

## **SiB Monitoring – experiences from NGO project partners**

### **CBM Nigeria: ‘How project monitoring is used to enhance projects performance’**

During monitoring, CBM and our partners have been able to obtain useful information which has been used to enhance project performance for the SiB programme in Nigeria. The tools and events that have been used for this systematic monitoring include the Annual Work Plan, Field Visits, Biannual Project Progress Reports, Spot Checks and Stakeholders meetings.

Using the Annual Work plan which served as a good reference for monitoring progress by comparing them to the actual outputs for the period as stated in the Biannual Project Progress reports, CBM and our partners were able to determine that some of the outputs related to surgery were not being achieved. Also, during Field Visits and through Stakeholders Meetings, it was determined that surgery uptake was low compared to the number advised because of the inability of many patients to afford the overall cost of surgery including the cost of feeding, accommodation, surgery, post-op drugs and transportation to and from the hospital. This realization triggered a reduction in the overall cost of surgery for all camp patients which in turn increased the number of surgeries accepted; thereby improving the performance of the programme.

Some of the challenges that have been encountered while implementing SiB in Nigeria are;

**Poverty:** Many persons in need of eye care are concentrated in the rural areas where many people are very poor. Consequently, some patients cannot afford surgery and its associated costs. CBM and our partners worked to overcome this challenge by granting subsidized “all-in-one” surgery fees to patients to ensure that they would be able to afford and receive the services that they needed. These subsidies were possible because of SCB’s contribution through Seeing is believing.

**Ignorance/ Illiteracy/ Fear:** Ignorance is a challenge that has caused many patients to reject much-needed surgery or treatment for their eyes since they are not informed about the various eye diseases/conditions. This is to some extent caused/amplified by illiteracy. Those who are not aware about eye diseases are often not aware about the available medical interventions. Therefore, these groups try to treat their eye conditions by patronizing quacks (Couchers), medicine shops, traditional and herbal doctors and even by self-medicating.

CBM’s partners worked to overcome this challenge by:

- consistent awareness-raising campaigns done on the radio and TV and in newspapers,
- production of IEC materials,
- Eye health education activities in the communities, and
- involvement of Community Leaders in sensitizing their people to have their eyes checked regularly, take up surgery and accept doctors advise.

Fear of surgery is another issue that caused some patients to reject treatment. This has been overcome through Eye health education and counselling.

An improvement has been seen in the uptake of surgery and other treatment as the aforementioned activities have been done to overcome the challenge of ignorance, illiteracy and fear.

We share our monitoring information with SCB in the biannual financial/statistics and narrative progress reports.

### **Sightsavers Kolkata: Systematic Review & Monitoring of Vision Centres**

The SiB Phase IV Kolkata Project has established 14 Vision Centres (VC) across Kolkata slums, providing primary eye care services to the inhabitants. Alongside service delivery, sustainability was a key consideration and because of this the Vision Centres began selling spectacles in 2012. However, profitability has not been as anticipated and during a visit from the IAPB in September 2012, this was outlined as a matter of key concern.

Following the IAPB visit, a systematic review of the Vision Centres was undertaken by Dr Imran Khan, Sightsavers Programme Development Advisor in Optometry and Dr Robert Chappell, a Sightsavers Trustee, in December 2012 and January 2013. These visits enabled the project team to better understand the key issues related to the VCs and ways to improve them. Some of the key suggestions were:

- All patients to be refracted with the exception of those with ocular inflammation
- Prices for spectacles to be clearly marked
- Displays for spectacles to be made more attractive
- For every VC, the patient flow should be reviewed and modified
- Have a centralized purchasing system to acquire better prices and selection
- Implement an incentive system to reward VC staff.

The Kolkata SiB team took these learnings forward and after detailed planning with the partners these recommendations were rolled out in the field. The recommendations once implemented were closely monitored by the project team. Monitoring visits, interaction with the project functionaries at the vision centres, consultation with beneficiaries, monthly meetings and reports were all used effectively to ensure that the recommendations were followed.

Regular visits to the vision centres were planned and implemented. The partner representatives were also requested to have closer monitoring of the functioning of the vision centres and spectacle sales. The price band and larger stock displayed through attractive counters were planned and implemented to provide the beneficiaries with a larger range – both in terms of affordability as well as design – so as to enable them to choose their own spectacles which in turn would lead to increased revenue for the Vision Centre.

As a result of better monitoring and working in close collaboration with the partners --

- The average refraction load is 86% for all the 14 Vision Centres
- The larger product range and price bands have resulted in an average of 50 spectacles spread across three designated price bands (low, medium, high) now being available across all vision centres
- With an aim to making the optical sales more attractive, the display counters have been redesigned and realigned and there has been an increase in sales by 70% between April to Sept 2013
- Vision centre layouts have been designated into examination areas, waiting areas and dispensing areas which give them a more professional look, so that the vision centres have a competitive edge over local dispensing units
- An incentive system for staff has been introduced on the sale of spectacles, to motivate the community health workers, which has led to optimum results.

The systematic review by Dr Khan has demystified the concept of Vision Centre sustainability for the Kolkata Urban Project. Since the review, the team has dedicated maximum effort to implementing the achievable suggestions and these have borne tangible outputs.

### **Sightsavers Zambia: Monitoring project progress**

The SiB project in Zambia is a 5 year project which began in 2009. The aim of the project is to provide comprehensive eye care services in the six districts of Lusaka, Mazabuka, Monze, Choma, Kalomo and Livingstone located in Lusaka and Southern provinces. The project is supporting adult and child screening, cataract surgeries, refractive error services, dispensing of spectacles, and trichiasis surgeries.

Over the years, the programme has faced a number of challenges in achieving its output targets and conducting continuous monitoring of the project. In 2012, Sightsavers Zambia devised a strategy to track monthly progress made towards attainment of targets and came up with a monthly reporting template which is used to monitor partners' progress. These reports are submitted by partners every 5th day of the month.

The effort of those partners who are doing well and making good progress is acknowledged and mentioned during meetings to share learning. Where partners are falling behind in their targets, discussions are held with the partner concerned to find out why progress towards attainment of outputs is slow and at the same time, work with them to implement solutions that will help them to improve the achievement of their targets. For example, one district in the Zambia project was experiencing problems in maintaining its screening targets. To overcome this, the programme team proposed the use of students from Chainama College of Health Sciences as they could assist the districts with screening when they undertake their monthly outreach activities. In addition, districts that do not have cataract surgeons based at the district hospitals have been encouraged to outsource from the existing human resource available in the SiB project area to improve on cataract numbers. This strategy has proved to be effective in terms of tracking progress as it helps ascertain how the project will catch up with the outputs that are still lagging behind.

The information obtained from monitoring is also used to focus more energy on outputs that are below target. Progress on the attainment of SiB outputs is shared with the local branch of Standard Chartered on a quarterly basis as a way of keeping them informed on the progress of the project. As a result of having used this strategy, the programme has over-achieved on most of its targets with the exception of the cataract surgeries and the trichiasis.

### **Sightsavers Bangladesh: Monitoring**

Maintaining high quality is the key monitoring aspect of Sightsavers Dhaka Urban Comprehensive Eye Care Programme (DUCECP). This includes quantitative as well as qualitative monitoring of all project activities. From the onset, the project monitoring plan was developed and this was a participatory process where indicators were set, monitoring frequency was determined, tools and verification methods were established and responsibilities were agreed. Programme and finance staff from Sightsavers and the staff of the project Secretariat (which is the body to ensure coordination between the 4 partner hospitals) have rigorously monitored key performance indicators and documented the process and progress to manage the project efficiently and effectively.

The qualitative monitoring is ensured by implementing the Standard Cataract Surgical Protocol with the hospital partners and providing continuous refresher trainings to their eye care professionals. Senior Ophthalmologists from either the Ministry of Health or partner hospitals conduct these trainings every six months to discuss the quality standards regulating necessary procedure before, during and after operations and sterilization measures to perform cataract surgeries. Every session is attended by more than 20 participants including Ophthalmologists, Medical Officers and Nurses/Paramedics of the four partner hospitals. Counselors and camp organizers also participate in

specific sessions to improve their relevant skills. As a result, no major complications on surgery have occurred so far. All key performance indicators have exceeded agreed targets set out in the project document. Over the 5-year project, 379,469 patients were examined against the target of 292,776 while 32,333 cataract surgeries were performed against the target of 30,400. This huge number of patients reached was only possible through monitoring the community based needs and quality of treatment and surgeries.

Starting in 2008, the DUCEC project was implemented with four Dhaka-based hospitals and over 70 NGOs/CBOs as collaborating partners. The Project Management Committee of DUCECP has been the mainstay for maintaining the monitoring process. To strengthen the monitoring mechanism from community to hospital levels, the project organized learning and sharing meetings with the implementing and associated partners. This proved to be an effective feedback forum as this helped to identify gaps and challenges and to re-plan for improved service delivery to maintain quality standards. The community-based Patient Screening Programme (PSP) proved to be crucial for the overall patient mobilization which immensely improved due to continuous feedback from the collaborating CBOs and development partners. More than 70 representatives from management teams of Sightsavers, hospital partners and project secretariat attended these meetings

In summary, the programme established a monitoring system and standard within each hospital partner and community-based infrastructure which will continue to provide PSPs, patient treatments and quality surgeries beyond the SiB-funded project period.

#### **Orbis China, Shanghai: 'How project monitoring is used to enhance projects'**

Shanghai is the largest city by population of the China and the largest city proper by population in the world. The Shanghai's migrant population has been growing significantly since last century. In order to establish an eye care network especially for the poor and migrant children in Shanghai, we liaised with Shanghai EENT Hospital, the leading eye care provider in the region.

During the initial several months, we noticed very slow progress of the project. After conducting frequent on-site monitoring visits and meetings, we noticed that there were several significant challenges that hindered the implementation of project. For example, our partners lack of experience in originating screening, which were used to be taken by the public health system and community workers. Also, our screening team were initially forbidden to enter schools because local government banned all sort of school visits for security reasons. To ensure our project could be implemented successfully, we encouraged the hospitals to negotiate with relevant government agencies.

On the other hand, we have been looking for a balance between 'helping the most needy children' and 'meeting subsidization targets'. We were trying our best to relocate our resources to the most needy children in the city. Besides of the beneficiaries from Shanghai, we subsidized many poor children from other cities. Most of these children have very complicated conditions and they travelled for a long way from their hometown to Shanghai for better medical treatment. We observe the needs of this group through close monitoring. By adopting a flexible subsidization plan, we could ensure that SCB fund are most effectively used and impacted on a wider population.

We realized that effective monitoring is essential for a good project because monitoring is the first step of problem identification and solution generation. Our mitigation and adaptation strategies have been vindicated during the past several months. For example, we noticed that the acceptability of spectacles increased dramatically after the unit price being raised from 80RMB to 200RMB.

### **Orbis China Sichuan: Project Monitoring - Number VS Talk**

Reviewing the regular reports from partner and collaborative units, most of the information was represented as numbers, like number of children received screening, number of subsidized surgery has been provided, etc.

However, number only suggests there should be stories behind instead of telling them. For example, regular report with raw numbers can tell in what trends the activities are processing. But it cannot answer the question why do they process like these, what lessons we can learn from them, what problems existed and how can us help deal with them. In this case, we tried to request a narrative report or explanation to the number, while they seem doesn't work well.

The main reason for the partners not willing to provide other information beside numbers should be they have not used to the way of reporting their jobs and have little understanding what can themselves benefit from that. Especially for most of the collaborative units from the county level, they even have not been requested to keep any record for their job before. And they cannot see how the data collection benefits their work but only increase their workload.

To reveal what is happening behind the numbers, we talked a lot with the partners. Both on the quarterly site visit for monitoring and local events participation, project management staff tried their best to understand the local situation and acquire reasons for the gained results. However, we still keeps clear mind on the importance for the partner to be able and willing to provide explanation to the jobs.

Changing ones' attitude and habit on data reporting is time and effort consuming. Thus, orientation on how to write explanation to the numbers and how the narrative part benefits for their own works was provided to all the collaborative partners. Project management staff also demonstrates the procedure of data collection and report composing. And more opportunities for experience sharing were created for them to practice explaining their works. And little by little, we can see their changes. As they have better understanding on the importance and benefit for explaining data, they are more likely to provide the stories behind the numbers.