Strategic Evaluation of the Vision Bangladesh Project
Executive Summary

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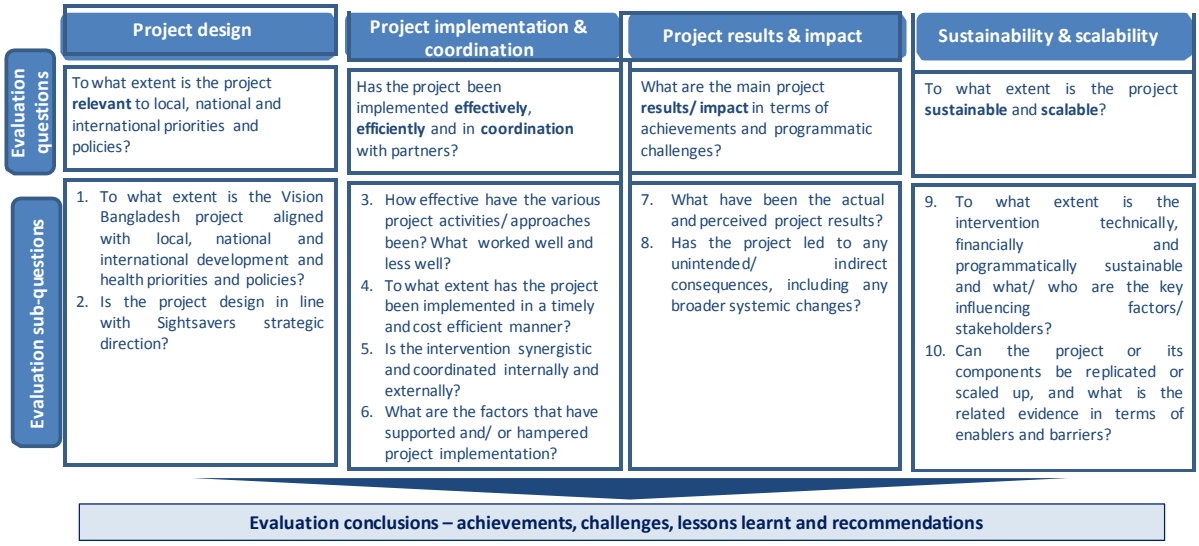
This report presents Cambridge Economic Policy Associates (CEPA's) findings, conclusions and recommendations from the "Strategic Evaluation of the Vision Bangladesh Project".

The goal of the Vision Bangladesh project is the "elimination of avoidable blindness from Bangladesh by 2020", and its specific purpose is the "elimination of the backlog of cataract blindness from Sylhet division by the year 2013". The project was a partnership between the Government of Bangladesh (GoB) through the National Eye Care (NEC) under the Director General of Health Services (DGHS) of the Ministry of Health and Family Welfare (MoHFW), BRAC and Sightsavers. BRAC was responsible for demand creation through community mobilisation and case detection at the grassroots level using their trained Shasthya Shebikas (community health volunteers), Shasthya Kormis (community health workers), and GoB's community health workers. Sightsavers was responsible for supporting the supply of quality cataract eye care through partnerships with government and NGO hospitals. The NEC served as the overall coordination, monitoring and quality control agency. This three year project (2011-2013) covered four districts in Sylhet division (total population of over 12m), and had a budget of £2.9m (314m BDT), jointly and equally funded by Sightsavers and BRAC.

The objectives of this evaluation are to: (i) review achievements and challenges of the project to capture lessons and suggest the way forward for Sightsavers, as well as for BRAC and NEC; and (ii) develop strategic and operational recommendations for the project.

Our review framework (presented in Figure 1 below) comprises four inter-related dimensions and questions on project design; project implementation and coordination; project results and impact; and sustainability and replicability. We present our findings on the four dimensions and our conclusions by the Organisation for Economic Cooperation and Development- Development Assistance Committee (OECD-DAC) evaluation criteria of relevance, effectiveness, efficiency, impact, sustainability, scalability/ replication, coordination/ coherence. The evaluation also takes into account the WHO health systems building blocks and cross-cutting issues of gender, equity, service quality and partner capacity.

Figure 1: Evaluation framework



We have adopted a mixed methods approach for this evaluation comprising: desk-based review of documents; stakeholder consultations; focus group discussions; visits to health facilities; and quantitative analysis. These methods have been used for all dimensions of our evaluation framework, with some methods being more relevant for particular evaluation questions.

Summary Assessment

Vision Bangladesh is a relevant project aligned with the local and national eye health priorities in the face of high incidence of cataract, as well as the backlog and large treatment gap for cataract in Bangladesh, especially Sylhet. Its objectives and design are aligned with the prioritised action areas under WHO's Universal eye health global action plan and NEC Plan.

The project has largely achieved its objectives of increasing demand for and awareness of eye care services (particularly cataract) in the community as well as access to quality eye care services. The project has also resulted in some positive unintended consequences in terms of supporting improved eye health in Bangladesh (e.g. implementing quality control guidelines, promoting District Vision 2020 committees), and some wider systemic benefits

(e.g. systems strengthening in hospitals, facilitating multi-stakeholder collaboration). However, the project faced some challenges around capacity building and training on account of several factors, including inadequate government health workforce at the district and upazila levels, delays in working with the government, and political unrest in the country.

The project successfully implemented a Government-Non Governmental Organisation (GO- NGO) partnership model, and leveraged the skills, expertise and comparative advantages of its implementing partners. The partners worked in close coordination with each other. However, engagement by the government in providing overall strategic guidance/ oversight to the project could have been better.

The project is being taken forward by BRAC and NEC and seeks to replicate and scale-up several elements of the project design such as patient referral mechanism of community mobilisation as well as patient-to-patient mobilisation. Sightsavers are also planning to replicate the approach in three new Divisions. However, the absence of a clearly defined exit/ phase-out strategy in the original project design has led to some key activities being delayed until the continuation of the project by BRAC/ NEC (e.g. incentive payments to Shasthya Shebikas and patient screening

programmes (PSPs) at the community level) as well as a decrease in patient inflow for cataract surgeries – challenging the project's sustainability.

We present our main findings on the four review dimensions and our conclusions and recommendations below.

Project design

The Vision Bangladesh project is well aligned with the local and national eye health priorities, especially Sylhet, given that cataract accounts for 80% of avoidable blindness in the country and there exists a large backlog and treatment gap for cataract. The project objectives and design are also aligned with the prioritised areas of action under the NEC Plan and WHO's universal eye health plan. The project seeks to address avoidable blindness by establishing a strong referral system for primary eye care at the community level through strengthening existing health facilities and facilitating partnerships between the government and non- governmental agencies (i.e. GO-NGO approach).

The project is centred around improving access to and delivery of quality eye care services (primarily through cataract surgeries). Although it does not expressly target strengthening health systems (which is prioritised in Sightsavers strategic framework), our assessment is that the project has directly and indirectly supported the health systems building blocks in terms of (i) integrating eye care within the existing health facilities; (ii) strengthening existing facilities through capacity building and Human Resource (HR) training and provision of eye care equipment; (iii) facilitating GO-NGO partnerships; (iv) incorporating standard cataract surgery protocols; (v) increasing reporting and monitoring of eye health; and (vi) developing community awareness on eye health.

While the project's overall design appears appropriate to address eye health (particularly cataract) issues, we have identified a few limitations in its approach, including: (i) phased implementation approach resulted in some eye health delivery issues (including for those unable to afford transport to local health facilities); (ii) use of dated statistics for determining project thresholds which are unlikely to reflect the current cataract backlog in Sylhet; and (iii) criteria for selecting Sylhet for the project was not explicit, given that blindness prevalence in Sylhet was lower than other divisions in the country.

Project implementation and coordination

The three project partners were chosen to leverage their respective areas of expertise and available resources (Sightsaver's eye health expertise, BRAC's wide network of community health workers and NEC's coordination mandate). Further, their roles and responsibilities were clearly defined under the project. The Project Steering Committee (PSC) served as an effective coordinating body which ensured that the partners worked in close collaboration. However the Project Advisory Committee (PAC) was less effective as it did not secure adequate engagement/ participation by the government representative. Quarterly project management meetings at the district level, attended by all the implementing partners, also ensured the project was well-integrated.

The project promoted an effective GO-NGO approach in eye care service delivery in Bangladesh – such a partnership is likely to support greater local ownership and long term sustainability in delivery.

In terms of project implementation, our field visits suggest that the referral mechanism of community mobilisation through the Shasthya Shebikas, Shasthya Kormis and GoB Community Health Assistants has been instrumental in creating awareness of and demand for primary eye care at the community level. Monitoring and supervision under the project has been effective with regular visits by Sightsavers and NEC to the partner hospitals, particularly to ensure compliance with the Standard Cataract Surgical Protocols. Some issues which have detracted from effective implementation include: (i) mixed feedback on adequacy of training; (ii) inconsistent post-operative follow-up; and (iii) sliding scale beneficiary payment structure not working as intended.

The total project budget was £2.9m (314m BDT) for the period January 2011 to December 2013. However, actual project expenditure has been lower at £2.3m (approximately 79% of the total budget). Of total funds expended, the largest proportion was for cataract surgeries (£1.6m against budget of £1.8m). Both BRAC and Sightsavers underspent their respective funds allocated. Mechanisms should therefore have been in place to analyse spending levels between the two funding partners in order to discuss how to reallocate funds. Suggestions on alternate activities to have deployed the under-spent funds include additional PSPs at the community level, a formal equipment maintenance plan (including provision of spare parts), training patient counsellors and introducing task-shifting procedures from ophthalmologists to lower level staff. While the funding approach of Sightsavers UK routing funds to its Bangladesh Country Office (BCO) through BRAC for cataract surgeries appears logical to facilitate quicker clearance from the NGO Affairs Bureau in Bangladesh, we question whether BRAC could have directly transferred funds to hospital partners (subject to approval by Sightsavers BCO to maintain control over partner performance) to save an additional transaction in the routing of funds.

Project impact and results

Vision Bangladesh has exceeded its targets for increasing demand for eye care services (particularly cataract) and increasing accessibility to quality eye care services for the poor. During the project period, a total of 1,010,815 eye patients received eye care services vis-à- vis its target of 1,000,000; and 109,960 cataract surgeries were performed vis-à-vis its target of 100,000. However, the project faced some HR challenges. For example, the number of government staff at the upazila and district level health facilities was inadequate, which had an impact on the quality of services provided. In addition, some consultees questioned the adequacy of training provided, desiring more in-depth as well as periodic refresher training. Other challenges include lack of adequate incentives to retain trained health staff at the district level, delays in establishing eye corners in upazila health complexes, etc.

Lack of a prospectively designed results framework (setting out the desired outputs, outcomes and impact, and related milestones and targets) has constrained our assessment of the project's achievements. In general though, the project was viewed positively by all stakeholders consulted. Key points to note include:

- The project has increased awareness of eye health issues through social mobilisation by BRAC and GoB community health workers; word of mouth by patients; public announcements; imam meetings; folk songs, etc. Several beneficiaries mentioned that they have resumed their daily activities, including employment, after the surgery, resulting in improved livelihoods.

- PSPs organised at the community and upazila level (including the provision of return transport for cataract patients) and eye corners established at the upazila health complexes have resulted in improved access to quality eye care services at the community level.

- The project has provided capacity building training to 8,882 field health workers and 44 technical personnel (ophthalmologists, MOs, nurses, SACMOs) on primary eye care.

The project has also resulted in some positive unintended consequences in terms of supporting improved eye health and wider systemic benefits in Bangladesh – for example, supporting the entry of BRAC in the provision of eye health in the country, implementing guidelines for quality eye care, systems strengthening in partner hospitals, and facilitating multi-stakeholder collaboration for eye health.

Sustainability and replication

The Vision Bangladesh project ended, as planned, in December 2013. BRAC and the NEC have decided to continue implementing the project for a further two years in Sylhet and also launched an urban eye care project named 'Vision Bangladesh Phase II' in 11 city corporations and six Upazilas. Sightsavers are also planning to replicate the Vision Bangladesh approach in three new Divisions.

Overall, there has been mixed experience in terms of sustaining project activities/ benefits beyond its closure. Some aspects of the project design/ benefits are likely to be sustained including: (i) demand and awareness of eye health services created through the patient referral mechanism and patient-to-patient mobilisation; (ii) strengthened institutional capacities to deliver quality services by equipping existing health facilities; (iii) greater ownership by having NEC as a key partner, amongst others; and (iv) leveraging BRAC's field strength to enter into eye health related services.

However, lack of a well-defined exit/ phase-out strategy in the project design meant that stakeholders and beneficiaries were not always well informed of project activities ending. Additionally, some key project activities have been delayed after the project ended in December 2013 until BRAC/ NEC's project continuation (e.g. PSPs at the community level, incentive payments to Shasthya Shebikas). Indeed, since the end of the project, utilisation of cataract services has reduced in Sylhet. For example, the number of cataract surgeries performed in VARD Balaganj hospital decreased from 2,398 in the first quarter of 2013 (83% of which were supported by Vision Bangladesh), to 715 during the first quarter of 2014. The project is generally viewed as having successfully tested new approaches, including creating a GO-NGO partnership and introducing primary eye care services at the community level, which could be scaled up and replicated to

eliminate cataract blindness in other areas in the country. Several components of the project are being replicated in BRAC/NEC's continued work in Sylhet and in their wider Phase II project, including: (i) GO-NGO partnership approach to implementation; (ii) social and community mobilisation by BRAC and GoB field level health workers to create demand for and awareness of eye health issues at the community level; (iii) referral system between the communities and health facilities; and (iv) capacity building of eye health care providers; amongst others. Another key success in terms of sustainability is that the NEC is planning to include certain approaches piloted by the project into the NEC Action Plan, currently being drafted.

Cross-cutting issues

Vision Bangladesh has treated almost equal numbers of men and women for cataract surgeries during the three years (52% and 48% respectively). However, there has not been any analysis to ensure that the project design has adequately addressed any gender-specific barriers to access, for example the need for women to be accompanied for treatment and if this might deter access. This is particularly important given that blindness prevalence in Bangladesh is 1.72% in women and 1.06% in men. There is therefore a need for a higher female utilisation rate to redress this.

Financial barriers to access for the poor have been addressed by the project through community-level PSPs, provision of free/ subsidised surgery and coverage of transport costs. However, creating a sustainable mechanism for ensuring the poor have access to eye services will be a real challenge for NEC in the long-term, as such a community focussed project approach is particularly resource-intensive.

A high level of quality of care has been achieved through partnering with high capacity NGO hospitals and suitable quality control procedures (e.g. for post-operative care). In addition, strong monitoring mechanisms were put in place at the district level. However, governance mechanisms at the national level through the PAC have not worked well due to lack of engagement by the government.

Summary conclusions, lessons learned and recommendations

Our summary conclusions and rating (Table 1) are presented by the OECD-DAC evaluation criteria. For each criteria, we also present the key lessons learned/ recommendations.

Table 1: Summary conclusions and lessons learned/ recommendations[6]

OECD-DAC criteria	Our assessment/ rating	Overall assessment	Lessons learned/ recommendations
Relevance	Highly satisfactory G	The overall objectives and design of the Vision Bangladesh project are very relevant for the Bangladesh context, given the high incidence, backlog and treatment gap for cataract.	The mandate and approach (in terms of its focus on the elimination of cataract backlog) of the project worked well and should be continued. A manual or operations research report on the Vision Bangladesh approach should be produced. *Recommendation for:* **all partners**
Effectiveness	Satisfactory GA	The project has been effective in creating awareness of and demand for eye health services and increasing access to quality eye care services. However, factors such as inadequate staff at health facilities and lack of monitoring procedures for post-operative follow-up visits have detracted from effective project implementation.	Staff retention measures should be taken at health facilities to retain trained workforce. Periodic refresher training sessions should be provided. Clearer monitoring protocol on Shasthya Shebika post-operative follow-up visits is required. Provision should be made to ensure regular monitoring visits by NEC for quality assurance and overall monitoring. *Recommendation for:* **Sightsavers & NEC**
Efficiency	Satisfactory GA	79% of the total project budget was utilised, with underspend across expenditure categories. While the rationale for channelling funds through BRAC is understood, it could have been more efficient for BRAC to directly transfer funds to hospital partners.	Financial planning and forecasting should be improved to ensure better utilisation of funds. Funds flow mechanism could be streamlined. *Recommendation for:* **Sightsavers & BRAC**
Impact	Satisfactory GA	Project has exceeded its targets in people receiving eye care services and cataract surgeries performed – creating a positive impact on quality of life for beneficiaries. Additionally, positive unintended consequences include benefits for eye health and some wider systems strengthening.	A results framework should be established, clearly defining the project outputs, outcomes and impact, as well as targets and milestones – related to overall goals/ objectives. *Recommendation for:* **Sightsavers & BRAC**

[4] Table 1 includes a summary of key conclusions and lessons learned/ recommendations. The full list can be found in Section 8.

OECD-DAC criteria	Our assessment/ rating	Overall assessment	Lessons learned/ recommendations
Sustainability	Caution A	The project design did not include an exit strategy or a sustainability plan. Given that this project included introducing new approaches into the health system (e.g. eye corners), discussions as to how these would be carried forward after the project should have been included from the start. That said, some of the project benefits (such as awareness of eye health, equipping of existing facilities) are likely to be sustained.	A clearly defined exit strategy and sustainability plan should be incorporated in the project design. *Recommendation for:* **Sightsavers & BRAC**
Scalability/ Replication	Highly satisfactory G	Several project components are being replicated in the BRAC/NEC continuation of the project in Sylhet and their wider Phase II project, including the GO-NGO partnership approach, community mobilisation by field level workers, and provision of cataract services through partner hospitals. Sightsavers is also planning to replicate the Vision Bangladesh approach.	The project should continue a coordinated partnership approach and draw on partners' respective strengths to achieve its intended objectives. *Recommendation for:* **all partners**
Coordination/ coherence	Highly satisfactory G	Roles and responsibilities of the partners were well defined and strategically leveraged their comparative advantages. The partners also worked in close coordination and in a synergistic manner.	The project should leverage greater engagement from the government in providing strategic guidance/ oversight. *Recommendation for:* **all partners**