Eyesight to Insight:

Reflections from Urban Eye Health Programme, Uttar Pradesh

Supported by:

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Initiative by:

Sightsavers India

Acknowledgement

The report is an effort of many collaborators providing contribution at various stages of the project. Firstly, we would like to acknowledge Standard Chartered Bank 'Seeing in Believing' for supporting the three years project of urban eye health Programme in the urban slums of Kanpur and Prayagraj of Uttar Pradesh.

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Foreword

As of June 2023, India maintains its status as the world's most populous nation with an estimated population of 1.486 billion. Among its states, Uttar Pradesh (UP) stands out as the most densely populated state, with a population exceeding 235.6 million. This substantial demographic is currently experiencing a rapid urbanization trend, with approximately 36% of its residents now dwelling in urban areas. This urban transition has introduced a multitude of challenges, with a pronounced impact on eye health.

To address these pressing issues, the National Urban Health Mission (NUHM) has implemented a range of Programmes geared toward enhancing public health services within urban localities. Sightsavers India's Urban Eye Health Strategy is intricately aligned with the NUHM framework, with the shared goal of strengthening the healthcare system and extending support to the urban underprivileged, particularly those inhabiting marginalized and underserved urban slum areas.

An endline study was conducted in Kanpur and Prayagraj, following a three-year urban eye health project funded by Standard Chartered Bank's 'Seeing is Believing' initiative. The study underscores heightened awareness regarding the importance of regular eye check-ups (97% in Kanpur, 100% in Prayagraj) and improved accessibility to comprehensive eye care services through the establishment of Vision Centres (VCs). The findings of the endline study demonstrate that the project has effectively elevated community-level advocacy, bolstered the public healthcare system, and provided affordable eye care services, as attested by 99.2% in Kanpur and 99.6% in Prayagraj. These achievements have led to a reduction in eye care costs (validated by 85% in Kanpur and 50% in Prayagraj), enhanced Programme efficiency, and established the Programme's self-sustainability.

This reflection report sheds light on the transformative improvements initiated by Sightsavers India's Urban Eye Health Strategies in Kanpur and Prayagraj with the support of Standard Chartered Bank. I hope that the recommendations will help enhance the overall state of eye health in various parts of our country.

RN Mohanty
CEO, Sightsavers India

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List of Abbreviations

ADP	Amrita Drishti Programme
ANM	Auxiliary Nurse Mid-wife
ASHA	Accredited Social Health Activist
AWW	Anganwadi Worker
BSC	Balanced Score Card
CAPI	Computer-Assisted Personal Interview
CHWs	Community Health Workers
DR	Diabetic Retinopathy
IDI	In-depth Interviews
KPIs	Key Performance Indicators
LGBTQ	Lesbian, gay, bisexual, transgender, queer, or questioning persons or the community
MAS	Mahila Arogya Samiti
NGOs	Non-Governmental Organisations
OPD	Outpatient Department
SCB	Standard Chartered Bank
SMPL	SahaManthran Pvt. Ltd
SOP	Standard Operating Procedure
SSI	Sightsavers India
VC	Vision Centres
UP- UEHP	Uttar Pradesh- Urban Eye Health Programme

Executive Summary

Sightsavers India successfully implemented the Uttar Pradesh Urban Eye Health Programme (UP-UEHP) in Kanpur and Prayagraj, supported by Standard Chartered Bank since 2020. This Programme primarily focuses on addressing the eye health needs of low-income urban residents, particularly those in slum areas. Its key objectives include raising awareness about eye care, improving access to primary eye care services, establishing a strong referral network for comprehensive eye care, and enhancing the capacity of frontline workers for long-lasting impact.

To evaluate the Programme comprehensively, an Endline assessment was conducted, utilizing the Balanced Scorecard (BSC) framework. This assessment involved interviews with 485 beneficiaries and 46 service providers.

Beneficiary Perspective: Transformative Impact

From the Beneficiary Perspective, the study revealed positive outcomes, including increased awareness of regular eye check-ups (97% in Kanpur, 100% in Prayagraj) and improved accessibility to eye care services through nearby Vision Centres (VCs). Moreover, individuals with a family history of eye problems were now visiting VCs 2-3 times annually, marking a 50% increase from baseline. The Programme has also empowered women to participate in their eye health decisions (87.5% in Kanpur, 99.1% in Prayagraj) and fostered a positive community perception about UP-UEHP fulfilling eye care needs (52.9% in Kanpur, 82.0% in Prayagraj). Access to surgical services increased by 10-15% due to affordable care at hub hospitals.

Financial Stewardship Perspective: Value Creation

From the Financial Stewardship Perspective, the Programme has successfully created value for donors and beneficiaries, achieving growth targets through VC creation and outreach activities while staying within budget constraints.

Survey data indicates a noticeable shift in beneficiaries paying for eyecare services at VCs, a crucial step toward sustainable healthcare service centers. Effective Programme implementation has driven increased foot traffic and eyecare adoption, resulting in higher spectacle sales. Additionally, there has been an increase in "referral cases" for surgery at the Hub Eyecare Centre, contributing to VC sustainability.

Internal Process Perspective: Streamlined Operations

From an Internal Process Perspective, Sightsavers India has improved advocacy both at the community level (demand side) and within the public health system and service partners (supply side). The Programme has effectively partnered with relevant stakeholders, establishing efficient processes across various functions for Programme delivery. The Programme has forged successful partnerships with State Disease Associations (SDAs) and a network of Diabetologists, General Physicians, and

Pathologists, along with public health system partners such as the National Urban Health Mission (NUHM) and Urban Primary Health Centers (UPHC). This collaboration has been instrumental in the Programme's effective implementation.

Organizational Perspective: Capacity for Impact

From an organizational perspective, our review underscores that Sightsavers India possesses the organizational capacity to deliver services that greatly benefit the Programme's beneficiaries. The Programme's organizational structure, designed as a cross-cutting matrix, ensures focus on both functional and geographical alignment. This setup enables better alignment, coordination, accountability, and decision-making efficiency when scaling similar Programmes across diverse geographic locations. Continuous training on various aspects of eye healthcare, including eyecare protocols, health tips, and effective communication, ensures that team members remain well-equipped to fulfil their roles effectively.

In conclusion, the Hub-and-Spoke Programme design has proven effective in achieving targets and lays the groundwork for sustainability beyond the Programme period, potentially replicating in other urban slums. However, some areas require further attention, such as enhancing VC accessibility in rapidly expanding slum areas, addressing reasons for non-continuation by some participants, and refining the Programme's execution through private sector partners while maintaining transparency and effectiveness. Additionally, incentivizing community health workers like ASHA/AWW/MAS is crucial for long-term engagement and Programme sustainability.

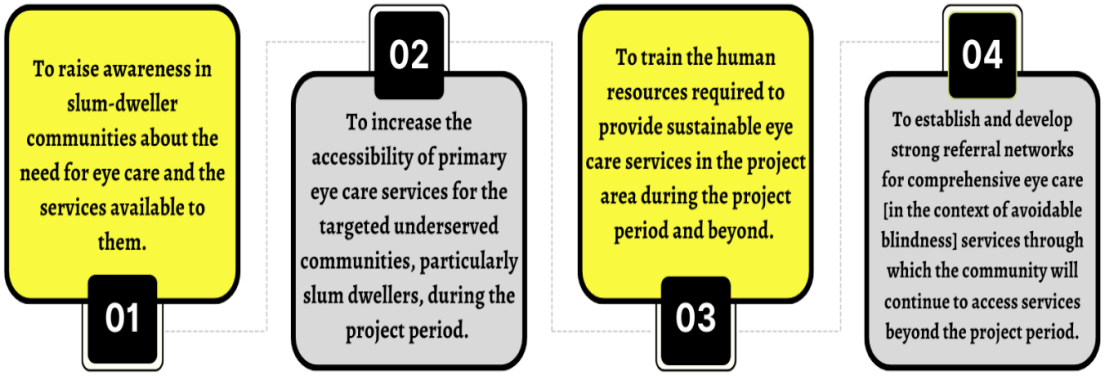
Chapter 1

INTRODUCTION

1.1 Background

Sightsavers India has been implementing the current UP Urban eye health Programme, also known as the Uttar Pradesh Urban Eye Health Programme in two cities of U.P.- Kanpur and Prayagraj, since 2020, with support from Standard Chartered Bank (SCB); to cater to the eye health needs of low-income residents, particularly those living in urban slums with the following objectives as a response to its baseline study:

Figure 1: Objectives of the Programme



Basis the findings of the Baseline study, interventions were laid out to increase uptake of eye health services by setting up five Vision Centres each in Prayagraj and Kanpur, also known as Amrita Dishti Netra Janch Kendra/ Vision Centres were set up close to the urban slums to enhance access to eye health services to the vulnerable and deprived people in these slums. Community influencers and local bodies were engaged to embed positive eye health behaviour change and the adoption of good eye health practices through outreach and continued awareness and screening sessions to increase uptake of primary care (subsidized spectacles and medications) and tertiary care (referral & making cataract surgeries more affordable and accessible). This included upskilling of ASHA workers with Eye health specific trainings.

Basis the findings of the baseline and objectives of the UPUEHP, an Endline Assessment was carried out in both the districts with the purpose of

I. Capturing the achievements, influencing factors, key lessons learnt, and best practices to inform future similar Programming.
II. Reviewing the recommendations of the project baseline and quarterly reports and assessing the extent to which these were implemented.
III. Studying the accountability (governance framework) towards SCB as a donor and the beneficiaries of the Programme.

IV. Understanding the flexibility of the Programme to adapt and respond to the changes to sustain effect of the project intervention.

1.1.1 Programme Coverage

Uttar Pradesh (UP) is the most populous state in India with diverse demographics. Like the other regions in India, UP faces challenges related to eye health, such as refractive errors (near sightedness, farsightedness, astigmatism), cataracts, glaucoma, and diabetic retinopathy.

However, UP is challenged with limited access to quality eye care services. accessibility issues, inadequate infrastructure, and shortage of eye care professionals contribute to the challenges faced by the community in receiving timely, appropriate eye care.

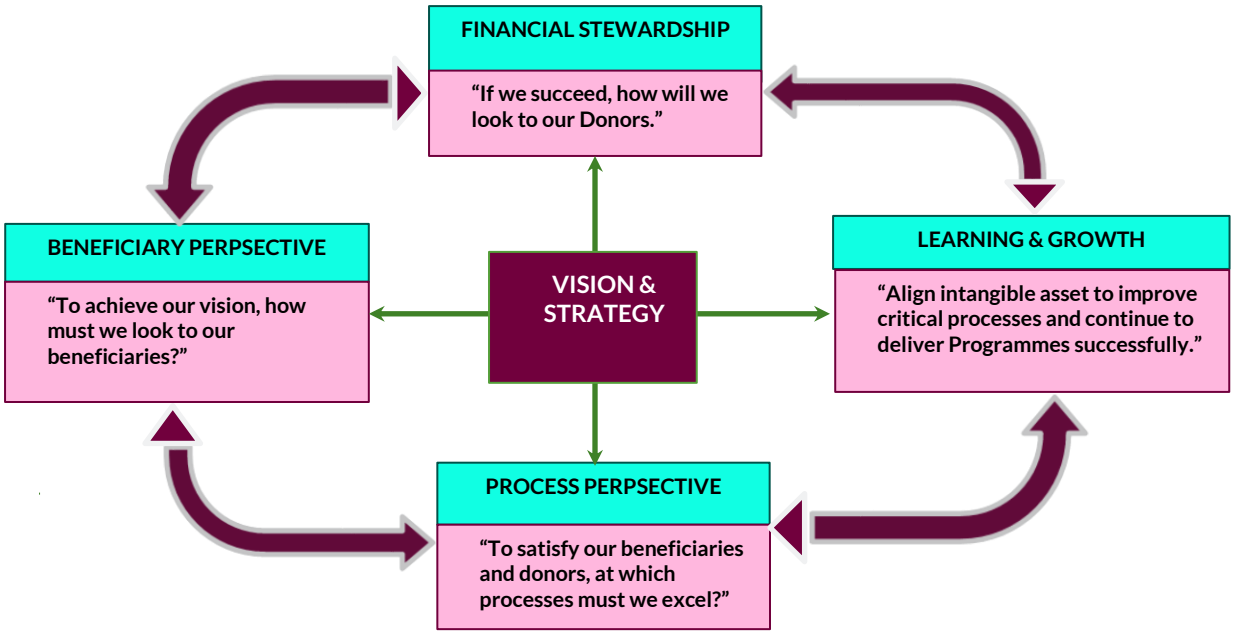
- The estimated population of Uttar Pradesh is around 241 million people
- Estimated population of Kanpur and Prayagraj is 27.68 lakhs and 11.68 lakhs
- Slum population of Kanpur and Prayagraj is 6.3 lakhs and 6.8 lakhs respectively
- Total number of slums in Kanpur and Prayagraj are 431 and 291 respectively

The UP-UEH Programme during the three years of its intervention, has excelled in its targets and completed the following:

Table 1: Key Indicators of the Programme

Indicator	Overall Target	Achievements	
	(Apr 2020 – June 2023)	Total	%
No. of people screened	1,07, 120	1,19,483	112
No. of people refracted	94, 528	1,00,860	107
No. of Glasses Dispensed	32,136	31,229	97
No. of People referred for Surgical intervention (Cataracts)	2,949	3,850	131
No. of DR Screening	2,400	2,413	101

Figure 2: Balance score card strategy map



1.2 Approach

While the endline study started with clear objective of assessing the performance of the Sightsavers India India's Uttar Pradesh Urban Eye Health Programme in two cities of U.P.- Kanpur and Prayagraj, further discussions with Sightsavers India led us to a larger objective of assessing the sustainability of the overall Programme, and not limit the assessment to whether specific Programme targets have been met.

1.2.1 Balance Score Card: A system approach to Programme Sustainability

Such an assessment needed a holistic method to evaluate, various aspects from the Programme standpoint, beyond the expressed Key Performance Indicators, such as relevance, efficiency, effectiveness, impact, sustainability, influencers, and potential best practices. Therefore, the study chose the Balanced Scorecard (BSC) framework, "Systems Model" to evaluate the efforts under the Programme.

The following table below maps the sustainability strategy on the BSC analysis framework of whether all the Programme activities and initiatives aid as drivers for success. Further, any missing initiative for a specific driver can emerge as an action point to be addressed by Sightsavers India in a timebound manner to ensure sustainability.

Figure 3: Sightsavers India BSC Sustainability Map

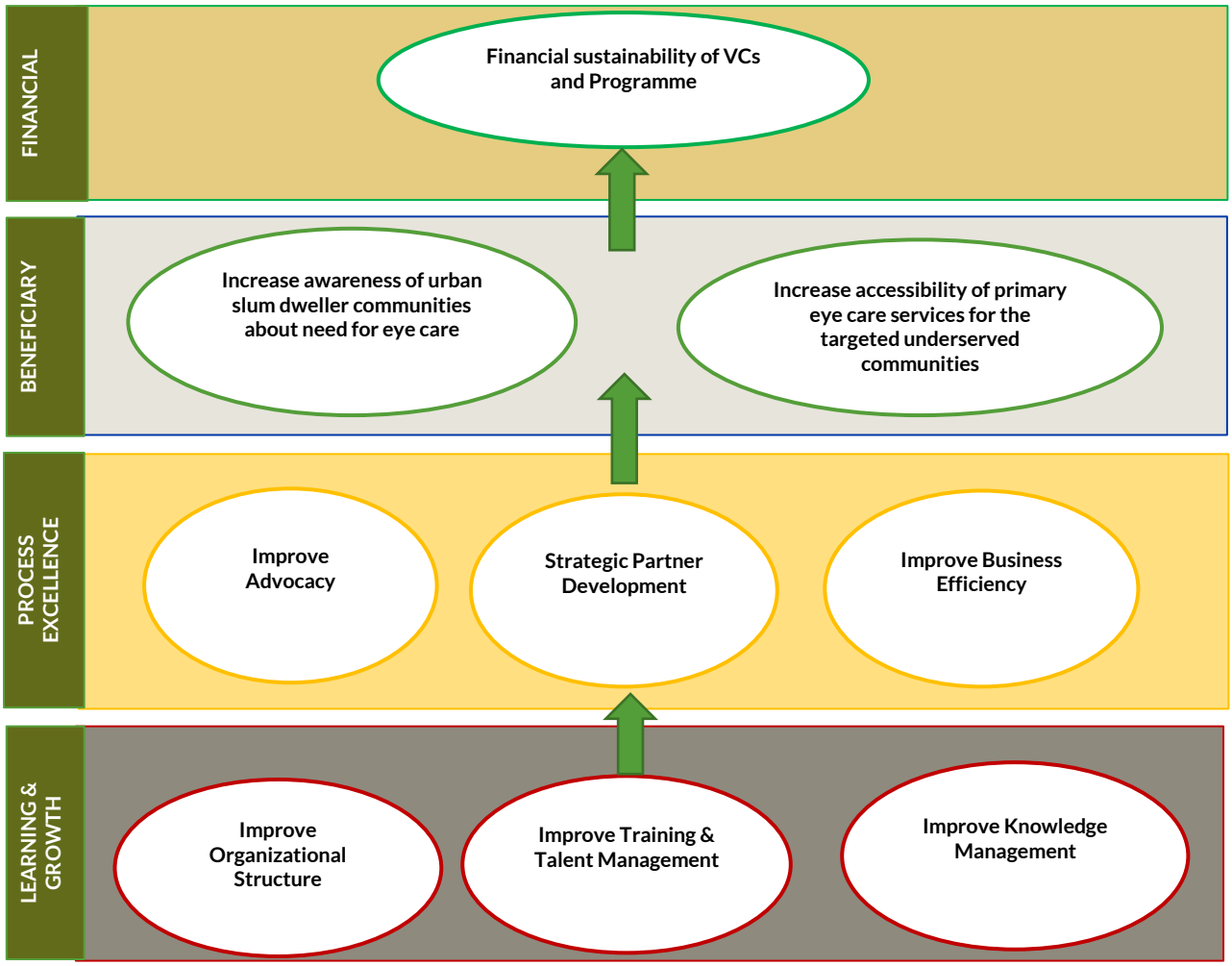


Table 2: Sustainability Scorecard, Key Drivers for Programme Sustainability And Programme Components & Initiatives

Stakeholder Perspective	Key Drivers for success of Programme Component	Key Programme Initiatives
How does Sightsavers India create value to its Beneficiaries; How do Beneficiary see Sightsavers India?		
Increase awareness for urban slum dweller communities about need for eyecare	• IEC materials and engagement model are adequate for basic sensitisation around need for eyecare • There have been success stories on how restored eye health has resulted in better livelihood	• IEC materials prepared ... Display/ distribution, Loudspeaker announcement, Wall murals • Success stories advertised– outreach vs Target.

	opportunities or changed health seeking behaviour. • Programme activities have been able to bring all the household stakeholders into the decision-making process • Creation of influencer segments within the community users for each initiative using relevant Programme activities and (non-monetary) incentives. • Programme has been able to influence the vulnerable sections of the population within the community or the HH, such as children, women and old age	• Influencer segments identified and engaged separately. • % of Vulnerable groups within the community identified and outreach specifically designed for them. • Health talks/Interactive seSSions. • Sensitization of MAS members.
Increase the accessibility of primary eye care services for the targeted underserved communities	• Targeted number of beneficiaries have been reached • Programme has been able to cater to the needs of beneficiaries within the defined area • Programme has been able to bridge the perceived accessibility gap, to reach out to potential beneficiaries who have hitherto avoided being treated because of inaccessibility/ distance/ lack of infrastructure • Challenges around infrastructure and technical staff has not resulted in avoidable beneficiary walkouts. • Programme has been effective in reducing out-of-pocket-expenses on eyecare for the beneficiaries	• Establishment of 5 Primary Eye care centres known as vision centres (VCs) in each city • Outreach camps organised per... • Provide comprhensive eye services • Door to door screening
Financial Stewardship	**Key Drivers for Success of Programme Component**	**Key Programme Initiatives**
If Sightsavers India is Successful, how do they look to their Donors?		
Financial sustainability of the Vision Centres	• Programme must meet its budgeted growth targets for Vision Centres • Programme must reach adequate number of beneficiaries (outreach	• Financial planning and monitoring cadence is activated for each Programme element

	activities) to cover the fixed costs of the Programme • Programme must effectively deliver Cost of eyecare services	• Consistent monitoring of fixed versus variable costs of the Programme • Eye care service delivery at subsidised rates
Internal Process Perspective	Key Drivers for Success of Programme Component	Key Programme Initiatives
To satisfy Sightsavers India' Beneficiaries and Donors, what are the internal processes which they should be good at?		
Improve Advocacy	• Community leaders, political leaders (Councillors, MLAs., MPs, etc.), and government officials must visibly support the Programme so that there is more public awareness of the cause. • Programme must ensure wilful support from existing public health systems stakeholders	• Monthly meetings conducted with Municipal staff/ local leaders/ PRI members to strengthen local network. • Coordination with district unit of NUHM has been established for project sustainability. • Regular meetings held with the medical officers of UPHCs to gain support for organizing general eye screening and DR-specific camps in the government facilities.
Improve Partner Development	• SS must be able to leverage and strengthen existing strategic partnerships • SS must be able to expand the resource pool through new quality partnerships to support Programme delivery, fund raising, advocacy • SS must ensure adequate number of partners for all the essential elements of the Programme (diabetic retinopathy, nutrition & lifestyle related eye health, hazardous living conditions, occupational hazards, genetic drivers, etc.). • Programme delivery must be effective and efficient	• Close coordination with the district unit of NUHM has been established for the sustainability of the project. • Regular meetings held with the medical officers of UPHCs to gain support for organizing general eye screening and& DR DR-specific camps in the government facilities. • Networking with Diabetologist, General Physician and Pathologist for DR screening and referrals.

	• Partnership governance mechanisms must be in place and adequate and effective • Programme aligned with public health system partners on the way of working, training, and service levels	
Increase Business Efficiency	• SS must have SOPs for clinical and non-clinical services and ensure comprehensive compliance to clinical protocols/ standards • SS must continually improve service delivery for each element of eyecare over the duration of the Programme • Acute clinical incidents must be responded to on time • Acuity level of clients must be managed through increased clinical consults and assessments • Any bottleneck for the provision of eyecare products and services (or enablers) under the Programme to the intended beneficiaries must be addressed within a timeframe.	• Mechanisms in place to track implementation of the project (i.e. internal monitoring, evaluation, accountability, learning and quality assurance) • Training of VC staff on quality eye care protocols, VC management during COVID and Community engagement to deliver quality eye care services.
Organisational Capacity Perspective	**Key Drivers for Success of Programme Component**	**Key Programme Components Initiatives**
How can Sightsavers India continue to improve and add value to its Programmes?		
Improve Organisational Structures & Practices	• Programme/project org structure must enable efficient delivery of Programme components • SS Vision Centre/Branch network and infrastructure has to be adequate for achieving Programme outreach objectives • Partner org structures must complement/ supplement SS network	• Programme Organisation design and evolution • Micro market / Catchment assessment SOP for each Vision Centre/ Partner Network Centre • Mechanisms in place to track implementation of the project (i.e., internal monitoring, evaluation, accountability, learning and quality assurance)

Improve Training & Talent Management	• SS must ensure alignment on the goals and objectives of the Programme among the Programme staff • Adequate and skilled Programme implementation staff (from Sightsavers India) or FLW (both public partners and implementation partners) are available for effective change management, which can be leveraged to scale-up. • SS needs to retain the qualified staff for the Programme • Al Programme frontline workers been trained appropriately and adequately	• Information/ Communication plan with Programme Staff • Trainings in basic clinical triage • Trainings in community engagement • Promotion and Incentive management system
Improve Knowledge Management	• SS needs to have a system for enabling Programme information awareness for all its Programme staff • SS needs to have system to ensure organizational learning is based on data, outcomes, and validated experiences and not on intangibles or heresy • A system must exist for documentation and dissemination of lesson learnt from both successes and failures of Programme initiatives • Learning from similar Programmes elsewhere must be adapted for the current Programme and such knowledge has been institutionalised	• Sharing seSSions internal to organisation • Articles/ paper/ presentations published

1.3 Methods

A mixed method was employed for the end line evaluation, with significant emphasis on qualitative aspects of the Programme (Relevance, efficiency, effectiveness, impact, sustainability, influencers). The quantitative component adopted stratified random

sampling method, while the qualitative component employed convenience sampling techniques.

The beneficiaries who received services from Sightsavers India supported vision centres and non-beneficiaries from the same locality who sought eye care elsewhere were included to understand their reason for participation or non-participation.

To remove the confounding impact of genetic blindness, screening challenges of under five in public health setting and age-related blindness (as the Programme aims at the prevention of cataract related blindness) children under five and people over sixty years of age were excluded from the study. Moreover, participants with active diseases during the sample collection were excluded to avoid exposure to researchers.

While in a qualitative survey, statistically significance is not of utmost significance, we considered at least 10 observations per variable to undertake regression analysis for the 6 independent variables (Relevance, efficiency, effectiveness, impact, sustainability, influencers).

Figure 4: Sample size

Stakeholders	Type of data collection	No. of samples		Total
 Beneficiary	Quantitative Interview	Kanpur-238	Prayagraj-247	485
 Non-Beneficiary (Slum Population)	Quantitative Interview	Kanpur- 20	Prayagraj- 21	41

Thus 60-65 samples on the demand side per stakeholder was considered for the assessment with a 10% buffer to cater for errors, totalling to 485 respondents. On the supply side 30% of the service provider were covered. Beneficiary assessments were proportionately distributed across the 10 vision centres basis the load they received. About 238 from Kanpur and 247 respondents from Prayagraj were interviewed.

Table 3: Sample Size

Respondents	Mode of Engagement	Sample Size
Beneficiaries	Survey (Quantitative)	485
Non-Beneficiaries	Survey (Quantitative)	41
ASHA/AWW/ANM	IDI (Qualitative)	22
MAS	IDI (Qualitative)	8

Service Delivery Agency	IDI (Qualitative)	2
Vision Centre Staff	IDI (Qualitative)	10
Sightsavers India Team	IDI (Qualitative)	4

1.3.1 Study Protocol, Pilot Testing, Training, Ethical Considerations

Survey Tools were pilot tested in Paper ASSisted Personal Interview (PAPI) version followed by modifications based on survey feedback. Subsequently, basis the Ethics Board Clearance, vide no. IRB Number: 10010/IRB/23-24 it was pretested on Computer Assisted Personal Interview (CAPI) version to optimize quality of data collection. The study protocol underwent approval by the Institutional Review Board (IRB) of M/s Sigma Research and Consulting Private Ltd. Inclusion and exclusion criteria were ratified, and operational risks were identified and mitigated for assuring adequacy and appropriateness of the research undertaken.

Given the specialized nature of the study, individuals with expertise in clinical aspects, operational aspects, and qualitative analysis were selected as researchers. Each district had a dedicated team comprising a supervisor, five non-medical researchers, and two medical researchers. Despite the team's expertise, researchers were trained on the specific survey, its objectives, nuances and requirements, both on off-site claSSroom and on-site field-testing mode.

1.3.2 Data Collection and Analysis

Data was collected using the Survey CTO for quantitative interviews with beneficiaries and non-beneficiaries. Qualitative interviews were recorded on Google Forms. To ensure data quality, logical and security checks were built into the CAPI application. Spot checks were conducted for qualitative surveys and backchecks were done for quantitative data against log sheets.

Quantitative data was managed using STATA for analysis and bivariate and multivariate tables were generated. A data dictionary/codebook was created for standardization. Data entry errors were minimized through Programming and ongoing cleaning for outliers and inconsistencies.

An analysis plan was developed, and an indicator matrix was created to provide relevant responses for the thematic areas in the BSC.

Chapter 2

BENEFICIARY OVERVIEW

Key Takeaways

- The study focused on the impact of the UP-UEH Programme on urban slum dweller communities' eye health needs.
- 485 beneficiaries were interviewed, representing diverse age groups and locations.
- Education influenced health-seeking behaviour, with graduate qualifications prevalent in the sample.
- Family arrangements varied between nuclear and joint families, potentially influencing health decisions.
- The occupational distribution showed a significant number of homemakers and students in the sample.
- The majority of households had incomes ranging from Rs 5,000 to Rs 30,000 per month.

The current chapter offers profile of the population in the study of two cities urban slums. An effort was made to include equal proportion of male and female respondents in both cities.

Figure 5: District wise Segregation of Beneficiaries (in %) (N=485)

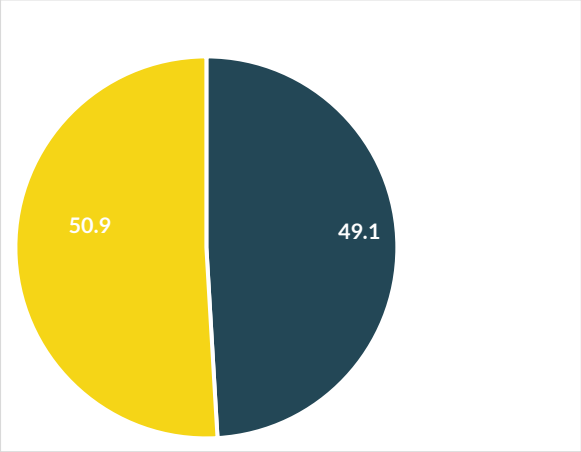
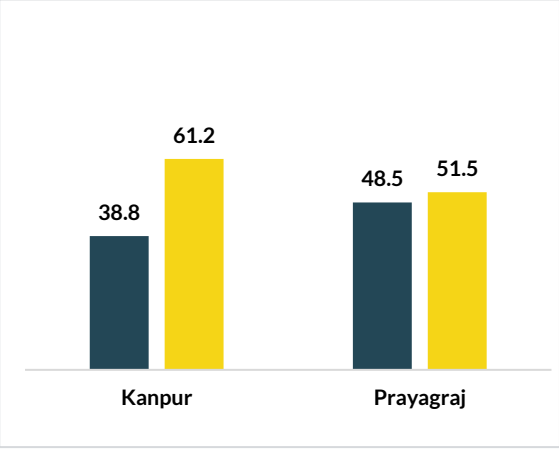


Figure 6: Gender wise Segregation of Beneficiaries in % (N=485)



Under the UPUEH Programme each of the 10-vision centres (VC) catered to a population of 50,000. For the endline assessment of UP- UEHP a total of 485 beneficiaries were interviewed, 247 (50.9%) from Prayagraj and 238 (49.1%) from Kanpur, with a total of 272 females and 213 males.

Figure 7: Gender wise segregation of educational background of beneficiaries (Males N=213, Females N=272)

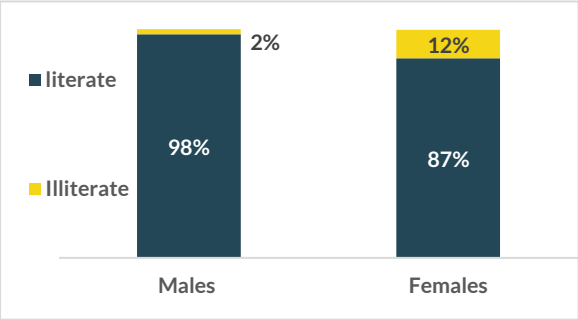
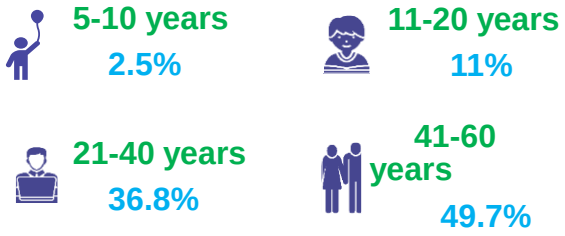


Figure 8: Age wise segregation of beneficiaries



The study included beneficiaries across various age categories, providing a comprehensive view of the community's eye health needs. Educational qualifications emerged as a positive determinant for health-seeking behaviour, with approximately 12% of females in the sample being illiterate. Notably, a significant number of both males and females held graduate qualifications across districts, indicating an educated population.

Regarding the family arrangements, 63% of the participants lived in nuclear families, while the remaining 37% resided in joint family setups, reflecting the diversity of family structures and potential influencers within the family on decisions to be taken.

The community primarily belonged to Occupational distribution among the 485 respondents included around 17.3% were salaried employees, 14.4% identified as business owners, and 8.4% were daily wage earners, highlighting the prevalence of informal labour. Additionally, 8.8% worked as artisans or skilled workers, while 1.4% were leading post-retirement life. A small proportion faced unemployment (1%), and a significant percentage (34.2%) identified as homemakers. The 14.2% students were also part of the sample population.

The beneficiaries' average monthly income analysis showed that around 47.8% of households had an income ranging from Rs 5,000 to Rs 15,000 per month, while 43.9% fell into the Rs 15,000 to Rs 30,000 bracket. A small portion had lower incomes (less than Rs 5,000 - 1.2%) and higher incomes (Rs 30,000 - Rs 50,000 - 6.2%; > Rs 50,000 - 0.8%).

Around 265 beneficiaries reported a family history of eye problems, leading them to seek eye treatment for symptoms such as blurred vision, redness, and itching. The common symptoms for seeking eye care included blurred vision, watery eyes, headaches, eye redness, and diabetes-related problems. Feedback from various

stakeholders highlighted the diversity of eye problems encountered by different age groups. Children often faced issues like headaches, watery eyes, and blurry vision, while adults commonly experienced redness, refractive errors, and eye pain. The elderly showed manifestations of cataracts and age-related vision problems.

Overall, the beneficiary data provided valuable insights into the community's eye health needs, emphasizing the importance of accessible and comprehensive eye care services tailored to different age groups and conditions.

Chapter 3

BENEFICIARY PERSPECTIVE

Key Takeaways

- Increased Awareness amongst beneficiaries on importance of regular eye check-ups (97% in Kanpur, 100% in Prayagraj).
- Increased reliance of beneficiaries on Vision Centres, Sightsavers India, and frontline workers for eye health information.
- Women empowered to actively participate in decision making about their eye health (87.5% in Kanpur, 99.1% in Prayagraj).
- Improved Accessibility to eye care services because of availability of VCs for screenings, and treatment within short distance from home. About 63% of people with a family history of eye problems pay frequent visits to VCs, at least 2-3 times in a year, which is a 50% increase from the baseline.
- Positive Behaviour Change, with beneficiaries reducing smoking (46) and alcohol consumption (17) after learning about the harmful effects of the same.
- Positive Perception amongst community about the UP-UEH Programme fulfilling their eye care needs (52.9% in Kanpur, 82.0% in Prayagraj).
- Challenges to Access, in terms of inconvenient timings and lack of service clarity, especially in Kanpur owing to the growth of urban slum, beyond the planned locations.

This chapter addresses the following assessments as per the BSC on whether SSI excels in creating value for its most important stakeholder – the Beneficiaries, and get a sense of how beneficiaries see SSI and the UP-UEH Programme:

- Whether there has been an increase in awareness for urban slum dweller communities about need for eyecare, because of the UP-UEH Programme
- Whether there has been an increase in the accessibility of primary eye care services for the targeted underserved communities
- Whether the Programme has been able to bridge the perceived accessibility gap, to reach out to potential beneficiaries who have hitherto avoided being treated because of inaccessibility/ distance/ lack of infrastructure
- Whether there have been positive changes brought about by the Programme in terms of awareness, behaviour, and adoption of healthy eyecare practices among the beneficiaries

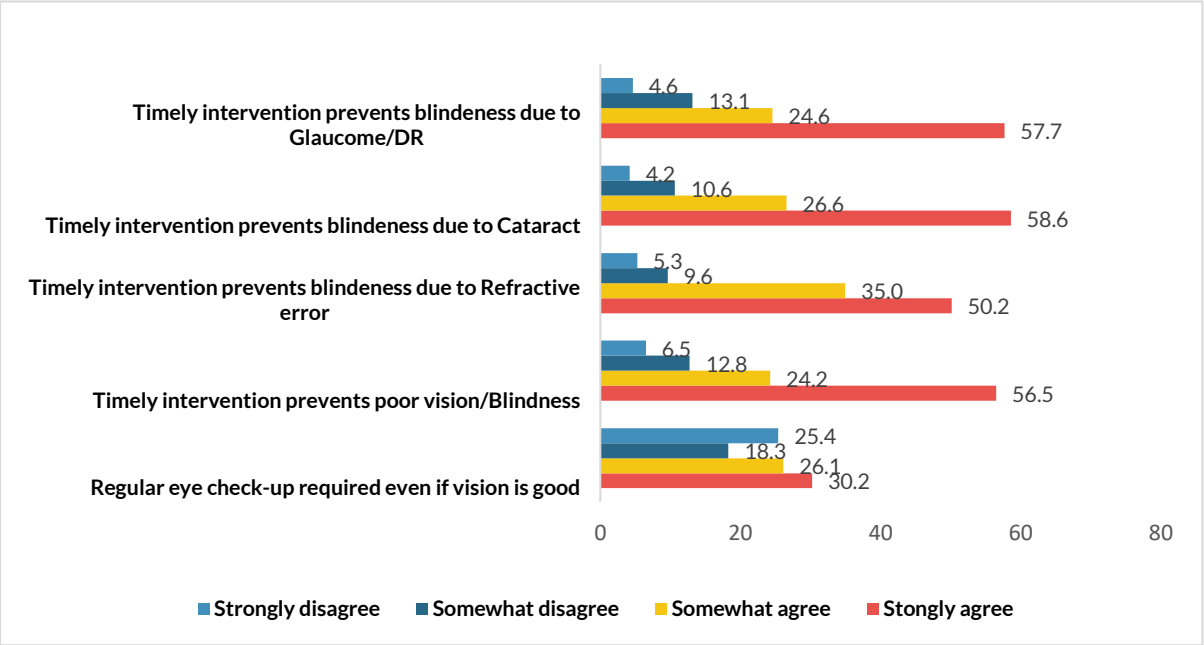
3.1 Increase in Community awareness

There has been a significant improvement within the community on knowledge about eye health and as we can see later, it has empowered individuals to take proactive

measures in terms of regular eye check-up and timely intervention to protect their vision and overall well-being.

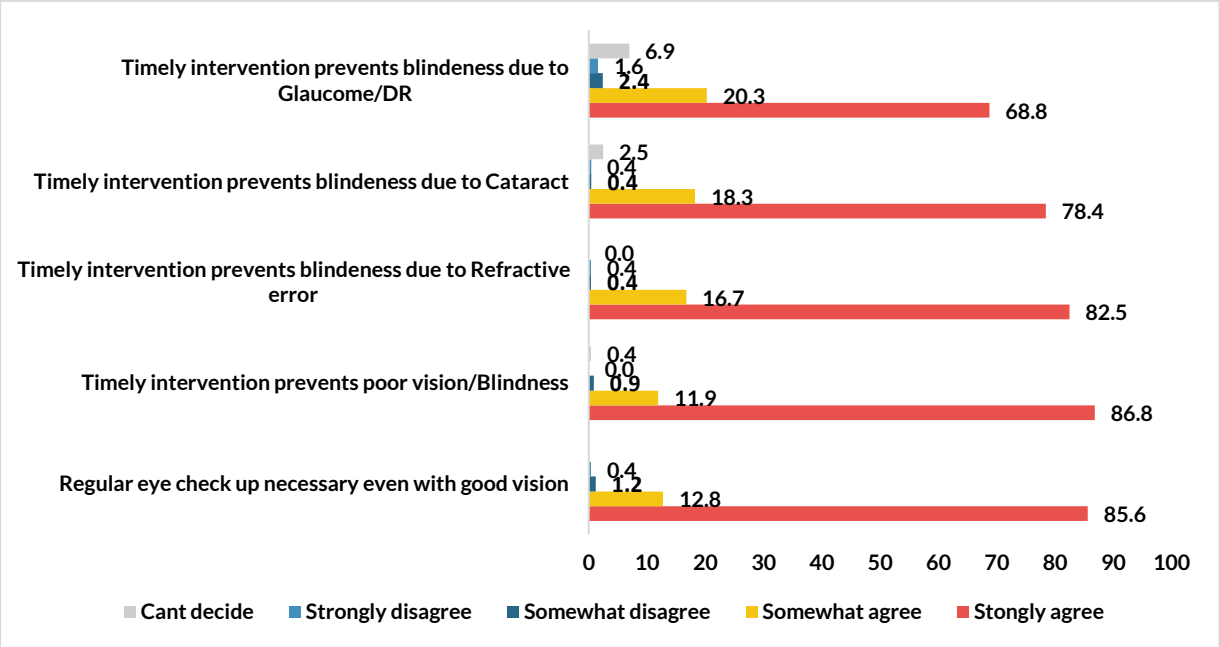
During the endline assessment approximately 85% of males and 72% of females responded in affirmative, stating that regular eye check-ups are necessary, even if their vision is good. This represents a significant increase of awareness levels from the baseline, where only 32% of males and 38% of females had previously agreed to the importance of regular eye check-ups despite having good vision.

Figure 9: Existing knowledge among beneficiaries of Prayagraj regarding eye health in % (N=247)



The beneficiaries were also evaluated on the depth and breadth of their knowledge regarding eye health. In Kanpur, 28.1% of individuals were aware of the harmful effects of air pollution on eyes, while 39% knew about detrimental impact of other environmental factors. Surprisingly, given the level of industrialization and pollution in Kanpur, only 3.7% were aware that protective eyewear could safeguard them from exposure to hazardous industrial gases. A mere 2% knew that untreated refractive errors could have negative consequences, and only 6.7% were aware of occupational hazards that could impact their eyes.

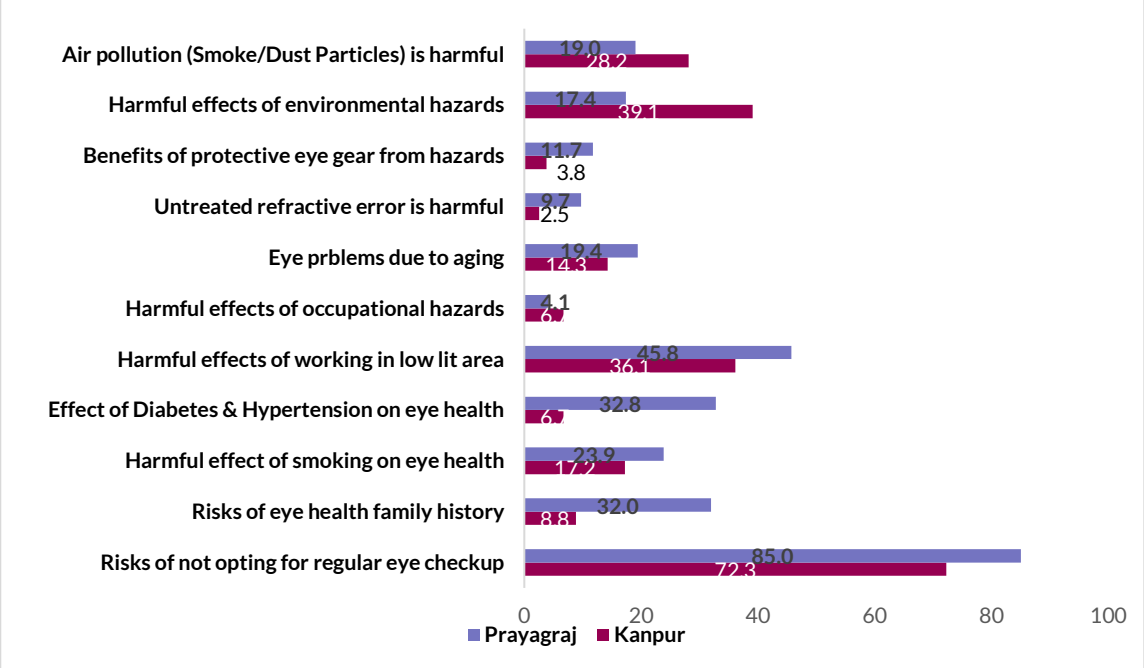
Figure 10: Existing Knowledge among beneficiaries of Kanpur regarding eye health



In Prayagraj, 19% and 17% of the population knew about the harmful effects of air pollution and other environmental hazards on the eyes, respectively. Merely 11% knew that protective eye care could shield them from exposure to hazardous industrial waste, and only 9% were aware of the harm caused by untreated refractive errors.

32% beneficiaries in Prayagraj and 6.7% in Kanpur were aware that diabetes and hypertension could lead to future eye problems.

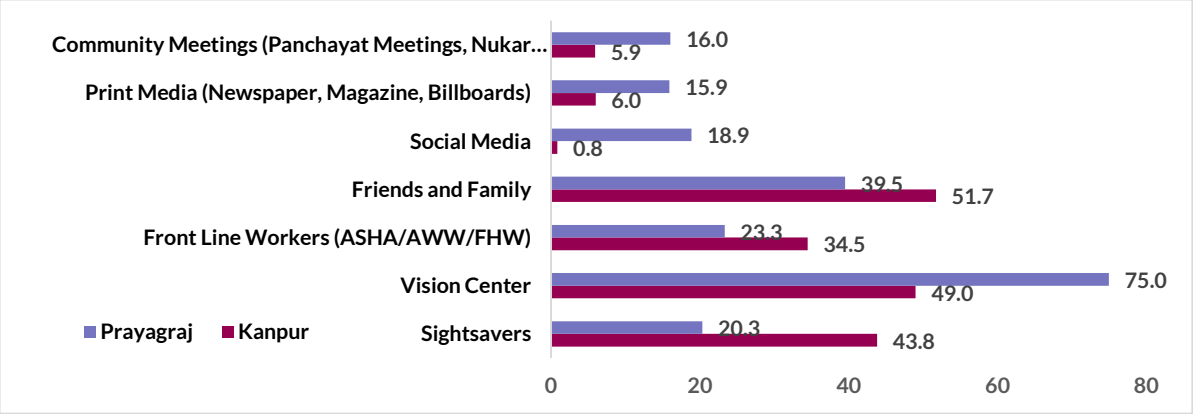
Figure 11: Knowledge on maintaining eye health in % (N=485)



The Programme has made considerable strides in reaching out to the community in Kanpur, with 74.7% of beneficiaries being knowledgeable about the UP- UEHP. Similarly, in Prayagraj, the Programme has achieved a high level of awareness among beneficiaries, with about 91% being aware of it.

The endline survey revealed a clear shift in source of information on eye health by over 2-3 times from friends & relatives and IEC brochures to Vision Centres, Sightsavers India and frontline workers.
During the baseline study, majority (64.9%) of respondents mentioned significant reliance on friends and relatives as a source of information on eye health and related services; followed by brochures, posters, and other print media, with 37.4% of respondents referring to them for information. Impact of the UP-UEHP was demonstrated by the distinct shift in reliance of people on Vision Centres for information (75% of respondents in Prayagraj and 49% in Kanpur), followed by brand recognition of Sightsavers India (35.8%) as the organization providing eye care, and the front-line workers - ASHA & AWW (23% of people in Prayagraj and 34% in Kanpur). Friends and family remained an important source though, with 39% of people in Prayagraj and 51% in Kanpur relying on them, albeit now as a ratifier of decision taken, rather than being a source of information. Social media platforms were also mentioned as sources of information by 20% respondents, while print media (newspapers, magazines, billboards) and community meetings (panchayat meetings, *nukkar nataks*) were mentioned by 15% and 6% of respondents, respectively.

Figure 12: Source of information of eye health in % (N=485)

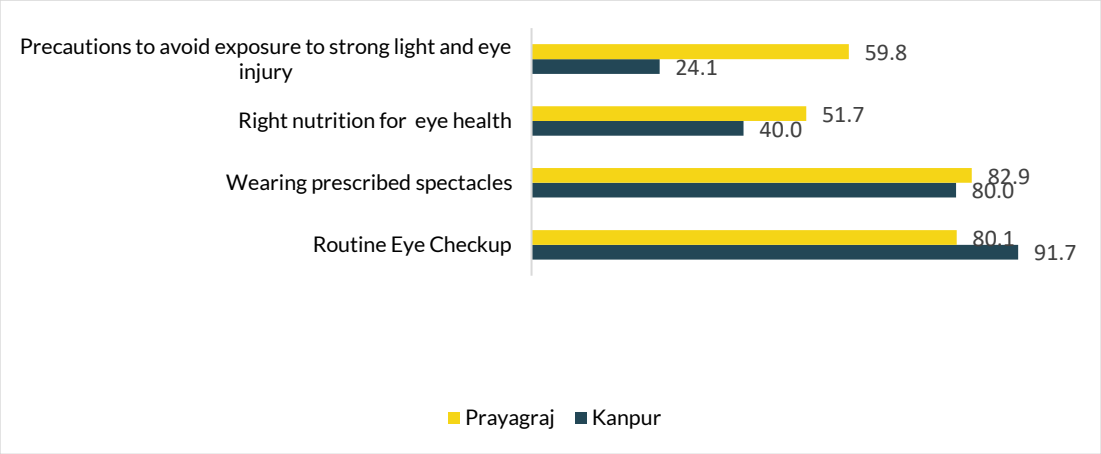


The shift in reliance on sources of information is indicative of the targeted efforts within the Programme in disseminating information and raising awareness about eye health and related services.

96% of the respondents affirmed that the IEC materials were very useful, effectively conveyed information, enhanced understanding, and played a vital role in promoting key messages related to routine eye checkups, wearing spectacles, nutrition, and importance of preventive measures.

ASHA/ AWW/ MAS workers and community influencers who were provided with these materials, found these bilingual infographic materials very useful during outreach events and eye health camps. 89% of beneficiaries in Kanpur and 51% in Prayagraj reported having seen the IEC materials.

Figure 13: IEC translating to initiatives tried out by the beneficiaries (in %) N=329



The participants appreciated the IEC materials for various reasons. The majority (93.26%) found them easy to understand, visually appealing (63.93%), and appreciated the inclusion of easy takeaway pamphlets (35.19%). Additionally, 42.52% found the materials easy to comply with, as they provided practical guidance that could be easily implemented. Regarding specific aspects of eye health, the IEC materials were found useful by participants. They encouraged routine eye checkups for 82.9% of respondents, promoted the importance of wearing prescribed spectacles (78.7%), highlighted the role of nutrition in maintaining eye health (48.9%), and provided preventive measures against occupational and environmental hazards (49.5%).

3.1.1 Decision Making on Health Seeking Behaviour

- In Kanpur, 79.8% of beneficiaries and in Prayagraj, 99% of beneficiaries expressed that they considered eye health to be equally important as other health issue. This is a welcome sign of prioritization across overall health needs of the family and limited capacity of families for OOPE.
- About 20% of respondents in Kanpur and 9% in Prayagraj sought advice from elders, community members, and groups for their eye care needs. Under the UP-UEH Programme, 18.7% of beneficiaries in Kanpur and 11.2% in Prayagraj reported active approval and support from the community. This support has led to higher community participation, with 19.3% involvement in Kanpur compared to only 10% in Prayagraj. Unfortunately, due to the lack of baseline data, it is difficult to interpret any changes in this regard. However, when it came to actual decision making with respect to eyecare,

the observations indicate independence of the family unit and importance of females of the house in decision making.

- The decision-making process for seeking eye care services did not significantly differ between joint and nuclear families, as indicated by the table below. Irrespective of the family type individuals remained decision-makers for their own eye care needs. This indicates that family type has no significant impact on the decision making as regards the health-seeking behaviour of the population.
- Among beneficiaries, a significant percentage of women (87.5% in Kanpur, 99.1% in Prayagraj) actively participate in decision-making regarding their eye health. The women centric approach of the Programme involving front line workers has helped in inclusion of women in decision making and has enhanced their awareness on eye care. 72% of women have responded that regular eye checkup is essential as against the baseline of 60%.

Table 4: Regular eye check-up is required even if the vision is good in %

Regular eye check-up is required even if the vision is good in %		
Baseline Survey		Endline Survey
Male	67.6	84.98
Female	61.8	72.43

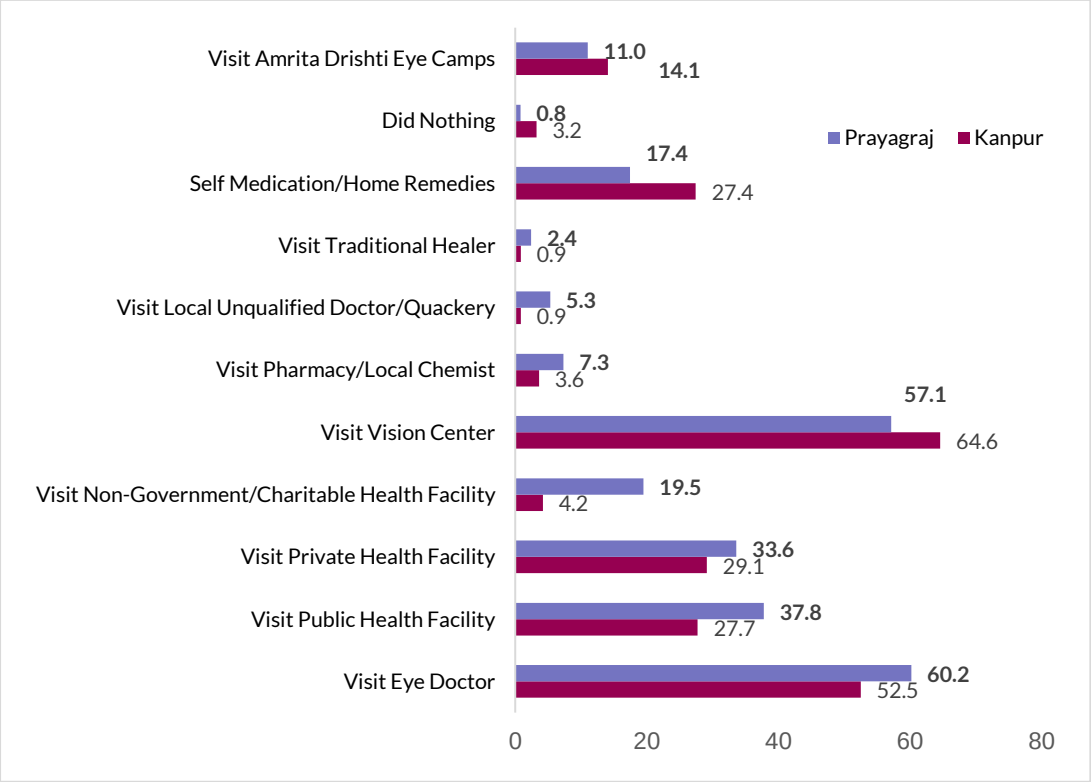
These findings highlight the effectiveness of IEC activities by the VCs at the community level with greater involvement of women in prioritizing their eye care needs, thus promoting positive eye care decision making and practices.

3.2 Improved Accessibility to Eyecare Services

- The assessment revealed that majority of individuals in Kanpur 64.6% and 57.1% chose to visit vision centre for their eye care needs, which is a significant improvement from baseline (@ 5.6% and 10.6% in Kanpur and Prayagraj respectively.
- The assessment revealed that majority of individuals in Kanpur (52.5%) and Prayagraj (60.2%) chose to visit an Ophthalmologist for their eye care needs, recognizing the importance of seeking professional expertise.
- More number of respondents visited public health facilities in Kanpur (27.7%) and Prayagraj (37.8%), compared to those during baseline (15%% in Kanpur and 20.3%% in Prayagraj respectively). An equal number of people opted for private health facilities as well in Kanpur (29.1%) and Prayagraj (33.6%) as per the endline survey.
- 27.4% of people in Kanpur and 17.4% in Prayagraj relied on self-medication or home remedies, indicating increased awareness of eye care among beneficiaries. Similarly, 3.2% of individuals in Kanpur and 0.8% in Prayagraj took 'No Action' to address their eye care needs. This is a significant reduction in respondents neglecting their eye

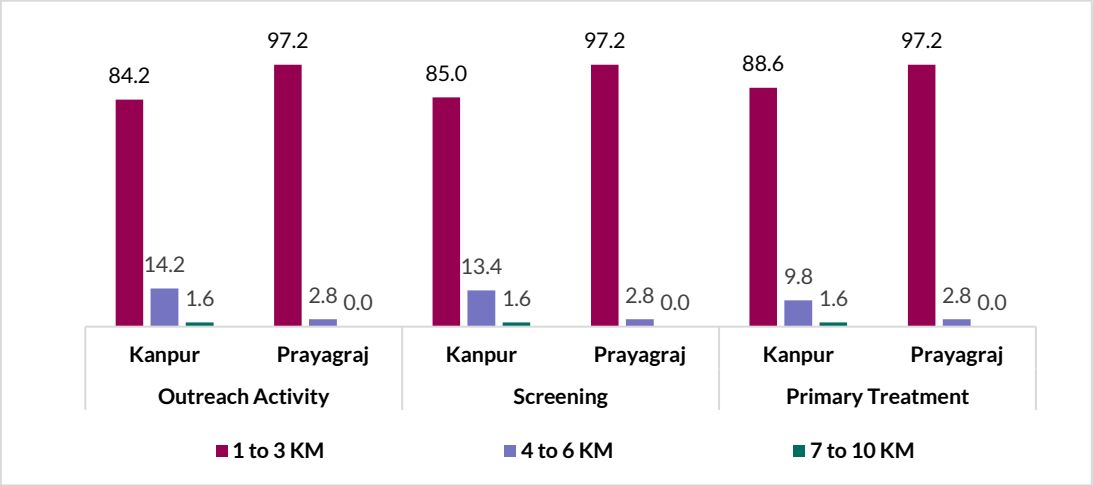
health, as against 32.7%% in Kanpur and 11.1%% in Prayagraj, who were reported taking no action during the baseline.

Figure 14: Preference for Seeking Eyecare in % N=485



- The graph below represents access to eye care services (in respective VCs) based on the distance from home in Kanpur and Prayagraj. The endline assessment highlights that in both Kanpur and Prayagraj, a significant percentage of the population had access to basic awareness Programmes, screening services, and primary treatment within shorter distances.
  In Kanpur, 84.2% had access to basic awareness Programmes within 1-3 km, while in Prayagraj, the percentage was higher at 97.2%. Similar patterns were observed for screening services and primary treatment (provision of eye drops, spectacles etc), with higher percentages in Prayagraj compared to Kanpur. These findings indicate that the availability of these services was more accessible in Prayagraj. The baseline assessment also revealed that a higher proportion of respondents in Kanpur reported the nearest health facility to be within 1-5 km, whereas in Prayagraj, a majority reported it to be less than 1 km away.

Figure 15: Access to eye care in % (N=485)



- The UP-UEHP has effectively engaged beneficiaries in Kanpur and Prayagraj, with current participation rates of approximately 66.7% and 81.2% respectively. The significant others who have not sought services or haven't actively associated themselves with the Programme, haven't done so because of various reasons: (i) In Kanpur, these reasons include inconvenient timings of Programme activities (75.3%), (ii) lack of clarity about available services (14.8%), (iii) distance of the VCs from their homes (46.9%), and (iv) absence of doorstep screening (2.4%). Other factors include, (v) insufficient infrastructure for treatment (1.2%), (vi) non-functional eye care equipment (3.7%), (vii) high treatment costs (7.4%), (viii) complex access procedures (1.2%) and (ix) unavailability of eye care medicines (4.9%). Reasons for not using services in Prayagraj too have been same, albeit the extent of impact attributed to each causation being different. Reasons in Prayagraj, include unsuitable timings (53.1%), lack of service clarity (6.3%), limited VCs' (2.1%), no doorstep screening (6.3%), inadequate treatment infrastructure (6.3%), non-functional equipment (2.1%) and challenges in complying with care at home (12.7%). These factors shed light on the barriers individuals face when accessing the eye care services provided under the UP-UEHP in Kanpur and Prayagraj.

- ASHA workers identified several major barriers faced by individuals in accessing eye care services:
    - Inconvenient timing for individuals with work commitments, requiring additional time to convince households about the importance of eye health;
    - High cost of spectacles posed a significant barrier to accessing necessary eye care.

- MAS workers highlighted specific barriers faced by community members in different areas, such as

- A belief in unnecessary checkups in Govindpur,
- Lack of financial resources in Karelibagh,
- Challenges related to traveling in Mutthigunj and Allahapur,
- And time constraints in Sulemsurai.

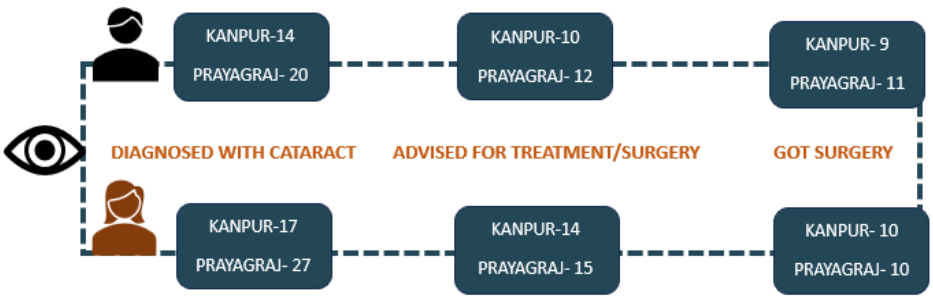
These barriers, identified by front line workers, shed light on the obstacles individuals encounter when trying to access and utilize eye care services in their respective areas.

Approximately 26% of the respondents reported irregular visits to the VCs in the past year. The primary reasons for this discontinuation in both districts were mainly due to inconvenient timings. In Kanpur, 46% of the respondents who did not continue regular visits or follow-ups mentioned that the VC's location was not convenient for them. In Prayagraj, 31% of the respondents stated that they were unable to adhere to the given instructions; and 12% informed that their friends or family were not convinced with the advice provided. Additionally, in Kanpur, 14% of the respondents mentioned a lack of clarity regarding the services available at the vision centres.

Beneficiary from Prayagraj: "I know regular eye check-ups are crucial, but the vision centre near my workplace closes at 5, and I get off work at 7. It's frustrating! I wish they had extended hours or stayed open until 7 or 8. It would make a huge difference for people like me."

Beneficiary from Kanpur: "I used to go regularly, but then I moved, and the nearest vision centre is quite far. Now, I hardly find the time to travel that far as I am the only person to watch my kids"

Figure 16: Gender wise segregation of beneficiaries with cataract who got surgery

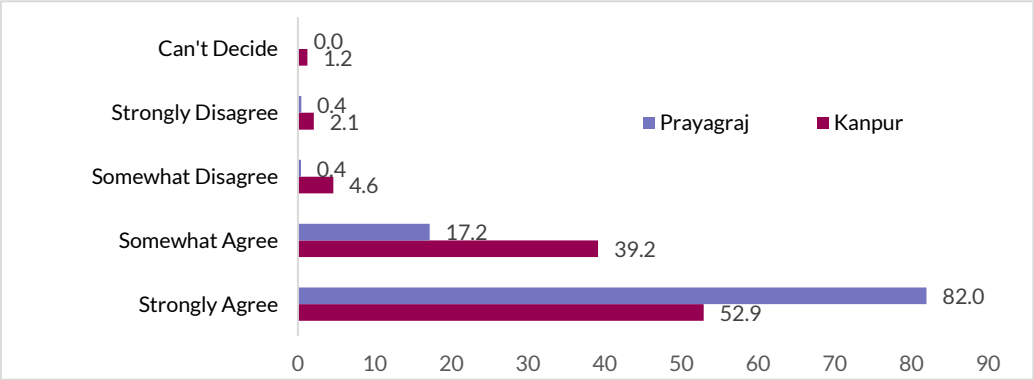


- Based on IDIs with ASHA and MAS workers, it was noted that the primary eye care needs were fulfilled at the VCs, and individuals requiring surgery were referred to the base hospital in both Kanpur and Prayagraj. Some individuals sought eye care services at the PHC or the CHC as well.

- Responses indicate a positive perception of the UP-UEHP in both Kanpur and Prayagraj, with a higher level of acceptance in Prayagraj compared to Kanpur.

- In Kanpur, 52.9% strongly agree and 39.2% somewhat agree that the Programme fulfils their eye care needs. In Prayagraj, a larger majority, 82.0%, strongly agree, and 17.2% somewhat agree that the UP-UEH Programme fulfils their eye care needs.

Figure 17: Fulfilment of eye care needs via UP-UEH Programme(N=485)



- 58.7% in Kanpur and 80.8% in Prayagraj said that UPUEHP improved access to eye care for them and their families.
- 96% and 59% of respondents from Prayagraj and Kanpur agreed to have adopted good eye care practices that were suggested at VCs and/or advised by community health workers for maintaining good eye health.

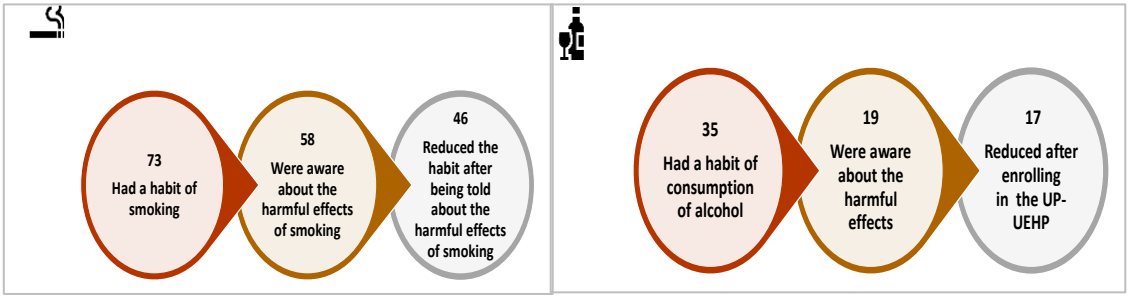
3.3 Improved Adoption of Good Eyecare Practise

3.3.1 Habits Affecting Eye Health

- In the study out of the 485 participants, it was found that 73 individuals had a smoking habit. Among these smokers, 58 respondents were aware of the detrimental effects of smoking, particularly on eye health. Out of the 58 individuals who were aware, 46 successfully reduced their smoking habit after being educated about the harmful effects.

- Similarly, out of the 485 participants, 35 individuals had a habit of alcohol consumption. Among these individuals, 19 beneficiaries were aware of the harmful effects associated with alcohol consumption. Encouragingly, after enrolling in the UP-UEH Programme, 17 out of the 19 beneficiaries managed to reduce their alcohol consumption.

Figure 18: Awareness regarding harmful effects of smoking and alcohol



These findings highlight the positive impact of raising awareness about the harmful effects of smoking and alcohol consumption, leading to a significant number of individuals successfully reducing these habits after receiving information through the UP-UEH Programme.

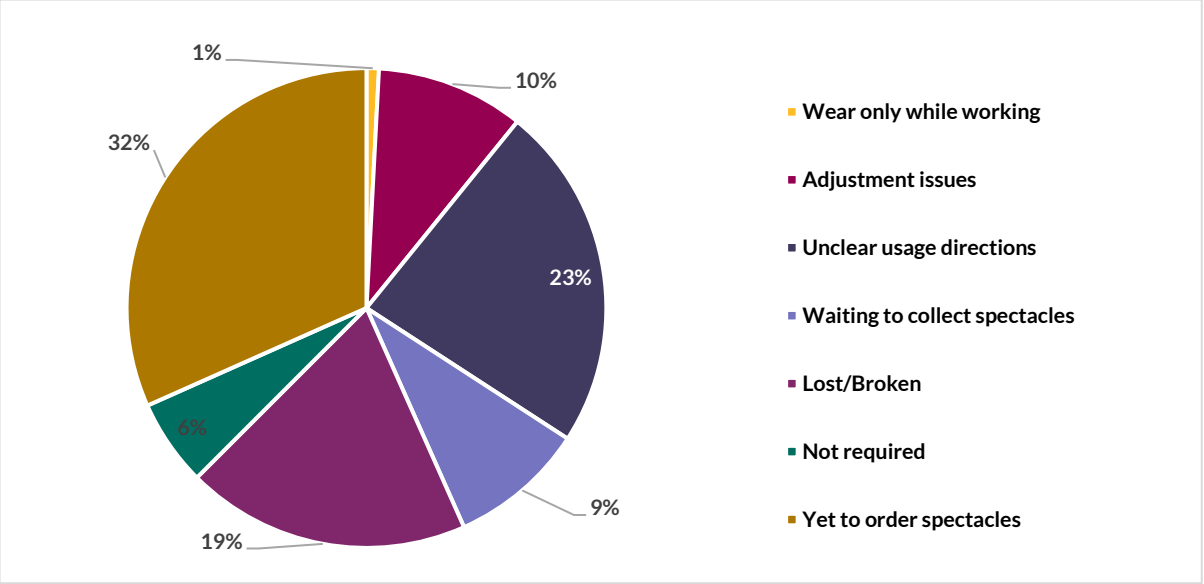
3.3.2 Practice around use of spectacles

- Out of the 485 people interviewed, 387 respondents were prescribed glasses at the VCs. Out of those prescribed, 368 purchased the glasses. As compared to that during baseline, there has been a 10% increase in purchase of prescribed glasses. The most common reason for not purchasing the prescribed glasses was the perception of non-criticality of the requirement, followed by unaffordability.

Figure 19: Gender wise segregation of beneficiaries of practice around spectacles

- About 120 out of the 368 respondents (32.6%), who purchased glasses, were not wearing the prescribed glasses on a regular basis, because they mistakenly believed that glasses were to be used only during work; 23% of people attributed this to lack of clarity in instruction by health workers and 19% to adjustment issues.

Figure 50: Common reasons for not wearing spectacles regularly in % (N=120)

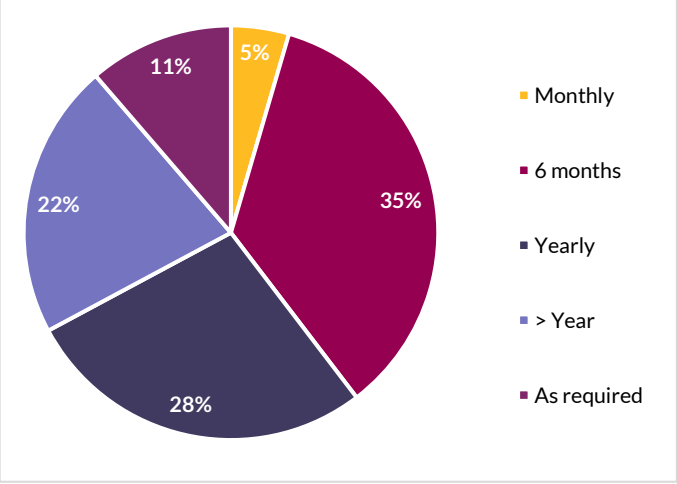


3.3.3 Frequency of visit to vision centres

The comparison between the endline and baseline data reveals a remarkable improvement in both attitude and knowledge regarding eye health. It is evident that a positive shift has occurred, with a greater number of individuals acknowledging the necessity of regular eye check-ups, even in the absence of apparent vision problems. In the endline survey, over 70% of both males and females disagreed with the statement that "Regular eye check-up is not required if the vision is good." In contrast, during the baseline assessment, a significant proportion of men (67.6%) and women (61.8%) agreed with this statement.

- The survey revealed that 63% of those who had a family history of eye problems, have proactively visited the VCs regularly, at least once or twice in a year. About 35% and 28% of the beneficiaries accessed the VCs on a half-yearly and yearly basis, respectively.

Figure 21: Frequency of Proactive visit to VC by beneficiaries with family history of eye problems in % (N=265)



- Visits to VCs in the Last 1 Year show an excellent trend in both districts:
  - In Kanpur, majority of respondents (88.3%) visited

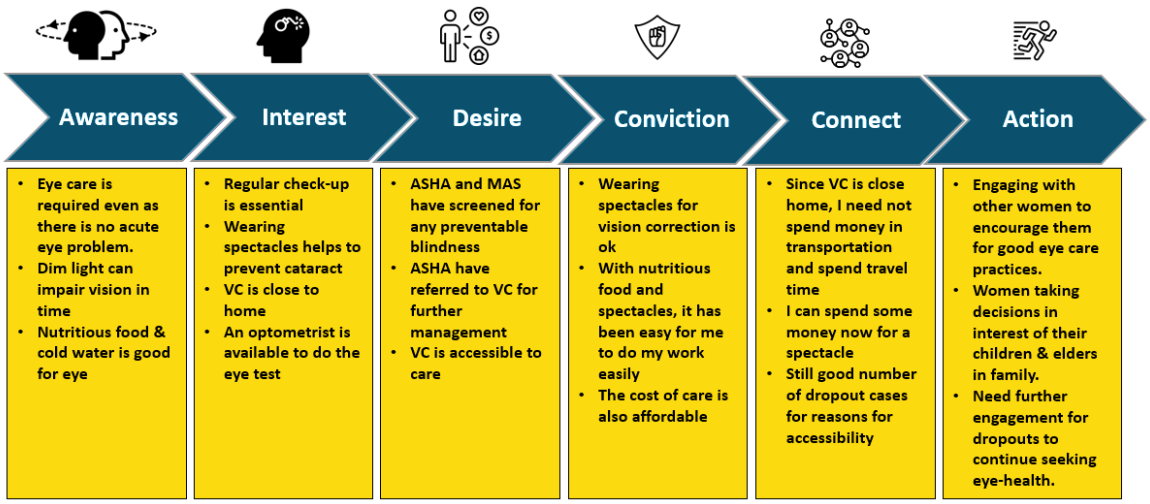
the centre 1-3 times in the last year, while a small percentage (1.1%) visited more than 6 times.
    - In Prayagraj, majority of respondents (94.4%) visited the centre 1-3 times in the last year, with no reported visits exceeding 6 times.

- There has been a notable increase in the frequency of visits to VCs among both males and females from the baseline to the endline. At the Programme start, a small percentage of males (2%) and females (3%) visited these centres on a monthly basis. However, by the endline, the proportion of individuals making visits every six months increased significantly, with 18% of males and 17% of females seeking eye care. It is particularly interesting to note that a larger proportion of females (15%) compared to males (6%) now have made visits to VCs more than once a year.
  These data points are an unequivocal reflection on the relevance, effectiveness, and impact of the Programme, given that during baseline survey, when asked about the frequency of eye examination, as many as 90% male respondents and 82% female respondents mentioned that they have either never had an eye examination done or went for it only when it was necessary.
- Vision centres under the UP-UEH Programme, which provide specialized eye care services, were visited by a significant proportion of respondents, with 64.6% in Kanpur and 57.1% in Prayagraj utilizing their services. Approximately 14.1% in Kanpur and 11% in Prayagraj availed themselves of the UP-UEHP Eye Camps, demonstrating the positive impact of community outreach initiatives.
- Out of the 51 beneficiaries who were advised surgery/treatment, 40 beneficiaries underwent surgery (78%) at the base hospital. This is a marginal improvement over that of baseline survey (give 72%). It is pertinent to note that all these interventions have happened in centres that are accessible to the population. Further, the consideration related to inability of the population to pay for such care in non-governmental institution (including private) was a far-fetched dream and hence rendered possibility of timely intervention, a delayed manifestation of eye care need. As per the baseline report 69% of the respondents preferred to go to government facilities. It can be noted that, for the any eye problem (major minor), the beneficiaries are able to get same or better services at a private facility, thereby enhancing access to care and ensuring timely interventions. To supplement this, the waiting time for treatment and surgery is much lesser as compared to that in government hospitals.

  From the preceding analysis, it is fair to assess the success of the Programme has been achieved by at least fair transformation of behaviour of beneficiaries towards (preventive) eyecare. The below figure depicts the transition and behaviour change around eye health from Awareness (initiated by Sightsavers India) to Action (practice within community). “Awareness to Action Framework” is an individual behaviour change model as well as social intervention model (which is a community behaviour model). The journey is called “AIDCCA” – Awareness→ Interest→ Desire→

Conviction→ Connect→ Action"; "Connect" being the community related change variable.

Figure 22: Awareness to action framework



Chapter 4

FINANCIAL STEWARDSHIP

Key Takeaways

- Survey indicates that there is a very perceptible shift in beneficiaries paying for the eyecare services in VCs. This ability to pay for reasonably priced accessible eyecare services, can be considered as the most critical starting point of any sustainable healthcare service centre (VCs in this case) in the long run.
- Effective Programme implementation has improved footfalls, and behavioural adoption of eyecare, resulting in increased spectacle sales over the Programme duration.
- Increase in "referral cases" for surgery (free, affordable, paid categories) in the Hub Eyecare Centre, over the Programme duration, has added to the sustainability of the VCs.

Financial Stewardship, as one of the 4 pillars of BSC. This chapter addresses the following assessments on whether Sightsavers India excels in creating value for two key stakeholders – the Donors, and the Beneficiaries:

- Whether the Vision Centres – the primary element of the Programme implementation, meet its budgeted growth targets of treating adequate number of beneficiaries, so that VCs can sustain itself.
- Whether the cost of eyecare services under the Programme effectively addresses the affordability parameter for the Beneficiaries, so that OOPE does not become a hindrance for acceptance of the VCs.

4.1 Improved Financial Sustainability of Vision Centres

The VCs in charge and the SDAs responded that the Programme's growth targets have been achieved successfully through the creation of vision centres and Programme outreach activities. Further, SS and the SDA informed that all the services provided under the UP-UEHP were delivered within the allocated budget, and no budgetary revisions were presented to SSI to achieve the project deliverables (except for a 3-month no-cost extension for normalizing the adverse effects during COVID restrictions).

Table 5: Targets and achievements of the Programme

Indicator	Overall Target	Achievements	
	(Apr 2020 – June 2023)	Total	%
No. of people screened	1,07, 120	1,19,483	112
No. of people refracted	94, 528	1,00,860	107
No. of Glasses Dispensed	32,136	31,229	97
No. of People referred for Surgical intervention (Cataracts)	2,949	3,850	131
No. of DR Screening	2,400	2,413	101

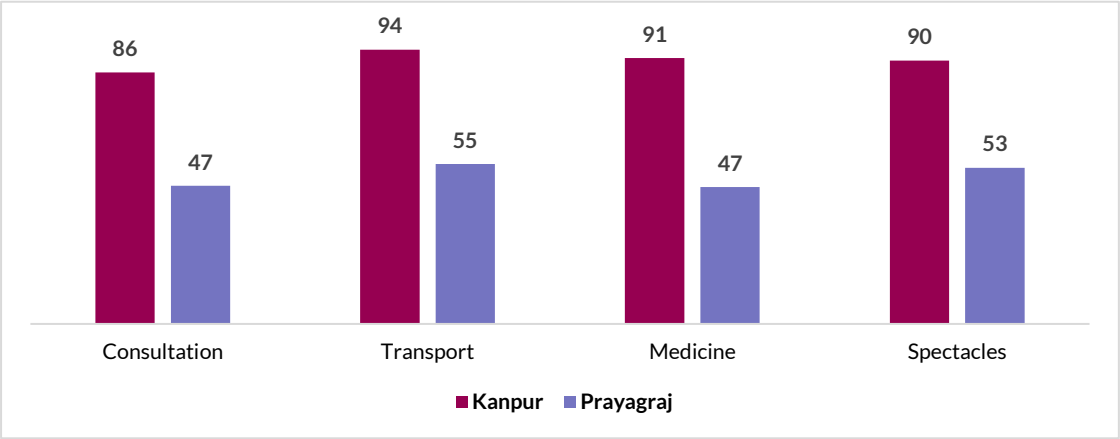
Clearly the Programme has been successful, with majority of the community members adopting healthy eyecare practices or health seeking behaviour.

- While the VCs saw a drastic downfall during Covid for the initial period of the Programme, improved footfalls, and behavioural adoption of eyecare over the Programme duration, have resulted in increased spectacle sales. This adds to the viability of the VCs.
- Increase in "referral cases" for surgery (free, affordable, paid categories) in the Hub Eyecare Centre adds to the viability of the VCs. While the mix of surgery cases may be different, it is important that relatively complicated cases are treated within the Programme and not leak to tertiary care centres outside the partner network after referral. While such referral cases have done well over the Programme duration, the Programme can achieve sustainability by improving upon these cases.
- SDAs with VCs and outreach services through MAS and ASHA offers comprehensive eye services and door to door screening, capturing potential beneficiaries through what can be called a "last mile access". This allows for a "Hub-and-Spoke" model where the outreach Programme acts as a referral mode for VCs and VCs in turn act as referral mode for tertiary care in the main eyecare centres.
  A leakage in this entire hub-and-spoke network would directly translate into revenue loss and hence remedial action must be taken – a leakage being referred to here is (in financial sense) (a) beneficiaries who had visited VCs at least once and have not come back for any other checkups or treatments because of poor adoption of eyecare behaviour, (b) beneficiaries who had visited VCs at least once, but after diagnosis, have chosen to go to a government/private/charitable eyecare centre for tertiary treatment.

4.2 Improved Value- for- Money for Beneficiary

- The study revealed that the UP- UEHP has not only made Eye Care affordable but has instilled positive health-seeking behaviour among the beneficiaries. Almost 100% (N=485) of the beneficiaries in Kanpur (99.2%) and Prayagraj (99.6%) informed in the affirmative, on the Programme was affordable.
- The beneficiaries reported enhanced affordability around all elements attributable to the cost of care after enrolling in the Programme, although the extent of reported reduction across elements differed between the districts. While 86-94% of respondents in Kanpur reported a reduction in the cost of consultation, transportation, medicine, and spectacles; only 47-55% of beneficiaries in Prayagraj reported a reduction in the cost of care after the UP-UEHP across elements attributable to the cost of care. In the baseline, it was reported only 27% of the respondents have mentioned that the cost of surgery was affordable.
- The overall cost reduction, especially in transport and miscellaneous expenses has translated into an increase in average spending on eye care and purchasing spectacle. The positive shift in OOPE is more visible in Kanpur than in Prayagraj.

Figure 23: Agreement to reduction in cost of eyecare post UP-UEHP in %



- Kanpur reported a noticeable decrease in the percentage of individuals spending "No Money" on eye care. A decline was noted from 71.5% before the implementation (Baseline Survey results) to 61.5% after UP-UEHP. A significant increase was observed in the proportion of people spending between ₹1 and ₹100, rising from 4.5% to 10.7%. Additionally, the percentage of individuals spending between ₹101 and ₹500 remained relatively stable, with a slight decrease from 13.8% to 12.1%. There was a considerable

increase in eye care expenditure between ₹501 and ₹2000, rising from 6.9% to 13.7% in Kanpur.

Figure 24: Kanpur- OOPE on eye care before UP-UEHP in %

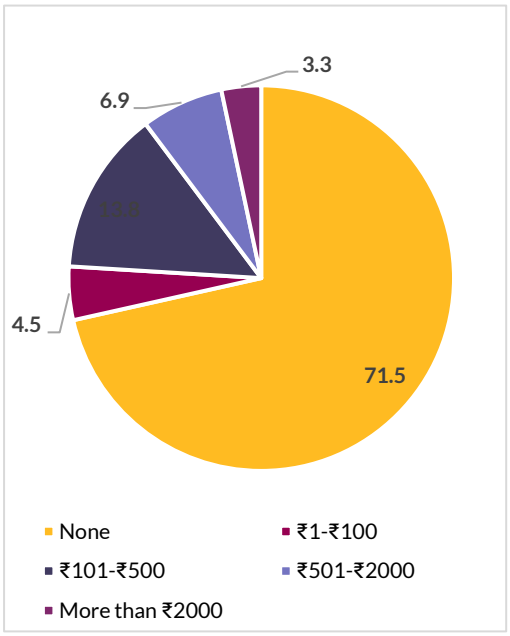
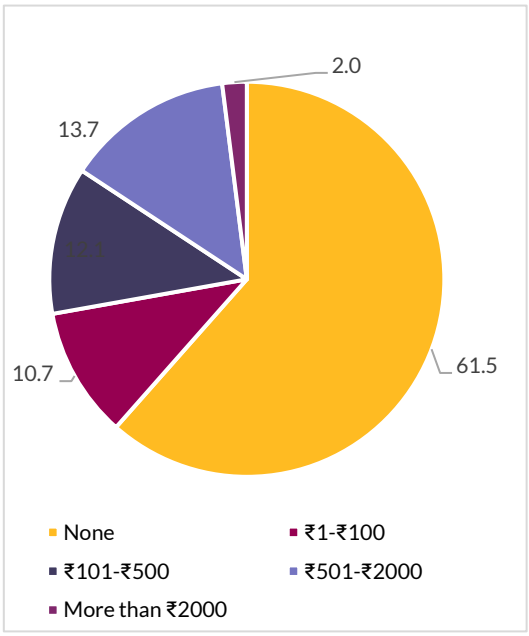


Figure 25: Kanpur-OOPE on eye care after UPUEHP in % (N=238)



Similarly, in Prayagraj, there was a significant decrease in the percentage of individuals who reported spending "no money" or spending in the range of ₹501 to ₹2000 on eye care, declined from 26.0% to 10.1%, and 28.8% to 8.5%, respectively, before and after UP-UEHP. Notably, there was a substantial increase in the proportion of people spending between ₹1 and ₹100, rising from 1.2% earlier to 57.5% after the UP-UEHP implementation; and an increase in the percentage of individuals spending between ₹101 and ₹500, from 35.2% to 23.1%.

Figure 26: Prayagraj-OOPE on eye care before UP-UEHP in %

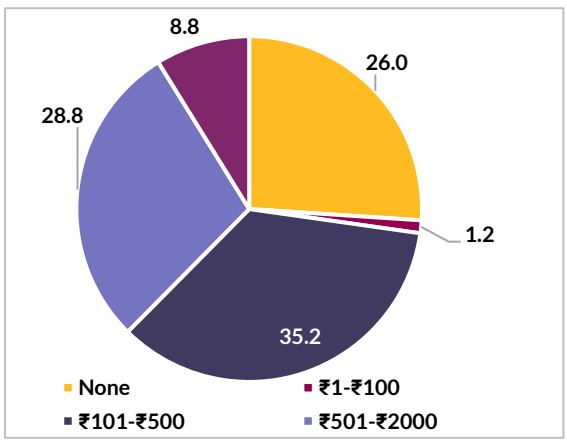
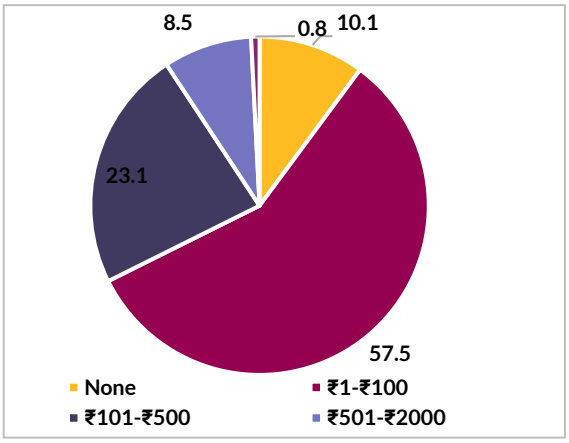


Figure 27: Prayagraj-OOPE on eye care after UP-UEHP in %



While most beneficiaries indicated a savings of ~Rs 100 across various elements of care - consultation, travel, medicines, investigation, spectacles, and other procedures; it was accompanied by increase in out-of-pocket spending in the range of ₹101-₹500 in both Kanpur and Prayagraj and an additional ₹501-₹2000 spending in Kanpur.

- There has been a noticeable change in spending patterns for purchasing spectacles after enrolling in the UP-UEHP. The percentage of beneficiaries spending "Rs 100-500" on spectacles increased from 7% to 25% in Kanpur and 12% to 37% in Prayagraj, pre and post enrolment in UP-UEHP. This indicates the availability of relatively affordable spectacles under the Programme, and a shift towards the allocation of part of OOPE to purchasing spectacles, due to improved acceptance of maintaining good eye health with regular use of spectacles. However, 64% of beneficiaries from Kanpur and 41% from Prayagraj reported "no money spent" on spectacles, which can be attributed to the availability of free spectacles under the Programme for the vulnerable group of the community - free spectacles come in one colour compared to the coloured and better designed frames which comes at a cost, so part of the buying behaviour could also indicate shift towards an aspirational lifestyle decision, which again augurs well for the sustainability of VCs.

  This ability to pay for reasonably priced accessible eyecare services, can be considered as the most critical starting point of any sustainable healthcare service centre (VCs in this case) in the long run.

Chapter 5

INTERNAL PROCESS PERSPECTIVES

Key Takeaways

- Sightsavers India has been successful in improving the advocacy for the Programme – both from the demand (PRI members, schoolteachers at the community level) and supply side (public health system and service partners) partners, thus making the Programme effective.
- Sightsavers India has been successful in partnering with SDAs and network of Diabetologists, General Physicians and Ophthalmologist; as well as public health system partners for effective Programme implementation.
- Roles for stakeholders are understood and aligned, and there is an effective communication and governance (reporting relationship) system amongst all stakeholders.
- SS has been able to establish efficient processes across clinical and non-clinical functions – primary diagnosis, clinical triage and referral, Programme management, demand planning, procurement, etc. for timely delivery of Programme elements.

This chapter on Internal Processes of BSC evaluates the following key processes which impacts the Programme effectiveness, efficiency and possible impact:

- Whether advocacy under the Programme across key sets of influencers (Community Leaders, and Public Health System Stakeholders) been effective
- Whether partner engagement and governance mechanism in place to implement all components of the Programme was adequate.
- Whether business processes of SSI – both clinical and non-clinical, to deliver effective Programme services was efficient.

5.1 Improved Advocacy

Sightsavers India has been successful in improving the advocacy for the Programme – both from demand side (community level) and supply side (public health system and service partners)

- Sightsavers India has actively engaged with a diverse range of stakeholders to seek support for their initiatives as expressed by the community leaders. This includes community leaders, political figures such as MLAs and MPs, government officials, municipal staff, and local community influencers. Further, at the outset of the Programme, Sightsavers India reached out successfully to schoolteachers, religious institutions, self-help groups, and artisan groups for support within the community. The support and involvement of these stakeholders have played a vital role in fostering community acceptance and facilitating smooth operation of the Programme.

  - **Programme Staff: "The Programme prioritizes easy access to vision centres and efficient service delivery and aims at preventing avoidable blindness by raising awareness and providing effective treatments."**
  - **Service Delivery Agency: "SDA emphasized that the Programme's commitment to accessibility, affordability, and alignment with blindness elimination efforts ensured their efforts to promote eye care awareness, offer cost-effective treatments, provide counselling, and to ensure access to subsidized spectacles."**

- The Programme has been designed, with inputs from all the relevant public health officials in the district. A formal structure for close coordination with the district unit of NUHM has been established to assure Programme efficiency and sustainability. The major participation of the frontline workers (ASHA, ANMs) for influencing the local community participants for active participation in the Programme.

- Sightsavers India provides regular updates on the Programme's progress on a monthly basis, to keep stakeholders informed and involved, at every stage. This feedback process resulted in adding on Vision Centres in communities seeking better accessibility to eyecare.

5.2 Improved Partner Engagement

- Sightsavers India, as the implementer of UP-UEHP, has partnered with the Service Delivery Agency (SDA) for Programme implementation. While, for administrative reasons, the SDA selected for Kanpur manages Prayagraj as well, the ideal arrangement for effective PMU operations would have been to have dedicated SDAs for two separate districts. It would be recommended to have separate SDAs for each geographical entity in future Programme rollouts.

- SDAs for both districts are new in the overall partner ecosystem of Sightsavers India and augurs well for the SS team's ability to effectively implement the Programme with

new partners. With this new reality regarding the way Programmes may get implemented in future, SS will need to reinforce its internal resources to work as an effective Programme management unit managing umpteen number of similar implementation partners. The skills that will be critical then are – identifying & sourcing local implementation partners, service procurement, contract management, and partnership governance.

- The partnership with SDA is governed by a Service Level Agreement which has ensured that the delivery of all Programme components is as per the agreed terms on maintaining service quality and ensuring timely delivery. It is worth noting that there have been no instances of non-delivery of any components, except for delays caused by the COVID wave, which affected footfall at Vision Centres, and community participation during outreach activities. However, post-pandemic, the Programme implementation has recovered and has successfully met its objectives and Programme outputs within the agreed timelines.

- Regular meetings are held with the medical officers of UPHCs to gain support for organizing general eye screening and DR-specific camps in the government facilities. Networking has been established with Diabetologist, General Physician and Pathologist for DR screening and referrals, through SDA's parent hospital or outside of it.

Significant Milestones

- The Programme has achieved significant milestones in the outreach efforts with marginalized communities, including LGBTQ (Lesbian Gay Bisexual Transexual & Queer) individuals, women, jail inmates, blue collar employees, municipal workers and autistic patients.
- The community health workers reported on the seamless support available from the VCs for undertaking the camps and screening the patients reaching the VC. The VCs and SDA in return informed that they are currently receiving a greater number of patients seeking eye care than before the Programme.
- Despite facing three waves of the COVID-19 pandemic, the Programme could successfully reach the targets and accomplish all of the objectives, indicating the effectiveness of Programme management.

5.3 Improved Business Efficiency

- Standardized operating procedures (SOPs) have been developed for both clinical and non-clinical services. All members of the Sightsavers India team and the SDA have a clear understanding of their respective roles and responsibilities within these procedures. Stringent adherence to clinical protocols, as well as meticulous adherence to compliance and quality, has been maintained. There have been no reported acute clinical incidents or stock out of products (glasses, medicines, consumables, etc.) in the vision centres.

- VCs currently follow procurement practices such as (a) demand planning based on patient loads and lead times, (b) avoidance of reliance on single sources, (c) preference generic drugs or standardized products, (d) management of inventory and reorder points, (e) tracking dispensation of drugs or glasses', and (f) utilizing digital applications for procurement management. These processes could be further enhanced at SS level when looking at a portfolio of similar Programmes when scaling up in a greater number of urban clusters across more cities.

- A collaborative governance mechanism and cadence is in place with donors and stakeholders, to track the implementation of the project (i.e., internal monitoring, evaluation, accountability, learning and quality assurance), to ensure effective review and evaluation of activities, operational processes, training needs, and goal achievement at all service levels. Sightsavers India presents comprehensive updates on Programme's progress to Standard Chartered Bank on a quarterly basis.

Chapter 6

ORGANISATIONAL CAPACITY

Key Takeaways

- The Programme organization is adequately designed in a cross-cutting matrix structure, so that sufficient focus is created both in terms of (business) functional as well as geographical alignment. It is well suited to have better alignment & coordination, accountability, and decision-making efficiency in scaling similar Programmes across other geographies.
- The Programme is manned by a diverse team with varying experience levels, ranging from 2 to 33 years across all stakeholders - SS, Government, SDAs, ASHA/ ANM/ AWW, MAS workers, and Vision Centre In-charge. Those who are new to the Programme are continually trained on various aspects of eye healthcare.
- Frontline workers, such as ASHA, MAS workers, and VC staff, undergo comprehensive training on eyecare protocols, health tips, and effective communication. Sightsavers India also emphasizes training sessions for its team members. There is regular cadence of such trainings.
- All the Programme learnings are derived from comprehensive data analysis and assessment of outcomes. There is a system to incorporate the feedback from FLWs and VCs to guide course correction and the way forward in Programme elements. The insights gained from on-field experiences and strategies in earlier Programmes have played a pivotal role in shaping the approach and ensuring its relevance and effectiveness.

This chapter evaluates the organisational capacity of SSI to deliver relevant services effectively to sustain impact:

- Whether the Programme organizational structure enable efficient Programme delivery
- Whether there is adequate and appropriately skilled Programme staff to carry out the Programme activities effectively
- Whether adequate training is imparted to all Programme team members to carry out their roles effectively
- Whether SS has internal systems in place to capture the learnings from the Programme and continually improve upon Programme design elements and implementation

6.1 Improved Programme Organisational Structure and Practices

- The organizational structure of SS, including its partner as extended organization is adequately designed in a matrix form, so that sufficient focus is created both in terms of (business) functional alignment as well as geographical alignment. The PMU (at SSI

level) is aligned across support functions and Programme management. Programme management in turn is focused on the districts, with each district managing the individual functions provided by the SDA. A performance monitoring unit, independent of the (State) Programme Lead, allows for an objective assessment of the Programme. This cross- cutting matrix structure, in our view, is well suited to have better alignment & coordination, accountability, and decision-making efficiency in scaling similar Programmes across geographies.

- In order to fulfil its fiduciary responsibilities as the implementing agency (IA), SS maintains an arm's length from the SDA through a Service Agreement. While the SDA has the responsibility to provide primary care through its VCs and camps, and referral services from its hospital; SS as the IA disburses fund as per budget laid out, supports the Programme by giving the requisite training, building capacity and skill to ensure service delivery on project objectives, and monitors outcome as per the defined KPIs.

- None of the respondents in both SS and SDA reported on excessive workload, missing roles or overlap of job roles. The Programme has established robust Programme management levers, defined KPIs to monitor progress, with adequate leave reserves to handle the Programme implementation in eventuality of staff leave or exits.

- Feedback from community members regarding accessibility, in the targeted urban slums, resulted in opening of Vision Centres in addition to existing locations in both cities. The location selection is always based on catchment assessment in the targeted geographies.

6.2 Improved Talent Management and Training

- Survey confirmed that the SS and SDA team members at all levels are well-informed about the goals and KPIs of the Programme, and objectives associated with each activity.

- The Programme is manned by a diverse team with varying experience levels, ranging from 2 to 33 years across all stakeholders - SS, Government, SDAs, ASHA/ANM/AWW, MAS workers, and Vision Centre In-charge. Those who are new to the Programme are continually trained on various aspects of eye healthcare.

- While non-SS team members like ASHA/ ANM/ AWW are all encouraged through non-financial incentives.

- All frontline workers within the Programme have undergone comprehensive and adequate training on eyecare protocols, nutrition advice, and occupational safety:

- **Vision Centre Staff:** Training sessions were conducted, focusing on delivering quality eyecare, effective communication, skills for engaging with patients and community members proper use of spectacles, and screening for various eye problems. Additionally, they underwent technical training covering vision tests, machine operations, slit lamp usage, and other relevant instrument training.

SSI team and MAS workers (which has been created by SSI) go through an appraisal and incentive system managed by SSI

- **ASHA and MAS:** The ASHA and MAS workers were inducted into the Programme with all the required knowledge and skills around eye screening tests, using e-charts and 6-ft ribbons; nutrition and health tips such as the administration of Vitamin A, consumption of leafy green vegetables, and seasonal fruits and vegetables to maintain eye health. The training sessions also provided guidance on health and hygiene practices around hand washing, cleaning eyes with splashing cold water and using clean towels to wipe the eyes. ASHAs reported periodic refresher training every 2-3 months in Kanpur, and every 6 months in Prayagraj. The MAS workers in Govindpur, Karaelbagh, Mutthiganj, and Sulemsurai in Prayagraj informed that they were involved in educating patients on eye care needs, encouraging regular checkups, and directing them to nearby vision centres, apart from providing health and nutrition tips.
  600 ASHA and 600 MAS members were trained in project year 2 and year 3 on basic eye examination and common eye ailments to identify suspected patients from the community and refer them to the vision centres for eye examination and treatment.

6.3 Improved Knowledge Management

- Progress reports, providing comprehensive updates on the Programme's progress, are shared regularly with all Programme staff within SS, helping align the short term and long-term objectives of the Programme.

- The documentation and dissemination of learning have been crucial aspects of the UP-UEH Programme. The staff informed that all the learnings are derived from comprehensive data analysis and assessment of outcomes. In addition, feedback from FLWs and VCs was actively sought & incorporated to guide course correction and the way forward.

- The learnings from projects implemented in other states have significantly contributed to the design and implementation of the UP-UEH Programme. The insights gained from on-field experiences and strategies in earlier Programmes have played a pivotal role in shaping the approach and ensuring its relevance and effectiveness.

- All activities and their corresponding highlights, failures, and learnings have been thoroughly documented and included in the reports. We strongly believe, that given SS' focus on eyecare Programmes, and the institutionalizing of the learnings from each Programme, will help in scaling up the Urban Eye Health Programmes across other cities. The other cascading effect of this institutionalization is that SDAs or Partners (who could be both NGOs as well as for-profit organizations) get trained in best practices of public health Programme design and implementation, and thus can replicate similar outreach Programmes thus addressing healthcare needs of poorer section of society.

Staff Testimonial 1: "To ensure the effectiveness of this Programme, we have adopted good practices observed in similar initiatives. This approach has allowed us to leverage successful strategies and tailor them to our specific context. Moreover, based on suggestions received from SS team and patient feedbacks, we have targeted marginalized communities, recognizing the importance of addressing their unique needs and challenges."

Staff testimonial 2: "Our documentation is aligned with the goals and guidelines of the National Programme for Control of Blindness & Visual Impairment, ensuring that the efforts contribute to the broader national objectives in this field."

Chapter 7

CONCLUSION & RECOMMENDATIONS

7.1 Conclusion

The endline study revealed that most of the recommendations in the baseline were included in the Programmatic interventions to enhance the Programme's effectiveness. As discussed, the BSC was used to evaluate effectiveness of the Programme and below are the key highlights of our findings.

Table 6: Conclusion

Stakeholder Perspective	Performance Commentary
How does Sightsavers India create value to its Beneficiaries; How do Beneficiary see Sightsavers India?	
Increase awareness for urban slum dweller communities about need for eyecare 	• IEC materials and engagement model seem adequate for basic sensitisation around need for eyecare. There has been a perceptible increase in awareness level on eyecare within the community compared to that during baseline study, including dos and don'ts of various lifestyle practices • About 85% of males and 72% of females responded in affirmative to the need for regular eye check-ups, which is a 6-11% increase from baseline respectively. • Irrespective of nuclear or joint family set-up, 79% (89% males and 70% females) respondents are aware of and take decisions on their eye-care needs. 89% of Males and 70% of Females accord importance to their eye care • 253/270 (93%) women actively take care of their own eye health. The same was reiterated by males of the family. This is a much-needed change management for behavioural adoption, and part of the reason for this empowerment, is understood to be because of their habitation in urban areas with sufficient sources of information and peer feedback. This, respondents highlighted, was not the case had they been in rural areas • Inclusion of MAS workers has enhanced women's participation in decision making on eye health
Increase the accessibility of primary eye care services for the targeted underserved communities 	• A 112% increase in the number of people screened over target • 107% increase in the target percentage of people diagnosed with refractive index error • Spectacles dispensed within the community was 97% of the annual target as per business plan • 131% increase in the overall target as per business plan of the number of people who were referred for cataract surgery was 131% of the annual target. • There were however 26% beneficiaries who had not visited the vision centre in last 1 year owing to accessibility issue. 46% of respondents indicated that VCs were not close to home. Sightsavers India may like to have an assessment of this issue. While 'non visit' in last 1 year per se was not a negative picture of the Programme; it was not very clear if these beneficiaries just

	stopped accessing the Programme and sought eyecare in private facilities nearby or completely stopped seeking eyecare services. • Almost 100% (N=485) of the beneficiaries in Kanpur (99.2%) and Prayagraj (99.6%) confirmed that the Programme was affordable
Financial Stewardship	**Performance Commentary**
If Sightsavers India is successful, how do they look to their Donors?	
Financial sustainability of Vision Centres 	• Reduction in cost per beneficiary treated @ Rs 100-500 at the VC • While most beneficiaries indicated a savings of ~Rs 100 across various elements of care - consultation, travel, medicines, investigation, spectacles and other procedures; it was accompanied by increase in out-of-pocket spending in the range of ₹101-₹500 in both Kanpur and Prayagraj and an additional ₹501-₹2000 spending in Kanpur. This ability to pay for a reasonably priced accessible eyecare services adds to the revenue sources for VCs' financial sustainability in the long run. • SDA with VCs and outreach services through MAS and ASHA offers comprehensive eye services and door to door screening, capturing potential beneficiaries through what can be called a" last mile Access". However, "Inactive association" seems to be a substantial number and needs to be looked into as they directly translate into revenue loss. • Spectacle sales have improved over the Programme duration and adds to the viability of the VCs. • Increase in "referral cases" for surgery (free, affordable, paid categories) in the Base Eyecare Centre adds to the viability of the VCs. While the mix of surgery cases may be different, it is important that relatively complicated cases are not leaked from the Programme after referral. While such referral cases have done well over the Programme duration, the Programme can achieve sustainability by improving upon these cases.
Internal Process Perspective	**Performance Commentary**
To satisfy Sightsavers India' Beneficiaries and Donors, what are the internal processes which they should be good at?	
Improve Advocacy 	• The community leaders have participated in Programme activities over 80% of times • Regular meetings have been conducted, once every 2-3 months, with Municipal staff/local leaders to strengthen local network. • Close coordination with the district unit of NUHM has been established for the sustainability of the Programme. • Regular meetings have been held with the medical officers of UPHCs to gain support for organizing general eye screening and DR-specific camps in the government facilities.
Improve Partner Development	• 10 VCs, 5 in each district plus 1 hospital per district new external partners for current Programme

	• Training Programmes with partner FLWs have been conducted, once every 2-3 months in Kanpur and biannually in Prayagraj, to reinforce the clinical aspects of eyecare and enhance their engagement with the Programme • Monthly updates and cadence (periodic) meetings are held with the partners • 100% Programme components implemented and replicated by Partners • Close coordination with the district unit of NUHM has been established for the sustainability of the project. • Regular meetings held with the medical officers of UPHCs to gain support for organizing general eye screening and DR-specific camps in the government facilities. • Networking has been established with Diabetologist, General Physician and Ophthalmologist for DR screening and referrals.
Increase Business Efficiency 	• No cases of non-compliance to protocols were found in our study • No cases of acute clinical incidents were recorded • No record of stockout of products observed • Mechanisms in place to track implementation of the project (i.e., internal monitoring, evaluation, accountability, learning and quality assurance) are adequate • Training of VC staff was done on quality eye care protocols, VC management during COVID and Community engagement to deliver quality eye care services. • 600 ASHA and 600 MAS members were trained in project year 2 and year 3 on basic eye examination and common eye ailments to identify suspected patients from the community and refer them to the vision centres for eye examination and treatment.
Organisational Capacity Perspective	**Performance Commentary**
How can Sightsavers India continue to improve and add value to its Programmes	
Improve Organisational Structures & Practices 	• The Programme has a team of people with varied experiences and long years of experience in eye care • None of the respondents in both Sightsavers India and the service delivery partner under this Programme reported on excessive workload, missing roles or overlap of job roles • Programme Organisation design has evolved out of years of experience of Sightsavers India; hence the Programme could bring in service delivery agency to ensure effective delivery on the project • The Programme has a system in place to track implementation of the project (i.e., internal monitoring, evaluation, accountability, learning and quality assurance)

Improve Training & Talent Management 	• 100% of VC staff, ASHA, MAS members trained on the service delivery, including that in basic clinical triage, in community engagement. Training Programmes are consistently held through the year. • In both SS and the SDA team there is less than 10% attrition at the mid and lower-level management. Maximum attrition is seen in field workers who are generally contractual in nature or working on a voluntary basis. • Sightsavers India has less than a 7% attrition rate for itself and for that if its outsourced staff Turnover rate • Promotion rate Information/ Communication plan with Programme Staff is designed in discussion with field implementation.

7.2 Recommendations

The UP UEH Programme has made significant strides, as demonstrated through the BSC, particularly in terms of financial stewardship, governance management process strengthening, and the requisite beneficiary service output. The supply-side strengthening of services by Sightsavers India in its management mechanism has successfully ensured that the Programme meets all the necessary targets and goes beyond them in terms of sustaining operations. The Programme has clearly demonstrated that the model of utilizing an SDA on a hub (Tertiary care centre) and spoke (Vision centre) model is not only sustainable in terms of ensuring accessibility and affordability but also in guaranteeing the availability of quality care at the population's doorstep.
However, the areas that need further attention are firstly the pressing need to enhance the accessibility of Vision Centres in specific areas across both districts where slums have grown beyond the reach of the vision centres.

Clearly the Programme has been successful in majority of the community members adopting healthy eyecare practices or health seeking behaviour. The focus must shift to the beneficiaries who are not actively associated with the Programme which constitute 26% of the population. This will start with ascertaining and addressing the reason for non/inactive association out of the Programme. An Information System to close the loop on the patient journey of a visiting beneficiary would be very useful in doing that – a beneficiary choosing to seek eyecare services in non-Programme centre, spending OOPE, still fulfils to certain level the objective of SSI. This group of people need to be analysed further in order to understand whether they left after completion of treatment, or we lost tracking them so that appropriate measures can be taken. IEC strategy for such potential cases of inactive association could be designed differently.

There is a need to create incentive mechanism to encourage the ASHA/AWW/MAS worker to contribute to the project in long term because they handle a large health portfolio at the community level.

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