



Final Report

Endline Impact Evaluation

Global Sight Initiative's Strengthening Capacity and Learning to Effectively Deliver Quality Eye Care (SCALE) Project

March 2020



IMPACT AND POLICY
RESEARCH INSTITUTE

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EXECUTIVE SUMMARY

Seva Foundation, a global non-profit eye care organization, established the Global Sight Initiative (GSI) to help end avoidable blindness. GSI, composed of more than 100 hospitals across 20 countries, promotes universal access to culturally appropriate, affordable, and high-quality eye care services. The purpose is to create self-sustaining, comprehensive eye care systems serving marginalized communities throughout the developing world.

In January 2016 Seva partnered with Seeing Is Believing (SiB) to support the Global Sight Initiative (GSI) intervention in India through the “SCALE: Strengthening Capacity and Learning to Effectively Deliver Quality Eye Care” (SCALE) project started in mid-2016. The goal of the project was to scale up comprehensive quality eye care services through capacity building, resulting in a direct increase in restored sight of people. The SCALE project was completed in December 2019.

The purpose of this endline impact evaluation study is to review the performance of the SCALE program vis-à-vis its objectives (as given in Table 1.4) by analysing the program data as reported by hospitals and presenting the perceived impact and feedback from the data collected through structured questionnaires and consultations with the mentee and mentor hospitals, as well as highlighting the suggested improvements.

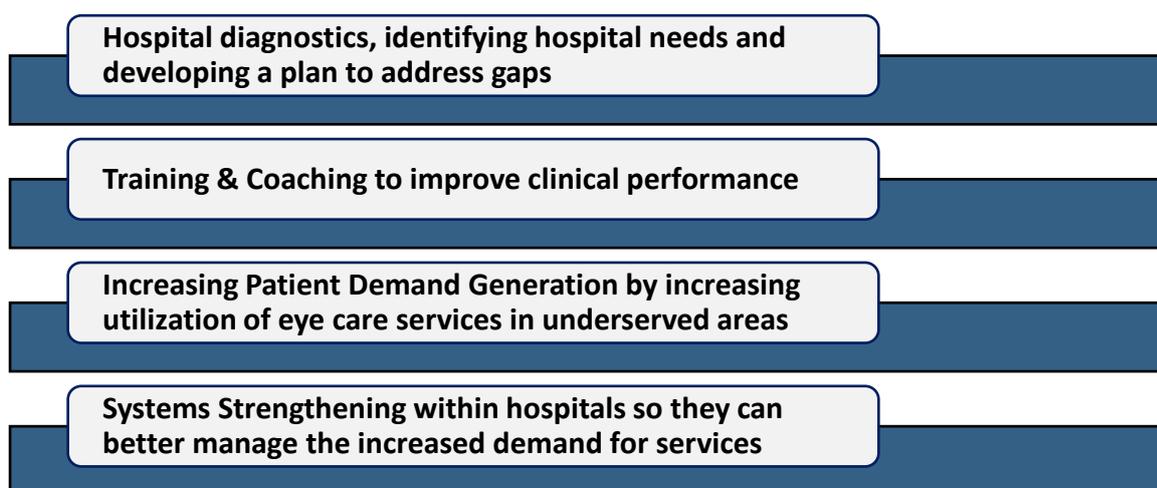
Analysis of the quantitative program data shows a remarkable performance for all objectives of the program, with inevitable scope for improvement. Feedback from hospital partners is promising, with all noting an inclination to recommend the SCALE program to other hospitals in need of support. Based upon the overall understanding and assessment of the SCALE program, some crucial suggestions and recommendations emerge for future action, in the areas of data collection and reporting, capacity building, gender inclusion, mentoring and support, cross-learning, monitoring and evaluation, and research and development, among others.

1. BACKGROUND

Globally, at least 2.2 billion people have vision impairment or blindness, of whom at least 1 billion have a vision impairment that could have been prevented or has yet to be addressed. Further, projections indicate that—without a concerted effort to eliminate avoidable blindness—the number of blind worldwide will triple by 2050.¹ India has the largest population of people who are blind in the world - an estimated 12 million people. Cataract remains the largest cause of blindness in India, accounting for 62.6% of blindness, followed by Refractive Error (19.70%) Corneal Blindness (0.90%), Glaucoma (5.80%), Surgical Complication (1.20%) Posterior Capsular Opacification (0.90%) Posterior Segment Disorder (4.70%), Others (4.19%). India's current cataract surgical rate (CSR), a proxy indicator for coverage of eye care, is approximately 5,000 cataract surgeries per 1 million people. To eliminate avoidable blindness in India, the CSR needs to increase to 9,000.

In January 2016, Seva partnered with Seeing Is Believing (SiB) to support the Global Sight Initiative (GSI) intervention in India through the "SCALE: Strengthening Capacity and Learning to Effectively Deliver Quality Eye Care" (SCALE) project started in mid-2016. The goal of the project was to scale up comprehensive quality eye care services through capacity building, resulting in a direct increase in restored sight of people. The SCALE project was completed in December 2019. The duration of the project was 1 July 2016 to 30 June 2019, extended till December 2019²

The purpose was to increase the number of cataract surgeries performed and strengthen participating hospitals' ability to provide quality eye care services. In 2016, the number of hospitals in India under this project increased to 56. The project sought to increase the provision of comprehensive, quality eye care by building the capacity of 56 mentee hospitals, under six mentor hospitals, through the following four activities:



¹ Vision Loss Expert Group; article published in *The Lancet Global Health*; 10/11/17; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(17\)30393-5/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(17)30393-5/fulltext)

² (See Annexure Figure 1 for Workplan)

There were six intervention areas of the SCALE program:

1. Initial Needs Assessment and Action Planning
2. Installation and Use of Electronic Data Management System
3. Seed Grants
4. Primary Eye Care Vision Centres
5. Training
6. Consulting and Ongoing Mentoring Engagement

Through the SCALE project, Seva Foundation and its six mentor eye hospitals aimed to scale-up quality eye care services in India through capacity building, resulting in a direct increase in restored sight. The mentor hospitals worked to improve 56 hospitals in 15 states, of which 39 were New mentee hospitals (and 17 were Sustained mentee hospitals) whose mentoring was directly supported by SCALE.

Table 1.1 gives the targeted number of beneficiaries under the SCALE project for different interventions.

Table 1.1: Number of Beneficiaries Targeted by the SCALE Project

Beneficiary Targets	Estimated Beneficiaries			Total
	Year 1	Year 2	Year 3	
Total Surgeries	3,07,071	4,06,330	4,67,100	11,80,501
Total Refraction (vision centres)	0	19,200	23,800	43,000
Total Health Education & Indirect beneficiaries	0	400	600	1,000
Total Trained	65	125	0	190
Total Capital Units	5	15	0	20

Table 1.2 summarises the details of the six mentor hospitals of the SCALE project, including the number of states in which their mentees are present. Further, Figure 1.1 shows the distinct locations of the mentee hospitals across India, colour-coded for mentors. In totality, the mentees cover 15 states: Andhra Pradesh, Assam, Bihar, Gujarat, Jammu and Kashmir, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Odisha, Rajasthan, Tamil Nadu, Tripura, Uttar Pradesh, and West Bengal.

Table 1.3 provides mentor-wise numbers of New/Sustained and Own/External mentee hospitals. While there were 39 New and 17 Sustained hospitals, there were 15 Own and 41 External Centres – a total of 56 Mentees.

Table 1.2: Details of Mentor Hospitals

Code	Name	City/Town	State	States with Mentee presence
AECS	Aravind Eye Care System	Madurai	Tamil Nadu	8
HVD	PBMA's HV Desai Eye Hospital	Pune	Maharashtra	3
LVPEI	LV Prasad Eye Institute	Hyderabad	Telangana	9
SCEH	Dr Shroff's Charity Eye Hospital	New Delhi	Delhi	3
SNC	Sadguru Netra Chikitsalaya	Chitrakoot	Madhya Pradesh	4
VMANN	Vivekananda Mission Asram Netra Niramay Niketan	Chaitanyapur	West Bengal	4



Figure 1.1: Distinct Locations of Mentee Hospitals across India

Table 1.3: Mentor-wise Number of Mentee Hospitals³

Mentor Hospital	Number of Mentees (New/Sustained)*		Number of Mentees (Own/External)		Total
	New	Sustained	Own	External	
AECS	8	5	3	10	13
HVD	8	0	1	7	8
LVPEI	9	5	6	8	14
SCEH	5	0	4	1	5
SNC	4	2	1	5	6
VMANN	5	5	0	10	10
Overall	39	17	15	41	56

Source: SCALE Hospital List from Seva Foundation
 *A **New** mentee hospital was one that joined the network from 2016
 A **Sustained** mentee hospital was one that had been part of GSI before 2016

³ See Annexure Table 1 for Details of Mentee Hospitals

The SCALE project outlined specific program objectives, to be measured by defined indicators. Table 1.4 describes these objectives, indicators and endline targets of the SCALE project.

Table 1.4: Objectives, Indicators and Endline Targets of the SCALE Project

Goal/Objective	Indicator	Target at Endline
*Overall Goal: Scale-up comprehensive quality eye care services through capacity building, resulting in a direct increase in restored sight of people across India by 2020	O.G. % increase in new SCALE hospital utilization as measured through cataract surgeries performed, that is, the difference between the cataract surgeries at Baseline and Endline	50% increase from baseline
*Objective 1: Increase the provision of comprehensive, quality eye care by building the capacity of 50 hospitals through training, coaching, demand generation and systems strengthening	1.1 % of SCALE hospitals that achieve the World Health Organization (WHO) post-operative visual acuity standards ⁴ at discharge and/or final follow-up.	65% of Hospitals
	1.2 % of SCALE hospitals having a proportion of cataract surgical patients of at least 50% women.	90% of Hospitals
	1.3 % of patients advised to have cataract surgery who accept and have the surgery ⁵	60% of patients
	1.4 % increase in the revenue ⁶ from cataract surgeries to reduce financial dependence of the hospital.	30% increase after implementation of SCALE for 30 New hospitals
	1.5 % of patients prescribed spectacles who accept and obtain the spectacles. ⁷	60% of patients
**Objective 2: Document and promote preferred practices and advocate for government regulations and policies that promote service improvements, specifically the utilization of electronic information management systems and increased equity and access related to gender	2.1 Develop and Present promising practices/protocols around 4 key themes: quality, HR development, gender equity, and generating demand.	8 events and 8 documents
	2.2 Complete one advocacy campaign to further joint SCALE and VISION2020 priorities	1 campaign
Note for Means of Verification: *GSI web-based database, hospital records, training records, needs assessment and action plan ** Reports by mentors as part of quarterly reporting, website address and analytics report shared with SiB, papers/reports presented, and events organised for shared learning		

The purpose of this endline impact evaluation study is to review the performance of the SCALE program vis-à-vis its objectives (as given in Table 1.4) by analysing the program data as reported by hospitals and presenting the perceived impact and feedback from the data collected through structured questionnaires and consultations with the mentee and mentor hospitals, as well as highlighting the suggested improvements.

⁴ Definition: 50% 6/18 or better, 10% < 6/60 at discharge; 80% 6/18 or better, 5% <6/60 at final follow-up

⁵ Taken as $\frac{\text{Number of cataract surgeries advised}}{\text{Number of cataract surgeries performed}} \times 100\%$

⁶ Patient-generated revenue

⁷ Taken as $\frac{\text{Number of spectacles prescribed}}{\text{Number of spectacles distributed}} \times 100\%$

2. METHODOLOGY AND TOOLS

2.1 Methodology

The endline impact evaluation study consisted of two parts:

1. **Review of program quantitative data** to assess the perceived benefit against documented changes at the hospitals in terms of volume and quality pertaining to the objectives of the program.
2. **Survey of the participating mentee and mentor hospitals** for qualitative feedback and assessment of each intervention area and how the intervention has impacted the hospital. This was done in two phases:
 - i. Online Feedback Form:
The link to a Google Form (as well as its PDF) was provided to all the mentors and mentees via e-mail, for filling. It was designed to take around 10 minutes to fill. The IMPRI Team was available for any assistance, as required.
 - ii. Telephonic Conversation:
To organically understand the feedback and responses of the mentors/mentees of the SCALE program, we requested a brief call over the phone, which complemented the online feedback form. We sought contact details and a date for follow-up from the hospitals, as per their convenience for a brief discussion.

Table 2.1: Details of Follow-up Communication with Mentor Hospitals

Mentor	Date	Mode
SCEH	6 th March 2020	Visit at SCEH, New Delhi
LVPEI	19 th March 2020	Phone call
AECS	20 th March 2020	Zoom call

Following this, the inputs were analysed and summarised into key findings.

All 56 mentee hospitals and 6 mentor hospitals were contacted, with reminders via e-mail, call and text message. Mentees who had not responded were contacted directly as well as through mentors, at least 6 times.

2.2 Tools

[For Mentees: Questionnaire for Feedback on Strengthening Capacity and Learning to Effectively Deliver Quality Eye Care \(SCALE\) Project](#)



Figure 2.1: Online Survey Questionnaire for Mentees (first page)

This questionnaire sought quantitative as well as qualitative feedback from the Mentee perspective on the aspects of the perceived contribution of SCALE in achieving program objectives, selected intervention areas (Installation and Use of Data Management System, Seed Grants, Primary Eye Care Vision Centres, Training, and Consulting and Ongoing Mentoring Engagement), changes seen, overall experiences and suggested improvements for SCALE.

[For Mentors: Questionnaire for Feedback on Strengthening Capacity and Learning to Effectively Deliver Quality Eye Care \(SCALE\) Project](#)

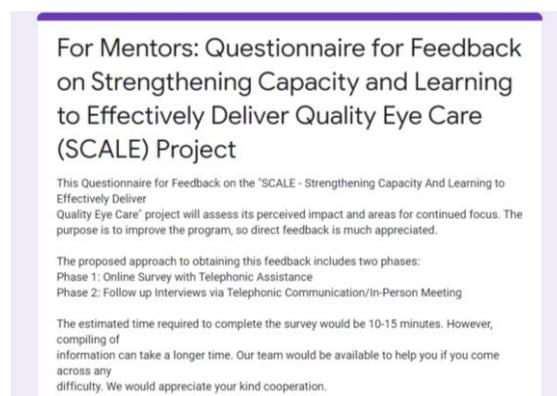


Figure 2.2: Online Survey Questionnaire for Mentors (first page)

This questionnaire sought quantitative as well as qualitative feedback from the Mentor perspective on the aspects of assistance to Mentee hospitals in achieving program objectives, work in intervention areas, mentoring experience and suggested improvements for SCALE.

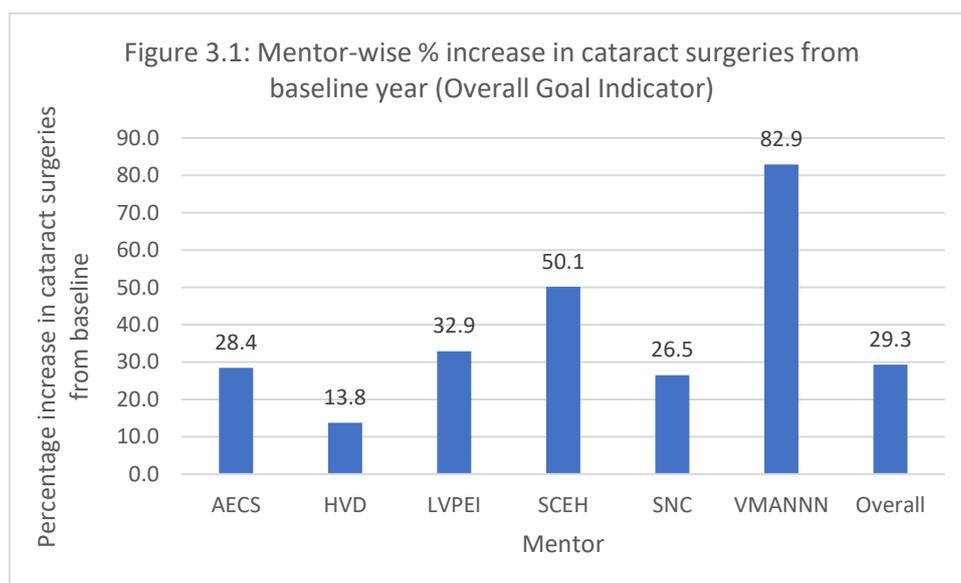
3. REVIEW OF PROGRAM QUANTITATIVE DATA

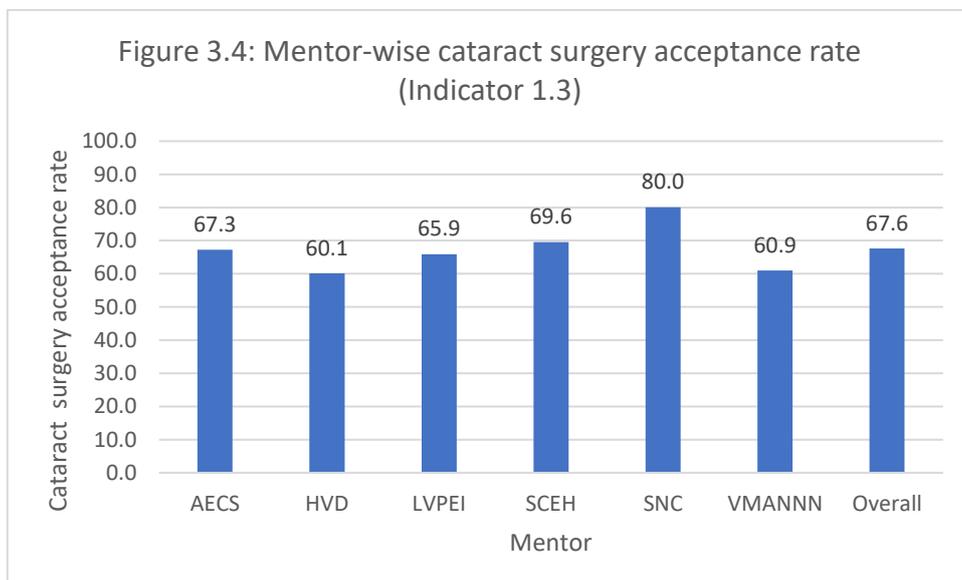
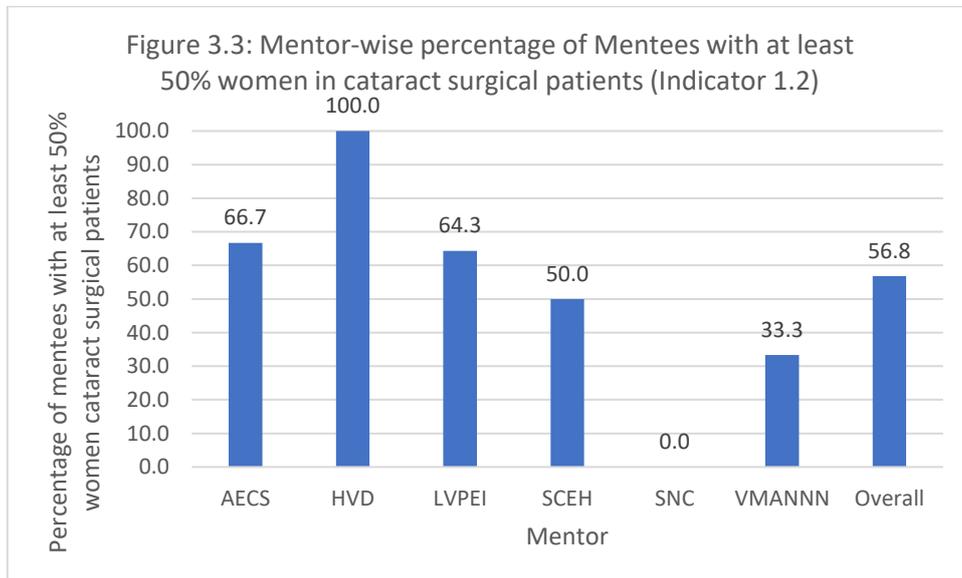
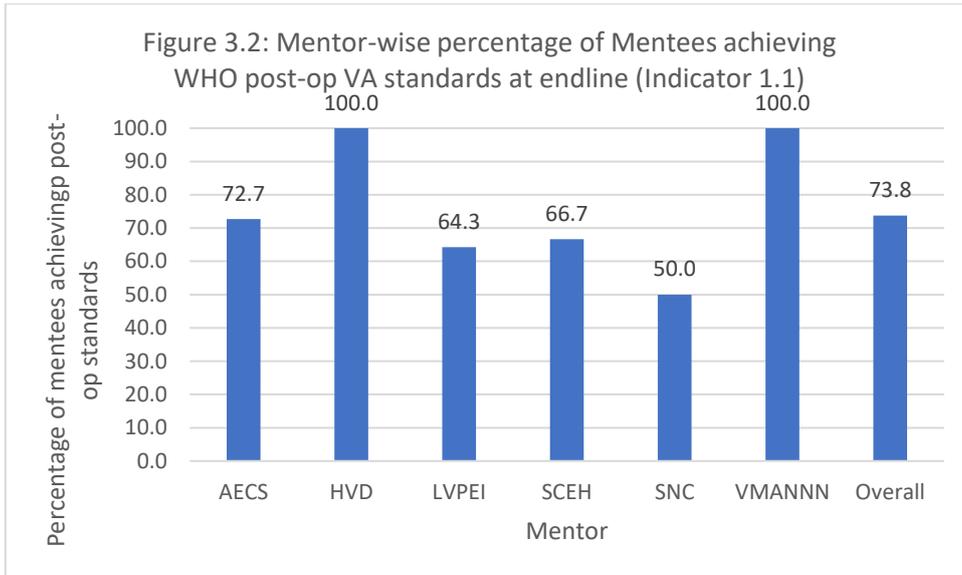
Table 3.1: Objective-wise Indicators and Endline Targets and Achievements of the SCALE Project

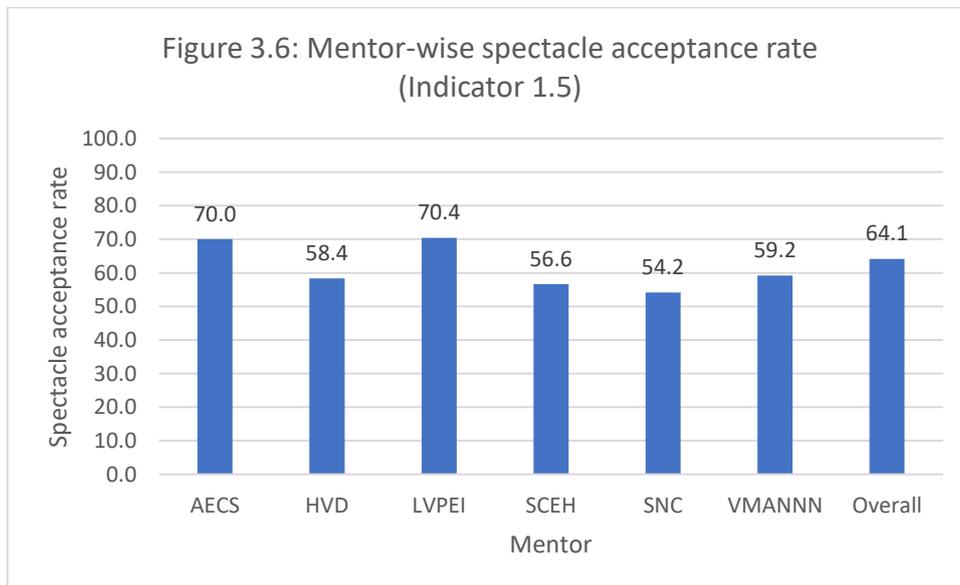
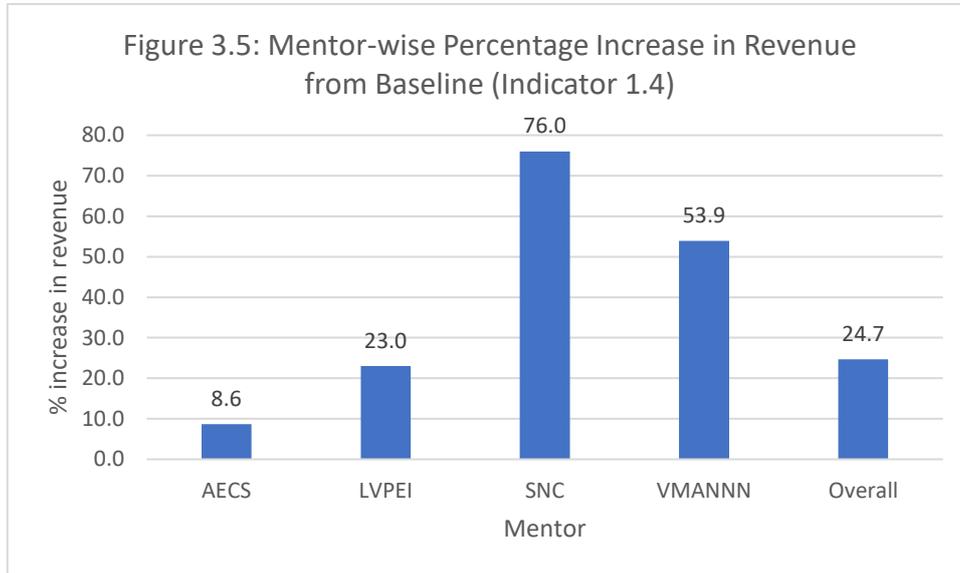
Goal/Objective	Indicator	Target at Endline	Achieved at Endline
Overall Goal: Scale-up comprehensive quality eye care services through capacity building, resulting in a direct increase in restored sight of people across India by 2020	Percentage increase in new SCALE hospital utilization as measured through cataract surgeries performed, that is, the difference between the cataract surgeries at baseline and Endline	50% increase from baseline	29.3% increase from baseline
Objective 1: Increase the provision of comprehensive, quality eye care by building the capacity of 50 hospitals through training, coaching, demand generation and systems strengthening	1.1 Percentage of SCALE hospitals that achieve the World Health Organization (WHO) post-operative visual acuity standards at discharge and/or final follow-up	65% of Hospitals	73.8% of hospitals
	1.2 Percentage of SCALE hospitals has a proportion of cataract surgical patients of at least 50% women.	90% of Hospitals	56.8% of hospitals [^]
	1.3 Percentage of patients advised to have cataract surgery who accept and have the surgery	60% of patients	67.6% of patients
	1.4 Percentage increase in the revenue from cataract surgery to reduce financial dependence of hospital.	30% increase after implementation of SCALE for 30 New hospitals	24.7% increase among New SCALE hospitals
	1.5 Percentage of patients prescribed spectacles who accept and obtain the spectacles.	60% of patients	64.1% of patients
Objective 2: Document and promote preferred practices and advocate for government regulations and policies that promote service improvements, specifically the utilization of electronic information management systems and increased equity and access related to gender	2.1 Develop and Present promising practices/protocols around 4 key themes: quality, HR development, gender equity, and generating demand.	8 events and 8 documents	Yes*
	2.2 Complete one advocacy campaign to further joint SCALE and VISION2020 priorities	1 campaign	Yes*
<p>Note: Total number of mentees = 56 Total number of New Mentees = 39 Number of hospitals for which data has been utilised - Overall Goal Indicator: 27; Indicator 1: 42; Indicator 2: 44; Indicator 3: 43; Indicator 4: 8 (of New Mentees); Indicator 5: 43 * See Annexure for details</p>			

Table 3.2: Mentor-wise Performance by Indicators of Program Objectives

Obj	Indicator	AECS	HVD	LVPEI	SCEH	SNC	VMANNN	Overall
O.G.	Percentage increase in new SCALE hospital utilization as measured through cataract surgeries performed, that is, the difference between the cataract surgeries at baseline and endline	28.4	13.8	32.9	50.1	26.5	82.9	29.3
1.1	Percentage of SCALE hospitals that achieve World Health Organization (WHO) post-operative visual acuity standards Definition – (80% 6/18 or better, 5% <6/60)	72.7	100.0	64.3	66.7	50.0	100.0	73.8
1.2	Percentage of SCALE hospitals having a proportion of cataract surgical patients of at least 50% women	66.7	100.0	64.3	50.0	0.0	33.3	56.8
1.3	Percentage of patients advised to have cataract surgery who accept and have the surgery	67.3	60.1	65.9	69.6	80.0	60.9	67.6
1.4	Percentage increase in the revenue from cataract surgery to reduce financial dependence of the hospital	8.6	-	23.0	-	76.0	53.9	24.7
1.5	Percentage of patients prescribes spectacles who accept and obtain the spectacles	70.0	58.4	70.4	56.6	54.2	59.2	64.1
O.G.: Overall Goal								







4. PERCEIVED IMPACT AND AREAS OF IMPROVEMENT: FINDINGS FROM THE FEEDBACK SURVEY

To substantiate the findings of the study through Mentor and Mentee feedback, we collected information based on a structured questionnaire as discussed in Chapter 2.

4.1 Mentee Perspective

56 mentee hospitals were contacted. Out of these, 43 responded and 13 did not, i.e., a response rate of 76.8% was maintained. Table 4.1.1 gives mentor-wise numbers of respondents.

Table 4.1.1: Number of Mentee Respondents by Mentor

	AECS	HVD	LVPEI	SCEH	SNC	VMANNN	Overall
Total Number of Mentee Hospitals	13	8	14	5	6	10	56
Number of Respondent Mentee Hospitals	8	6	12	5	5	7	43
Response Rate	61.5	75.0	85.7	100.0	83.3	70.0	76.8

Based on the responses to the online survey received from **43** out of **56** Mentee hospitals, some broad findings in various areas of feedback (quantitative and qualitative) were as follows:

Table 4.1.2: Mentor-wise Percentage of Affirmative Mentee Responses in Online Survey, by Feedback Areas of Objective 1 Indicators

Feedback Area	AECS	HVD	LVPEI	SCEH	SNC	VMANNN	Overall
Perceived contribution to improvement in post-operative visual acuity due to SCALE	100.0	83.3	83.3	100.0	60.0	100.0	88.4
Perceived contribution to increase in proportion of women cataract surgical patients due to SCALE	62.5	66.7	83.3	100.0	60.0	85.7	76.7
Perceived contribution to increase in acceptance of cataract surgery due to SCALE	100.0	100.0	91.7	60.0	100.0	85.7	90.7
Perceived contribution to increase in revenue from cataract surgery due to SCALE	87.5	83.3	91.7	80.0	100.0	71.4	86.1
Perceived contribution to increase in acceptance of spectacles due to SCALE	100.0	100.0	75.0	80.0	100.0	100.0	90.7

SCALE contribution in increasing the proportion of women in cataract surgical patients

The mentees were able to increase female patients by awareness programmes, camps focusing on participation from women, counselling of family members and patients and other community outreach activities. Some mentee hospitals already had a balanced ratio for gender. They continue to maintain that ratio.

SCALE contribution in increasing acceptance of cataract surgery

The mentor hospitals helped in adopting best practices to increase acceptance rate and outreach and awareness camps and training to the medical and paramedical staff to recognize the cataract has helped in increasing the surgeries.

SCALE contribution in increasing revenue from cataract surgery

With the guidance of mentors, the mentee hospitals were involved in practices such as PHACO surgeries, multi pricing packages and establishing goodwill among their patients, which in turn helped in increasing paying patients. As a result, more patients were willingly coming for paid surgeries.

SCALE contribution in increasing acceptance of spectacles

The outreach programme and counselling of patients helped patients in accepting the spectacles. The hospitals started their own spectacle dispensing unit with adequate communication and marketing catering to the needs of patients, which helped in increasing the acceptance of spectacles in the hospitals.

Table 4.1.3: Mentor-wise Percentage of Affirmative Mentee Responses in Online Survey, by Feedback Areas of Objective 2 Indicators

Feedback Area	AECS	HVD	LVPEI	SCEH	SNC	VMANNN	Overall
Participation in any event around 4 key themes: Quality, Human Resource Development, Gender Equity, Generating Demand	75.0	66.7	83.3	80.0	60.0	71.4	74.4
Receipt or knowledge of any documents around the 4 key themes	62.5	100.0	66.7	100.0	60.0	71.4	74.4
Participation in or organisation of any advocacy campaign as part of SCALE	62.5	33.3	8.3	100.0	40.0	57.1	42.9

Protocols/practices around the 4 key themes from mentor hospital and their usage

Overall, the protocols and practices around themes of quality, gender equity, HR development and generating demand under the mentoring process did help in maintaining the quality standards and helped in delivering eye care services to the patients.

Figure 4.1.1: Number of responding Mentees receiving protocols/practices around the four key themes from their Mentor hospitals, and/or using them

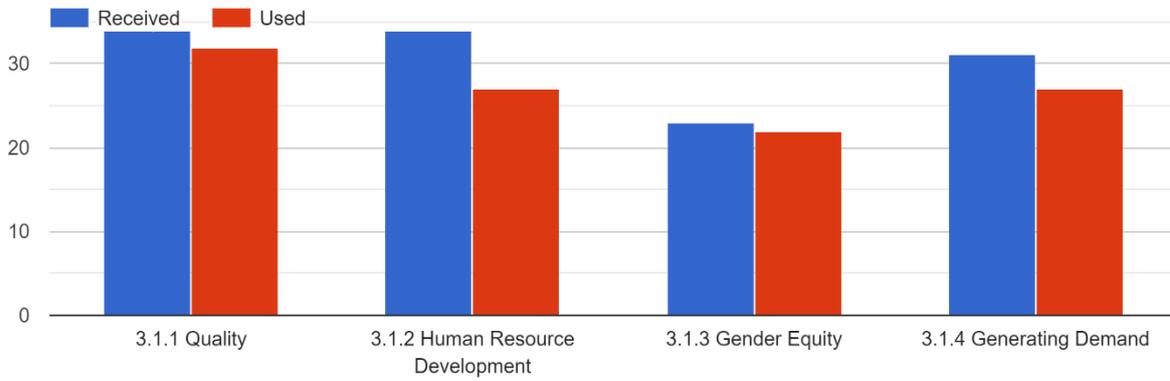
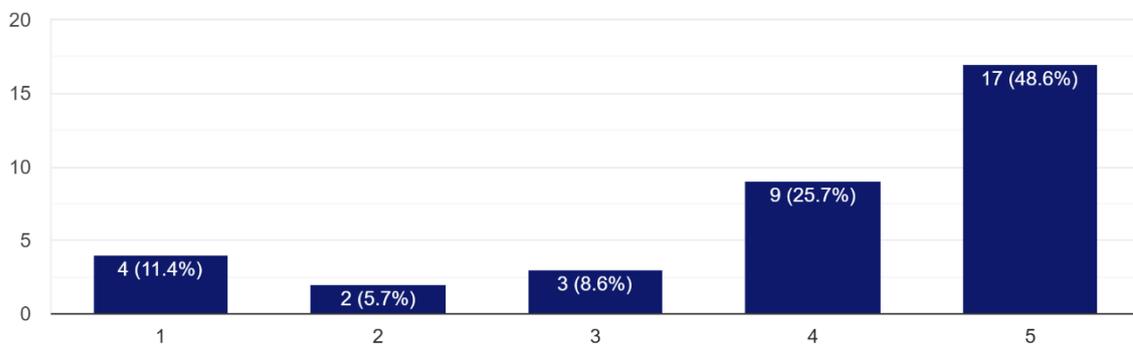


Table 4.1.4: Mentor-wise Percentage of Affirmative Mentee Responses in Online Survey (Installation and Use of Electronic Data Management System)

Feedback Area	AECS	HVD	LVPEI	SCEH	SNC	VMANNN	Overall
Perceived help to hospital by use of Electronic Information Management System supported by SCALE	87.5	100.0	90.0	100.0	50.0	50.0	85.3

Figure 4.1.2: Mentee rating of Electronic Information Management System (supported by SCALE) usage experience on a 5-point scale



Note: Based on 35 responses

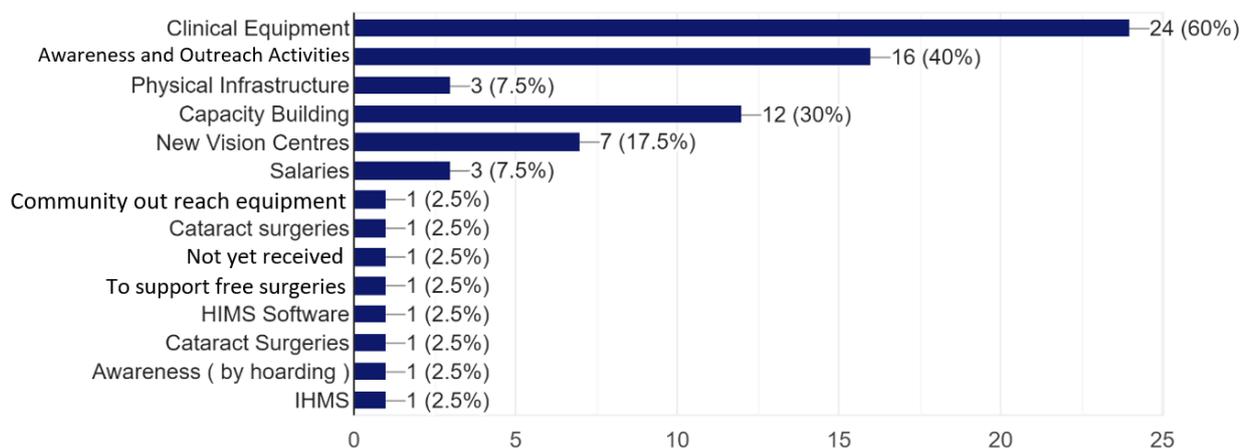
Table 4.1.5: Mentor-wise number of Mentee hospitals by Mentee rating of Electronic Information Management System (supported by SCALE) usage experience on a 5-point scale

Mentor/Rating	1	2	3	4	5	Total
AECS	0	1	1	4	2	8
HVD	0	0	2	1	3	6
LVPEI	1	0	0	2	6	9
SCEH	0	0	0	1	3	4
SNC	1	1	0	0	1	3
VMANNN	2	0	0	1	2	5
Total	4	2	3	9	17	35

Table 4.1.6: Mentor-wise Percentage of Affirmative Mentee Responses in Online Survey (Seed Grants)

Feedback Area	AECS	HVD	LVPEI	SCEH	SNC	VMANNN	Overall
Receipt of any Seed Grants (funding to help cover costs of equipment, outreach, marketing) from SCALE	100.0	83.3	91.7	100.0	100.0	57.1	88.4
Perceived help to hospital from Seed Grants	100.0	83.3	91.7	100.0	100.0	100.0	95.1

Figure 4.1.3: Area of Utilisation of Seed Grant, if received



Note: Based on 40 responses, reported as received

**Table 4.1.7: Mentor-wise Percentage of Affirmative Mentee Responses in Online Survey
(Primary Eye Care Vision Centres)**

Establishment of Vision Centre with support from SCALE	25.0	66.7	20.0	40.0	40.0	57.1	39.0
Perceived help in expanding service area by starting VCs	42.9	66.7	42.9	50.0	60.0	66.7	54.3

**Table 4.1.8: Mentor-wise Percentage of Affirmative Mentee Responses in Online Survey
(Training)**

Feedback Area	AECS	HVD	LVPEI	SCEH	SNC	VMANNN	Overall
Establishment of an in-house training program or CME (Through the SCALE project and the inputs from the mentor hospitals)	75.0	66.7	80.0	60.0	60.0	80.0	71.8
Streamlining or development of clinical and management protocols? (Through the SCALE project and the inputs from the mentor hospitals)	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Table 4.1.9: Mentor-wise number of staff trained in Mentee hospitals through SCALE, based on Mentee responses in Online Survey

Mentor	Number of Respondent Mentees	Number of Staff Trained
AECS	8	139
HVD	6	87
LVPEI	12	107
SCEH	5	118
SNC	5	46
VMANNN	7	49
Total	43	546

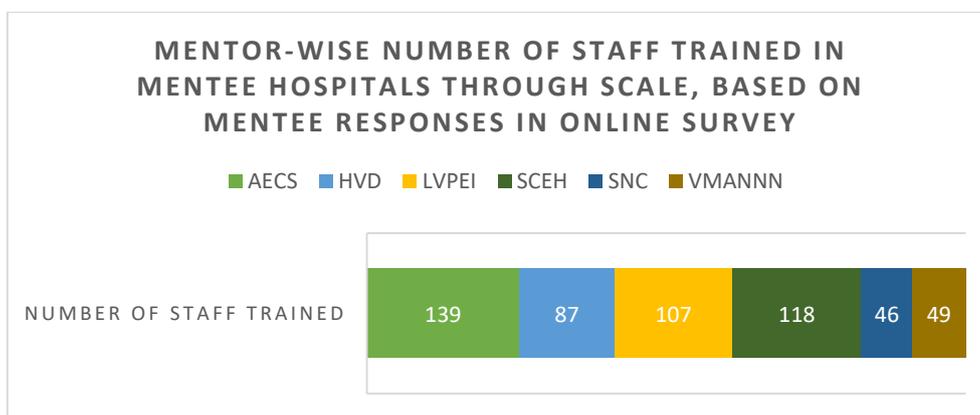
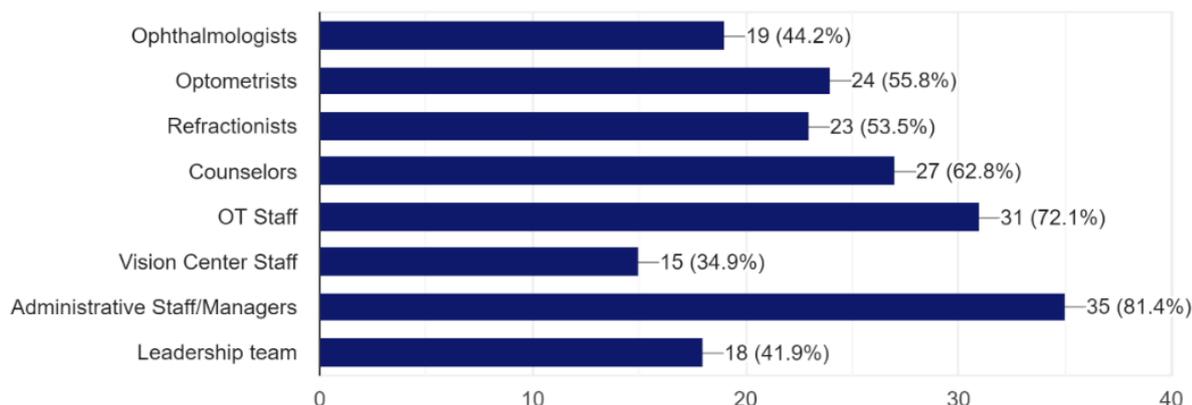


Figure 4.1.4: Cadre of Staff participating in training



Note: Based on 43 responses, selecting all that apply

Table 4.1.10: Mentor-wise Percentage of Affirmative Mentee Responses in Online Survey (Consulting and Ongoing Mentoring Engagement)

Area of Perceived Contribution	AECS	HVD	LVPEI	SCEH	SNC	VMANNN	Overall
Expansion of sub-speciality services offered	75.0	83.3	66.7	80.0	40.0	66.7	69.1
Increase in the amount of revenue generated at the hospital	100.0	83.3	90.9	100.0	100.0	85.7	92.9
Increase in Community engagement and partnerships (eg., local sponsors, NGOs, volunteers)	100.0	83.3	100.0	100.0	100.0	100.0	97.6
Refining of systems and procedures in Administrative and Support service areas	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Implementation of strategies developed during the Vision Building Workshop	100.0	83.3	63.6	100.0	100.0	66.7	82.1
Increase in efficiency in terms of having good systems and clearly defined roles	87.5	83.3	100.0	100.0	80.0	100.0	92.7
Increase in patient volumes in OP and surgery	100.0	83.3	83.3	100.0	80.0	100.0	90.7
Improvement in quality, including visual outcomes	100.0	100.0	91.7	100.0	100.0	100.0	97.6
Achieving financial viability	87.5	60.0	80.0	100.0	80.0	85.7	82.1
Bringing about a mindset change	100.0	100.0	88.9	100.0	60.0	100.0	92.1
Increase in proportion of women in cataract surgical uptake	62.5	66.7	90.0	80.0	60.0	85.7	75.6
Accessing a platform for cross-learning with other hospitals	87.5	83.3	88.9	60.0	80.0	85.7	82.5

Table 4.1.11: Mentor-wise number of Mentee hospitals by Mentee rating of Mentor on a 5-point scale

Mentor/Rating	1	2	3	4	5	Total
AECS	0	0	0	3	5	8
HVD	0	0	0	1	4	5
LVPEI	0	0	0	4	8	12
SCEH	0	0	0	1	5	6
SNC	0	0	1	3	1	5
VMANNN	0	0	0	3	4	7
Total	0	0	1	15	27	43

100% of responding Mentees would
recommend the SCALE program
to other needy hospitals

4.2 Mentor Perspective

Based on the responses to the online feedback survey received from **all 6** Mentor hospitals, some broad findings in various areas of feedback were as follows:

Assistance to Mentees In Achieving Program Objective 1

For improving postoperative visual acuity

With the use of information and data analysis, software for data management and assessment, monitoring and reviewing the outcomes of the cataract surgeries, improvements are being ensured. Hospital staff such as sterilization nurses and the ophthalmologists are given training through the onsite procedures while operating the cataract surgeries. The mentors are ensuring the developing and implementation of the protocols in the mentee hospitals.

Increasing proportion of women cataract surgical patients

Mentors have organized gender-specific camps, awareness campaigns and programmes, and tried to highlight the importance of the cataract surgeries among the women. Though in this indicator, one hospital (Arvind Eye Care System, Madurai) has tried to retain its share of women in the number of surgeries throughout the project implementation.

Increasing acceptance of cataract surgery among those advised

The mentors adopted counsellor training, patient counselling, and developing the pocket-friendly packages (tiered pricing system) of the surgeries for the patients to improve their willingness to undergo surgeries if advised by the doctors. The mentors have also assessed the quality of services delivered and provided support to ensure it.

Increasing revenue from cataract surgery

To increase the benefit of the project by not compromising on the actual costs, the hospitals are linking with the various government and private insurance schemes as well as convergence with other programs and innovative ways to generate revenue. One mentor (Vivekananda Mission Asram Netra Niramay Niketan, Chaitanyapur) has also benefited from AYUSHMAN Bharat (health insurance scheme of Government of India for the poor). The mentors are trying to scale up their revenues by using PHACO surgeries and incorporating more varieties of IOLs. They have also adopted multi-tier pricing and paid camps as a way to increase their revenues.

Increasing acceptance of spectacles

The mentors have worked on providing training to counter staff on optical dispensing because the patients didn't know the presence of optical shops inside the hospital premises. The factors which have helped in increasing sales of spectacles are: wide variety and range of frames and glasses, communication and marketing, competitive pricing, quality assurance, in house delivery and regular follow up with the patients.

Improvements suggested by the mentors

Not all mentee hospitals are similar in terms of their need, capacity building and availability of resources, thus there is a need for cross-learning and customisation. Sustained and continued training with appropriate feedback is essential to improve the outcomes over the long run. There is a need to address the issues as asked by mentor hospitals. As suggested by one of the mentor hospitals, there should be some basic metrics to assess the situation based on which individualised strategies can be designed.

Assistance to Mentees In Achieving Program Objective 2, Feedback on Intervention Areas

Developing/providing protocols or materials to mentees around the themes of quality, gender equity, HR development and generating demand

These included: quality assurance, community outreach, HR Manual, OT protocols, workshops and training to human resource, OT disinfection and good sterilization practices. Sadguru Netra Chikitsalaya, Chitrakoot provided software such as Integrated Hospital management Software (IHMS), optical shop management software, cataract quality assurance tool and online platform (Auroshiksha) to all mentees for learning.

Organising events

Training programmes and onsite consultations for the staff in the areas of: teamwork and delegation, time management, clinical techniques, data utilization for decision making, training in tools & techniques for data-driven decision, infection control, capacity building, refresher training for vision technicians, HR workshops.

Organising any advocacy campaign as part of the SCALE project

3 out of 6 hospitals organized advocacy campaigns as part of SCALE project such as rallies and free eye screening at the vision centres on the eve of World Sight Day.

Intervention areas in which hospitals have worked

Initial Needs Assessment and Action Planning, Installation and Use of Electronic Data Management Systems, Seed Grants, Primary Eye Care Vision Centres, Training (specifically for doctors, allied ophthalmic personnel, and administrators), Consulting and Ongoing Mentoring Engagement

Experience of working in these intervention areas and suggestions

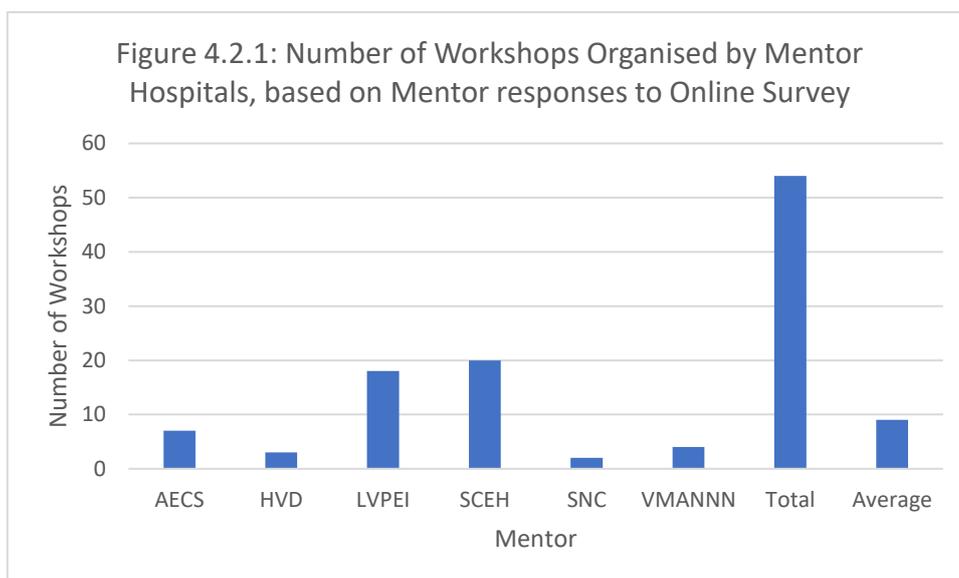
The experience was rated excellent by the hospitals but they still suffered from issues pertaining to enabling infrastructure, operations, regulations (some hospitals were delayed in using and also few were not able to use funds due to Governments' strict norms for using foreign funds) and human resource support. There was a problem in the use of IHMS for report generation

The improvements as suggested by mentors are:

- Improvement of IHMS data capturing process, analysis and usability
- Increasing patient footfalls by increasing visibility of hospital
- Expanding HR support and training
- Consistent and benchmarked Standard Operating Procedures across all hospitals
- Organizational leaders and medical leaders should have common interests.
- Enhancing leadership skills and ecosystem in the hospitals

Table 4.2.1: Indicators and their performance in Mentor Hospitals, based on Mentor responses in the Online Survey

Indicators/Mentor Response	Yes (%)	No (%)
Development/provision of any protocols or materials to mentees around the themes of quality, gender equity, HR development and/or generating demand	100.0	0.0
Organisation of any events around these themes	100.0	0.0
Contribution to organising any advocacy campaign as part of the SCALE project	50.0	50.0
Planning of any activity unable to implement	66.7	33.3



Challenges and Experiences

Any activity/intervention that was planned but could not be carried out

4 out of 6 hospitals: Training of staff of the mentee hospitals was hindered by the hospitals' inability to send their staff for training at mentor hospitals.

Support from Seva Foundation

The mentors reported that the support from Seva Foundation was excellent. They call it a learning process and constructive exploration of different areas of interventions under the program. They learned how to use their existing resources in the difficult and also in normal circumstances for optimum utilisation and for welfare.

Experience of being a mentor hospital and working with mentee hospitals

Mentors believed they learnt from the mentee hospitals while simultaneously strengthening their systems. The process improved their capacity and helped in building a good relationship with the mentee hospitals.

Suggested Improvements

Mentoring Process

- The mentors believed that there should be a single central way of mentoring the hospitals as six different hospitals have different styles and lead to confusion. However, they also suggested that non-central approaches are good for diversity addressing localised issues in the different regions. This will be effective cross-learning among the hospitals.
- Effective coordination of the mentors can be done through regular tele-conferencing and meetings (Bi-monthly / Monthly)
- The mentors suggested selection of mentees should be thought through since not all mentees fulfilled the selection criteria which require immediate weaker areas of these hospitals to be improved first.
- Continuous support and monitoring of the mentees with the employment of full-time staff separately for this program so that more time and energy can be spent with the mentee hospitals
- Online reporting and monitoring should be encouraged
- Effective engagement of the leadership team from the beginning will create a better buy-in for the change process and there will be higher chance of achieving the desired result
- An endline workshop of partners could be held to reflect and understand what worked best and to share best practices.

SCALE program as a whole

Emphasis on development of online portal for the following:

- Increasing the interaction between mentors and mentees through online mode since offsite meetings are expensive and not often possible.
- Inputs on skills related to develop mentoring and coaching
- Running soft skills programmes for various levels of leadership at mentee hospitals.

Direction of funds:

Grant specifically directed for infrastructure development of the hospitals, thus there is a need to change this scenario in favour of human resources support, trainings and engagement programmes, harnessing digital technology for usability and investment in building the research capacity of mentees and mentors

Finally, the areas of work can be broadened to high impact themes if this project is scaled up to a few more years which will help improve health care delivery

5. CONCLUSIONS AND WAY FORWARD

The methodology adopted for this impact evaluation followed an approach combining quantitative and qualitative analyses through the assessment of program quantitative data generated and reported by hospitals, and a study of the Mentor and Mentee perspectives gathered through an online feedback survey. While both components provided a comprehensive insight into the areas of impact and improvement for the SCALE project, they also presented certain challenges. The quantitative data aimed to provide a thorough overview of hospital performance but suffered from issues relating to completeness, regularity and correctness. The process of collecting feedback from mentor and mentee hospitals was certainly facilitated using an online survey but its completion was heavily driven by an extensive follow-up consisting of multiple reminders.

The SCALE program has certainly delivered on its overall goal of scaling-up comprehensive quality eye care services through capacity building, which resulted in a direct increase in restored sight of people across India by 2020. The rate of increase among the new SCALE hospital utilization as measured through cataract surgeries performed between baseline (2015-16) and endline (2020) was around 30 % (comparing respective year annual figures), suggesting steep upward expanding trend and impressive performance. The cumulative figures of the number of surgeries undertaken underscores this accomplishment and establishes the utility and contribution of SCALE.

It should be noted that the quality of data and its consistency as reported by the hospitals limits the scope of holistic and deeper analysis, especially for administrative data such as revenue. Therefore, improvement in the data architecture is suggested with evidence-based monitoring and evaluation, as also highlighted by mentees and mentors, with handholding support and enabling ecosystem.

Results from the analysis of the program data are remarkable and encouraging. Most of the targets under the SCALE program goal and objectives are achieved at the endline. As per the program objectives, the SCALE program was successful in achieving the targets of WHO post-operative visual acuity standards, cataract acceptance rate, and spectacle acceptance rate. While the percentage of hospitals achieving the proportion of 50% or more women in cataract surgical patients is less than the target (90% of hospitals), it is reassuring to see that 93% of hospitals have a proportion of 47% or more women in their cataract surgical patients, which is remarkable given the socio-economic realities. For the remaining two indicators – the increase in cataract surgeries from baseline and increase in revenue from baseline – the results are satisfactory, however, misses the target by a small margin. Further, it is important to note that the data for total cataract surgeries at baseline, and patient-generated revenue (both, at baseline and endline) suffers from insufficiency of information.

The SCALE program was also successful in achieving its second objective of developing and presenting promising practices/protocols around 4 key themes - quality, HR development, gender equity, and generating demand - by producing resources in the form of reporting

format, training presentations and publications, reviews, white papers, modules, calculators, guides, publications for wider dissemination in journals, newsletters, reports; and, building an advocacy campaign - catering to different needs pertaining to focus areas of the program such as information, evidence, gender, acceptance, standards, service delivery and contribution to the cause.

The feedback gathered from the mentees and mentor hospitals through the structured questionnaire (online survey and consultation) on various facets of the SCALE program demonstrates continued commitment, overwhelming satisfaction and remarkable improvement. The findings also highlight challenges and constructive suggestions for further improvements. Overall, all the mentor and mentee hospitals reported that they would recommend this program to other eye hospitals.

Based upon the analysis and review of the program data and perceived impact and feedback by mentees and mentor hospital, as well as consultation and overall understanding and assessment of the SCALE program, the following important suggestions and recommendations emerge for future action:

- Special coordinated efforts are required in the maintenance and collection of hospital records and the monitoring of data reporting through Electronic Data Management Systems. This may well be through additional guidance to hospitals, where required. This will ensure regularity in program data, following high standards of completeness, accuracy and reliability which will ensure its usability.
- Additional allocation of dedicated personnel and human resources to strengthen the program for mentor and mentee hospitals could be factored into the structure of the program in the future.
- More engagement and coordination activities on a regular basis should be promoted. This can be developed through an online mode as physical presence often restrains such activities.
- Further support in continuous training and mentoring would be fruitful, as the feasibility of capacity building - in terms of costs, time, and inclination - emerged as a major area for improvement through mentor feedback.
- As highlighted by mentors and mentees, spectacle acceptance rates can be improved by focusing on communication, marketing (variety and competitive pricing) and service (trained personnel, counselling, delivery), along with availability of an optical shop within the premises, with good visibility and ambience.
- Information, Education and Communication (IEC) campaigns and other programs and campaigns, along with ensuring high quality service delivery catering to the local needs can further be strengthened to increase the cataract surgeries and revenue generation. This should be complemented with renewed focus on women-centric approach for gender inclusion.
- The component of needs assessment, action planning, seed grants as well as campaign requires to be dynamic and responsive. This can be planned for the short, medium and

long term incorporating dynamic response and decision systems based on evidence and experience.

- The differences among the mentees in terms of factors such as regional differences, own and external mentees of mentors, new and sustained mentees should be factored in the program. Further, pairing mentees from different mentors, exchange of mentees to mentors and so on can be introduced for fresh ideas and mutual learning.
- Periodic evaluation and continuous monitoring of the program for evidence based decision making should be ensured, preferably through an independent agency.
- Finally, the research and development component (medical science, consultation, equipment, service delivery, affordability and quality care) with strong communication under the SCALE program should be promoted to achieve the goals and objectives of the program and overall holistic development in the field of eye care.

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Others

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