

Final Evaluation of the Kolkata Urban Comprehensive Eye Care Programme

Executive Summary

Author

KPMG Advisory Services Private Limited

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Introduction

It has become imperative over the years for eye health to be among one of the highly prioritized public health problems along with other important health issues globally. As per the estimates by the World Health Organization (WHO), about 285 million people are visually impaired. It clearly states in its Global Action Plan (2014-19) that if refractive error services and cataract treatment are provided on priority basis, about two-thirds of the visually impaired population will recover good sight. More than 90 percent of visually impaired people live in developing countries, where the health sector is constrained by lack of affordable and accessible infrastructure and availability of comprehensive eye health services.

Vision 2020, a joint programme of the WHO and the International Agency for the Prevention of Blindness (IAPB) with an international membership of Non-Governmental Organizations (NGOs), professional associations, eye care institutions and corporations, clearly advocates the need to improve awareness and strengthen the national programmes on eye health.

The 'Seeing is Believing' (SiB) initiative is a global intervention aimed at tackling avoidable blindness in areas of high need. SiB is a collaboration between Standard Chartered, IAPB and leading international eye care NGOs delivering projects on the ground. As a part of this initiative, the Kolkata Urban Comprehensive Eye Care Project (KUCECP) was developed with the aim of reducing avoidable blindness among the indigent people, especially among vulnerable women and children living in the urban slum areas of Kolkata. The total cost of the project was USD 1,181,265. Standard Chartered Bank contributed 80% of this amount, i.e. USD 945,012 and Sightsavers contributed the remaining 20%, USD 236,253. The objectives of the programme were:

- To increase awareness level of the community about eye care by the end of the project period.
- To increase accessibility of eye care services for 1.49 million inhabitants of Kolkata during the project period, particularly for slum dwellers.

- To develop human resources to provide sustainable eye care services in the project area during the project period and beyond
- To establish and develop strong referral networks for both eye care and Low Vision (LV)/ Visual Impairment (VI) patients through which the community can continue to access services beyond the project period.

The overall purpose of the evaluation is firstly to understand the effectiveness of KUCECP and its approach in reducing avoidable blindness in Kolkata in the project catchment area, specifically as a result of cataract, glaucoma, diabetic retinopathy (DR) and uncorrected refractive error (RE), and secondly to understand how the project was able to incorporate elements peculiar to urban health and specifically address the health challenges in an urban setting.

The Intervention:

The KUCECP was implemented from 2010 – 2015, and was designed after the implementation of a pilot project in five slum areas of Kolkata from 2009 – 2010. The learnings from the pilot were used to design the present project. The project is a civil society initiative. Sightsavers partnered with three local NGOs for implementing this programme, namely

- Mission for Vision (MFV) along with Sankara Nethralaya
- Susrut Eye Foundation and Research Centre (Susrut)
- Southern Health Improvement Samity (SHIS)

Each of the three partners worked with different Community Based Organizations (CBOs) or Government agencies to operate vision centres (VCs) within the identified slums areas of Kolkata. There was also a fourth partner, Society for Participatory Action and Reflection (SPAR), which was dropped in March 2012 due to non-performance issues, and the VCs under SPAR were handed over to MFV and SHIS.

MFV operates six VCs, Susrut manages three and SHIS five. These VCs deployed Optometrists and Community Health Workers (CHWs) to provide screening, refractive error testing and other services at the VCs to beneficiaries from the target community located around the VCs. Patients needing higher medical treatment including cataract and glaucoma surgeries, were referred to the Partner Hospitals. Beneficiaries were also provided spectacles at a nominal amount at the VCs to correct refractive errors. As a part of the programme, school children at different schools were also screened and free spectacles were dispensed to students to correct refractive errors.

The End Term Evaluation:

This evaluation aims to assess the KUCECP programme with respect to its set goals, national priorities and Sightsavers' priorities and also understand the enabling and limiting factors

for its success. The study also assesses the sustainability of the programme and provides a way forward for enhancing it and making it scalable and replicable in future.

Both quantitative and qualitative methods were used for analysis of the programme. Four VCs were selected for the study and interviews were conducted with Sightsavers’ staff, partner hospitals, CBO heads, CHWs, optometrists, ophthalmologists, school teachers, government officials and beneficiaries. Observation methodology was also used in the VCs to assess the quality of the care. The target category with sample size for the study is given in Table 2 in Appendix A.

Summary of Findings and Recommendations:

The study findings are categorized based on seven key evaluation themes. Each of the themes has been presented as separate sections in the report. The key findings on each of the themes and their respective ratings are illustrated in Table 1 below.

Evaluation Criteria	Our Assessment/ Rating	Findings	Learnings/ Recommendations
Relevance	<p>Highly Satisfactory</p> 	<ul style="list-style-type: none"> • The programme design, geography of operations and service mix was largely relevant for the urban poor population which was the target group under the programme. • The programme complemented the national eye health programme and was strongly aligned to Sightsavers’ strategy. • However there was scope to improve the VC location selection to cater to higher percentage of slum population (urban poor) in Kolkata. • There was scope to include aspects of advocacy and improve engagement with corporates. 	<ol style="list-style-type: none"> 1. Design a more robust methodology for rationalization and selection of VC locations. The methodology should be such so as to target urban poor and wards with relatively higher concentration of slum populations, whilst evaluating other parameters including presence of CBOs, financial sustainability assessment and others. 2. Continue advocacy and focus on exploring opportunities to partner with key stakeholders like State Blindness Control Society (SBCS) to provide the programme with much needed visibility and further improved its relevance. 3. Collaboration with corporates/ business houses and providing skills development trainings

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			<p>can help in improving employment opportunities and further improve the relevance of the programme from a restrictive health intervention to a more comprehensive social and developmental intervention.</p>
Effectiveness	<p>Highly Satisfactory</p> 	<ul style="list-style-type: none"> • At a consolidated level, the KUCECP was able to achieve (and in most cases over achieve) the targets set out, except for the intra-year variations. • The key driver to the programmatic success was the partnerships including those with the partner hospitals, CBOs and government agencies. • However, the evaluators observed discrepancies in the set targets and measurement methodologies. 	<ol style="list-style-type: none"> 4. Logically define indicators to have internal correlation, based on previous experiences. Define a clear and methodological approach to measure these targets to avoid discrepancies. Conduct regular review meetings, especially during the initial phases of the programme. 5. Develop a sustainable back up contingency plan especially for any deviations/ concerns. 6. Develop and use more outcome oriented indicators for evaluating the lasting impact created by the programme.
Efficiency	<p>Satisfactory</p> 	<ul style="list-style-type: none"> • Some variations were observed in cost efficiencies of services over the tenure of the programme, which was attributed to deferred payment claims or delay in reporting cases by partners, and rapid devaluation of INR against USD. • Efficiencies improved with increase in beneficiaries especially for VCs, school 	<ol style="list-style-type: none"> 7. Revisiting targets on regular basis and using the indicative efficiency indices would be useful to review efficiency on an ongoing basis. 8. Setting targets for CHWs and incentivizing them for exceeding these targets can be done to yield better results and improve their efficiencies. 9. Use of cheaper and innovative

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		<p>screenings and IEC activities.</p> <ul style="list-style-type: none"> • Training efficiencies could not be measured, since differentials of refreshers and new trainings were not provided. • However, faulty measurement methodologies and change in operational processes resulted in 'apparent improvement in efficiencies' especially for VC utilization indicators. E.g. towards the end of the programme, all patients visiting the VC were refracted (after screening), which helped achieve the target, but wasn't relevant since only 25-35% had refractive errors. 	<p>technologies like Netra could further improve operational efficiencies.</p>
<p>Impact</p>	<p>Satisfactory</p> 	<ul style="list-style-type: none"> • The programme directly created a potential impact on working capability and employability by distributing more than 11,330 spectacles within the community, and treating 11,406 individuals for cataract, glaucoma, DR and LV problems. • The programme created unintended impact by helping CBOs strengthen their credibility within the community and with the government, and attracting population from outside the targeted service area. • The programme provided additional revenue sources for partners which enhanced their sustainability. 	<p>10. Impact created by the programme is often dependent on its relevance, effectiveness, efficiency, sustainability and scalability. Incorporation of the suggestions for these sections will help in enhancing the overall impact of the programme.</p> <p>11. The risk register should include local opticians and ophthalmologists among the other stakeholders, in order to elicit their responses and concerns about the programme, and determine any risks arising out of them for devising appropriate strategies to mitigate these</p>

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		<ul style="list-style-type: none"> The programme also resulted in few unintentional negative outcomes like dissention from local optical stores and ophthalmologists and misuse of the VC name 'Alor Disha', which however did not disturb the programme performance. 	risks.
Sustainability	Satisfactory 	<ul style="list-style-type: none"> Financial sustainability became the focal point towards the second half of the programme, while programmatic sustainability was the focus during the first half. The evaluators noted that the programme was programmatically (operationally) sustainable, however financial sustainability had significant scope for improvement. Although, business plans for all individual VCs were prepared, which went a long way in ensuring sustainable operations, there still remains scope of improving sustainability of the individual VCs and thus the programme in general. 	12. Incorporate economic sustainability as an important aspect during the design phase. The sustainability indices provided by the evaluators can be used. 13. Increasing the reach of the VCs to screen, refract and treat more beneficiaries can help bring in added revenue. 14. Providing range of other simple and relevant diagnostic services and charging a nominal amount for them from the beneficiaries, and introducing differential pricing options for surgeries can be another source of revenue. 15. Linkages with local pharmacies to source back revenue to the VCs for medicines and other purchases by patients referred from the VCs. 16. Improve procurement capabilities, since despite centralized procurement, raw material expenses for different VCs varied

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			<p>significantly.</p> <p>17. Collaborate with organizations involved in primary eye care, to refer their patients to the nearest VC and partner hospitals for purchasing spectacles and availing surgeries, respectively.</p> <p>18. Optimise the human resource for the VCs.</p>
<p>Coherence/ Coordination</p>	<p>Satisfactory</p> 	<ul style="list-style-type: none"> • The coordination and coherence of the programme was satisfactory, given that the key stakeholders of KUCECP shared a healthy relationship and worked in synergy. • There was also a high degree of coherence between the partners and stakeholders, which would potentially ensure continuation of the intervention even after the funding is withdrawn. • The evaluators however noted inconsistencies in internal targets set under the programme. • The evaluators also believe that there was scope for further involvement of government officials and other stakeholder groups including CBOs. 	<p>19. The CBOs should be involved to play a larger role under the programme. Leveraging opportunities to brand eye care for other health activities organized by the CBOs like blood testing or nutrition awareness camps, should have been exploited. CBOs should have also been leveraged to provide volunteers for this and other health initiatives.</p> <p>20. Targets for the individual activities of the programme should be adequately rationalized and separate targets should be set for the different sub-activities.</p> <p>21. Improve engagements with other stakeholders like government and local businesses.</p>

Evaluation Criteria	Our Assessment/ Rating	Findings	Learnings/ Recommendations
Scalability/ Replicability	<p>Satisfactory</p> 	<ul style="list-style-type: none"> • The KUCECP programme got reconstructed to allow scalability/ replicability after financial sustainability components were incorporated. The original design was simple asset light which could also be replicated easily. • The design of the VCs, partnering with local clubs and municipalities, the simple operative and reporting modalities and training modules to engage local CHWs in screening patients, were conceptualized to support scalability. • Most of the VCs were able to manage the operational expenses themselves, making this programme highly scalable in any geography. • However, the evaluators believe more number and stronger partnerships are required to scale the initiative. • Restructuring of current subsidies provided, especially for cataract and glaucoma, may need to be considered in light of financial scalability. • Information technology (MIS) capabilities are not adequate and will need to be build up for scalable operations. 	<p>22. Reducing subsidies per person based on affordability can help ensure scalable operations and ascertain that the services are provided to the neediest population.</p> <p>23. Developing an automated/ semi-automated information management system can help in capturing relevant data for programme planning.</p> <p>24. Conducting outreach camps in more distant locations can not only help in testing viability of ‘potential new’ VCs in that region as a part of scaling up the intervention, but also help improve coverage to unserved areas.</p> <p>25. Use of mobile and communication technology such as bulk messaging, tele-triaging and others, to support reach and awareness should be explored.</p>