screening

Medical Team shall do initial screening by checking the visual acuity of the pediatric patients and refer only the cases with impaired vision to consultant and the cases with complaints to the Hospital improving the quality of service. As this is a new practice, the effectiveness of screening should be monitored by the specialized pediatric consultant e.g. rechecking of V/A of some of the students with normal vision randomly.

12.5.8 Medical Team for PSC

The Medical Team shall visit the Camp Venue. The Team shall be formed consisting of five members including Doctor (1), Paramedic (1), Refractionist (1), Male Helper (2), Driver (1) and Program Officer (1).

12.5.9 Process of the Medical Team

First the visual acuity of the registered patients shall be checked by a paramedic then referred to Doctor for examine. The doctor shall examine and prescribed necessary treatment for the referred patients. If required, patients shall also be referred to consultant or hospital for management. The hospital must ensure that the referred cases attended for management at hospital by way of guidance to reach the hospital, transportation cost (if local contribution is not managed), etc.

12.5.10 Motivational Health Education

An hour long health education session involving all the patients and parents shall be organized giving emphasis on eye health in each camp. Proper instruction materials shall be developed.

12.5.11 Refraction of the Patients

The selected students having refractive error will be done Refraction for prescribing spectacle at free of cost.

12.5.12 Supply of Spectacle and Medicine

Therapeutic and referral services to treat pediatric patients in order to restore eye sight following arrangement shall be followed: Out of 600 patients, 70% prescription, 10% refraction, 40% medicines, 01% referred and 10% spectacle shall be supplied. Supply of the spectacles and medicine must be ensured at free of cost.

12.5.13 Case Study

Sr. PRO shall prepare a successful case study among PSCs along with photos immediately after completing the program. The same shall be sent to Donor Agency.

12.5.14 Follow up and Reporting

A brief report shall be prepared on each PSC and submitted to the Hon'y General Secretary for forwarding to Donor Agency. Outreach Supervising Committee shall follow up the process of PSC and prepare a consolidated report on PSCs highlighting the strength, weakness and suggestions for future improvement and also shall send a half yearly report of the Donor Agency.

12.6 Poor Patient Support Scheme (PPSS)

12.6.1 Selection of Poor Patients

- ☐ When a patient asked for free treatment either to Doctors or Paramedics s/he then refers the patient to Counselor for primary appraisal.
- ☐ The Counselor then explained the patient/ relatives about the advantages and disadvantages of poor patient status and if satisfied that the patient is requesting for free treatment, s/he then sends the patient to the office for further processing.

- ☐ A prescribed 'Form' is then supplied to the patient, which the patient will fill and submit to the office.
- ☐ An office assistant will then register the particulars in a ledger and interviewed him on the basis of a set of questionnaires to justify him as a poor.
- ☐ Maximum 20% of the OPD and IPD patients shall be selected for Poor Patient Support Scheme.
- ☐ Selected poor patients will be allowed full free or partial free of eye care services depends upon his ability to pay.

12.6.2 Poor Patient Committee

A Poor Patient Committee will be formed comprising of the three members from the hospital are- Senior Consultant/Consultant as Convener, Manager Administration as Member Secretary, and Counselor as Member. An advisor shall be added in the Poor Patient Committee, if necessary. Any interested members of the Local Executive Committee of the hospital shall serve as an Advisor.

12.6.3 Scrutinized the Patients Applications

- ☐ The Committee shall carefully assess the patients for determining the economic conditions following the Form and Answers of Questionnaires.
- ☐ After careful assessment the Committee shall fix up the amount to be paid by the patient as mentioned in the Form.
- ☐ The Committee shall take interview for selective particular patients and examine the recommendation shall be made by the persons.
- ☐ During scrutinizing the application, the committee shall see the patients on priority basis depending on the severity of the disease and also considering the distance from which the patient comes.

- ☐ The above formalities can be relaxed in case of emergency patients. If a poor patient comes from a long distance, the Committee members must consider his/her application on the same day.

12.6.4 Recording for PPSS

- ☐ The Committee shall update the register for the approved applications following the Format.
- ☐ The Manager Administration who is a member of the committee shall keep accounts for all free/partial free approved applications.
- ☐ The Manager Administration shall also keep track of the budget sanctioned by Donor Agency.
- ☐ The Accounts department shall be liable to present the register at the time of Audit.
- ☐ All approved applications shall be kept in original form in the patient folder so that the auditors if necessary can inspect them

12.6.5 Follow up and Reporting

- ☐ The Manager Administration shall submit a monthly report to Donor Agency.
- ☐ At least two successful case studies shall be submitted to Donor Agency.