

End Term Evaluation of the project “Strengthen National Capacities on Paediatric Ophthalmology for Quality Child Eye Health in Bangladesh”

Executive Summary

Authors

Dr Haroon Awan – CEO, Avicenna Consulting Pvt Ltd

Mr Niaz Ullah Khan – Director, Avicenna Consulting Pvt Ltd

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Description of Programme

From November 2011 to May 2013, a project titled ‘Quality Child Eye Health in Bangladesh through Enhancement of National Capacity in Paediatric Ophthalmology’ was facilitated by Sightsavers, funded by USAID and managed by World Learning as prime grant manager. The project aimed to increase capacities to train paediatric ophthalmic teams; improve leadership and management at National Institute of Ophthalmology and Hospital (NIO&H) on paediatric eye services; and establish a fully functional paediatric outpatient department at Bangladesh Jatyā Andha Kalyan Somiti (BJAKS) Comilla. The current project ‘Strengthen National Capacities on Paediatric Ophthalmology for Quality Child Eye Health in Bangladesh’ July 2013 - June 2014 was designed to build on the project above. The original project was for a duration of one year starting from 1st July 2013 and ending on 30th June 2014. An extension of three months up to September 2014 was granted to utilise the savings of the project gained under currency exchange and restructuring of planned activities. This was followed by another extension of three months up to December 2014 for the end project evaluation. The project availed a final extension of two months up to February 2015 to purchase some equipment through additional funds made available by JSI/USAID. Although the duration of the project was from 1st July 2013 to February 2015 (20 months), the evaluation team focused only on activities undertaken from 1st July 2013 to September 2014 (15 months).

The overall budget of the project was USD 149,818 spread over a period of 1 year. The major share (58.4%) of the funding was for direct project costs, while 23.8% was for management and staff costs. During the reporting period, the project contract was extended until September 2014, resulting in a total project period of 15 months at a budget of USD 157,719. Another extension to buy additional equipment was granted by JSI so that the total project amount is 172,904 USD, and the project was extended until 28 February, 2015. This last activity however only started after the evaluation had been undertaken and therefore could not form part of this evaluation.

The overall aim of the project was to strengthen the capacity of national paediatric ophthalmology in collaboration with NIO&H of Government of Bangladesh, BJAKS and Sylhet M.A.G. Osmani Medical College & Hospital (SOMC). The partnership with SOMC could not be taken forward as the doctor identified for training was transferred to another

hospital and there was no replacement available. The main focus of this project was strengthening of NIO&H and building on the previous partnership with BJAKS.

Its main outputs envisaged included orientation on paediatric eye care of 500 community health workers, 300 school teachers, 240 ophthalmologists, obstetricians and paediatricians, and 10 selected medical officers; training of 2 general ophthalmologists on paediatric eye care; training of 15 mid-level ophthalmic personnel (MLOP) and nursing staff from public hospitals on counselling, reception, operating theatre & ward management, record keeping and basic refraction; overseas training of 2 paediatric ophthalmologists from NIO&H and SOMC on advanced paediatric eye care; overseas training of 2 bio-medical technician on equipment repair and maintenance; hands on training of 12 ophthalmic service providers and MLOPs from SOMC, NIO&H and BJAKS on low vision; and development of protocols, guidelines and Management Information System (MIS).

The programme was implemented through government and NGO partners.

Evaluation Purpose and Objectives

The purpose of this end-line evaluation was to assess the project achievements against targets to date. The review also aimed to identify the internal and external factors influencing programme delivery, capture key lessons learnt, and recommend strategic direction to further strengthen future programme design.

The evaluation aimed to answer questions under each of Sightsavers' 7 key evaluation criteria terms of reference based on OECD criteria of relevance, effectiveness, efficiency, impact, sustainability, coherence/coordination, and scalability/replicability.

The scope was the entire time from the launch of the project from July 2013 to December 2014. It covered the level of activity and specific results as well as the strategy and intervention logic employed by the partners for achieving the objectives.

The geographic scope of the evaluation included visits to Dhaka and Gopalganj and selected project sites and partners.

Brief Description of Methods and Analytical Strategy

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 Bangladesh Country Office and Sightsavers UK.

In order to conduct the evaluation, we developed a 'schematic diagram of intervention' that had three components – training and orientation, strengthening institutional capacities, and services for beneficiaries. 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.

Data analysis methods included systematization of data collected into relevant Terms of Reference (TORs) and analysis as per TORs.

Summary of Main Findings/Conclusions

The evaluation revealed that the project has largely met or exceeded its targets.

Relevance – the project is well aligned with the Childhood Blindness Study 2003, Child Rights, Global Action Plan for Universal Eye Health 2014-2019, MDGs and health, National Eye Care (NEC) plan, UNCRPD article 25 on health, Vision 2020 – The Right to Sight and the WHO Health Systems framework. The project has also aligned itself with an emerging eye health problem in children, retinopathy of prematurity and has oriented obstetricians, paediatricians and neonatologists on its prevention and timely treatment.

Effectiveness – the project has achieved an impressive achievement of targets. Short-term trainings of various cadres like ophthalmologists, technicians, nurses and mid-level ophthalmic personnel in paediatric eye care relevant to their level of competency were carried out. A large workforce of Community Health Workers (CHWs) and teachers were trained as well in primary eye care, while a very useful precedence was set in orientation of other specialist health professionals like obstetricians, paediatricians and neonatologists in paediatric eye care issues. However, short-term training abroad was more observership rather than hands-on which would have enhanced effectiveness.

Efficiency – anecdotal evidence demonstrated that there was an increase in outpatients and number of surgeries. While it is difficult to attribute this to the short-term trainings alone, the combined effect of orienting district ophthalmologists in paediatric eye care, improving the soft skills of nurses and mid-level ophthalmic personnel, and training CHWs and teachers in primary eye care has had a cumulative effect on the delivery of paediatric ophthalmic services. However, this has also raised issues on the usefulness and timing of short-term observership trainings, the requirement for training needs assessment and competency frameworks to guide capacity development, and rationalising the type of child eye health services at district level in light of the competencies and what district ophthalmologists can realistically deliver.

Impact – there was an increase in children screened and refracted. BJAKS demonstrated a significant increase in both screenings and refractions. There was also a marked increase in paediatric outpatient attendances at the eye clinics in Gopalganj and Chapainawabganj. However, there was not much difference observed at Noakhali. Gopalganj demonstrated a 68% increase between Q4 2013 and Q2 2014, while Chapainawabganj demonstrated an impressive 167% increase during the same period. The overall total increase was 52% in three quarters. One of the key impacts of the project was the initiation of the long-term subspecialty fellowship training in paediatric ophthalmology at NIO&H. A protocol and guidelines for paediatric ophthalmology have been developed and will become national resource documents. The referral pathway from CHWs to district ophthalmologist has indicated the potential for identification of children with eye health needs.

Sustainability – the project has led to some areas that can be considered as lasting changes. For instance, the long-term paediatric ophthalmology subspecialty fellowship training

programme at a government centre of excellence will likely continue well into the future and produce a stream of competent paediatric ophthalmologists to meet the future needs of the country. The development of a protocol and guideline for paediatric ophthalmology will help establish national standards for the subspecialty services. The project has made a strategic entry point for school and community eye health in the districts and needs to be explored further to take advantage of gains made through engagement with the Civil Surgeons. In the last five years following the ending of the Bangladesh Childhood Cataract Campaign, there is a renewed intensity of investment in child eye health by international NGOs, but it is fragmented. It is progressing in the absence of a stewardship mechanism to guide strategic direction and there is lack of a revised child eye health strategy aligned with national needs.

Coordination/Coherence – the project has demonstrated several points of synergy. Of particular note are the linkages developed with obstetricians, paediatricians and neonatologists and this is an area that needs to be nurtured further to enhance overall awareness about child eye health. The training of teachers and CHWs were complimentary to each other as both were part of the local communities and therefore more effective in awareness raising and referrals.

Scalability/Replicability – although it is early to claim a scaling up in the post-project period, there are some potential options for scalability. For instance, subspecialty fellowship training at NIO&H, training of CHWs in primary eye care and teachers in vision screening can be taken to scale. More recently, the Little Doctors programme of the Ministry of Health provides an invaluable opportunity to integrate vision screening in their programme and reach 20 million children in 82,000 primary schools.

Overall Ratings for Evaluation Criteria (see Methodology for details)

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

Recommendations

1. Foster networking between the Bangladesh Association of Paediatric Ophthalmologists and Strabismologists, Bangladesh Paediatric Association and Bangladesh Society of Neonatal and Paediatric Intensive Care to identify joint areas for priority action
2. Develop appropriate human resources to deliver paediatric ophthalmic services according to an overarching national strategy
3. Hold a national consultation with other non-project stakeholders to formulate a unified national strategy for developing human resources to deliver low vision and orthoptic services
4. Define minimum standards of service delivery of child eye health services for district health care, and develop the capacities of district ophthalmologists for improved refraction in children
5. Develop an integrated child eye health approach in a pilot district that derives synergy from on-going health initiatives and builds on existing governance structures for health, education and child rights
6. Develop task forces under the auspices of NEC, drawing membership from relevant professional associations, national and international NGOs and training institutions, to jointly develop a national strategic plan for child eye health
7. Extend administrative and technical support to the Association of Paediatric Ophthalmologists and Strabismologists, to establish a secretariat, hold periodic national conferences and symposia, and attend and participate in international meetings of the American Association for Paediatric Ophthalmology and Strabismus
8. Derive maximum synergy from the 'Little Doctors' programme to obtain access to universal child eye health promotion amongst children and institutionalise vision screening by children