



# Report of the Consultant

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Final Evaluation of "Char Vision Project"  
(Project: 1024)  
at  
Deep Eye Care Foundation  
Rangpur

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## Introduction

“Char Vision Project” is one of the prime intervention project of ORBIS, Bangladesh. In this project, Deep Eye Care Foundation will work with ORBIS International to expand their services and as a result, will contribute to the prevention and reduction of avoidable blindness by making low cost quality eye care services accessible to the Char population and the surrounding rural and underserved urban populations of the Rangpur and Gaibandha Districts.

The strategies of this project will be



- capacity development of Deep Eye Care Foundation to provide quality eye care services and conduct outreach programs in the hard to reach and underserved Chars;
- development of eye health education and behavior change communication activities;
- development of institutional capacity of the support partner to achieve sustainability within the project period; and
- conduct research to measure the impact of the project in improving the quality of life of the char population.

To make eye care affordable to the population, the project will support the **local poor patients** with *reduced or subsidized* fees and will support **ultra poor patients** with *vouchers* to make cataract surgery and other services completely free for them. The key disease focus of the project will be on cataract and refractive error.

The project is for a period of four years, starting from October 2008 to September 2012.

## Evaluation Objectives

According to the Project Plan and greater purpose of the project, the objectives of the evaluation have been set as follows:

- i. Assess and appraise the effectiveness of Deep Eye Care Foundation and the vision center in Rangpur and Gaibandha districts;
  - ii. Review the achievements against the targets related to treatment, surgery and human resource development;
  - iii. Appraise the performance and achievements in free and subsidized cataract surgeries, including reviewing the process of organizing the community outreach camps and their effectiveness;
  - iv. Assess the project's contribution in creating accessible, affordable and quality eye care services for the people of the project districts;
  - v. Appraise the partnership and project management issues between Deep Eye Care Foundation and ORBIS.
- vi. Review the issues related to programmatic and financial sustainability of the project
- vii. Document lesson learned and best practices of the project.

## **Evaluation Method**

The consultant used a combination of the following tools to perform this evaluation

- Field Trips to Rangpur and Char areas
- Observation at the DECF hospital and meetings with staff
- Interviews with local doctors (outside DECF)
- Interviews with patients at the Hospital
- Interviews with patients at the PSP camp site
- Analysis of reports of DECF and Monitoring report of Orbis
- Analysis of documents at DECF

This report contains the summary of the all these activities by the consultant. Impression presented in this report are through analysis of these tools during field trips and through the discussion.

## **Project Achievements**

Project activities are divided into following categories

- Patient Screening Program (PSP) – under this DECF conducts PSPs in various localities of Rangpur and Gaibandha districts targeting char living population.
- Behavioral Change Communication (BCC) – under this DECF provide counseling services to the people while running a temporary camp site during patient screening programs and during in-hospital patient care. It includes counseling to detect early vision related problems particularly among children.
- Friend Of Sight (FOS) – under this DECF provided low cost support for a) patients field kits to detect or identify eye-sight problems with local people. These units had the following jobs – organize ‘vision camps’ for detection of eye-sight problems in local area (usually held at a school), provide counseling services and spectacles (if needed), collect information of local

people with problem in vision, refer patients to the DECF hospital with recommendation for full free or subsidized fees (if required), and provide refraction services.

- Community Mobilization – under which children and adults in local communities are made aware to understand and detect problems with their eye-sights.

Over the project period DECF has completed 522 Patient Screening Program against a target of 540 and its achievement is 97% but it has examined 188,000 individuals against a target of 150,000. Of the patients in the PSP, nearly 170,000 were given initial treatment while the target was 130,000 (see Table 1 for details). In terms of its primary objectives of reaching the unreachable population in the Char areas or in the remote areas of Rangpur and Gaibandha, this is a remarkable achievement. DECF also aimed to perform free Cataract Surgeries to poor and ultra poor patients. It had set a target of 5100 such surgeries against which it has achieved 99% of the target. In terms of total surgeries performed at DECF this is about 28% of the patients.

**Table 1: Targets and Achievements of DECF, 2008-2012**

	Total Target	Total Achievement	%
Number of PSP	540	522	97
Patient Examined	150000	188593	126
Patient Treated	130000	168020	129
Free Cataract Surgeries	5100	5060	99
Counselling OPD	19500	15848	81

*Source: DECF database*

In addition, the project had other related targets for serving the community and these are summarized in the following table by DECF.

**Table 2: Targets of Achievements by Year**

Line Item	FY 2008 Oct to Dec.08			FY 2009 Jan. to Dec.09			FY 2010 Jan. to Dec.10			FY 2011 Jan. to Dec,11.			Output Total
	Target	Achieve	%	Target	Achieve	%	Target	Achieve	%	Target	Achieve	%	
Number of PSP	24	12	50%	120	118	98%	144	139	97%	144	142	99%	411
Patient Examined	6000	3973	66%	29000	53496	184%	40000	42191	105%	40000	45082	113%	144742
Patient Treated	5000	3696	74%	25000	50607	202%	35000	38083	109%	35000	39915	114%	132301
Surgeries	1500	277	18%	4500	2889	64%	5500	4108	75%	6000	5346	89%	12620
Free Cataract Surgeries	100	60	60%	500	500	100%	1500	1500	100%	2000	2000	100%	4060
Others Surgery	30	28	93%	550	519	94%	650	421	65%	800	647	81%	1615
Phaco	15	12	80%	75	64	85%	100	109	109%	300	279	93%	464
Refraction	1000	904	90%	10000	10687	107%	12000	14161	118%	17000	18537	109%	44289
SICS with PC IOL	500	249	50%	4000	2367	59%	5000	3687	74%	5500	4699	85%	11002
Counseling OPD	250	294	118%	900	833	93%	1000	858	86%	1500	1409	94%	3394
Counseling PSP	600	503	84%	13000	7349	57%	7000	4399	63%	8000	4503	56%	16754

*Source: DECF webpage*

## Project inputs

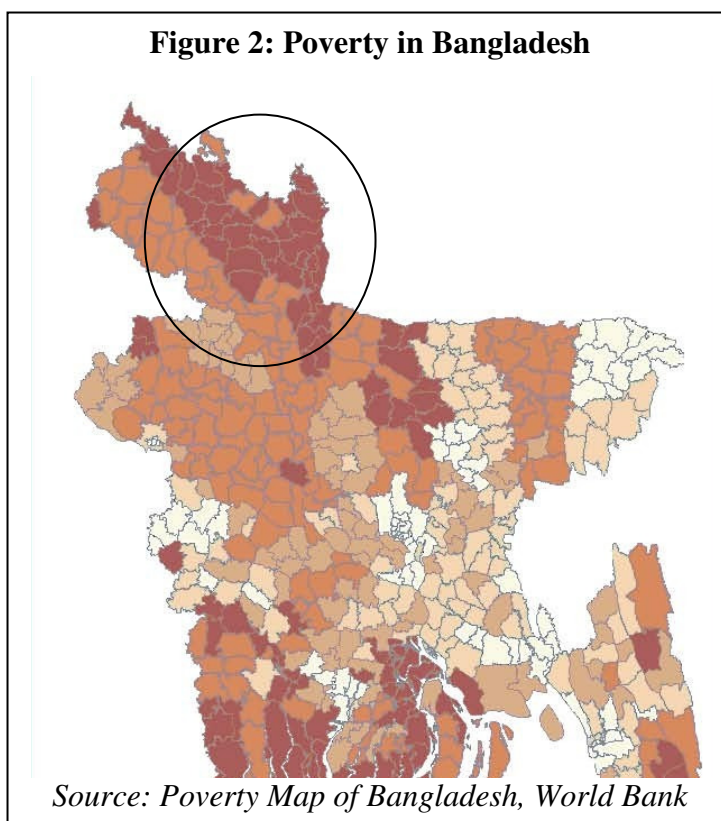
In order to prepare DECF to perform its activities efficiently, ORBIS provided the following inputs.

- Equipment support for its hospital to ensure better eye care for its patients
- Equipment for surgery and post operative care
- Equipment and training for quality assurance of the services
- Staff training
- Development of MIS
- Funding for development field units in Char areas
- Support a field unit of DECF in Gaibandha district town with a Doctor and other staff to ensure post-operative care in the locality.

## Poverty Rangpur Region

Rangpur and Gaibandha are among the poorest of all districts of Bangladesh with problems like *monga* (a famine like situation) in the months of September and October. This situation has been consistent in Rangpur region for many years which made it one of the poorest regions of Bangladesh. Figure 2 shows that Rangpur region (circled) is among the poorest regions of Bangladesh (darker color represents more poverty).

According to Bangladesh Bureau of Statistics Report (HIES 2010), eye-sights related disability is among the causes of disabilities in Bangladesh. Nearly 5.58% of the people are suffering from some sort of disabilities related to eye-sights (HIES, 2010). Similarly, prevalent of blindness among pre-school children 4% (BBS, SYB, 2010 p445) in Bangladesh.



Bangladesh National Blindness and Low Vision Survey (2000) reveals that 1.53% of population suffer from partial or total blindness in Bangladesh. Cataract in the pre-dominant cause of blindness and only 32% of population is covered under the treatment facilities. Report also suggest that among

the children aged between 5 and 15 years myopia and hyper-metropia are the leading causes of refractive error.

All these statistics confirms that problems related to eye-sights is a major challenge in Bangladesh and it is even more prevalent among the children of the poorest families. Poor households do not send their children regularly to schools. Since most of the parents are illiterate, children study on their own and so parents often fail to detect vision problem at the early stages of life. For a partially blind child it is nearly impossible for him/her to understand this vision problem since he/she has never seen anything in proper light. Consequently, child blindness is a major problem for poor families.

*Based on this, ORBIS's effort to strengthen the capacity of treatment and early detection of blindness in Rangpur region was a step in the right direction. It is expected to have significant impact on the life and livelihood of people in a backward and poverty-stricken area.*

## **Other Observations**

During the two days tour of the region, the consultant visited one field camp, visited the hospital site and also had discussion with a) patients, b) char villagers, c) local eye specialists (not involved with DECF) and d) staff and management of DECF. The following observations are summary of these discussions based on interview notes.

## **ORBIS's contribution**

### **National Eye Care Policy**

Government of Bangladesh has launched a National Eye Care Plan where it has stated that "Secondary and Tertiary Facilities" are underutilized. It has further stated that nationwide primary eye care facilities are lacking in Bangladesh and that nearly 72% of the doctors trained in eye care are located in three large cities – Dhaka, Chittagong and Rajshahi.

*Given this, ORBIS's assistance in strengthening a) a Tertiary level eye care unit in Rangpur and b) facilitating FOS programs under its sponsorship complement the national eye care plan of the country.*

### **Detecting eye-sight problems in remote areas**

Bangladesh is a land of meandering rivers. As such hundreds of chars (or river-islands) are created on its rivers. In most cases, chars are inhabitable after 10 years of its creation and often suffers from severe erosions. During winters (dry months) the chars are separated from the main land by long

stretch of exposed and sandy river beds and a channel while during rainy seasons they are connected by boats with overflowing rivers on all sides.

Char people live under constant threats of natural disasters like flood and erosion. As such, most of the remote chars in Teesta and Jamuna rivers are not fully functional with public facilities like schools, and health care units. In some cases are the river channel drifts away, some char eventually get connected and become part of the main land. These localities eventually have access to public services. At the same time, char people do not have fully rights on the land they live on which forces them to remain poor and being exploited by the land 'lords' who either have control over the land or have created title of ownership in the land. As such char people are very poor, with very little access to education, health care and even sanitation facilities.

Rangpur is located on Teesta river and Gaibandha district is located on the bank of both Teesta and Jamuna rivers and hence have large numbers of old and new chars. As such, access to eye care does not exist in the char area. Rangpur Medical College Hospital is a premier institute in the region and it has eye care units for poor people with free of charge. However, these and other public eye care facilities are underutilized because of the following reasons

- poor quality of service delivered by the unit
- existence of widespread private practices by the doctors
- lack of post-operative care and counseling services
- local doctors remained involved with private eye care facilities..

For many of the illiterate patients, counseling is a very important part of treatment. Without which and without adequate post-operative counseling the risk remains very high. Government facilities are not designed for this activities and as such illiterate and poor patients often do not see the improvement.

**CASE 1: Blind Fatema (70) and ORBIS**

Fatema (70) [name changed] - Her husband had vision problem six years ago and went to the government hospital where they had operated on him. He did not get back his vision and became fully blind. She has 6 children but they cannot afford to pay for their food and living. After her husband became blind, she began working as maid but a year ago she also became blind with cataract in her eyes. Her husband did not want to take her to the hospital because he had no trust on the facility.

Fatema and her husband became stranded in their home with no source of income and resorted to bagging from door to door. Within six months of her blindness, one day she heard the announcement [miking by DECF] by the friends of sights unit of DECF that an eye camp will take place in her village. She decided to join the camp.

DECF hospital operated on her cataracts and she has got back her vision. She is no longer bagging and began to work.

The treatment was free for her and she has now come to the camp (when I visited) with her sister who is also suffering from sight difficulties. She has now become an honorary ambassador of DECF.

[source: Field interview, 16 Nov 2012]

*Based on this, ORBIS's effort to introduce a) Friends of Sights, b) local camps for screening of patients and c) post-operative counseling is a health addition to the eye care system for remote areas.*

### **Early diagnosis of eye-sight problem for children**

Children born with partial blindness often cannot explain their problem to the parents. Detecting eye-sight problems at an early stage of the problem is a key for successful recovery. However, there are several ways to detect poor eye-sight problem of a child.

First, TV watching behavior – In poor families, children go to school at 5-7 years of age. So if families have TV, parents can detect presence of poor vision while the child watch TV. However, poor families do not have TV and so the problem remains undetected.

Second, Reading behavior - It is also quite easy to detect poor eye-sight through keen observation of child's behavior during reading and writing. This is possible at the schools by their teachers at early stage.

Third, self-reporting by the child. This is possible through interaction with other children in activities requiring minute observations like playing with small materials/articles.

In most of the poor families a major problem is detection of vision problem of the children. For a blurred vision boy – the world was never 'clear' and so he cannot tell the difference between clear vision and blurred vision. Given this, it is important that poor neighborhoods are aware of the problem.

DEEP's strategy (with finance from ORBIS) to appoint 'Friends of Sight' volunteers in

char areas did create awareness among the parents and the children to check their vision. In addition, DECF used to organize their 'camps' in a school premise. This helps the people in the region to understand the problem. Although the camps are often organized in a local school, it is done during a week-end or when the school is closed or on vacation. School teachers are not involved with the camp.



*ORBIS in its next phase should initiate programs to develop training program for local school and madrasha teachers in order to detect early eye-sight problem of their students. This will significantly contribute towards improving the eye-sight of the children as well as will help them out of blindness.*

### **Post Operative Care in Remote Areas and Marginal Population**

Rangpur is a large city with both private and public hospitals to deal with emergencies with respect to post operative complications. Patients coming from remote locations outside Rangpur district or from Char areas in Gaibandha, need to travel for more than 3-4 hours to reach DECF or other hospital locations. Realizing this, DECF with assistance from ORBIS established a satellite clinic in Gaibandha with one eye-specialist, one nurse and three more staff. The facility is to ensure that patients from char villages in Gaibandha district do not need to come back to DECF after being operated. Follow up care and advises are provided from this center.

The quality of services of these centers truly depend on the quality of staff. Currently, the facilities are run at an elementary level. It reduces cost of treatment for poor people who (with eye-sight problem) can avoid long travel and it also helps DECF to improve the rate of success in their operations. Post operative care is a key element for successful operations. Rural patients, particularly, women and elderly population need help to travel and it is in most cases too costly for them.

Discussion with patients in camps and also discussion with DECF hospital staff reveals that there is a problem with regard to developing quality of services in districts outside Rangpur because of shortages of doctors.

*It is possible for DECF to train doctors and nurses from remote areas so that the supply side problem of doctors and nurses can be solved. One suggestion is to support in-hospital training program for doctors (GPs) and nurses from surrounding districts and upazila for the next couple of years to develop capacity and competition for better services. ORBIS should provide assistance to this since it will significantly help the poorest population in char villages too.*

Jobeda Khatun [name changed]

Jobeda Khatun (70) came voluntarily to the 'eye camp' of DECF to check her eye-sight. She did have a cataract surgery 6 years ago from a private clinic in Rangpur but could not visit them again due to her age and cost of travelling. In addition, she does not have anyone to travel with her.



## Outreach services

Char areas are remote in terms of travelling time and modes of travelling. Chars inside a river, is separated by rivers. During rainy season, the communication is by boat while in winter and in dry months, most people in chars need to walk miles to come to the nearest boat station [because rivers are dry and sand dunes emerge out of river beds]. In addition, dry rivers are connected with each other through winding channels and it increases travel time. For elderly population and for children this is an arduous journey. Blind or partially blind persons need a guide to help them travel to the nearest hospital.

Eye-sight problems are not like other diseases. It develops gradually and rarely call for emergency intervention. As such, people 'ignore' irritations and delay their travel to the doctors. Consequently, the conditions get worse and by the time they decide to travel to the hospital, many of them need surgery. This can be avoided if sufficient outreach services are available in local areas.



DECF's eye camps are organized by FOS and they can be the early warning system for vision related problem. Friends of Sights (FOS) have initial trained to perform on-site refraction tests and can suggest glasses to correct refraction errors. This will significantly reduce future problems for many of the patients. They can also be the first person to seek help in local areas

*ORBIS can provide training and increase the numbers to ensure that every char areas in Rangpur region has one FOS who is trained and equipped to perform refraction tests. This will increase the outreach of the program for marginalized population in char areas.*

## In-Hospital Care

DECF with assistance from ORBIS has developed its hospital facilities which would envy others in Rangpur. The facilities are tidy, organized and maintained well. DECF staff were trained on this using several in-house and out-of-country training venues.

The hospital has a good record-keeping system on patients but it is not computerized yet. It has developed a quality assurance program following Arabind Eye Hospital in Tamil Nadu, India and the standard of Pune's HV Desai Eye Hospital of India. This is unique in the region and it has made the DECF Hospital an eye-catching institute in the region.

Discussion with a local eye hospital doctor reveals that many of the doctors (not related to DECF) feels DECF would challenge their ability to treat patients. DECF conducted training of doctors and staff in order to develop the system. In addition, equipment donated by ORBIS has improved the quality of services delivered at the hospital.

DECF designed its services under multiple pricing system. Patients are screened by the staff to find out eligibility in terms of 'full free' 'partially free' and 'full cost' treatment. There is no differences in the quality of services performed at the hospital due to differential pricing. The hospital is now developing a separate child unit which will be a new addition to the facility (with assistance from ORBIS).

### **Quality of service – few examples**

One local doctor who brought his wife for treatment of myopia reported his full satisfaction in the hospital. He was visiting the facilities with his wife who was 50% blind for many years and according to him Rangpur Medical College was not equipped to provide treatment to her.

Screening staff at the hospital also revealed fascinating stories of their life during their stay at the hospital for the past 2-3 years. One of the staff informed during interview that her best satisfaction came when she helped a local street vendor (selling ground nut) to do a cataract operation at free of cost in the hospital. He remained ever grateful to her and said 'অন্ধ হলে আমাকে ভিক্ষা করতে হতো আজ আমি বাদাম বেচে জীবন চালাচ্ছি if I were blind I had to go for begging now I am selling nuts'. Another staff said that her best satisfaction came when she could help a local rickshaw puller who was almost blind to have a cataract operation at the hospital (also at free of charge). Now he is still pulling rickshaw but without this he would have to do begging.

### **Peer reviews**

In order to understand the state of the hospital services, I visited chambers of the two local doctors. The visit was random and was not planned initially. One of them is a general practitioner and the other one was an eye specialist.

The eye specialist informed that there is dearth of quality services in Rangpur. Government hospital has many of the equipment but due to absence of proper maintenance these equipment are not in proper order for treatment. Rangpur Medical College has facilities to perform both cataract and phaco surgeries. A lens would cost around 250 Taka in RMC. The price at DECF is 280 Taka.

According to Dr. Nemai Karmakar, DECF and its outreach activities have created awareness for eye care and so it has created demand for services in the region. Local Lion's Club used to do free eye-camps once a year but it is not regular and so DECF has filled the vacuum. He was positive on the services of DECF except that he is apprehensive on the role of eye camps. He thought that these outreach facilities could be used to recruit more patients for the hospital and if not properly monitored might increase number of patients for surgery, who otherwise could have been treated without surgery. However, he was not sure if this is the case for FOS of DECF. He never visited DECF hospital and was not aware of its organizational structure.

Dr. Bablu Kumar Saha is a pediatric doctor. He informed that there is a need for pediatric eye care facilities in Rangpur. He has visited the DECF hospital facility and is fully confident that this facility could be trusted for good eye care. He took his sister to the DECF hospital and got her treated at full cost. He considered that the cost is competitive and reasonable for the quality of services. He knows some people who are now looking at DECF facilities as an alternative to facilities in the Capital city Dhaka.

In addition, DECF keeps record of data on its patients using a visual outcome report. Table 1 shows that in 2012, of the 4712 surgical procedure performed at DECF hospital, the 93.2% had 6/6 visual outcome after the operations.

*Peer communities in Rangpur also recognizes the contribution of DECF in promoting better eye-care in the area. People who had visited the location either for professional or for personal reasons seemed to be impressed with its quality of services and those who did not visit the place were also found to be aware of its presence and the services. DECF should develop a strategy to introduce its activities to the peer community.*

*ORBIS's effort to strengthen the capacity of treatment and early detection of blindness in Rangpur region was a step in the right direction. It is expected to have significant impact on the life and livelihood of people in a backward and poverty-stricken area.*

ORBIS in its next phase should initiate programs to develop training program for local school and madrasa teachers in order to detect early eye-sight problem of their students. This will significantly contribute towards improving the eye-sight of the children as well as will help them out of blindness.

*It is possible for DECF to train doctors and nurses from remote areas so that the supply side problem of doctors and nurses can be solved. One suggestion is to support in-hospital training program for*

*doctors (GPs) and nurses from surrounding districts and upazila for the next couple of years to develop capacity and competition for better services. ORBIS should provide assistance to this since it will significantly help the poorest population in char villages too.*

## **Financial Sustainability of the Hospital**

Analysis of cost and performance of the hospital is done below in order to find out whether the hospital can sustain its performance over a long period of time. Data from DECF shows that over the past 4 years nearly 12% of ALL patients (includes patients from char and non-char areas) had free cataract surgeries in this hospital (this was nearly 30% of the patients from char areas). The hospital, according to its statement of accounts currently incurring an annual loss of 2.3 million BDT. This clearly is not sustainable. ORBIS should consider developing a strategy to make it self-sustaining over a longer period of time.

There are two strategies for this: a) reducing the quality of services and b) adjusting the fee structure for various services at DECF keeping in view the outreach activities and its target population. Clearly, option (a) is not desirable and therefore, I have a break-even analysis based on option (b).

Results are based on following assumptions: a) fees or charges for registration, average cost of investigation per patient and cost of spectacles per patient remains very low at 50, 100 and 100 respectively. b) restructure average cost of cataract surgeries and phaco operations, c) For simulation 1, 20% of all cataract surgeries are assumed to be free to ensure access to this services for poor patients from char and other marginalized population, for simulation 2, 30% are free and for simulation 3, 35% are free.

### **Simulation 1**

Based on this assumptions, the analysis show that if average charge for cataract surgeries are raised to BDT 1,686 per patient (from current per patient cost of BDT 1434) and if phaco costs is raised to 8912 instead of 8893 taka, DECF will be at break even with annual patients of 44,000. This means that if DECF continues its current level of outreach activities and examine 44000 patients per year or 120 patients per day, the hospital will be at break-even. Once the patient number crosses 120 patients per day with the same fee structure, the hospital will begin to generate surplus which will be needed to ensure continuation of quality of its services (so that it can finance replacement of its machines due to wear and tear).

## Simulation 2

If, however, DECF would like to increase its fees for cataract and for phaco services to BDT 2200 and BDT 8960 per patient respectively, the hospital can afford to provide 30% of its cataract surgeries at free of cost.

## Simulation 3

If, however, DECF would like to provide 35% of its cataract surgeries free, then the fees should be further revised to 2517 and 8991 taka per patient respectively.

**Table 3: Analysis of Costs and Revenue**

	Parameters for simulation			
	Current	Simulation 1	Simulation 2	Simulation 3
Patient Examined	44000	44000	44000	44000
Patient Treated	81%	81%	81%	81%
Total Surgeries	12%	12%	12%	12%
Free Cataract Surgeries	20%	20%	30%	35%
Phaco	1%	1%	1%	1%
Refraction	1%	1%	1%	1%
SICS with PC IOL	40%	40%	40%	40%
Counseling OPD	10%	10%	10%	10%
<b>Simulation Results for Break Even (unit cost in BDT per patient)</b>				
Income	Average	Simulation 1	Simulation 2	Simulation 3
Registration	44.95	50.00	50.00	50.00
Investigation	63.70	100.00	100.00	100.00
Operation	1,434.09	1,686.43	2,200.66	2,517.11
Operation – Phaco	8,893.14	8,912.48	8,961.32	8,991.37
Spectacle Income	91.56	100.00	100.00	100.00
Miscellaneous	50.38	50.00	50.00	50.00
<b>Net Surplus/Loss</b>	<b>(2,327,157.83)</b>	-	-	-

Table 4 and Table 5 shows the current fee structure at DECF. These fees are comparable at others service centers in Rangpur. For comparison purpose, the fee structure of similar effort by RDRS in Lalmonirhat is shown below (table 6). It shows that registration cost at RDRS is 50, computer-based eye examination fee is 100, normal surgeries is 1000, Phaco surgery is 8000 per patient, etc. The facilities at RDRS is not fully comparable since it is outside Rangpur district.

*Considering these, raising the fees for operation to nearly 1700 from nearly 1450 per patient and phaco surgeries to 8900 from 8890 per patient is not a sharp rise but it will DECF sustainable. I, therefore, recommend re-structuring fees so that average charge per patient (paid patient) is 1700*

*BDT for eye surgeries and to 8900 per patient for phaco surgeries. In return if DECF should provide 20% of its total cataract surgeries free.*

*Alternatively, it is possible that ORBIS continue to support equivalent amount to DECF in terms of a) its outreach activities and b) in-patient care in the DECF and c) maintenance of out-patient services outside Rangpur while keeping the fee structure same as before. If possible, ORBIS can consider raising the support to ensure 30% that surgeries are done at free of cost for poor and char people.*

**Table 4. Cost of various diagnostic tests at DECF**

<b>Ophtha Diagnostic</b>	
<b>Investigation Name</b>	<b>Rate</b>
<b>Blood</b>	
Blood For Tc, DC, DC, Hb%, ESR (CBC)	100
Total Circulating Eosinophil TCE	100
MP	120
Total Platelets Count	100
BT, CT	100
<b>Blood Suger</b>	
Fasting/Random	100
1 hourse/2hourse after Breakfast	100
GTT	300
Bood Urea	150
Serum Creatinine	250
Serum Cholesterol	150
Serum Billrubin	150
Sgot/SGPT	200
Serum Alkaline Phosphatase	300
HBS Ag Screening	350
Cinfirmatory Test	
Blood For VDRL	200
ASO titre	250
RA Test	250
Widal Test	300
Blood Grouping & Rh Factor	80
ICT for TB	600
ICT for Filaria	650
ICT for Malaria	600
<b>Urine</b>	
Urine for R/E, M/E	50
Bile Salt/Bile Pigment	150

Urine for Pregnancy Test	150
<b>Stool</b>	
Stool for R/E	50
Stool for Ocult Blood Test	100
Reducing Substance	80
<b>Microbiology</b>	
Sputum For AFB	150
Skin Scraping for Fungus	100
Semen Analysis Tuberculin test	300
Conjunctival Swab for C/S	200
Corneal Scraping for M/E with C/S	300
Corneal Scraping for KOH	250
Others	
<b>ECG</b>	
ECG in all leads	200

**Table 5; Cost of Different Eye Disease Surgery**

	Name	Taka
1	Entropion	2500
2	Ectropion	2500
3	Ptosis	3000
4	Pterygium Excision Normal	1000
5	Pterygium Excision Grafting	2500
6	Tarsorrhaphy	2000
7	Trabeculectomy	3500
8	Chalazion	1500
9	Growth(Dermoid,Cyst,Popilloma)	2500
10	Foreign Body Removal Under Microscope	1200
11	Foreign Body Removal	100
12	G/A	2000
13	Conjunctival Repair	1000
14	DCT	1500
15	DCR	4500
16	Injury without G/A	3000

**Table 6: Cost of various eye tests/surgeries at RDRS, Lalmonirhat**

ফি সমূহ		
○ রোগী রেজিস্ট্রেশন	-	৫০/= টাকা
○ কম্পিউটারে চোখ পরীক্ষা	-	১০০/= টাকা
○ সাধারণ অপারেশন	-	১০০০/= টাকা
○ চোখে লেন্স সংযোজন ফি	-	৩০০০/= টাকা
○ ফ্যাকো সার্জারী	-	৮০০০/= টাকা
○ ন্যায়্য মূল্যে ঔষধ ও চশমা		

## Concluding Observations

Based on the discussion above the following general observations can be made:

### Observation 1

ORBIS can support training of DECF staff and also increase the number to ensure that every char areas in Rangpur region has one Friend of Sight (FOS) with proper equipment to perform refraction tests. This will increase the outreach of the program for marginalized population in char areas.

### Observation 2

Peer communities in Rangpur recognizes the contribution of DECF in promoting better eye-care in the area. People who had visited the location either for professional or for personal reasons seemed to be impressed with its quality of services and those who did not visit the place were also found to be aware of its presence and the services. DECF should develop a strategy to introduce its activities to the peer community.

### Observation 3

Faising the fees for operation to nearly 1700 from nearly 1450 per patient and phaco surgeries to 8900 from 8890 per patient is not a sharp rise but it will DECF sustainable. I, therefore, recommend restructuring fees so that average charge per patient (paid patient) is 1700 BDT for eye surgeries and to 8900 per patient for phaco surgeries. In return if DECF should provide 20% of its total cataract surgeries free.

### Observation 4

Alternatively, it is possible that ORBIS continue to support equivalent amount to DECF in terms of a) its outreach activities and b) in-patient care in the DECF and c) maintenance of out-patient services

outside Rangpur while keeping the fee structure same as before. If possible, ORBIS can consider raising the support to ensure 30% that surgeries are done at free of cost for poor and char people. In addition if the number of patients (examined) remain below 44000 per year, then ORBIS should consider equipment support for the facilities remain open to marginalized population.

## ANNEX 1

### Schedule for field trip for final evaluation of “Char Vision” Project Project Code: 1024

Date	Time	Activities	Places
<b>15.11.2012</b>	08:30 am	Visit to Deep Eye Care Foundation (DECF), Rangpur and share the objectives & planned activities for the evaluation with hospital management team, presentation on project activity by ED of DECF	DECF
	09:30 am	Visit the hospital facilities of DECF	
	10:00 am	Travel to a village/ char to observe the activities of an outreach camp.	On the way
	11:00 am	Observe the outreach camp activities. Interview patients (Old and new)	Selected char or village
	01:30 pm	Lunch	
	02:30 pm	Interview of <b>COMMUNITY PEOPLE</b> about the services provided by DECF under Char Vision Project	
	03:30 pm	Start Journey for DECF	On the way
	04:30 pm	Sharing feedback	DECF
	05:00 am	Start for RDRS Guest house	
<b>16.11.2012</b>	08:30 am- 1.00 pm	Visit to different sections of the eye care department of DECF	<b>Places</b>  DECF
		- Reception desk, Registration	
		- Waiting space with facilities	
		- Consultation room	
		- Room for medical officers.	
		- Refraction room	
		- OT room	
		- Patient's exit interview	
		- Post-operative	
		- Counseling room.	
- Infection prevention			
- Medical Waste management system			
01:00 pm	Lunch		
02:00 pm	Review the financial documents, income and expenditure of the hospital Visit to local doctors and discussion		
04:00 pm	Discuss with ED, Project manager, Consultant (Eye) about the continuation and sustainability of services. Sharing the overall feedback of the evaluation to the partner.		
05:00 pm	Start for RDRS Guest house	RDRS	
<b>17.11.2012</b>	05:00 am	Travel to Dhaka	