

**EVALUATION**

**MSc. IN COMMUNITY EYE HEALTH**

**PAKISTAN INSTITUTE OF COMMUNITY  
OPHTHALMOLOGY**

**PESHAWAR**

**PAKISTAN**

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**MSc. COURSE EVALUATION, PICO**

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<b>AK</b>	-	<b>Azad Kashmir</b>
<b>CBM</b>	-	<b>Christoffel Blindenmission</b>
<b>CCEH</b>	-	<b>Centre for Community Eye Health</b>
<b>CEC</b>	-	<b>Comprehensive Eye Care</b>
<b>DO</b>	-	<b>Diploma in Ophthalmology</b>
<b>DOMS</b>	-	<b>Diploma in Ophthalmic Medicine and Surgery</b>
<b>EMRO</b>	-	<b>Eastern Mediterranean (WHO) Regional Office</b>
<b>FANA</b>	-	<b>Federally administered northern areas</b>
<b>FATA</b>	-	<b>Federally administered tribal areas</b>
<b>FCPS</b>	-	<b>Fellow of the College of Physicians and Surgeons</b>
<b>FHF</b>	-	<b>Fred Hollows Foundation</b>
<b>ICT</b>	-	<b>Islamabad Capital Territory</b>
<b>IAPB</b>	-	<b>International Agency for the Prevention of Blindness</b>
<b>ICEH</b>	-	<b>International Centre for Eye Health</b>
<b>IOL</b>	-	<b>Intra-Ocular Lens</b>
<b>KIOMS</b>	-	<b>Khyber Institute of Medical Ophthalmic Sciences</b>
<b>LRBT</b>	-	<b>Layton Rahmatulla Benevolent Trust</b>
<b>LRH</b>	-	<b>Lady Reading Hospital</b>
<b>LPED</b>	-	<b>Low -Cost Production of Eye Drops</b>
<b>MBBS</b>	-	<b>Bachelor of Medicine, Bachelor of Surgery</b>
<b>MCPS</b>	-	<b>Member of the College of Physicians and Surgeons</b>
<b>MoH</b>	-	<b>Ministry of Health</b>
<b>MD</b>	-	<b>Masters in Medicine</b>
<b>MS</b>	-	<b>Masters in Surgery</b>
<b>NGO</b>	-	<b>Non-governmental organisation</b>
<b>NWFP</b>	-	<b>North West Frontier Province</b>
<b>OSP</b>	-	<b>Ophthalmological Society of Pakistan</b>
<b>PBD</b>	-	<b>Prevention of Blindness and Deafness (Programme)</b>
<b>PMDC</b>	-	<b>Pakistan Medical &amp; Dental Council</b>
<b>PICO</b>	-	<b>Pakistan Institute of Community Ophthalmology</b>
<b>RC</b>	-	<b>Regional Centres</b>
<b>RTS</b>	-	<b>Right to Sight</b>
<b>SEARO</b>	-	<b>South East Asia (WHO) Regional Office</b>
<b>TTI</b>	-	<b>Tertiary training institutions</b>
<b>V2020</b>	-	<b>Vision 2020</b>

# 1 EXECUTIVE SUMMARY

## **Relevance**

The MSc. course in community eye health run at the Pakistan Institute of Community Ophthalmology is the only such course run in a developing country and in close collaboration with a parent course at the International Centre for Eye Health, London. The course is very relevant to the needs in Pakistan as the graduates function mainly in the setting up of programmes to provide eye services outside the hospital and to prevent blindness. The need and demand for places on the course is bound to increase and an increase in admission should be planned starting with 15 in the next set in 2001.

## **Outcome**

The outcome of the course has been impressive in a number of ways. Thirteen of fifteen graduates have passed out in the first two sets of the course, of these 11 are in Pakistan. Over 60% of the Pakistan graduates are working as community ophthalmologists, a new concept and cadre in the country. Their presence and activities have considerably increased the profile, the interest and the impact of prevention of blindness programmes. This is most noticeable in the setting up and function of provincial comprehensive eye care cells. With time and the availability of more graduates, district programmes will also be established bringing eye care services closer to the people. More advocacy is required for a more extensive understanding of the concept of comprehensive eye care programmes and the role of the community ophthalmologists.

## **Effectiveness**

The training has been particularly effective in that the theory and scientific basis of the concepts are immediately applied through the students' practical participatory exposure to local situations identical to what most of them will face on graduation. This has been an effective and rapid way of convincing the students to move from being essentially clinical ophthalmologists to being community ophthalmologists. The content of the course may need to include more topics relating to the community level and collaboration with other programmes and sectors.

Much of the faculty is internal, further enhancing the applicability to developing country situation. The external faculty bring with them extensive and long standing experience of running the parent course and interaction with students from several developing countries.

## **Efficiency**

Since the course is just into the training of the third set, the cost has been understandably high because of the setting up cost. Even then, all costs considered at US\$13,000-15000 per student, it is considerably less expensive than the ICEH course which costs US\$25,600 just in tuition fees. It is envisaged that the next five years will demonstrate a decreasing dependence on external funding for operational costs as PICO puts revenue generation schemes in place.

## **Equity**

The course is equally available to all beneficiaries. The gender bias towards males is a reflection of the pool from which candidates are selected but the selection process positively favours

females. Because the course is programme-focused, selection of candidates is also programme-focused.

### **Sustainability**

Sustainability has been addressed in a number of initiatives. PICO, as part of the Khyber Institute of Medical Ophthalmic Sciences (KIOMS), now has administrative and financial autonomy and receives financial support from government in two annual installments. The direct financial implications for the MSc. course are not clear at this stage, but this is taken as an indication of government commitment. Sponsored students will bring revenue from surrounding countries, the provincial governments and the NGOs. The latter have sponsored most of the students so far, it is hoped that the numbers sponsored by the government will increase in the next few years. However the course will still need donor support for external faculty and examiners. Overall expenditure is likely to increase in the short term as the course gets marketed, more candidates are admitted, more modules developed. Recommendations have been made for further institutional and staff development, which will incur cost in the short term. Revenue generating schemes in optical sales and consultancy services are planned but these are for other activities in PICO.

This evaluation was for the MSc. course, only one of a number of projects of PICO. Each of these projects has had a positive knock on effect on the course and this interrelationship has been and will continue to be the strength of the course. Any future developments should take into account the modules which make up the course, the course itself, the other projects, PICO's provincial and national status and its real potential Eastern Mediterranean regional status.

## **2 TERMS OF REFERENCE**

The full Terms of Reference are at Annex 1. They are based on the format used to evaluate all post-graduate and under-graduate courses in the UK, which was used by the Quality Assurance Assessment to evaluate the parent MSc. course at the International Centre for Eye Health (ICEH) in 1999. The body of the following report follows their format. The opening paragraphs of the Terms of Reference are extracted here to provide an introductory context for the report.

### **2.1 Background To The Evaluation**

The Pakistan Institute of Community Ophthalmology (PICO) was formerly within the department of ophthalmology of the government tertiary hospital, Hayatabad Medical Complex. It has now been incorporated into the Khyber Institute of Ophthalmic Medical Sciences (KIOMS). PICO was established in 1990 with the purpose of creating a centre of expertise for training, research and planning in Community Ophthalmology and management of service delivery programmes in the North West Frontier Province (NWFP). In 1998, the scope of PICO was expanded to include an MSc. Course in Community Eye Health based on the course offered by ICEH, London.

The MSc. course at PICO commenced in 1998, trained 6 candidates in 1998 and 9 candidates in 1999. It was proposed that the intake be increased to 10 per year. The candidates were mostly drawn from the provinces and are nominated by the Provincial Co-ordinators (of the National Programme for Prevention of Blindness) or head of departments at tertiary eye care and teaching institutions. There were however, some private candidates.

### **2.2 The Purpose Of The Evaluation**

Funding for this course has been shared between Sight Savers International (SSI) and the Christoffel Blinden Mission (CBM). Having observed the progress that has been made in the first two years, SSI and CBM remain convinced of the need for this training of human resources for national programme development, and of the capacity of Pico to provide the necessary high quality training.

The MSc. course at PICO is unique as it is challenging and is considered a model for developing countries. The evaluation is seen as an essential process to improve performance. It is envisaged that this exercise will facilitate learning, improve the dialogue between PICO and the donor partners (SSI and CBM), identify areas for improvement and ensure accountability to the stakeholders. In addition, the participatory nature of the evaluation will assist in raising the standard of quality control, give a feedback and recognition of achievements, serve as a planning tool and identify new opportunities. It will serve to attract resources by facilitating internal and external marketing.

### **2.3 The Terms of Reference**

The Terms of Reference for the Evaluation were drawn up and agreed between Professor Mohammed Daud Khan and Dr. Mohammed Aman at PICO; Mr. Juergen Breustedt, Regional Representative, and Dr. Babar Qureshi, Medical Advisor of CBM; and Mr. Ronnie Graham, Regional Director, and Dr. Haroon Awan, Country Representative, of SSI.

The Terms of Reference called for the following five areas to be examined by the Evaluation Team:

- 1.1 The extent to which this Course is able to satisfy the need for MSc. Graduates in Pakistan, and possibly other countries.
- 1.2 The extent to which the Course is able to provide the necessary training to enable MSc. graduates to carry out responsibilities assigned to them.
- 1.3 The extent to which the institution is able to provide the MSc. students with appropriate administrative and learning support and ensure the quality of the training programme.
- 1.4 The extent to which the Course has been able to operate within the financial parameters originally envisaged.
- 1.5 The extent to which the MSc. Graduates are able to fulfil those responsibilities and the impact that they are able to have on the communities that they serve.

## 2.4 Evaluation Team

It was agreed that the Evaluation team would be a participatory team and would consist of representatives from:

PICO	- Dr. M. Aman Khan
Provincial PBL Co-ordinators	- Professor Asad Aslam
CBM	- Dr. Babar Qureshi, also Lecturer at PICO
SSI	- Dr. Haroon Awan, Country Representative, Pakistan
	- Dr. Hannah Faal, Eye Care Programme Consultant for West Africa and the Senior Consultant Ophthalmologist and Advisor to Department of State for Health on Eye Care, The Gambia. Dr. Faal led the team.

## 2.5 Methodology

1. Review of documents, narrative and financial records and reports -Annex 5.
2. Questionnaires to provincial coordinators, current students and sample of graduates - Annex 4.
3. Participatory discussions with stakeholders.
4. Interviews of faculty (all internal and a sample of the external faculty), one foreign and three current students (2 females and 2 males), three graduates, and two heads of tertiary teaching institutions - Annex 3.
5. Site visits to PICO, MSc. related institutions and student facilities, three CEC cells - Annex 2.

The evaluation involved participatory discussions with the stakeholders; PICO faculty and staff, SSI, CBM, all four Provincial Coordinators, ICEH and a sample of the graduates and current students. A review of narrative and financial records and reports, and a current status report of all graduates and other documents were done. Fortunately we were able to interact with ICEH by interviewing Dr. Clare Gilbert. The evaluation also involved visiting two of the three comprehensive eye care cells in Karachi and Lahore to interview and see the work of the MSc. Graduates appointed there. Furthermore, standard questionnaires were distributed to the 4 provincial Coordinators, to the graduates and the current batch of students. This was supplemented with sample interviews.

## Learning Points:

- a. The sample of questionnaires was received from only 4 out of 15 graduates because the time was rather short. Though a small number, there was enough consistency in all the reports to reflect a good representation.
- b. The interviews of the "consumer" did not cover a wide enough range as only the provincial coordinators were interviewed. NGOs, other service delivery centers and district administration/hospitals were not covered.
- c. The interview coverage of the national external and international external faculty and examiners was not adequate; a questionnaire methodology could have been adopted since interviews would have been difficult.