Mid-term Review Report

A new vision for eye health in Pakistan's Khyber Pakhtunkhwa province

Project number: 75067

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Standard Chartered Bank, Seeing is Believing

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List of acronyms and abbreviations

BCVA	Best Corrected Visual Acuity
BHU	Basic Health Unit
CEC	Comprehensive Eye Care Cell
CSC	Cataract Surgical Coverage
DCC	District Coordination Committee
DGHS	Director General Health Services
DHQ	District Head Quarter
FGD	Focus Group Discussion
FHF	Fred Hollows Foundation
HMIS	Health Management Information System
IEC	Information, Education and Communication
IOL	Intra-ocular lens
KII	Key Informant Interview
KPK	Khyber Pakhtunkhwa province
LHS	Leady Health Supervisor
LHW	Lady Health Worker
LRBT	Layton Rahmatulla Benevolent Trust
LVD	Low Vision Device
MO	Medical Officer
MT	Medical Technician
MTR	Mid-term Review
OPD	Outpatient department
OT	Operating theatre
PBCB	Provincial Blindness Control Board
PCO	Pakistan Country Office
PEC	Primary Eye Care
PHC	Primary Health Care
PICO	Pakistan Institute of Community Ophthalmology
PPIU	Provincial Programme Implementation Unit
QSAT	Quality Standard Assessment Tool
RAAB	Rapid Assessment of Avoidable Blindness
RHC	Rural Health Centre
SBCC	Social and Behaviour Change Communication
VA	Visual Acuity

Executive summary

Description of project

A new vision for eye health in Pakistan's Khyber Pakhtunkhwa (KPK) province is a four year project that started in January 2016 and runs until the end of December 2019. It has a budget of $1,250,000, funded by Standard Chartered Bank's Seeing is Believing initiative. Sightsavers is managing the project in partnership with the Fred Hollows Foundation (FHF), and the Pakistan Institute of Community Ophthalmology (PICO), and it is being implemented by the government district headquarter hospitals and four non-governmental partner hospitals located in the four districts of KPK province (Haripur, Mansehra, Swabi and Swat).

The project seeks to strengthen eye health service delivery at the district level to reduce the prevalence of avoidable blindness. Surgical interventions are designed to reduce the cataract backlog and refractive error services should be strengthened. The project is aligned with the Provincial Programme for Prevention and Control of Blindness in KPK Province (2015-2018).

The project is following a health system strengthening approach by building capacity of the government's human resources, improving eye health infrastructure (by filling gaps in technology and equipment) and advocating for increased eye health financing. Each of these inputs focus on different aspects of the six building blocks of the eye health system in the four districts of KPK.

The project has three main objectives:

Objective 1: Men and women with visual impairment access eye health services in four districts

Objective 2: Eye health systems deliver quality eye health services in four districts

Objective 3: The government commitment to eye health at provincial level increases

Purpose of MTR

The overall purpose of this MTR is to assess progress against project outputs and establish the likelihood of achieving the objectives. The MTR looks at the challenges and successes so far, and gives recommendations on any specific changes/adjustments the project could make for the remainder of the implementation period. The MTR considers the following key lines of enquiry:

1) **How is the project performing against its objectives at this point, and what is the trajectory for the project objectives being met by the end of the project term? This may include:**
   - Looking at the available hospital level data for eye care, for changes over time in relation to the number of patients screened and receiving surgeries, as well as, where available, service quality and financial indicators.
   - Assessing and analysing sex-disaggregated data and making recommendations for data collection and for service provision to make it more gender sensitive

2) **How is the project performing in relation to demand generation?**

- Explore the advantages and disadvantages of working with an external communications agency for IEC material development

3) **How effective are the referral pathways and follow-up mechanisms of patients identified with eye conditions?**
   - Look at the information, where available, in relation to compliance, or reasons for non-compliance

4) **What evidence is available to assess the current prospects for sustainability of the project?**
   - To understand what data will be available during the course of the project to help assess the prospects of the project contributing towards change in the health system. Assess if anything needs to be put in place now to support the end of term evaluation to look at this.

Methodology and limitations

An evaluation matrix was developed as a framework for the review, which is based around the key lines of enquiry listed above. The review uses mixed-methods, which includes primary qualitative data collection (key informant interviews (KIIs) and focus group discussions (FGDs)), supported by document review and the analysis of existing project data.

The review was carried out in three phases: inception/secondary data review, data collection, and analysis and report production. The review adopted a collaborative approach, and was conducted by staff from Sightsavers UK Evaluation Team and an independent consultant, together with Sightsavers Pakistan Country Office (PCO), and the project partners, FHF and PICO.

Two out of the four districts were selected for data collection, meaning that the qualitative data are only a small sample of each stakeholder group and is a limitation of the review. The active involvement of a wide range of different stakeholders and health workers in the project required that we prioritise informants for data collection according to their level of involvement and ability to comment in relation to the specific lines of inquiry.

The review has been conducted as a collaborative internal learning exercise. The advantage of this is that those people collecting the data and supporting the analysis are close to the project and have a good understanding of its workings and relationships with stakeholders. The disadvantage is that this does inevitably mean a degree of independence and impartiality is sacrificed. This has been partially countered by the involvement of global Sightsavers staff, external to the project, and an external consultant for parts of the fieldwork, analysis and report writing. Overall the review intends to provide a balanced insight into the project progress, strengths and weaknesses, challenges and successes to help inform the delivery of the remainder of the project.

Main findings

- **How is the project performing against its objectives at this point, and what is the trajectory for the project objectives being met by the end of the project term?**

The project is progressing well against most of its performance targets, particularly considering the delays in the start-up of the project. The overall number of cataract surgeries is on track, screenings are considerably above target (except screening by Lady Health Workers which is still catching up, discussed in section 2.1.1 of this report), and the training of staff has also been completed, with some refresher trainings due to take place this year. Areas that remain under target are minor surgeries and refraction, including the provision of Low Vision Devices (LVDs).

In terms of gender balance, so far the project has been fairly equal in the number of men and women reached, although there have been some differences by district (with District Swabi and District Mansehra not reaching an equal portion of women). However, due to the results of the recent Rapid Assessment of Avoidable Blindness (RAAB) in District Mansehra and Swabi[1], the sex-disaggregated targets for cataract surgery have been revised in line with prevalence rather than population, to 65% women and 35% men. This is an important step in terms of ensuring equity, and means that additional strategies will need to be implemented to target women to ensure that the project can meet these revised targets. These are already being planned and in some cases starting to be implemented.

Hospital data over time indicates a steady increase across almost all performance outputs across the districts. In terms of post-operative outcome data, advocacy efforts are ongoing to embed the recording of post-operative outcomes across all the government hospitals (as to date only the three LRBT hospitals, Mansehra, Kalaklay and Odigram and one DHQ in Swat have reported post-operative outcome data). This is likely to be an ongoing challenge that will require sustained advocacy, support and guidance to put in place a robust post-operative outcome monitoring system across all of the project hospitals.

- **How is the project performing in relation to demand generation?**

As is evidenced in the project being considerably above the targets for screening, the project is generally performing well in relation to demand generation. It appears that outreach activities have played a large part in this, alongside the training of Primary Health Care (PHC) workers and LHWs to encourage screening and referrals. LHWs have been particularly instrumental in raising awareness that reaches communities, and also in reaching a high proportion of women. There was a delay in the initial training of LHWs, but this should be catching up, and refresher trainings are taking place this year. LHWs appeared to be well informed and highly motivated – but it also needs to be recognised that they have competing commitments and priorities, and their sustained engagement cannot be taken for granted. This is why it is significant that the project is continuing to

[1] Rapid Assessment of Avoidable Blindness and Diabetic Retinopathy, District Swabi and District Mansehra, Dr Muhammad Zahid Jadoo, 2016-2017.

engage with the Provincial Programme Implementation Unit (PPIU) as a member in PICO's provincial eye health board.

Regarding the Information Education and Communication (IEC) strategy, the value of engaging communications specialists was felt by the partners, particularly in producing high quality and professional IEC materials. However, the review found that there had been challenges in the dissemination of the IEC messages. Costs of the dissemination of some of the materials/messaging were higher than estimated (particularly for cable TV and radio), which meant that not enough budget remains to implement the original dissemination plan. The messaging originally developed for billboards were later distributed in the community as leaflets instead, as a consequence of the changes to the dissemination strategy. As the messaging designed for the billboards included religious imagery, some community members felt that these messages were inappropriate to be printed on paper and were reluctant to accept them. Therefore, despite the fact that the communications agency had conducted Focus Group Discussions (FGDs) in the community to inform the development of the materials, as the leaflets were not pre-tested in the community once developed, the result has not been as well received as it could have been.

This emphasises the importance of pre-testing the materials and ensuring that sufficient budget is allocated to the dissemination of messages as well as their development. The project will need to determine whether it is necessary and feasible to amend the leaflets or focus the remaining budget on the dissemination of the other IEC messages. More broadly, it may be beneficial to have a more comprehensive review of the role of IEC in an overall Social and Behaviour Change Communication (SBCC) approach.

- **How effective are the referral pathways and follow-up mechanisms of patients identified with eye conditions?**

The project's referral system has been welcomed, particularly given that there was no real effective government referral system in place prior to the project. However, the question of whether the system will remain effective after the project ends - particularly in relation to the links between the primary and secondary levels, follow-up and the referral slips - is not guaranteed and will need to be monitored.

The key barriers to service uptake identified in the RAAB were cost, fear and need not felt, and this was reiterated during FGDs with primary health workers. It is hard to accurately estimate the project's performance in terms of uptake levels, due to lack of data being collected at LRBT hospitals, but strengthening information and counselling in the project will undoubtedly help to address these barriers and should be considered.

Due to the specific barriers that women face (such as conservative cultural attitudes, and lack of financial decision making power in the household), it was recognised that targeted approaches are needed to ensure that women are reached, especially given the revised targets for cataract surgery. The project has conducted three women-only outreach screenings in one district and the LHWs are also instrumental in reaching a high proportion of women, and this will be emphasised in their upcoming refresher training.

- **What evidence is available to assess the current prospects for sustainability of the project?**

From an advocacy perspective, the project has made important inroads and has positioned itself well within key structures to influence decision makers in relation to eye health. The District Coordination Committee (DCC) and Provincial Blindness Control Board (PBCB) meetings provide important platforms for raising the profile of the project and represent good positioning for raising longer-term advocacy aims. The review found that now that the project is at its mid-point, the timing is right to step up the advocacy activities and start to be more proactive in raising issues that are important for the sustainability of the project. With the support of Sightsavers and FHF, the review suggests that PICO is best placed to lead on this.

In terms of sustainability more specifically, the project has made some good progress to increasing the prospects for sustainability after the project ends. In particular, the involvement of the PPIU as a member in PICO's provincial eye health board is an important engagement to be maintained going forward. Considerable progress has also been made in securing the optometrist posts in the government hospitals after the end of the project, with a Statement of New Expenditure (SNE) having been submitted. This will need to be followed up on at the appropriate point.

There is some valuable evidence being built up which will help to assess the sustainability of the project at the end of term evaluation. The key indicators for this are the progress against specific advocacy objectives and achievements – most notably the incorporation of the role of the optometrist post into the hospital structures (as mentioned above), the establishment of optical shops, and budgetary allocation towards eye health in the districts. However, there are also other aspects of the project's sustainability that are set to be harder to measure, including the referral mechanism between the primary and secondary levels, and the level of increased awareness to be sustained through changes to health seeking behaviour (as opposed to opportunity-led demand generated through outreach activities). The partners, in consultation with wider stakeholders, should put together and implement a sustainability and exit plan. This would help to monitor and measure the progress made and prospects for sustainability at the end of the project.

Recommendations

Below is a list of the key recommendations that have been elicited from the analysis in this report:

Recommendation	Responsible	Priority
1. Consider recording sex disaggregated data at the different stages of diagnosis, referral, and cataract surgery uptake, in order to allow for analysis of where the different patterns of uptake/compliance between men and women occur.	PCO, FHF, PICO with project teams in hospitals	M
2. To explore the reasons for low number of minor surgeries, and consider reviewing the recording and monitoring to strengthen the reporting protocol and systems.	PCO, GTL	M
3. Start/continue to implement the strategies to increase the proportion of women for cataract surgery in line with the renewed targets, and ensure these are documented and monitored. These	PCO, FHF, PICO with	H

efforts should particularly be targeted on the districts which are showing lower surgery uptake of women (i.e. Mansehra and Swabi)	project teams in hospitals	
4. It was identified that the inclusion of a new LRBT hospital in Swat since the end of 2015 into the project outputs may be contributing to the high screening numbers (200% over project target). This needs to be discussed internally with the GTL/project design team to understand its impact on the project implementation. Following this the project could consider reviewing how screening numbers are being recorded and the appropriate targets going forward.	PCO, GTL	H
5. Ensure that the provision of LVDs increases over the next reporting period at a rate required to meet the outstanding demand and to reach cumulative targets by the end of the project. This may require reviewing current procurement practice or implementing new strategies to mitigate delays. In the meantime, the project could establish a waiting list, to ensure that patients identified with a need for LVDs do not get missed due to this procurement delay.	PCO, FHF, PICO	H
6. Request a budget amendment to allow for additional funds to be allocated to modify the leaflets for the remainder of the project and strengthen the overall dissemination strategy. This could also include identifying local agencies to support the development of a standardised way of measuring the reach of IEC messages (particularly for TV and radio, which do not currently have a standardised way to measure, reach).	PCO, IFT	M
7. Document the lessons learnt from the development of the IEC materials, in particular the necessity of conducting pre-testing of materials as standard procedure in all projects, and share any learning that can be applied in other projects, which have an awareness-raising component.	PCO	M
8. Consider strengthening education, information and counselling in relation to cataract surgery, both at the referral and diagnosis points, to address the barriers to surgery uptake identified in the RAAB (and any other specific socio-cultural barriers felt by women in particular).	PCO, FHF, PICO	M
9. Ensure that all surgery patients receive appropriate after care counselling and are made aware of the need to attend for follow up. For example, the project could produce a post-op information card (budget permitting) to give guidance around surgery aftercare and a contact number in case urgent advice is needed.	PCO, FHF, PICO with project teams in hospitals	H
10. PICO, with support from Sightsavers/FHF, should continue to advocate and provide support and guidance for the DHQs to enable them to put a system in place to record post-operative visual outcomes.	PICO with support from PCO, FHF	H

11. The project should facilitate LRBT to share with the other hospitals its process of recording post-operative visual outcomes. Also, conduct cross learning for LRBT to share its expertise and practices, so that the other government hospitals can implement changes to improve visual outcomes.	PCO, FHF, PICO, LRBT	H
12. The project should present scientific evidence to the Ophthalmologists that are reluctant to use the rigid IOLs. It is important that the project opens up a dialogue to bring them on board to using the rigid lenses as this was a programmatic decision that was made based on the best available evidence.	GTL, Research (PS2), PCO, FHF, PICO with partner hospitals	H
13. Project teams should start to share an additional narrative update for SI and FHF (with activities and key lessons learnt), in the monthly reporting to the focal person at PICO. This is to enable PICO to more easily analyse and compile the report for the partners to ensure that delays to not impact upon reporting to the donor.	PCO, FHF, PICO with project teams in hospitals	H
14. PICO, with the support of Sightsavers and FHF, should start to engage more in advocacy activities with the district and provincial health departments, for example, the standing committee no.12 of the provincial assembly. This is important to raise the profile of eye health and to engage decision makers at the strategic level. The DCC and PBCB meetings should also continue to be used to further the project's advocacy aims, for example, relating to the creation of the optometrist posts, and adequate budget allocation for a sustained supply of medicines and maintenance of equipment.	Global Advocacy Advisor, PICO with support from PCO and FHF	H
15. Continue to monitor the prospects for sustainability of the project gains, working closely with the project stakeholders at all levels to ensure that practices are embedded into the systems in place before the end of the project. This is particularly important with the PPIU which is a vital stakeholder in ensuring the continued engagement and commitment of the LHWs programme. It is recommended that the implementing partners put together a sustainability plan against which progress can be monitored/measured.	PCO, FHF, PICO	M
16. Consider piloting a cost-recovery model for establishing an optical shop at Haripur hospital, based on the experiences of the LRBT hospitals. If successful, consider replicating this at the other DHQ hospitals and using any revenue to help to finance repair and maintenance budgets.	PCO, FHF, PICO	M

1. Introduction and Background

1.1. Background

The number of people who are estimated to be visually impaired globally is 285 million, of which 39 million are blind and 246 million have low vision. According to the National Blindness Survey 2004 in Pakistan, the prevalence of blindness is 0.9%, which indicates that around 1.5 million people are blind. Survey participants who are illiterate were much more likely to have a presenting visual acuity and the prevalence of blindness and visual impairment was higher amongst women. A situation analysis of district health facilities was conducted by Sightsavers and Fred Hollows Foundation (FHF) in June 2014 which revealed that eye conditions are largely aligned with the 2004 National Blindness and Visual Impairment Survey. The cataract surgical rate in these districts is 2,000 which is below the national average of 3,600.

The RAAB survey 2016-2017, which was conducted in two districts of KPK province, found that prevalence of blindness was 4.5% in District Swabi and 1.8% in District Mansehra, both higher than the national average. Functional low vision was above 4% in both districts and poor post-surgical visual outcomes was approximately 30% in both districts. There are strong social indicators to suggest that women are more affected and the results from District Swabi showed that blindness among women was 4.2% and 1.9% among men.[2]

1.2. Description of project

A new vision for eye health in Pakistan's Khyber Pakhtunkhwa province (KPK) is a four year project that started in January 2016 and runs until the end of December 2019. It has a budget of $1,250,000, funded by Standard Chartered Bank's Seeing is Believing initiative. Sightsavers is managing the project, in partnership with the Fred Hollows Foundation, and the Pakistan Institute of Community Ophthalmology (PICO), and it is being implemented by the government district headquarter hospitals and several non-governmental partner hospitals located in the four districts of KPK.

The project seeks to strengthen eye health service delivery at the district levels to reduce the prevalence of avoidable blindness. Surgical interventions are designed to reduce the cataract backlog and strengthen refractive error services. The RAABs in 2016/2017 calculated the cataract surgical coverage (CSC) and that women had a lower CSC rate in both districts.[3]

The project is aligned with the Provincial Programme for Prevention and Control of Blindness in KPK Province (2015-2018). The project prioritises infrastructure and technology development, capacity

[2] Rapid assessment of avoidable blindness and diabetic retinopathy, District Swabi and District Mansehra, 2016-2017, Dr Muhammad Zahid Jadoon

[3] Ibid. In Swabi, age and sex adjusted CSC among persons was 82.5% at VA<3/60 (94.2% among males vs 75% among females), 71.2% at VA<6/60 (79.4% among males vs 65.8% among females) and 50.5% at VA<6/18 (56.2% among males and 46.5% among females). In Mansehra, age and sex adjusted CSC among persons was 96.2% at VA<3/60 (96.6% among females and 95.8% among males), 75.7% at VA<6/60 (72.8% among females vs 78.6% among males), and 51.7% at VA<6/18 (48.6% among females and 55.1% among males)

building of human resources, disease control, effective management and advocacy, research and public private partnerships in support of Vision 2020 targets.

The project is following a health system strengthening approach by building capacity of the government's human resources, improving eye health infrastructure (by filling gaps in technology and equipment) and advocating for increased eye health financing. Each of these inputs focus on different aspects of the six building blocks of the eye health system in the four districts of KPK.

The project has three main objectives, with associated activities:

Objective 1: Men and women with visual impairment access eye health services in four districts

Objective 2: Eye health systems deliver quality eye health services in four districts

Objective 3: The government commitment to eye health at provincial level increases

1.3. Purpose of review

The overall purpose of this MTR was to assess progress against project outputs and establish the likelihood of achieving the objectives. The MTR looks at the challenges and successes so far, and gives recommendations on any specific adjustments the project should make for the remainder of the implementation period. The Mid Term Review considers the following key lines of enquiry:

5) **How is the project performing against its targets at this point, and what is the trajectory for the project objectives being met by the end of the project term? This may include:**
   - Looking at the available hospital level data for eye care, for changes over time in relation to the number of patients screened and receiving surgeries, as well as, where available, service quality and financial indicators.
   - Assessing and analysing gender-disaggregated data and making recommendations for data collection and for service provision to make it more gender sensitive

6) **How is the project performing in relation to demand generation?**
   - Explore the advantages and disadvantages of working with an external communications agency for IEC material development

7) **How effective are the referral pathways and follow-up mechanisms of patients identified with eye conditions?**
   - Look at the information, where available, in relation to compliance, or reasons for non-compliance

8) **What evidence is available to assess the current prospects for sustainability of the project?**
   - To understand what data will be available during the course of the project to help assess the prospects of the project contributing towards change in the health system. Assess if anything needs to be put in place now to support the end of term evaluation to look at this.

1.4. Methodology, limitations and ethical considerations

An evaluation matrix was developed as a framework for the review, which was based around the key lines of enquiry listed above. The review used mixed-methods, which included primary qualitative data collection (key informant interviews and focus group discussions), supported by document review and the analysis of existing project data.

The review was carried out in three phases: secondary data review, data collection, and analysis and report production. It adopted a collaborative approach, and was conducted by staff from the Sightsavers Evaluations Team and an independent consultant, with Sightsavers Pakistan Country Office (PCO), and partners FHF and PICO.

Primary data collection was conducted in two of the four project districts. In total, 52 participants contributed to the evaluation (F=21, M=31), of which 15 were beneficiaries (F=7, M=8). Ten key informant interviews (KII) were conducted and nine focus group discussions (FGDs). Informed consent or assent was obtained from all informants. The review had originally planned to include more service recipients, however there were challenges in getting service recipients to attend the FGDs. Additionally, the evaluation had hoped to get a gender balance in the informants, however this was challenging given that the stakeholders and eye care workforce were predominately male, and more male service recipients presented for the FDGs than women. This is a limitation of the review.

The KII and FGD data were analysed thematically and quantitative output data were analysed thematically in Excel to assess performance against project targets. Wherever possible, data from all sources were triangulated. As two out of the four districts were selected for data collection, the qualitative data represents only very a small sample of each stakeholder group. The active involvement of a wide range of different stakeholders and health workers in the project required that we prioritise informants for data collection according to their level of involvement and ability to comment in relation to the specific lines of inquiry.

The review has been conducted as an internal exercise. This has advantages, in terms of those people collecting the data and supporting the analysis being close to the project and having a good understanding of its workings and relationships with stakeholders. On the other hand, this does inevitably mean that a degree of independence and impartiality is sacrificed. This has been partially countered by the involvement of an external consultant and UK-based evaluation staff for parts of the fieldwork, analysis and report writing. Overall the review intends to provide a balanced insight into the project progress, strengths and weaknesses, challenges and successes to help inform the delivery of the remainder of the project.

It is important to address the ethical considerations of an evaluative piece of work, and to outline the standards and principles adhered to. Below is a list of ethical procedures adopted as part of this evaluation:

- An ethics statement was drafted for the evaluation and shared with the evaluation team. (Appendix 2)

- Use of informed consent was sought in all reasonable circumstances, verbally and/or through the use of an informed consent form (Appendix 3)
- Throughout this report the privacy and confidentiality of participants' identity and their responses is maintained.
- All members of the review team have agreed to and complied with the Sightsavers Child Safeguarding protocol.

- **Description of report structure**

The report reviews each of the review questions in turn, guided by the follow-up questions as outlined in the evaluation matrix. This includes a review of the project performance to date against the the output targets, performance in terms of demand generation, an exploration of the referral pathways and follow-up mechanisms, and finally, understanding what information is available to assess the project's prospects for sustainability. Gender equity is considered throughout the analysis of each of the review questions.

2. Findings

2.1. Key lines of enquiry

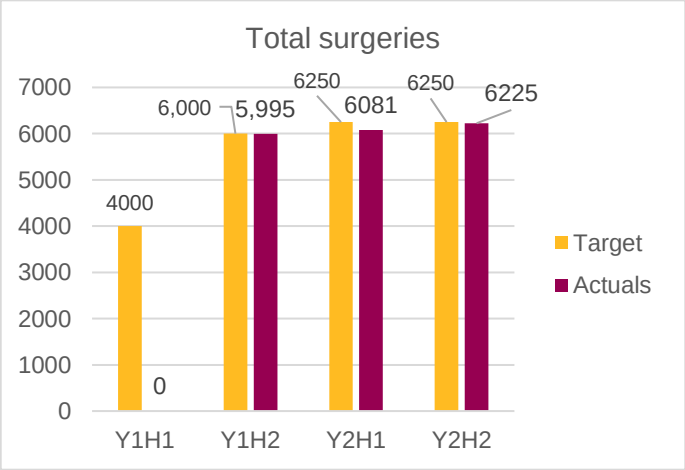
2.1.1. How is the project performing against its targets at this point, and what is the trajectory for the project objectives being met by the end of the project term?

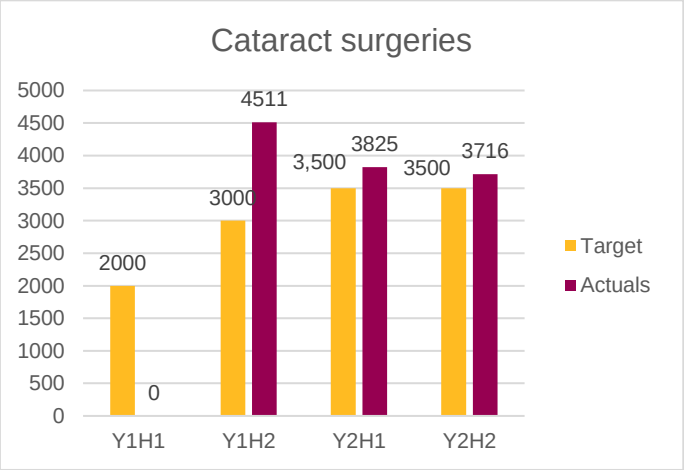
Overall, the project has been performing well, despite experiencing some delays in the start-up period which meant that the project targets in the first reporting period were not met. Since then, there has been considerable effort to catch up on performance across the board, and the overall picture is positive, with most of the targets being on track, or rapidly catching up. This progress is discussed in more detail below, under the sub-themes of surgeries, screenings, refractions, trainings as well as looking at the cumulative performance, and hospital level performance over time.

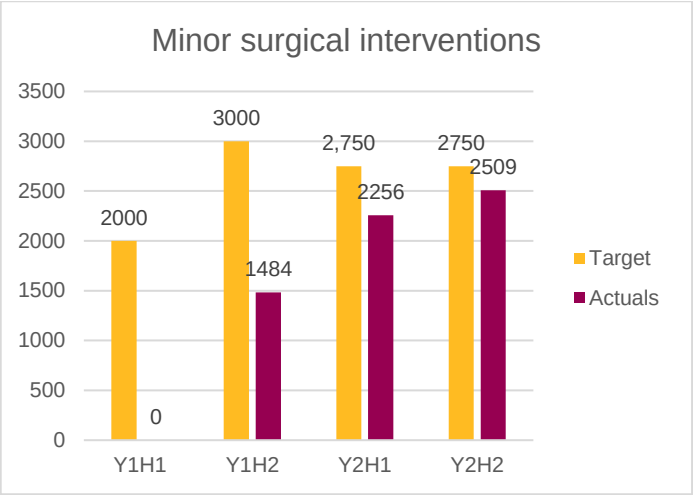
- **Surgeries**

Total surgeries refer to the number of cataract and minor surgeries that are conducted at the hospitals. The project is achieving its targets in terms of number of cataract surgeries despite delays in the start-up, but it is still performing below target in respect of other minor surgical interventions as can be seen in tables 2-3. The five main conditions included under minor surgeries are stye removal, chalazion, lid repair, ptrygium, ptosis. There are a couple of possible reasons for the low number of minor surgical interventions. One is that patients are more likely to go to a local health facility, rather than a hospital, for minor surgeries and so it is not recorded under the project outputs. Secondly, even when patients do come to the hospital, it is also the case that minor interventions are often conducted in the main outpatient department (OPD) and so are not recorded in the operating theatres (OTs). As such it has been suggested that there is likely to be an underreporting of minor surgeries based on these factors. This indicates that there is a need to make these reporting systems stronger, to ensure that we are capturing the accurate information regarding number of minor surgeries, as this could be the reason for the underachievement of targets.

Tables 1-3: Total surgeries, cataract and minor



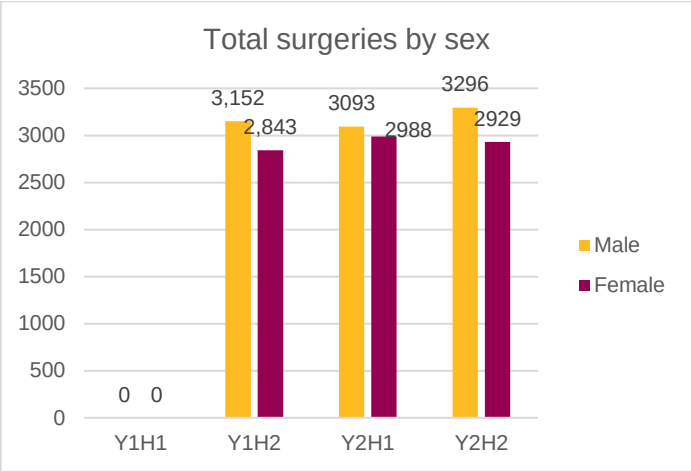


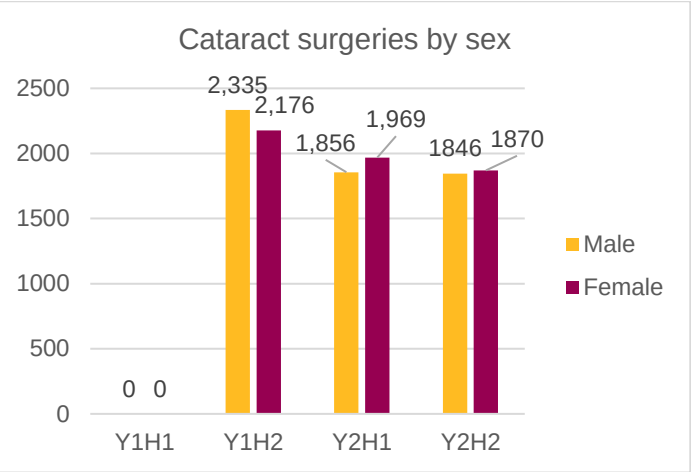


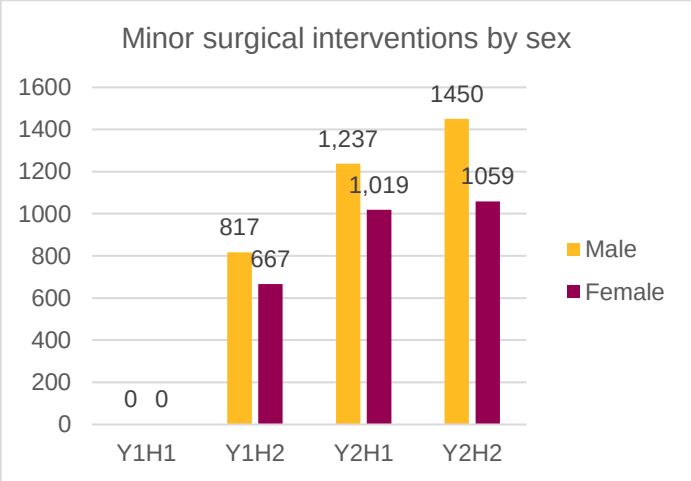
Following the results from the RAAB in two districts (Swabi and Mansehra) the targets for cataract surgery by sex were revised to more accurately reflect the higher prevalence of blindness in women. Originally these were set at 50%, however for the reporting starting from Y3 (2018) they have been revised to 65% for women. This is important in terms of ensuring gender equity. At the time of writing, the data for this latest reporting period was not available, so it is yet to be seen if the project will reach the revised target, and so this should be monitored going forward. Several strategies were proposed to improve the uptake of cataract surgery by women, including conducting more female focussed outreach activities, and emphasising the importance of referring women during the refresher training for the LHWs. What the project data does not allow for analysis of, is the difference by sex at point of diagnosis, and subsequently if an equal proportion of women and men are referred for cataract surgery if they are diagnosed and what proportion take up the referrals b sex. It is suggested that going forward, the collection of this data is considered.

The tables 4-6 below show the sex breakdown for surgeries up to Y2H2. Further potential barriers to women's uptake of surgery are discussed under 'uptake and compliance' in section 2.1.3 of this report. Women account for 49.9% of cataract surgeries, but for minor surgeries only 43.9% are women. The reasons for this are not fully understood, however, anecdotally it was suggested that it might be because men have some more risk factors for minor surgeries due to occupational hazards, most notably ocular trauma or foreign objects. However, this suggested explanation is not fully sufficient, as women are just as likely to develop chalazion or styes even fewer occupational hazards. Therefore, it is worth exploring in more detail what evidence exists, in order to better understand why fewer women are presenting for minor surgeries compared to men.

Table 4-6: Surgeries by sex

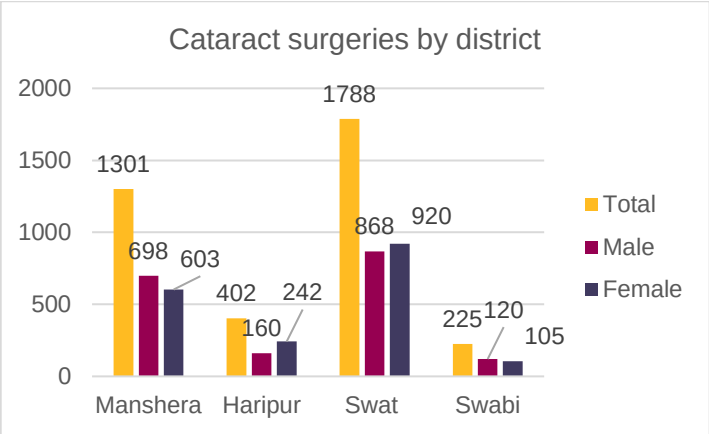


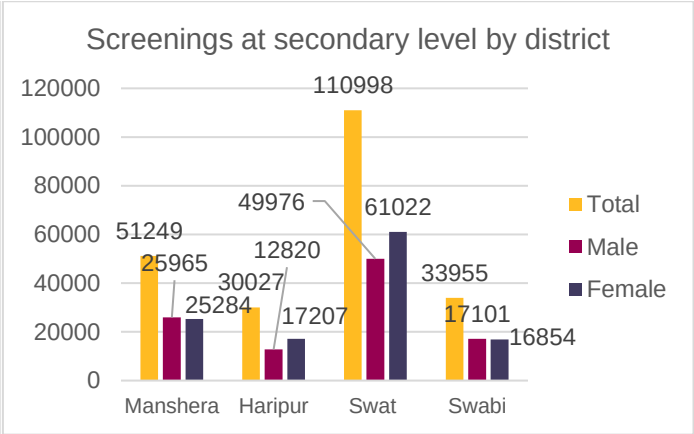




There are some variations by district with Swat and Haripur overall reaching more women than men both in terms of screening and cataract surgeries. On the other hand, Mansehra and to a certain extent Swabi, are less strong in terms of reaching women. This suggests that efforts to increase the proportion of women to reach the new 65% gender targets should therefore be focussed (but not exclusively) on these districts. It is not entirely clear why these differences are occurring, but anecdotally, it has been suggested that it may be due to more culturally conservative attitudes towards women in Manserha and Swabi. However, it would be interesting to explore this in more detail, to fully understand the different contexts in the different districts. It may be that we can learn from what is working well in Swat and Haripur and apply this to the other districts. The data presented in the graphs below are from the reporting period H2 2017 only, provided as an illustrative sample.

Tables 7-8: Surgeries and secondary level screening by district



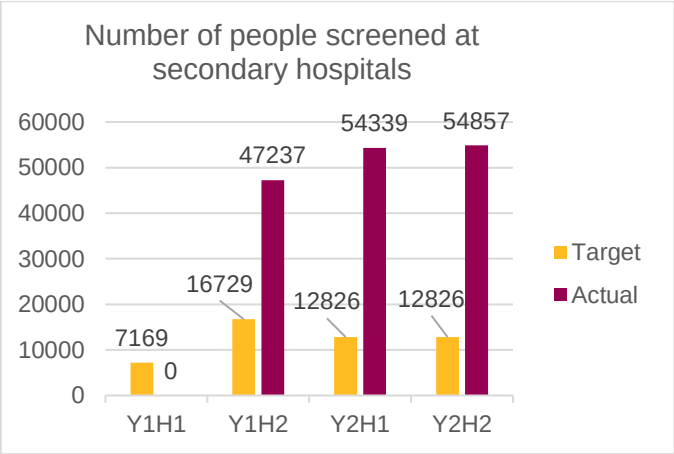


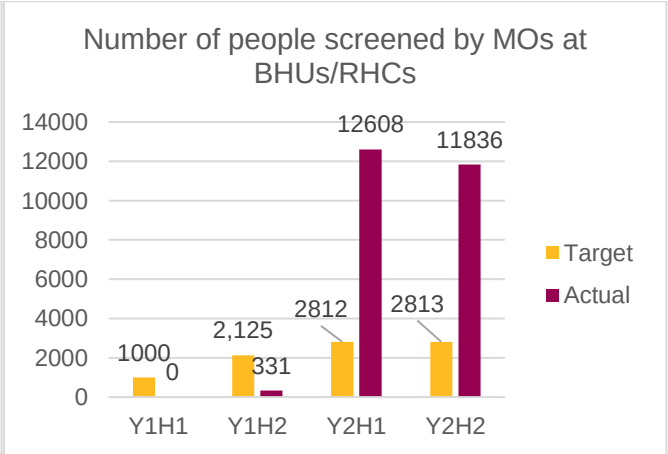
- ***Recommendation 1****: Consider recording sex disaggregated data at the different stages, of diagnosis, referral, and cataract surgery uptake, in order to allow for analysis of where the different patterns of uptake/compliance between men and women occur.*
- ***Recommendation 2****: To explore the reasons for low number of minor surgeries, and consider reviewing the recording and monitoring to strengthen the reporting protocol and systems.*

- **Screening**

The project is exceeding its screening targets at secondary hospitals and primary facilities (by Medical Officers) by over 200%, as can be seen in tables 8-9 below. It is reasonable to assume that the deployment of a total of 8 optometrists by the project at the DHQs has helped to contribute to this. For example, at the BHU/RHC level is there is no separate reporting line for outreach screening. Therefore, the screening done by the project optometrists as part of the outreach is being counted here. Another possible reason for the overachievement is that the target estimation was done based on an overall 30% increase on the 2014 situational analysis baseline. This was also taking into account a natural estimated growth rate of 5% at government OPDs and 8% at NGO OPDs per annum. However, in reality it appears that the growth rate has been much higher. Additionally, LRBT opened another large hospital in Swat at the end of 2015, that was then supported by the project and included in the project data. This needs to be discussed internally to understand how it may be impacting on the project design.

Table 8-9: Screenings at hospitals and at primary level

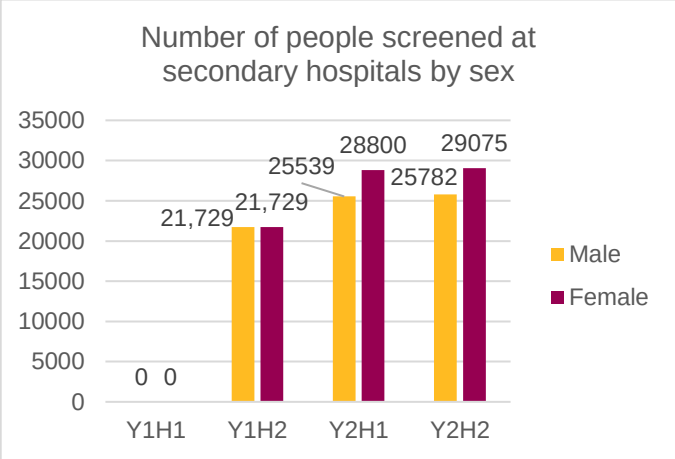


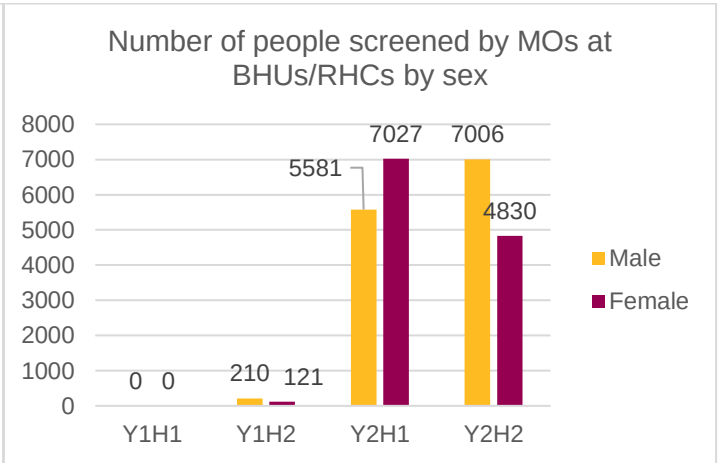


At the secondary level, more women are being screened then men (this is more variable at the primary facility level). As the baseline data does not provide a breakdown by sex, it is difficult to assess if this is a pre-existing natural flow, or an achievement of the project. Anecdotally it has been suggested that it may be in part due to the fact that the OPD opening hours are during working hours, meaning it can be easier for women to attend if they are not in formal employment.

It was also mentioned by key stakeholders during the review, that three women-only outreach screening activities have been conducted in one district. It has been suggested that this could be scaled up/replicated, particularly in the districts which are reaching less women for cataract surgery (Mansehra and Swabi). This work has already started, and the partners expect to be able to provide an update on this in the next report due in July 2018.

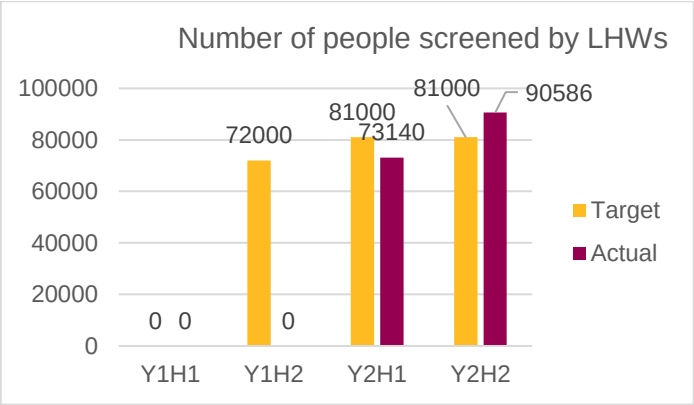
Table 10-11: Screenings at hospital and primary level by sex

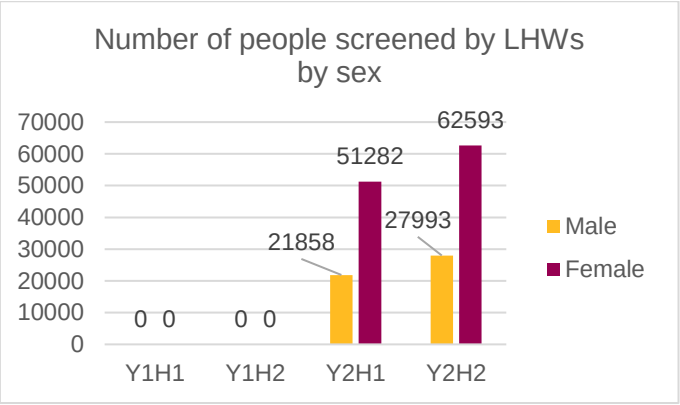




In terms of the number of people screened by LHWs, this is still catching up from the delays in being able to train the LHWs at the start of the project. This was caused by several factors, including a vaccination campaign being conducted at the same time as the project start that took priority, and the LHW strikes. This will require a sustained effort over the remainder of the project to ensure that the cumulative targets are met by the end of the term (as it is currently 30% behind as seen below in table 19). More refresher training of LHWs is scheduled for this year (some of this has already taken place). Unsurprisingly, the majority of people being screened by LHWs are women, showing that this is a good mechanism for reaching women to raise awareness about the project and may help to achieve the new 67% target for women receiving cataract surgery. It is also of note however that there are still a number of men being screened by the LHWs too. This is despite the fact that the government policy is for the LHWs to work with women and children under 5 years. The fact that men are also being screened by the LHWs is partly attributed to their status in the community, where men also respect and seek the advice of the LHWs, even though this is not formally within their remit.

Table 12-13: Number of people screened by LHWs and their sex





One innovation of the project is that alongside the community based screening the project team in Haripur also conducted two screening sessions at the central jail for prisoners. According to the team, several referrals were made from the jail. Although this is at a very small scale, it would be interesting to explore this in a bit more detail, to understand if this approach enables us to reach people who potentially may be marginalised from the mainstream health system. It is worth documenting any learning (for example as a case study) derived from the screening at the central jail in Haripur District to understand what implications activities like this have on equity and access, and what implications this screening has on inmates who are diagnosed with conditions that need to be treated outside of the prison.

- ***Recommendation 3****: Start to implement the strategies to increase the proportion of women for cataract surgery in line with the renewed targets, and ensure these are documented and monitored. These efforts should particularly be targeted on the districts which are showing lower surgery uptake of women (i.e. Mansehra and Swabi)*
- ***Recommendation 4****: It was identified that the inclusion of a new LRBT hospital in Swat since the end of 2015 into the project outputs may be contributing to the high screening numbers (200% over project target). This needs to be discussed internally with the GTL/project design team to understand its impact on the project implementation. Following this the project could consider reviewing how screening numbers are being recorded and the appropriate targets going forward.*

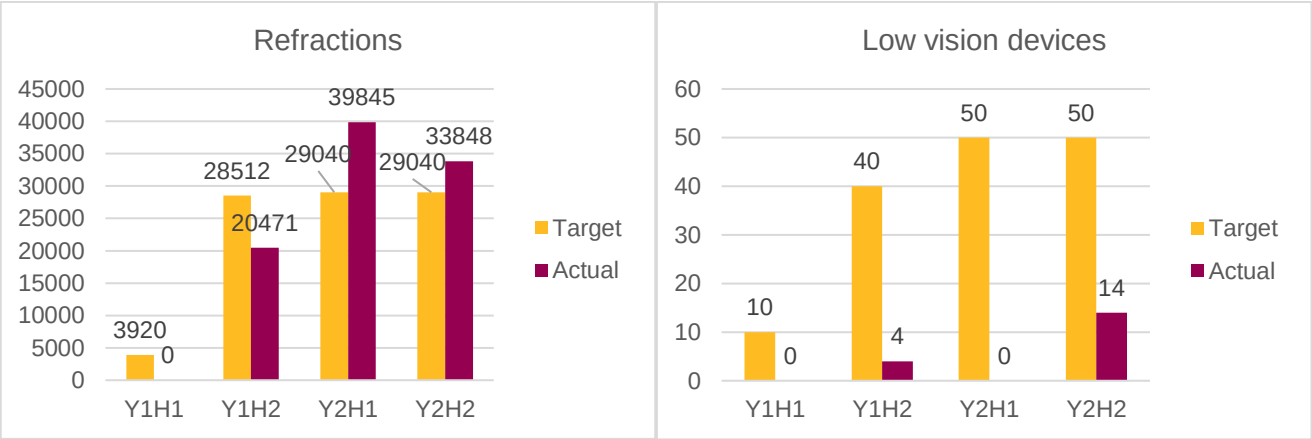
- **Refraction**

Like the other activities, although there were delays at the start-up, the project has started to catch up on its targets for refractions. In the past two reporting periods it has exceeded targets relating to refraction and spectacles prescribed, meaning it is close to its cumulative project target. Refractions are taking place at all of the partner hospitals, although spectacles are only sold at the optical shops that have only been established in the non-governmental hospitals – LRBT Odigram, LMTH Swabi, LRBT Manserha and Shifa Haripur. LVDs are now being dispensed at four DHQ hospitals and one non-governmental hospital. The review learnt that once the project receives inventories from the remaining three hospitals the LVDs will be provided.

The project is still considerably behind its targets for dispensing low vision devices (LVDs), as shown in table 15 below. In the project documentation it is explained that this was in large part due to a delay in procurement which meant that the LVDs were out of stock. It was also mentioned that the team are likely to continue to experience some challenges in this area because the provision and

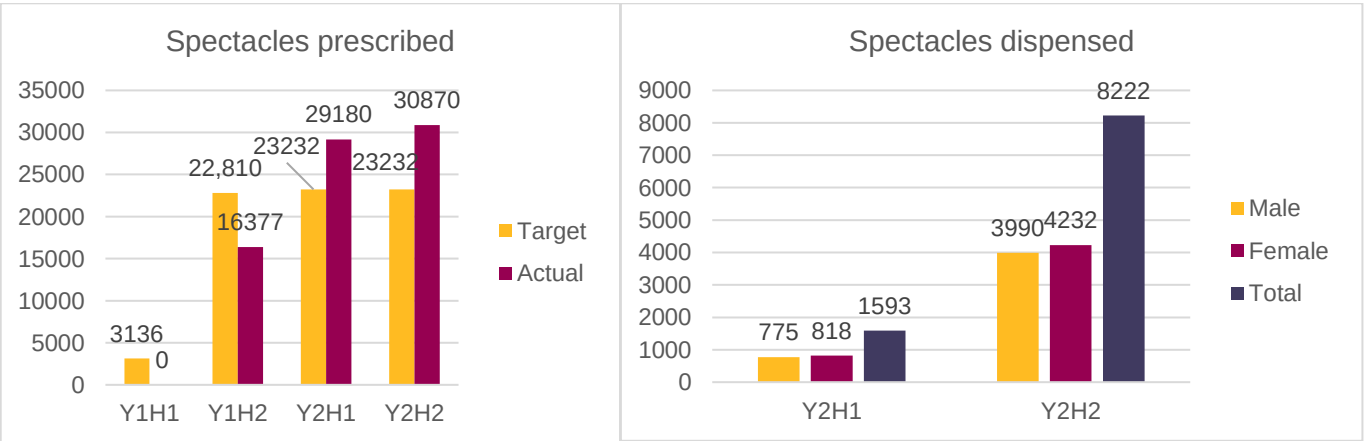
procurement of LVDs is conducted under another district-wide project. This means that it is a component of a larger procurement process that often experiences delays which are out of this project's control. The implementation team plans to catch up in this area in the first half of 2018, as they are expecting supplies/goods to come through. Nevertheless, it is important to identify why exactly the delays are happening, and to explore different approaches that can be adopted to ensure that those who have been identified as needing LVDs are able to receive them as soon as possible. In the meantime, the project could establish a waiting list, to ensure that patients identified with a need for LVDs are not missed due to this procurement delay.

Table 14-15: Refraction, spectacles, LVDs



In terms of the number of spectacles that are prescribed, table 16 below shows the performance against the project targets. However, it does not mean that the patients who are prescribed spectacles will necessarily go on to purchase them. The only data available so far on the number of spectacles that are actually dispensed, is from Y2 of the project (as this is when the optical shops were established), presented below in table 17. It is of note that the data from the first quarter of 2018 had just been made available at the time of writing, which showed that a total of 16,464 spectacles had already been dispensed in that quarter, indicating a large increase expected for the next donor report.

Table 16-17: Number of spectacles dispensed at optical shops Y2



Interviews conducted with optometric staff suggest that the optical shops have been welcomed, in particular because good quality spectacles are supplied at subsidised costs to the patients. At LRBT the operation of the shops has been outsourced and are now running themselves. There is more work to be done in terms of advocating for optical shops to be established in the DHQs. Some progress has been made on this, as it was agreed during a District Coordination Committee (DCC) meeting that government hospitals are authorised to set up optical shops through pharmacies that are already established. This is discussed in more detail in the advocacy section of this report.

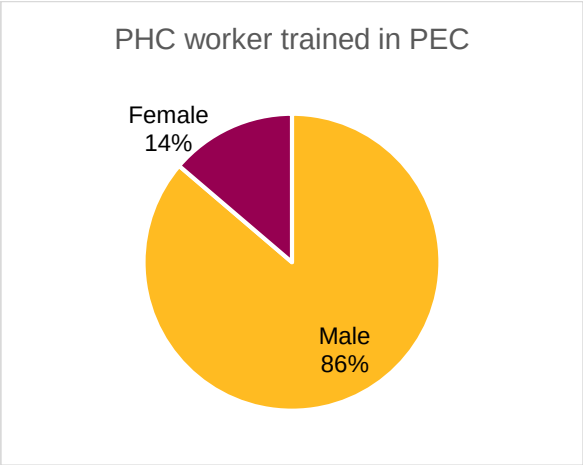
"In market the average price of glasses is 600 to 650. In LRBT it is 300- 350. Customer is very much satisfied. The optical shop is outsourced. The reason for outsourcing the optical shop is that LRBT want more focused on the surgical interventions." – KII with optometrist, District Swat

- ***Recommendation 5**: Ensure that the provision of LVDs increases over the next reporting period at a rate required to meet the outstanding demand and to reach cumulative targets by the end of the project. This may require reviewing current procurement practice or implementing new strategies to mitigate delays. In the meantime, the project could establish a waiting list, to ensure that patients identified with a need for LVDs are not missed due to this procurement delay.*

- **Training**

Training targets have largely been met or exceeded (apart from the training of LHWs which are 28 behind the target of 3,000). However, the project has experienced difficulty in training an equal amount of men and women. At the primary facility level, 269 people have been trained, but only 37 of these are women, representing just 14% of the total. Project reports state that "although the Optometrist posts for the project were advertised in a local paper and a number of female optometrists were encouraged to apply, we received no female applicants for the roles" (Y1H1 Donor Report, p5). This represents an issue in the general PHC workforce in the area (which is confounded by the fact that the area is particularly conservative which may discourage professional women from taking up roles there) and is not necessarily due to lack of effort by the project. It seems that there is a longer-term challenge here of changing cultural attitudes and behaviours to encourage more women to enter the health workforce, but it is recommended that the project continues to actively encourage the participation of women in training and recruitment. Although anecdotal, during discussions it was highlighted by PICO that a large number of its own trainee optometrists are women, indicating that a gradual shift may be taking place, even if it is not yet reflected in the PHC workforce in KPK province.

Table 18: PHC workers trained in PEC by gender



Not all of the medical officers (MOs) and project staff (optometrists and social organisers based at the hospitals) consulted during the fieldwork had received training, but those who had, indicated that the training was good:

"We received many training…all these training were of good quality; we learned a lot from these training." – FGD with Optometrists and Social Organisers, District Haripur

"I got a training two years ago. It was a two days long training in eye health care, eye structure and eye related diseases were discussed in the training. It was a good training for medical officer as we are generally not well aware of ophthalmic knowledge and I learnt many new things during the training." – FGD with MOs and MTs, District Haripur

In Haripur district, the optometrists and social organisers suggested additional training on the use of Low Vision equipment. Low Vision was included in the original training, but they requested some additional guidance from a specialist in Low Vision. Additionally, the social organisers in the project mentioned that they would like some additional training on advocacy for eye health so that they can try to address some of the advocacy objectives in the project. The programme team has been made aware of a free online module specifically designed to support advocacy for optometrists, this link will be shared with the project teams.[4]

Key informants from the project teams in District Swat highlighted that they received training for disability inclusion and on effective report and case study writing, which had helped to build their skills. There was also an appetite for refresher training, which has been planned for Year 3 of the project.

[4] Link to the free course suggested: http://emco-opt.org/En/images/BHVIA_20180328_Advocacy_Online_Training_eInvite_LUIGI.PDF

"Just a single training is not enough, these training should be arranged on regular basis and refreshers are most important to keep thing remembers and into practices." – FGD with MOs and MTs, District Haripur

The LHWs consulted as part of this review were generally satisfied with the training. In District Swat they had received training in 2017, and refresher training in March 2018. A Lady Health Supervisor (LHS) consulted said that she was satisfied with the training provided to the LHWs, as it added to their general training which does not go into detail about eye health. The materials provided were also considered useful and appropriate for the LHWs by the LHS. From the FGDs, it seemed clear that the LHWs were aware of their role in screening and providing eye health information.

"After this project's trainings I am able to treat eye problems to some extent, give more useful information/education about eye care and can screen and refer patients with eye problems." – FGD, LHWs, District Swat

- **Cumulative**

Cumulatively to date, the project has made good progress in reaching its targets, particularly considering some of the challenges of the delayed start-up of the project. However, there are still some indicators that remain more than 10% below mid-point cumulative target, which will require careful monitoring. These indicators are minor surgical interventions (-40%), number of people screened by LHWs (-30%), refractions (-11%), spectacle prescriptions (-10%), and LVDs (-88%).

Table 19: Cumulative progress against total outputs

	Cumulative planned Outputs (Project to date)			Cumulative actual outputs (Project to date)			Variance %
	Male	Female	Total	Male	Female	Total	
Cataract op	6,000	6,000	12,000	6,037	6,015	12,052	0%
Other minor surgical interventions	5,248	5,252	10,500	3,504	2,745	6,249	-40%
Total surgeries	**11,248**	**11,252**	**22,500**	**9,541**	**8,760**	**18,301**	**-19%**
Number of people screened at secondary hospitals	24,773	24,777	49,550	73,050	83,383	156,433	216%
Number of people screened at Primary level by LHWs in communities	117,000	117,000	234,000	49,851	113,875	163,726	-30%
Number of people screened at Primary level at BHUs/RHCs	4,375	4,376	8,750	15,828	14,090	29,918	242%
Total screened	**146,148**	**146,153**	**292,300**	**138,729**	**211,348**	**350,077**	**20%**

Refractions/ prescriptions (adults)	52,800	52,800	105,600	43,375	50,789	94,164	-11%
Spectacles prescribed (adult)	42,240	42,240	84,480	34,665	41,762	76,427	-10%
Low Vision devices	73	77	150	13	5	18	-88%
Total Refraction	**95,113**	**95,117**	**190,230**	**78,053**	**92,556**	**170,609**	**-10%**
Number of people reached through awareness raising activities	125,000	125,000	250,000	148,605	143,137	291,742	17%
Training of 3,000 LHWs	-	3,000	3,000	-	2,972	2,972	-1%
Training of 125 medical Officers based at BHUs, RHCs in PEC	113	13	125	104	25	129	3%
Training of 125 medical technicians in PEC	113	13	125	120	12	132	6%
Training of 4 Optometrists in Low Vision	-	4	4	8	-	8	100%
Total trained	**225**	**3,029**	**3,254**	**232**	**3,009**	**3,241**	**0%**

- **Hospital performance over time**

As per the ToRs, the review also looked at the performance of the individual hospitals to see if there have been any changes in performance over time. The performance indicators are screening numbers at the hospitals, the numbers referred to the hospitals, numbers reached at the hospitals, numbers refracted, number of cataract surgeries and the number of minor surgeries.

Looking at the data, there is a gradual improvement in hospital performance over time, across almost all indicators (See Appendix 4 for the table). Major surgeries were the only indicator that was not consistently found to have improved over the course of the project. Overall, more improvement was seen in the DHQ hospitals as opposed to the LRBT hospitals, as the DHQs were starting from lower numbers.

When we compare this data across the hospitals, a couple of additional points emerge. Firstly, the non-governmental hospitals are not collecting data on the number of patients referred and the number of patients who reached the facility. This is mainly because they are not involved in the screening at the primary and community level, which is being conducted within the government structures. However, it does make it difficult to compare across the facilities.

Secondly, the LRBT hospitals are performing the highest number of cataract surgeries, and significantly more than the other hospitals. This is likely due to a number of factors including more capacity the LRBT hospitals, and because the costs are fully covered at no expense to the patient so are likely to be favoured by the patient (whereas they are subsidised at the DHQs).

2.1.2. How is the project performing in relation to demand generation?

The second key line of enquiry of the review was to look at the project's performance in terms of demand generation. This includes the components of IEC material development and dissemination, outreach activities and overall coordination of the project between actors at the different levels of the health system.

- **IEC Strategy**

As part of the secondary documentation we reviewed the 'IEC Strategy' that was developed by the project. While the purpose of the document was well presented and the approaches to the dissemination of messages and materials was outlined, the strategy lacked reference to data or evidence to support the use of the methods proposed. Overall it could have provided more rationale/justification for the methods chosen, which included posters, leaflets/brochures, and eye health messaging through FM radio and cable TV. For example, the strategy makes reference to "previous experiences and local contexts" so it would have been useful if these were more clearly documented and formed part of the evidence behind the proposed approach.

A communications agency was hired to develop the materials, and this included conducting FGDs in the local communities to inform the messaging. This meant that high quality materials were produced - the videos in particular. A couple of weaknesses mentioned were that most communications agencies work in the private sector, so it is hard to find one with experience in public health, or eye health messaging in particular. Therefore, it would be beneficial to build up a relationship with the agency in order to ensure that it has the necessary expertise to support the needs of the project.

There were challenges in relation to the dissemination strategy of the materials and messaging. Firstly, due to an underestimation of the required budget the original dissemination strategy could not be enacted and modifications needed to be made. This was partly due to the fact that it was found that air time on cable TV and the radio was more expensive than originally estimated. Originally it was planned to produce posters and billboards, but as the budget was not sufficient to cover these costs the project produced leaflets instead.

"The content of the IEC material should be more focused and that needs improvement. Budget for FM radio should be allocated...[and] the duration for awareness raising of eye health message on radio should be increase" – FGD with Optometrists and Social Organisers, Swat

"The feedback about the IEC material which was developed under the project was that the materials do not 100% meet the needs of community...some material was not appropriately used. Due to financial constraints the IEC campaign could not be launched as proposed." – KII with project staff at PICO, Peshawar

The second additional challenge is to do with the content of the leaflets, which contained some religious imagery as was considered to have been in line with the local cultural context. This design was originally developed for billboards, however when translated into leaflets they received feedback from the community that it was inappropriate to have these religious imagery on paper, as these

could fall on the ground or be mishandled. As a result some community members were reluctant to receive the leaflets, and would refuse to take them away with them. This occurred largely due to the change in dissemination (from billboard to leaflets) but similar things could be mitigated in the future by ensuring that all materials are pre-tested in the community before being distributed.

Furthermore, the fieldwork enquiries found that the IEC materials did not appear to have made a significant contribution to raising awareness in the communities. Although only a small sample, none of the cataract patients who attended the FGDs cited seeing or hearing IEC messages, but instead attributed their knowledge of the project to word of mouth, or the outreach screening activities. Project staff in Haripur mentioned that they were only aware of a handful of people who had attended the hospital due to receiving IEC messages. Up to this point in the project, only a small number of leaflets have been distributed (although more are planned to be distributed during the refresher training of the LHWs.) As a result, the MOs in Haripur and staff at LRBT in Swat consulted as part of the fieldwork had not been provided with any IEC materials. LHWs in Swat said that they each received 35 leaflets that they were asked to distribute at the household level, but they also elaborated that they visit on average around 100-150 houses a month, and so this would not be enough to distribute within their catchment areas.

"LRBT was not provided [with] the IEC material"- KII with optometrists and opticians at LRBT, Swat

It has proved a challenge to estimate the number of people reached through the IEC dissemination activities, particularly messages delivered by radio/cable TV, as it is very difficult to estimate reach based only on audience numbers. The project documentation (Y2H2 Appendices, Output Progress) states that it is planning to undertake surveys to measure the effectiveness of the IEC campaign in 2018. This is to be developed in consultation with the Sightsavers Research Team to determine how best to go about this survey. The results from this survey could be valuable in terms of determining what modifications need to be made to the materials and dissemination strategy, and when this should happen. The measurement of the impact of IEC activities is a continuous challenge that Sightsavers is looking to address at the organisational level.

- ***Recommendation 6****: Request a budget amendment to allow for additional funds to be allocated to modify the leaflets for the remainder of the project and strengthen the overall dissemination strategy. This could also include identifying local agencies to support the development of a standardised way of measuring the reach of IEC messages (particularly for TV and radio which do not currently have a standardised way to measure reach).*
- ***Recommendation 7****: Document the lessons learnt from the development of the IEC materials, in particular the necessity of conducting pre-testing of materials as standard procedure in all projects, and share any learning that can be applied in other projects which have an awareness raising component.*

- **Outreach activities**

The review found that outreach activities had been a significant factor in raising awareness at the community level. As well as serving the purpose of providing outreach screening, the activities in the community were seen to have contributed to referral uptake and increased awareness about eye health issues. During a FGD with cataract service recipients in Haripur district the participants said

that they heard about the availability of eye care services through their family members, and one participant said that she was made aware through the outreach activities.

Furthermore, as mentioned previously in this report, three women only screening outreach activities have been conducted in Swat, and it is likely that this will be replicated in other districts too in order to increase the number of women reiving eye care services under the project.

Transport issues were cited as barriers to accessing eye care services, particularly for women who may not have ready access to transport. During FGDs in Swat in particular, it was discussed that Bahrain and Kalam in the district are very remote, without easy access to conduct outreach activities. It was suggested that the team should discuss this with the District Program Implementation Unit (DPIU) and explore possible opportunities for collaboration.

"...on the motor bike it is not possible for the team to conduct day visit along with the screening equipment...DPIU have their own vehicle and they do visit these tehsils. It is suggested to coordinate with DPIU and if...it is possible to visit these areas economically"- FGD with Optometrists and Social Organisers in Swat

Overall, the outreach activities appear to have been instrumental in attaining high screening numbers under the project. However, whether this will lead to long term behaviour change should still be questioned - it is one thing to be screened in the community and to take up the referral, and another to have an impact that leads to long-term attitudinal change in health seeking behaviour. The majority of the outreach activities have been conducted by the project staff, the optometrists and the social organisers, meaning that these activities are not likely to be sustained in the same way after the end of the project. This is why it is important that other activities, in particular awareness raising through social and behaviour change communication (SBCC) take place alongside the outreach activities, to complement and reinforce the eye health messages for the longer term. The embedding of the Optometrist Post (discussed in more detail in the sustainability section) will also have an impact on whether any outreach screening activities continue beyond the end of the project.

"There is still a need to do a lot to change the general attitude of the public regarding their health practices"- KII with PICO senior staff, Peshawar

2.1.3. How effective are the referral pathways and follow-up mechanisms of patients identified with eye conditions?

The third key line of enquiry looked at the referral pathways and follow-up mechanisms, particularly in relation to compliance rates, and reasons for non-compliance of treatments.

- **Referral mechanism**

Most key informants considered the referral mechanism to be relatively effective, especially considering that there is no effective government referral system. However, it was mentioned by a representative at PICO and an Ophthalmologist that a proportion of people, who are being referred to the hospitals, could in fact be treated at the primary level BHUs. On the other hand, it was also mentioned by the MOs/MTs that they have to refer most cases to the hospital level as there is a lack of medicines available at the BHU level – therefore this may be more of a health system wide issue.

We need to understand this issue further to see if/how the referral system can be effective in identifying where treatment can be done at the primary level, and only referring the necessary cases to the secondary level.

"The referral system is good" – KII with LHS, Swat

"The project has tried to fill the gap between primary and district health facilities" – KII with Community Ophthalmologist PPIU, Peshawar

"Tertiary level hospitals are also catering to needs which can be easily managed at primary level...there is some improvement (of this) under the project" – KII with senior staff at PICO, Peshawar

As mentioned previously, the LRBT hospitals do not report on numbers referred to them and numbers who reach the hospitals. This is a gap, as it is important for the hospital to understand these patterns and set up appropriate systems to record these. It is also important for consistency across the project, to be able to better understand the uptake of referrals across the project supported hospitals. However we are able to compare referral uptake across the DHQ hospitals. The average referral uptake rate was lowest in Mansehra DHQ at 19% with average, whereas the rates were between 35-41% in the other DHQ hospitals. These uptake rates seem to be fairly low, but there are a many possible reasons for this. Firstly, these do not capture those who have been referred from the primary level, but who chose to attend the LRBT hospitals (which do not report this data). We heard that the patients actually have more incentive to go to the LRBT hospitals as they provide services free of cost. Whereas at the DHQs, the project is only covering the cost of the intra-ocular lenses (IOLs) and some consumables (meaning that most patients have to purchase some consumables/medicines from the market if they are treated at the district hospitals).

"Most of the patients go to LRBT after being referred from the community. The reason is that they get medicines, and patients care more for free medicines, whereas, in Saidu hospital they can get only advise and diagnostic services...if the project provides some medicines then the reporting of the referred patients will increase" – KII with Ophthalmologist, Swat

Another reason is that sometimes patients forget to bring or have lost their referral slip. It has even been reported that some patients were reluctant to hand in their referral slip, perceiving it as important documentation given to them that they want to keep. Additionally, once they are registered through the main hospital reception they are given a hospital registration form – subsequently in some cases when they visit the OPD they hand this form in rather than their referral slip. During discussion with the MOs/MTs it was suggested that a feedback mechanism should be introduced between the DHQ and BHU, so that they can receive feedback on the cases that they refer. However ensuring this would work in practice given the capacity issues and high demand at OPDs, would be a challenge.

"Proper attention should be given to referral cases at DHQ level and a feedback mechanism should also be in place for MT to help them improve their skills" – FGD with MOs, MTs in Haripur

- **Uptake and compliance**

The 2016-2017 RAAB that was conducted in Swabi and Mansehra identified three main barriers to uptake of cataract surgery[5]. The most significant barrier was cost, which is being addressed to some extent by this project. The two other barriers were fear, and 'the need not felt' both of which can be addressed by education, information and counselling. Fear was also mentioned during the FGDs with LHWs as being a barrier to surgery for women. Other reasons for low uptake discussed during the review include, barriers to access (such as lack of financial resources or transport facilities, inability to take time away from home/work etc.), and the lack of priority some people give to eye health, despite continued efforts to raise awareness of its importance. Although not explicitly highlighted during the review, it was also suggested anecdotally that women face additional barriers, such as conservative cultural or religious attitudes, and lack of financial decision making power in the household. It would be beneficial to explore the specific barriers for women in more detail to fully understand the different factors at play. It is recommended that the project considers strengthening education, information and counselling in relation to cataract surgery, both at the referral and diagnosis points, to address the barriers to surgery uptake and compliance.

"Patient are not considering eye diseases as life threatening disease so they are not visiting the hospital" – Optometrists and Social Organisers, Swat

"Uptake in cataract surgeries for women remained lower than men. Reasons need to be investigated by considering various aspects including access and referral from primary to secondary levels. Secondly observe the socio-cultural traits and constraints [that] don't allow the women to access the eye care services" KII with Community Ophthalmologist, PPIU

"The women do scare from surgeries but this issue can be resolved with awareness raising. My own mother was afraid of cataract surgery but on her education she was ready for the surgery and did it successfully" – KII with LHS, Swat

It was noted in a donor report (Y2H1) that a higher referral uptake rate was seen among patients referred by BHUs/RHCs (39%) compared to those referred by LHWs (19%). This was despite the fact that it was stressed by stakeholders at all levels of the project that LHWs play a key role in raising awareness amongst the community and referring patients to seek treatment for eye care. A possible reason for this is that LHWs are generally referring patients from (villages and hamlets/compounds, including those in remote areas) across the whole district, meaning that distance and transport may be a prohibitive factor. There does not appear to be a credibility issue with LHWs, as they are highly regarded within communities, and even though their main focus is on women, often men will come to them to seek advice too (as evidenced in the number of men being referred from LHWs).

One other reason commonly cited by stakeholders at the community level as a barrier to taking up referrals was the lack of prioritisation of referred patients. It was suggested that when the patients are referred they expect some kind of priority treatment, and in some cases were dissatisfied with having to go through the main hospital reception and registration and the busy eye OPD.

"Another challenge is that when patients are being referred, they are not getting as much importance" – FGDs with Optometrist and Social Organisers in Swat

[5] Rapid Assessment of Avoidable Blindness and Diabetic Retinopathy, District Swabi and District Mansehra, Dr Muhammad Zahid Jadoo, 2016-2017.

"When the patients referred by LHWs to the hospital do not get eye treatment or special attention they come back with negative attitude and will have an adverse effect on the project, and our (LHW) program as well" – KII with LHS, Swat

This was discussed with the project partners, but it was thought to be unlikely to be advisable to give prioritisation to referred patients, especially in the government hospitals. Instead there is a need to manage the expectations of the patients at the point of referral and letting them know that they will not receive priority treatment – without demotivating them from taking up the referral slip in the first place by emphasising the importance of good eye health.

- **Tracking, follow-up and feedback from service users**

The original project design did plan to set up an HMIS system for the project, to help track the referrals and follow-up of patients. A software company was commissioned to develop it and the teams were oriented on the use of the system. However, ultimately it was not well received by the project teams (optometrists and social organisers) who said that they did not have the time, in the busy and overburdened OPDs to record such data, and even offline versions were not viable. Furthermore, there is no effective system already used that it could be integrated with, as the DHQs record all data manually. This is an area that Sightsavers and partners should monitor, as if there is a move for the government hospitals to start using any kind of digital system of record keeping, it could present a good opportunity to try to influence the development of the system. This includes advocating for the full integration of eye health and other indicators (around sex and disability status for example).

During FGDs with cataract patients, it was found that most of them had attended follow-up 2-3 times after their surgery, however this is not necessarily representative of the wider picture. Health professionals said that it has been a bit of a challenge to ensure consistent follow-up from cataract surgery; anecdotally we heard that it was suspected that often patients would consult a health care provider close to them (for example other government or private health facility, optical shop or pharmacy) rather than travelling back to the hospital for check-ups. It was also mentioned by one key informant that if everything seems fine and there is no pain, then often patients don't feel the need to attend. It is more likely for people to come for follow-up if they are experiencing some discomfort or complication. This also links to the problem of ensuring robust post-operative outcome data is recorded – discussed in the next section below.

"In some cases patients report to us at different intervals ranging from first week up to 7 weeks for post surgeries examination. But we didn't receive any serious complaints during this duration" – KII with Ophthalmologist, Haripur

In terms of levels of satisfaction, the FGDs with cataract patients generally found that they were very happy with the service they received, stating that staff were friendly and guided the patients well. One FGD participant was a bit concerned that he was feeling some pain in his eye, and another complained about trouble navigating the hospital system, stating that the eye OPD was overburdened at the hospital staff could not spend enough time on patient care. Some also stated that they were "not properly guided on after surgery care" and stressed the need for proper counselling to be provided to ensure that patients are aware of post-operative care and the need to attend follow up.

"I was quite satisfied on the surgery procedures" – FGD with cataract service user, Haripur

"The patients give a mixed feedback, sometimes they are not happy when they don't receive the desired service in the hospital with ease" – KII with LHS, Swat

- ***Recommendation 8**: Consider strengthening education, information and counselling in relation to cataract surgery, both at the referral and diagnosis points, to address the barriers to surgery uptake identified in the RAAB (and any other specific socio-cultural barriers felt by women in particular).*
- ***Recommendation 9**: Ensure that all surgery patients receive appropriate after care counselling and are made aware of the need to attend for follow up. For example, the project could produce a post-op information card (budget permitting) to give guidance around surgery aftercare and a contact number in case urgent advice is needed.*

- **Surgical quality and Post-operative visual outcome**

In terms of surgical quality, Sightsavers Quality Standard Assessment Tool (QSAT) was conducted at the DHQs in Swabi and Haripur. Haripur's aggregate score was 71.9% with a moderate need for further improvement. However, in Swabi the aggregate score was 56.6% and a strong need for improvement was identified. There was some delay in getting the QSATs completed due to competing priorities of the consultant contracted for the work, and at the time of the evaluation action plans had only been finalised in the last couple of months. PCO stated that they have made some progress in addressing the issues highlighted and are planning to discuss these in more detail at the joint partner review meeting scheduled for June 2018. Therefore, this should be followed up on in the next reporting period to check the progress that has been made. One concern highlighted was that although the QSAT identifies some gaps, the project does not necessarily have the resources to address these, especially in terms of training, infrastructure or equipment. It is suggested that such gaps should be discussed with the partners, and a way forward discussed including considering if the project can advocate for the hospitals to address these, rather than putting the onus on the project. QSATs in the remaining two districts are planned to be conducted in July-August 2018 which should give a clearer picture of quality standards across the district hospitals.

We reviewed surgical outcome monitoring data from the DHQ in Swat (June – November 2017) and three LRBT hospitals, Mansehra, Kalakalay and Odigram (July – September 2017). In Swat, the number of patients who reported for final visual acuity (VA) testing after cataract surgery was only 8% of the total 532 number of surgeries performed in the period. Therefore, it is not possible to draw any conclusions on the post-operative corrected visual status. More focus will need to be put on collecting a representative sample before any data can be analysed. In terms of the LRBT hospitals, the results are based on 30% of 4,699 cataract surgery patients. Across the three hospitals 98% of post operation best corrected visual acuity (BCVA) was reported as 6/18 or above. Even with a relatively small sample, this indicates high quality surgical outcomes.

The DHQ hospitals in Swabi, Mansehra and Haripur have yet to report the post-operative outcome data which is of concern. PCO, with partners, has been working with the DHQs to encourage them to proactively report on the post-operative visual outcomes, and have provided pro-forma templates for recording the data upon the request of the DHQs. This was also raised in the sixth meeting of the

Provincial Blindness Control Board (PBCB) and the action was for Sightsavers and PICO to jointly write a letter to the Director of curative services for her support in resolving this issue. According to representatives from PICO, this letter was submitted, however the process seems to have stalled at the district level. They have requested Sightsavers' assistance in drafting a new letter that they can submit directly to the provincial Director General Health Services (DGHS). It was noted by PCO that they have shared a proforma template with the hospital in Swat who has agreed to start recording this data. Overall, in this area, it appears that some sustained advocacy will be required by the project to continue to monitor and encourage hospitals so that data is reported, and that it is robust enough to be able to analyse. Assuming that it will be possible to collate and analyse this data, it may also be worth considering what actions may be suggested as a result of collecting this data, in terms of improving the surgical outcomes. If any issues with quality arise, the project will have to work across the implementing partners, to put together recommendations to address this.

A discussion about intra-ocular lenses was raised several times during KIIs with Ophthalmologists and optometrists consulted as part of the review. One Ophthalmologist was insistent that the project should be providing foldable IOLs (rather than the hard ones currently supplied by the project) and phacoemulsification surgery as he suggested that these are of a better quality for the patients. This was even though it was conceded that there is no evidence of a significant difference between the two. During the FGDs with cataract patients, one patient complained that a surgeon had urged him to purchase a foldable IOL from the market instead of the IOL provided by the project. He said that he was told that the IOLs supplied by the project are substandard. While in this case the patient insisted on using the IOL supplied by the project, it raises a concern that a surgeon is insinuating to patients that the the IOLs provided by the project are not a high standard. It is important to note that this view was not held so strongly by all Ophthalmologists and most were satisfied with the rigid IOLs and using them for the surgeries. It is understood by Sightsavers that scientific evidence exists to show that both types are equally effective. As foldable lenses would inevitably likely increase the cost on the patient with the level of subsidy that the project is currently able to offer, and because there is no evidence that there is a difference in quality between the two, a programmatic decision was made to use the rigid lenses. Therefore, it is necessary to present additional information/evidence to orientate any surgeons who are reluctant to use the project supplied rigid lenses to and bring them on board.

- ***Recommendation 10****: PICO, with support from Sightsavers/FHF, should continue to advocate and provide support and guidance for the DHQs to enable them to put a system in place to record post-operative visual outcomes.*
- ***Recommendation 11****: The project should facilitate LRBT to share with the other hospitals its process of recording post-operative visual outcomes. Also to conduct cross learning for LRBT to share its expertise and practices, so that the other government hospitals can implement changes to improve visual outcomes.*
- ***Recommendation 12****: The project should present scientific evidence to the Ophthalmologists that are reluctant to use the rigid IOLs. It is important that the project opens up a dialogue to bring them on board to using the rigid lenses as this was a programmatic decision that was made based on the best available evidence.*

2.1.4. What evidence is available to assess the current prospects for sustainability of the project?

This section aims to assess and understand what data will be available during the course of the project to help assess the prospects of the project contributing towards change in the health system. It will also help to assess if anything needs to be put in place now to support the end of term evaluation to look at this. Under this aim, we look at several specific areas of the project's performance, coordination, advocacy and sustainability.

- **Coordination**

Overall, coordination between the multiple different project stakeholders at various different levels (project, district, provincial levels) was deemed to be effective and well managed. The LHWs also considered there to be good coordination with the project team.

"The coordination with the project team in the community (Social Organisers) and Optometrists in the hospital is very useful." – FGD, LHW, District Swat

"Very good coordination and working relationships with the project at provincial level and at the district level" – KII, Provincial Coordinator, PPIU

However, with any project with multiple partners some challenges were highlighted in terms of internal monitoring and reporting. One suggestion was to appoint one person as a data manager to who would be responsible for ensuring effective data collection across the project. For example, a representative from PICO stated that they are facing challenges in ensuring that data on eye health is submitted by the public hospitals on a monthly basis despite reminders and follows up made. It is recommended that some additional measures are put in place to address these reporting issues.

There were also some mixed responses relating to the efficacy of the DCC, with some considering it to have improved the coordination with the project and the health department at the district level, and others considering it an additional level of decision making that is slowing processes down.

"DCC forum is also used for trouble shooting which the project has faced. During the course of implementation, certain gaps have been identified e.g. it was felt that there was a lack of coordination between project team and district health department. Now that gap is filled by strengthening the channel of communication"- KII Community Ophthalmologist, PPIU

"I consider the role of the DCC is not too much effective, the reason is that when you create/distribute role share in so many desks it results in creating confusion. In the case of DCC, district administration can't play an effective role because they have to refer thing to hospital Management for decision making so I would rather suggest that decisions regarding this project should be taken at hospital administration level instead of district administration level it will help to make quick decisions and make thinks expedited." – KII, Ophthalmologist District Haripur

Despite these mixed responses from some of the key informants, the DCC does appear to have offered an important forum for the project to engage with the DHQ hospitals at a strategic level. The meeting minutes from a DCC meeting in November 2017 in Mansehra show that it serves as a useful space to provide updates on the project progress, and raise issues to be addressed - such as the

establishment of optical shops (and agreeing that teaching hospitals are autonomous to establish optical shops through their pharmacies), and increasing signage for the project in the hospital.

- ***Recommendation 13**: Project teams at the hospital level should start to share an additional narrative update for SI and FHF (with activities and key lessons learnt), in the monthly reporting to the focal person at PICO. This is to enable PICO to more easily analyse and compile the report and for the partners to ensure that delays to not impact upon reporting to the donor.*

- **Advocacy**

The project has a very detailed and comprehensive advocacy plan. It outlines a theory of change for achieving the project's advocacy goals. It includes a detailed stakeholder analysis, key messaging, and a logical framework with six outcome areas:

1. Provincial Programme Implementation Unit includes eye screenings in LHWs routine reporting indicators.
2. Eye care training is included in LHWs and Primary Health Staffs training curriculum
3. Provincial governments integrate eye care into primary health care in the next provincial eye care policy.
4. Provincial and district government make it compulsory for primary health staff to do eye care services
5. Provincial and district government provides necessary tools equipment and medical supplies at primary health care facilities
6. Increased allocation of public funds to eye care in KPK Province.

This appears to be a holistic way to approach the advocacy activities, and covers the different levels of governance that the project is seeking to influence – provincial, district, and primary level. It would be useful if the plan had a strategy to encourage an increase in the number of women in the health workforce. It is not clear how actively or widely this advocacy plan has been shared or used, so it may be helpful to re-circulate it to key project stakeholders involved in advocacy. It is noted that the stakeholder analysis does not include the Standing Committee no.12 on Health Department of the provincial assembly. The committee is an important stakeholder on health with cross party representation. This may present a useful forum to engage in eye health and therefore it may be worth adding it to the stakeholder list and trying to engage with it at the strategic level.

Progress against the outcomes in the advocacy plan have been made, and some have already been met. In relation to outcome one and two, KIIs with the PPIU and LHSs revealed that eye care training has also been incorporated into the LHW and Primary Healthcare staff curriculum, according to the PPIU coordinator. This should be considered as an important achievement of the project.

Some progress has been made on outcome three at this mid-point in the project. Though there is no specific provincial eye care policy, the department of health has taken on board primary eye care to be incorporated into the new provincial health policy. The provincial government is finalising the final draft of the upcoming provincial health policy documents. The Health secretary to the provincial coordinator indicated that this is soon going to be submitted for cabinet approval. However, the

progress on analysis of the provincial health policies is slow and as a result the analysis and dissemination of recommendations has not taken place so far.

Regarding outcome four, eye screening is now included in the duties of the LHWs. Emphasis was given to this during the training of the LHW master trainers and during the refresher trainings. The project is also working closely with the Provincial and District Program Implementation Units to establish regular reporting on eye health related KPIs. The ability of the LHW program overall to carry out these tasks in a systematic way is less clear, given the other important work the LHWs conduct relating to maternal and child health and vaccinations. However, FGDs with LHWs indicated that they had relatively high motivation and knowledge of eye health issues. The provision of eye care services at the primary care level is also currently being integrated into the minimum service package confirmed to the provincial coordinator at the health department, however it may take some time for this to be fully embedded into practice.

Outcome five refers to the provincial and district governments providing tools, equipment and medical supplies to primary health facilities. It is harder to ascertain the progress that has been made in relation to this outcome, as it is a health system wide issue. Most of the key informants at the primary level indicated that government has been slow to replace or repair old equipment. We also heard from hospital level staff stating that patients were often referred with cases that could be treated at the primary level with the appropriate equipment and medicines. The project may need to raise this issue at the provincial board meetings to ensure that progress can be made before the end of the project. However it is unclear what role the project can play in terms of monitoring this and holding the authorities to account.

Progress against outcome six, which refers to an increased allocation of public funds for eye care in KPK province, appears to be mixed. PICO has already submitted the PC-1 document, which is a proposal for budgetary allocation from the provincial health department. The document contains plans focusing on upgrading hospitals, providing training and social mobilisation for eye health for the year 2015-2018. The PC-1 document is not approved yet and the advocacy is on-going. PICO is an influential player in the province where the eye health is concerned, and it seems like this would be a good opportunity for it to use its influence to ensure that the PC-1 is approved. Broader public allocation of funds for eye care is harder to monitor – media reports indicate that in recent years the provincial government has failed to allocate enough funds (30% of the Annual Development Programme Budget) to the districts. This is likely to have a knock-on effect in terms of health spending at the district levels.[6] These governance factors are largely out of the control of the project, but it is important for the project's advocacy activities to monitor these system wide issues to understand and anticipate potential impact on eye health spending in the districts.

One important advocacy mechanism of the project are the meetings of the Provincial Blindness Control Board (PBCB). These meetings have been an important forum to engage with officials at the provincial level, and represent a platform that needs to be fully utilised to further the project's other advocacy objectives. For example, the minutes from these meetings show that PICO has advocated for the creation and funding of optometrists posts. A Statement on New Expenditure (SNE), an initial

[6] https://tribune.com.pk/story/1430077/budget-2017-18-k-p-fails-allocate-30-districts/ and https://www.dawn.com/news/1399030 [accessed 9th May 2018]

step towards the approval and appointment of optometrist, has already been submitted in relation to this. The creation of permanent optometrists' posts in the hospitals is discussed in more detail in the sustainability section below.

- ***Recommendation 14**: PICO, with the support of SI and FHF, should start to engage more in advocacy activities with the district and provincial health departments, for example, the standing committee no.12 of the provincial assembly. This is important to raise the profile of eye health and to engage decision makers at the strategic level. The DCC and PBCB meetings should also continue to be used to further the project's advocacy aims, for example, relating to the creation of the optometrist posts, and adequate budget allocation for the maintenance of equipment.*

- **Sustainability**

The prospects for sustainability of the project are mixed; some important progress has been made, but there is also an opportunity to increase the efforts over the remainder of the project.

In terms of demand generation, it appears that outreach efforts have been effective in raising awareness in the community and increasing screening and referral numbers; however whether this has had any impact on broader behaviour change or increased health seeking behaviour for eye health is still unclear. As discussed elsewhere, it is important in the remainder of the project to ensure that the IEC strategy dissemination can be revised to contribute towards and measure this.

During the KIIs, project and hospital staff at the partner level highlighted that their capacity had been built by the project. Staff at PICO indicated that the experience of getting involved in the RAAB study improved their data collection, research and analytical skills. While project staff in Haripur District also said that the training on report writing, case study writing skills, and on disability inclusion was extremely useful as these were entirely new areas for them. The next step would be to ensure that following on from this training, disability disaggregated data could be collected and analysed going forward.

As part of the project, some equipment and refurbishment was provided to the DHQ hospitals that were identified as needing support in the situation analysis. As such the project needs to ensure that the necessary systems are in place to ensure the repair and maintenance of such equipment will be managed by the hospitals both during and after the project. At Swat hospital it was highlighted that the ophthalmic equipment needs repairs which have been delayed due to lack of funds at the hospital level. Similarly, at Haripur hospital the ophthalmologist highlighted long standing repair and maintenance issues with the ophthalmic instruments – particularly the phacoemulsification probe which is an expensive item. However, as Haripur hospital is a public private partnership there seems to be greater potential to identify additional funding. For example, the medical superintendent revealed that some money from the maintenance budget can be reallocated to the repair of the ophthalmic instruments. There appeared to be a system in place, whereby any urgent repair requests are presented at the hospital board meetings. However, this did not appear to be the case in the hospital in Swat, for example. There is potential for the issue of continued equipment maintenance at the different DHQ hospitals to be raised at the DCC meetings. PICO would be best placed, with

the support of Sightsavers and FHF, to advocate for sufficient allocation for the repair and maintenance budget for ophthalmic equipment at the DHQ level.

As touched on in the advocacy section, during interviews with hospital administration and clinicians there was a strong sense that the optometrists play a crucial role at the hospital and that the creation of the post has resulted in effective task shifting to reduce the burden on the Ophthalmologists. Therefore, there is a strong case for collaborative efforts to get the optometrist post absorbed by the hospital.

"The contribution of staff especially optometrist is phenomenal, as it has shared the burden of the department to a greater extent." – KII with Ophthalmologist, District Swat

"Before the project inception, it was our burden and sometime I utilized technicians and other paramedic staff to assist me in providing services." – KII with Ophthalmologist, District Haripur

"The provision of trained optometrist is appreciated; the support is phenomenal in increasing the uptake of eye patient." – KII with Medical Superintendent, District Swat

Minutes of the meetings show the PICO has advocated for the creation of 32 posts for optometrists and is seeking financial allocations for funding these positions. A Statement on New Expenditure (SNE), an initial step towards the approval and appointment of optometrist, has already been submitted. It is important to capitalise on this sentiment, and there is a role for PICO here for continuing its advocacy at district and provincial levels to get the required funding for filling the optometrist positions in hospitals. There was a strong sense among the ophthalmologists consulted as part of this review that patient flow might decrease once the optometrist leaves the project.

There was an associated concern voiced by the optometrists that the project-initiated referral system will fade out after the expiry of the project. At the moment the project-initiated referrals are meticulously recorded but the project-generated data is not part of the hospital systems, and therefore is not likely to be sustained beyond the project. The referral slips are supported by the project and are not part of a government system. It may be worth considering investing in referral stamps that can be used to stamp referral information on to any paper, as there may be more possibility for this to be sustained after the printed referral slips run out. This should help the hospitals to know where they need to strengthen the relationships with the primary sector to get more referrals. Longer term, the project could explore if there are any plans at the district level to introduce a referral system, or HMIS.

At the primary level, eye health has been integrated into the curriculum and monitoring activities to a certain extent, and there seems to be a significant amount of motivation and goodwill amongst PHWs; however this still needs to be further monitored in collaboration with the PPIU and to ensure that it is fully embedded over the remaining two years.

"The LHWs program and its team will still be committed to contribute their services towards eye care services in the community" – KII with LHS, Swat

"We will continue to work with the same spirit in eye care even after expiry of the project, however, there will be an adverse effect on the community and referred patients when they will not find the services of the project staff" – FGD with LHWs, Swat

Optical shops have been established at the NGO hospitals – LRBT Odigram, LMTH Swabi, LRBT Manserha and Shifa Haripur. They appear to have been well received and at LRBT is was mentioned that the running of the shops have been outsourced and are running a financially sustainable model. Optical shops have yet to be established at the DHQs, with advocacy ongoing. However it was agreed that one could be established at DHQ Haripur through the pharmacy without seeking approval from hospital governance. Learning from the hospitals in terms of establishing a financially sustainable model could be shared with this hospital and other DHQs to encourage a cost recovery mechanism that could be used to support other costs – for example the funds for maintenance and repairs.

In sum, there is some valuable evidence that is being built up which will help to assess the sustainability of the project at the end of term evaluation. The key indicators for this are the progress against specific advocacy objectives and achievements – most notably the incorporation of the role of the optometrist post into the hospital structures, establishment of optical shops, and budgetary allocation towards eye health in the districts. However, there are also other aspects of the project's sustainability that are set to be harder to measure, including the referral mechanism between the primary and secondary levels, and the level of increased awareness to be sustained through changes to health seeking behaviour (as opposed to opportunity-led demand generated through outreach activities). It may be beneficial for the partners, in consultation with wider stakeholders, to put together a sustainability plan, to be implemented before the end of the project. This would help to monitor and measure the progress made at the end of the project.

- ***Recommendation 15****: Continue to monitor the prospects for sustainability of the project gains, working closely with the project stakeholders at all levels to ensure that practices are embedded into the systems in place before the end of the project. It is recommended that the implementing partners to put together a sustainability plan against which progress can be monitored/measured.*
- ***Recommendation 16:*** *Consider piloting a cost-recovery model for establishing an optical shop at DHQ Haripur hospital, based on the experiences of the LRBT hospitals. If successful, consider replicating this at the other DHQ hospitals and using any revenue to help to finance repair and maintenance budgets.*

3. Conclusion and recommendations

3.1. Learning points

Below are some of the key learning points that have come out the review:

- It is important that the sex-disaggregated targets for cataract surgery have been revised from a 50% split to a male 35% and female 65% split based on estimated prevalence rates in the district. It could also be considered if there is a need to revise any of the other targets reflect a more equitable balance for women based on prevalence rates. In particular screening and referrals, as these are inextricably linked to cataract surgery numbers.
- It was noted by some of the hospital based project staff that they received training on disability inclusion. This is a welcome step and should be routine in the training of all relevant project staff where possible, as it could help facilitate the introduction of disability disaggregated data collection if this is introduced at a later stage.
- The implementation of a HMIS system was not successful under this project and so was not continued. It is worth documenting the reasons why, as well as keeping a look out for opportunities that may arise to implement this in the future (for example if the government starts to implement a HMIS system, to ensure that eye health is included). We can also consider if there is any cross learning that can be shared from the process and implementation of the HMIS system under Sightsavers' Diabetic Retinopathy programme (also funded by SiB).
- In comparison to the other output areas, advocacy and sustainability aspects of the project are taking time to build momentum and are also harder to monitor and measure. It is important to make sure these components are built up early in the project to ensure that their impact can be seen before the end of the project. Wherever possible, projects should ensure that sustainability plans are built in from the start, to facilitate monitoring and assessment at the end of term evaluation.

3.2. Conclusions

The project is progressing well against most of its performance targets, particularly considering the delays in the start-up of the project. The overall number of cataract surgeries is on track, screenings are considerably above target (except screenings by Lady Health Workers which is still catching up, discussed in section 2.1.1 of this report), and the training of staff has also been completed, with some refresher trainings due to take place this year. Areas that remain under target are minor surgeries and refraction, including the provision of Low Vision Devices (LVDs).

Due to the results of the recent Rapid Assessment of Avoidable Blindness (RAAB) in District Mansehra and Swabi[7], the sex-disaggregated targets for cataract surgery have been revised in line with prevalence rather than population, to 65% women and 35% men. This is an important step in

[7] Rapid Assessment of Avoidable Blindness and Diabetic Retinopathy, District Swabi and District Mansehra, Dr Muhammad Zahid Jadoo, 2016-2017.

terms of ensuring equity, and means that additional strategies will need to be implemented to target women to ensure that the project can meet these revised targets. These are already being planned and in some cases starting to be implemented.

Hospital data over time indicates a steady increase across almost all performance outputs across the districts. In terms of post-operative outcome data, advocacy efforts are ongoing to embed the recording of post-operative outcomes across all the government hospitals (as to date only the three LRBT hospitals, Mansehra, Kalaklay and Odigram and one DHQ in Swat have reported post-operative outcome data). This is likely to be an ongoing challenge that will require sustained advocacy, support and guidance to put in place a robust post-operative outcome monitoring system across all of the project hospitals.

As is evidenced in the project being considerably above the targets for screening, the project is generally performing well in relation to demand generation. It appears that outreach activities have played a large part in this, alongside the training of Primary Health Care (PHC) workers and LHWs to encourage screening and referrals. LHWs have been particularly instrumental in raising awareness that reaches communities, and also in reaching a high proportion of women. There was a delay in the initial training of LHWs, but this should be catching up, and refresher trainings are taking place this year. LHWs appeared to be well informed and highly motivated – but it also needs to be recognised that they have competing commitments and priorities, and their sustained engagement cannot be taken for granted. This is why it is significant that the project is continuing to engage with the Provincial Programme Implementation Unit (PPIU) as a member in PICO's provincial eye health board.

Regarding the Information Education and Communication (IEC) strategy, the value of engaging communications specialists was felt by the partners, particularly in producing high quality and professional IEC materials. However, the review found that there had been challenges in the dissemination of the IEC message. Costs of the dissemination of some of the materials/messaging were higher than estimated (particularly for cable TV and radio), which meant that not enough budget remains to implement the original dissemination plan. The messaging originally developed for billboards were later distributed in the community as leaflets instead, as a consequence of the changes to the dissemination strategy. As the messaging designed for the billboards included religious imagery, some community members felt that these messages were inappropriate to be printed on paper and were reluctant to accept them. Therefore, despite the fact that the communications agency had conducted Focus Group Discussions (FGDs) in the community to inform the development of the materials, as the leaflets were not pre-tested in the community once developed, the result has not been as well received as it could have been.

This emphasises the importance of pre-testing the materials and ensuring that sufficient budget is allocated to the dissemination of messages as well as their development. The project will need to determine whether it is necessary and feasible to amend the leaflets or focus the remaining budget on the dissemination of the other IEC messages. More broadly, it may be beneficial to have a more comprehensive review of the role of IEC in an overall Social and Behaviour Change Communication (SBCC) approach.

The project's referral system has been welcomed, particularly given that there was no effective government referral system in place prior to the project. However, the question of whether the system will remain effective after the project ends - particularly in relation to the links between the primary and secondary levels, follow-up and the referral slips - is not guaranteed and will need to be monitored.

The key barriers to service uptake identified in the RAAB were cost, fear and 'need not felt', and this was reiterated during FGDs with primary health workers. It is hard to accurately estimate the project's performance in terms of uptake levels, due to lack of data being collected at LRBT hospitals, but strengthening information and counselling in the project will undoubtedly help to address these barriers and should be considered.

Due to the specific barriers that women face (such as conservative cultural attitudes, and lack of financial decision making power in the household), it was recognised that targeted approaches are needed to ensure that women are reached, especially given the revised targets for cataract surgery. The project has conducted three women-only outreach screenings in one district and the LHWs are also instrumental in reaching a high proportion of women, and this will be emphasised in their upcoming refresher training.

From an advocacy perspective, the project has made important inroads and has positioned itself well within key structures to influence decision makers in relation to eye health. The District Coordination Committee (DCC) and Provincial Blindness Control Board (PBCB) meetings provide important platforms for raising the profile of the project and represent good positioning for raising longer-term advocacy aims. The review found that now that the project is at its mid-point, the timing is right to step up the advocacy activities and start to be more proactive in raising issues that are important for the sustainability of the project. With the support of Sightsavers and FHF, the review suggests that PICO is best placed to lead on this.

There is some valuable evidence being built up which will help to assess the sustainability of the project at the end of term evaluation. The key indicators for this are the progress against specific advocacy objectives and achievements – most notably the incorporation of the role of the optometrist post into the hospital structures as mentioned above, establishment of optical shops, and budgetary allocation towards eye health in the districts. However, there are also other aspects of the project's sustainability that are set to be harder to measure, including the referral mechanism between the primary and secondary levels, and the level of increased awareness to be sustained through changes to health seeking behaviour (as opposed to opportunity-led demand generated through outreach activities). The partners, in consultation with wider stakeholders, should put together and implement a sustainability and exit plan. This would help to monitor and measure tghe progress made and prospects for sustainability at the end of the project.

3.3. Recommendations

Below is a list of the key recommendations that have been elicited from the analysis in this report:

Recommendation	Responsible	Priority
1. Consider recording sex disaggregated data at the different stages of diagnosis, referral, and cataract surgery uptake, in order to allow for analysis of where the different patterns of uptake/compliance between men and women occur.	PCO, FHF, PICO with project teams in hospitals	M
2. To explore the reasons for low number of minor surgeries, and consider reviewing the recording and monitoring to strengthen the reporting protocol and systems.	PCO, GTL	M
3. Start/continue to implement the strategies to increase the proportion of women for cataract surgery in line with the renewed targets, and ensure these are documented and monitored. These efforts should particularly be targeted on the districts which are showing lower surgery uptake of women (i.e. Mansehra and Swabi)	PCO, FHF, PICO with project teams in hospitals	H
4. It was identified that the inclusion of a new LRBT hospital in Swat since the end of 2015 into the project outputs may be contributing to the high screening numbers (200% over project target). This needs to be discussed internally with the GTL/project design team to understand its impact on the project implementation. Following this the project could consider reviewing how screening numbers are being recorded and the appropriate targets going forward.	PCO, GTL	H
5. Ensure that the provision of LVDs increases over the next reporting period at a rate required to meet the outstanding demand and to reach cumulative targets by the end of the project. This may require reviewing current procurement practice or implementing new strategies to mitigate delays. In the meantime, the project could establish a waiting list, to ensure that patients identified with a need for LVDs do not get missed due to this procurement delay.	PCO, FHF, PICO	H
6. Request a budget amendment to allow for additional funds to be allocated to modify the leaflets for the remainder of the project and strengthen the overall dissemination strategy. This could also include identifying local agencies to support the development of a standardised way of measuring the reach of IEC messages (particularly for TV and radio, which do not currently have a standardised way to measure, reach).	PCO, IFT	M
7. Document the lessons learnt from the development of the IEC materials, in particular the necessity of conducting pre-testing of materials as standard procedure in all projects, and share any learning that can be applied in other projects, which have an awareness-raising component.	PCO	M
8. Consider strengthening education, information and counselling in relation to cataract surgery, both at the referral and diagnosis points, to address the barriers to surgery uptake identified in the	PCO, FHF, PICO	M

RAAB (and any other specific socio-cultural barriers felt by women in particular).		
9. Ensure that all surgery patients receive appropriate after care counselling and are made aware of the need to attend for follow up. For example, the project could produce a post-op information card (budget permitting) to give guidance around surgery aftercare and a contact number in case urgent advice is needed.	PCO, FHF, PICO with project teams in hospitals	H
10. PICO, with support from Sightsavers/FHF, should continue to advocate and provide support and guidance for the DHQs to enable them to put a system in place to record post-operative visual outcomes.	PICO with support from PCO, FHF	H
11. The project should facilitate LRBT to share with the other hospitals its process of recording post-operative visual outcomes. Also, conduct cross learning for LRBT to share its expertise and practices, so that the other government hospitals can implement changes to improve visual outcomes.	PCO, FHF, PICO, LRBT	H
12. The project should present scientific evidence to the Ophthalmologists that are reluctant to use the rigid IOLs. It is important that the project opens up a dialogue to bring them on board to using the rigid lenses as this was a programmatic decision that was made based on the best available evidence.	GTL, Research (PS2), PCO, FHF, PICO with partner hospitals	H
13. Project teams should start to share an additional narrative update for SI and FHF (with activities and key lessons learnt), in the monthly reporting to the focal person at PICO. This is to enable PICO to more easily analyse and compile the report for the partners to ensure that delays to not impact upon reporting to the donor.	PCO, FHF, PICO with project teams in hospitals	H
14. PICO, with the support of Sightsavers and FHF, should start to engage more in advocacy activities with the district and provincial health departments, for example, the standing committee no.12 of the provincial assembly. This is important to raise the profile of eye health and to engage decision makers at the strategic level. The DCC and PBCB meetings should also continue to be used to further the project's advocacy aims, for example, relating to the creation of the optometrist posts, and adequate budget allocation for a sustained supply of medicines and maintenance of equipment.	Global Advocacy Advisor, PICO with support from PCO and FHF	H
15. Continue to monitor the prospects for sustainability of the project gains, working closely with the project stakeholders at all levels to ensure that practices are embedded into the systems in place before the end of the project. This is particularly important with the PPIU which is a vital stakeholder in ensuring the continued engagement and commitment of the LHWs programme. It is recommended that the implementing partners put together a	PCO, FHF, PICO	M

sustainability plan against which progress can be monitored/measured.		
16. Consider piloting a cost-recovery model for establishing an optical shop at Haripur hospital, based on the experiences of the LRBT hospitals. If successful, consider replicating this at the other DHQ hospitals and using any revenue to help to finance repair and maintenance budgets.	PCO, FHF, PICO	M

4. Appendices

Appendix 1: Terms of Reference

A new vision for eye health in Pakistan's Khyber Pakhtunkhwa province Mid –term Review

1. Background

1.1 Project name

A new vision for eye health in Pakistan's Khyber Pakhtunkhwa province (KPK)

1.2 Project number

75067

1.3 Project duration

Four years

1.4 Project budget

$1,250,000

1.5 Project partners

Fred Hollows Foundation (FHF), Pakistan Institute of Community Ophthalmology, and Sightsavers jointly manage this project.

The project implementing partners Government District Headquarter hospitals of district Swat, Swabi, Mansehra and Haripur. Charity hospitals include Layton Rehmatulla Benevolent Trust (LRBT), Lakson Medical Trust Hospital, and Shifa eye foundation in same districts.

1.6 Key stakeholders

Provincial Health Department, National Eye Health Committee, Provincial Eye Health Board, Pakistan Eye INGO Forum, and District Health Department.

The organisation Aid to Leprosy is implementing similar activities in some of our project areas with funding from CBM, which requires coordination.

1.7 General information on project area

The project is being implemented in four districts of Khyber Pakhtunkhwa (KPK) province which has a combined population of 6.2 million people, the majority of which (83%) reside in rural areas. Women lag behind men in almost every social indicator and KPK has one of the highest gender based differences in school attendance. Up to 72% of women in KPK have never attended school and the literacy rate is 65% for men and 28% for women.

Under-five mortality is almost three times as high in rural areas and the province has the second highest incidence of low birth weight in the country. Gender inequality in Pakistan is widespread,

and women are subjected to local customs and cultural practices which can restrict their mobility, prevent them from working and see them victimised by violence and abuse.

District level prevalence data is not available, however a National Blindness and Visual Impairment Survey was conducted in 2004. This revealed that the prevalence of blindness was 0.9 per cent and approximately 1,140,000 adults were irreversibly blind as a result (with 114,000 blind adults residing in KPK). Illiterate survey participants were much more likely to have a presenting visual acuity and the prevalence of blindness and visual impairment was higher amongst women.

Data has been extrapolated from this survey to support programme planning in KPK province. The major causes of avoidable blindness are expected to be cataract (70%), corneal opacity (16.5%) and refractive errors (refractive error)/aphakia (7.5%). Other common causes of visual impairment are glaucoma, retinitis pigmentosa, optic atrophy, senile changes and retinitis which accounts for 6.0% of cases.

A situation analysis of district health facilities was conducted by Sightsavers and Fred Hollows Foundation (FHF) in June 2014 which revealed that eye conditions are largely aligned with the 2004 National Blindness and Visual Impairment Survey. The cataract surgical rate in these districts is 2,000 which is below the national average of 3,600.

Although there are no in-depth studies of gender and blindness in KPK, it is likely that women are more adversely affected than their male counterparts. High rates of female illiteracy prevent women from independently making health decisions and limited freedom of mobility inhibits access to health care. The cataract surgical rate tends to be lower amongst women due to associated indirect costs, transportation and lack of access to information. It is also evident from the recent Rapid Assessment of Avoidable Blindness (RAAB) survey carried out in this project in district Swabi and Mansehra.

Project design, goal, objectives, and outputs.

The project seeks to strengthen eye health service delivery at the district levels to reduce the prevalence of avoidable blindness. Surgical interventions are designed to reduce the cataract backlog and refractive error services should also be strengthened. The project in KPK is aligned with the Provincial Programme for Prevention and Control of Blindness in KPK Province (2015 - 2018). This programme prioritises infrastructure and technology development, capacity building of human resources, disease control, effective management and advocacy, research and public private partnerships in support of Vision 2020 targets.

The national eye care programme has created 185 eye health posts in varying cadres of ophthalmology in the KPK province in 2014. Since 2005, over 2,719 posts for eye care cadres at teaching hospitals, districts and sub-districts level were created by the government which shows a high level of buy-in and commitment.

The project is following a health systems strengthening approach by building capacity of the government's human resources, supporting quality service delivery, establishing and strengthening referral systems, improving eye health infrastructure and advocating for increased eye health financing. Each of these inputs focus on different aspects of the six building blocks of the eye health system in the four districts of KPK.

The project has three main objectives, with associated activities:

Objective 1: Men and women with visual impairment access eye health services in four districts
Awareness raising on eye health
Operational research study
Focus Group Discussions in target communities to find out the barriers to uptake of services

Objective 2: Eye health systems deliver quality eye health services in four districts
Infrastructure development and provision of appropriate technology
Human resource development
Strengthening service delivery

Objective 3: The government commitment to eye health at provincial level increases
A joint advocacy plan will be developed for resource mobilisation and integration of primary eye care into primary health care
Research – RAAB in two districts

2. Purpose of Mid-Term Review

The overall purpose of this mid-term review is to assess progress against project outputs and establish the likelihood of achieving the objectives. After some delays in the start-up phase, the project monitoring data indicates that while the project is broadly on track overall, there are a few key areas where some challenges were encountered, particularly at the beginning of the project (for example, the training of LHWs, the provision of low vision devices and the targets for minor surgeries).

The MTR will look at the challenges and successes so far, and give recommendations on any specific changes/adjustments the project should make for the remainder of the implementation period. The Mid Term Review designed for this project will consider the following key lines of enquiry and specific sub-questions:

1) **How is the project performing against its objectives at this point, and what is the trajectory for the project objectives being met by the end of the project term? This may include:**
   - Looking at the available hospital level data for eye care, for changes over time in relation to the number of patients screened and receiving surgeries, as well as, where available, service quality and financial indicators.
   - Assessing and analysing gender-disaggregated data and making recommendations for data collection and for service provision to make it more gender sensitive

2) **How is the project performing in relation to demand generation?**
   - Explore the advantages and disadvantages of working with an external communications agency for IEC material development

3) **How effective are the referral pathways and follow-up mechanisms of patients identified with eye conditions?**

- Look at the information, where available, in relation to compliance, or reasons for non-compliance

4) **What evidence is available to assess the current prospects for sustainability of the project?**
   - To understand what data will be available during the course of the project to help assess the prospects of the project contributing towards change in the health system. Assess if anything needs to be put in place now to support the end of term evaluation to look at this.

3. Review Team

It is proposed that this Mid-term Review is conducted through a collaborative approach. Given the very limited budget allocated to the exercise, the work will be conducted as an internal exercise, by the Sightsavers Evaluation team and PCO. Additionally, the evaluation will draw on support and from the FHF and PICO programme teams, as well as technical expertise from Sightsavers Global Technical Lead.

The exact details of the team composition and responsibilities are still to be refined but are likely to include:

Coordination, data review and analysis, report writing

Sightsavers PCO, FHF and Evaluations team at head office. The evaluations officer will lead on the analysis of the secondary project data, develop the evaluation matrix and methodology, through a consultative process with PCO and partners. The work will be divided between the team, in terms of developing the tools for the fieldwork. The evaluations officer can lead on and coordinate the production of the mid-term review report, but significant portions of the report will be drafted by PCO and the partners in a collaborative process.

Primary data collection

The primary data collection will be conducted by Sightsavers programme manager and project staff from FHF and/or PICO. This data collection will be combined with the routine monitoring visit. The exact tools will be developed at the same time as the methodology and the finalisation of the evaluation matrix but are likely to include a mix of interviews and focus group discussions with different key informants.

Report review team
Program Manager, Sightsavers Pakistan
Senior Program Officer, Sightsavers Pakistan
Program Officer, Sightsavers Pakistan
Program Manager, FHF
Programme Officer, FHF
Programme coordinator, PICO
Global Technical Lead (GTL) for Eye Health for Asia, Sightsavers
Evaluation Officer, Sightsavers
Evaluation Manager, Sightsavers
Institutional Funding Manager, Sightsavers

4. Methodology

Secondary data review (mostly quantitative analysis)
Sightsavers evaluations officer will produce the evaluation matrix in collaboration with Sightsavers programme staff through remote meetings. The team will review the evaluation matrix, along with the key project documents (mentioned in reference material below) including six monthly KPI sheets and beneficiary case studies. A joint meeting PICO, FHF and Sightsavers will be held to address any queries. The team will develop the tools required for the primary data collection to be reviewed by the review team and finalized prior to the fieldwork.

Primary data collection and analysis (mostly qualitative)
In order to ensure that the scope of the evaluation remains focused and within the resources available, the primary data collection and analysis will be carefully targeted aims to complement the secondary data sources. The data collection will be combined with a routine monitoring visit to ensure maximum use of project resources, and will be conducted by Sightsavers Programme Manager, FHF and PICO staff. The data collection tools will be developed in advance and finalised by the evaluation team before the visit takes place. The exact tools needed will depend on the methodology and approach but are likely to include a combination of the following components:

- **Focus Group Discussions:** FGDs will be conducted with a group of Lady Health Workers (LHWs) and Medical Technicians (MTs) to gauge their knowledge and skills of Primary Eye Care (PEC) and how effectively they are contributing in project objectives achievement.
- **Semi structured interviews:** Semi structured interviews will be conducted with key informants, those include Medical Officer (MO), Lady Health Supervisor/LHW, Medical Superintendent (MS), Dean PICO, District Ophthalmologist, Optometrists, and the Social Organizers. It will help in understanding the cohesion between different tiers in service delivery and overall project understanding.
- **Direct observation:** The Out-Patient Department (OPD) and Operation Theatre (OT) of the District Headquarter (DHQ) hospitals were upgraded in this project. Similarly, Optical shops were established at charity hospitals in project districts. Site visit shall be made by the evaluation team to witness overall implementation of the project activities in the eye department.

5. Reference Material

- Project Proposal
- Project logframe
- Project budget
- Donor contract and LOV, agreements with implementing partners
- Monthly KPI sheets
- Situation Analysis (2014)
- A list of facilities and their locations
- Donor reports and appendices with information on output achievement and budget progress, case studies, newsletter articles
- Sightsavers Programme Oversight meeting reports
- Any available primary and secondary research (Operation research, RAABs)
- Records from FGDs
- IEC materials
- Advocacy plans
- Query Logs
- QSAT reports of 2 districts

- Post-operative qualitative outcomes of selected partners

6. Timeframes

The first phase of document review, analysis and report formulation will be carried out in February - March 2018.

The field visit is proposed for mid April 2018. The report must be completed and submitted to the donor before the end of June 2018.

7. Proposed team composition with responsibilities

The roles and responsibilities of the team are still to be confirmed, but they are likely to be as follows:

Activity	Responsible	Support
ToR Development and finalisation	Evaluations Officer	PCO, GTL, IFT
Evaluation Matrix, methodology and approach	Evaluations Officer, PCO	GTL
Fieldwork tool development	PCO, FHF, PICO	Evaluations Officer
Desk review - secondary data analysis	Evaluations Officer, PCO	GTL, FHF, PICO
Fieldwork data collection	PCO, FHF, PICO	Evaluations Officer
Report drafting	Evaluations officer, PCO	GTL, FHF, PICO
Report review	Evaluations Manager, FHF, PICO, GTL, Institutional Funding Manager	PCO, Evaluations Officer
Report quality assurance and proof reading	External copy editor (TBC), Evaluations officer, Evaluations Manager, Institutional Funding Manager	PCO
Report dissemination	Sightsavers PCO, FHF, PICO Institutional Funding Manager	Evaluations officer

8. Outputs/ Deliverables

The proposed outputs for this MTR exercise is a learning review report, which will focus on the leaning questions and key lines of enquiry and incorporating the findings from the desk review and fieldwork stages to capture the findings and produce a set of actionable recommendations. It will

also serve to critically review areas where programme implementation needs to be adapted and make recommendations.

8.1 Draft Report dates

The draft learning review report would need to be submitted to the review team for review by mid-May 2018.

8.2 Final Report dates

The final report should be submitted to the review team by mid-June 2018, for final submission to the donor before the end of the month.

9. Administrative/Logistical support

9.1 Budget

The budget for this exercise is relatively small at US$ 2,828, and therefore expectations of what the review will be able to cover should keep this budget in mind.

Appendix 2: Ethics statement

Pakistan KPK Mid-term Review – Ethics Statement

As is consistent with good practice, principles of ethical evidence-gathering will be adhered to. Below is a list of ethical procedures to be adopted as part of this evaluation:

Informed consent: Use of informed consent was sought in all reasonable circumstances, verbally and/or through the use of Sightsavers' informed consent form. Participants will be informed of the reasons and nature of the data to be collected and how it will be used. We will inform participants that they can withdraw their information at any time by contacting the project staff.

Confidentiality and data protection: Hard copies of all of the notes and consent forms will be collated together and stored in a safe location in the Sightsavers PCO. Any recordings or transcriptions from recordings taken will be stored on an encrypted hard drive and deleted from the original recording devise. The privacy and confidentiality of participants' identity and their responses will be maintained and informants will be anonymised in the final report.

Training: Sightsavers' UK based evaluation staff hold UNICEF's certificate of completion for the 'Introduction to Ethics in Evidence Generation'.

Appendix 3: Informed consent form template

Consent to Participate in Evaluation

You are invited to participate in a midterm/end of term evaluation of the [PROJECT NAME] run by [PROJECT PARTNERS] and is being conducted by Sightsavers.

Your participation in this evaluation is entirely voluntary. You should read the information below (or it will be read to you) and you should ask questions about anything you do not understand, before deciding whether or not to participate. You are being asked to participate in this study because you are one of the stakeholders of the [PROJECT NAME].

Purpose of the evaluation

The purpose of this evaluation is to understand the effectiveness of the programme so far, [add further specific evaluation details here]. The implementers of the programme hope to use what they learn from this programme to determine any appropriate changes to this or other programmes.

Procedure

You will be asked a series of questions about your experience of the programme [and the training, if you undertook any]. Questions will ask about your involvement in [PROJECT NAME], [add further details of procedure as required].

Potential Risks and Discomforts

We expect that there will not be any risks, discomforts, or inconveniences, but that if any occur they will be minor. If discomforts become a problem, you may discontinue your participation.

Potential benefits to participants and/or to society

It is probably unlikely that you will benefit directly from participation in this evaluation, but the study should help the implementers learn how to improve services which may or may not include those available to you. This study does not include procedures that will improve your general health.

Payment for participation

You will not receive any payment or other compensation for participation in this study. There is also no cost to you for participation.

Confidentiality

Any information that is obtained in connection with this evaluation and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained at all times and we will not use your name in any of the information we get from this study or in any of reports. When the study is finished, we will destroy all the information collected from you.

Information that can identify you individually will not be released to anyone outside the study. All data, including questionnaires will be kept in a secure location and only those directly involved with the research will have access to them. We may use any information that we get from this study in

any way we think is best for publication or education. Any information we use for publication will not identify you individually.

Participation and Withdrawal

You can choose whether or not to be a part of this evaluation. If you volunteer to participate in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you do not want to answer. There is no penalty if you withdraw from the study and you will not lose any benefits to which you are otherwise entitled.

Identification of the Evaluator

[Name, Organisation, contact details]

I understand the procedures described above. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

_____

Name of Respondent

_____

Signature of Respondent

Date

Appendix 4: Hospital level data – performance over time

	DHQ Mansehra			LRBT Mansehra			DHQ Haripur			Shifa Eye Foundation Haripur			DHQ Swat			LRBT Swat			DHQ Swabi			Lakson Swabi		
	2016 H2	2017 H1	2017 H2	2016 H2	2017 H1	2017 H2	2016 H2	2017 H1	2017 H2	2016 H2	2017 H1	2017 H2	2016 H2	2017 H1	2017 H2	2016 H2	2017 H1	2017 H2	2016 H2	2017 H1	2017 H2	2016 H2	2017 H1	2017 H2
Screening at secondary hospitals	9,390	10,824	11542	36722	37585	39707	19965	22315	23022	7806	8533	7606	24209	28184	29366	86895	81267	81632	5991	7659	7516	27611	29344	26439
Total Referred	257	4,373	6854	-	-	-	159	2480	5162	-	-	-	478	3243	4436	-	-	-	148	308	1327	-	-	-
Total Reached	106	474	435	-	-	-	120	469	512	-	-	-	201	1232	1688	-	-	-	65	202	180	-	-	-
Total Refractions	3,207	4,462	6468	17598	12935	15738	8045	8857	7894	2500	4414	2313	18591	17743	19418	17737	33287	36418	5160	4445	4027	18339	20878	8487
Major surgeries (cataract only)	32	46	42	2940	1366	2150	316	360	279	100	37	163	394	491	563	6904	1400	1225	76	50	86	55	75	139
Minor surgeries	143	168	143	300	266	489	343	576	377	21	-	29	467	629	765	753	630	465	36	9	39	54	18	30

Sightsavers

Appendix 5: Evaluation Matrix

	Pakistan KPK MTR Evaluation Matrix	Overall goal: to contribute to the sustainable provision and increased demand for eye care services at the distric level for people in four districts of Pakistan				
	Key lines of enquiry and specific learning questions	Data collection methods			Who leads on the analysis	Mix of quant/qual
		Secondary data and document review (log frame indicators)		Primary data collection		
1	**How is the project progressing against its objectives at this point, and what is the trajectory for the project objectives to be met by the end of the project term?**	Output stats, KPI sheets, donor reports, district situational analysis report, QSAT reports and action plans, monitoring visits reports, PC-1 of PICO, training reports,	1a, 2a, 2b, 2c, 3a, 3b	KIIs with implementing partners, hospital staff, senior management and ophthalmologists, optometrists	PCO	Mostly based on analysis of quantitative data
	Looking at the available hospital level data for eye care, for changes over time in relation to the number of patients screened and receiving surgeries, as well as, where available, service quality and financial indicators.	Hospital data, QSAT and quality reports	1a, 2a, 2b, 2c, 3a, 3b	KIIs with implementing partners, hospital staff, senior management and ophthalmologists, optometrists	PCO	Mix of quant/qual

	Assessing and analysing gender-disaggregated data and making recommendations for data collection and for service provision to make it more gender sensitive	KPI sheets, gender disaggregated output stats	1a, 2a	KIIs with hospital staff, LHS/LHWs, women/men beneficiaries, social organisers, Mos/MTs	PCO	Mix of quant/qual
2	**How is the project performing in relation to its strategies for demand generation?**	Output stats, KPI sheets, donor reports, district situational analysis report, QSAT reports and action plans, monitoring visits reports, training reports,	1.1 -1.6	KIIs with hospital staff, social organisers, Mos and MTs	Eval Officer	Mix of quant/qual
	Explore the advantages and disadvantages of working with an external communications agency	IEC material strategy, selection of IEC materials, training plans and materials output stats,	1.1 - 1.3	KII with MOs. FGDs with PHC workers, LHS/LHWs, women/men beneficiaries, social organisers	Eval Officer	Mostly qualitative
3	**How effective are the referral pathways and follow-up mechanisms of patients identified with eye conditions?**	KPI sheets, output stats, referral data	1.7-1.10 and 2.5-2.9	KIIs with hospital staff, senior management and ophthalmologists, optometrists, social organisers, LHS/LHWs	Eval Officer	Mix of quant/qual
	Look at the information, where available, in relation to compliance, or	KPI sheets, output stats, referral data	1.7-1.10 and 2.5-2.9	KIIs with hospital staff, senior management and ophthalmologists, optometrists, social organisers, LHS/LHWs	Eval Officer	Mostly based on analysis of qualitative data

	reasons for non-compliance					
4	**What evidence is available to assess the current prospects for sustainability of the project?**	Donor reports, joint advocacy plan, minutes from National Eye Health Committee and Pakistan Eye INGO forum, PC-1 PICO, training reports, District Health budget, 2014 Baseline	2b, 2c, 3a, 3b	KIIs with partner hospitals, provincial eye health board, district coordination committee (DCC)), National Coordinator of the National Program for prevention and control of blindness	FHF	Mix of quant/qual
	To understand what data will be available during the course of the project to help assess the prospects of the project contributing towards change in the health system. Assess if anything needs to be put in place now to support the end of term evaluation to look at this.	Donor reports, minutes of provincial eye health board meetings, minutes of district coordination committee meetings, joint advocacy plans , district health budget	2b, 2c, 3a, 3b	KIIs with PCO, PICO, FHF, PHC workers, partner hospitals, provincial eye health board, district coordination committee (DCC), National Coordinator of the National Program for prevention and control of blindness	FHF	Mostly based on analysis of qualitative data

Appendix 6: Field visit plan

Field Visit Plan MTR SiB Tranche-III							
	District	Date and Time	Activity	Participants[8]	Time Required	Timings	Evaluation Team[9]
1	PCO Islamabad	04/11/2018	Briefing session with MTR Team	----------	2 hours	11:00-13:00	----------
2	Peshawar	04/12/2018	Key Informant Interview	----------	1 hour	9:30-10:30	----------
			Key Informant Interview	----------	1 hour	11:30-12:30	----------
			Key Informant Interview	----------	1 hour	13:00-14:00	----------
3	Haripur	13/4/2018	Travel from Islamabad to Haripur two hours drive				
			Key Informant Interview Ophthalmologist	----------	1 hour	9:00-10:00	----------
			Key Informant Interview MS	----------	1 hour	10:15-11:00	----------
			Focus Group Discussion with Project Team	----------	2 hours	11:15-13:15	----------
		14/4/2018	Focus Group Discussion	Beneficiaries (Cataract Surgeries) five male and five female	2 hour	9:00- 10:00	----------
			Focus Group with LHWs	Project team will select 06 LHWs for FGDs	2 hour	10:30-11:30	----------

[8] Individual names have been redacted for confidentiality
[9] Individual names have been redacted for confidentiality

Sightsavers

			Key Informant Interview LHS	Team will select 01 LHS for interview	1 hour	11:30-12:30	----------
			Focus Group with Shifa Eye Foundation Team	----------	1 hour	13:00-14:00	----------
4	Swat	17/4/2018	Travel from Islamabad to Swat				
		18/4/2018	Focus Group Discussion with Project Team followed by a presentation by team	----------	2 hours	08:30-10:30	----------
			Key Informant Interview MS	----------	1 hour	10:45-11:30	----------
			Key Informant Interview Ophthalmologist	----------	1 hour	12:45-12:45	----------
		19/4/2018	Focus Group Discussion with LRBT Odigram team	----------	1 hour	8:00- 9:00	----------
			Focus Group Discussion	Beneficiaries (Cataract Surgeries) five male and five female	1 hour	10:00- 11:00	----------
			Focus Group with Mos	Project team will select 06 MOs for FGDs	1 hour	11:30-12:30	----------
			Focus Group with Mos	Project team will select 06 MTs for FGDs	1 hour	12:30-13:30	----------

Appendix 5: KII and FGD Topic Guides

Key Informant Topic Guide – Provincial level, national level

Interviewer Instructions

Purpose and respondents: This topic guide is to be used for key informant interviews with stakeholders at national district levels, and will also be used to guide interviews and discussions with Sightsavers staff at country office and field levels. The target level for each question is designated in the column "level". (These designations do not specifically include Sightsavers staff, for whom the questions will be adapted.)

The guide follows the key evaluation criteria described in the ToR. However, some topic areas (e.g. sustainability, lessons learned) will largely be integrated and probed on during discussion of other topic areas.

Asking Questions:

- This is a semi-structured interview guide.
- Not all topics will be relevant to all informants. The questions should be tailored according to the respondent's involvement in the project and area of expertise.
- For some topics, informants should be asked to reflect on their own role in the project, and for others, they should be asked to comment on the roles of other actors, as appropriate.
- Although the questions are numbered, they may be asked in a different order, and topics that have already come up spontaneously in the interview may be skipped.
- Standard probes should be used to encourage respondents to elaborate ("can you tell me more about that"), and to ensure that the respondent has nothing further to add on a topic ("anything else?")
- High priority questions are designated "P". Non-priority questions may be appropriate to ask of only a few respondents, or until sufficient information (saturation) has been obtained.
- As data collection progresses, questions should be refined based on information obtained and will become increasingly focused on the individual's experience and opinions. Interviews may also seek to focus on key topics of interest that warrant further exploration, while allowing for open enquiry with all respondents, so as not to limit the scope of opinion or topics covered.
- In some cases, this topic guide will be used to interview two or more individuals at the same time. Where more than one respondent is present, the Evaluation team will use prompts to encourage reflective discussion and exchange between the informants (e.g. of challenges, lessons learned, etc.).
- This guide may be revised and shortened following review of topics by the PCO (for appropriateness and targeting) and a run-through/pilot-test.

Introduction of the interview to the respondent:

- [Introduce self]
- I am conducting a review of a project implemented by Sightsavers, an international organization working to help prevent and treat eye problems.
- You have been identified as a key [partner/actor/stakeholder] in the project.
- I would like to speak with you about your involvement in the project, as well as ask your opinions about the project and eye care services.

- Our goal is to understand and document your experience so that we can learn from it and make recommendations for future projects.
- The questions will take about 45 mins – 1 hour [state longer time if more than one person being interviewed].
- Whatever you tell me will be kept confidential. That means that it will be shared only with the members of the evaluation team. Any information we include in our report will not identify you.
- Do you have any questions for me before we begin?

All respondents to sign information and informed consent sheet.

Interview and respondent information to be recorded
○ Date of interview
○ Length of interview (start/end time)
○ Name
○ Gender
○ Disability status
○ Location of interview
○ Any notes on interview context and persons present

Provincial committee, Project partners (SS, FHF, PICO)

Q	Topic	Who	Eval Q	Priority "P"
	Project Involvement			
1	[Greetings, informal conversation] Please tell me about your role in the project.	All		
	Project progress			
2	How would you rate the performance of the project overall and the progress made so far against the project objectives?	Provincial committee, project partners	1	P
2.2	Referrals and linkage with PHC [Hospital staff/ management] - How strong do you think the linkages are with primary level staff? - Do you receive referrals from the primary level? - Do you think that there is a clear referral mechanism in place or if not how do you think this could be improved? - Do you think that the right people are being referred to the hospital level?	Provincial committee, project partners	3	P
2.3	Service delivery outputs and quality (surgical interventions and RE) [Hospital staff/ management] - How has the project influenced the hospitals rates of patients screened and receiving surgeries? What have been the changes or trends? - Are there any changes or suggestions you can make that you think would improve the efficiency or the quality of surgical interventions?	Provincial committee, project partners	2	P

Q	Topic	Who	Eval Q	Priority "P"
2.4	Advocacy [Hospital senior management, national/district coordinators] - Has the project developed an advocacy plan? - Have the hospitals started any financial planning or budgeting for integrating the project into its own structures after the support of the project ends? - How much progress has been made so far in terms of advocating for the long term provision of the eye care services the project is supporting? - How effective has the coordination been between government and non-government agencies in terms of advocacy for budgetary allocations for eye health and creation of more position for eye health professionals	Provincial committee, project partners	1, 4	P
2.5	What progress has been made in terms of the hospital meeting quality standards or surgeries? - Do you measure the Post-Operative Visual Outcome of the patients provided with cataract surgeries - If yes, where do you record it and how often do you analyse it? - Who will be analysing the post-operative surgery quality indicators for the implementing partners? - What do the findings mean for our implementation? - What can we do to improve these outcomes? - Do we need to change the way we measure these indicators (collect project data rather than hospital data?)	Provincial committee, project partners	1	P
3	How effective do you think the IEC campaign has been? - What is the added value of working with an external communications agency (e.g. what were the advantages, how will its effect be measured?) - What are the challenges in IEC material/campaign? - What changes do you think can be made to IEC material?	Provincial committee, project partners	2	P
4	What strategies have you adopted to identify and screen more women for cataract and to ensure uptake of services by them? - How effective have these strategies been? - Does this need to be strengthened and if so, how? - Have we identified what the key challenges are for women in particular? - What do you think we can do to improve our reach to women?	Project partners	2	P
5	Do any changes need to be made to our targeting, including with our refined gender targeting?	Project partners	1,2	
Research				
7	Operational research, RAABs- - What impact has the research had on the implementation (or design) of the project that you are aware of?	Project partners	1	

Q	Topic	Who	Eval Q	Priority "P"
Health System Strengthening / capacity building				
8	What do you think are the current prospects for sustainability of the activities or outcomes the project? - What evidence is available to indicate that the project will contribute towards long-term systemic change - To what extent has the project built on or strengthened existing systems or processes? Examples - Do you think there is support or awareness about the needs the project is addressing at the senior management level, or national policy level?	All	4	P
9	What effect is the project having on building the capacity of the implementing partners? - Prompt for examples (training, capacity of staff, equipment, systems and processes)	All	4	P
10	How effective has the coordination and synergy been between government and non-government agencies both at service level? - How often do you meet or is it on an ad hoc basis? - Is there anything you think could be done to help strengthen coordination?	All	4	P
Other learning				
11	Are there any other lessons learned from this project that you wish to share? [Closing / thank for time] [RECORD INTERVIEW END TIME]	All		

Key Informant Topic Guide - Hospital level staff (MS, Ophthalmologist, Project team)

Interviewer Instructions

Purpose and respondents: This topic guide is to be used for key informant interviews with stakeholders at national district levels, and will also be used to guide interviews and discussions with Sightsavers staff at country office and field levels. The target level for each question is designated in the column "level". (These designations do not specifically include Sightsavers staff, for whom the questions will be adapted.)

The guide follows the key evaluation criteria described in the ToR. However, some topic areas (e.g. sustainability, lessons learned) will largely be integrated and probed on during discussion of other topic areas.

Asking Questions:

- This is a semi-structured interview guide.
- Not all topics will be relevant to all informants. The questions should be tailored according to the respondent's involvement in the project and area of expertise.
- For some topics, informants should be asked to reflect on their own role in the project, and for others, they should be asked to comment on the roles of other actors, as appropriate.
- Although the questions are numbered, they may be asked in a different order, and topics that have already come up spontaneously in the interview may be skipped.
- Standard probes should be used to encourage respondents to elaborate ("can you tell me more about that"), and to ensure that the respondent has nothing further to add on a topic ("anything else?")
- High priority questions are designated "P". Non-priority questions may be appropriate to ask of only a few respondents, or until sufficient information (saturation) has been obtained.
- As data collection progresses, questions should be refined based on information obtained and will become increasingly focused on the individual's experience and opinions. Interviews may also seek to focus on key topics of interest that warrant further exploration, while allowing for open enquiry with all respondents, so as not to limit the scope of opinion or topics covered.
- In some cases, this topic guide will be used to interview two or more individuals at the same time. Where more than one respondent is present, the Evaluation team will use prompts to encourage reflective discussion and exchange between the informants (e.g. of challenges, lessons learned, etc.).
- This guide may be revised and shortened following review of topics by the PCO (for appropriateness and targeting) and a run-through/pilot-test.

Introduction of the interview to the respondent:

- [Introduce self]
- I am conducting a review of a project implemented by Sightsavers, an international organization working to help prevent and treat eye problems.
- You have been identified as a key [partner/actor/stakeholder] in the project.
- I would like to speak with you about your involvement in the project, as well as ask your opinions about the project and eye care services.

- Our goal is to understand and document your experience so that we can learn from it and make recommendations for future projects.
- The questions will take about 45 mins – 1 hour [state longer time if more than one person being interviewed].
- Whatever you tell me will be kept confidential. That means that it will be shared only with the members of the evaluation team. Any information we include in our report will not identify you.
- Do you have any questions for me before we begin?

All respondents to sign information and informed consent sheet.

Interview and respondent information to be recorded
○ Date of interview
○ Length of interview (start/end time)
○ Name
○ Gender
○ Disability status
○ Location of interview
○ Any notes on interview context and persons present

Q	Topic	Who	Eval Q	Priority "P"
Project Involvement				
1	[Greetings, informal conversation] Please tell me about your role in the project.	All		
Project progress				
2	How would you rate the performance of the project overall and the progress made so far against the project objectives?	MS, Ophthalmologist, project team	1	P
2.1	Training - Did you receive training under this project? - Were you satisfied with the content and the quality of the training? - Do you have any suggestions for how it could be improved? - Have you received enough support/supervision or on-going training to allow you to do the things you learnt? - Where you involved in the training of others? - Where you given enough support or guidance to do the training?	Project team	1	P
2.2	Referrals and linkage with PHC [Hospital staff/ management] - How strong do you think the linkages are with primary level staff? - Do you receive referrals from the primary level? - Do you think that there is a clear referral mechanism in place or if not how do you think this could be improved? - Do you think that the right people are being referred to the hospital level?	MS, Ophthalmologist, project team	3	P

Q	Topic	Who	Eval Q	Priority "P"
2.3	Service delivery outputs and quality (surgical interventions and RE) [Hospital staff/ management] - How has the project influenced the hospitals rates of patients screened and receiving surgeries? What have been the changes or trends? - Are there any changes or suggestions you can make that you think would improve the efficiency or the quality of surgical interventions?	MS, Ophthalmologist, project team	1	P
2.4	Advocacy - Have the hospitals started any financial planning or budgeting for integrating the project into its own structures after the support of the project ends? - How much progress has been made so far in terms of advocating for the long term provision of the eye care services the project is supporting? - How effective has the coordination been between government and non-government agencies in terms of advocacy for budgetary allocations for eye health and creation of more position for eye health professionals	MS, Ophthalmologist, project team	1,4	P
2.5	What progress has been made in terms of the hospital meeting quality standards or surgeries? - Do you measure the Post-Operative Visual Outcome of the patients provided with cataract surgeries - If yes, where do you record it and how often do you analyse it? - What can we do to improve these outcomes? - Do we need to change the way we measure these indicators (collect project data rather than hospital data?)	MS, Ophthalmologist, project team	1	P
3	How effective do you think the IEC campaign has been? - What is the added value of working with an external communications agency (e.g. what were the advantages, how will its effect be measured?) - What are the challenges in IEC material/campaign? - What changes do you think can be made to IEC material?	Project team	3	P
4	What strategies have you adopted to identify and screen more women for cataract and to ensure uptake of services by them? - How effective have these strategies been? - Does this need to be strengthened and if so, how? - Have we identified what the key challenges are for women in particular? - What do you think we can do to improve our reach to women?	Project team	3	P

Q	Topic	Who	Eval Q	Priority "P"
5	Do any changes need to be made to our targeting, including with our refined gender targeting?	Project team	1, 3	
6	(Where applicable) How effective are the refractive error services been? - What has been the patient's feedback in terms of their access to refractive error services? - Why have the number of low vision devises been dispensed been lower than expected? - Have the optical labs been well established and what is the prospect for their long-term sustainability?	Project team, relevant hospital staff	1	
Research				
7	Operational research, RAABs- - What impact has the research had on the implementation (or design) of the project that you are aware of?	All	1	
Health System Strengthening / capacity building				
8	What do you think are the current prospects for sustainability of the projects activities or outcomes? - What evidence is available to indicate that the project will contribute towards long-term systemic change - To what extent has the project built on or strengthened existing systems or processes? Examples? - Do you think there is support or awareness about the needs the project is addressing at the senior management level, or national policy level?	All	4	P
9	What effect is the project having on building the capacity of the implementing partners? - Prompt for examples (training, capacity of staff, equipment, systems and processes)	All	4	P
10	How effective has the coordination and synergy been between government and non-government agencies at service level? - How often do you meet or is it on an ad hoc basis? - Is there anything you think could be done to help strengthen coordination?	All	4	P
Other learning				
11	Are there any other lessons learned from this project that you wish to share? [Closing / thank for time] [RECORD INTERVIEW END TIME]	All		

Key Informant Topic Guide – LHS, PPIU

Interviewer Instructions

Purpose and respondents: This topic guide is to be used for key informant interviews with stakeholders at national district levels, and will also be used to guide interviews and discussions with Sightsavers staff at country office and field levels. The target level for each question is designated in the column "level". (These designations do not specifically include Sightsavers staff, for whom the questions will be adapted.)

The guide follows the key evaluation criteria described in the ToR. However, some topic areas (e.g. sustainability, lessons learned) will largely be integrated and probed on during discussion of other topic areas.

Asking Questions:

- This is a semi-structured interview guide.
- Not all topics will be relevant to all informants. The questions should be tailored according to the respondent's involvement in the project and area of expertise.
- For some topics, informants should be asked to reflect on their own role in the project, and for others, they should be asked to comment on the roles of other actors, as appropriate.
- Although the questions are numbered, they may be asked in a different order, and topics that have already come up spontaneously in the interview may be skipped.
- Standard probes should be used to encourage respondents to elaborate ("can you tell me more about that"), and to ensure that the respondent has nothing further to add on a topic ("anything else?")
- High priority questions are designated "P". Non-priority questions may be appropriate to ask of only a few respondents, or until sufficient information (saturation) has been obtained.
- As data collection progresses, questions should be refined based on information obtained and will become increasingly focused on the individual's experience and opinions. Interviews may also seek to focus on key topics of interest that warrant further exploration, while allowing for open enquiry with all respondents, so as not to limit the scope of opinion or topics covered.
- In some cases, this topic guide will be used to interview two or more individuals at the same time. Where more than one respondent is present, the Evaluation team will use prompts to encourage reflective discussion and exchange between the informants (e.g. of challenges, lessons learned, etc.).
- This guide may be revised and shortened following review of topics by the PCO (for appropriateness and targeting) and a run-through/pilot-test.

Introduction of the interview to the respondent:

- [Introduce self]
- I am conducting a review of a project implemented by Sightsavers, an international organization working to help prevent and treat eye problems.
- You have been identified as a key [partner/actor/stakeholder] in the project.
- I would like to speak with you about your involvement in the project, as well as ask your opinions about the project and eye care services.
- Our goal is to understand and document your experience so that we can learn from it and make recommendations for future projects.

- The questions will take about 45 mins – 1 hour [state longer time if more than one person being interviewed].
- Whatever you tell me will be kept confidential. That means that it will be shared only with the members of the evaluation team. Any information we include in our report will not identify you.
- Do you have any questions for me before we begin?

All respondents to sign information and informed consent sheet.

Interview and respondent information to be recorded
○ Date of interview
○ Length of interview (start/end time)
○ Name
○ Gender
○ Disability status
○ Location of interview
○ Any notes on interview context and persons present

Q	Topic	Who	Eval Q	Priority "P"
Project Involvement				
1	[Greetings, informal conversation] Please tell me about your role in the project.	All		
Project progress				
2.1	Training - Did you receive training under this project? - Were you satisfied with the content and the quality of the training? - Do you have any suggestions for how it could be improved? - Have you received enough support/supervision or on-going training to allow you to do the things you learnt? - Where you involved in the training of others? - Where you given enough support or guidance to do the training?	LHS, PPIU	1	P
2.2	Referrals and linkage with tertiary hospitals - How strong do you think the linkages are with secondary level systems and staff? - Do you think that PHC worker make refers to the secondary level? - Do you think that there is a clear referral mechanism in place? How do you think this could be improved? - Do you think that the right people are being referred to the hospital level?	LHS, PPIU	3	P
3	How effective do you think the use IEC materials has been? - Are the IEC messages reaching the right people? - What are the challenges in ensuring an effective IEC material/campaign?	LHS	2	P

Q	Topic	Who	Eval Q	Priority "P"
	- What changes do you think can be made to IEC material?			
4	What strategies have you adopted to identify and screen more women for cataract and to ensure uptake of services by them? - How effective have these strategies been? - Does this need to be strengthened and if so, how? - Have we identified what the key challenges are for women in particular? - What do you think we can do to improve our reach to women?	LHS	1	P
6	(Where applicable) How effective have the refractive error services been? - What has been the patient's feedback in terms of their access to refractive error services? - Are there any barriers towards people wearing spectacles that are prescribed?	LHS	1	
Health System Strengthening / capacity building				
8	What do you think are the current prospects for sustainability of the activities or outcomes the project? - What evidence is available to indicate that the project will contribute towards long-term systemic change - To what extent has the project built on or strengthened existing systems or processes? Examples - Do you think there is support or awareness about the needs the project is addressing at the senior management level, or national policy level?	LHS, PPIU	4	P
9	What effect is the project having on building the capacity of the implementing partners? - Prompt for examples (training, capacity of staff, equipment, systems and processes)	All	4	P
10	How effective has the coordination and synergy been between government and non-government agencies at service level? - How often do you meet or is it on an ad hoc basis? - Is there anything you think could be done to help strengthen coordination?	All	4	P
Other learning				
11	Are there any other lessons learned from this project that you wish to share? [Closing / thank for time] [RECORD INTERVIEW END TIME]	All		

Focus Group Discussion Topic Guide - PHW level

Notes for the Facilitator

- This topic guide is to be used to facilitate group discussion among different groups of health workers who were trained to identify and refer children with eye problems. Groups will be of 6-8 persons.
- The questions to, and discussions with, individual groups will be tailored to suit their situation, to match their particular area of expertise and their relationship to the programme. Prompts are included in the guide to encourage further elaboration on a topic.
- The aim here is to maximise interaction in the group in order to elicit as many viewpoints as possible and reflect on successes, challenges and lessons learned. To that end, the moderator should have a minimal speaking role and use small prompts ("what do others think?") to encourage group exploration of (relevant) topics as they are raised.
- Not all topics will be relevant to all informants. The questions should be tailored according to the group's involvement in the project and area of expertise. High priority questions are also designated "P".
- For some topics, informants may be asked to reflect on their own role in the project, and for others, they should be asked to comment on the roles of other actors, as appropriate.
- Although the questions are numbered, they may be asked in a different order, and topics that have already come up spontaneously in the interview may be skipped.
- Prompt sub-questions are provided to help probe for more information around a topic. In addition, standard probes should be used to encourage respondents to elaborate ("can you tell me more about that?"), and to ensure the group has nothing further to add on a topic ("anything else?")
- Standard procedures for FGD note-taking should be used (assigning and noting R numbers).
- In some cases, this guide may also be adapted to interview community volunteers (drug shops) on a one-to-one basis.
- The discussion should be held in an appropriate environment that allows for privacy.
- All participants should read the information sheet and give written informed consent to participate

Introduction of the discussion to the group:

- [Introduce self]
- I have been asked to evaluate a paediatric eye care project implemented by Sightsavers, an international organization working to help prevent and treat eye problems.
- I would like to speak with you about your involvement in the project.
- Our discussion will take about 1 hour.
- Whatever you tell me will be kept confidential. That means that it will be shared only with the members of the evaluation team. Any information we include in our report will not identify you.
- Do you have any questions for me before we begin?

All respondents to sign information and informed consent sheet.

Information to be recorded:

Information to be recorded:
For group
○ Date of discussion
○ Length of discussion (start/end time)
○ Location of discussion
○ Any notes on discussion context and other persons present
For each participant
○ Name
○ Role / Job title
○ Gender
○ Disability status
○ Sub-district
○ Facility name (if relevant)

LHWs= Lady health workers, MO=Medical Officer, MT=Medical technicians

Q	Topic	Level	Eval Q	Priority "P"
Project Involvement				
1	[Greetings, informal conversation] - What do you understand as being your role in this project?	All		
Project progress				
2	Training - Did you receive training under this project? - How did you feel about the content and quality of the training? - Have you received enough support/supervision or on-going training to allow you to do the things you learnt? - Do you have any suggestions for how it could be improved?	LHW, MO, MT	1	P
3.	Screening and referrals - Have you been conducting eye care screening in your community / at your facility? - How effective do you think you have been in reaching people with eye problems? - Do you know what the process is for making referrals? - What do you think are the main factors influencing whether people take up your referral or not? - How do you ensure that your referred cases visit next level facility for uptake of services? - Have you followed up or received feedback from those who have received services? What was the feedback like? - What is your suggestions to improve compliance of referred cases? If the respondent is responsible for prescribing spectacles: - What do you think the uptake is for people wearing spectacles? Are there any barriers that you think need to be addressed (is gender a factor?)	LHW, MO, MT	3	P

Q	Topic	Level	Eval Q	Priority "P"
3	Who do you distribute IEC materials to? How effective do you think the IEC campaign has been? - Do you know of any patients that have presented themselves as a direct result of receiving messages from IEC materials? - (How are we measuring/assessing its effectiveness?) - What are the changes that you think need to be made to IEC materials?	LHW, MO, MT	2	P
4	How effective do you think you have been in identifying and screening women for cataract and to ensure uptake of surgeries? - How do you identify and screen women with eye conditions? - Does this need to be strengthened and if so, how? - Have we identified what the key challenges are for women in particular? - What do you think we can do to improve our reach to women?	LHW, MO, MT	1,2	P
Health System Strengthening / capacity building				
12	What effect is the project having on building capacity of the health system? - Prompt for examples (training, capacity of staff, equipment, systems and processes) - Do you think that the project activities will be sustainable after the end of the project?	LHS MO, MT	3,4	P
13	How effective has the coordination and synergy been between government and non-government agencies at service level?	LHS, MO, MT	4	
	Are there any other lessons learned from this project that you wish to share? - Any particular successes or challenges? [Closing / thank for time] [RECORD INTERVIEW END TIME]	LHW, MO, MT		

Focus Group Discussion Topic Guide - Service recipients

Notes for the Facilitator

- This topic guide is to be used to facilitate group discussion among service recipients of either surgical interventions or refractive error services. Groups will be of 6-8 persons.
- The questions to, and discussions with, individual groups will be tailored to suit their situation, to match their particular area of expertise and their relationship to the programme. Prompts are included in the guide to encourage further elaboration on a topic.
- The aim here is to maximise interaction in the group in order to elicit as many viewpoints as possible and reflect on successes, challenges and lessons learned. To that end, the moderator should have a minimal speaking role and use small prompts ("what do others think?") to encourage group exploration of (relevant) topics as they are raised.
- Not all topics will be relevant to all informants. The questions should be tailored according to the group's involvement in the project and area of expertise. High priority questions are also designated "P".
- For some topics, informants may be asked to reflect on their own role in the project, and for others, they should be asked to comment on the roles of other actors, as appropriate.
- Although the questions are numbered, they may be asked in a different order, and topics that have already come up spontaneously in the interview may be skipped.
- Prompt sub-questions are provided to help probe for more information around a topic. In addition, standard probes should be used to encourage respondents to elaborate ("can you tell me more about that?"), and to ensure the group has nothing further to add on a topic ("anything else?")
- Standard procedures for FGD note-taking should be used (assigning and noting R numbers).
- In some cases, this guide may also be adapted to interview community volunteers (drug shops) on a one-to-one basis.
- The discussion should be held in an appropriate environment that allows for privacy.
- All participants should read the information sheet and give written informed consent to participate

Introduction of the discussion to the group:

- [Introduce self]
- I have been asked to evaluate a paediatric eye care project implemented by Sightsavers, an international organization working to help prevent and treat eye problems.
- I would like to speak with you about your involvement in the project.
- Our discussion will take about 1 hour.
- Whatever you tell me will be kept confidential. That means that it will be shared only with the members of the evaluation team. Any information we include in our report will not identify you.
- Do you have any questions for me before we begin?

All respondents to sign information and informed consent sheet.

Information to be recorded:

Information to be recorded:
For group
○ Date of discussion

○ Length of discussion (start/end time)
○ Location of discussion
○ Any notes on discussion context and other persons present
For each participant
○ Name
○ Role / Job title
○ Gender
○ Disability status
○ Sub-district
○ Facility name (if relevant)

Q	Topic	Level	Eval Q	Priority "P"
Project Involvement				
1	[Greetings, informal conversation] Confirm what type of service they have received (i.e. cataract surgery)	Community		
Service				
2	Were you happy with the service you received - How was the quality? - Do you feel that your needs/concerns were addressed - Do you feel your expectations were met? - What difference has it made to you now? - Would you recommend it to a family member/friend? Why?	Community	1	P
3	Referral mechanism - Who were you referred by? - Did you take up the referral at the hospital? Or did you go to another hospital or facility? - Did you use a referral slip? Was it useful? - Was it easy for you to know where you should go to seek treatment? - Do you have any suggestions for improving the process?	Community	3	P
4	What do you think could be done differently or improve your access to the services? - Did you encounter any barriers or challenges?	Community	1,2	
5	IEC materials - Did you receive, hear or see any awareness raising material about the project? - If so, Can you re-call the message? - What did you think about the posters/pamphlets? - What did you think about the awareness session? - Have you ever heard or see any eye health message through FM Radio or Cable TV? - Do you think the materials are appropriate? - How do you think they could be improved?	Community	1,2	P
5	Gender	Community	1,2	P

Q	Topic	Level	Eval Q	Priority "P"
	- What do you think we can do to improve our reach to women? - What do you think are the unique challenges or barriers for women in accessing eye care services? - How do you think these barriers can be addressed? - Are there any specific considerations when it comes to women having eye surgery or wearing glasses?			
Other learning				
6	Are there any other lessons learned from this project that you wish to share? [Closing / thank for time] [RECORD INTERVIEW END TIME]	Community		