

Pakistan Urban Paediatric Eye Care Project (PUPEC) – End Term Project Evaluation

Executive Summary

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Description of Programme

Sightsavers Pakistan Country Office developed a five year project on child eye health that was planned for execution in slum areas of five urban cities (Karachi, Rawalpindi, Lahore, Multan and Faisalabad) in Pakistan. The project was entitled “Pakistan Urban Paediatric Eye Care” (PUPEC) to be undertaken between 2011-2015. The project was approved for funding under the ‘Seeing is Believing’ (SiB) programme, which is a collaboration between Standard Chartered Bank and the International Agency for Prevention of Blindness (IAPB). Sightsavers provided a 20% component funding in PUPEC.

The project aimed to:

1. Identify blind and low vision children within the five project cities
2. Provide the required eye care services (surgeries, spectacles, low vision devices) to children identified during school eye health activities
3. Increase eye health awareness in schools and adjacent communities
4. Strengthen eye health systems through human resource development
5. Establish effective programme management systems for efficient implementation of intervention

A Mid Term Review (MTR) was conducted in 2013 and the main project outputs were revised because the findings suggested that either the target was not achievable. The main reasons for revising the targets were due to two main factors:

- Due to large numbers of targets for screening and teachers training, the quality of both components was compromised and it was necessary to focus on refresher trainings and re-screening in selected schools
- The referrals and follow-up mechanism also needed further strengthening and this could be only possible by focusing on this element in teachers’ refresher training

The revised targets included training of 18,000 school teachers in vision screening, 550 community awareness and screenings sessions, screening of 1.2 million children in the slum areas, 50,000 refractions and 50,000 spectacles and 500 low vision devices dispensed, 2,050 eye surgeries in children and 45,000 Information, Education and Communication (IEC) material distributed for child eye health promotion.

The programme was implemented through two government partners and one NGO partner.

End Term Evaluation Purpose and Objectives

The purpose of this End Term Project Evaluation was to explore key successes, challenges and lessons learnt to inform any childhood blindness control programme in future. Furthermore, the evaluation sought to verify the achievement of intended results and outputs described in the project proposal and in the logical framework, and measure the extent to which the PUPEC project has strengthened capacities of local implementing partners for combatting childhood blindness in Pakistan.

The MTR aimed to answer questions under each of Sightsavers seven key evaluation criteria of relevance, effectiveness, efficiency, impact, sustainability, scalability / replicability and coherence / coordination.

The scope included the entire time from the launch of the project in January 2011 to the end of the five year project in June 2015.

Methodology

A comprehensive document review of the project proposal, progress updates and key performance indicators was carried out and the methodology developed after consultation with Sightsavers Pakistan Country Office.

As part of the MTR, a 'schematic diagram of intervention' of the project was developed that helped us understand the various components and how they interacted with each other. The schematic was also referred to in this evaluation. A variety of data collection methods were utilised, which included interviews, focus group discussions and onsite observations. Separate instruments were developed for these. The detailed methodology was presented in an Inception Report, which after various inputs was approved by Sightsavers.

Summary of Main Findings/Conclusions

Relevance – To date, this is one of the largest school eye health screening projects carried out in urban areas of Pakistan. Various UN agencies like WHO, UNESCO, and UNICEF have also undertaken pilot initiatives in school health. However, while these projects have continued as pilot initiatives, no province is currently fully implementing a district-wise school screening programme. As there was no vision screening programme of school children, especially in government schools in the project areas, a large number of school children with refractive errors did not know they had a refractive error, while parents were not aware of the implications of vision impairment and where to go for services for eye care for their children. The project was highly relevant as it sought to address this unmet need of school children and parents as evidenced by about 47% of the overall estimated need of uncorrected refractive errors in slum children that was met by the project. The PUPEC project demonstrated a high level of synergy with the National Education Policy 2009, National Drinking Water Policy 2009, National Sanitation Policy 2006, and was well aligned with the MDG priorities of universal primary education, health and nutrition, and environmental sustainability. The project adapted and used the WHO EMR Guidelines on School Eye Health (post-MTR) and therefore provided a regional perspective tested at

national level. Additional high impact synergy could have been derived by the project by engaging with post-devolution changes at provincial level and with UN agencies to enhance integration and institutionalisation of vision screening in school health.

Effectiveness – The project's achievement of its service delivery targets was commendable as it exceeded almost all targets. The findings indicated that while the project attained a high level of achievement of project outputs, it lagged behind in outcome level achievements that could have been used as a leverage for engagement with the education sector. The project placed emphasis on vision screening of girls. While the project had a comprehensive monitoring and reporting system, there was no supporting quality assurance mechanism.

Efficiency – Every nine out of ten of all school children who required refraction (92.2%) and those who required spectacles (93.2%) were in classes II to X. In 2014-15, the project had a high false positive rate (35.3%) with a true positive rate of 64.7%, which is lower than expected and relates to the quality issue about vision screening. There was insufficient data to draw any conclusions about sensitivity and specificity. 15.1% of all surgeries reported by the project were school children from participating schools or local communities. Of all cases identified for surgery among school children and those children in local communities, less than one-fifth (17.2%) turned up for surgery at participating hospitals. However, there was not enough data to determine whether children from project areas had been operated at the partner hospitals without being specifically referred by the screening teams.

Impact – An internal monitoring review on the use of spectacles dispensed by the project revealed that there was a positive outcome on class performance and child confidence especially when children with refractive errors used their spectacles. The project exceeded its target of screening 40% of children in slum areas, met 47% of the overall need of uncorrected refractive errors and contributed towards a reduction in childhood cataract surgical need in the project cities. The project also enhanced the institutional knowledge about community approaches. This was evident from partner participation in research, internalising community eye health in postgraduate training programmes, and incorporating control strategies for refractive errors in the Punjab provincial eye health plan. Higher level engagement at policy and planning level in school education and special education departments would have alerted the project partners to concurrent implementation of an inclusive education project by the government of Punjab, and therefore could have been used as an opportunity for large scale integration.

Sustainability – The PUPEC project had all the hallmarks of a campaign mode initiative – large numbers and high visibility in five leading urban areas of the country, to raise the profile of refractive errors in children, and build momentum for a change in practice (in this case vision screening and eye health integral to school health). The project implementation did not emphasise a comprehensive sustainability scenario. Several components of the project had a high likelihood of sustainability or continuity. These include over 26,000 teachers trained in vision screening, which represents a large workforce; LRBT has indicated that it will continue with school screening in areas adjacent to its hospitals, but not at the same scale as the PUPEC project; about 20% of spectacle breakages were replaced by the

parents; surgical costs will continue to be borne by the participating partner hospitals; and an optical outlet has been established at LRBT Korangi as a private enterprise.

Scalability/Replicability – The project generated large scale evidence for urban level refractive errors in school children. Over 1.5 million children were screened and the project established that four out of every hundred children are in need of spectacles. However, despite other INGOs also supporting similar school screening initiatives, there had been no organisational learning meeting on school screening for refractive errors nor any national document developed by the National Eye Health Committee for this purpose. Further, cross-sectoral learning with other school health initiatives was also a missed opportunity to learn and engage with the corporate sector, where Standard Chartered could have played a catalyst role.

Coordination/Coherence – There was an impressive level of coordination and collaboration at operational level that led to achievement of targets, massive school screening, nomination of teachers, setting aside time for screening, refresher training, and follow-up. However, while the operational level coordination and collaboration was adequate for achieving project activities, higher level coordination and collaboration was required for institutional change. The project may have benefitted further from interacting with respective metropolitan and municipal corporations responsible to manage a sizeable number of schools and develop future plans of the city.

Overall Ratings for Review Criteria

	RELEVANCE
	EFFECTIVENESS
	EFFICIENCY
	IMPACT
	SUSTAINABILITY
	SCALABILITY/REPLICABILITY
	COORDINATION/COHERENCE

Learnings

Some of the key learnings from the project include the following:

- It is vital to be aware of other developments taking place in the related sectors so that timely engagement can be initiated with relevant stakeholders and actors for strategic integration.

- The effectiveness of the project could be improved by placing dedicated resource persons for Monitoring, Evaluation, Analysis and Learning; and Communications to support advocacy and IEC.
- Parents of school children in poor slum areas are usually daily wage earners or casual labourers and can't participate in school activities due to the risk of losing the casual job placement and income. Such parents may not be able to meet the repeated cost of replacement spectacles e.g. after breakages.
- Large scale projects like PUPEC should be seen as springboards to influence change at policy and planning level, supported by a well conceived and executed advocacy and communications strategy and action plan.
- Sustainability should not be assumed to be a by-product that comes about by default in a large scale project, but rather a roadmap for sustainability should be defined at the outset.

Recommendations

Project Management

1. Undertake mapping of institutional arrangements and actors to develop linkages and potential synergies at the outset and pursue these during the project.
2. Conduct a stakeholder analysis at the inception of the project to inform concurrent advocacy and communication requirements and coordination arrangements.
3. Conduct a baseline at the inception of the project to determine the referral pathway, willingness to pay and whether any local capacities in nearby health facilities or services need to be strengthened.
4. Develop a critical pathway along with necessary capacities to implement and monitor quality assurance mechanisms like use of a Global Positioning System (GPS) derived database (e.g. use of tablets) during screenings at the school cluster level to improve monitoring and strengthen the referral pathway.

Partnerships and Advocacy

1. Seek integration of school eye health through the education route by linking up with the inclusive education programme in Punjab.
2. Use the Education Sector Plans as entry portals for school health.
3. Organise consultation meetings under the leadership of the education department for integration of school eye health in the school curriculum.
4. Develop consensus on and produce school eye health guidelines by documenting best practices and learning under the auspices of the National Eye Health Committee