

THE FRED HOLLOWS FOUNDATION VIET NAM

MID TERM REVIEW

THE VIET NAM
CHILD EYE CARE PROJECT
2016 -2018

20 December 2017

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1. Acknowledgements

The Team Leader for the Mid Term Review would like to express his *sincere appreciation and thanks* to the participants who contributed their ideas to the Mid Term Review in Da Nang, Hai Duong and Tien Giang during the field trips in November 2017. The Mid Term Review team had the opportunity to meet face to face with key stakeholders of the project, including the three Project Management Boards with members from the Provincial Department of Education and Training and the Department of Health, District Department of Education and Training, School Principals, School Nurses, Staff of Youth Unions/Pioneer Teachers, Teachers and students and Refractionists at Optical shops. The inputs from these participants were invaluable in learning first hand feedback on the Viet Nam Child Eye Care Project.

The Project Partners, Schools and Optical shops all *highly appreciated* the support offered by The Fred Hollows Foundation along with the funding from Standard Chartered Bank. They emphasized the importance and relevance of the project in reaching out to students with refractive error and eye diseases to help them in gaining access to eye health care that will support their learning and development in schools.

Appreciated thanks to The Fred Hollows Foundation Viet Nam for commissioning the Mid Term Review and arranging the logistics and setting up the interviews and consultations with key partners and stakeholders across the project areas in Da Nang, Hai Duong, Tien Giang and Ha Noi.

The Team Leader, an independent consultant, has put together the report based on ideas gathered during the consultations with stakeholders and along with the documentation review, this was the basis for analysis and putting together the report. The report gives critical analysis with a view to making improvements in the remaining one year of the project¹ so that it can be of optimum benefit for primary and secondary school students – the key beneficiaries.

Frank de Caires, Team Leader and Consultant
Mid Term Review: The Viet Nam Child Eye Care Project
20 December 2017

The Mid Term Review is supported with funding from The Fred Hollows Foundation. The information and opinions contained in it do not necessarily reflect the views or policy of The Fred Hollows Foundation.

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¹ Project duration: Start: January 2016 and Completion: December 2018.

THE VIET NAM CHILD EYE CARE PROJECT 2016 -2018

2. Executive Summary

2.1. Background

Uncorrected refractive error, particularly myopia, among secondary school children in Viet Nam is a *major public health problem*. Visual impairment impacts adversely on a child's ability to learn and results in low educational attainment.

Key issues that need to be addressed include: the absence of national guidelines for school health programs; low capacity and quality of eye care services in schools and health units; inadequate training for Optical shops and lack of regulation, low capacity of District Health Department's Eye Units; low awareness among students and parents on eye care health; and unaffordable treatment – as spectacles are not covered by health insurance.

The '*Viet Nam Child Eye Care Project (January 2016 – December 2018)*' was designed by The Fred Hollows Foundation Viet Nam (FHFVN) to improve the eye health of 250,000 children aged 6-15 years in three areas: Da Nang City and Hai Duong and Tien Giang Provinces and the project has a total budget of US\$ 1,242,872. The research and results from this project – as a pilot initiative, will be used as a lever to develop a national policy that can be rolled out to promote and implement school eye health across all provinces in Viet Nam.

2.2. Mid Term Review Purpose and Key Questions

The Mid Term Review was commissioned by The Fred Hollows Foundation Viet Nam with the objectives to: assess project outputs; identify key successes and challenges of project implementation and factors which have contributed to this; and make recommendations for the remaining implementation one year period. The framework for key questions was based on project processes: policy and guidelines; project management; and operational eye health care treatment.

2.3. Methodology

The Mid Term Review employed mixed methods and approaches to address and share the review questions, findings and recommendations, including mainly focus group discussions and in-depth interviews (with anonymity assured to encourage openness), desk review of project documentation and debriefing sessions with the Mid Term Review team and partners after each visit. The draft Mid Term Review Report was shared with The Fred Hollows Foundation Viet Nam and Project Partners for their feedback and inputs.

2.4. Findings

The project design is *highly relevant* as there is a need for a National School Eye Care Guideline to support quality eye care services, from school screening to treatment, which can be consistently applied across Viet Nam. The project has made a significant achievement in producing the National School Eye Care Guideline – for persons in charge of school health that has been approved by the Ministry of Health.

However, key national policy frameworks that need to be addressed include: health insurance – in creating a policy that ensures that spectacles are covered by health insurance; and regulation of Optical shops – to create a policy and regulatory framework to control the quality of refraction services and technical specifications of spectacles.

The project has been well set up and the project management boards have a wealth of experience managing projects within the government sector. However, the project has been challenging, particularly following the procurement guidelines and tendering process and this has resulted in some delay in the project in Da Nang and Tien Giang. There has also been turnover of staff working on the project at The Fred Hollows Foundation Viet Nam and this has meant a lack of consistent follow up.

The project has involved joint cooperation between the Department of Education and Training and the Department of Health and a collaboration mechanism was signed to implement the Viet Nam Child Eye Care project in Hai Duong, Danang and Tien Giang. The comprehensive eye exams were conducted by Medical teams from the Districts and Eye Hospitals; and information, education and communication trainings on eye care were conducted by Doctors, and specialists from the Department of Health in the three project areas. There were delays in the completion of comprehensive eye exams in all project areas due to the high demand from schools over a short period of time and the insufficient number of Eye Doctors at District Hospitals to cope with the high volume of students. This is an issue of limited capacity.

The project has trained School Nurses, staff of Youth Unions/Pioneer Teachers and Form Teachers at Schools to conduct basic visual acuity tests for children and to raise awareness on eye care. The *commitment and motivation* of School staff was an outstanding feature during the Mid Term Review field trips and all teachers were diligent in conducting the visual acuity tests and recording the results.

The Teachers have tried to raise awareness with students and children through a range of activities (such as school talks, discussions with parents at meetings, games, drawing competitions and eye care health quizzes etc). The materials that were distributed by the project, such as the clear bag folder was highly appreciated by the students.

The comprehensive eye exam has been conducted by a Medical Team (Eye Doctor, Ophthalmic Nurse and Refractionist) either a) visiting a cluster school where many schools gather or b) by receiving students at the District Health Centre. The comprehensive eye exam, which should be attended by the student and their parent/s causes considerable logistical challenges for the Schools, as they have to coordinate with parents who may not or cannot take time off work, and the time at the eye exam may be lengthy as they have to wait with a large number of student patients. With all the eye exams taking place within a short period of time, this creates a bottleneck with much pressure on the Medical Team who has limited resources – especially at the District Health Centre level.

After the comprehensive eye exam, students and their parents are directed to go independently to the Optical shop, contracted by the Project Management Board, with the Doctor's prescription to be issued with spectacles. On some occasions the Refractionist re-checks the student's eyes and in some cases the re-check gives a different result to the prescription. The difference may be a result of a number of factors including: clerical error, mistake in the eye exam and/or change in the student's eyes from the time of exam to the visit to the Optical shop. Follow up is difficult as students and parents may not be fully aware of the importance of it, and especially for the poor, unable to afford the time off work and costs of travel and treatment.

There is an overload of pressure on the Medical Team in conducting Comprehensive Eye Exams as there are many children who need these exams. This is a bottleneck in the eye screening and treatment process and needs further consideration to see how exams can be staggered and organized to cater for large numbers of students. Furthermore, the overload means that parents need to spend more time waiting at the eye exam. This needs further consideration to implement effective logistics to save time for everyone involved, including students, parents and teachers.

The Mid Term Review found that out of the 71 students tested during the review in Da Nang City, and Hai Duong and Tien Giang provinces, 29 students (nearly 41%) had low visual acuity and need to have their eyes re-checked. This means that the quality of eye care services needs to transform and upgrade in order to reassure and build the confidence of students, parents and teachers in using the eye care services. Otherwise, this will undermine any communication methods to raise awareness on eye care services.

2.5. Conclusions

The project addresses *significant needs* in providing eye care for students and is *highly relevant*. Therefore, it serves an extremely useful and relevant service to strengthen the capability and capacity of Schools, Medical Teams and Optical shops. The National School Eye Care Guideline produced by the project was approved by the Ministry of Health and this is a *significant achievement* in setting up a policy framework to ensure quality eye care services for children in Schools across Viet Nam.

The training of School Staff has been *highly effective* in demonstrating to School Staff how to conduct basic visual acuity tests and identifying students who need to be referred to Eye Doctors and Medical Teams for a Comprehensive Eye Exam. The schools have also made considerable efforts in raising awareness among students and parents on eye care health. This is a challenging task that requires ongoing and regular communications.

The Medical Teams, especially in District Health Centres, face critical resource constraints – in terms of trained human resources and technical eye care equipment. This creates a *bottleneck* in the provision of eye care services.

The Project Management Boards have contracted Optical shops to provide spectacles to students. This has been a *useful step* in identifying a quality service provider to cater to the needs of students. However, one Optical shop is *not adequate* to meet the current or future needs of children and further quality control measures are needed to ensure quality eye checks.

The project has generated *significant learning* during the first two years, 2016 and 2017, and this should contribute to the third and final year being more effective and efficient. Key learning has shown that eye care service providers are stretched in capacity in serving large numbers of students and this can adversely impact on quality. Support to improve the capability and capacity of service providers and manage the logistics of each child getting individual attention needs to be addressed for the long term sustainability of offering quality eye care services for children.

2.6. Recommendations

2.6.1. To: National Project Management Board:

Commission a graphic design agency/designer to produce a well designed hard copy publication and online version of the National School Eye Care Guideline

Put in place a system for checking and assuring quality of: a) school screening, b) Comprehensive Eye Exam, c) Re-check of eyes and provision of spectacles at Optical shop, d) Follow up for students with eye diseases, and e) Follow up of students at Optical shop after six months. Focus should be placed on *quality* not quantity. Quality results will be useful evidence in replicating the project to other districts and provinces.

Facilitate, encourage and bring together the Project Management Boards, and other relevant stakeholders, to share difficulties encountered and design options to address these, share best practice, and share project achievements.

2.6.2. To: Project Management Boards, Da Nang, Hai Duong and Tien Giang:

Identify the top six performing schools (3 primary and 3 junior secondary) in each project area that are successfully screening children at school and raising awareness with children and parents on eye care health. These schools should be used as role models to highlight best practice and share their methods with lower performing schools. Pilot test, with the six role model schools, the setting up of an 'Eye Friendly Space' that is created to test basic visual acuity and share information on eye care health.

Assess the market of Optical shops in Da Nang City, Hai Duong and Tien Giang provinces and identify at least two other Optical shops in each area with a Refractionist and capability to

manufacture lenses, so that an increased number of students can be treated without bottlenecks. Encourage the setting up of an informal professional association to share the same quality standards and develop joint solutions for any common problems.

Contract the Optical Shop/s to conduct a visual acuity test for *all* students who come for treatment with a Doctor's prescription. This will create additional work for the Refractionist and should be appropriately compensated.

Conduct a cost benefit analysis to capture the costs of providing eye care services for 50 students in a day. This would give an indication of the cost norms in each project area and inform new districts and new provinces of the resources that are required to implement an eye screening and treatment program.

Invite well know people with the ability to influence others, to act as champions (as volunteers) for eye care health and wearing spectacles. They could be invited to events to promote eye care and inspire children to develop and learn.

Invite teachers to design interactive learning games that can support the awareness raising of eye care health. This would draw on the teachers' skills to inspire and motivate students in learning and complement the National School Eye Care Guideline.

2.6.3. To: The Fred Hollows Foundation Viet Nam

Consolidate data gathered by the Project Management Boards so that analysis can be made across and within Da Nang, Hai Duong and Tien Giang. It will also show the filtering of students to those who need to be treated for eye diseases and refractive error. This work is in progress with the development of an interactive online tool. Set up a process to gather and store data that can be continued after project completion.

Support the Project Management Boards in setting up quality assurance processes across schools, comprehensive eye exams and Optical shops in the project locations. Assist the Project Management Boards with a framework to outline criteria for each area and methods to support quality control and assurance. Reallocate resources where necessary to ensure quality services – rather than trying to achieve ambitious targets.

Standardise and consolidate processes to support stakeholders in providing quality eye care services. Prepare communication materials that show stakeholders – and this will be critical for new districts and provinces in the future, *how* to implement successfully an eye care screening and treatment program. Each step should be broken down to illustrate what needs to be done to achieve each objective.

Consult with the Project Management Boards and agree on finance and procurement procedures that support partners in being able to manage the project effectively within an ethical, accountable and transparent framework – and achieve project objectives effectively. This should streamline and clarify processes so that they can be easily understood and followed through for effective and efficient implementation.

Consider the complexities of conducting surveys and research with parents and students and limit/reduce the time requirements for interviewees. The feedback on the baseline survey commissioned by The Fred Hollows Foundation Viet Nam is that parents did not fully understand the survey and were reluctant to spend their time away from their busy work priorities.

Commission comparative research on eye care services for refractive error in neighbouring countries to Viet Nam (including options on Bangladesh, Thailand, Cambodia, Lao PDR and Malaysia) to learn how they organize their eye care services and cost recovery.

During 2018, start planning for phase II, to upscale the project to reach out to all provinces in Viet Nam – in a step by step way. This will require a 'big picture' and long term strategic view, to ensure that there is cohesive planning with the relevant stakeholders – rather than it being done on an ad hoc basis, province by province. This will require high level discussions and

negotiations with the Ministry of Health and Ministry of Education and Training to set priorities, estimate resource needs and how they can be mobilized and time lines for planning, implementation and review.

In consultation with the National Project Management Board, explore the opportunity of lessening the overload on visual acuity screening by Eye Doctors by involving Refractionists to do the screening in phase II.

In consultation with the National Project Management Board, for phase II, look into the options for recovering costs of eye care services. This is a sensitive subject, especially for poor and young children at primary school. Therefore, sensitivity should be shown in researching and designing options with the right legal mechanism and this might be more suitable for secondary school students.

THE VIET NAM CHILD EYE CARE PROJECT 2016 -2018

3. Introduction

This report first lays out the methodology in conducting this Mid Term Review, the approach taken and the team involved. It shows the limitations – ten working days for the field visits to three project areas and lack of being able to observe actual screenings, eye exams or fitting of spectacles with students.

The findings of the Mid Term Review are given within a framework that is based on the objectives and process of the project – from national government policy to screening and raising awareness, eye exams and re-checking eyes and follow up with students. The conclusion is then given, followed by the recommendations to three key stakeholder groups: National Project Management Board, Project Management Boards in Da Nang, Hai Duong and Tien Giang, and The Fred Hollows Foundation in Viet Nam.

4. Project Background

4.1. Issues and Context

Research by the Brien Holden Vision Institute has shown that uncorrected refractive error, particularly myopia, among secondary school children in Viet Nam is a *major public health problem*.² Visual impairment impacts adversely on a child's ability to learn in school as it is hard for them to read the chalkboard and text books and results in low educational attainment.

In Viet Nam, refractive error accounts for 2.5% of the total blindness, despite the fact that no national level refractive error prevalence survey has been conducted for the general population. Some 17.5% of Vietnamese children (aged 5 - 14) are estimated to suffer from some forms of refractive error.³

The key issues relating to refractive error that need to be addressed include:

- **Absence of national guidelines** for school health programs and lack of priority/resources to roll out programs across Viet Nam.
- **Low capacity and quality** of existing eye care services in schools and health units (limited training for school staff); inadequate training for Optical shops and lack of regulation, low capacity of District Health Department's Eye Units due to lack of eye health personnel and technical equipment).
- **Low awareness** among students and their parents of child eye care health.
- **Unaffordable treatment** (as spectacles are not covered by health insurance, and therefore have to be paid for and the cost of transportation to access treatment and regular follow up treatment, as most Eye Care Units and Optical shops are located in cities).

4.2. Project Overview

The '*Viet Nam Child Eye Care Project (January 2016 – December 2018)*' was designed by The Fred Hollows Foundation Viet Nam (FHFVN) to improve the eye health of 250,000

² Survey conducted at the provincial level on the prevalence of visual impairment and refractive error in school children by the Brien Holden Vision Institute (BHVI) in Ba Ria Vung Tau Province in 2014, referenced in '*The Viet Nam Child Eye Care Project (2016 – 2018) Project Implementation Plan*', The Fred Hollows Foundation: Viet Nam (page 10).

³ '*The Viet Nam Child Eye Care Project (2016 – 2018) Project Implementation Plan*', The Fred Hollows Foundation: Viet Nam (page 10).

children aged 6-15 years in three areas: Da Nang City and Hai Duong and Tien Giang Provinces.

The project has a total budget of US\$ 1,242,872 (80% from the Seeing is Believing and 20% from FHFVN) for three years. The research and results from this project – as a pilot initiative, will be used as a lever to develop a national policy and along with the National School Eye Care Guideline (being developed by the project) that can be rolled out to promote and implement school eye health across all provinces in Viet Nam.

4.3. Theory of Change

The theory of change, illustrated below, shows the overall scope of the project and key steps from the objectives to results – that can be used as evidence for advocacy to influence policy makers in achieving the end goal – sustainable eye health and reduction of visual impairment for school children.

Note that this theory of change has been developed retrospectively, based on the project aims and the discussions that have taken place during the mid term review. It can be adapted further so that it can be used as a tool to help focus partners on the direction of the project for the remaining one year term.

Diagram I. Theory of Change

Pilot Scope	→ Objectives	→ Results	→ Advocacy	→ Goal
360 Schools: 250,000 children Eye care service providers in: Da Nang, Hai Duong, and Tien Giang, Viet Nam	1. Improve policy coordination between education and health sectors	Generate data and results	Influence policy makers at National, Provincial, District and national levels in Viet Nam	National School Eye Care Guideline is adopted, resourced and rolled out across all provinces in Viet Nam
	2. Strengthen school eye health personnel skills	Create a sustainable model that can be replicated nationally		
	3. Improve quality of and increase access to eye care	Create policy and National School Eye Care Guideline		
	4. Collate data and analysis on children's eye health and develop a monitoring system			
	5. Enhance eye care awareness of children, parents and teachers			
			Sustainable eye health and reduction of visual impairment for school children	

The project has delivered the following outputs:

Diagram II. Teachers Training in Visual Acuity Test (Jan-16 to Oct-17)

Project Areas	Number of Schools Participating	Number of School Nurses, staff of Youth Unions/Pioneer Teachers, trained in Visual Acuity Test	Number of Form Teachers trained on Basic Eye Health
Da Nang	86	172	2,300
Hai Duong	161	322	2,434
Tien Giang	121	242	4,200
TOTAL:	368	736	8,934

Diagram III. Screening & Treatment of Children (Jan-16 to Nov-17)

Project Areas	No of Schools Participating	No of Children Screened at School	No of Children taking Comprehensive Eye Exam	No of Children with Prescriptions for Spectacles	No of Children Provided with Spectacles
Da Nang	86	82,112	2,525	1,070	764
Hai Duong	161	74,382	6,738	3,921	3,921
Tien Giang	121	88,206	3,119	1,600	1,600
TOTAL:	368	244,700	12,382	6,591	6,285

4.4. Implementation Approach

The project is co-implemented by the General Department of Preventive Medicine of the Ministry of Health and the Department of Student Affairs – an Agency of the Ministry of Education and Training, and Provincial Departments of Education and Training of Da Nang, Hai Duong and Tien Giang. The project implementation team works in partnership with the Health sectors at Ministry and Provincial levels to build up policy and guidelines that are based on lessons learned through the work in schools and with the eye care providers across the project areas.

The project draws on lessons learned and on-going benefits of early Seeing is Believing funded projects with the FHFVN and other FHFVN projects that focus on health systems strengthening and school curriculum development.

4.5. Operating Context

School eye health is not yet a priority and hardly mentioned in the guidance of school health programs, though visual impairment in children is an issue that can affect the children's health and education. Depending on the resources and capacity of each province or city, school eye health is integrated into the school health program, such as in Ho Chi Minh City and Ha Noi. However, in most other regions in Viet Nam, school eye health is commonly ignored.

Health insurance is compulsory for children when they go to school and they can access health treatments, including eye health. However, children with refractive error, strabismus or ptosis are not yet covered by health insurance for surgeries and spectacles.

Previously, the health insurance agency refunded 12% of income of health insurance to schools on a yearly basis to reinvest in school health programs. However, this was reduced to 7% in 2014⁴. In practice, this refund is used for non-health purposes. Many schools outside of big cities lack health offices and eye care service providers, specialized for children, are limited in rural areas. Furthermore, many school nurses, who were originally teachers, have not been trained on health and childhood eye care.

Nearly all refraction service providers are private optical shops and are unregulated and thus, the quality of prescription and spectacle dispensing is poor. The optical shops are mostly located in urban areas, and this means that children in rural and remote areas with refractive error do not get the appropriate treatment.

⁴ Viet Nam Government, Degree No. 105/2014/ND-CP, dated 15 November 2014.

5. Methodology

5.1. Mid Term Review Purpose and Questions

The mid term review was commissioned by The Fred Hollows Foundation Viet Nam. The objectives are to:

- Assess project outputs (and potential outcomes and impacts where possible)
- Identify key successes and challenges of project implementation
- Identify factors which have contributed to project successes and weaknesses
- Make recommendations for the remaining implementation period

The evidence from this review will be used to inform future project interventions, for advocacy and to inform policy at the national level. The objectives are to:

- Assess the project's progress against key objectives
- Determine the relevance of the project as implemented in the local context and relevance of project design
- Make recommendations to improve the project over the remaining period

The framework for key questions for the Mid Term Review was based on the key project processes: 1) Policy and Guidelines; 2) Project Management; and 3) Operational Eye Health Care Treatment. See Annex IV for the full list of questions.

5.2. Audience

The primary users of findings of this review will be The Fred Hollows Foundation's staff in Viet Nam, regional and head office and key project stakeholders, such as the implementing government project partners. This includes:

- General Department of Preventive Medicine (GPDM)
- Department of Student Affairs (DSA)
- Provincial Departments of Education and Training and Departments of Health in Da Nang, Hai Duong and Tien Giang

Secondary users of the mid term review will include:

- Donor: Standard Chartered Bank (SCB) and International Agency for Prevention of Blindness (IAPB)
- The Fred Hollows Foundation Head Office and Country offices to share learning

5.3. Approach

The Mid Term Review employed mixed methods and approaches to address and share the review questions, findings and recommendations, including:

- Focus group discussions and in-depth interviews
- Analysis of the project baseline and monitoring data
- Analysis of project reports
- Analysis of project design / theory of change
- Photographic evidence where appropriate
- Debriefing sessions with Mid Term Review team and partners after each visit
- Draft Mid Term Review Report to share findings and recommendations and elicit feedback from The Fred Hollows Foundation Viet Nam and Project Partners

Anonymity was assured (both orally and in written form) to participants during the Mid Term Review to encourage openness in sharing ideas on the project.

5.4. Mid Term Review Team

No	Name	Job Title	Role
1	Dr. Ngoc Nguyen Viet My	Senior Program Manager, FHFVN	Manager and Team Member – participate in planning and selected field visits, discuss, analysis and feedback on report. Overall management of the mid term review.
2	Mr. Phan Ngoc Anh Tuan	Project Manager, FHFVN (Newly appointed, Oct, 2017)	Mid Term Review Manager and Team Member: to ensure resources, time and quality of field trip and report is prepared accordingly with the plan and expected outputs.
3	Mr Frank de Caires	Consultant, On-Change	Team Leader – lead the interviews and facilitate discussions with MTR team and partners. Responsible for the quality of the field visits, and briefings and preparing the final report.
4	Mr Dang Vu Bao	VNCEC Program Coordinator, FHFVN	Team Member – collate project data and reports, arrange visits with partners, translate on field visits and contribute to analysis.
5	Ms Ha Thi Nguyet Minh	VNCEC Program Coordinator , FHFVN	Team Member – collate project data and reports, arrange visits with partners, observe, discuss, translate on field visits and contribute to analysis.
6	Ms Phan Thi Trang	Monitoring and Evaluation Coordinator, FHFVN	Team Member – contribute to MTR planning and analysis.

5.5. Limitations

Time was a *significant* limitation as the field work was conducted within *10 days* (including travel time) across Da Nang, Hai Duong, Ha Noi and Tien Giang to visit Project Management Boards, Schools, and Departments of Education and Training and Health. In addition, the initial plan included an Eye Doctor/Ophthalmologist in the Mid Term Review team. However, this was not possible and as there was insufficient notice, there was no time before the review to recruit a new team member. Due to the above, the Mid Term Review focused on refractive error and provision of spectacles and has not assessed the provision of eye care for children with eye diseases.

While the Mid Term Review team was able to conduct basic visual acuity tests with a selection of students who had received spectacles from the project, it was unable to observe any visual acuity tests by School Teachers, Comprehensive Eye Exams by Eye Doctors or students being treated by Refractionists at Optical shops – as the visits did not coincide with when those activities were conducted.

However, the Mid Term Review team did meet a full range of representatives of all the key stakeholders, including members of the Project Management Boards at National level and from Da Nang, Hai Duong and Tien Giang, and School Principals, Teachers and students from the three project areas.

5.6. Ethical and Other Approvals Obtained

The Mid Term Review team was in contact with children at the schools to ask questions during the field visits and at all times there was a Teacher, School Nurse or staff of Youth Unions/Pioneer Teacher of the school present. The consultant signed The Fred Hollows Foundation child policy before the field visit.

In relation to interviews and focus groups with adults, focus was placed on collecting ideas on the progress of the project. In order to encourage openness and candid comments, any quotes or comments were *not* attributed to any named individuals.

6. Findings

6.1. Mid Term Review Framework Questions

6.1.1. The National School Eye Care Guideline⁵, a technical guideline that gives information on the structure of the eye, visual acuity testing, refractive error and raising awareness in schools and with parents, has been developed by the project and was recently approved by the Ministry of Health. The guideline has been developed by a Technical Working Group that has involved a broad range of experts from government and non government sectors.

The National School Eye Care Guideline is *highly relevant* as this is the first national guideline for schools in Viet Nam. Therefore, it will be a first step in establishing common and consistent standards in quality eye care across all provinces in Viet Nam. The next step is for the guideline to be rolled out nationally to all provinces in Viet Nam by the Ministry of Health.

6.1.2. The Project Management Process has been well set up with a National Project Management Board and three Project Management Boards with members from both Departments of Education and Training and the Department of Health in Da Nang, Hai Duong and Tien Giang. The Project Management Boards have been trained by The Fred Hollows Foundation Viet Nam in planning, operational, finance and reporting aspects of the project. The project involves the Project Management Boards coordinating with both Department of Education and Training and Department of Health to operationalise activities.

The key challenge faced by the Project Management Boards is the limited capacity of the Medical Teams – especially at the District Health Centres – in conducting the comprehensive eye exam and provision of spectacles at the Optical shops in a timely manner for the large numbers of students. This has also been a challenge for schools in organizing the logistics for the children and parents to attend the comprehensive eye exam and Optical shop.

6.1.3. The Operational Eye Health Treatment Process has been set up across a range of schools in the project areas and this is a significant achievement. However, greater focus needs to be placed on the quality of eye care services being delivered, especially the provision of spectacles with the appropriate lenses to children. The Mid Term Review found that out of the 71 students tested during the review, (and these were students who went through the school screening, comprehensive eye exam and received spectacles provided by the project), in Da Nang, Hai Duong and Tien Giang, **29 students (nearly 41%) had low visual acuity and need to have their eyes re-checked**. This means that the quality of eye care services needs to transform and upgrade in order to reassure and build the confidence of students, parents and teachers in using the eye care services. Otherwise, this will undermine any communication methods to raise awareness on eye care services.

The project has made good progress with training the School staff who are committed, motivated and interested to learn about eye care and look after the eye health of students. This can further improved. However, the key will be for the Project Management Boards to

⁵ This is a technical guideline rather than a policy as it outlines the technical process to be followed. It does not include how the guideline will be put in place and supervised.

ensure that students can avail of good quality eye care services – as School staff cannot be expected to offer a higher standard of basic visual acuity tests and eye care.

6.2. Project Framework

In order to discuss the findings, it is important to share the framework for analysis of the project to understand the overarching factors (national policy and project guidelines) that influence operational processes and quality of eye care services. The diagram below shows the Eye Care Process from National Policy to screening of students to the comprehensive eye exam and provision of spectacles. Note that there are *critical bottlenecks* – congestion with many students seeing few Eye Doctors and Refractionists – for the comprehensive eye exam and re-check of eyes and provision of spectacles.

Diagram IV: Eye Care Process (Screening and Treatment)

1	VIET NAM GOVERNMENT POLICY (National)	
	<ul style="list-style-type: none"> - Ministry Of Health - Ministry Of Education & Training, Joint Circular No. 13, Regulations on Healthcare Activities In Schools - Health Insurance - Regulation & Standards of Optical Shops, including prescriptions for spectacles 	
2	PROJECT POLICY & GUIDELINES (Provincial & City)	
	<ul style="list-style-type: none"> - Technical Guidelines: Eye Care - Finance & Procurement - Project Management 	
	<i>Key Activities</i>	<i>Capacity (a)</i>
3	PROJECT SET UP & ORIENTATION	
	<ul style="list-style-type: none"> - Project Management Board (National) - Project Management Board (Provincial & City) - Trainers of Trainers 	1 trainer : 5 trainees 1 trainer : 6 trainees 1 trainer : 15 trainees
	⇓	
4	TRAINING SCHOOL STAFF	
	<ul style="list-style-type: none"> - School Nurses - Staff of Youth Unions/Pioneer Teachers, - Form Teachers 	1 trainer : 60 trainees (approx.)
	⇓ (max: 4 weeks) (b)	
5	SCREENING & RAISING AWARENESS	
	<ul style="list-style-type: none"> - Screening of students at Primary & Secondary Schools - Raising awareness with students and parents 	1 Nurse or Teacher : 40 students
	⇓ (max: 4 weeks)	
6	COMPREHENSIVE EYE EXAM	« critical (c)
	<ul style="list-style-type: none"> - Eye exam of students (with parents) at District Health Centre - Eye exam of students (with parents) at Cluster School 	Medical Team (d): 50 students per day
	⇓ (max: 3 weeks)	
7	RE-CHECK EYES & PROVISION OF SPECTACLES	« critical (c)
	<ul style="list-style-type: none"> - Re-check eyes (some cases) of students (with parents) at Optical shop - Provision of spectacles to students (with parents) at Optical shop 	Refractionist : 60 students per day (e)
	⇓ (max: 6 months)	
8	RE-CHECK EYES & FOLLOW UP	
	<ul style="list-style-type: none"> - Re-check eyes of students (with parents) at Optical Shop 	Refractionist : 60 students per day

Notes:

- a) Capacity: It will be important to have an overall capacity assessment of the province in providing eye care services so that their capacity in screening and treating students can be calculated. Capacity needs should be addressed for the long term to meet the huge demand for eye care by students.
- b) Maximum times are indicative and would need to be guided and approved by the National Project Management Board in Hanoi (and this could be outlined in the National School Eye Care Guideline).
- c) Steps 6 and 7 are critical in the Eye Care process as there is pressure on limited human resources with many students seeing the Eye Doctor and Refractionist.
- d) Medical Team: Eye Doctor, Ophthalmic Nurse and Refractionist.
- e) Based on estimate of 30 students in a morning by Optical Shop, contracted by PMB, at Danang, 13-Nov-17.

6.3. Viet Nam Government Policy: Health Insurance and Regulation of Optical Shops

The project has addressed some of the key issues that block the sustainability of eye health services and reduction of visual impairment for school children. The National School Eye Care Guideline, that has been developed by the project, will give a good policy framework for schools and the project has trained teachers in conducting basic visual acuity tests.

However, key national policy frameworks – and these are major issues, that need to be addressed are:

- Health Insurance: to create a policy that ensures that spectacles are classified as a 'medicine' and thus covered by health insurance. It is currently not covered by health insurance and this means that some parents – especially the poor – cannot afford to pay for spectacles, and/or the travel in terms of time and costs to and from the Eye Doctor or Refractionist, and the necessary follow up treatment.
- Regulation of Optical Shops: to create a policy and regulatory framework for the Government of Viet Nam to control the quality of refraction services and technical specifications of spectacles. Without regulation it will be difficult to control and ensure quality standards and services in refraction and spectacles across Viet Nam.⁶

While the above two issues have not been included within the scope of the project, they will need to be addressed to ensure that children, including poor children, have access to quality refraction services and spectacles. Without this, the work of Teachers in screening children and comprehensive eye exams by Eye Doctors will be significantly undermined and the goal to ensure quality eye services for all children not reached.

The current Ministry of Health guideline is that a Doctor must be the one to issue and sign a prescription for spectacles, not a Refractionist. This means that there will be much pressure on a small number of Eye Doctors who are mostly located in central areas of the province to conduct eye exams or visual acuity tests on large numbers of students. If Refractionists, with the appropriate qualifications, could give prescriptions this would increase the capacity of the province to meet the demand for eye care services.^{7 8}

6.4. National School Eye Care Guideline

The Government of Viet Nam in May 2016, through the Ministry Of Health - Ministry Of Education and Training, issued a Joint Circular No. 13, on the '*Regulations on Healthcare Activities In Schools.*' This is an important joint circular that stipulates the regulations on healthcare activities in schools in respects of facilities, equipment, environment and other healthcare services for students and includes eye health care. This gives a useful policy for framing and setting up specific eye care screening and treatment guidelines.

⁶ The Fred Hollows Foundation Viet Nam is currently supporting a project (BEQUEC) to conduct an assessment of the quality of optical workshops (which are under either the Ministry of Health or the Department of Commerce) to gather evidence to put forward a policy to control the quality of refraction services. It is planned that during the second phase of the BEQUEC project, after June 2019, the policy will be developed and circulated.

⁷ Note that Optical shops see the potential of treating children for spectacles as it serves as a useful marketing opportunity for their services. If the Optical shop provides a good service, the students will tell others and will come back to the shop for further re-checks.

⁸ In the UK, children (under 16 years of age) can have their eyes checked by an Optical shop and spectacles issued. A prescription signed by a Doctor is not needed. The eye check and provision of spectacles is free and if the child wants a spectacle frame that exceeds the amount subsidized by the government a payment for the difference in cost is required. The Optical shop invoices the government for the services rendered.

Currently in Viet Nam, each province has its own standards and practices in delivering eye care services. This means that there is a lack of consistency in standards and implementation guidelines across provinces.

The project has made a *significant achievement* in creating the National School Eye Care Guideline. This has been developed by two groups under the Ministry of Health Decision (No 7161/QĐ-BYT):

- a) Material Developing Group: includes 12 officers from the Ministry of Health, Ministry of Education and Training (MoET), and Eye Care Hospitals.
- b) Technical Working Group: includes 11 experts from International Non Governmental Organisations and the World Health Organisation.

The National School Eye Care Guideline comprises four sections:

- a) Structure of an eye
- b) Visual acuity and how to detect visual impairment
- c) Definition of refractive error, some common eye diseases and how to handle them
- d) Communication on refractive error and eye care in school

The National School Eye Care Guideline has been finalized and approved by the Ministry of Health and will need to be rolled out nationwide across Viet Nam.

The project design is *highly relevant* as there is a need for a national school eye care guideline to support quality eye care services, from school screening to treatment, which can be consistently applied across Viet Nam. The project has made a significant achievement in producing the National School Eye Care Guideline that has been approved by the Ministry of Health. There are an increasing growing number of school children suffering from eye diseases and refractive error and in order to provide quality services a policy framework needs to be in place to help set and maintain standards.

The plan with the process, steps and resources to roll out the School Eye Care Guideline across all provinces in Viet Nam is yet to be defined. This will need to outline what different stakeholders, including: School Teachers, Eye Doctors and Medical Teams and Refractionists, will need to do and what resources needed to implement a national program.

6.5. Project Set up and Orientation

The project has been well set up and the project management boards have a wealth of experience managing projects within the government sector. However, the project has been challenging, particularly following the procurement guidelines and tendering process, where some partners have not had previous experience with The Fred Hollows Foundation Viet Nam. This has resulted in some delay in the project in Da Nang and Tien Giang⁹. There has also been turnover of staff working on the project at The Fred Hollows Foundation Viet Nam and this has meant a lack of consistent follow up.

However, The Fred Hollows Foundation Viet Nam and four Project Management Boards in Ha Noi, Da Nang, Hai Duong and Tien Giang have had two years experience working together and understanding each other's operational methods and reporting requirements. Therefore, during the third and last year of the project, operations should run smoothly with any issues being resolved promptly.

The project has brought together joint planning and implementation between the Department for Education and Training and Department of Health. While this may be challenging at times, the project has now gained experience over the last two years on how best this can be done as there are mutual benefits for each Department and real benefits for children at school who gain access to quality eye care.

⁹ In Tien Giang province, the project was unable to start until the fourth quarter, nine months late, due to a lengthy approval process.

The project had not allocated any funds for comprehensive eye exams as the Government circular noted that it would be from Health Insurance refund percentage at schools. However, in practice this did not materialize as there was no budget and The Fred Hollows Foundation in April 2017 decided to provide funds for the comprehensive eye exams.

The Project Management Boards in Hai Duong and Tien Giang Provinces have benefitted from previous support of The Fred Hollows Foundation as these have helped build capacity of eye care services in each province. However, for Da Nang City, it is the first time that there has been cooperation and development support between The Fred Hollows Foundation Viet Nam and the City.

6.6. Training School Staff and Screening and Raising Awareness

The project has trained School Nurses, Staff of Youth Unions/Pioneer Teachers and Form Teachers at Schools to conduct basic visual acuity tests for children and to raise awareness on eye care. The *commitment and motivation* of School staff was an outstanding feature during the Mid Term Review field trips and all teachers were diligent in conducting the visual acuity tests and recording the results. In some cases, where parents were unable to take their children for the comprehensive eye exam, the school organized this.¹⁰

The Teachers were concerned about the eye care health of their students and are interested in their well being to pursue their education and lead healthy social lives. The Teacher who has good relations with their students should be able to get a sense of whether the child is having some difficulty in reading the chalkboard or their books. The visual acuity test is a good way for the Teacher to help filtering down the number of children who need to have a comprehensive eye exam and further treatment for eye diseases or refractive error. It was observed in the Schools that in some cases there is no dedicated place to conduct the visual acuity test as it is done mostly in the form classrooms.

The Teachers have tried to raise awareness with students and children through a range of activities (such as school talks, discussions with parents at meetings, games, drawing competitions and eye care health quizzes etc). The materials that were distributed by the project, such as the clear bag folder was highly appreciated by the students.

It has not been possible to determine, within the short time frame of the mid term review, which of the communication methods were most effective. This would require a detailed study in itself focusing on this aspect and measuring intended changes in behaviour or actions that should be taken as a result of the communication and assessing the actual result.

It should be noted that reaching out to parents to raise awareness on eye care is a complex process, especially for those living in rural areas where parents are busy working on their livelihoods and where they may have limited understanding of eye health care. It is difficult for many parents to take time off work to take their children to the hospital and/or Doctor/Refractionist and they also have concerns about the costs of eye care treatment. Furthermore, it is critical that students receive timely treatment, otherwise if there is a long time lag before they are treated with spectacles, the prescription may not be accurate and if the child cannot see properly with the spectacles that are provided, the child and the parents will not have confidence in the eye care service.

During the first year, only the poor children who were provided with free spectacles were documented as a part of the project. The students who could afford to pay for spectacles were not included in the figures and in the case of Hai Duong province, 400 students who were not poor, were not referred for a comprehensive eye exam even though they needed it. However, this has subsequently been changed so that *all* children who have refractive error and require spectacles are documented and referred to the comprehensive eye exam.

¹⁰ Note that for first grade students they have only studied the alphabet in lower case letters, not in capitals and therefore, cannot read the visual acuity chart. Students are asked to say whether the letters are clear or unclear.

6.7. Comprehensive Eye Exam

The comprehensive eye exam has been conducted by a medical team (Eye Doctor, Ophthalmic Nurse and Refractionist) either: a) visiting a cluster school where many schools gather or b) by receiving students at the District Health Centre. The comprehensive eye exam, which should be attended by the student and their parent/s causes considerable logistical challenges for the Schools, as they have to coordinate with parents who may not or cannot take time off work, and the time at the eye exam may be lengthy as they have to wait with a large number of student patients. With all the eye exams taking place within a short period of time, this creates a bottleneck with much pressure on the Medical Team who have limited resources – especially at the District Health Centre level.¹¹

6.8. Re-check Eyes and Provision of Spectacles¹²

After the comprehensive eye exam, students (and their parents) are directed to go independently to the Optical shop with the Doctor's prescription to be issued with spectacles. On some occasions the Refractionist re-checks the student's eyes and in some cases the re-check gives a different result to the prescription. The difference may be a result of a number of factors including: clerical error, mistake in the eye exam and/or change in the student's eyes from the time of exam to the visit to the Optical shop (and this may be several months as in the case for Tien Giang).¹³ In practice, the Optical shop will provide the spectacles based on their re-check and not on the prescription (due to the change in prescription for the reasons given above).

According to Government regulations, all spectacles that are provided by Optical shops should be based on a prescription signed by a Doctor. However, as Optical shops are not properly regulated, the de facto situation is that Refractionists at Optical shops conduct visual acuity tests and issues spectacles for adult and children patients – without prescriptions signed by a Doctor.

6.9. Re-check Eyes and Follow Up

The student, accompanied by their parents, should have their eyes re-checked by the Refractionist within 6 months after spectacles have been issued. Follow up is difficult as students and parents may not be fully aware of the importance of it, and especially for the poor, unable to afford the time off work and costs of travel and treatment.

In order to monitor the journey of the student patient, there needs to be a database system for capturing the child's profile (age, weight, height etc) and the visual acuity tests that have been conducted at the School Screening, Comprehensive Eye Exam, Optical Shop re-check, and Follow up re-check after 6 months. The Fred Hollows Foundation Viet Nam is in the process of developing a web based database for this purpose.

6.10. Summary of Eye Care Screening and Treatment

The project has made *significant progress* in strengthening the capacity of Schools in screening students for eye diseases and refractive error. This serves the purpose for filtering students to the Medical Team to conduct a Comprehensive Eye Exam.

¹¹ The Mid Term Review team was unable to observe or assess the Comprehensive Eye Exam.

¹² There is research being conducted on children wearing spectacles. The Cluster Randomized Control Trial research on students wearing spectacles of school eye health projects will measure the impact of correcting myopia on children's school performance and the impact of glasses provision and choice of glasses frame on glass wearing behaviour. The post-treatment survey will be done in March 2018 to assess the impact and use as evidence for advocacy.

¹³ In Da Nang, the Doctor's prescriptions seen by the Mid Term Review team had no date.

The task of raising awareness on eye care with students and parents is a challenging process for schools and medical teams as they have limited time to spend face to face with students and parents to explain the complexities of eye care health. Parents also have competing priorities with their work and distance to travel to the hospital. There are also different perceptions about wearing glasses. For example, while some children reported that their parents were supportive, one child said her parent said nothing and another said that her parents had told her: *“you don’t look good with spectacles”*. While the project has made creative approaches in communications on raising awareness – this is and will be an ongoing challenge.¹⁴

There is an overload of pressure on the Medical Team in conducting Comprehensive Eye Exams as there are many children who need these exams. This is a bottleneck in the eye screening and treatment process and needs further consideration to see how exams can be staggered and organized to cater for large numbers of students.¹⁵ Furthermore, the overload means that parents need to spend more time waiting at the eye exam. This needs further consideration to implement effective logistics to save time for everyone involved, including students, parents and teachers.

Note that for Tien Giang province, out of 88,000 students screened in schools in December 2016, 1,620 students were identified in April 2017 at the Comprehensive Eye Exam with the need for spectacles. In July 2017, 702 students were provided with spectacles and the remainder (approx. 900 students) will be provided with spectacles in November 2017. This means that there is a long time lag between prescription and provision of spectacles, and students will need to have their eyes re-checked to assess whether the prescription is still valid (see table below). In Da Nang City the Optical shop found that 25% (75 students) needed a different prescription after a re-check.

In some schools the lighting in the classrooms is not adequate as windows may be small or obstructions block the light coming in. This makes it difficult for students with refractive error to see properly.

The plans for 2017, given by the Project Management Boards for Tien Giang and Hai Duong are shown below:

Diagram V: Screening and Treatment, Tien Giang province

No	Activity	2016	2017											
		Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	
1	88,000 students screened at schools	X												
2	3,119 students identified by school for comprehensive eye exam	X												
3	1,620 identified by eye Drs at comprehensive eye exam needing spectacles *					X								
4	702 students provided with spectacles **									X				
5	900 students to be provided with spectacles													X

¹⁴ In one primary school it was observed that children were already wearing their helmets as they were leaving the classroom to be picked up by their parent to be taken home on the motorbike. This is a good example where the school has supported Government law by ensuring that children wear their helmet even before they leave the school.

¹⁵ Note that the project does not currently cater for *all* schools in Da Nang City and Hai Duong and Tien Giang provinces. If it did, there would be even further pressure on the Medical Teams to deliver eye care services.

- * Comprehensive Eye Exams conducted by three District Health Centres, and Army and Eye Hospital.
- ** Spectacles provision contracted to Saigon Optics (who have sub-contracted to two other Optical shops).

Diagram VI: Screening and Treatment, Hai Duong province (Hai Duong City, Ninh Giang and Kinh Mon Districts (at 09-Nov-17)

No	Activity	2016	2017												
		Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
1	72,520 students screened at 160 schools (83 Primary and 77 Junior Secondary)	X													
2	9,889 students referred by school nurse for comprehensive eye exam (a)	X	X												
3	3,952 identified by eye Drs at comprehensive eye exam need spectacles (1 st batch) (b)	X				X	X								
4	3,921 students provided with spectacles (within 7 days of comprehensive eye exam) (c)					X	X								

Notes:

- (a) Out of a total of 9,889 students, 2,022 poor students were referred by school nurse in 2016 and 7,867 other students were referred by school nurse in 2017.
- (b) In 2016 this included 1,124 poor students plus 21 children from the Social Protection Centre and in 2017: 2,807 students.
- (c) In 2016 this included 1,145 students and in 2017: 2,776 students (and 31 students bought spectacles by themselves).

There is also pressure on the Optical shops to cater for large numbers of students as the Project Management Boards have contracted one Optical shop to cater to all the needs of students. This will not be an effective strategy if *all* schools are to avail of eye care services as there will be an overload of student patients on one Optical shop with limited capacity.

In the long term, without the regulation and control of Optical shops, it will be difficult for the Government to ensure quality eye care services for children as they may use Optical shops that do not have qualified personnel or the appropriate equipment to provide quality services. The better quality Optical shops are located in large cities for commercial purposes, but this makes access difficult for students and parents from rural areas.

The project has supported the purchase of spectacles for poor students @ 200,000 Viet Nam Dong (VND) for each pair (approx. US\$9.00). Some parents who have purchased spectacles before ask "*is the quality good*"? Some parents have also questioned why the standards for children to wear spectacles should be the lowest. They argue that children deserve the best quality. According to the Optical Shop Manager, interviewed in Da Nang City, the following costs correlate with quality.

Diagram VII: Value of Spectacles

No	Costs:	Frames VN Dong	Lenses VN Dong	Lenses VN Dong	Lenses VN Dong
1	Low cost	170,000	160,00 to 280,000	450,000	650,000
2	Medium	250,000 to 280,000			
3	High cost	450,000			

The perceived 'value' and 'quality' of the spectacles (frames and lenses) needs some consideration to promote the spectacles as good quality. Poor parents do not contribute to the cost of spectacles and when they are given for 'free' this may also lower the perceived value of the spectacles.

7. Conclusions

The project: '*The Viet Nam Child Eye Care Project 2016 -2018*' addresses *significant needs* in providing eye care for students and is *highly relevant*. Unless quality eye care services are provided for children with eye diseases and refractive error they will suffer from not being able to participate in meaningful education and not have productive livelihood opportunities to fulfill their potential. The project therefore, serves an extremely useful and relevant service to strengthen the capability and capacity of Schools, Medical Teams and Optical shops in providing quality eye care services for children.

The National School Eye Care Guideline produced by the project is a *significant achievement* in setting up a policy framework to ensure quality eye care services for children in Schools across Viet Nam. The drafting process has been very inclusive as it involved a wide range of stakeholders.

The training of School Staff has been *highly effective* in demonstrating to School Staff how to conduct basic visual acuity tests and identifying students who need to be referred to Eye Doctors and Medical Teams for a Comprehensive Eye Exam. The schools have also made considerable efforts in raising awareness among students and parents on eye care health. This is a challenging task that requires ongoing and regular communications.

The project has supported Comprehensive Eye Exams in Da Nang, Hai Duong and Tien Giang and this has meant that children with eye diseases and refractive error have been diagnosed by specialist Eye Doctors and Medical Teams. However, these teams, especially in District Health Centres face critical resource constraints – in terms of trained human resources and technical eye care equipment. This creates a *bottleneck* in the provision of eye care services.

The Project Management Boards have contracted Optical shops – one in each project city and province, to provide spectacles to students. This has been a *useful step* in identifying a quality service provider, (within an unregulated market offering inconsistent quality of both visual acuity tests and manufacture of lenses), to cater to the needs of students. However, one Optical shop is *not adequate* to meet the current or future needs of children and further quality control measures are needed to ensure quality eye checks and provision of quality lenses that meets the need of each individual child.

The project has generated *significant learning* during the first two years, 2016 and 2017, and this should contribute to the third and final year being more effective and efficient. Key learning has shown that eye care service providers are stretched in capacity in serving large numbers of students and this can adversely impact on quality. Support to improve the capability and capacity of service providers and manage the logistics of each child getting individual attention needs to be addressed for the long term sustainability of offering quality eye care services for children.

8. Recommendations

8.1. Recommendations to: National Project Management Board:

8.1.1. National School Eye Care Guideline

Commission a graphic design agency/designer to produce a hard copy publication and online interactive version of the National School Eye Care Guideline. This should use modern design layouts that are both clear to read and visually attractive to encourage the guideline to be disseminated widely for better understanding that informs planning and implementation on eye care health. The online version of the guideline should have the capability of being edited for any revised editions and have navigation tools so that each chapter can quickly found and accessed.

An indicative schedule (to be considered and finalized by the National Project Management Board) is given below. Note that the key is for the publication and online version to be published and online version live – before the completion of the project in December 2018.

Diagram VIII: Schedule for Publishing the National School Eye Care Guideline

No	Tasks	2018											
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	Tender and select graphic designer												
2	Design publication & website guideline												
5	Publish & print guideline & set up website live												
6	Start the process of setting out the policy and rolling out the guideline, along with the allocation of resources to all provinces in Viet Nam												

8.1.2. Quality Assurance

Put in place a system for checking and assuring quality of: a) school screening, b) Comprehensive Eye Exam, c) Re-check of eyes and provision of spectacles at Optical shop, d) Follow up for students with eye diseases, and e) Follow up of students at Optical shop after six months.

This could be done by commissioning independent expert Eye Doctors, Ophthalmologists, Refractionists, from Viet Nam National Institute of Ophthalmology, Ho Chi Minh City Eye Hospital or other Eye Hospitals or qualified consultants. A series of random and unannounced checks could be carried out and documented to assess quality of services and to advice on potential improvements. The Fred Hollows Foundation Viet Nam should support this process with technical assistance and resource mobilization.

8.1.3. Setting Quality Targets

To consult with the three Project Management Boards and The Fred Hollows Foundation Viet Nam and agree on the target numbers of students to be screened and treated during 2018 and to be able to ensure that the highest quality of services can be given to each individual child. Focus should be placed on *quality* not quantity. Quality results will be useful evidence in replicating the project to other districts and provinces.

8.1.4. Facilitate and Encourage Peer Learning

To facilitate, encourage and bring together the Project Management Boards, and other relevant stakeholders, from Da Nang, Hai Duong and Tien Giang, to share difficulties

encountered and design options to address these, share best practice, and share project achievements.

8.2. Recommendations to: Project Management Boards, Da Nang, Hai Duong and Tien Giang:

8.2.1. Role Model Schools

To identify the top six performing schools (3 primary and 3 junior secondary) in each project area that are successfully screening children at school and raising awareness with children and parents on eye care health. These schools should be used as role models to highlight best practice and share their methods with lower performing schools and encourage peer to peer learning.

To offer refresher training to School staff, only where needed, to ensure that the relevant School staff are able to provide basic eye care support in identifying children with refractive error and eye diseases and referring them for a comprehensive eye exam and/or appointment with an Eye Doctor.

To pilot test, with the six role model schools, the setting up of an 'Eye Friendly Space' that is created to test basic visual acuity and share information on eye care health. This would be an opportunity to have the proper measure marked out (4 metres) and adjustable chart on the wall to match with the students' height, and colourful learning materials for children to learn from.

To support schools which do not have adequate lighting in the classrooms (i.e. those without standard windows, with dark walls or lack electric bulbs for lighting). While the Project Management Board may not be able to provide resources, it can lobby with the relevant government department for them to provide or refurbish schools to government standards.

8.2.2. Identify Quality Optical Shops

To assess the market of Optical shops in Da Nang City, Hai Duong and Tien Giang provinces and identify at least two other Optical shops with a Refractionist and capability to manufacture lenses, so that an increased number of students can be treated without bottlenecks. A greater number of Optical shops would mean that there would be more opportunity to build and develop the capacity of Optical shops across the city/provinces.

If the Project Management Boards are able to contract eye care services with at least three Optical shops they could then encourage the setting up of an informal professional association to share the same quality standards and develop joint solutions for any common problems.

8.2.3. Contracting Re-check of Eyes

To contract the Optical Shop/s to conduct a visual acuity test for *all* students who come for treatment with a Doctor's prescription. This will create additional work for the Refractionist and should be appropriately compensated. However, this will serve as a key step in monitoring and ensuring quality services for each individual child.

To contract an Eye Doctor or Refractionist to conduct unannounced periodic quality checks on the Optical shops to ensure that the processing of prescriptions, re-checks and provision of spectacles is being delivered according to the quality specifications in the contract between the Project Management Board and the Optical shop.

To consider whether the District Health Centres can conduct periodic eye checks with students, either at schools or at District Health Centres, to check the visual acuity of children and the spectacles they are wearing. This would provide useful information on the quality of services that are being provided by the Optical shops.

8.2.4. Cost Benefit Analysis

To conduct a cost benefit analysis to capture the costs of providing eye care services for 50 students in a day. This would give an indication of the cost norms in each project area and inform new districts and new provinces of the resources that are required to implement an eye screening and treatment program. An indicative format for screening in schools, for adaptation (and this could be elaborated for example to show the breakdown of spectacles that are provided by the project and those paid for by parents), is show below:

Diagram IX: Students and Eye Screening and Treatment Process

No	Province & Schools	No. of students	No. of students screened at School (visual acuity check)	No. of students referred with eye diseases	No. of students referred with refractive error	No. of students having comprehensive eye exam	No. of students diagnosed with eye disease	No. of students diagnosed with refractive error	No. of students receiving spectacles (Total: provided by project & paid by parents)
1	Province:								
1.1.	Primary School:								
1.2.	Junior Secondary School:								
	TOTAL:								

Another format should be used to document the time line of the key steps from school screening to eye exam and treatment. This will help to give an overview of the logistics required to organize school screenings, comprehensive eye exams and re-checking and provision of spectacles.

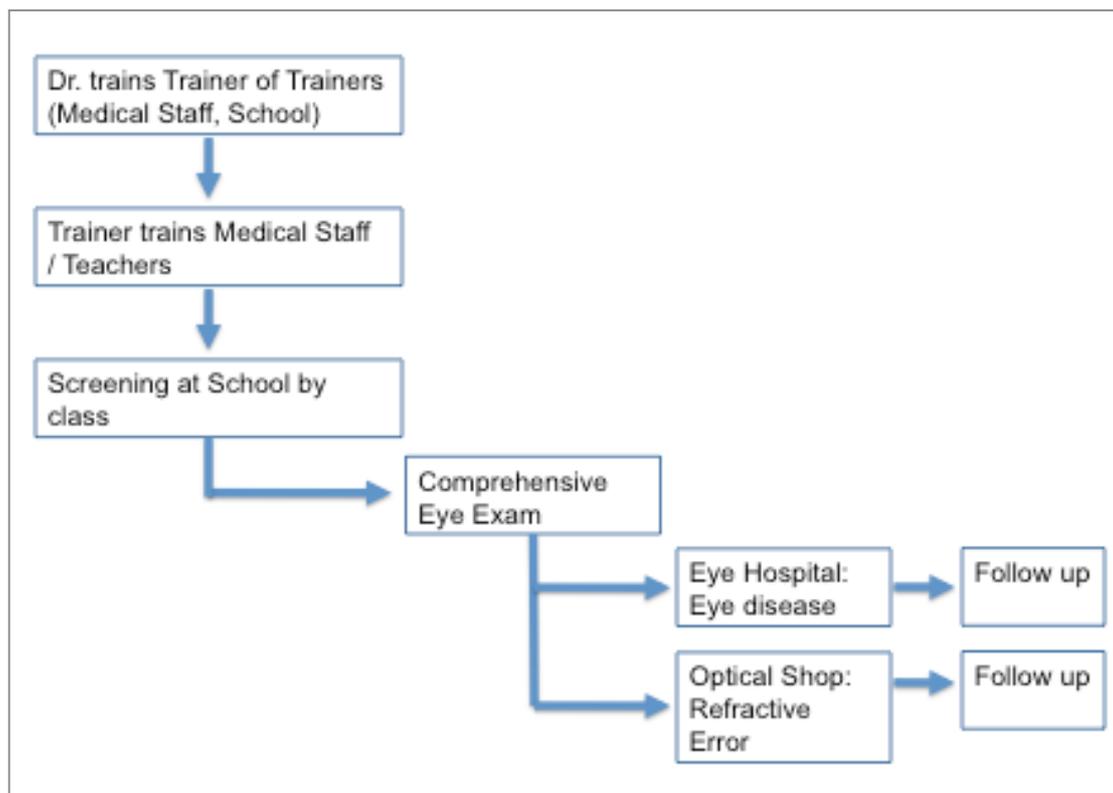
A cost analysis should be made outlining the key costs and who contributes to them. A suggested format is shown below for adaptation.

Diagram X: Cost Analysis

No	Activities	No. of students	Duration	% of Cost Contribution					Sub-total cost
				Govt.	Health Insurance	Project (FHF)	School	Parent	
1	School screening	50	2.5 hrs						
2	Comprehensive Eye Exam	50	1 day						
3	Re-check eyes	50							
4	Production of lenses								
5	Fitting spectacles	50							
6	Follow up test after 6 months	50							
	TOTAL								

The documentation should be used to follow through the numbers of students through the whole process to follow up after the provision of spectacles and a flow chart (suggested below) can be used to monitor progress within a specified time frame.

Diagram VII: Flow chart for Eye Screening and Treatment



8.2.5. Champions for Eye Care

Invite well know people with the ability to influence others, to act as champions (as volunteers) for eye care health and wearing spectacles. They could be invited to events to promote eye care and inspire children to develop and learn. A series of events could be organized, such as a fashion show featuring models (adults and children) wearing spectacles. Note that in Da Nang City, a fashion show was successfully organized to showcase models wearing helmets – to promote motorbike safety.

8.2.6. Teachers to Design Interactive Learning Games

Invite teachers – who are interested and committed to the project – to design interactive learning games that can support the awareness raising of eye care health. This would draw on the teachers' skills to inspire and motivate students in learning and complement the School Eye Care Guideline.

8.3. Recommendations to: The Fred Hollows Foundation Viet Nam

8.3.1. Set up Database

To consolidate the data gathered by the Project Management Boards so that analysis can be made across and within Da Nang, Hai Duong and Tien Giang. It will also show the filtering of students to those who need to be treated for eye diseases and refractive error. This work is in progress with the development of an interactive online tool.

In collaboration with the Project Management Boards, to set up a process to gather and store data that can be continued after project completion (i.e. to integrate systems within the government systems across schools and Medical departments). This should fit within the framework as set out in the 'National School Eye Care Guideline'.

8.3.2. Ensure Quality Assurance

Support the Project Management Boards in setting up quality assurance processes across schools, comprehensive eye exams and Optical shops in the project locations. Assist the Project Management Boards with a framework to outline criteria for each area and methods to support quality control and assurance. Reallocate resources where necessary to ensure quality services – rather than trying to achieve ambitious targets.

As it would be difficult for the Project Management Boards to change or reset new objectives, the project should focus on achieving quality results in the remaining one year period, rather than introducing new objectives or trying to achieve over ambitious targets.

8.3.3. Standardise and Consolidate Processes

Standardise and consolidate processes to support stakeholders in providing quality eye care services. Prepare communication materials that show stakeholders – and this will be critical for new districts and provinces in the future, *how* to implement successfully an eye care screening and treatment program. Each step (as shown in diagram I) should be broken down to illustrate what needs to be done to achieve each objective and the minimum and maximum timelines between activities (e.g.: the timeline from when the prescription is issued to the provision of spectacles is critical as the child's eyes can change, especially when they are young within months). Each step should be supported by clear documentation and online tools used to explain the processes. A short video clip could be made to show, for example, how a basic visual acuity test can be conducted in schools by teachers. The steps should be spelt out in a clear way so that untrained staff can follow and understand.

8.3.4. Simplify Finance and Procurement Procedures

Consult with the Project Management Boards and agree on finance and procurement procedures that support partners in being able to manage the project effectively within an ethical, accountable and transparent framework – and achieve project objectives effectively. This should streamline and clarify processes so that they can be easily understood and followed through for effective and efficient implementation. (For example, if the Project Management Boards decide that to increase the capacity of the provision of spectacles there is a need to select more than one Optical shop then the appropriate finance and procurement procedures should be set up to support this).

Consider whether Government 'country systems'¹⁶ can be used or adapted, as project partners will be very familiar with those systems. These can also be used in the long term when the project is localized within the Government system.

8.3.5. Baseline Survey

Consider the complexities of conducting surveys and research with parents and students and limit/reduce the time requirements for interviewees. (The feedback on the baseline survey commissioned by The Fred Hollows Foundation is that parents did not fully understand the survey and were reluctant to spend their time away from their busy work priorities¹⁷). Furthermore, create ethical guidelines for survey consultants as in the baseline survey some students were provided with spectacles and some were not, even though they needed them, so that a comparative study could be made.

¹⁶ The World Bank aims to strengthen institutions and systems that countries already have in place and call this: 'country systems'. This uses the country's national, sub-national, or sectoral implementing institutions and applicable laws, regulations, rules, and procedures — to enhance country ownership and the sustainability of development programs. It also lowers transaction costs as there is no need to build parallel structures to satisfy donor requirements.

¹⁷ In Doan Gioi Junior Secondary School, Tien Giang province, parents had to spend a full day on the baseline survey.

For future projects, the baseline survey should be conducted *before* project implementation starts. In this project the baseline survey was conducted in parallel with project implementation and this caused some confusion.

8.3.6. Research on Eye Care for Children

Commission comparative research on eye care services for refractive error in neighbouring countries to Viet Nam (including options on Bangladesh, Thailand, Cambodia, Lao PDR and Malaysia) to learn how they organize their eye care services and cost recovery. Key questions should include:

- Are there any national guidelines on eye screening and treatment for eye diseases and refractive error?
- How does the government organize and control eye care screening and treatment for school children (Primary to Junior Secondary School)?
- How and when is visual acuity screening and/or eye exams done and who is responsible for this?
- Who is responsible for issuing the prescription for refractive error (Doctor or Refractionist)?
- Are spectacles subsidized (part or whole) for poor children and what is the mechanism for this?
- Are Optical shops regulated and how is quality controlled?

8.4. Phase II: 2019 and Beyond

During 2018, start planning for phase II, to upscale the project to reach out to all provinces in Viet Nam – in a step by step way. This will require a ‘big picture’ and long term strategic view, to ensure that there is cohesive planning with the relevant stakeholders – rather than it being done on an ad hoc basis, province by province. This will require high level discussions and negotiations with the Ministry of Health and Ministry of Education and Training to set priorities, estimate resource needs and how they can be mobilized and time lines for planning, implementation and review. Critical and sensitive elements of phase II should address the need for a policy framework concerning health insurance and the regulation of Optical shops, along with the capacity building support to eye care service providers.

A second phase should consider seeking a contribution from parents towards the cost of spectacles (with a minimum contribution of approx. 20,000 VND, less than US\$1.00). This would help to raise the perceived value and quality of the spectacles; gain some commitment from parents towards their children using spectacles properly; recover part of the cost that can be used to invest in providing more children with spectacles; and lessening any dependency.

In consultation with the National Project Management Board, explore the opportunity of lessening the overload on visual acuity screening by Eye Doctors by involving Refractionists to do the screening. This may require approval from the Ministry of Health to allow this to go ahead. However, it could free up Eye Doctors time so that they would be able to treat other eye diseases.

In consultation with the National Project Management Board, look into the options for recovering costs of eye care services. This is a sensitive subject, especially for poor and young children at primary school. Therefore, sensitivity should be shown in researching and designing options with the right legal mechanism and perhaps this might be more suitable for secondary school students.

Annex I: References

Adair, C. E., E. Simpson, et al. (2006), "Performance Measurement in Healthcare: Part II - State of the Science Findings by Stage of the Performance Measurement Process." *Healthcare Policy* 2(56-79). [Reference]

The Fred Hollows Foundation Viet Nam, (October 2015), '*The Viet Nam Child Eye Care Project (2016 – 2018) Project Implementation Plan*', The Fred Hollows Foundation: Viet Nam.

The Fred Hollows Foundation Viet Nam, (June 2017), 'Progress Report: The Fred Hollows Foundation – Viet Nam Child Eye Care (VNCEC) project', (1st January – 30th June 2017), The Fred Hollows Foundation Viet Nam: Da Nang.

The Fred Hollows Foundation Viet Nam, (2016 and 2017), '*Workplan Progress*', (2017), The Fred Hollows Foundation: Da Nang.

The Fred Hollows Foundation Viet Nam, (26-May-17), '*Terms of Reference for Mid Term Review: Viet Nam Child Eye Care Project*' - SIBV', The Fred Hollows Foundation: Da Nang.

Government of Viet Nam, (12-May-16), '*Regulations On Healthcare Activities In Schools* (No:13/2016/TTLT-BYT-BGDDT), (Viet Nam: Ministry of Health - Ministry of Education and Training).

Ministry of Health (2017), Draft '*National School Eye Care Guideline*', (Ministry of Health: Hanoi)

Annex II: Interviews and Consultations (Viet Nam: 06 to 17-Nov-17)

1. Strategic Partners (Ministry level):

General Department of Preventive Medicine (GPDM):

- Mr. Truong Dinh Bac – Deputy Director General

Ministry of Education and Training:

- Mr. Le Van Tuan – Officer of Department of Physical Education (former name: Department of Student Affairs – DSA)

2. Tien Giang Province:

Optical Shops:

- Mr Pham Quang Thanh, Optician, Mr Pham Van Chu (and Mr Nguyen Dang Khoa, Project Management Board Member, Dept. of Education and Training), Saigon Optical Shop, awarded contract with the PMB, My Tho City
- Dr Nguyen Thi Be Lan (Eye Dr), Phong Kham Mat Optical Shop, My Tho City

Department of Education and Training:

- Mr. Le Van Nghia – Vice head of Chau Thanh District Department of Education and Training”
- Mr Le Van Dung – Chau Thanh Department of Education and Training official

Tan Ly Tay Primary School (students):

- Nguyen Thi Y Nhi (11 yrs)
- Nguyen Minh Khanh (10)
- Nguyen Tran Thuy Trang (9)
- Phan Vo Tri Cuong (10)
- Ngo Thi Anh Nhu (11)
- Nguyen Hoang Phi Cong (11)
- Bui Thi Nga, School Nurse

Doan Gioi Junior Secondary School (students):

- Nguyen Hoang Kim Tuyen (13 yrs)
- Nguyen Ngoc Quy, (13)
- Vo Lam Quy Nhut (13)
- Nguyen Huynh Minh Nhat (13)
- Mr. Nguyen Tran Gia Bao, School Nurse

Project Management Board, Tien Giang:

- Mrs Tran Thi Quy Mao, Deputy Director / Vice-Head of Project Management Board
- Mr Huynh Hong Giang, PMB Coordinator, Library Equipment
- Mr. Do Manh Tien, Vice Head of Centre
- Mr. Nguyen Dang Khoa, Secretary
- Dr. Nguyen Viet Tuan, Vice-Director

Department of Education and Training, Cho Gao District:

- Truong Van Thuong, In Charge of School Health
- Huynh Van Thuan, In Charge of Primary
- Nguyen Van Khi, In Charge of Junior Secondary
- Nguyen Duy An

Long Binh Dien Primary School, Tien Giang:

- Mr. Vu Thanh Tam, Principal
- Ms. Nguyen Long Tu, School Nurse
- Mr. Tran Song Tu, School Nurse
- Truong Van Thuong, Specialist, District Department of Education and Training
- Hung Van Thuan, Specialist, in charge of primary education
- Nguyen Van Khi, Specialist, in charge of secondary education
- Nguyen Duy An, Chief of the Office,

Long Binh Dien Junior Secondary School, Tien Giang:

- Mr. Le Ngoc Su, Principal
- Ms. Tran Thi Kieu Tran, School Nurse

3. Hai Duong Province

City Department of Education and Training, Hai Duong province:

- Ms. Truong Thi Hai Yen, Project Coordinator, Vice Head of Kindergarten Department
- Mr. Nguyen Van Tru, Vice Head of District Department of Education and Training, in charge of preschool education
- Ms Duyen, Officer of Department of Education and Training

Viet Hoa Primary School:

- Ms. Dao Thi Kim Thoa, Principal
- Ms. Bui Thi Huong, Vice Principal
- Ms. Nguyen Thi Thoa
- Ms. Nguyen Thi Thuy, School Nurse
- Ms. Bui Thi Nga, Staff of Youth Union

Ngoc Chau Secondary School:

- Ms. Pham Thanh Nga, Principal
- Ms. Ta Thi Thuy, School Nurse

Ninh Giang District:

- Mr. Le Tien Dat, Vice Head
- Mr. Bui Van Tuan, Project Secretary, Officer of Department of Education and Training
- Mr. Tran Quoc Phong, Officer of Department of Education and Training

Hong Thai Secondary School:

- Mr. Ngo Van Tri, Principal
- Ms. Trinh Thi Lanh, School Nurse

Vinh Hoa Primary School:

- Ms. Nguyen Thi Luyen, Headmaster
- Mr. Bui Van Hanh, Teacher
- Ms. Nguyen Thuy Duong, School Nurse

Quang Huan Optical Shop:

- Mr. Bui Quang Huan, Owner (2 branches in Hai Duong)

Optical Shop:

- Mr. Tran Huu Thoai, Owner

Project Management Board, Hai Duong:

- Mr. Luong Van Viet, Project Vice Director, and Vice Director, Department of Education and Training
- Mr. Doan Van Khoi, Officer, Department of Health
- Mr. Nguyen Tuan Anh, Officer, Department of Health Centre
- Ms. Trinh Thi Thu Thanh, Project Assistant, Officer, Department of Education and Training

4. Danang City:

Optical Shop (2 branches):

- Ms. Vi Ho, Manager, Customer Service (Danang City branch)
- Mr. Ho Vam Do, Refractionist (Danang City branch)
- Mr. Ho Quoc Bao, Refractionist (Eye Hospital branch)

Kim Dong Secondary School:

- Mr. Nong Van Thuan, Principal
- Mr. Luong Van Long, Deputy Principal
- Mrs. Nguyen Thi Phuong, Young Pioneer
- Mrs. Nguyen Thi Ut Hien, School Nurse

Le Dinh Chinh, Primary School:

- Mrs. Vo Thi Kiem, Principal
- Mrs. Nguyen Thi Bich Hang, School Nurse

Ngu Hanh Son District:

- Ms. Tran Thi Loan, Vice Head of Department of Education and Training
- Ms. Ho Thi Duyen, Staff

Le Ba Trinh Primary School:

- Mrs. Nguyen Thi Thanh Hoa, Principal
- Ms. Nguyen Thi Thuy Trang, School Nurse

Le Loi Secondary School:

- Mrs. Nguyen Thi Thu Thanh, Vice Principal
- Mrs. Tran Thi Hong Thanh, School Nurse

Project Management Board, Danang City:

- Mrs. Le Thi Bich Thuan, Vice Head of Project, Deputy Director, Department of Education and Training
- Tran Quoc Phong, Secretary, Project Management Board
- Truong Thi Hong Van, Department of Health
- Mrs. Vo Thi Duy Le, Preventative Health Medicine Centre

5. The Fred Hollows Foundation Viet Nam:

- Mr. Quoc Anh Pham, Country Director (via Skype)
- Dr. Nguyen Viet My Ngoc, Senior Program Manager
- Mr. Phan Ngoc Anh Tuan, VNCEC Project Manager
- Mr. Dang Vu Bao, VNCEC Project Coordinator
- Ms. Minh Ha Thi Nguyet, VNCEC Project Coordinator
- Ms. Dao Thi Minh Hue, VNCEC Project Coordinator

Annex III: Summary of Visual Acuity Tests with Children

No	Province	District	School	No of children tested *	No of children with low visual acuity	Notes
1	Tien Giang	Cho Gao	Long Binh Dien Primary	9	7	<ul style="list-style-type: none"> - 4/5 students wearing spectacles with blur vision - 2/9 students can't read capitals - 2 students can read capital - Poor quality of lens - Wrong spectacles provided - Lack of re-check before spectacles produced
2	Tien Giang	Cho Gao	Long Binh Dien Secondary	10	6	- Concern on quality of spectacles / capacity of technicians
3	Hai Duong	Hai Duong City	Viet Hoa Primary	5	3	- Concern on quality of spectacles / capacity of technicians
4	Hai Duong	Hai Duong City	Ngoc Chau Secondary	5	3	- Need re-check
5	Hai Duong		Vinh Hoa Primary	5	0	- 5 with acceptable visual acuity
6	Hai Duong	Ninh Giang	Hong Thai Secondary	10	0	- 10 with acceptable visual acuity
7	Da Nang City	Hai Chau	Le Dinh Primary	7	3	<ul style="list-style-type: none"> - 1 student low visual acuity - 2 students low visual acuity but they are not wearing their spectacles
8	Da Nang City	Ngu Hanh Son	Le Ba Trinh Primary	10	4	- 1 student is not wearing his spectacles due their parents' request
9	Da Nang City	Ngu Hanh Son	Le Loi Secondary	10	3	<ul style="list-style-type: none"> - Need re-check - Students are not in the habit of wearing spectacles - Some students forgot to wear their spectacles and thus difficult to test them
TOTAL				71	29	- Nearly 41% have low visual acuity and need re-check

* Children who were prescribed and provided with spectacles by the project were tested by Mr. Phan Ngoc Anh Tuan, Mid Term Review Team, for basic visual acuity using the test of 4 metres.

Annex IV: Mid Term Review Questionnaire

VIET NAM CHILD EYE CARE PROJECT

Key Stakeholders:		FHFVN & Regional	Strategic Partners	Provincial	District
<ul style="list-style-type: none"> - FHFVN & Regional - Strategic Partners (Ministry Level): General Department of Preventive Medicine (GPDM) and Ministry of Education and Training - Provincial: Dept. of Education and Training, Dept. of Health and Center for Preventive Medicine - District: Department of Education and Training, Secondary Schools, Primary Schools and Private Eye Care Service Providers (Optical Shops): 					
1. Guideline Development Process					
1.1.	What evidence has been gathered from the 3 provinces to inform the guideline? - <i>What has been the reaction of policy makers to the guideline (if any)?</i>	√	√		
1.2.	What progress has been made in developing the guideline? - <i>What were the key steps in the development of the guideline and what needs to be done?</i> - <i>What worked well and what could be improved?</i>	√	√		
1.3.	How relevant is the project design in promoting eye health care for school children with the adoption of national guideline? - <i>Are there identified needs?</i> - <i>How will the guideline be adopted for national roll out to target groups?</i>	√	√		
1.4.	What is the operational model for implementing sustainable eye health care and reduction of visual impairment for school children? - <i>How will quality eye care services be assured?</i> - <i>How much will services cost and how will costs be recovered / paid for?</i>	√	√	√	
1.5.	What are the key steps for the guideline to be finalised, approved and rolled out nationally? - <i>How will the national program be resourced?</i>	√	√		
2. Project Management Process (Coordination, Budget, Scheduling, Outputs)					
2.1.	How effective is the coordination between education and health sectors	√	√	√	
2.2.	How well has the project achieved its objectives? (which objectives were achieved well and which were challenging?) - <i>How often are coordination meetings held and what were the outputs?</i>				
2.3.	How well has the budget been followed as per project plan and have activities been implemented as scheduled? - <i>Which budget lines have considerably over or under spent?</i>	√		√	

2.4.	Has the project delivered the outputs to the desired quality standards? - <i>What are the defined standards for project outputs?</i>	√		√	
2.5.	What were the key achievements of the project and what should be improved , and how?	√		√	√
3. Operational Eye Health Care Treatment Process					
3.1.	What are the eye health care needs of children in the province and how is this being measured and documented? - <i>How reliable is the data that has been gathered?</i>	√		√	√
3.2.	How does the project treat the eye care needs of children?				
3.3.	What have been the most effective communication approaches in creating awareness among school students, parents and teachers on sustainable eye health care? - <i>What approach was innovative?</i> - <i>What approach generated the best results (awareness)?</i>	√		√	√
3.4.	How well has the project strengthened the capacity of School Nurses/Teachers and health facilities to deliver eye health services to school students? - <i>Are there any barriers for children to access eye health services?</i> - <i>How has learning been put into practice to deliver eye health care services?</i> - <i>Were there any obstacles in putting your learning into practice?</i>	√		√	√
3.5.	How effective is the project database and monitoring and evaluation system to support quality eye health at: a) schools; b) eye health care centres/hospitals; and c) optical shops? - <i>How well is the database being used?</i> - <i>How can the database be improved?</i>	√		√	
3.6.	How well have project interventions focused on gender equity , and responded to the needs of specific target groups of students (boys and girls, rural, semi-urban and urban)? - <i>Does the project prioritise any specific group/s to access services?</i> - <i>Are there groups who are not able to access services, and if so, why?</i>	√		√	√
3.7.	Has the project increased the quality and access to eye care services for school children? - <i>What services can children access?</i> - <i>Has the project set up referral pathways from school to eye care units?</i> - <i>Are there available eye care units (include optical workshop) in the provinces/districts</i> - <i>What is the quality of services delivered</i>	√		√	√

Guiding Questions for Focus Groups with School Children

<p>1. What kinds of eye health needs do children have in this school?</p> <ul style="list-style-type: none">- <i>How do you know whether you have any problems with your eye health?</i>- <i>Are there other children you know who have problems with eye health but don't get treatment?</i>
<p>2. How do you get treatment for your eye health?</p> <ul style="list-style-type: none">- <i>Where do you go for treatment?</i>- <i>How are your parents involved in your treatment?</i>- <i>How well would you rate the eye health services you have received (scale of 1: Unsatisfactory to 10 Excellent). Why do you give this rating?</i>
<p>3. How do you and your parents learn about eye health?</p> <ul style="list-style-type: none">- <i>What do you think is the most interesting in terms of the learning materials you have seen?</i>
<p>4. Do you know any children, or groups of children who cannot access eye health services?</p> <ul style="list-style-type: none">- <i>If so, why can't they access eye health services?</i>
<p>5. What impact does eye health have on your studies at school?</p>
<p>6. What are your suggestions to improve eye health in schools?</p>