

**Preparation of Project Proposal - Ophthalmic**

(A)

**PROPOSAL FOR OPHTHALMIC  
PROGRAMME FUNDING**

**HELPAGE INDIA**

**Provide Rays of Hope for the Older Persons**

**1. ORGANISATIONAL DETAILS**

- a) Full name and address of co-operating sponsor.
- b) Contact person for correspondence and his position in the Organisation.
- c) Details of Members (elected of Organisation). Include Bio-data.
- d) Include past performance – work done in the development sector in the past specifically any work done with the older persons.
- e) Support received from other funding agencies – please provide details.
- f) Registration No.
- g) What is your FCRA No. (if available)
- h) Names, addresses and status of the Governing Body Members (attach details).
- i) Please enclose the copies of Memorandum of Association, Annual Report, Registration Certificate under Societies Registration Act, FCRA Certificate, if available, Audited Statement of Accounts of the last 3 years.
- j) Details of project handled during last one year and the size of the projects

1. What experience have you had of organising ophthalmic programmes.

2. Give details on the following:

- a) For how long have you been organising eye camps.
- b) Give the following information about eye camps you have organised in the last 3 years:

	3 years ago	2 years ago	Last year
How may eye camps did you organise?	.....	.....	.....
How may people were screened?	.....	.....	.....
How many people were operated on?	.....	.....	.....
How many operations were for cataract?	.....	.....	.....

c) What other operation were carried out? List the various kinds and give total number for three years of:

Intra ocular

Extra ocular

d) Did you keep a list of post-operative complications\* occurring during eye camps?

.....(YES/NO)

❖ (By complication types is mean : hyphaema, vitreous loss, up drawn pupil, prop lapsed, wound breakdown, flat anterior chamber, glaucoma, endophthalmitis, etc.)

e) If YES, please list type and numbers of post-operative complications noted during the last TWO years.

(Please note that this question is intended to be an enquiry regarding record-keeping and this information can provide important data for future reference.)

- f) How the above complications were attended to ?
- 3. What infrastructure do you have for ophthalmic i.e.
  - 1. Own hospital equipped for surgeries – ordinary surgery / IOL.
  - 2. Pre and Post Operative Care Facilities.
  - 3. Vehicle for Transportation.
- 4. Programme Appraisal / Strategy.

**How many surgeries do you propose to conduct?**

- (a) Camp (b) at Base Hospital
- a) How many camps do you propose to conduct. Give the location of each and the planned data.
- b) How will the publicity be carried out and over what period of time. Will you involve the community in this activity.
- c) How will you identify those who need treatment. Describe the criteria for selection fo Area / Patients. Describe the screening process.
- d) How far is the nearest hospital / PHCs etc. from the camp sites / for future.
- e) Where will the operations be conducted:

Organisation’s own hospital / arrangement with other hospitals / school buildings / other specify.

- f) How many surgeons will be used for conducting operations. Give their names / address / qualifications and contact numbers etc. Also specify whether they are on the roll of organization or will be arranged from outside.

**5. PROGRAMME**

- A) What efforts are being made by you to make the area / village / block – a cataract free zone.
- B) What is the long term objective of your Ophthalmic Care Programme. Explain.
- C) What is the immediate objective of your Ophthalmic Care programme?

**6. INDICATOR**

What indicators will be used in assessing the progress of the project towards the given objective and overall project goal.

## 7. RISK AND ASSUMPTIONS

Define any external factors outside your control which may affect the project outcome. What assumptions have been made in the development of this project.

## 8. IMPACT ASSESSMENT

Describe how the outcome / outputs / impact of the project will be measured and the means of verification. Use impact indicators / outcome and project objectives as guidelines.

## 9. BUDGET

Give total costs under a) and source of funds under b).

a) Give estimated costs :

	<b>Total for ..... Camps (Enter number) Rs.</b>	<b>Anticipated average cost Per operation Rs.</b>
Publicity	-----	-----
Food	-----	-----
Transport	-----	-----
Medicines	-----	-----
Staff	-----	-----
Spectacles	-----	-----
Other	-----	-----
<b>TOTAL NEEDED FOR ALL CAMPS Rs.....</b>		<b>TOTAL NEEDED PER OPERATIONS Rs.....</b>

b) State sources of finance to cover these costs :

	<u>Received last year</u>	<u>Applied for this year</u>	<u>Available this year</u>
From Government	-----	-----	-----

From other NGOs -----

Or donors (name them) -----

From own resources .....

From HelpAge India .....

**Signature of the Project Holder.....**

**Name :**

**Position :**

## LIST OF ENCLOSURES

1. Copy of the latest Society's Registration Certificate.
2. Foreign Contribution Regulation Act Certificate, if available.
3. Memorandum and Articles of Association.
4. Last three years audited statement of accounts of the organization and copies of the last three years FC-3 statement.
5. Annual Report for the last three years.

All correspondence regarding project formulation, progress reports, etc, are to be made only with the respective Regional Director whose address is given below:

Regional Director (East)  
Flat No. 404/405, 162B,  
A.J.C. Bose Road,  
Calcutta – 700 014.

Regional Director (West),  
34A/44, Guru Chhaya,  
Manish Nagar, Andheri  
(W), Bombay – 400 053.

Regional Director (North)  
Flat No. 401-B, 407, 410,  
4<sup>th</sup> Floor, Devika Tower,  
6, Nehru Place – 110 019.

Regional Director (South),  
3-C, Thiagaraja Complex,  
853, Poonamalle High  
Road, Kilpauk, Madras -  
600 010.