

Management Response and Recommendations Action Plan

Evaluation Report Title: Pakistan Urban Paediatric Eye Care Project End Term Evaluation Report

Date of Response (27/01/2016):

This management response was produced by Itfaq Khaliq Khan, Program Officer, PCO and recommendations action plan will be followed up by Muhammad Bilal, Program Manager PCO and Munazza Gillani, Country Director.

1. Overall Response (max 250 words)

Pakistan Urban Paediatric Eye Care (PUPEC) project was one of the largest school eye health projects in the country benefiting 1.5 million children in five urban hubs of the county. It was highly relevant to the national needs as estimated over 3 million children in Pakistan have been suffering from refractive errors. Evaluation of this project is therefore strategically important for PCO.

Overall the evaluation report contains important information in terms of learning and findings. PCO welcomes the content covered in the report as it gives a clear picture about the achievements made by the project, challenges faced by the project during implementation and also grey areas where the project could operate more effectively. It also provided some very practical recommendations for the future which can help Sightsavers in other projects generally and school screening programs particularly.

PCO generally agrees with the criteria ratings provided by the evaluator against relevance, effectiveness, efficiency, impact, sustainability, scalability/replicability and coordination/coherence. However, the criteria rating against sustainability can be elucidated differently while keeping the findings in view.

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

The evaluation report reflects some very valuable findings which provide a basis for organizational learnings to be used in upcoming projects of the same nature. Summary of the finding we concur with is as follows:

- The evaluation has rightly identified that the project was highly relevant to Sightsavers vision and also to national needs to combat avoidable blindness amongst children. It sought to address this unmet need of school children and parents as evidenced by about 47% of the overall estimated need of uncorrected refractive errors in slum children that was met by the project. The PUPEC project demonstrated high level of

synergy with the National Education Policy 2009 and was well aligned with the MDG priorities of universal primary education, and health & nutrition. However, we need some more clarity around the relevance suggested by the evaluator for the link of project with National Drinking Water Policy 2009, National Sanitation Policy 2006.

- The project adapted and used the WHO EMR Guidelines on School Eye Health (post-MTR) and therefore provided a regional perspective tested at national level.
- We agree that additional high impact synergy could have been derived by the project by engaging with post-devolution changes at provincial level and with UN agencies to enhance integration and institutionalization of vision screening in school health.
- The findings have rightly indicated that while the project attained high level of achievement of project outputs, it lagged behind in outcome level achievements that could have been used as leverage for engagement with the education sector.
- An internal monitoring review on the use of spectacles dispensed by the project revealed that there was a positive outcome on class performance and child confidence especially when children with refractive errors used their spectacles.
- Cross-sectoral learning with other school health initiatives was a missed opportunity to learn and engage with the corporate sector, where Standard Chartered could have played a catalyst role.
- There was an impressive level of coordination and collaboration at operational level that led to achievement of targets. However, higher level coordination and collaboration was required for institutional change. The project may have benefitted further from interacting with respective metropolitan and municipal corporations responsible to manage a sizeable number of schools and develop future plans of the city.

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

The following are the findings along with responses which need to be elucidated differently;

Recommendation: *The project had a comprehensive monitoring and reporting system, there was no supporting quality assurance mechanism.*

PCO response: There was an in-built quality assurance system in the project. There were community ophthalmologists at each and every partner hospital leading the project teams. These community ophthalmologists were responsible for quality assurance of the services like, teachers training, screening, refractions and quality and dispensing of spectacles. PCO do not believe that the project has ensured excellent quality in each and every component of the project but there was at least a mechanism in place to ensure quality of the services through qualified and well trained project team. The project design did not include a BCC assessment

intervention at the start nor post project. As a result there was limited focus on addressing and measuring any behaviour change. Although Sightsavers developed IEC material in consultation with all stakeholders including local SCB team and also pre-tested the material in with selective audiences. After this pre-testing it was learnt that there is a need for more innovation for the IEC materials, therefore animated cartoon CD and a small pictorial story booklet for children was developed. It was later learnt that the cartoon CD and story booklet was very well received by children and they were able to retain key messages regarding general health and hygiene and eye health in particular. Secondly, targets for screening were so high that team remained busy to reach the targets. This has also been a challenge to manage the time for conducting such research activities.

The project made effort to address the challenge of more children referred for treatment reporting for check-up as well as for surgery through a follow up system. The follow-ups are carried out by the project teams as they have the record of referral slips and usually dedicate a day in every week to receive and guide the referrals at hospitals. This is carried out in a systematic way. Additionally, counselling is undertaken by social organisers, who are part of the teams and are trained in counselling as part of the professional training. The MIS system has been useful in recording the number of children referred or provided with spectacles. However, more needs to be done regarding follow ups

Recommendation: *The project implementation did not emphasize a comprehensive sustainability scenario.*

PCO Response: The evaluation revealed that there are several components of the project that had a high likelihood of sustainability (Pg. 39). These components include; 26,000 trained teachers who have capacities to identify and refer any child with eye ailments in their classes, indication from LRBT to continue school screening activities in Karachi, parents' willingness to pay for glasses for their children and the surgical cost supported by government. This shows that though there was no mechanism to ensure sustainability of each and every component of the project; there are components which are sustainable and can provide a base for capitalization.

Steps taken towards ensuring quality screening include the fact that during the first three years of the project (i.e. pre MTR), the information regarding total children identified by teachers and put in 'FAIL' category was not captured in the project KPIs. Later we realized that we need to analyze the quality of screening by teachers through some additional information i.e. 'number of children identified with any eye problem' out of total screened children. This provided a better analysis around percentage of false positives. Furthermore, after MTR, we have revised our KPI sheets to capture this information more systematically (*Post MTR KPI sheet can be shared as evidence*).

Regarding quality of spectacles there was less emphasis on this before the MTR. However following MTR recommendation steps were taken to prioritize quality assurance in this regard. Sightsavers PCO made efforts to improve quality of spectacles. These include carrying out orientation of the vendors and few vendors were changed where it was needed; frames of the spectacles were re-visited and good quality frames were selected keeping in view the liking and disliking of children in terms of colours and vendors were also invited for school visits to

interact with optometrists and children so that they could have better understanding of the specific needs of children.

Despite these efforts the breakage rate is high which needs further investigation of the issue. Post-operative visual outcome of the children may have been captured by the partner hospitals but was not reported. Further, in terms of scalability/replicability, we kept in view the fact that a two year school screening project funded by USAID is going to be implemented in Quetta and Baluchistan Province with LRBT. LRBT has also informed the evaluation team that it will continue the school screening activities at a smaller scale in Karachi with same team. The evaluation report reveals (Pg.42) that two projects developed and implemented by The Fred Hollows Foundation provide further evidence of replicability of the PUPEC project as Sightsavers shared the details of the project and its periodic progress in the National Eye Health Committee, provincial eye health committees and partners' meetings.

Recommendation: *However, despite other INGOs also supporting similar school screening initiatives, there had been no organizational learning meeting on school screening for refractive errors; nor any national document developed by the National Eye Health Committee for this purpose.*

PCO Response: National Eye Health Committee is an apex forum for coordination and sharing of learning, achievements and challenges. Sightsavers PCO is an active member of the committee and Country Director participates in the meeting regularly. Learnings, achievements and challenges faced by this project were regularly shared at this forum where all key eye care players are members and participated in meetings. Furthermore, Pakistan International Eye NGO forum (PEIF) was also used to share PUPEC achievements, challenges and learnings.

Recommendation: *Higher level engagement at policy and planning level in school education and special education departments would have alerted the project partners to concurrent implementation of an inclusive education project by the government of Punjab, and therefore could have been used as an opportunity for large scale integration.*

PCO Response: On the basis of learnings from this project, PCO is engaged with Punjab Inclusive Education Project supported by DFID and the project is using Inclusive Education Teachers Training Module developed by Directorate of Staff Development (DSD) with the support of Sightsavers PCO and contains VA testing screening guidelines for school children.

Recommendation: *The PUPEC project demonstrated a high level of synergy with the National Education Policy 2009, National Drinking Water Policy 2009, National Sanitation Policy 2006, and was well aligned with the MDG priorities of universal primary education, health and nutrition, and environmental sustainability.*

PCO Response: PCO believes that the project was relevant with National Education Policy 2009, MDGs priorities of UPE but has no relation with National Drinking Water Policy 2009 and National Sanitation Policy 2006. It is not relevant because the project has no such interventions planned or implemented that address both of these policies.

Recommendations Action Plan

Evaluation Recommendations (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)	
1	Undertake mapping of institutional arrangements and actors to develop linkages and potential synergies at the outset and pursue these during the project.	Accepted	High	This is the end term evaluation of the project and continuation of this project depends on the availability of funds by restricted or un-restricted sources. The recommendation is valid and PCO would take it into account while scaling up this or any similar strategy in future and would also consider this while initiating other projects.	PCO team	On – going
2	Conduct a stakeholder analysis at the inception of the project to inform concurrent advocacy and communication requirements and coordination arrangements.	Accepted	High	PCO has already taken this recommendation forward and have included development of advocacy strategy, coordination arrangements in one of the new programme design process, i.e., the agenda of inception workshop for SiB Phase V- Tranche III project, going to be held in February, 2016.PCO will take this forward in future projects.	CD, PM	2016
3	Conduct a baseline at the inception of the project to determine the referral pathway, willingness of the parents to pay for spectacles and whether any local capacities in nearby health facilities or services need to be strengthened.	Accepted	High	This is a valid recommendation and PCO will ensure that baseline is conducted to determine the referral pathway, willingness of parents to pay for spectacles and capacities of nearby health facilities to be strengthened in similar projects in future.	CD, PM	Ongoing
4	Develop a critical pathway along with necessary capacities to implement and monitor quality assurance mechanisms like use of a Global Positioning System	Partially Accepted	Medium	PCO will ensure inclusion of all or relevant interventions in future projects as this project ended in Dec 2015. But we can keep these suggestions in mind for any future programme design.	CD,PM	Ongoing

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(GPS) derived database (e.g. use of tablets) during screenings at the school cluster level to improve monitoring and strengthen the referral pathway.					
5 Seek integration of school eye health through the education route by linking up with the inclusive education programme in Punjab.	Accepted	High	One of the changes anticipated by PCO through this project at the time of inception was integration of school eye health into wider school health interventions. This needs rigorous and continuous advocacy engagement with ministry of education and is an on-going process. PCO has shared the results of this project with relevant officials and will keep its interaction continued. We will also link this with inclusive education interventions to utilize the education rout for achieving this.	CD, PM	Ongoing
6 Organise consultation meetings under the leadership of the education department for integration of school eye health in the school curriculum.	Partially Accepted	Medium	We partially accept this recommendation as integration of child eye health into school health program is really critical and sustainable way to combat avoidable blindness but at the same time engagement with partners needs a long term commitment both financially and technically. Funding of this project has ended in December last year so PCO would have to generate resources for this from any other restricted or unrestricted funding and the likelihood of any such opportunity is meagre at the moment.	CD, PM	Ongoing

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7 Develop consensus on and produce school eye health guidelines by documenting best practices and learning under the auspices of the National Eye Health Committee	Accepted partially	High	PCO will try to include this into agenda of national eye health committee meeting and will also make efforts to develop a consensus. The production of school eye health guidelines depends on the responses and interest shown by all stakeholders. In this regard the PEIF forum will also be used for joined up advocacy.	CD, PM	Ongoing
Additional Actions (G):					