

# #220

**COMPLETE**

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Page 1

**Q1** Name of your organization.

Himalayan Cataract Project

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**Q2** Grant #

20180516 GIMB

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**Q3** Grant Period

8/16/18 - 8/15/19

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**Q4** Location of your organization

City	<b>Waterbury</b>
State	<b>VT</b>

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**Q5** Name and Title of person completing evaluation.

Roger Clapp, Major Gifts Officer

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**Q6** Phone Number:

802-505-0711

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**Q7** Email address.

rclapp@cureblindness.org

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Page 2: Key Outcomes and Results

**Q8** Total number of clients served through this grant funding:

Approx. 5400

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## S.L. Gimbel Foundation Fund

**Q9** Describe the project's key outcomes and results based on the goals and objectives. Use the following format: State the Goal: State Objective 1: Describe the Activities, Results and Outcomes for Objective 1: State Objective 2 (if applicable): Describe the Activities, Results and Outcomes for Objective 2: State Objective 3 (if applicable): Describe the Activities, Results and Outcomes for Objective 3:

Goal: To expand and strengthen the delivery of eye care in remote villages in Ethiopia

Objective 1: HCP will support community eye examinations and screening for 3000 potential patients experiencing blindness, reduced vision or other eye ailments in the

Activities: Between Aug. 15 and November 30, 2018, primary care and diagnostic teams from the Quiha Zonal Hospital (QZH), Axum University Hospital and Arba Minch Hospital set up eye clinics in rural districts to screen patients, provide basic eye care and referrals for further treatment including cataract surgery and other ophthalmic interventions as needed.

Results: The teams screened and provided eye treatment for a total of 5,120 individuals, nearly 70% more than originally anticipated. Of those, 1,700 patients received referrals and transportation vouchers to receive cataract surgical treatment by the QZH surgical outreach team at Axum University Eye Clinic and at Arba Minch Hospital.

Outcomes: Over 5,400 individuals and their care-takers received education and advice on proper eye care from high-quality eye care from trained professionals. Patients received screening, diagnoses and treatment for their eye ailments and referrals for further treatment as needed.

Objective 2: HCP will support at least 1,000 cataract surgeries through high-volume surgical intervention to restore vision to those who were blind due to cataracts.

Activities: HCP Program, Procurement and Coordination teams worked with HCP implementing partner hospitals and Ethiopian government officials to deliver the ophthalmic medical supplies. QZH, Axum and Arba Minch teams coordinated the transportation, lodging and feeding of approximately 3,200 patients & caretakers arriving from towns and villages across the Tigray & SNNP Regions. HCP co-founder Dr. Geoff Tabin arrived from the U.S. to join QZH Director of Ophthalmology Dr. Tilahun Kiros to set up the surgical theatre at Axum University with Axum ophthalmic director Dr. Tesfalem and 16 staff members, including medical residents, ophthalmic nurses and technicians to provide thorough and efficient patient care.

Results and Outcomes: A total of 1,885 cataract surgeries were performed across two sites, over 80% more than were originally anticipated, restoring sight for over 1,700 individuals who will receive further follow-up in their home villages as needed.

Objective 3: HCP will support training and mentoring to at least 3 medical residents in ophthalmic training from teaching hospitals across Ethiopia.

Activities: Working with Dr. Tabin since 2008, Dr. Kiros has established QZH as the leading community hospital for cataract surgery in the country. Rotations of 3 medical residents in ophthalmology from teaching hospitals in Ethiopia are supported by HCP to receive mentoring and hands-on training at QZH. During this outreach, each of three residents observed and participated in high-volume cataract surgery with one or more well qualified mentors.

Results and outcomes: Each of three medical residents observed and/or participated in over 400 cataract surgeries with expert hands-on training during the 5-day campaign in Axum. This represents more than three times the number of surgeries residents normally experience in their day to day work at the hospital. One resident, Dr. Kebede proved particularly adept at cataract surgery and was able to benefit from the mentoring of Dr. Tabin.

**Q10** Please describe any challenges/obstacles the organization encountered (if any) in attaining goals & objectives.

With an ever-expanding number of implementing partner hospitals - currently 21 - and a growing demand for surgical outreach, the procurement of intra-ocular lenses and other surgical materials for a high volume outreach continues to be a challenge. With more frequent use of biometry, ophthalmic staff can prescribe and select the exact amount of lens magnification needed for each individual. However, this increasingly exacting diagnosis, requires an expanded inventory of intra-ocular lenses to choose from. Moreover, advances in lens manufacturing bring a larger variety of lens options, each with their own advantages and disadvantages in terms of installation and risk of complication.

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**Q11** How did you overcome and/or address the challenges and obstacles?

By purchasing larger quantities of intraocular lenses and understanding the most frequently prescribed magnifications, HCP Chief of Technology and Procurement Bill Shields is able to provide more flexibility for HCP Country Representative Dr. Liknaw Adamu and his team. They can make inventory adjustments among partner hospitals to fulfill outreach needs as they arise. HCP just engaged a consulting optometrist to help partners improve biometry for lens selection and improve visual acuity scores among patients receiving cataract surgical treatment. During the surgical campaign, surgical mentors, including Drs. Tabin, Kiros and Gidey, use the opportunity to instruct medical residents and other members of the surgical team on useful techniques to achieve best results with each version of intra-ocular lens.

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**Q12** Describe any unintended positive outcomes as a result of the efforts supported by this grant.

Due to the smaller than expected caseload and efficiency of the surgical team in Axum, Dr. Tabin was able to stretch project funding to support an additional outreach in Arba Minch where the demand for cataract surgery was even greater. Dr. Tabin joined the lead ophthalmologist Dr. Dawit Gidey of Arba Minch Hospital in the SNNP Region. Together with the Arba Minch ophthalmic team, they were able to complete 987 sight-restoring surgeries. Together with the 907 surgeries completed in Axum by Dr. Tabin and QZH team, funds from the SL Gimbel Foundation covered 63% of the cost of screening and surgical outreach at both sites for a total of 1,894 sight-restoring eye surgeries, about 85% more than originally projected.

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**Q13** Briefly describe the impact this grant has had on the organization and community served.

The \$75,000 provided by the S.L. Gimbel Foundation Fund covered 63% of the cost of the two surgical outreaches including the pre-operative screenings and transportation to and from the surgical hospitals. Over 5,350 patients received treatment and 20 local ophthalmic staff members received hands-on training and mentoring from some of the most accomplished experts in the world.

The WHO describes cataract surgery as one of the most cost-effective medical interventions of our time. Each of the 1,700 patients receiving sight-restoring cataract surgery has been released from a debilitating handicap and can now become a more fully contributing member of their family and community. In most cases, another family member, usually a child, has been pulled out of school and/or out of the workforce to provide care for the blind individual. These individuals are now released to pursue their own goals and dreams. For the 51 children who received cataract surgery, their lives will be completely transformed for an entire lifetime.

With each successful campaign, HCP gains more followers and more support. Over the past three years, the governments of both Ethiopia and Ghana have signed new agreements dedicating more resources to combatting cataract blindness and we continue to move forward in eliminating needless blindness worldwide.

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Page 3: Budget

**Q14** Please provide a budget expenditure report. Also, provide a budget narrative that explains how the funds were utilized, what was purchased, what were the expensed items based upon the budget that was submitted.

## S.L. Gimbel Foundation Fund

### Gimbel Grant Expense Report - HCP 2018

Line item	Expense Description	Budgeted amount	Actual expense	Variance	% Variance
Personnel Costs	Screening	\$9,651.60	\$11,155.92	(\$1,504)	-15%
	Surgical Outreach	\$15,024.96	\$15,101.82	(\$76.86)	-1%
Transportation	Patients and Staff	\$13,020	\$21,265.75	(\$8,245.75)	-63%
Accommodation	Patients and Staff	\$3,360	\$2,654.12	\$705.88	21%
Food Costs	Patients and Staff	\$6,600	\$7,024.65	(\$424.65)	-6%
Surgical supplies	Lenses, instruments & medicines	\$25,400	\$16,312.45	\$9,087.55	36%
Fuel	Screening & Generator	\$1,943	\$1,485.29	\$457.71	24%
<b>Total</b>		<b>\$75,000.00</b>	<b>\$75,000.00</b>	<b>0</b>	<b>0</b>

#### Budget Narrative

Overall the \$75,000 grant covered 63% of the overall costs of the two outreaches. Because the outreach by the QZH team in Axum was somewhat smaller than anticipated and the outreach screening in Arba Minch indicated significantly larger demand, the decision was made to extend grant coverage to approximately 5,400 individuals, far beyond the 3,000 patients originally targeted. Almost all patients were from remote rural villages and as a result, several of the screening personnel and transportation costs went over budget. However, HCP benefitted from a donation of medical supplies including a sizable donation of intraocular lenses by the Alcon Corporation, creating a savings of over \$9,000 to balance the budget.

**Personnel costs:** Staff expenses for the surgical intervention were just 1% over projected expenses despite generating 88% more cataract surgeries than originally planned. Both the QZH and Arba Minch teams have become increasingly efficient in high-volume outreach surgery over the past few years. The higher screening costs were attributable to the time and distance required to reach an additional 1400 patients in remote villages for cataract diagnosis and basic eye care.

**Transportation:** Transportation costs ran considerably higher than budgeted both due the additional staff displacement during screening and the cost of transporting an additional 700 patients and their care-givers from their villages for cataract treatment at the hospital and then return them post-op.

**Accommodation:** Due to well-timed scheduling of the surgical patients, no additional facilities were required and some savings were realized by making use of existing facilities adjacent to the hospital sites.

**Food Costs:** The cost of feeding an extra 700 cataract patients and their caregivers exceeded the budgeted costs by 6%. Again, the logistical teams have learned to make economical use of resources and the costs of increasing the volume of food prepared is minimal compared to the cost of setting up the surgical encampment.

**Surgical Supplies:** As mentioned earlier, HCP benefitted from the corporate donation of 2000 intra-ocular lenses from the Alcon Corporation significantly decreasing the cost of medical supplies for the 1885 cataract surgeries and allowing for anticipated purchase of surgical equipment and further procurement of bandages and medicines.

**Fuel:** Fuel cost were slightly below the budgeted amount. The supply and cost of fuel in Ethiopia has been relatively stable and hospitals have been able to purchase at relatively low market rates.

Page 4: Success Stories

**Q15** Please relate a success story:

Guye Roba was one of the 51 children treated in the Arba Minch outreach.

Guye Roba is a 14 year-old boy from Bule Hora and had been blind for eight years. As the middle child out of 10 siblings, he was the only one who could not see in his family. Due to his blindness, Guye dropped out of school in third grade. According to his father, it was very difficult for him to stop his studies and stay home.

So far this year, he has made two appointments for surgery in Awassa, a city over three hours away from home, but both surgeries were cancelled. The first surgery was canceled due to a state of emergency and the latter because there were too many patients. Guye heard about the campaign from a team sent to his village to alert residents in communities near Arba Minch that the outreach was happening and when the screening team would arrive.

Guye received sight restoring surgery in both eyes. Now that he can see again he is looking forward to going home and starting school in September. He says he wants to be a teacher when he grows up.

Guye wanted to say thank you to the doctors restored his vision and all the supporters of HCP's work.

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**Q16** Please relate a success story here:

Kamtil Kambata is a 20 year-old bilaterally blind woman from Dara, one of the communities in the Southern Nations, Nationalities, and Peoples' Region of Ethiopia, part of the Sidama Zone, which is 350 km from Arba Minch. She lost her vision at the age two and cannot remember the last time she could see anything. She has four brothers, some older and some younger, but she has never seen them and can only tell them apart by the sound of their voice. She is not married and thought she would never be able to get married when she was blind. She looks forward to going home and seeing her family for the first time. Her father, who accompanied her to the outreach said, "words cannot express how I feel now that my daughter can see."

Now that she can see, she said, "I want to do what every normal person is doing, contribute to my community and my family like everyone else. I used to wish to get married and have my own life, but that was only a wish. Because a woman who is the head of the household does 90% of the work at home. So it was just a wish. Now my wish has come true. I can start working and living on my own."

Kamtil's father went on to say, "the only thing you can do when you are poor is to wish for something good to happen. We have been wishing for this for a long time. Finally the doctors have come to do this good thing for our family. The only thing we can say to the doctors is that we hope God blesses them and their families so they can keep doing this work. We feel like our prayers has been answered by these doctors. Thank you."

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**Q17** Please relate a success story here:

Kerry is from the Hamar Tribe. She lives a small village on the border of Kenya and Ethiopia, and had a cataract in her left eye. She had never left her village before traveling to Arba Minch for the outreach and was brought by her son and daughter-in-law, who found out about the campaign from their friend Teddy, who assists with HCP in-country travel coordination in Ethiopia. They drove over 350 km on poor roads to get to the outreach. The entire family says they are so happy that she is able to finally see. Kerry is looking forward to seeing her five grandchildren clearly for the first time.

Miniret Lentiso is a 15 year old girl from Duna, which is about 300 km from Arbaminch or an eight hour bus trip. She lost her vision at the age of nine and has never attended school. As a girl, she used to help the family by fetching water from the river, collecting firewood and helping her mother in the home, but she stopped when she lost her sight. Once blind, she was always in the house, doing absolutely nothing. She needed to have one of her five brothers or three sisters sit with her at all times to look after her.

She said her family had taken her to many clinics and hospitals in the area, but there was never a solution, so they gave up and just kept her at home resigned to the idea she would never have a job, get married or have a real life. Her brother said the family will be so excited that she will have a future and be able to do whatever she wants, "she can decide for herself what her life will bring."When asked how she feels after sight restoration, Miniret said, "I'm really grateful that I'm able to see and I don't have any words. I don't know what to say. My joy does not have any limits right now!

Miniret added, "I wish great luck to the doctors and the entire team who gave me my sight back. I want to go back to my village and try to find out a way to contribute to my family and the community to improve their lives. I want to help make it better because everyone in my family has helped me my entire life and now I want to give back to them for all that they have done for me."

Page 5: Organizational Information

**Q18** Which category best describes the organization. Please choose only one.

**Medical/Health/Public Agency**

**Q19** What is the organization's primary program area of interest?

**Health & Human Services**

**Q20** Percentage of clients served through grant in each ethnic group category. Total must equal 100%

African American	1
Asian/Pacific Islander	0
Caucasian	1
Native American	0
Hispanic Latino	0
All Ethnicities	0
Other	98
Unknown	0

S.L. Gimbel Foundation Fund

**Q21** Approximate percentage of clients served from grant funds in each age category.

Children Birth-05 years of age	<b>1</b>
Children ages 06-12 years of age	<b>3</b>
Youth ages 13-18	<b>5</b>
Young Adults (18-24)	<b>3</b>
Adults	<b>30</b>
Senior Citizens	<b>58</b>

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**Q22** Approximate percentage of clients served with disabilities from grant funds.

Blind & Vision Impaired	<b>98</b>
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**Q23** Approximate percentage of clients served in each economic group.

At/Below Poverty Level	<b>90</b>
Working Poor	<b>10</b>

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**Q24** Approximate percentage of clients served from grant funds in each population category.

Families	<b>90</b>
Elderly	<b>60</b>
Children/Youth (those not included in Family)	<b>60</b>

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