Geographical Factors in Outreach Services

Introduction:

In reaching the community one of the biggest challenges to rolling out the the service delivery model is the geographic terrain and the population density. There are different geographic settings and the service delivery model differs in each of these settings. The critical thing is that there should be uniqueness in outcome.

Issues and Challenges

- Difficult terrains such as high mountains, hills, valleys and river
- Lack of awareness among the community about the eye care service delivery
- Lack of local transportation that steeply reduces the number of walk-in patients
- Sparsely populated areas
- Low affordability by the community
- Villages are connected by poor roads

These potential geographical barriers can restrict the provider to reach out to the community. It can also be the other way round.

Best Practices in Dealing with Geographical Factors

Planning for addressing geographical factors: This signifies how important is the background studies that should be made to address the Geographical Factors. Following points to be taken into consideration while

- Understanding the service area to establish 'appropriate' outreach services
- Better planning and resource management
- Use of Cataract Case Finders who can easily penetrate into the lowest strata of the community
- Planning tool to work out cost of service
- Reckoning with Physical distance & Social distance
- Establishment of permanent structured outreach facilities

Service delivery mechanisms: To overcome the geographical barriers, the provider has to opt for diverse methods of service delivery systems. Typical systems might not prove of use all times. Some of these models can be through:

- Setting Community Eye centers
- Community Screening
- Outreach Micro-surgical Eye Clinics
- Supporting other hospitals with IOL's to conduct surgical camps

Training

- Pre-service training
- Training of Community Health Workers

Awareness creation Empower the people in the locality in identifying & dealing with their problems:

- Primary eye Health education should be provided to the local people.
- Awareness can create a felt need for the service.

Approach to be used by the organization

- Advocacy and social mobilization: Tackling Geographical Factors is a big issue and
- Promoting participatory approach
- Promote the spirit of collaboration and not competition amongst providers

Community Participation in Outreach Services

Speakers:
Dr. Baha Sabry
Director-outreach, Al Noor, Egypt

Mr. R. Meenakshi Sundaram
Sr. Manager – Community Outreach, Aravind Eye Hospital, India

Dr. Abhas Kumar Sinha
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Moderator:
Dr. Suzanne Gilbert
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Community Participation

To reach out to millions unreached, it is crucial to have a better community participation. The impact of 'poor' or 'no' community participation will not bring in long term result. Without proper community involvement, the reach will be very minimal. Moreover the entire program will turn expensive.

Benefits of Community Participation

- Makes eye health integral to overall health
- Promotes long-term awareness of prevention, early detection, and prompt care seeking
- Increases the uptake of screening and other services offered in the community
- Builds ultimate ownership of eye health by the community

Issues in Community Participation

Community Perspective	Provider Perspective
Evading	It is unnecessary effort when the provider can do the work themselves
Changing trend in expectations	The community may request some favours (end up having to do lot of paying patients free)
Cost Factor	Image of the provider is spoiled by a bad community partner
Time constraint	Provider does not seek outside involvement in organization activities

Challenges:

- Requires time "up front" by eye care provider to gauge level of community interest
- Potential for "mis-fit" of provider assumptions of level of community participation and actual community buy-in
- Weak links in communication can result in low community awareness and utilization of services provided

Best Practices for reaching out for Community Participation

Identifying community partners

- Consider broad range of potential community partners including: any organizations already in place to help such as service organizations, corporations, educational and spiritual organizations, community welfare groups, informal social networks, individuals
- Ensure that the groups or individuals are: self-motivated, dedicated to community service, locally recognized, able to translate ideals into actions, stable
- Focus on the mutual importance of eye care providers and community so as to reduce pitfalls of "giver-receiver" relationship

Areas for community participation

- Create community awareness and receptivity regarding eye care issues and services
- Increase utilization of services
- Organize location for community eye care screening and service visits
- Provide local support to services such as lodging for eye care team, food for patients and team
- Promote adherence to recommendations that improve eye health: preventive behavior, taking medication, obtaining cataract surgery

Building and sustaining community participation

- Take time to get to know needs and priorities of the community to make eye care relevant
- Engage community as a partner by seeking local advice and involvement in planning, implementation, and follow-up
- Build and maintain ongoing relationship with a core group of champions for service
- Recognize the contribution of the core group and community
- Link with other local initiatives for mutual support and to make eye care services convenient; such as Maternal & Child Health

Information Technology for Outreach Services

Moderator: Mr. R. D. Thulasiraj Executive Director, LAICO, Madurai, India	**Speakers:** Mr. Ganesh Babu Sr. Manager – IT & Systems, LAICO, Madurai Ms. Xue Yang Project Officer, ORBIS International, China

The use of Information technology in health care allows comprehensive management of medical information and its. Broad use of health IT will:

- Improve health care quality;
- Prevent medical errors;
- Reduce health care costs;
- Increase administrative efficiencies;
- Decrease paperwork; and
- Expand access to affordable care.

This session seeks to look at how IT can be leveraged in the community outreach programme. It will look into the types of technology both clinical and managerial. It has covered the uses of technology such as Geographic Information System (GIS), remote access, remote diagnosis, monitoring uptake of eye care, as well as resource utilization and quality.

ISSUES AND BARRIERS TO ACCESS

Provider Perspective	**Patient Perspective**
Lack of Support Infrastructure	Lack of access
communication	Lack of healthcare professionals
Geographical and Infrastructural Barriers	Lack of Providers
Lack of Accessibility	Lack of knowledge how to access the provider
Linguistic and Cultural barriers	Lack of communication at various levels
Confidentiality Issues	Lack of Specialist services
Rural Hospitals have difficulty in recruitment and retention	Lack of social support
	Medical insurance is not easily available in rural areas.

Critical Gaps in Blindness Prevention

As against the rising demand for eye care services, there are few elements that obstruct the services to reach the needy population. Few are listed below:

- Rising Cost
- Lack of Qualified Doctors in Rural Areas
- Lack of basic Ophthalmology equipments
- Lack of outreach Activities
- Profit Oriented

Best Practices & Recommendations

Service Delivery:

Non bandwidth application:

- Database for planning and monitoring :
    - Planning for specific outreach activity by defining the effective target area and identifying existing resources. It can also be utilized tin identifying the under served area.
    - Geographical Information Systems (GIS) helps the organizer to find out the under served population.
    - Developing systems for checking whether the unreached population has been reached or not. For eg: evaluation of the camp conducted can be done with the help of Excel.

Bandwidth dependant applications for service delivery as well as education

- Telemedicine: Store and forward technology Remote Diagnostics
- Vision Centers: Through cutting edge technology provided in the Vision Centers a large number of under privileged population get access to eye care.
- Diabetic Retinopathy Camps

All these can reduce the travel effort and cost of both the community and the provider

- **Use all existing technologies like radio & cell phones to get a message across, follow-up, etc**. (e.g. Mobile phones for follow up reminders)
- **Utilization of IT enabled systems for Monitoring and evaluation**

- **Promote the use of IT**
  Address training issues
- **IT in Health Education**
  IT can be used as a medium for exchange of health education through various applications such as multi-media and through various websites.
- **Availability of IT application for eye care**
    - Has a role in monitoring and enhancing quality and competence
    - Tested IT products with proven application benefits to be made available

Organizing Outreach

Moderator: Dr. Pararajasegaram, Consultant, WHO, Geneva

Speakers:
Mr. R. Meenakshisundaram, Sr. Manager – Community Outreach, Aravind Eye Hospital, Madurai, India
Mr. Edson Eliah, Sustainability Planner, KCCO, Tanzania
Dr. Hyuan Tan Phuc, Country Director, FHF, Vietnam

Organizing Outreach

One of the fundamental requisite for doing community outreach is also to recognize that the hospital has to be organized internally to provide the necessary support required for community outreach. This session encapsulates the design features for organizing a good community outreach at the community level and the structured required at the hospital level. The section deals with how the Outreach Activities should be structured for better performance. This stresses the importance of actions from planning to monitoring and evaluation.

At the hospital end, they have to plan the human resource, infrastructure, maintain good Management Information System. They have to ensure the involvement of a good community sponsor and the maintenance of a long lasting relationship with the community.

Various stages in organizing an outreach activity can be classified into:

- Initial planning before a camp
- At the Outreach camp
- Monitoring and Evaluation

Issues and Challenges

- Population density / distribution.
- Availability of adequate trained Staff Supplies and equipment
- Hospitals capacity to deal with more patients.
- Integrating different providers into the team
- Finance
- Sustainability

Best Practices in defining the goal

- To reach the underserved visually impaired population.
- Currently available eye care is unavailable inaccessible and unaffordable to a large segment of the population.
- Create awareness about eye problems to change the health seeking behavior.
- The population needs to be identified using currently available information and technology.
- The population in greatest need has to be the target for priority action.

Principles for Planning

- Identify the area of greatest need.
- Mobilizing support in the community to achieve the preset goals which are realistic.
- Utilizing existing human resources in the most appropriate manner possible as local circumstances would permit.
- Develop a monitoring and evaluation system.
- Document the process as a manual.

Promoting Community Ownership

- Importance of community involvement and participation in site identification, planning and implementing outreach activities.

- Quality assurance, continuity and accountability are important in capacity building if sustainability is to be achieved.

Strategies

- Think in terms of short term and long term strategies as there is a fast changing socio-economic scenario in some countries which would hopefully change the current status of unreached populations.
- The concept of Vision Centres to be tested as an alternative, in terms of performance, compliance and cost to be studied.

Vision Centre

Moderator: Ms. K.M Sashipriya, Faculty, LAICO, Madurai, India

Speakers:
Dr. Lu Quing, Asst. to Chairman, He Eye Hospital, China
Mr. Vilas Kovai, Vision Centre Project, LV Prasad Eye Institute, India
Mr. R.P Kandel, Programme Manger, LEI, Nepal

Introduction

This session seeks to look at the emerging concept of providing primary eye care at the community level through permanent structures. In the VISION 2020 model this forms the base of the pyramid of the eye care infrastructure. Different models of vision centers will be presented followed by discussions on the challenges of setting it up, running it and ensuring it meets the objectives.

The Concept

Significant proportion of eye problems can be corrected or detected at primary care level. To add, Vision Centres provide better accessibility and affordability.

These centers, each serving a population unit of 50,000, are integrated vertically with Service Centres and horizontally to the primary health care, community development agencies in rural areas, local non-governmental agencies and the local governmental structure.

Magnitude

Who are the Un-reached in the Community?

- Women
- Illiterates
- Underprivileged
- Marginalized
- Productive age group

Issues

- Certification and career growth for the staff working in the vision centre
- Dispensing medicines whether it is possible and the risks involved
- Whether this is setting up of a parallel structure in the public health care system provided at community level by the government
- Horizontal linkages and how this should be developed across different health sectors for facilitating better referral and to avoid duplication of work in the community
- The medical profession who may not fully support this venture.

Best practices for service delivery

- Human resource always available
- Screening services : free of cost
- Spectacles : lower than market cost
- Referral : free of cost to underprivileged
- Add-ons like having stakeholders like ophthalmologists take part in Vision Centre Services delivery

- Utilization of Existing Resources
- Always compare to the denominator
- Cataract surgeries
- Spectacles Uptake
- Sub-specialty (referrals/actual)
- Rehabilitation – Low Vision & Blind
- Demographics
- Need Vs. Actual
- Patients perspective
- Overall

Best practices for Location

- Location near a public transport system
- Location at the busiest hub of surrounding villages
- Within a radius of 50 kilometers around a secondary eye care centre

Best Practices for availability

- Open 6 days a week
- 9.00 am to 6.00 pm
- No permanent Ophthalmology services in that locality where you are planning to start the vision centre
- Networking & Collaboration – SHARED VISION among all stakeholders
- Reduced Health Intervention Costs
- Built-in revenue generation mechanism

Best practices for Community participation

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

Best practices for role of Base hospitals

- Responsible for overall technical management and supervision of centre such as:
  - Provision of technical staff
  - Upgrading the skill of Staff development (CME)
- Conduct cataract surgical eye camps as appropriate
- Establish appropriate referrals and feedback system with Primary eye care centre
- Monitoring and evaluation

Conclusion

Despite the magnitude of the problem of blindness, studies have shown that only a small percentage of people needing eye care actually seek treatment. The real problem lies not with the clinical know-how or technology but in connecting the providers with the needy in the community. Rigorous measures to reach out all sects of the community in a comprehensive approach are the need of the hour.

A critical factor to making this happen successfully is the community participation. This however being resource intensive requires proper planning. This can be done only if we reach out to the community to target all the eye care patients in the community who are not accessing the hospital facility. Service providers need to broaden their boundary of service beyond the hospital facility to truly ensure that they are contributing to the mission of eliminating needless blindness.