Organisational Capacity Building - A model Developed by Aravind Eye Care System

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If we look at the current status of blindness in India, about 90% of blindness is relatively easily treatable and cataract remains a major cause of blindness. Our annual cataract surgical rate is about 3.5 million but the current levels of cataract surgery are far below the number required to clear the existing backlog, besides taking care of incidence. There is an urgent need to perform more cataract surgeries every year. If we look at the current service delivery pattern, the Government does about 25%, NGOs and voluntary organisation 41.2% and private 33.8%. There is also an increasing shift towards IOL surgery.

The increasing need in the community for eye care services combined with poor utilization of existing resources indicate a strong need for organizational development aimed at such eye care providers. One major need is to better equip these institutions to deal with the burden of blindness, to aid in the transition towards IOL surgery & other standard procedures, to standardise quality of eye care provided by them, to promote cost effective practices for self-sustainability and finally to help the hospital leadership to articulate a well defined vision and goal for their hospital.

To address this felt need Lions Aravind Institute of Community Ophthalmology (LAICO) initiated a capacity building process with other eye hospitals elsewhere based on Aravind's experience in providing eye care service in partnership with the network of eye care NGO's working in India and abroad. LAICO has set itself a target of partnering in capacity building with 100 voluntary eye hospitals that were under performing or in the start-up phase. The ultimate goal was to help in developing each of these hospitals into a facility capable of doing high volume, high quality work and become financially viable. The financial viability was a critical issue in order to protect these voluntary organizations from the uncertainties of external funding. The first initiative came from the Lions International who wanted to establish a process for capacity building for the hospitals supported by them and as a spin off other INGOs like Sight Savers, CBM, Seva and IEF too joined hands for their partner hospitals. LAICO is currently partnering with 140 eye hospitals, of which 118 are from India and the remaining are from other countries like Nepal, Bangladesh, Africa, Cambodia, etc. Annexure 1 shows the location of the hospitals that has undergone the capacity building process in India.

Capacity building process

The first stage in the capacity building process is selection of hospital. This is done by the respective NGOs. This is followed by a needs assessment visit and a vision building & strategy-planning interactive participant-oriented workshop at LAICO. During the workshop LAICO consultants assist the participating hospitals in developing strategic plans based on their needs; after the workshop the consultants assist the hospital in implementation of ideas generated and provide on-site consultancy. During the entire period the performance of the hospital is continuously monitored and feedback is provided. LAICO consultants work intensively with each of the hospital for about two years covering the entire process. The following are the major activities in capacity building process:

1. Needs assessment visit

After the hospital is identified by the NGO, a needs assessment form requesting baseline data on the functioning of the hospital is sent. After reviewing it, a multi disciplinary team from Aravind/LAICO

consisting of an ophthalmologist, management faculty and an administrator along with a person from the major funding agency of the hospital, visits the hospital to develop a first hand knowledge of the hospital's infrastructure, their constraints, potential and issues

2. Vision Building/Management Development Workshop at LAICO

Following the Needs Assessment, a team from each hospital consisting of chairman or decision maker, hospital administrator, senior ophthalmologist and a senior paramedic, are invited for a six-day workshop at LAICO, Madurai. Usually teams from four to six hospitals attend the workshop. The key areas of focus during the workshop include systems for doing high volume cataract surgery, financial sustainability and human resource management. Since "seeing is believing", a structured exposure to the functioning of Aravind Eye Hospital is provided for developing an in-depth understanding of a working model and this in turn stimulates new ideas and strategies that are relevant and feasible in their hospitals.

Following this exposure, each hospital team under the guidance of a resource person from LAICO develop comprehensive strategic plans for getting more patients; better work efficiency through resource utilization, quality improvement and financial viability. This plan specifies the goal, strategies, action plans, time frame, and persons responsible for achieving a specific task and the cost estimate.

3. Monitoring and Follow-up:

After the workshop, each hospital's performance is monitored based on the monthly performance reports sent by the hospitals, every month. After six months, a follow up visit is made by the LAICO consultants to review the status of implementation of various strategies developed during the workshop and to give onsite guidance in overcoming any problems in implementation. LAICO also provides all required training for the ophthalmologists, paramedics, camp organizers, hospital managers and instrument maintenance technicians. After the first follow-up visit the continued support varies depending upon the support from the funding agencies. Such continuing support is in the form of staff training, workshops and additional follow-up visits for on-site consultation.

Impact analysis of the capacity building project

In order to analyse the impact of the capacity building project, the performance of hospitals that participated in the training from 1994 till mid of 1999 was studied. The other hospitals were not considered because they have not completed 2 years post-workshop follow-up. 66 hospitals were trained during this period and complete performance data was available for 40

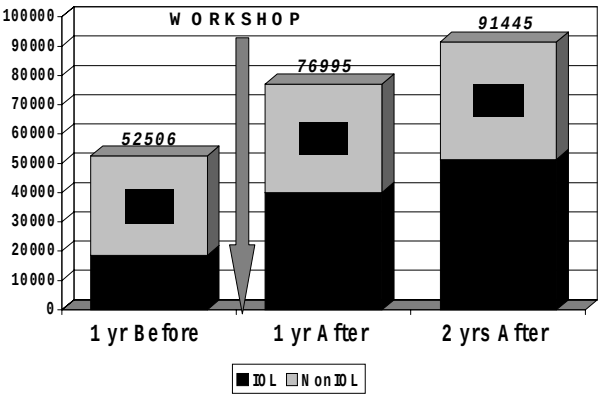


Fig. 1 shows the total cataract surgery performance of the hospitals that participated in the programme. The total cataract surgery performed by these 40 hospital increased by 47% in the first year immediately after the workshop and by 81% in the second year. Further the IOL surgery rate increased by 191% and 338% in the first and second year when compared to the year before the workshop.

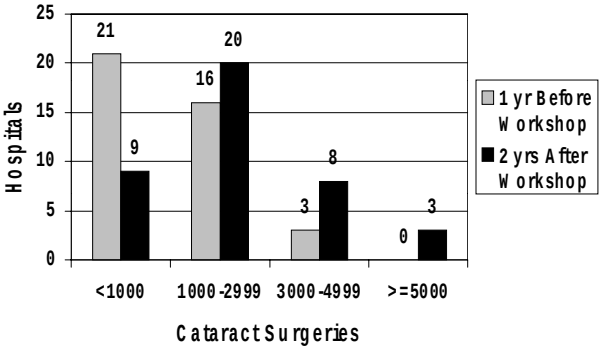


Fig. 2 shows the individual hospital's performance before & after the workshop. Before the workshop 21 hospitals were doing less than 1000 surgeries, 16 were doing between 1000-3000 & 3 were doing more than 3000 surgeries. we were doing more than 5000 surgeries. Two years after the workshop only 9 hospitals were doing less than 1000 surgeries and 20 were doing between 1000-3000 surgeries. 11 hospitals performed more than 3000 surgeries including 3 hospitals with more than 5000 surgeries.

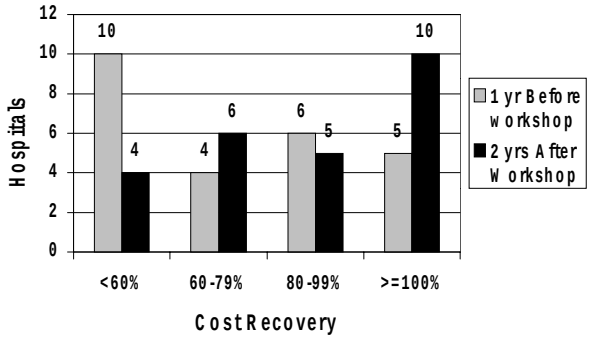


Fig 3 shows the cost recovery percentage (Income over expenditure). 10 hospitals were having a recovery of <60%. 4 hospitals were having a cost recovery of 60-79%. 6 hospitals were having a recovery between 80-99%. Only 5 hospitals were able to break-even or had more than 100% of cost recovery before the workshop. 2 years after the workshop, only 4 hospitals had cost recovery <60%, 6 hospitals were recovering 60-79% of their costs, 5 hospitals were recovering 80-99%. 10 hospitals had more than 100 % cost recovery.

hospitals. Among this only 25 hospitals shared their financial details. As the date and year of workshop vary, 12 months before the workshop, 12 and 24 months following the workshop were taken to arrive at the impact.

Table 1 shows the overall impact of the capacity building project**.** The total cataract surgery has increased by 74%, IOL surgery has increased by 60%, the average cost recovery has increased from 71% to 90%. The average number of surgeries per surgeon increased from 448 to 848 and the average surgeries per bed have also increased from 33 to 49 surgeries per bed

The cross tabulation in Table 2 shows how the growth had taken place. We arbitrarily categorized cataract surgeries at increments of 2000 before one year and 2 years after the workshop. 19 hospitals showed a marked increase and 15 hospitals had a marginal increase, 5 marginally decreased and one hospital had a marked decrease.

Overall 34 hospitals improved in cataract surgical output with a mean increase of 1220 ranging from 11 to 8209. 6 hospitals showed a reduction with a mean decrease of 426 ranging between 108 and 813.

Factors affecting capacity building

The above analysis leads us to identifying some of the factors that affect the capacity building process as many of the hospitals have drastically increased, while some hospitals have shown no improvement or decrease in the performance. From our experience we have seen that leadership of the hospital is a major factor. The location, availability and involvement of the leader affect capacity building. Wherever there has been a permanent leader with a vision, those hospitals have shown a very good improvement. Resistance to change and openness among the team members are also crucial. The hospitals need to have teamwork rather than one person doing the entire show. If the institution is not interested in doing high volume or is satisfied with the current level of services, capacity building is difficult. Where ever the leader focuses more on resource creation rather than on resource utilization, an imbalance between performance and capacity arises.

Operational areas, even having a single ophthalmologist or part-time ophthalmologist also affect the long-term sustainability of the hospital especially when these doctors leave the hospital. The pattern of compensation also affects the growth of the hospital. To some extent incentives help the hospital increase its performance but this does not help the hospital to grow as an institution. The doctors

Table 1

Impact on	1 year before workshop	2 year after workshop	Increase %
Total Cataract Surgery	52506	91445	74%
% of IOL surgery	35%	56%	60%
Cost Recovery	71%	90%	27%
Surgery/Ophthalmologist	448	848	89%
Surgery/bed	33	49	48%

Table 2:

1 year Before Workshop	2 year After Workshop				Total
	<1000	1000-2999	3000-4999	>=5000	
<1000	8	10	2	1	21
1000- 2999	1	10	4	1	16
3000- 4999	0	0	2	1	3
>=5000	0	0	0	0	0
Total	9	20	8	3	40

who get incentive resist in recruiting additional ophthalmologists. Similarly, the lack of delegation of work to paramedical staff also affects growth. A lack of focus on patient centered eye care, especially relating to working hours, surgery days, etc., also affect long-term sustainability.

Conclusion

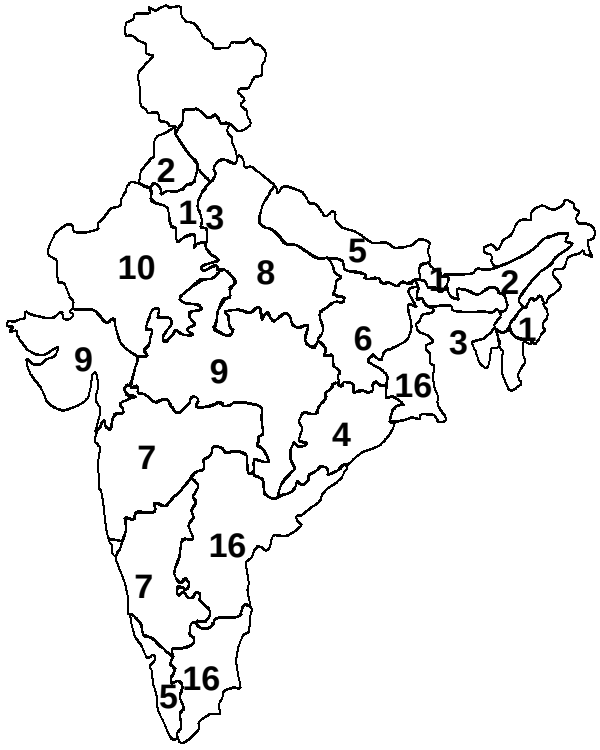
Structured Capacity Building is a cost-effective strategy to significantly increase the level of eye care services in a short period of time and in a sustainable manner. The process becomes very effective when the required enabling conditions (Leadership, Attitude & Staff) are in place.

Annexure: 1

Location of Participating Hospitals as on March 2002

Countries:

India	-	118
Other Countries	-	22
Nepal	-	5
Bangladesh	-	4
Cambodia	-	1
Malawi	-	1
Zambia	-	1
Kenya	-	2
Zimbabwe	-	1
Bulgaria	-	1
Egypt	-	1
Indonesia	-	1



Eye Hospitals Supported by:

Lions	-	80
Sight Savers	-	28
CBM	-	21
Others	-	11
Total	-	140