

Pakistan Urban Paediatric Eye Care Programme

Mid Term Review

Executive Summary

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Description of Programme

Sightsavers Pakistan Country Office developed a five years project on child eye health that was planned for execution in slum areas of five urban cities (Karachi, Rawalpindi, Lahore, Multan and Faisalabad) in the country. 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’ programme (which is a collaboration between Standard Chartered Bank and the International Agency for Prevention of Blindness (IAPB)). Sightsavers provided a 20% component share in PUPEC.

The project aimed to:

1. Identify blind and low vision children within the 5 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

Its main outputs envisaged included training of 15,000 school teachers in vision screening, 500 community awareness and screenings sessions, screening of 1.7 million children in the slum areas, 50,000 refractions done and 50,000 spectacles dispensed, 2000 eye surgeries in children and 45,000 IEC material distributed for child eye health promotion.

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

Mid Term Review Purpose and Objectives

The purpose of the mid-term review (MTR) was to assess the project achievements against targets to date. The review was to identify the internal and external factors influencing programme delivery, capture key lessons learnt, and recommend strategic directions to further strengthen future programme design for the remainder of the project period.

The MTR aimed to answer questions under each of Sightsavers 7 key evaluation criteria of relevance, effectiveness, efficiency, impact, sustainability, coherence/coordination, and scalability/replicability.

The scope included the entire time from the launch of the project in January 2011 to the mid term of the five year project in June 2013.

Brief Description of Methods and Analytical Strategy

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

In order to conduct the MTR, we developed a 'schematic diagram of intervention' that had three components – community, school and paediatric ophthalmology unit at a tertiary hospital. We further developed an evaluation matrix with indicators. A variety of data collection methods were utilized, 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.

The MTR team reviewed project records, screening data sheets, prescription sheets, hospital based data, minutes of meetings between Sightsavers and partner teams, agreements with the district education authorities and various IEC material. Onsite visits were made to six schools and the participating tertiary hospitals in Lahore and Karachi. Data analysis methods included systematization of data collected into relevant TORs and analysis as per TORs.

Summary of Main Findings/Conclusions

The MTR revealed that the project is about halfway for screening school children and dispensing of glasses, almost achieved its target of training teachers, about three-fourths of targets for refractions, operated, community awareness sessions (CAS) and optician orientation achieved, and exceeded IEC material distribution. Dispensing of low vision devices remains disproportionately low.

Relevance – the programme is well aligned with the National Education Policy 2009, draft National Health Policy 2010, provincial health sector strategies, Convention on Rights of Persons with Disabilities (Articles 5, 10, 19, 20, 24, 25), Millennium Development Goal on education, child rights and gender equity. The process of identification of most needy communities in the slum areas was based on anecdotal evidence and could have been improved by applying a scoring or ranking scale.

Effectiveness – the programme had covered a lot of useful ground so far, which had generated considerable goodwill, an interest to institutionalize the programme, and a potential to increase its outreach. Data suggests that there is good screening by teachers of children with visual impairment with a high positive identification rate. The partners indicated that the rate of referrals reaching the partner hospitals ranged from 19.3% in LRBT to 38.6% in PCB Cell, and it is possible that parents may have taken their children elsewhere

for review. The MTR team identified five critical areas where quality assurance is required – community awareness about child eye health; vision screening by teachers; refraction by the screening team; dispensing of spectacles; and awareness about child eye health and hygiene. On the basis of current progress, workload, sustainability, impact and coordination factors, there is a need to revise the targets/outputs in the remaining life of the programme so that gains made thus far can be maximized and tangible and sustained impact achieved. The main changes suggested include revising targets for children screened to 1.2 million; reducing the target for low vision devices to 500; and stopping the orientation of opticians (as there was no discernible impact observed from this activity).

Efficiency – it was observed that the screening teams were using different screening and refraction methodologies. While the programme had been conceived with the standard guidelines developed for the Eastern Mediterranean Region, these were not being followed. Further, in year 3, an activity had been introduced for Lady Health Workers (LHWs) to conduct pre-school screening to identify cataracts. The role of the LHW is more related to mother and child health promotion, and it would be more appropriate to train LHWs to provide child eye health promotion and hygiene. Further, this is likely to be more acceptable to the LHW programme coordinators and provincial health department. One segment of children that the programme was not addressing was school-aged children who were out-of-school. It was felt that community awareness sessions and LHW training would be better served to identify these children as this would better align the programme with government initiatives to identify out-of-school children.

Impact – although it is early in the programme to assess impact, especially in the absence of baseline data, there are some encouraging mid-term trends and observations. The majority of the children interviewed expressed satisfaction with the screening process, especially those who were now using spectacles. They indicated that the use of spectacles had made a major difference in their class work, completion of homework and participation in class activities. The children with normal vision indicated that they noted that children who were prescribed spectacles no longer had to seek assistance of other children. There were some good examples of building institutional capacities of partners - ophthalmology residents and students in the BSc Vision Sciences courses at COAVS participated in the community screening and awareness sessions; PCB Cell was collaborating with Dow Medical University for its BSc Vision Sciences students to undertake research in the communities in the programme areas. The role of forming child eye health committees among local CBOs, vision monitors and child eye health champions amongst school children needs to be explored in the remaining life of the programme.

Sustainability – the training of teachers in vision screening is likely to sustain itself provided a process of refresher training is instituted in the remaining two years. Vision screening is currently a programme activity and has yet to be internalized by the schools education department. One of the areas that can have a sustained impact on long term sustainability is institutionalizing the teacher training in vision screening throughout the Directorate of Staff Development (DSD) chain (DSD is the principal government structure for in-service training of teachers). There is need for the implementing partners to engage with the respective provincial governments to advocate for incorporating school screening more widely in school health.

Coordination/Coherence – the MTR found that coordination between Sightsavers Country Office and implementing partners was satisfactory. At the local level, there were good examples of coordination with School Health Nutrition Supervisors in Punjab and local NGOs. However, there was little information about engagement of partners or Sightsavers with other key non-project stakeholders. For instance, CHEF International, The Fred Hollows Foundation and Brien Holden Vision Institute have school screening programmes in different areas with some of the same partners, and the programme could have benefitted from joint planning and review. The programme would benefit from active engagement with the curriculum wing of education department; LHWs programme; health policy unit and health sector reforms programme; social welfare department; education coalition and education NGOs in programme districts; and UNESCO and UNICEF provincial offices to raise the profile of child eye health as part of broader school health and ongoing initiatives.

Scalability/Replicability – programme activities that can be scaled-up include teacher training for vision screening, social mobilization for community awareness and increasing demand, child eye health promotion and hygiene by LHWs, use of training manuals, and wider adoption of school screening guidelines. There is good potential to develop a public-private partnership with LRBT to expand school screening across its network of 17 hospitals. A joint programme review and learning meeting between leading eye care INGOs and implementing partners could help identify optimal programme approaches and synergies for sustainability and scalability of school screening programmes.

Overall Ratings for Review Criteria

	RELEVANCE
	EFFECTIVENESS
	EFFICIENCY/COST EFFECTIVENESS
	IMPACT
	SUSTAINABILITY
	COORDINATION/COHERENCE
	SCALABILITY/REPLICABILITY

Recommendations

For the Programme

1. Focus on consolidating the gains made in the first 3 years rather than expand, and revise the targets and outputs for school screening and low vision devices.

2. Engage with DSD and cascade teacher training in school eye health through its chain.
3. Social Organizers need to engage with the communities further and identify pockets in which children are particularly vulnerable and marginalized.
4. Child eye health promotion and hygiene needs to be firmly embedded in the programme.

For Implementing Partners

5. A dedicated counselor at the partner hospitals would be a useful resource to ensure follow-up of referral cases and motivation of parents and families.
6. Streamline the value chain of school screening, supply of spectacles and student compliance rates to ensure more efficient programme delivery.
7. Place special emphasis on advocacy and institutionalizing the programme through provincial government support in the remaining two years to ensure sustainability and long term impact.

For Sightsavers

8. Introduce and institutionalize a quality improvement process for the programme components.
9. Streamline the overall programme planning and management process to improve efficiency and strengthen partner capacities.
10. Hold a joint programme review and learning meeting between leading eye care INGOs and implementing partners to identify optimal programme approaches and how synergies for sustainability and scalability of school screening programmes.