AND THE

## PAKISTAN INSTITUTE
## OF
## COMMUNITY OPHTHALMOLOY

# MID-TERM REVIEW

# OF THE

# BANNU COMPREHENSIVE EYE CARE PROJECT
# NORTH WEST FRONTIER PROVINCE
# PAKISTAN

**NOVEMBER 1997**

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## 1. INTRODUCTION

### 1.1 Project Title and Location

**Bannu Comprehensive Eye Care Project, Bannu District, North West Frontier Province, Pakistan.**

## Project Partners

**a.** **The Health Department, Provincial Government, North West Frontier Province.**

**b.** **The Pakistan Institute of Community Ophthalmology (PICO), operating within the Department of Ophthalmology, Hayatabad Medical Complex, a provincial government tertiary hospital in Peshawar, North West Frontier Province.**

**PICO was formerly known as the Centre for Community Eye Health and was based at Lady Reading Hospital, Peshawar. In 1997 the Centre, together with much of the Department of Ophthalmology was relocated to Hayatabad. The Centre was also renamed as PICO in recognition of its national pre-eminence in the field of Community Ophthalmology, and of its developing role as a regional training centre in the WHO Eastern Mediterranean Region.**

**c.** **Sight Savers International (SSI), the leading British Non-Governmental Organization (NGO) in the fields of prevention and cure of blindness and the rehabilitation and education of incurably blind people in the developing world.**

**SSI supported the establishment of PICO, then the Centre for Community Eye Health, in 1989, and has collaborated with it closely ever since.**

### 1.3 Project Aim and Objectives

**The overall aim was to develop a pilot project with its centre at the District Headquarters Hospital, Bannu District, in order to establish whether a comprehensive eye care project could function effectively within the constraints of the government ( as distinct from non-governmental) health service delivery system.**

**The project objectives, taken from the Project Proposal Document developed in 1994, were as follows:**

**a.** **To provide primary and secondary eye care to the population, as part of a comprehensive eye care project, in a manner that is sustainable, affordable and accessible to all segments of the population.**

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**b.** **To establish a proper referral system from primary to secondary eye care and, for difficult cases, to a tertiary eye care centre in Peshawar.**

**c.** **To establish a proper ophthalmic health information system.**

**d.** **To ensure optimum utilization of existing facilities of infrastructure and manpower.**

**e.** **To show that, in a District, the efficiency of secondary eye care can be increased by removing obstacles, e.g. lack of space for surgery, consumables and maintenance of instruments and equipment.**

**f.** **To provide a tested model for comprehensive eye care for replication in the province/country.**

## 1.4 Purpose and Timing of the Mid -Term Review

**The purpose of this mid-term review was to assess the extent to which the project had been able to achieve these objectives, with a view to making recommendations which could subsequently be incorporated into the project.**
**The project duration was originally intended to be November 1994 -February 1997, with a mid-term review planned for February 1996 and an end -of -project evaluation for January/February 1997.**
**However, due to the delayed start to and initially slow development of the project's activities, it was decided by 881 and Pica to delay the mid -term review until November 1997. and to continue the project beyond this date for a duration dependent on the findings of the review.**

**The review therefore took place between 7 -15 November 1997.**

## 1.5 The Review Team

**The review team comprised:**

| | | |
|---|---|---|
| **Mr. Jalaluddin Khan** | **-** | **Bangladesh Country Representative (Team Leader)** |
| **Dr. Mohammed Aman Khan** | **-** | **Community Ophthalmologist,<br>Pakistan Institute of Community Ophthalmology** |
| **Ms. Debbie Sagar** | **-** | **Programme Officer, 50uth Asia and Caribbean Region** |

## 1.6 Methodology

**The team visited the following locations of project activities and used interview questionnaires to gather information from stakeholders, including the project staff, on detailed aspects of project performance.**
**Bannu District Headquarters Hospital, Bannu**

- Rural Health Centers
  - **Domail**
  - **Kakki**

- Basic Health Units
  - **Khwazary**
  - **Whali Ghai**
  - **Painda Khail**
  - **Bada Mirabbas**

**The review team's interviewees also included:**

- **The District Ophthalmologist**
- **The District Health Officer, Bannu District**
- **The Medical Superintendent, Bannu District Hospital**

## 2. SUMMARY AND RECOMMENDATIONS

### 2.1 Brief Programme Description

The Bannu Comprehensive Eye Care programme is located in the administrative district of Bannu, one of 31 Districts/Agencies in North West Frontier Province of Pakistan. It has three main components:

**a. Primary eye care.** This is delivered by 3 community -based Ophthalmic Technicians, supervised by another qualified Technician, who conduct Out-Patient clinics in a total of 9 government primary health care centers in the rural areas. They are trained to treat some cases and refer others to the District Ophthalmologist at the secondary eye care centre, and to deliver eye health education.

**b. Secondary eye care**. This consists of an eye unit at the government District Hospital in Bannu town, the administrative centre of Bannu District, headed by the District Ophthalmologist, Dr. Abdul Wakil, supported by a Medical Officer who is also a qualified ophthalmologist and 5 support staff. It conducts Out-Patient clinics, and performs surgeries for conditions such as cataract. It refers more complex cases to the tertiary eye care centre in Peshawar.

c**. Mass surgery eye camps**. Two of these are scheduled to be held each year, and are publicised in advance to attract large numbers of patients into and raise awareness of the programme. They are held at Bannu District Hospital and use the Bannu eye unit, as well as the mobile Operating Theatre and clinical support from Peshawar.

### 2.2 Overall Conclusion and Assessment

2.2.1 The project has been successful in providing primary and secondary eye care to most sections of the population in an accessible and affordable manner. Although the project has not fully met its performance targets, it is now making a major contribution to meeting the incidence of bilateral cataract blindness in the District. If all the Districts/Agencies in the Province could match this performance, the annual incidence of bilateral cataract blindness in the Province could be met.

2.2.2 The project has established a referral system from primary to secondary level and then on to tertiary lever eye care. It is notable that it provides the only primary eye care services in the District, and that rural women access these more than they do the hospital services. However, the system needs to be further strengthened to improve the primary-level coverage and number of referrals.

2.2.3 The project has not yet been able to establish a proper ophthalmic health education system. This will require additional efforts on the part of the project staff and PICO.

2.2.4 The resources available to the project have not been utilized to produce optimal performance, but performance has still improved substantially since its start, and is significantly better than in most other eye units within the Provincial Government structure.

2.2.5 The removal of obstacles, such as inadequate infrastructure, equipment and manpower, has been a major contributory factor in the improved performance of the eye unit.

2.2.6 This particular comprehensive eye care model as it stands is not directly replicable at present. However, lessons have already been learned which will be relevant to future attempts at replication. More efforts will be necessary on the part of the Provincial Health Department, PICO and the District Ophthalmologist within the project to develop this model into a replicable one.

## 2.3 Specific Recommendations

**Recommendation 1**

In order to increase the number of patients seen by the Technicians, the following measures should be considered:

a. Increase the number of villages served by the Technicians by:

- reducing their attendance at the RHC from 3 to 2 days and using this extra day for a clinic in a BHU;
- visiting the BHUs once a fortnight rather than once a week.

Through these measures the number of BHUs served by the Technicians would rise to 8.

b. Increase awareness of and confidence in the Technicians' services by:

- Visits by the District Ophthalmologist to the RHCs and BHUs to inform the communities that the Technicians are competent to treat basic eye problems and have his confidence. (These visits should not be too frequent - perhaps once a month - in recognition of the other demands on the ophthalmologist's time).
- Village-to-village visits by the Supervisor or the Technicians themselves. They would brief the imams (religious leaders) and village leaders and ask them to advertise the Technicians' services.
- distribution of leaflets advertising the Technicians' services in the villages where they do not conduct clinics;
- Posting the Technicians' schedules in RHCs and BHUs, both those which they do visit and those which they do not.
- Holding a mass surgery camp at one of the RHCs where the Technicians are based using the PICO mobile OT and the RHC OT if possible.

**Recommendation 2**

The Ophthalmic Technicians should screen all children under 5 who accompany their parents for consultation, to enable early identification of eye problems and increase the awareness of their parents.

**Recommendation 3**

In order to increase the primary - level reach of the project and improve case-finding and early intervention, the following cadres of primary health care staff based in RHCs and BHUs should be given basic eye care awareness training, which should also be included in the curriculums of new recruits to these cadres:

- Master trainers of any of these cadres.
- Medical Officers (refresher training)
- Medical Technicians Dispensers
- Lady Health Workers / Supervisors
- Lady Health Visitors
- Traditional Birth Attendants

The training should be planned in co-operation with the District Health Office and given by the project ophthalmologist and / or PICO.

**Recommendation 4**

PICO should consider whether it would be able to produce a half-yearly or annual newsletter *for* the Technicians, financed locally by sponsorship or *from* other sources.

**Recommendation 5**

In order to increase the number of cataract and other patients referred by the Technicians and presenting at the hospital, the following measures should be considered:

a. It should be routine for the Technicians, and the trained primary health care staff, to ask if there are blind people in any location, which they visit or work in.

b. The Technicians should use successfully operated patients more proactively to persuade referred patients to present for treatment.

c. The Technicians should follow-up referred patients who have not presented for surgery, after 1 month has elapsed, to establish the reasons for their non-presentation.

d. PICO should consider whether

- the Technicians in this project need additional training in counseling skills to persuade patients to come forward for surgery;
- more training on this issue should be included in the Ophthalmic Technicians course.

e. The eye unit should develop a system either to:

- give priority to admitting referred patients on the day they present at the hospital;

or:

- Co-ordinate with the Technicians to allocate admission dates to their referred patients without them having to attend the hospital first.

**Recommendation 6**

The Ophthalmic Technicians should be given responsibility for the post-operative follow-up of the operated patients whom they have referred for surgery. The District Ophthalmologist should instruct them in the procedure, which he would expect them to follow and consider whether he needs to give them refresher training for this purpose.

**Recommendation 7**

SSI should consider providing a Keratometer to the project. This would represent a positive response to the Government's provision of an A Scan. It would also support Recommendation 8, that low-cost IOLs should be made available to the project, which should increase the uptake of IOL surgery.

**Recommendation 8**

PICO should explore with the project how to make low-cost IOLs available to the project's patients, in order to increase both affordability and uptake of cataract surgery.

**Recommendation 9**

PICO should consider whether charges for surgery and IOLs should be made to those who can afford to pay at future mass surgery camps.

**Recommendation 10**

a. PICO should develop simple mainly pictorial eye health education materials, to be displayed in the hospital OPD, RHCs and BHUs, and used in eye health education sessions.

b. Further to Recommendation 3, primary health staff and community volunteers should be trained to deliver eye health education at a community level.

c. On 1 day a month, the Technicians should visit a local school for up to 1 -2 hours after his clinic closes to deliver eye health education to teachers and students.

**Recommendation 11**

The following components should be added to the existing record-keeping within the project, to enable more effective monitoring of its performance.

a. The Ophthalmic Technicians' fortnightly records should be broken down by location, so that the relative patient loads, referral record and gender balance can be compared between different RHCs/BHUs.

b. Separate hospital OPD and surgery registers should be maintained for referred patients,

noting location and referring Technician, so that these figures can be compared with the total number referred. Again gender balance should be reported.

c. The hospital OPD should provide a breakdown of the hospital treatments and surgeries according to their route into the hospital, i.e.

- direct admission;
- out-based Technicians;
- mass surgery camp.

d. The ophthalmologist and Medical Officer should routinely complete the space on referral slips left for the confirmation of the diagnosis and management of the patient. This should be used to provide feedback to, Continuous Medical Education of and encouragement for the out-based Technicians.

e. An operated patient's final post-operative follow-up should include a visual acuity test so that an assessment can be made of quality of service.

### Recommendation 12

PICO should work with the project ophthalmologist to develop a system for managing patient flow so that, as demand for services increases, waiting lists do not become too long and referred patients can be given priority admission.

### Recommendation 13

In order to reduce the unit cost of cataract surgery, PICO and the District Ophthalmologist should consider what steps might be taken to attain higher capacity usage in the hospital facilities.

### Recommendation 14

PICO should recruit an accountant with some actual accounting experience to improve its financial accounting procedures and documentation.

### Recommendation 15

PICO should consider introducing a Continuous Medical Education programme for the Surgeons. This should include not only clinical training, but also orientation in community ophthalmology.

### Recommendation 16

PICO should initiate a management capacity-building process in order to develop a sustainable project management system, to include the areas of written policies and procedures and a participatory working culture. This might be done through the development within PICO of short courses on managerial skills for various categories of project staff, including the District Ophthalmologist, the Medical Officer and the Supervisor; or by their inclusion on selected modules of the MSc. of Community Ophthalmology which will start in 1998. Alternatively, they could be sent to various external management courses available in Peshawar.

### Recommendation 17

PICO and the Provincial Health Department should investigate whether a management structure

which was fully integrated into the government structure, or autonomous within it, would be the most appropriate for the future development, and replication, of this project.

**Recommendation 18**

If it is decided that an autonomous management structure would be a more appropriate model, PICO and the Provincial Department of Health should consider the development of a system of user charges with safety nets for the poor.

**Recommendation 19**

The review team considers that, once an appropriate management structure has been decided, the following additional conditions would need to be met if this project is to be successfully replicated.

a. Leadership Orientation

The Project Ophthalmologist's commitment to the principles of comprehensive eye care and high volume output should be obtained before the inception of the project. The ophthalmologist should be given a full orientation in the principles and practice of Community Ophthalmology, and in appropriate project management techniques.

b. Accountability

Mechanisms of accountability from the project to a supervisory organization should be established to ensure that performance targets are met. If this supervisory role is to be performed by PICO, a funding source for this role will need to be established.