

## Management Response and Recommendations Action Plan

Evaluation Report Title: Final Report, End term Evaluation of KUCECP

Date of Response (dd/mm/yyyy): 31/07/2015

This management response was produced by Sampa Paul and recommendations action plan will be followed up by Sudipta Mohanty (CD).

### 1. Overall Response (max 250 words)

The end term evaluation carried out by KPMG gives a practical insight of the achievements and non-achievements of the project. Although the project ended on 31<sup>st</sup> March 2015, therefore some of the recommendation cannot be taken forward, however the National Urban Eye Care programme which is aligned to the urban programme running in Kolkata to take most of the learnings and move forward. Overall though we have concurred with most of the recommendations there are some we believe will not be contextual. Some of the gaps did not come to us as a first timer, and it was good to have the insight from a third person perspective

### 2. Findings and Evaluation Criteria Ratings we concur with (max 500 words)

- **Coverage:** We believe that services have to expand to the virgin areas of the city. These areas may not be in the core area of the city, but may form a part of the greater area.
- **Strengthen liaison with CBO's, State Blindness Control society and Corporates:** This is of utmost importance for the long term sustainability of the project. Though there have been sporadic efforts to liaise with the business community but concrete efforts are the need of the hour.
- **Setting of realistic targets, outcome level indicators and sustainability plan from the beginning:** Since there is no scope of doing this in KUCECP because its tenure is over, however this can be integrated in the National Urban Programme which is an extension of KUCECP in a different frame.
- **Reducing the number of CHW's and initiate performance based incentive:** This has already been initiated in the National programme where we have reduced the number of CHW's to 15 from 28 and incentive based appraisal is also done.
- **Using automated information generating system:** This has been on high priority as we have already in process of procuring vision centre software from a notable agency.
- **Have diversified revenue base like local pharmacy shops and subsidise surgeries:** This will be explored with the partners for further implementation

### 3. Findings and Evaluation Criteria Ratings we question (max 500 words)

- **Geographical assessment of Vision Centres:** This will not be possible since the project has completed its tenure, however the recommendation will be kept in mind for future references.
- **Logical Target setting:** Since no data was available as baseline the targets could not be set contextually. All national averages were taken into consideration
- **Using Technology:** Cost intensive technology was nowhere used in KUCECP and using NETRA as recommended is not in future plan of action
- **Using Mobile technology for awareness:** This was initially thought and explored, but lessons from other project were not cost effective, so we did not use this technology as its impact is questionable.
- **Increase Diagnostic services:** This cannot be taken up as this requires trained human resource and infrastructure, both of which are not there with us.

## Recommendations Action Plan

Evaluation Recommendations: Recommended actions (A)	Accepted/ Rejected (B)	Priority High/ Medium / Low (C)	If "Accepted", Action plan for Implementation or if "Rejected", Reason for Rejection (D)	Responsibility (E)	Timeline (F)	Update Oct 2015
1 <b>Geographic assessment before establishment of vision centres</b>	Rejected		The project has already covered its tenure, so it will be difficult to assess the geography of vision centres at this level			Since no vision centre has yet been set up so this assessment has not been done.
2 <b>Strengthen engagement with State Blindness Control Society</b>	Accepted	Medium	In the newer version of the Urban programme which is the National Urban Programme, effective collaboration has been made with the Medical colleges through the state blindness control society	Project Officer	Ongoing	Active engagement has been there with The state blindness society as 2 meetings have been held with the State Programme Officer on the project and a major meeting is planned with the Heads of Medical Colleges in October to strengthen the supply system to Govt hospitals.
3 <b>Strengthen advocacy and work towards skill building to improve participation with Corporates and Local businesses</b>	Accepted	Medium	The Project has made pathways with corporates such as Himalaya Opticals, Axis Bank, Cognizant Technology services; however more pathways need to be designed for greater reach.	Project Officer	Ongoing	Local corporates like RPG has come forward to support in eye care service delivery to truckers in Kolkata.
4 <b>Logically defining indicators and setting targets</b>	Rejected		Since there was no specific data available on the prevalence so it was all assumed at a national figure, so the target setting was unrealistic initially but based on the project achievement the target was revised			The targets are visited once in a quarter to get closer to a realistic target

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5	Align indicator measurement methodologies to larger programme objectives	Rejected		The project has already covered its tenure, so it will be difficult to align indicators at this stage			
6	Develop contingency plan	Accepted	Low	In the new Urban Programme we will look for alternatives	Project Officer	30-9-15	This is still ongoing
7	Focus more on outcome oriented indicators compared to output oriented indicators	Accepted	Medium	In the new Urban Programme a detailed logframe, outcome level indicators has been identified for further assessment	Project Officer	30-9-15	This has been completed
8	Revisit targets intermittently and use the efficiency indices to improve efficiencies	Accepted	Medium	Since there is no scope to revisit targets in the present project as it is over, we will do this in the new urban programme	Project Officer	30-9-15	The targets are visited once is a quarter to get closer to a realistic target
9	Measure human resource efficiencies on an ongoing basis and incentivize them for good performance	Accepted	Medium	In the new urban project there is less of human resources and we intend to incentivise it as per recommendation	Project Officer	30-8-15	This is still to be done. We aim to finish this by the end of October.
10	Use cheaper innovative technologies	Rejected		No cost intensive technology was used in KUCECP. The recommendation of using NETRA is not in immediate future plan.			
11	Consider economic sustainability at the project design stage	Accepted	High	Since there is no scope to revisit the project development stage, it will be definitely considered in designing other similar projects.	Project Officer	30-8-15	Concrete business plan has been made for this project.
12	Increase reach and coverage	Accepted	High	We have already increased our coverage to the greater part of Kolkata.	Project Officer	30-8-15	Increased coverage is being planned and implemented to reacher larger population

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13	Increase diagnostic service offerings	Rejected		The basic purpose of the VC is for primary screening of eye ailments and for other diagnostic screenings, the project does not have the human resources or the capacity.			
14	Rationalize raw material costs	Accepted	Medium	All though we have central procuring system, still it can be more rationalised by regular reviews and recommendations.	Project Officer	30-8-15	The centralised procurement system is again been revisited and a fresh list of vendors is getting prepared.
15	Introducing differential pricing for paid surgeries	Accepted	Medium	In the new programme we have already started this.	Project Officer	30-7-15	Done
16	Sourcing back revenue from local pharmacy stores	Accepted	Low	This can be explored in consultation with the partners however we cannot commit at this stage only.	Project Officer	30-8-15	This has not been discussed internally.
17	Collaboration with other organizations involved in primary eye care for surgeries and sale of spectacles	Accepted	Medium	This can be explored in consultation with the partners	Project Officer	30-8-15	This is still being explored
18	Reduce the number of CHWs	Accepted	High	This has already been done in the new project	Project Officer	30-7-15	Done
19	Coherence of target setting	Accepted	Medium	Since there was no specific data available on the prevalence so it was all assumed at a national figure, so the target setting was unrealistic initially but based on the project achievement the target was revised. In the new project this has been done	Project Officer	30-7-15	The targets are visited once is a quarter to get closer to a realistic target
20	Improve CBO engagement	Accepted	Medium	This will be done with the consultation of partners	Project Officer	30-10-15	This is ongoing
21	Strengthen engagement with	Accepted	Medium	This will be done with the consultation of partners	Project Officer	30-10-15	Local corporates like RPG has come

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<b>Corporates and Local Businesses</b>						forward to support in eye care service delivery to truckers in Kolkata.
22 <b>Revisit and restructure existing subsidies</b>	Accepted	Medium	This will be done with the consultation of partners	Project Officer	30-10-15	This is still being explored
23 <b>Implement and develop a simple automated information system</b>	Accepted	High	This has already been done and the VC software will be installed very early	Project Officer	30-9-15	Sightsavers has already procured the software and it is in a process to be installed
24 <b>Increase outreach camps and campaigns to newer geographies</b>	Accepted	High	We have already increased our coverage to the greater part of Kolkata.	Project Officer	30-8-15	Outreach camps to the greater part of Kolkata has already been initiated.
25 <b>Using mobile and communication technology optimally</b>	Rejected		This was explored earlier however the team felt that it may not be an effective system of communication			
<b>Additional Actions (G):</b>						