FIELD MISSION REPORT
(January 8 – 11, 2015)

BLINDNESS PREVENTION IN RURAL CHILDREN (S065466)

A. TOMBSTONE DATA:

Canadian Partner:	Maharashtra Seva Samiti Organisation (MSSO)
Indian Partner:	K S Wani Memorial Trust (KSWMT), Dhule (Maharashtra)
Duration:	Five years (2012-17)
Start Date:	September 2012
End Date:	August 2017
CIDA/DFATD Contribution:	$577, 988
Project Officer:	Gerald Le Francois, International Development Project Advisor, PDI Branch, DFATD, Gatineau, QC

B. MISSION REPORT OF THE PROJECT:

Brief Project Description:

According to the World Health Organisation, 1.4M children worldwide are blind, majority of them are from the developing world. At least 43% of them suffer needlessly. More than 70% of India's population lives in villages, the greatest prevalence of blindness was found to be in rural areas. Childhood blindness and other vision impairments impact the children's later life lasting 50 and beyond years. On *ad hoc* basis the local partners (KSWMT and *Sharada Netralaya* / Sharada Eye Hosptial) conducted screening of school children in Dhule town (Maharashtra state) in 2008 and found that 30% of the children had vision problems. They later visited rural schools of Dhule district and found the situation to be worse. This led to the current project with an ultimate objective to significantly improve school performance, safety and security for rural students in and around Dhule district.

Using two mobile clinics equipped with sophisticated facilities and technical staff, the project was expected to cover screening of 40,000 rural students for early intervention to prevent needless vision impairment in Dhule district.

KSWMT's co-partner / sister organisation *Sharada Netralaya* (SN) has a full-fledged ophthalmic facility located in Dhule. It has become a popular destination for high quality holistic services for eye care in the district. Lack of facilities in rural areas make many children go blind though their conditions, if caught in time, are either preventable or treatable.

Expected results:

(a) Directly benefits at least 40,000 rural children in Dhule district over the five year period (2012-17) of the project.
(b) Beneficiaries are the less privileged rural and tribal children enrolled in schools and pre-primary schools falling in in age group of 3 to 16 years.
(c) Restored eyesight is the direct benefit leading to more meaningful life at school and at home. Without timely intervention, education of the child needing treatment would have been hampered and s/he would not have achieved the full potential for educational development and career development

later. The child, in this process, will gain at least 50 years of productive life which would have been otherwise wasted due to impaired vision.
(d) Prevention of potential vision deterioration will enhance the quality of life of the 12,000 beneficiary children detected to have impaired vision.

The family members of these children will also benefit due to better eye health of their children. Having prevented blindness of their child, the family has been relieved from arranging a caretaker. Child will later become an earning member of the family. The project will integrate gender equality principles.

Role of Local Partners:

The project has a good collaborating mechanism between three partners: Lead local partner is KSWMT. It collaborates with *Sharada Netralaya* for medical and technical services. The other collaborator is in the form of 500 government schools which are actually the catchments to reach the target of 40,000 children. KSWMT continues to maintain good rapport with the district administration. It got issued an official notification (sent to HQ for record along with the first monitoring report) in the beginning of the project launching to all government schools in Dhule district. This allowed KSWMT to visit the schools, undertake preparatory work before mobile clinic reaches and camps on their compound for carrying out project related activities.

Rationale for visit:

The monitoring mission to this project (***Blindness Prevention in Rural Children***) has been undertaken at the request of the responsible officer (Gerald Le Francois, PDI Branch) of this project. The Post follows an established practice of contacting PDI Branch officers dealing with Indian projects every year to develop its Annual Monitoring Plan. Thus this project is part of the AMP for the FY 2014-15. It was discussed with the then officer in-charge of this project (Sihem Norten) during T. Sampath Kumar's visit to PDI Branch in July 2014. Accordingly, this project was included in the AMP. The field mission was undertaken in January 2015.

TORs were developed and approved by Sihem Norten. These were shared with the concerned partners (MSSO Canada and KSWMT India) to make them aware of Development Canada's mission to this project. Subsequently, this project file moved to Gerald Le Francois.

The first monitoring mission of this project was undertaken in January 2013. The current mission was undertaken after two years (January 2015) which could be considered as mid-term field mission since the project comes to an end in August 2017.

Key insights derived from the visit: (*Good practices, contribution made by the local partners, value added by the Canadian partner, challenges, lessons learned, innovative approaches and key success factors):*

The mission was carried out by visiting KSWMT and its facilities, a guided tour to *Sharada Netralaya*, schools, observing the screening and testing of eyes of school children in mobile clinics, meetings with project staff, Board members, teachers, parents, viewing a slide show on awareness on eye diseases, care and on gender equality, participation in public meetings (giving away spectacles), and meeting with government representatives. In addition to this, a focussed meeting was also conducted with Board members (KSWMT), and a participatory exercise was conducted to identify key success factors from the project staff. At the end of the two day mission, the Board and the project staff was debriefed.

Two representatives, Dr. Jagannath Wani and Mr. Chandra Kant Lad, from MSSO have joined the field mission.

Specific Points & Observations:
(See photo-gallery which helps the reader to connect with components of the project)

1. The Project has already reached to a whopping number (167,890) of school children during the third year against the target of 40,000 fixed for five years: The project began in September 2012. Since then, the progress of the project has been impressive. The figure of 10,000 children reported during the first field mission in January 2013 has taken a kangaroo leap to 167,890 as of January 2015. The project has more than three years to go -till August 2017. MSSO/KSWMT is hoping to cross a figure of 300,000 by the end of the project. Funded by DFATD with a modest amount of $578,000, this project appears a well-partnered initiative fulfilling the needs of rural children by taking high quality eye care services to the central places (schools) in villages in an efficient manner. It has consolidated its position to give good development results. It is expected to contribute towards the government of India's endeavours to prevent avoidable blindness, Vision 2020, and to ensure entitlements under Right to Sight.

The beneficiary schools include originally intended government schools, government affiliated private schools and child care centres called *Aanganwadis*. The number of children referred to the *Sharada Netralaya* for treatment was 4,198 while 4,133 children were given spectacles. This comes to 2.5% of the total children tested. Of these 4,133 cases, 1,031 children visited *Sarada Netralaya* for further testing – 101 children ended up with surgeries. These included: cataract (26), squint (62), chalazion (4), ptosis (5), retina (1), and seclol (3).

The unique feature of outreach is that, screened cases needing follow-up are immediately fed to *Sharada Netralaya* for treatments. Thus any gap between the diagnosis of the problem/s with eyes and treatment is eliminated through an in-built management system. This has been USP of this project.

It is significant to note that Muslim beneficiaries constitute about 40% of the services provided under the project. This is visible jump from 32% reported in the first monitoring mission report. The Director of *Sharada Netralaya* is a Muslim and he continues to serve. Dhule district has 25% of Muslim population.

2. Two fully equipped mobile vans increased the outreach activities: The project acquired two new vans and they have been fully equipped with advanced facilities for second level eye testing. These vans with technical staff visit schools on pre-decided dates. Visit schedules are advertised through local newspapers, pamphlets and through announcements. It also spreads fast through informal conversations in villages.

A rapid participatory exercise was conducted with the entire staff including the drivers of vans and Board members to find key success factors of the project and how mobile clinics played their role in making the outreach a roaring success. These were analysed and key factors are listed below:

Reasons for success:

- Timely availability of facilities and resources
- Good communication with local schools
- Encouragement and commendation from seniors (Board and MSSO) and local people
- Efforts to sustain our identity and responsibility to maintain reputation of local partner NGOs
- Equality is maintained while screening between the rich and the poor irrespective of caste
- Excellent support from Head Masters, Teachers & *Anganwadi* staff
- Good support from the target group and their parents
- Punctuality of the team in performing duties & Devoted / committed staff
- Good linkages with the district administration
- Early detection of vision deficiency through the screening of children between 0 – 6 years will provide them future healthy long life ranging 50 – 60 years

Advantages of mobile van:

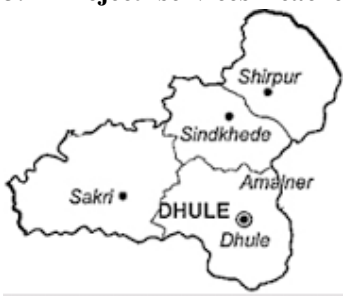
Technical Advantages

- Enabled to reach remote places, saved time and thereby increased efficiency
- Installation of the inverter (batteries) in vans allowed the team to work nonstop
- AC facility made it possible to work even in summer comfortably
- Use of Public Address System helped in gathering children during camps
- Installation of TV helped in propagating awareness on eye health and gender equality
- Enabled to complete the screening of an entire village in a single day

Social Advantages:

- Enables transportation of patients needing specialized treatment to other hospitals
- Publicity of our project through graphic display on the mobile van
- The graphic display on the van also provided identity of local partners
- Saves money and avoids delays in identifying children with vision deficiency
- Provides the feeling of safety and security to the project staff

3. Project services reached two blocks in Dhule district and the other two blocks remain untouched–Good opportunity for experimentation and sustainability: Project services till now have reached two of the four blocks: Dhule and Sindkhede. KSWMT has not yet made entry to the remaining two blocks (Shirpur and Sakri). In terms of villages, it has covered 285 and 435 villages remain to be covered. In spite of this, the target of 40,000 has been achieved from 285 villages spread in two blocks. KSWMT informed us that it will now focus in the two blocks during the remaining project period. Since the project is in a very comfortable position with reference to accomplishments even before crossing the mid-point of five years, it gives an excellent opportunity to take up experimentation to explore sustainability, strengthen its relationships with governmental departments and show a different model for replication. This area needs a critical review and creative approach to engage with prevailing government machinery, private sector and other philanthropic organisations working in the area. This proposal may be encouraged if MSSO comes up with such a plan – See Recommendations # 2 at the end of the report.



Map of Dhule District

4. Made a good progress on integration of GE since the first mission in January 2013: KSWMT made a satisfying progress in integration of GE in project implementation. It has developed good publicity materials: a power point presentation on GE for school children; composed catchy songs in local language (Marathi) on regular use of spectacles by children, on discrimination between boys and girls and gender equality. Staff reached drop-out girls from schools to screen their eyes. The project has reached 3,301 drop-out children which included 1,520 girls (46%) till January 2015. Due to prevailing dowry system, parents are becoming conscious of getting their daughters eyes checked and showing interest in taking up corrective measures before they start searching matches. For example: Girls with squint eyes will find it difficult to get suitable match or parents need to give more dowry for this limitation which reduces cosmetic value of the face. Twenty eight (out of 62) girls benefitted by corrective surgeries for their squints.

Regular use of spectacles by adolescent girls still remains a challenge. Girls and parents continue to think that spectacles reduce the cosmetic value of the face. As a result, girls do not put on spectacles when they go out or attend any social functions.

5. *Sharada Netralaya* has been renovated, expanded, up-graded with equipment and professionals: This eye hospital contributes quality services and plays key role in providing 'continuum' in eye care of the project. Post screening cases needing further investigations and surgeries are referred to this hospital in order to complete treatment required for eyes. Since these two (KSWMT and SN) have common roots, the entire system works effectively and efficiently. As a result, the children under the project receive the entire spectrum of quality services without losing any time between diagnosis and treatment. Since SN is emerging as a most sought hospital in the area, a pressure has been building on its services. The management has gone for expansion and renovation of the building, procured latest equipment, recruited additional doctors / specialists, arranged assured supply of water and electricity (through generator and solar energy), created more facilities for patients and so on. MSSO seems to have mobilised required financial resources for upgrading SN with ease. It looked very confident of raising wherewithal to such needs in Canada as and when required.

6. Organisation of eye camps for rural communities needs careful management systems and professionalism: The project has expanded its catchment to newly born to 18 years. In addition to schools, child care centres (*Aanganwadi* Centres) etc were also included and services are made available under the project. Accordingly, SN has also equipped to provide services to infants through pediatric ophthalmologist. Schools are organised and teachers are around, hence the camps are conducted in an organised manner. However, when open camps are conducted for other than school children, they appeared disorganised. Women with their children were cramped in rooms haphazardly and there was chaos during camps. There was no queue system for mothers / children and they were standing in groups at the counters for registration and for initial screening of their children - see pictures in Photo-Gallery. These could be eliminated by introducing simple token system to bring discipline so that services can be provided in a professional manner. KSWMT needs to look into these operational issues carefully to come up with a community-friendly system.

7. Post-project sustainability of the project appears to be no problem for MSSO and KSWMT: Meeting with the Trust's Board members, looking at the staff's commitment and enthusiasm, and added by MSSO's creative means to raise fund from Canadian public, SN's cost recovery system by charging the affordable patients to subsidise services to the poor and non-affordable patients and growing linkages with local philanthropic organisations (Lions and Lioness clubs) gave a fair assurance that project will sustain beyond project period easily. For example: During the mission, the President of local Lioness Club met us and explained how it got associated with KSWMT and provided glasses to children under the project. It was showing interest to strengthen its partnership.

8. KSWMT made a good progress and produced materials to enhance awareness on eye care: The Trust made significant progress in developing different tools that are regularly applied for generating awareness among communities on eye care. These broadly include: slide show / power point presentation on eye care, diseases, nutrition and GE to maximise the impact of interventions. Children prescribed with spectacles have a tendency not to use them regularly. To address such issues, songs have been composed in local (Marathi) language and printed. Handouts and booklets on eye diseases and eye care have been printed for dissemination in communities. After reviewing these materials and viewing the presentation, during the mission, feedback was given for some corrections and improvements. Ex: They have lifted a few pictures of eye diseases from international sources – pictures of western children and women. The Trust has photographs from its hospital records and use these local pictures to make the products culturally connected and contextualised. The Trust has not obtained permission/s to use some of these pictures and they are publicly used in their awareness programs.

9. Response to the questions sent by the responsible officer – Gerald Le Francois:

i) In the organization's third narrative report, it is mentioned that the turnover in staff (optometrists) is problematic. The response strategy is to require a three-year bond from newly appointed optometrists. How is this strategy working?

At the beginning of the project, KSWMT had recruited four optometrists from a well-known distantly located Eye Hospital as it wanted experienced hands for this key work. However due to far away from home and limited professional growth opportunities, there was a turnover of these skilled personnel resulting in a set back to the momentum in project work. Analysing this problem, KSWMT has appointed local optometrists whose chances of moving away from home town gets sharply reduced. In addition, it also took a bond for three year service. Optometrists who are engaged now have all signed the bond. Necessary clauses have been introduced in the offer to avoid sudden vacuum of skilled optometrists to ensure that project goes smoothly. KSWMT is also looking at their professional growth at *Sarada Netralaya* as well to enhance comfort levels of optometrists for long term services.

ii) An update on the group counselling sessions offered to remove the stigma about girls wearing glasses. Are any other mitigation strategies being explored?

Some aspects of this have been covered above in point # 4. The project staff found a simple but an effective mechanism by engaging the class teachers to bring a remedy to this problem. Each class teacher is given with a list of children given spectacles. While calling the names of these children for attendance every day morning, those teachers in their respective class rooms will look at these children whether they are with spectacles or not. If not, teacher will enquire for not using them regularly. If this daily enquiry is continued for three weeks, children get habituated to use of spectacles. It was told that usually if children use for three weeks regularly after spectacles are provided, this habit turns internalised and fall into regular use. Awareness programs and songs on spectacles in local language have been developed and applied to remove this stigma.

10. Parents are pleased with early detection and correction of their children's vision: A meeting was arranged with a group of parents whose children underwent eye surgeries for vision corrections. They shared their errands to private (commercial) eye hospitals, wrong advices given by them, and exorbitant charges quoted for their services. Parents appreciated the project for its entire package approach and quality of services. The charges were also found to be very modest (and therefore affordable) compared to other eye hospitals. Apart from these, doctors reported to have given wrong prescriptions to their children. SN has been equipped with super specialists (retina related and pediatric-ophthalmologist), they are able to undertake complicated cases for surgeries and treatment.

It was gathered that there are about 15 private eye clinics / hospitals in Dhule. These doctors were encouraged to make use of the facilities at SN so that they could also provide quality services to their respective clients. Unfortunately, none of them have availed this invitation. Due to increasing popularity of *Sarada Netralaya*, its pro-poor policies, moderate costs to affordable patients and quality services, these doctors were reported to be losing their business / earnings in Dhule.

11. Meetings with a federal government officer, headmasters and teachers: Short meetings were organised to interact with different categories of officials associated with the project. A central government officer representing a national program called 'Education for All' was present. Interactions with these groups of officers yielded the following:

- Federal government officer expressed his satisfaction on the work carried out by KWSMT. During his regular visits to government schools, he checks the records and repeatedly comes to know about the project work. KWSMT presented some operational problems and brought to his attention. He assured his help and cooperation to KWSMT in implementation of the project.

- There has been a major perceptional change in headmasters on the project. They used to ask KWSMT for official letters from the district administration to visit their schools. Now, the headmasters are inviting KWSMT to visit their schools for screening their children.
- Teachers are made aware on technical aspects of eye diseases and care through one-hour presentations – which now form integral part of their regular training programs. A couple of teachers took pro-active roles in facilitating complicated cases of children in getting the vision corrected through surgeries. They provided hand-holding to these children throughout the treatment.
- Till January 2015, 662 teachers and 423 Caretakers of child care centres were trained.

12. Quality of relationship between local partners (KSWMT & SN) and Canadian partner (MSSO) and specific value added to the project – contribution analysis:

MSSO has been providing financial assistance for several sectors viz. health, educational, vocational training - especially to women, youth, tribal communities, physically and/or mentally challenged and many other less fortunate in Maharashtra for the last 26 years. It has an extensive experience of working in Maharashtra and is well aware of the types of problems faced by the poor communities in the region. MSSO is able to react to these problems in a sensitive and appropriate manner. It had completed many projects co-funded by the Canadian Government in the health sector in partnership with local NGOs.

Since 1989, MSSO has completed at least six major projects in partnership with the local partner KSWMT. Till 1994, the Canadian Government funds came through Camrose International Institute as part of Prairie Decentralized Support Program (PDSP). Since 1995, the funds were received directly from CIDA/DFATD.

K.S. Wani Memorial Trust registered in 1987 has many activities, besides the eye hospital, to help the less privileged. Nine trustees who are professionals from various fields administer these activities. They include a cross section of professors, a chartered accountant, a banker, a company executive, a businessman and others. It has a computerized accounting with Internal Auditing System in place.

Specific Value added by MSSO: i) MSSO is involved in networking, in-country monitoring and evaluation of the project. MSSO brings sufficient value adding to its overseas partner in the following ways:

- Research and resources within Canada as input to project design;
- Monitoring feedback, and assistance in establishing norms and procedures for reporting;
- General trouble-shooting and advice in dealing with Indian government bureaucracy;
- Professional expertise (e.g. book keeping, accounting, etc.);
- Connecting people with people;
- Providing moral support for the involved individuals and institutions.

ii) Ten year experience of KSWMT in operation and management of *Sharada Netralaya* is the key expertise useful in the implementation of the project. The local partner has appropriate structures and procedures in place for the management of the project.

iii) The planning, designing, execution and day-to-day management of the project are the responsibility of KSWMT. It undertakes personnel management and training of the project staff and provides periodic financial and descriptive reports to MSSO. These form the basis of reports submitted by MSSO to the funding agencies.

iv) MSSO is responsible for reports to DFATD. It engages Canadian donors in developing an understanding of ophthalmic problems faced by the rural poor in India.

13. Networking / Linkages / Others matters: The Post in Delhi takes a pro-active role in promoting networking amongst other Canadian and Indian partners for knowledge building and information sharing. A few references of other NGOs' work, particularly of Operation Eyesight Universal's work in India, were cited and provided with contacts. One partner NGO (Diocese of Varanasi) working with Save A Family Plan (currently implementing DFATD supported project in India) showed interest to avail mobile clinic-based outreach services and placed a request whether KWSMT can send one of its mobile clinic to its operational area in Uttar Pradesh to organise camps. I facilitated this request (e-mail attached) with KSWMT directly during my field mission. It has advised Diocese of Varanasi to send a team to Dhule to see and familiarise how the mobile clinic works and the kind of preparatory work required in organising camps in rural areas. As a result of pro-active role played by the Post, a story on this project has already (February 2015) appeared in the ***Connect***, a monthly newsletter of the High Commission of Canada.

It was also advised and encouraged that KSWMT (through its Board members) should analyse the large data (more than 160,000 cases) and start writing technical papers for journals and present findings in national seminars for larger outreach of project experiences. These valuable experiences should not be confined to files and reports. KSWMT / *Sharada Netralaya* should share these experiences regularly by participating in seminars / workshops / by presenting research papers in India so that these experiences could be used by appropriate authorities working for realisation of Vision 2020. It is gratifying to note that MSSO/KSWMT have been receptive to observations and recommendations emerged from the first monitoring mission (January 2013) as many of them were taken up and implemented.

C. RECOMMENDATIONS:

1. The project is in the mid (third) year of its five year duration. It made impressive accomplishments. The range of beneficiaries has been widened to include children - infants to 18 years to ensure that school dropout children, especially adolescent girls are also covered under the project. KWSMT may wish to include *madarsas* run by the Muslim communities (usually located in mosques) as well to promote inclusion so that this category of children are not left out from the project benefits. KWSMT needs to go very carefully on this front if it decides to include as Dhule town had witnessed communal tensions between Hindu and Muslim communities three years ago – this as aspect was covered in the first monitoring report.

2. MSSO should be encouraged to design a special strategy (Implementation Plan) to try an institutionalised approach keeping long term sustainability as a goal in one new block which has not yet been entered by the project. Ref: Point # 3 above. Current status of the project gives this opportunity and therefore should not be missed. The project is in a comfortable position in terms of outputs and outcomes, therefore it can afford to try innovative ideas. In view of focus on innovations of the KFM Branch, it is recommended that this should be discussed with MSSO and encouraged. It does not involve extra funds – only change in strategy and to strengthen linkages with government departments are required.

3. Looking into the accomplishments, it is recommended that there is no need to visit this project in future even though it is ending in August 2017. However, if KFM /PDI Branch approves experimentation as described in the above Recommendation (#2), this component should be monitored to study learning experiences from this innovative approach during the last year of the project (between April-August 2017). This will also give an additional opportunity to review the five year project comprehensively.

4. If the Diocese of Varanasi (partner in project # S064682, Officer: Rasmata Barry) decides, after its familiarisation visit to Dhule, to use mobile clinic in its area in Uttar Pradesh, it may be approved. The project is not likely to be affected by sparing one mobile clinic for two weeks. This is a good opportunity

to demonstrate project approach in another state, Uttar Pradesh which is considered very poor state in terms of human development indices in India.

5. The tools developed so far to bring awareness should be reviewed critically to make them more localised and indigenous (with Indian pictures) in order to make them effective and culturally appropriate.

4. ANNEXES:

i) Itinerary –Field Mission
ii) TORs of the Mission
iii) Photo-Gallery
iv) E-mail – referred in the report

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Report prepared by:

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February 23, 2015