

PZ-ABF ~~82142~~ 783
82142

DETAILED IMPLEMENTATION PLAN

for the

I.E.F. - USAID COOPERATIVE AGREEMENT
EIJR-0032-A-00-1032-00
Project Number 180-0032

PROGRAM FOR PREVENTION OF BLINDNESS AND
PUBLIC HEALTH EYE CARE IN BULGARIA

MAY 1991

TABLE OF CONTENTS

A. Summary	1
B. Staff Organigram	2
C. Timetable for Years 1 - 3	4
D. Detailed Discussion of Activities	4
1. Personnel in Position	4
2. Detailed Implementation Plan (DIP)	4
3. Health Information System (HIS)	7
4. Training	8
5. Procurement of Supplies	9
6. Services Delivery Developed	9
7. Technical Assistance	11
8. Progress Reports	12

Detailed Implementation Plan

Interim

A. SUMMARY

The "Program for Prevention of Blindness and Public Eye Health Care in Bulgaria" will be implemented in collaboration with the International Eye Foundation (IEF), the Ministry of Health (MOH), the University of Sofia, and the Medical Academy. The project has the following goal:

"To reduce the prevalence of blindness and sight impairing disease in Bulgaria by raising the level of eye care services to internationally recognized standards through the establishment of an ophthalmic infrastructure capable of providing all Bulgarians access to adequate and appropriate care".

The project objectives for reaching this goal are:

1. Establish a Center for Sight in Sofia within the old Institute for the Treatment of Foreign Citizens. This Center will provide a full range of ophthalmic services for the people of Sofia District, and will serve as a tertiary referral center for people from throughout the country.
2. To upgrade the Ophthalmology Residency Training Program through a Visiting Professor Program providing six experts per year to the Center.
3. To improve the level of technology, equipment, and medical supplies for the Center for Sight.
4. To conduct a basic blindness prevalence survey within Sofia District to gather baseline data on the leading causes of blindness in the area.
5. To establish a National Blindness Prevention Committee according to World Health Organization guidelines with the goal of developing a public health oriented National Blindness Prevention Program for the country.
6. Facilitate the process for the Center for Sight to apply to become an official WHO Collaborating Center.

The project will be located in Sofia District and will serve the people of Sofia District, population 1 million. The Center for Sight will serve as a tertiary referral center for people from throughout Bulgaria, population 9 million.

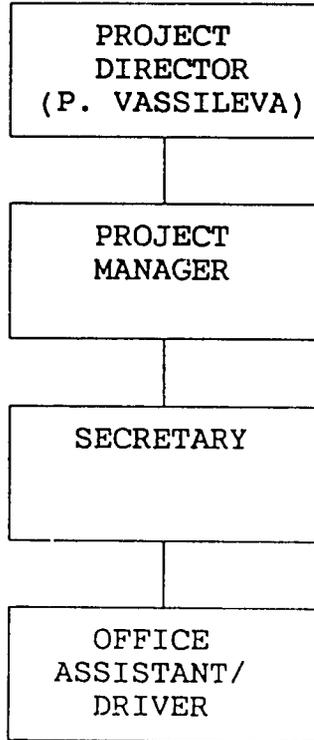
This is an "interim" Detailed Implementation Plan" describing the planned activities of the project toward accomplishing the stated objectives and reaching the stated goal. There have not been any changes to the budget at this point. However, any necessary adjustments will be made to the budget during the site visit by the Executive Director and Director of Programs in June 1991.

Dr. Petja Vassileva, IEF's Project Director, will graduate from the Master's of Public Health Program at the Johns Hopkins School of Hygiene and Public Health, on Wednesday, 22 May 1991, and will leave the U.S. for Sofia the following day. Dr. Vassileva will make begin start-up activities immediately upon her return and will make arrangements for the arrival of IEF's Executive Director and Director of Programs in the middle of June to write the final Detailed Implementation Plan which will be submitted to AID by 15 July.

B. STAFF ORGANIGRAM

The local staff in Bulgaria will consist of a Project Director, Petja I. Vassileva, MD, PhD; a Project Manager, Secretary, and Office Assistant/Driver, all three yet to be identified. The following organigram shows the configuration of the IEF/Bulgaria staff.

BULGARIA PROJECT STAFF



C. TIMETABLE FOR YEARS 1 - 3

The following two pages outline the Schedule of Activities over the three project years. During the site visit of the Executive Director and the Director of Programs, this Schedule of Activities will be refined with specific activities stated and appointed in the timetable.

D. DETAILED DISCUSSION OF ACTIVITIES

During the first two weeks of June, Dr. Petja Vassileva will look for suitable office space for the IEF Local Office. She will meet with all appropriate parties in the Ministry of Health, the University of Sofia, the Medical Academy, and USAID to inform them about the project's plans. Additionally, she will schedule meetings for the June visit of the IEF's Executive Director and Director of Programs with the appropriate parties in these offices.

During the last two weeks of June, the IEF's Executive Director and Director of Programs will visit Sofia, Bulgaria to meet officials within the Ministry of Health, the University of Sofia, and the Medical Academy. During this visit, the final Detailed Implementation Plan will be determined and written for submission to AID. This interim DIP will be used as a guide for the final version.

The following discussion follows the Timetable/Schedule of Activities shown on the following two pages.

1. Personnel in Position

Dr. Petja I. Vassileva has already been identified to serve as the Project Director. A Project Manager, Secretary, and Office Assistant will be identified and hired during the first quarter of year one.

2. Detailed Implementation Plan (DIP)

During the first quarter of year one, the Final Detailed Implementation Plan will be written during the visit to Sofia of IEF's Executive Director and Director of Programs in June 1991. Dr. Petja Vassileva will graduate from the Master's of Public Health Program at Johns Hopkins on 22 May and will leave for Sofia on 23 May where she will begin start-up activities and prepare for the visit of the Executive Director and Director of Programs in the middle of June. Therefore, the Final DIP will be submitted by 15 July 1991 and this Interim DIP is being submitted in May 1991.

SCHEDULES OF ACTIVITIES

COUNTRY: BULGARIA

ORGANIZATION: I. E. F.

SCHEDULE OF ACTIVITIES BY QUARTER (Check box to specify quarter and year)

	YEAR 1				YEAR 2				YEAR 3				YEAR 4				YEAR 5			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
1. Personnel In Position - specify e.g.																				
Project Director	x																			
Technical Project Manager	x																			
Community/village health workers																				
Support	x																			
Other																				
2. Detailed Implementation Plan (DIP) (due 6 months after grant is signed)																				
Design/planning	x																			
Preparation of DIP	x																			
3. Health Information Systems (HIS) - specify e.g.																				
Design/preparation of HIS		x																		
Consultants/contract to design/assist with HIS	x																			
Baseline survey			x																	
Design/preparation	x																			
Data collection			x																	
Data analysis			x																	
Dissemination and feedback to community and project management				x																
Registration/record System																				
Design/preparation																				
Ongoing implementation																				
Dissemination & feedback to the community & Project Management																				
4. Training - specify e.g.																				
Design and preparation	x	x																		
Training of trainers																				
Training sessions			x	xx	x	xx	xx	xx	x	xx	xx	x								
5. Procurement Of Supplies																				
	x	x	x	x																

5

3. Health Information Systems (HIS)

A survey to collect baseline data on the leading causes of blindness in Sofia District will be conducted and in two ways. First, a representative sample of 6,200 patients will be examined in the communities of Sofia District to determine an overall blindness prevalence rate. Second, a review of eye patients' records will be conducted to determine the quantity and quality (number of types of available medicines and technology) of currently available services. This information will then be used to determine the priorities for strengthening the eye care services within the Center for Sight. Additionally, eye patient records reviews can be conducted during the mid-term and final evaluations to determine whether there has been an increase in the demand for and utilization of the eye care services and whether the services offered have been appropriate for the needs.

a. Design/Preparation of HIS

The design and preparation of the baseline survey to determine the leading causes of eye disease in Sofia District will be completed by the end of the second quarter of year one. A consultant epidemiologist with experience in the design, implementation and analysis of eye disease surveys will work with the project staff to design the survey methodology.

b. Consultation/Contract to Design/Assist with HIS

During the first quarter of year one, maps, census data, and additional statistical information regarding the eye care needs and services in Sofia District will be collected during the visit of the Executive Director and Director of Programs in June 1991. The consultant epidemiologist, Dr. Nancy L. Sloan, will work with the project staff to design the Baseline Blindness Prevalence Survey by the end of the first quarter of year one.

c. Baseline Survey

The actual baseline Blindness Prevalence Survey in Sofia District will be completed by the end of the third quarter of year one. The population of Sofia District is approximately one million. A representative sample of 6,200 people will be examined to determine the pattern of eye disease and the leading causes in Sofia District.

- Design/Preparation

The design and preparation for the baseline survey will be completed by the end of the first quarter of year one.

- Data Collection

Baseline data will be collected and the survey completed by the end of the third quarter of year one. Also, the clinical records review will be completed by the end of the third quarter of year one.

- Data Analysis

Baseline survey data and records review data will be analyzed by the end of the third quarter of year one.

- Dissemination and Feedback to Community and Project Management

A report on the baseline survey of the leading causes of eye disease in Sofia District as well as the records review data will be written and submitted to the project director, headquarters staff and all appropriate parties by the end of the third quarter of year one.

4. Training

a. Design and Preparation

The Ophthalmology Residency Training Program curriculum will be reviewed within the first quarter of year one at the time of the writing of the DIP to determine the areas which need strengthening. Areas determined to be weak will be strengthened by providing experts in those fields through the visiting professor program. Additionally, during the writing of the DIP, a schedule will be set determining when a visiting professor will lecture within the Residency Training Program.

b. Training Sessions

It is expected that three visiting professors will lecture within the Residency Training Program during year one, six during year two, and six during year three. Their areas of expertise will be chosen according to the priorities determined after analysis of the baseline survey and clinic records review data. These professors will be American Academy of Ophthalmology Board Certified.

Training in public health eye care will be provided to ophthalmologist from outside the Center for Sight and for general physicians from Sofia District. These sessions will begin during year two and will be ongoing.

5. Procurement of Supplies

Office and telecommunications equipment, and supplies will be procured during the first quarter of year one. This will include office furniture for the project staff, one photocopy machine, one FAX machine, one computer, one printer, software, and the appropriate number of telephones required. Additionally, one vehicle will be procured during the first quarter of year one. This vehicle will be bought making the necessary considerations regarding purpose, size, availability of service and spare parts, and cost.

The mobilization and procurement of ophthalmic equipment, medicines and supplies will begin immediately at the start of the project and delivery will begin during the second quarter of year one with continued delivery throughout year one. During year two, additional equipment to be determined by the needs and demand for services will be delivered to the project. As it is expected that the Center for Sight will procure an increasing amount of ophthalmic medicines and supplies independently, the project will supply any shortfall for the second half of the project during the third quarter of year two.

6. Services Delivery Initiated

a. Referral Service Developed

By the end of the fourth quarter of year one, a referral service providing a full range of eye care services for all patients in Sofia District needing eye care will be available within the Center for Sight. This service will then be ongoing through and after the life of the project.

b. Post-graduate Ophthalmology Program

By the end of the fourth quarter of year one, the post-graduate Ophthalmology Residency Training Program will be established within the Center for Sight. The course will be three years in length and will accept three residents per year.

The curriculum and standards of testing will be at the level of international standards. During year one, Dr. Vassileva will be in contact with her colleagues in the Association of European University Professors of Ophthalmology to discuss the design of the program so that it meets the European International Standards as it is expected that Bulgaria will join the European Community by 1992 and the level of medical services must be competitive. The Ophthalmology Residency Training Program will then be ongoing through and after the life of the project.

c. Eye Care Services Available

By the end of the fourth quarter of year one, a full range of eye care services will be available to the people of Sofia District. These services will include clinical and surgical care with the availability of appropriate diagnostic equipment and medicines, clinical treatment services, and surgical equipment and supplies for necessary surgical services. It is expected that a full range of eye care services will be available. Specifically, the following conditions will be cared for within the Center for Sight: pediatric cases; conditions of the cornea, anterior segment, retina, and posterior segment; cataract, glaucoma, infections, injuries, and refractive errors. These services will then be ongoing through and after the life of the project.

d. Services Available to Referred Patients from Throughout the Country

The Center for Sight in Sofia will serve as a referral center for the most difficult cases coming from other areas of the country where such services are not available. The services listed above will be available to these referred patients. These services will then be ongoing through and after the life of the project.

e. National Blindness Prevention Committee

By the end of the second quarter of year one, the project staff will begin the process of establishing a National Blindness Prevention Committee according to WHO guidelines and selecting members. A schedule for meetings will be set and the committee can then begin to set an agenda with regard to goals and objectives for establishing a National Blindness Prevention Program which will set policy and coordinate activities to provide eye care services and determine priorities for the country.

7. Technical Assistance

a. HQ/HQ/Regional Office Visits

Management trips will be made to the field by the Executive Director and/or Director of Programs or other appropriate staff during the first and third quarters of years one, two and three. During these visits, reviews of activities will take place including progress of data collection, regular technical reports, financial reports, and general discussions with concerned partners.

b. External Technical Assistance

The IEF will provide technical assistance to the project in at least three ways:

- Visiting Professor Program

At least 15 U.S. Board certified ophthalmologists with expertise in a number of subspecialties will visit the project to teach in the Ophthalmology Residency Training Program. These experts will provide training in specific areas in order to upgrade the level of knowledge and technology in the field of ophthalmology.

- HIS

The IEF will provide technical assistance to help develop the baseline survey methodology and the clinical records review methodology. An epidemiologist, Dr. Nancy L. Sloan, and headquarters project staff will assist in the development and ongoing monitoring of these two activities.

- Equipment Installation and Maintenance

As part of the effort to upgrade the level of technology available within the eye care service of the Center for Sight, the IEF will provide specialized ophthalmic clinical and surgical equipment. Because of the technical nature of most of this equipment, technical experts will be provided to assist in the installation and train local staff in the maintenance of the provided equipment.

8. Progress Reports

a. Annual Project Reviews

Annual reviews of project activities will be conducted at the end of the fourth quarter of years one, two and three. Project activities will be reviewed against stated objectives and timelines set out in the DIP. They will include progress and status of clinical and surgical services, the HIS, the activities of the Ophthalmology Residency Training Program and Visiting Professor Program, and the development of the National Blindness Prevention Committee.

b. Annual Reports

Annual reports based on the annual project reviews will be submitted to AID and other appropriate parties by the end of the first quarters of years one and two, and by the end of the fourth quarter of year three.

c. Mid-Term Evaluation

A mid-term evaluation will be conducted during the third quarter of year two. An IEF evaluator and an outside evaluator will visit the project and review all technical and administrative activities to assess progress, strengths, weaknesses, and make recommendations for ongoing activities. A report will be submitted to AID and other appropriate parties during the fourth quarter of year two.

d. Final Evaluation/Report

A final evaluation of the project's activities will be conducted by an IEF and an outside evaluator to determine whether the project achieved its objectives in all areas including technical and administrative and make recommendations for future activities. A report will be prepared and submitted to AID and all other appropriate parties. The final evaluation will be conducted and the report will be prepared during the final quarter of year three.