

Operational Plan

- 1. Name of the Operational Plan (OP):** **National Eye Care (NEC)**
- 2. Name of the Sector Programme :** **Health, Population and Nutrition Sector Development Program (HPNSDP)**
- 3. Sponsoring Ministry :** **Ministry of Health & Family Welfare**
- 4. Implementing Agency :** **Directorate General of Health Services**
- 5. Implementation Period**
 - a) Commencement :** **July 2011**
 - b) Completion :** **June 2016**

6. Objectives of OP

(a)General

To improve eye care at primary and secondary levels services centres in Bangladesh.

b)Specific

- (i) To create awareness on blindness prevention;**
- (ii) To control childhood blindness;**
- (iii) To strengthen coordination among GO-NGO and private eye care providers;**
- (iv) To build capacity of eye care service providers;**
- (v) To introduce vouchering scheme for eye care services; and**
- (vi) To increase country Cataract Surgery Rate (CSR).**

7. Estimated Cost

7.1 PIP and OP cost:

(Taka in lakh)					
a) Approved cost of the PIP (Development Budget)	Total	GOB	PA (RPA)	Source of PA	
	2217666.00	860350.00	1357316.00 (869798.00)	Pool & Others	
b) Estimated Cost of the OP.		2212.50	1094.50	1118.00 (718.00)	Pool & Others
Cost of OP as % of PIP		0.10%	0.13%	0.08% (0.08%)	

7.2 Estimated Cost (According to Financing Pattern):

(Taka in lakh)							
Source	Financing Pattern	2011-12	2012-13	2013-14	2014-16	Total	Source of fund
GOB	GOB Taka (Foreign Exchange)	205.83	254.67	210.12	423.88	1094.50	GOB
	CD-VAT						
	GOB Others (e.g. JDCF)						
Total GOB=		205.83	254.67	210.12	423.88	1094.50	
PA	RPA (Through GOB)	148.80	193.30	135.30	240.60	718.00	Pool & Others
	RPA (Others)						
	Subtotal RPA=	148.80	193.30	135.30	240.60	718.00	
	DPA	50.00	200.00	150.00	—	400.00	SS, FHF, ORBIS, CBM & HKI
	Total PA=	198.8	393.3	185.3	240.60	1118.00	
	Grand Total=	404.63	647.97	495.42	664.48	2212.50	

8. OP Management Structure and Operational Plan Components (Attached Management set up at Annexure-I)

8.1 Line Director : Director, National Institute of Ophthalmology

8.2 Major Components of OP and their Programme Managers / Deputy Program Managers:

Major Components	Program Manager	Deputy Program Manager (With components)
Capacity development and Service Delivery	PM-1 (Service Delivery): Professor, NIO	<ul style="list-style-type: none"> • DPM-1.1 (Capacity Building) Asstt Professor, NIO
		<ul style="list-style-type: none"> • DPM-1.2 (Service Delivery) Asstt Professor, NIO
Advocacy, Procurement & Supply, Maintenance & Special activities	PM-2 (Management): Senior Consultant, NIO	<ul style="list-style-type: none"> • DPM-2.1 (Advocacy & coordination) Asstt Professor , NIO
		<ul style="list-style-type: none"> • DPM-2.2 (Procurement & Supply, Maintenance & Special activities) Asstt Professor, NIO
Planning & Research, Monitoring & Supervision	PM-3 (Planning & Research): PD / Professor, NIO	<ul style="list-style-type: none"> • DPM-3.1: (Planning & Research) Asstt Professor, NIO
		<ul style="list-style-type: none"> • DPM-3.2 (Monitoring & Supervision) Asstt Professor, NIO

8.2 Proposed manpower in the development budget:

(Taka in Lakh)

Sl. No	Name of the Post	Number of post	Pay Scale	Grade	Consolidated Pay per Person/month	Total Month	Total Pay (Taka in Lakh)	Remarks
	A. Officer							
	B. Staff							
1	Accountant	1	6400-14255	11	11090	60	7.90	Direct recruitment
2	Computer Operator	2	4700-9745	16	8605	60	13.00	Direct recruitment as Data Entry Operator
	Total(A+B) =	3					20.90	
1	Messenger /MLSS	2		20	The cost estimate (11.10 Lakh) for outsourcing of Messenger/ MLSS is shown at sub code 4851 (Table 12.2)			Outsourcing

9. Description

a. Background information, current situation and its relevance to National Policies, Sectoral policy, MDG, Vision 2021, Sixth five year plan, MTBF etc.

Situation Analysis:

Avoidable blindness is one of the **major public health problems** in Bangladesh. Bangladesh National Blindness and Low Vision survey 2000 showed that the age specific standardized blindness prevalence rate is 1.53% and thus there are 750,000 blind adults above the age of 30 years in the country. 80% of bilateral adult blindness is due to cataract. The number of individuals suffering from **Low Vision (LV)** is 3-fold to that of blindness. In addition, about 40,000 children are blind and this is also a major public health problem, considering DALY. Ninety percent (90%) of this blindness and LV is avoidable. About 5 million people including children suffer from refractive errors, about 2.8% of population aged 35 years and above suffer from glaucoma, 25% of diabetic patients are suffering from Diabetic retinopathy (Bangladesh National blindness and low vision survey 2000). The other predominant diseases which the program will have to address are retinal diseases, corneal diseases, ocular growth and malformations. A strategy for early detection and management of these problems is an economically and socially productive proposition.

Performance under HNPSP:

Government has initiated measures to mitigate blindness problem in the banner of National Eye Care program (2006-11) in **HNPSP** in cooperation with local and INGOs utilizing available facilities. The major thrust of the program (2006-11) was to improve infrastructure and technology at secondary level service centers (district hospitals) to provide quality eye care services.

During HNPSP, V2020 National Advisory Committee has been formed and functioning. District V2020 committee has been formed in 24 districts and functioning well. The program trained so far 70 ophthalmologists, 100 nurses, 300 primary health care workers. Fifty Percent (50%) of the district hospitals are equipped with trained manpower and required **equipment** to provide quality eye care services including **Cataract Surgery**. International NGOs like **Sight Savers (SS), Fred Hollows Foundation (FHF), ORBIS International, Helen Keller International, and Christian**

Blinding Mission (CBM) supported the program in most of the district hospitals. To increase population coverage under the program more than 100 ophthalmologists had been posted to upazilla (sub districts) hospitals. The net result of the efforts so far the increased CSR per million population from 957 in 2005 to 1172 in 2010 which is still far behind the target for 2020 (2500).

Based on the above the scope of service provision in the eye care field shows an increasing trend of CSR as reported **:

Cataract Surgery Rate (CSR)	2008	2009	2010
Adult Per Million Population	1080	1164	1172
Child Per annum*	2275	4000	4253

* In absolute Number

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Related Policy Issues:

Bangladesh is a signatory to the V2020 (Right to sight) initiative of IAPB & WHO and committed to achieve the goal of elimination of avoidable blindness by the year 2020 and as such decided to include National Eye Care in the HPNSDP. The proposed interventions of the OP linked to the concept note for the new health sector program detailing the characteristics sets out several drivers for achieving the 5 year goal to improve health status of the poor, women and the marginal. The program relates to achieving of following MDGs 1 – eradicate extreme poverty and hunger **by returning to income generation after ocular surgical intervention**, MDG 2 – achieve universal primary education **by increasing enrollment after visual rehabilitation of children**, MDG 4 – reduce child mortality rate **by changing life styles by appropriate eye care measures**, MDG 8 – develop a global partnership with NGOs, IAPB and WHO **for prevention of blindness in the country**.

Issues to be Addressed:

Considering the present situation, government has decided to include NEC in the HPNSDP (2011-2016) program to accomplish tasks such as formation of V2020 district committees in rest of the districts; improve infrastructure at secondary level hospitals; continue training for eye care providers, paramedics, nurses and PHC workers. The innovative activities during this operational plan will be establishment of **Vision Centers at UZHC** for correction of refractive errors and identification of cataract and other ophthalmic cases for referral, uninterrupted supply of MSR related to eye care, introduction of child sight testing, establishment of subspecialty services at specialized centers, demand side financing, MIS eye health system, integrating primary eye care to community clinic services and capacity building of the service providers.

Demand Side Financing:

In order to exploration of different alternative financing in the health care, GOB intends to introduce DSF in the delivery of eye care services as that of maternal voucher scheme is going in different UPZ of Bangladesh. This DSF will be on pilot basis in 03 districts and the results of evaluation of proposed piloting will be indication for the future expansion. The modality of DSF and cost packages will be finalized through a technical committee headed Joint Chief (Planning), Ministry of Health and Family Welfare. The experience and results of DSF piloted by ORBIS Intl in Manikgonj district will be considered during the DSF planning process. The implementation of DSF through outsourcing to the NGOs and private organizations may be explored on the basis of comparative advantage. (Detail in Annexure-XI, page: 41-43)

b) Related Strategy in the PIP:

The strategy of the HPNSDP correlated with this OP is the:

“Expand NCD control efforts at all levels by streamlining referral systems and strengthening hospital accreditation and management system.”

Hence the OP will have strategies: (i) Strengthening advocacy activities; (ii) Develop facility and technology; (iii) Training of human resources; (iv) Procurement of equipment & MSR; (v) Improve/ expand coordination and partnership; (vi) Strengthen eye health promotion; and (vii) Introduce and sustain Demand Side Financing.

c) Involvement of NGOs in this OP:

INGOs such as Sightsavers (SS), Fred Hollows Foundation (FHF), ORBIS International, Christian Blinding Mission (CBM) and Helen Keller International will be involved in the Nation wide Blindness Prevalence Survey through this operational plan.

10. Priority activities of the OP:

- Formation and functioning of the Vision 2020 (Right to Sight) committees in the rest of the districts; (Detail in Annexure-X, page: 32-40)
- Behavior Change Communication (BCC) to create awareness on blindness and its prevention;
- Procurement, distribution, installation and maintenance of eye care equipment;
- Training of eye care providers;
- Conduction of cataract screening & surgical camps.
- Uninterrupted supply of MSR to district hospital.
- Orientation of Community leaders;
- Incorporation of eye care data (GO, NGO) in general MIS;
- Integration of eye care to the community clinic services;
- Demand side financing for the poor cataract patients for surgical services;
- National survey on prevalence of blindness;
- Establishment of vision centre in all upazilas in phases;
- Sight testing service for primary school students

11. Relevant Result Frame Work Indicators (RFW) and OP level indicators:

11.1 Relevant RFW Indicators

The activities under this OP contribute to ensuring the quality & equitable health care for all citizens of Bangladesh. More specially, these activities planned contribute to Result 1.1, increased utilization of HPN services and Result 1.4, improved primary health care- community clinics.

11.2 OP level indicators (Output/Process)

Indicators	Unit of Measurement	Base line (with Year and Data Source)	Projected Target	
			Mid-2014	Mid-2016
(1)	(2)	(3)	(4)	(5)
1. Adult cataract pts undergone surgery per million population.	Number	1164 (2009 NEC Annual Report)	1500	1600
2. Cataract patients undergone surgery by receiving DSF / Cash Voucher	Number	NIL	2,000 / year	2,000 / year
3. Patients with diabetic retinopathy screened & managed	Number	NIL	2000	3000
4. Hospitals follows standard protocols.	Number	150 (2009 NEC Annual Report)	200	250
5. Child cataract surgery performed annually.	Number	4000 (2009 NEC Annual Report)	5000	5000

11.3 Source and methodology of data collection:

Most of the data sources will be the LD's Office from the forms, registrars, printings and publications related with the implementation of activities at different cost centers under this OP. The reports / publications of different NGOs, both national and international, will be considered as secondary data source for the appraisal of performance of this OP. Routine reports monthly, quarterly or annually to the MOHFW, IMED, ERD, PMO etc will be considered as data source of this OP. Reports The other data sources will be BBS study, BDHS and other national surveys.

The research and survey will be important methods of data collection for the evaluation of the OP.

11.4 Implementation & Monitoring:

Different activities of the OP will be implemented by respective PMs & DPMs under the guidance of Line Director, National Eye Care and National Institute of Ophthalmology at central level. Implementation of OP activities at district and upazila level will be implemented by respective district and upazila health administration. Reports on cataract surgery, training, orientation & workshops including problems & suggestions will be collected monthly & annually through structured formats, will be collected which will be analyzed at central level and feedback will be provided to district administration.

12. Estimated Budget:

12.1 Estimated summary of development budget:

(Taka in Lakh)

Name of the Components	Economic code	GOB	Project Aid			Total	% of the total cost		
			RPA		DPA				
			Through GOB	Others					
1	2	3	4	5	6	7	8		
a) Revenue Component									
1) Pay of Establishment	4600	10.50	-	-	-	10.50	0.48%		
2) Allowances	4700	10.40	-	-	-	10.40	0.47%		
3) Supplies & Services	4800	667.90	640.00	0.00	400.00	1707.90	77.19%		
4) Repair, Maintenance & Rehabilitation	4900	95.00	-	-	-	95.00	4.29%		
Sub total (Revenue Component)		783.80	640.00	0.00	400.00	1823.8	82.43%		
b) Capital Component									
1) Acquisition of Assets	6800	310.70	78.00	-	-	388.70	17.57%		
Sub total (Capital Component)		310.70	78.00	-	-	388.70	17.57%		
Grand Total (a+b)		1094.50	718.00	-	400.00	2212.50	100.00%		

12.2 Estimated Detailed Budget (Input wise):

(Taka in Lakh)

Budget Head	Econ omic code	Code/s ub code descrip tion	2011-2012					2012-2013					2013-2014							
			GOB	RPA		DPA	Total	GOB (FE)	GOB	RPA		DPA	Total	GOB (FE)	GOB	RPA		DPA	Total	GOB (FE)
				Through GOB	Other rs					Through GOB	Other rs					Through GOB	Other rs			
1. Pay of Establishment	4600	4601	2.10				2.10		2.10					2.10		2.10			2.10	
2. Allowances	4700																			
a) House Rent		4705	1.30				1.30		1.30					1.30		1.30			1.30	
b) Festival allowances		4713	0.40				0.40		0.40					0.40		0.40			0.40	
c) Medical allowances		4717	0.26				0.26		0.26					0.26		0.26			0.26	
d) Tiffin		4755	0.06				0.06		0.06					0.06		0.06			0.06	
e) Conveyances		4765	0.06				0.06		0.06					0.06		0.06			0.06	
Sub total (4600+4700)			4.18				4.18		4.18					4.18		4.18			4.18	
3. Supplies & Services	4800																			
a) Telephone, fax, Email, Courier		4816	1.00				1.00		1.00					1.00		1.00			1.00	
b) Registration Fees		4818					0.00		3.00					3.00		0.00			0.00	
c) POL		4823	12.00				12.00		12.00					12.00		12.00			12.00	
d) Insurances/ Bank Charges		4824	1.50				1.50		1.50					1.50		1.50			1.50	
e) Printing & Publication		4827	1.80	2.70			4.50			4.20				4.20			4.20		4.20	
f) Stationerries & seal		4828	3.00				3.00		3.00					3.00		3.00			3.00	
g) Research		4829	14.00				14.00			8.00				8.00		18.00			18.00	
h) Develop TV spot & Radio Spool		4832		3.00			3.00			3.00				3.00		3.00			3.00	
i) Publicity & Advertisement		4833		8.50			8.50			18.50				18.50		8.50			8.50	
j) Training		4840		33.00			33.00			33.00				33.00		33.00			33.00	
k) Workshop & Seminar		4842		41.00			41.00			20.00				20.00		16.00			16.00	
l) Transportation		4846	6.00				6.00		6.00					6.00		6.00			6.00	
m) Casual Labor		4851	2.22				2.22		2.22					2.22		2.22			2.22	
n) MSR		4868	62.00				62.00		77.00					77.00		92.00			92.00	
o) Consultancy		4874	9.60				9.60			9.60				9.60		9.60			9.60	
p) Diseases Burden Survey		4886			50.00	50.00					200.00	200.00					150	150.00		
q) Committee meeting		4895	2.00	1.00			3.00		2.00	1.00				3.00		2.00	1.00		3.00	
r) Special Expenditure		4898	30.00	32.00			62.00		30.00	32.00				62.00		30.00	32.00		62.00	
s) Other Expenses		4899	3.90				3.90		3.90					3.90		3.90			3.90	
Sub Total (4800)			125.42	144.8	50.00	320.22	141.62	129.3		200.00	470.92		153.62	125.3		150	428.92			
4. Repair & Maintenance	4900																			
a) Repair of Vehicle		4901	10.00				10.00		10.00					10.00		10.00			10.00	
b) Repair of computer & office equipment		4911	2.00				2.00		2.00					2.00		2.00			2.00	
c) Repair eye care equipment & spare parts		4916	7.00				7.00		7.00					7.00		7.00			7.00	
Sub Total (4900)			19.00				19.00		19.00					19.00		19.00			19.00	
Capital	6800																			
a) Procurement of vehicles		6807								60.00				60.00						
b) Equipment & others Appliances		6813	48.90				48.90		82.21					82.21		30.80			30.80	
c) Computer with accessories		6815	2.50				2.50		2.50					2.50						
d) Office Equipment		6819	1.25				1.25		1.25					1.25						
e) Furniture		6821	3.58				3.58		2.91					2.91		2.52			2.52	
f) Protecting glass agro/ Industrial worker		6851	1.00	4.00			5.00		1.00	4.00				5.00		10.00			10.00	
Sub Total (6800)			57.23	4.00			61.23		89.87	64.00				153.87		33.32	10.00		43.32	
Grand Total			205.83	148.80	50.00	404.63	254.67	193.30		200.00	647.97			210.12	135.30		150.00	495.42		

Budget Head	Econ omic code	Code/s ub code descrip tion	2014-2016					2011-2016						
			GOB	RPA		DPA	Total	GOB (FE)	GOB	RPA		DPA	Total	GO B (FE)
				Through GOB	Others					Through GOB	Others			
1. Pay of Establishment	4600	4601	4.20				4.20		10.50				10.50	
2. Allowances	4700													
a) House Rent		4705	2.60				2.60		6.50				6.50	
b) Festival allowances		4713	0.80				0.80		2.00				2.00	
c) Medical allowances		4717	0.52				0.52		1.30				1.30	
d) Tiffin		4755	0.12				0.12		0.30				0.30	
e) Conveyances		4765	0.12				0.12		0.30				0.30	
		Sub Total (4600+4700)	8.36				8.36		20.90				20.90*	
2. Supplies & Services	4800													
a) Telephone, fax, Email, Courier		4816	2.00				2.00		5.00				5.00	
b) Registration Fees		4818	0.00				0.00		3.00				3.00	
c) POL		4823	24.00				24.00		60.00				60.00	
d) Insurances/ Bank Charges		4824	3.00				3.00		7.50				7.50	
e) Printing & Publication		4827		8.40			8.40		1.80	19.50			21.30	
f) Stationerries & seal		4828	6.00				6.00		15.00				15.00	
g) Research		4829		16.00			16.00			56.00			56.00	
h) Develop TV spot & Radio Spool		4832		6.00			6.00			15.00			15.00	
i) Publicity & Advertisement		4833		17.00			17.00			52.50			52.50	
j) Training		4840		66.00			66.00			105.00			105.00	
k) Workshop & Seminar		4842		42.00			42.00			179.00			179.00	
l) Transportation		4846	12.00				12.00		30.00				30.00	
m) Casual Labor		4851	4.44				4.44		11.10				11.10**	
n) MSR		4868	124.00				124.00		355.00				355.00 *	
o) Consultancy		4874		19.20			19.20			48.00			48.00	
p) Diseases Burden Survey		4886									400.00	400.00		
q) Committee meeting		4895	4.00	2.00			6.00		10.00	5.00			15.00	
r) Special Expenditure		4898	60.00	64.00			124.00		150.00	160.00			310.00	
s) Other Expenses		4899	7.80				7.80		19.50				19.50	
		Sub Total (4800)	247.24	240.6			487.84		667.90	640.00		400.00	1707.90	
3. Repair & Maintenance	4900													
a) Repair of Vehicle		4901	20.00				20.00		50.00				50.00	
b) Repair of computer & office equipment		4911	4.00				4.00		10.00				10.00	
c) Repair eye care equipment & spare parts		4916	14.00				14.00		35.00				35.00	
		Sub Total (4900)	38.00				38.00		95.00				95.00	
Capital	6800													
a) Procurement of vehicle		6807							60.00				60.00	
b) Equipment & others Appliances		6813	125.75				125.75		287.66				287.66	
c) Computer with accessories		6815							5.00				5.00	
d) Office Equipment		6819							2.50				2.50	
e) Furniture		6821	4.53				4.53		13.54				13.54	
f) Protecting glass agro/ Industrial worker		6851							2.00	18.00			20.00	
		Sub Total (6800)	130.28				130.28		310.7	78.00			388.7	
		Grand Total	423.88	240.60			664.48		1094.50	718.00		400.00	2212.50	

* Unadjusted tk 10.00 lakh & 11.10** Lakh of Pay & Allowances components have been incorporated in MSR (4868) & Casual Labor (4851) sub components

13. Year wise physical and financial target during OP period

(Taka in lakh)

Name of the Components	Name of the sub components	Total Physical & financial target (2011-2016)				2011-12			2012-13			2013-2014			2014-2016		
		Phy. Qty/unit	Unit Cost	Total Cost	Weight	Fin.	Physical		Fin.	Physical		Fin.	Physical		Fin.	Physical	
a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r
1. Manpower	Pay of Establishment	3		10.50	0.0048	2.10	20%	0.095%	2.10	20%	0.095%	2.10	20%	0.095%	4.20	40%	0.19%
	Allowances	3		10.40	0.0047	2.08	20%	0.094%	2.08	20%	0.094%	2.08	20%	0.094%	4.16	40%	0.188%
	Pay of Casual labor	2		11.10	0.0050	2.22	20%	0.01%	2.22	20%	0.01%	2.22	20%	0.01%	4.44	40%	0.02%
2. Advocacy	i) Development TV spot	5	2.00	10.00	0.0045	2.00	20%	0.09%	2.00	20%	0.09%	2.00	20%	0.09%	4.00	40%	0.18%
	ii) Development Radio Spool	10	0.50	5.00	0.0022	1.00	20%	0.044%	1.00	20%	0.044%	1.00	20%	0.044%	2.00	40%	0.088%
	iii) Development & Printing of IEC Materials (Posters, Leaflets Stickers 10000 each per year)	50000	0.00015	7.50	0.0033	1.50	20%	0.066%	1.50	20%	0.066%	1.50	20%	0.066%	3.00	40%	0.132%
	iv) Observance of World Sight Day (Rally & advocacy meeting)	5 each	2.00	10.00	0.0045	2.00	20%	0.09%	2.00	20%	0.09%	2.00	20%	0.09%	4.00	40%	0.18%
	v) Development, Printing, Distribution of Eye Care messages booklet for school children	100000	0.00010	10.00	0.0045	0.00	0	0	10.00	100%	0.45%	0.00	0	0	0.00	0	0
	vi) Installation of bill board at service centers	10 service centre covered	2.50	25.00	0.0113	5.00	20%	0.226%	5.00	20%	0.226%	5.00	20%	0.226%	10.00	40%	0.452%
3. Planning & Research	i) Development of District Eye Care Plan	4 each year total 20 unit	2.00	40.00	0.0181	8.00	20%	0.362%	8.00	20%	0.362%	8.00	20%	0.362%	16.00	40%	0.724%
	ii) Revision of Training manuals for Doctors, Nurses & Field Workers (Workshop)	3	2.00	6.00	0.0027	6.00	100%	0.27%	0.00	0	0	0.00	0	0	0.00	0	0
	iii) Study on pattern of corneal ulcer & treatment of rural areas of Bangladesh	1	10.00	10.00	0.0045	0.00	0	0	0.00	0	0	10.00	100%	0.45%	0.00	0	0
4. Repair & Maintenance	i) Repair & Maintenance of the eye care equipments	5	7	35.00	0.0159	7.00	20%	0.318%	7.00	20%	0.318%	7.00	20%	0.318%	14.00	40%	0.636%
	ii) Repair & Maintenance of the office equipments	5	5.00	10.00	0.0045	2.00	20%	0.09%	2.00	20%	0.09%	2.00	20%	0.09%	4.00	40%	0.18%

Name of the Components	Name of the sub components	Total Physical & financial target (2011-2016)				2011-12			2012-13			2013-2014			2014-2016		
		Phy. Qty/unit	Unit Cost	Total Cost	Weight	Fin.	Physical		Fin.	Physical		Fin.	Physical		Fin.	Physical	
							% of Item	% of OP		% of Item	% of OP		% of Item	% of OP		% of Item	% of OP
	iii) Repair & Maintenance of transport	5	10.00	50.00	0.0226	10.00	20%	0.452%	10.00	20%	0.452%	10.00	20%	0.452%	20.00	40%	0.904%
5. MSR	i) Providing MSR support for eye care at designated service centers	10000 patients per year		205.00	0.0927	32.00	15.60%	1.45%	47.00	22.93%	2.125%	62.00	30.25%	2.81%	64.00	31.22 %	2.90%
	ii) IOL support for cataract surgical camps	5000 patients per year	30.0 0 per year	150.00	0.0677	30.00	20%	1.354%	30.00	20%	1.354%	30.00	20%	1.354%	60.00	40%	2.708%
6. Printing & publication	i) Eye Care publication	5	3.00	15.00	0.0068	3.00	20%	0.136%	3.00	20%	0.136%	3.00	20%	0.136%	6.00	40%	0.272%
	ii) Printing cards, forms, files, pad etc	lum sum	1.00	5.00	0.0020	1.00	22.22%	0.045%	1.00	22.22 %	0.045%	1.00	22.2%	0.045%	2.00	44.40 %	0.09%
	iii) Printing, photocopy & binding OP	lum sum		1.30	0.0008	0.50	27.78%	0.022%	0.20	11.11 %	0.008%	0.20	11.11%	0.008%	0.40	22.22 %	0.016%
7. Monitoring & Supervision	i) Monthly OPIC meeting	50	0.30	15.00	0.0068	3.00	20%	0.136%	3.00	20%	0.136%	3.00	20%	0.136%	6.00	40%	0.272%
	ii) Field visit by the National level supervisor for performance monitoring	40 visit Team of 3, 2 team 4 visits/year by each team	0.30	12.00	0.0055	2.40	20%	0.11%	2.40	20%	0.11%	2.40	20%	0.11%	4.80	40%	0.22%
	iii) Other expenses	5	1.50	7.50	0.0033	1.50	20%	0.066%	1.50	20%	0.066%	1.50	20%	0.066%	3.00	40%	0.132%
8. Human Resource Development	i) Vision 2020 workshop at National level	2 0	10.0	20.00	0.0090	10.00	50%	0.45%	0.00	0	0	0.00	0	0	10.00	50%	0.45%
	ii) Vision 2020 workshop at district level	20	3.00	60.00	0.0272	12.00	20%	0.544%	12.00	20%	0.544%	12.00	20%	0.544%	24.00	40%	1.088%
	iii) Vision 2020 workshop at upazila level	20	1.00	20.00	0.0090	4.00	20%	0.18%	4.00	20%	0.18%	4.00	20%	0.18%	8.00	40%	0.36%
	iv) Microsurgery training for Ophthalmologist Batch of 4 duration 4 weeks	15	3.00	45.00	0.0204	9.00	20%	0.408%	9.00	20%	0.408%	9.00	20%	0.408%	18.00	40%	0.816%
	v) OT, ward management & Counseling Training for Nurses/ MLOP Batch of 10 duration 2 months	10	4.00	40.00	0.0181	8.00	20%	0.362%	8.00	20%	0.362%	8.00	20%	0.362%	16.00	40%	0.724%
	vi) Orientation/short term fellowship on retina/ paediatric Ophthalmology Batch of 6 duration 1 month	10	2.00	20.00	0.0090	4.00	20%	0.18%	4.00	20%	0.18%	4.00	20%	0.18%	8.00	40%	0.36%

Name of the Components	Name of the sub components	Total Physical & financial target (2011-2016)				2011-12			2012-13			2013-2014			2014-2016		
		Phy. Qty/unit	Unit Cost	Total Cost	Weight	Fin.	Physical		Fin.	Physical		Fin.	Physical		Fin.	Physical	
							% of Item	% of OP		% of Item	% of OP		% of Item	% of OP		% of Item	% of OP
	vii) 2 days TOT for District Trainer team on PEC Batch of 20 (4 per district)	5	3.00	15.00	0.0068	3.00	20%	0.136%	3.00	20%	0.136%	3.00	20%	0.136%	6.00	40%	0.272%
	viii) 2 days Training of PHC workers on PEC Batch of 30	30	1.00	30.00	0.0136	6.00	20%	0.272%	6.00	20%	0.272%	6.00	20%	0.272%	12.00	40%	0.544%
	ix) 1 day Orientation of Community leaders on prevention of avoidable blindness Batch of 100	30	0.50	15.00	0.0067	3.00	20%	0.134%	3.00	20%	0.134%	3.00	20%	0.134%	6.00	40%	0.268%
	x) Development of the system for incorporation of eye care data (GO & NGO's) National MIS (workshop)			5.00	0.0022	5.00	100%	0.22%	0.00	0	0.00	0	0	0.00	0	0	0
	xi) Development of monitoring tools for eye care performance (Workshop)	4	2.00	8.00	0.0037	4.00	50%	0.185%	4.00	50%	0.185%	0.00	0	0.00	0.00	0	0
	xii) Training need assessment of eye care service providers (Doctors, MLEP, PHW) Workshop	2	3.00	6.00	0.0028	6.00	100%	0.28%	0.00	0	0.00	0	0	0.00	0	0	0
9. Special Activities	i) Establishment of subspecialt at tertiary centres	5	5.00	25.00	0.0113	5.00	20%	0.226%	5.00	20%	0.226%	5.00	20%	0.226%	10.00	40%	0.452%
	ii) Conduction of Cataract Screening and surgical camp	25	5.00	125.00	0.0564	25.00	20%	1.128%	25.00	20%	1.128%	25.00	20%	1.128%	50.00	40%	2.256%
	iii) Sight Testing for Primary School Student	20	0.50	10.00	0.0045	2.00	20%	0.09%	2.00	20%	0.09%	2.00	20%	0.09%	4.00	40%	0.18%
	iv) Demand Side Financing/ voucherizing scheme for poor patient	10000	0.0150	150.00	0.0678	30.00	20%	1.356%	30.00	20%	1.356%	30.00	20%	1.356%	60.00	40%	2.712%
10) Utility Management Cost	i) Stationerries & Seal	5	3.00	15.00	0.0068	3.00	20%	0.136%	3.00	20%	0.136%	3.00	20%	0.136%	6.00	40%	0.272%
	ii) Telephone, Fax, Email, courier	5	1.00	5.00	0.0022	1.00	20%	0.044%	1.00	20%	0.044%	1.00	20%	0.044%	2.00	40%	0.088%
	iii) Transportation	5	6.00	30.00	0.0136	6.00	20%	0.272%	6.00	20%	0.272%	6.00	20%	0.272%	12.00	40%	0.544%
	iv) POL	5	12.00	60.00	0.0272	12.00	20%	0.544%	12.00	20%	0.544%	12.00	20%	0.544%	24.00	40%	1.088%
	v) Registration fees	1	3.00	3.00	0.0013	0.00	0	0	3.00	100%	0.13%	0.00	0	0	0.00	0	0
	vi) Insurances/Bank Charges	5	1.50	7.50	0.0033	1.50	20%	0.066%	1.50	20%	0.066%	1.50	20%	0.066%	3.00	40%	0.132%

Name of the Components	Name of the sub components	Total Physical & financial target (2011-2016)				2011-12			2012-13			2013-2014			2014-2016		
		Phy. Qty/unit	Unit Cost	Total Cost	Weight	Fin.	Physical										
							% of Item	% of OP		% of Item	% of OP		% of Item	% of OP		% of Item	% of OP
11) Consultancy	National Consultant	60mm	0.80	48.00	0.0217	9.60	20%	0.434%	9.60	20%	0.434%	9.60	20%	0.434%	19.20	40%	0.868%
12) Survey	Nationwide blindness survey	1		400.00	0.1808	50.00	12.5%	2.26%	200.00	50%	9.04%	150.00	37.5%	6.78%	0.00	0	0
13) Acquisition of Asset	i) Procurement of Eye Care Equipment for district Hospital	11*		42.00	0.0190	14.00	33.33%	0.633%	7.00	16.67%	0.316%	7.00	16.6%	0.316%	14.00	33.33 %	0.634%
	ii) Procurement of eye care equipment for upazila Hospital (vision centre)	35*		60.90	0.0276	10.90	17.89%	0.493%	15.60	25.61%	0.706%	9.80	16.0%	0.444%	24.60	40.40 %	1.12%
	iii) Procurement of eye care equipment for upazila Hospital Eye OT	15*		89.00	0.0403	24.00	26.96%	1.09%	13.00	14.61%	0.588%	14.00	15.7%	0.634%	38.00	42.69 %	1.72%
	iv) Equipment for sub specialty centre	35*		95.76	0.0433	0.00	0	0	46.61	48.67%	2.10%	0.00	0	0	49.15	51.32 %	2.222%
	v) Procurement of furniture for upazila eye OT & vision centre	152*		13.54	0.0062	3.58	26.44%	0.167%	2.91	21.49%	0.133%	2.52	18.6%	0.116%	4.53	33.45%	0.207%
	vi) Procurement of vehicles for field supervision	1	60.00	60.00	0.0272	0.00	0	0	60.00	100%	2.72%	0.00	0	0	0.00	0	0
	vii) Procurement of photocopier	2	1.25	2.50	0.0011	1.25	50%	0.055%	1.25	50%	0.055%	0.00	0	0	0.00	0	0
	viii) Procurement of Computer accessories for districts & upazila hos.	10	0.50	5.00	0.0022	2.50	50%	0.11%	2.50	50%	0.11%	0.00	0	0	0.00	0	0
	ix) Protecting Glass for agro/Industrial workers	20000	0.001	20.00	0.0090	5.00	25%	0.225%	5.00	25%	0.225%	10.00	50%	0.45%	0.00	0	0
Total				2212.5	1.00	404.63			647.97			495.42			664.48		

* Year Wise Procurement of items reflected in Annexure IV page 23

14. Location-wise break-up of the components (Attached Annexure)

(Taka in lakh)

Name of the components	National	Name of Division	Name of District	Name of Upazilla	Estimated cost
1) Pay of Establishment	National	-	--	--	32.00
2) Supplies & Services	National	-	All districts	--	1696.80
3) Repair, Maintenance & Rehabilitation	National	-	All districts	--	95.00
4) Acquisition of Assets	National	-	All districts	Tongipara, Mukhsedpur, Kashiani, Kotalipara, Taia, Ashashoni, Kaliganj, Devata, Kalaroa, Shymnagar, Sharail, Nasimnagar, Bancharampur, Nabinagar, Kasba, Akhuara, Tarail, Hussenpur, Katiadi, Nikly, Astagram, Bajitput, Bhairav, Karimganj, Pakundia,	388.70

15. Organogram: (Annexure- I) Enclosed

16. Log Frame (As per Annexure- II) Enclosed

17. Annual Procurement Plan for Goods, Works, Services (Separate table for a. Goods, b. Works, c. Services): (As per Annexure- III a, b, c) :
Enclosed

18. List of Machinery, Equipment, Furniture-Fixture & Vehicle (Annexure-IV):
Enclosed

19. List of Furniture –Fixture (Annexure-V):

Enclosed

20. List of Vehicle (Annexure-VI):
Enclosed

21. Training Program for Human Resource Development and Estimated Cost (Annexure-VII):

Enclosed

22. List of Equipments, Machineries, Furniture and other Related Materials Procured under HNPSP (2003-2011) (Annexure-viii)
Enclosed

23. Related Supporting Documents (if any): (Annexure-ix)

National Eye Care Strategic Plan (Executive summary)

24. Name & Designation of officers responsible for the preparation of this OP:

Prof. Dr. Deen Mohd. Noorul Huq, Director cum Professor, NIO&H & Line Director, National Eye Care

Prof. Dr. A.H.M Enayet Hussain, Professor, NIO&H & Program Manager, National Eye Care

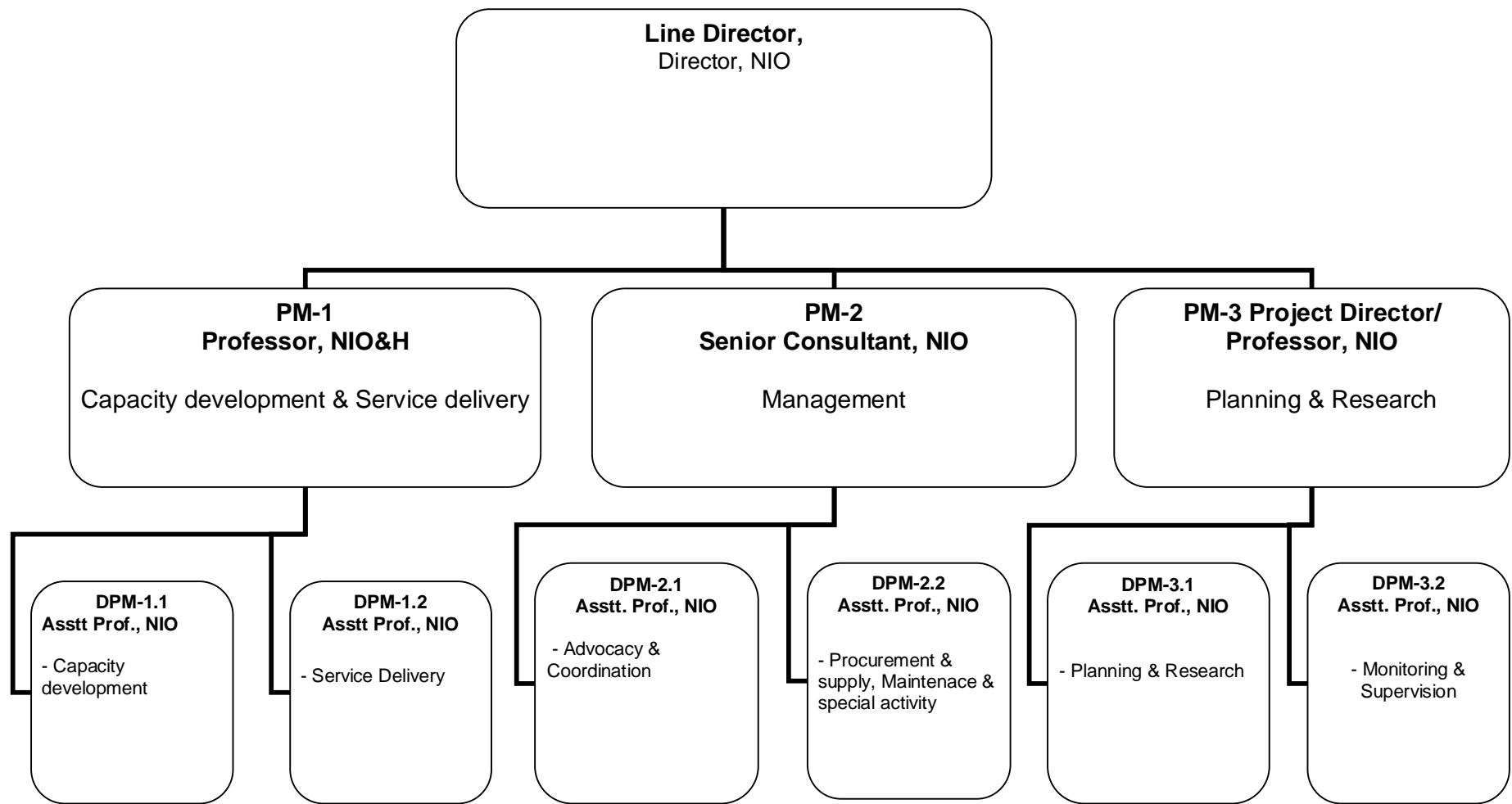
Dr. A.K.M Nazmus Saquib, Deputy Program Manager, National Eye Care

25. Recommendation and Signature of the Head of the Implementing Agency with seal & date:

26. Recommendation and Signature of the Secretary of the sponsoring Ministry with seal & date:

Organogram

ANNEXURE-I:



Logical Framework of National Eye Care, DGHS, July 2011- June2016

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Goal: Improved eye care services at primary and secondary care levels in Bangladesh	Avoidable blindness virtually eliminated by the year 2020	National Survey on blindness	
Purpose: Increased utilization of cataract surgery to decrease avoidable blindness	<ul style="list-style-type: none"> - Blindness prevention progressed by Cataract Surgical Coverage - Service providers strengthened - Number of Hospitals follow standard protocols 	Quarterly OP report	Standard Protocols available at eye care facilities
Outputs: 1) Adult cataract surgery 2) Cataract surgery by DSF 3) Hospitals followed standard protocols, diabetic retinopathy patient screened and managed 4) Child cataract surgery	<p>By 2016:</p> <ul style="list-style-type: none"> -1600 adult patients/per million population undergone surgery - 2000 cataract patients/ per year undergone surgery by receiving DSF/Cash Voucher - 3000 Patients with diabetic retinopathy screened & managed -250 Hospitals follows standard protocols - Annually 5000 child cataract surgery performed 	Quarterly OP report MIS report	Availability of medicines Support received from community and NGOs
Input / Activities 1) Strengthening advocacy activities 2) Develop facility and technology 3) Training and management of human resources 4) Procurement of equipment & MSR 5) Improve /expand coordination and partnership Develop/strengthen eye health promotion 6) Develop/ strengthen eye health promotion 7) Introduce and sustain Demand Side Financing	<p>By 2016:</p> <ul style="list-style-type: none"> - Formation and functioning of the vision 2020 committees in the rest of the districts; - Behavior Change Communication (BCC) to create awareness on blindness and its prevention; - Procurement, distribution, installation and maintenance of eye care equipment; - Procurement of vehicle for field supervision; - Human resource development & management for eye care; - Integration of eye care to the community clinic services; - Demand side financing for the poor cataract patients for surgical services; - National survey on prevalence of blindness; - Regular supervision of field program - Establishment of sub specialty services at tertiary hospitals; - Establishment of vision centre in all upazilas in phases; - Sight testing service for primary school students; - Strengthening MIS of eye unit at secondary & tertiary centers; - Annual review of district performance and - Development of standard protocol for quality services including counseling 	Quarterly OP report Periodic MIS report	Need based IEC planned and implemented Availability of fund & efficient program personnel

Annexure- III (a)

Ministry/Division
Agency
Procuring Entity Name & Code
Project/Programme Name & Code

PROCUREMENT PLAN FOR DEVELOPMENT PROJECT/PROGRAMME: 2011-2016

Ministry of Health and Family Welfare
DGHS
Line Director, National Eye Care
National Eye Care

OP Cost (In lakh Taka)
2212.5
1094.50
1118.00

Total
GOB
PA

(In Lakh taka)

Pack age No.	Description of procurement package as per OP GOODS	Unit/ Qty	Procure ment method & (Type)	Contract Approving Authority	Source of funds	Estd. cost 2011-2012	Estd. cost 2012- 2013	Estd. cost 2013- 2014	Estd. cost 2014- 2016	Total Cost 2011-2016	Indicative Dates				
											Not used in Goods	Invitation for Tender	Signing of Contract	Completion of Contract	
a	b	c	d	e	f	g	h	i	j	I	m	m	o	p	
GD1	Equipment (Eye Care)	96	OTM	LD, NEC	GOB	48.90	82.20	30.80	125.75	287.65			15 SEPT	15 NOV	15 FEB
GD2	Equipment (Office)	12	OTM	LD, NEC	GOB	3.75	2.50	1.25	0.00	7.50			15 SEPT	15 NOV	15 FEB
GD3	Vehicle	1	OTM	DGHS	RPA	0.00	60.00	0.00	0.00	60.00			15 SEPT	15 NOV	15 FEB
GD4	Furniture	152	OTM	LD, NEC	GOB	3.58	2.91	2.52	4.53	13.54			15 SEPT	15 NOV	15 FEB
GD5	Develop TV Spot	05	OTM	LD, NEC	RPA	2.00	2.00	2.00	4.00	10.00			15 SEPT	15 NOV	15 FEB
GD6	Develop Radio Spot	10	OTM	LD, NEC	RPA	1.00	1.00	1.00	2.00	5.00			15 SEPT	15 NOV	15 FEB
GD7	Printing of posters	50000	OTM	LD, NEC	RPA	1.50	1.50	1.50	3.00	7.50			15 SEPT	15 NOV	15 FEB
GD8	Printing Eye Care Messages, Booklets	100000	OTM	LD, NEC	RPA	0.00	10.00	0.00	0.00	10.00			15 SEPT	15 NOV	15 FEB
GD9	Printing cards, forms	Lumsun	OTM	LD, NEC	GOB +RPA	1.80 (GOB) 2.70 (RPA)	4.20 (GOB)	4.20 (GOB)	8.40 (RPA)	21.30			15 SEPT	15 NOV	15 FEB
GD10	Installation of Bill boards	10	OTM	LD, NEC	RPA	5.00	5.00	5.00	10.00	25.00			15 SEPT	15 NOV	15 FEB
GD11	Eye Care Publication	5	OTM	LD, NEC	RPA	3.00	3.00	3.00	6.00	15.00			15 SEPT	15 NOV	15 FEB
GD12	Protecting glass for agro/ Industrial Worker	20000	OTM	LD, NEC	GOB +RPA	5.00	5.00	10.00	0.00	20.00 (GOB=2.00, RPA=18.00)			15 SEPT	15 NOV	15 FEB
GD13	MSR	75000 pt	OTM	LD, NEC	GOB	60.00	75.00	90.00	120.00	345.00			15 SEPT	15 NOV	15 FEB
	Total					138.23	254.31	151.27	283.68	827.49					

Annexure- III (b)

PROCUREMENT PLAN FOR DEVELOPMENT PPROJECT/PROGRAMME 2011-2016

Ministry/Division
Agency
Procuring Entity Name & Code
Project/Programme Name & Code

Ministry of Health and Family Welfare

OP Cost (in lakh Taka)

Total
GOB
PA

Packa ge No.	Description of procurement package as per OP Works	Unit	Quanti ty	Procurem ent method & (Type)	Contract Approvin g Authority	Source of funds	Estd. cost in Lakh Taka	Indicative Dates			
								Not used in Goods	Invitation for Tender	Signing of Contract	Completion of Contract
1	2	3	4	5	6	7	8	9	10	11	12
WP-1											
WP-2											
WP-3											
WP-4											

Not Applicable

Annexure- III (c)

PROCUREMENT PLAN FOR DEVELOPMENT PPROJECT/PROGRAMME: 2011-2016

Ministry/Division
Agency
Procuring Entity Name & Code
Project/Programme Name & Code

Ministry of Health and Family Welfare
DGHS
Line Director, National Eye Care
National Eye Care

OP Cost (In lakh Taka)
2212.50
1094.50
1118.00

(In Lakh taka)

Package No.	Description of procurement package as per OP Services	Unit/ Qty	unit cost	Procurement method & (Type)	Contract Approving Authority	Source of funds	Estd. cost 2011-2012	Estd. cost 2012-2013	Estd. cost 2013-2014	Estd. cost 2014-2016	Total Cost 2011-2016	Indicative Dates				
												Not used in Goods	Invitation for Tender	Signing of Contract	Completion of Contract	
a	b	c	d	e	f	g	h	i	j	k	l	m				
SP-1	Recruitment of National Consultant	1	0.80	QCBS	LD	RPA (IDA)	9.60	9.60	9.60	19.20	48.00		October, 2011	December, 2011	January 2012	
SP-2	Demand Side Financing/Voucher scheme for poor patients	10000	0.0150	QCBS	MOH&FW	RPA (IDA)	30.00	30.00	30.00	60.00	150.00		Jan, 2012	March, 2012	May, 2012	
	Total						39.60	39.60	39.60	79.20	198.00					

List of Equipment (Eye Care)

Annexure-IV
(Taka in lakh)

Sl No	Name of the Equipment	Unit Price	2011-12		2012-13		2013-14		2014-16		2011-2016	
			Quantity	Estimated Cost	Total Quantity	Total Estimated Cost						
1	Auto refractometer (V.C)	4.00	1	4.00	1	4.00	0	0.00	2	8.00	4	16.00
2	Slit Lamp (V.C)	5.00	0	0.00	1	5.00	1	5.00	2	10.00	4	20.00
3	Ophthalmoloscope (V.C)	0.30	0	0.00	3	0.90	3	0.90	2	0.60	8	2.40
4	Retionoscope (V.C)	0.30	0	0.00	3	0.90	3	0.90	2	0.60	8	2.40
5	Auto Clave (UZ. OT)	1.00	1	1.00	1	1.00	2	2.00	3	3.00	7	7.00
6	Microscope (UZ. OT/D.H)	10.00	1	10.00	1	10.00	0	0.00	2	20.00	4	40.00
7	Examination Unit (D.H)	2.00	1	2.00	1	2.00	0	0.00	2	4.00	4	8.00
8	Fundus Camera (SSC)	5.00	1	5.00	1	5.00	1	5.00	3	15.00	6	30.00
9	A-Scan+Keratometer (D.H)	5.00	1	5.00	1	5.00	1	5.00	2	10.00	5	25.00
10	Fundus Angiogram (SSC)	15.00	1	15.00	1	15.00	0	0.00	1	15.00	3	45.00
11	Double Frequency YAG Laser (SSC)	25.00	0	0.00	1	25.00	0	0.00	1	25.00	2	50.00
12	Anterior Vitrectomy mechine (SSC)	2.00	1	2.00	1	2.00	2	4.00	2	4.00	6	12.00
13	Indirect Ophthalmoscope (SSC)	2.00	1	2.00	2	4.00	2	4.00	2	4.00	7	14.00
14	Trial set (V.C)	0.20	3	0.60	2	0.40	4	0.80	2	0.40	11	2.20
15	Volk Lens (SSC)	0.15	2	0.30	0	0.00	8	1.20	1	0.15	11	1.65
16	Cataract Set (UZ.H)	2.00	1	2.00	1	2.00	1	2.00	3	6.00	6	12.00
Total=			15	48.9	21	82.2	28	30.8	32	125.75	96	287.65

*VC= Vision Centre, * UZ. OT= Upazila OT, * D.H = District Hospital, * SSC = Sub Specialty Center , * UZ. H.= Upazila Hospital
 DH = 13, UZH= 48, VC = 35

List of Equipment (Office)

(Taka in lakh)

Sl No	Name of the Equipment	Unit Price	2011-12		2012-13		2013-14		2014-16		2011-16	
			Quantity	Estimated Cost	Quantity	Estimated Cost	Quantity	Estimated Cost	Quantity	Estimated Cost	Total Quantity	Total Estimated Cost
1	Computer with Accessories (NHQ & D.H)	0.50	5	2.50	5	2.50	-	-	-	-	10	5.00
2	Photo Copier (NHQ)	1.25	1	1.25	-	-	1	1.25	-	-	2	2.50
	Total		6	3.75	5	2.50	1	1.25	0	0.00	12	7.50

* NHQ = National Head Quarter

* DH = District Hospital

List of Furniture and Fixtures

Annexure-V

(Taka in Lakh)

Sl.	Name of the Furniture	Unit Price	2011-12		2012-13		2013-14		2014-16		2011-16	
			Quantity	Estimated Cost	Total Quantity	Total Estimated Cost						
1	Executive Table (NHQ & D.H)	0.18	5	0.90	4	0.72	3	0.54	6	1.08	18	3.24
2	File Cabinet (NHQ & D.H)	0.13	5	0.65	4	0.52	4	0.52	6	0.78	19	2.47
3	Computer Table (NHQ & D.H)	0.08	5	0.40	5	0.40	5	0.40	10	0.80	25	2.00
4	Chair for Consultant(NHQ & D.H)	0.11	5	0.55	4	0.44	3	0.33	6	0.66	18	1.98
5	Chair for Computer operator (NHQ & D.H)	0.076	5	0.38	5	0.38	5	0.38	10	0.76	25	1.90
6	Fiber Glass Waiting Chair unit of 4 (2 for each district) (D.H)	0.05	14	0.70	9	0.45	7	0.35	7	0.35	37	1.85
7	Wooden Stool (D.H)	0.01	0	0.00	0	0.00	0	0.00	10	0.10	10	0.10
	Total		39	3.58	31	2.91	27	2.52	55	4.53	152	13.54

* NHQ= National Head Quarter; * D.H = District Hospital

Annexure-VI

List of Vehicle

(Taka in Lakh)

Sl No	Name of the Equipment	Unit Price	2011-12		2012-13		2013-14		2014-16		2011-16	
			Quantity	Estimated Cost	Total Quantity	Total Estimated Cost						
1	Five doored 4 wheel drive jeep (NHQ)	60.00			1	60.00	-	-	-	-	1	60.00
	Total	60.00			1	60.00					1	60.00

* NHQ= National Head quarter; * D.H = District Hospital

Annexure-VII

Training program for Human Resource Development

(Taka in Lakh)

	Total (2011-16)		2011-12		2012-13		2013-14		2014-16	
	Physical	Financial	Physical	Financial	Physical	Financial	Physical	Financial	Physical	Financial
1	2	3	4	5	6	7	8	9	10	11
a) Local										
Short Course	100	165.00	20 batch	33.00	20 batch	33.00	20 batch	33.00	40 batch	66.00
Medium Course	-	-	-	-	-	-	-	-	-	-
Long Course	-	-	-	-	-	-	-	-	-	-
Subtotal(a)	100	165.00	20 batch	33.00	20 batch	33.00	20 batch	33.00	40 batch	66.00
b) Foreign	-	-	-	-	-	-	-	-	-	-
Short Course	-	-	-	-	-	-	-	-	-	-
Medium Course	-	-	-	-	-	-	-	-	-	-
Long Course	-	-	-	-	-	-	-	-	-	-
Subtotal(b)	-	-	-	-	-	-	-	-	-	-
Grand Total(a+b)=	100	165.00	20 batch	33.00	20 batch	33.00	20 batch	33.00	40 batch	66.00

Estimated Allocation for Training:

Year	Total (=2+3)	GOB	PA (=5+6+7)	RPA through GOB	RPA others	Other than RPA (DPA)
1	2	3	4	5	6	7
2011-12	33.00	0.00	33.00	33.00	0.00	0.00
2012-13	33.00	0.00	33.00	33.00	0.00	0.00
2013-14	33.00	0.00	33.00	33.00	0.00	0.00
2014-16	66.00	0.00	66.00	66.00	0.00	0.00
Total(2011-16)=	165.00	0.00	165.00	165.00	0.00	0.00

Annexure-VIII

**List of Equipments, Machineries, Furniture and other Related Materials
Procured under HNPSP (2003-2011)**

Sl No	Name of the Equipments (Including hospital equipment), Machineries (including computers, photocopiers, air conditioners, etc.), Furniture, and other related materials	Type	Qty.	Place where being used at present	Remarks
1	2	3	4	5	6
1.	Hospital Equipment:				
1.1	A-Scan	US-800 NIDEK, Japan	14	Sadar Hospital- Munshiganj, Netrokona, Jessore, Khustia, Chandpur, Bhola, Natore, Kishoreganj, Barguna, Narayanganj, Sylhet, Shariatpur, Naogaon, Manikganj	
1.2	A-Scan	Sonomed PAC USA	09	Sadar Hospital- Rajbari, 250 bed Narayanganj, NIO&H, Holding Stock -06	
1.3	A-Scan	SW-1000, China	15	Recently purchase yet not supplied. Supplying will processing.	
1.4	Auto Refractometer	ARK -510A NIDEK, Japan	01	Line Director Room	
1.5	Spot Light	China	28	Sadar Hospital- Nilphamari, Narayanganj, Bhola, Madaripur, B.Barua, Satkhira, Noakhali, Jessore, Munshiganj, Naogaon, Natore, Sylhet, Jamalpur, Kishorganj-2, Laxmipur, Holding stock- 12	
1.6	Ophthalmic Operating Table	Appasamy, India	09	Lions Eye Hospital, Sadar Hospital- Laxmipur, Naogaon, Rajbari NIO&H- 2.	
1.7	Slit Lamp	ATA-II Appasamy India	24	Sadar hospital- Munshiganj, Narayanganj, Sylhet, B.Barua, Narail, Tala-Satkhira, Lalitabad- Kishoreganj, Kishoreganj Eye Hospital, Holding Stock- 16	
1.8	Keratometer	KMS-6 Appasamy India	23	Sadar Hospital- Khustia, Bhola, Jessore, Nagaon, Natore, Sylhet, Narayanganj, Kishoreganj, Manikganj, Rajbari, 250bed Narayanganj Holding Stock- 12	
	Sub Total (1)		123		

2	Office Equipment:				
	Not Applicable				
	Sub Total (2)				
3	Machineries:				
3.1	Photocopier	e studio 45 Toshiba	1	Line Director room	
3.2	Laptop		1	Line Director room	
3.3	Desktop Computer		40	Civil Surgeon Office- Nilphamari, Sirajganj, Munshiganj, Manikganj, ChapaiNawabganj, Jamalpur, Rajbari, Narsingdhi, Jhalokathi, Gazipur National Eye Care office, DPMs -11, Holding Stock - 19	
	Sub Total (3)		42		
4	Furniture				
	Not Applicable				
	Sub Total (4)				
5	Other Related Materials:				
	Not Applicable				
	Sub Total (5)				
	Total		165		

National Eye Care Strategic Plan

Executed summary

The Government of Bangladesh has identified blindness as a critical social and health problem and demonstrated its commitment by forming in 1978 a national apex body the Bangladesh National Council for the Blind (BNCB) with a mandate to formulate, facilitate and monitor the national plan of action to prevent and control blindness. Besides, the Government of Bangladesh has ratified the Vision 2020 programme; and is committed to achieving vision 2020 goals.

Bangladesh was one of the first few countries to have a national program for prevention of blindness. The Directorate of Health Services in collaboration with BNCB developed and launched first National Program for Prevention of Visual Impairment and Blindness in Bangladesh in the year 1980. This program was based on eye camp strategy in order to work within limited resources available during the time. Consequent to the paradigm shift in early 1990s that discouraged eye camps, and launched Vision 2020 in 2000, eye care program strategies in Bangladesh were changed and directed towards sustainable development approaches.

The health status of the people of Bangladesh has been steadily improving as evidenced from various indicators. The Life Expectancy at birth was estimated to be 66.8 years in 2008 (Sample Vital Registration System 2008). The estimated under five mortality rate in 2009 was 52 per 1000 live births (World bank website). The government is a major provider of health care in the country along with NGO and private providers. Health care in government facilities are provided free of cost. The annual health expenditure per capita was US\$ 15 as estimated in 2007 (World Bank Website).

The national health policy was officially adopted in 1998 which is now under the process of revision. The national population policy in its draft form has been approved by the cabinet recently. The national drug policy adopted in 1982 is also under the process of revision. The national nutrition plan has been adopted in 1997 and a national nutrition program is under operations. The national maternal health strategy has been adopted in 2001. In context of all these policies and strategies, the health system of the country is currently undergoing a process of reform under a sectoral approach of Health, Nutrition and Population Sector Program (HNPSP) which was preceded by Health and Population Sector Plan (HPSP) which ran from July 1998 to December 2003.

It is in this context BNCB has taken the initiative in response to the decision taken in BNBC full committee meeting chaired by the Health Minister, to review and update the National Eye Care Plan to incorporate in the ongoing Health Care program of the government. Accordingly a National Eye Care Plan Review Sub-Committee of BNBC was formed with selected members. As a methodology, the sub-committee undertook review and research of the existing plan, programs and literature, sought views of stakeholders, and prepared this draft which was widely shared and consulted with cross section of professionals and people including the clients in all the divisions; and finally all the inputs will be synthesized in the national plan through a national level workshop.

The updated National Plan of Action on Eye Care is based on the eye care needs of population. Plan focuses on human resource development, infrastructure and technology, strategies for control of major blinding eye diseases. Advocacy, resource mobilization, community participation; and continuous monitoring of the implementation of the plan through a coordinated mechanism would also be key elements of the national plan.

What is Vision 2020?

VISION 2020 is the **global initiative for the elimination of avoidable blindness**, a joint programme of the World Health Organization (WHO) and the International Agency for the Prevention of Blindness (IAPB) with an international membership of NGOs, professional associations, eye care institutions and corporations.

MISSION

To eliminate the main causes of avoidable blindness by the year 2020 by facilitating the planning, development and implementation of sustainable national eye care programmes based on the three core strategies of disease control, human resource development and infrastructure and technology, incorporating the principles of primary health care. This will be achieved by mobilising the will and passion for action through advocacy and by mobilising resources.

VISION

A world in which no one is needlessly blind and where those with unavoidable vision loss can achieve their full potential.

The overall aim is to eliminate the main causes of avoidable blindness and to prevent the projected doubling of avoidable vision impairment between 1990 and 2020. From the outset, it has been clear that the goal of eliminating avoidable blindness would best be achieved by integrating an equitable, sustainable, comprehensive eye-care system into every national health system. The VISION 2020 initiative is intended to strengthen national health-care systems and facilitate national capacity-building.

OBJECTIVES

- Increase awareness, within key audiences, of the causes of avoidable blindness and the solutions to the problem;
- Advocate for and secure the necessary resources to increase prevention and treatment activities; and

- Facilitate the planning, development and implementation of national VISION 2020 programmes in all countries.

National programmes have three main elements: cost-effective disease control, human resource development and infrastructure and technology.

VISION 2020 is built on a foundation of community participation. Overarching issues, such as equity, quality of services and visual outcomes, are addressed as part of national programmes.

Terms of reference (TOR) of “Bangladesh National Vision 2020 Advisory Committee”

“Vision 2020-The Right to Sight” the global initiative for Elimination of Avoidable Blindness by the Year 2020, was launched by WHO and ratified by Bangladesh in the Year 2000. National Eye Care (NEC) plan was launched by the Health Minister in June 2005 and eventually incorporated in Government Health Nutrition & Population Sector program (HNPSP) for FY 2003-2011. In line with NEC plan, an operational plan has been approved by the steering committee with a budgetary allocation from the Ministry of Health & Family Welfare.

For smooth functioning of the National Eye Care Plan in line with Vision 2020, there is an urgent need to form a National Vision 2020 Advisory committee. The overall purpose is to provide guidance, technical and advisory support to the Line Director to operationalize national eye care plan in HNPSP towards achievement of vision 2020 goals in Bangladesh.

1. Name of the Committee:

The name of the committee shall be **“Bangladesh National Vision 2020 Advisory Committee”**

2. Membership:

The Bangladesh National Vision 2020 Advisory Committee will be comprised of the representatives from Government, International NGOs, National NGOs, Private Hospitals and other stakeholders related with eye care service delivery.

01.	Director General of Health Services	: Chairman
02.	Prof. M.A. Matin	: Vice- Chairman
03.	Line Director, National Eye Care	: Member Secretary
04.	Line Director, Improved Hospital Management, DGHS	: Member

- 05. Line Director, Essential Service Delivery, DGHS : Member
- 06. Focal Point for eye care (Deputy Secretary Hospital) MOHFW : Member
- 07. Director, Nursing : Member
- 08. President or his representative not below the rank of Joint Secretary General, Bangladesh Medical Association : Member
- 09. Prof. M. Mustafizur Rahman, BECS : Member
- 10. Prof. AH Syedur Rahman, BIRDEM : Member
- 11. Chairman, Dept. of Ophthalmology, BSMMU : Member
- 12. The Director cum Professor : Member
- 13. Director cum Managing Trustee, CEITC, Chittagong : Member
- 14. Director General, Islamia Eye Hospital : Member
- 15. President, OSB : Member
- 16. Secretary General, OSB : Member
- 17. One Representative from WHO : Member
- 18. Chair, INGO Forum Bangladesh for Vision 2020 : Member
- 19. Country Director, ORBIS International : Member
- 20. Country Director, Sightsavers International : Member
- 21. Country Director, Helen Keller International : Member
- 22. Country Coordinator, CBM : Member
- 23. One Representation, Andhre Hilfe : Member
- 24. One Representation, Fred Hollows Foundations : Member
- 25. Chairman, Bangladesh Lions Foundation : Member
- 26. One representative from Rotary Club International : Member
- 27. Chairman, Dhaka Progressive Lions Eye Hospital, Narsindi : Member
- 28. Secretary General, BJAKS, Comilla : Member
- 29. Secretary General, BNSB Eye Hospital, Dinajpur : Member
- 30. Secretary General, BNSB Eye Hospital, Khulna : Member
- 31. Executive Director, VARD, Sylhet : Member
- 32. Secretary General, BNSB Eye Hospital, Potuakhali : Member
- 33. President, Spectacles Manufacturers association : Member
- 34. Secretary General, National Press Club : Member
- 35. PM-1, National Eye Care : Member
- 36. PM-2, National Eye Care : Member
- 37. PM-3, National Eye Care : Member

- 38. Head of the Dept. Ophthalmology, DMCH, Dhaka : Member
- 39. Head of the Dept. Ophthalmology, Osmani Medical College Hospital, Sylhet : Member
- 40. Head of the Dept. Ophthalmology, CMCH, Chittagong : Member
- 41. Head of the Dept. Ophthalmology, Rajshahi Medical College Hospital, Rajshahi : Member
- 42. Head of the Dept. Ophthalmology, Khulna Medical College Hospital, Khulna : Member
- 43. Head of the Dept. Ophthalmology, Barisal Medical College Hospital, Barisal : Member

3. The Terms of Reference (TOR)

3.1 The Terms of Reference of the Bangladesh National Vision 2020 Advisory Committee are:

- 3.1.1 Promote advocate and support mobilization of resources through increased allocation of funds from government, NGOs, development agencies, funding institutions, companies and other philanthropic contribution towards implementation of National Eye Care Plan.
- 3.1.2 Provide technical support to the Line Director
- 3.1.3 To form various sub/working committees as & when needed.
- 3.1.4 Pursue/advocate for the formation of District Vision 2020 coordination Committee.
- 3.1.5 Identify national eye care priorities and forward recommendations to govt. for consideration
- 3.1.6 Provide advisory support to identify program/research priorities and their early implementation
- 3.1.7 Line Director to share the status of implementation activities time to time in committee meetings
- 3.1.8 Provide active support to resolve conflicts in NECP implementation
- 3.1.9 To obtain endorsement from BNCCB on policy & other important issues relating to the achievement of Vision 2020 goals in Bangladesh
- 3.1.10 Any other supportive/advisory functions in relation to Eye Care development.

3.1: Right to Co-opt members:

The National Vision 2020 Advisory Committee shall have the right to co-opt any person but not exceeding three in number as member at any given point of time if found appropriate and useful for the purpose with consensus of two third majority of the members.

3.2: Tenure of the Committee

The tenure of the District Vision 2020 Committee will be for 05 (five) years in accordance with NEC operational plan.

4: Meeting:

4.1 Working Procedures

- 4.1.1 The committee shall meet minimum once in every in every two/three months.
- 4.1.2 The Line Director, National Eye Care will be the ex-officio Member Secretary
- 4.1.3 The Member Secretary with the permission of the chair shall call the meeting
- 4.1.4 The draft agenda will be prepared by the office of the Member Secretary to circulate among the committee members preferably 1 week prior to the meeting date
- 4.1.5 The Chairman of the committee shall chair the meeting; In his absence, Vice Chairman or a senior person among the members present shall chair the meeting.
- 4.1.6 The minutes of the meetings shall be recorded and printed to disseminate to the Members within a week of the commencement of the meeting.
- 4.1.7 The Member Secretary will take initiative to reconstitute the committee at least six months ahead of termination of the committee tenure.

TERMS OF REFERENCE (TOR) OF “DISTRICT VISION 2020 COMMITTEE”

“Vision 2020-The Right to Sight” the global initiative for Elimination of Avoidable Blindness by the Year 2020, was launched by WHO and ratified by Bangladesh in the Year 2000. National Eye Care (NEC) plan was launched by the Health Minister in June 2005 and eventually incorporated in Government Health Nutrition & Population Sector program (HNPSP) for FY 2003-2011. In line with NEC plan, an operational plan has been approved by the steering committee with a budgetary allocation from the Ministry of Health & Family Welfare.

For smooth implementation of the NEC Plan, a National V-2020 Advisory committee has been formed by the DGHS to oversee activities and achievements and support the Line Director NEC at the national Level. It is, as part of the AOP for NEC plan, now essential to form similar committee at the district level with similar objectives and roles in a de-centralized approach. The terms of reference for such committee at the district level is outlined below:

1. Name of the Committee:

The name of the committee shall be the “District Vision 2020 Committee”.

2. Membership:

The district vision 2020 committee will be comprised of the representatives from Government, International NGOs, National NGOs, Private Hospitals, Local Philanthropists, Local elected persons and other stakeholders related to or interested in eye care in the corresponding district.

2.1: Composition of the Committee:

01.	Civil Surgeon	: Chairperson
02.	Eye Consultant, District Hospital / Chief Consultant, NGO Hospital.	: Member- Secretary
03.	UHFPOs of all upazillas	: Member
04.	President and Secretary of district BMA	: Member
05.	President of Press Club	: Member
06.	Representative from all eye care service organization	: Member
07.	Head of department of Ophthalmology of Medical College Hospital/ Representative of Director, Medical College Hospital	: Member
08.	DD, Family Planning	: Member
09.	Representative of Deputy Commissioner	: Member
10.	Representative of Superintendent of Police	: Member
11.	DD, Social Welfare	: Member
12.	DD, Islamic Foundation	: Member
13.	President of all Lions Clubs of the district	: Member
14.	President of all Rotary Clubs of the district	: Member
15.	Chairman/Mayor all pourashavas of the district	: Member
16.	President Chamber of commerce of the district	: Member
17.	Senior Health Education Officer	: Member
18.	District Education Officer	: Member
19.	District Information Officer	: Member
20.	Local NGO, Health Care	: Member
21.	Local NGO, Having Big Network in the District	: Member
22.	Local Philanthropist / donors	: Member

2.2: Right to Co-opt members:

The general committee shall have the right to co-opt any person but not exceeding three in number as member at any given point of time if found appropriate and useful for the purpose with consensus of two third majority of the members.

2.3: Tenure of the Committee

The tenure of the District Vision 2020 Committee will be for 03 (three) years in accordance with NEC operational plan.

3. The Terms of Reference (TOR)

The TOR of the District Vision 2020 Committee is:

- 3.1. To identify district eye care needs; develop district eye care plan and implementation strategies (including target setting) and M&E plan with in the framework of NEC plan.
- 3.2 To periodically review the progress, achievements, challenges and lessons learned and advise the District Eye care Manager for improvement.
- 3.3 To maintain a profile of the district of eye care providers and facilitate coordination to avoid duplications and overlaps.
- 3.4 To support mobilization of resources through increased allocation of fund from government, NGOs, development agencies, funding institutions, companies and other philanthropic contribution towards implementation of district eye care plan.
- 3.5 To form various sub/working committees when needed.
- 3.6 To identify needs for improvements in the area of infrastructure, HRD, HRM, equipment and other supplies for eye care services and forward recommendations to the DGHS through the LD-NEC for consideration.
- 3.7 To provide any other support / advice in relation to eye care development in the district.
- 3.8 The general committee shall meet at least once a quarter. The member secretary with the permission of chair shall call the meeting. The draft agenda will be prepared by the office of the Member Secretary to circulate among the committee members preferably 1 week prior to the meeting date. The chairman of the committee shall chair the meeting; in his /her absence, a senior person among the members shall chair the meeting. The minutes of the meetings shall be recorded and printed to disseminate to the members within a week of the completion of the meeting.

Concept paper on Demand Side Financing (DSF) for Eye Care

Introduction:

Given the limitations of supply side financing strategy on the one hand to target poor population who need the services on the otherhand, the limited impact on improvement of health outcomes a number of countries have recently started experimenting with innovating demand side financing strategies. The basic idea behind the demand side financing in health is that subsidizing demand among the poor for specific health services of known cost effectiveness using the same resources to subsidize supply.

Project Purpose and Rational

The purpose is to bring all cataract blinds of the geographical area (district/upazila) under service coverage and improve service seeking behavior of the people by eliminating demand side barriers. The initiative is based on the concept of demand-side financing which is chosen because of the weakness of the conventional supply-side financing in reaching the poor.

Project Objectives:

- i. To address the problem of cataract, the major cause of blindness and low productivity among poor people of (district/upazila).
- ii. To contribute to removing barriers to uptake of eye care services, including cataract surgeries.
- iii. To ensure equitable cataract service for all.

Project Strategies:

- i. Forming public-private partnership: Participation of govt, private sector and NGO
- ii. Conducting pre project RACSS survey by a third party.
- iii. Training and mobilizing government primary health care workers identifying cataract patients, distribution of vouchers and referral to the designated eye care service centres.
- iv. Ensuring hospital based and outreach services backed by eye camps and home visits
- v. Building public awareness, community mobilisation and sensitisation, Meetings, publicity materials, conducting BCC/ IEC activities with communities as well as project stakeholders.
- vi. Using concept of demand-side financing, Supplementing supply-side measures, Implementing voucher scheme, Targeting the poor.
- vii. Monitoring, review and evaluations of project activities, quality of services, etc.
- viii. Documenting and disseminating project experience at local and national levels with actors in eye care service delivery and stakeholders at policy levels.

Implementation Procedure:

Good governance of the vouchering scheme will be enforced through a hierarchical system of DSF committees at the National and district level. At the National level DSF committee chaired by the health minister will formulate and approved project policies, strategies & regulations. The National DSF program implementation committee chaired by the secretary for health & family welfare will receive and approve annual performance report from the DSF technical sub committee. The DSF technical sub committee chaired by the Director General of Health Services with formulate and approve operational guidelines based on recommendation of the National DSF committee. At the district level the district DSF committee is the operational control of the project it ensure that operational guideline are put into practice including the provider reimbursement procedures. It will manage the voucher reimbursement for services provided by public provider in the district. It will reimburse and disburse fund from the seed fund account as per Govt. order (GO) issued by the office of the Joint Chief, Planning, MOH&FW. At the district level district DSF committee will certify eligibility of a cataract patient with the selection criteria of the project. Its main function is to promote the project locally and provide qualitative feedback from customers to DSF committee.

At the district level a designated body will be formed to select and tabulate eligible provider through a standardized checklist approach to service quality for private public and NGO provider. The designated committee will primarily be focused on service institutions that render eye care referral services.

The district coordinator DSF will maintain a central register and stocks of voucher booklets it will contain triplicate forms for each of the listed reimbursable service components. One copy will be retained by the client; two copies will be taken by the provider. One of these two copies, certified by the Eye consultant of the service centre will be submitted to the Bank for reimbursement. This copy will be retained by the Bank. The provider retains the second copy. The coordinator monthly visits and distributes voucher booklets to the HA/FWA and ensures that each voucher will have a unique identifying code for M&E purposes. The Designated HA/FWA will identify eligible cataract cases at community level will register and distribute voucher and refer to the nearest service centre. He or She further informs clients regarding transportation allowance and how to access referral care in case of any complications. The Voucher entitles for the following free at point of delivery services pre, per, post operative services, treatment of post operative complications, transportation reimbursement, laboratory tests, including lens, medicine etc. An operational guideline for implementation of DSF for eye care will be developed in consultation with potential partners of eye care including MOH&FW, DGHS and representative from Maternal Neonatal Child and Adolescent Health (MNC&AH) and ORBIS International (those who have past experience of DSF).

Demand Side Financing (DSF) in Eye Care

