CONCEPT PAPER

1. Project Name:	**Prevention of Blindness (POB) AJK**		
2. Location of Project:	**Union councils**	**Districts**	**Province**
	All Union Councils in Forward Kahutta	**Forward Kahutta**	**Azad Jammu & Kashmir (AJK)**
3. Implementing Agency:	**Islamic Relief (Pakistan)**		
4. Government Counterpart	District Health Departments Ministry of Health (AJK) District Government National Programme on Prevention of Blindness		
5. Funding By	Islamic Relief – UK		
6. Project Rationale	Considerable efforts are underway worldwide to minimize the huge backlog of curable blindness. The optimistic prospective may be 80% avoidable blindness out of the total global blindness. 90% of total visually impaired live in developing countries where eye care facilities are not adequately available that can deal with the menace of blindness in proportion with its incidence (continuously increasing new cases). The reasons include the lack of appropriate technology & human resources, lack of awareness and poor socioeconomic status being one of the major barriers to utilize the existing eye care services. In view of above mentioned scenario, WHO in collaboration with International Agency for Prevention of Blindness (IAPB) launched a global strategy for the elimination of avoidable blindness (Vision 2020) in 1999, which particularly focuses on: • Over the next two decades, Vision 2020 will take steps to prevent an estimated 100 million people from becoming blind. • Creating adequate eye care facilities particularly in underprivileged areas • Creating a foundation of well trained eye workers • Implementing specific programmes to control the major causes of blindness • Intensified surgical intervention for Cataract (opacification of the lens), which at present accounts for half of all blindness. • Provision of spectacles, especially for school children. • Affordable high quality eye care services would be provided using these resources. The key actors in this mission are: • Eye-care personnel - ophthalmologists, ophthalmic assistants, nurses and optometrists • International and National non-governmental development organizations • National Ministries of Health and Departments of Health Services • Corporate eye-care service providers. They are all represented in the International Agency for Prevention of		

	Blindness. IAPB has formed an Executive Task Force to collaborate with the World Health Organization (WHO), in implementing Vision 2020.
7. Problem Statement:	For AJK with a population of over 3.69 million people, providing services for various disabilities poses major challenges. The distribution of facilities and availability of technical and trained staff are not always uniform and often concentrated in urban areas. For policy makers and health planners, one of the essential pieces of information required are in numeric terms leading to weak projections and comprehension of real needs with ill plans. At present health system in its capacity can not ensure universal coverage of key Primary Health Care (PHC) interventions including service structures for population and requires development of working modalities engaging NGOs and private sector. Furthermore, health education and community awareness remain largely neglected. Health education and outreach are frequently not budgeted in district health budgets; management responsibilities for such efforts are dissipated inefficiently across vertical programmes. In addition, a number of managerial and institutional constraints arise from unclear division of responsibilities between and within different levels of government. Owing to these and other factors people suffer at large due to the absence of essential healthcare services in remote areas of AJK. Compounding the problem further is the lack of necessary infrastructure combined with little modern technology and lack of properly skilled human resources. Poorly maintained equipment, lacking medicines and supplies, absence of any referral chain along with lack of motivation, advocacy, awareness and proper monitoring taking critical part in amplifying problem scope. The healthcare facilities in the area under consideration include 2 District Head Quarters Hospital (DHQs), 1 Combined Military Hospital (CMH), 3 Rural Health Centres (RHCs) and 12 Basic Health Units (BHUs). One more DHQ Hospital is currently under construction in Neelum District which is expected to be completed by the end of year 2010. Three ophthalmologists are presently available in these hospitals but with limited essential diagnostic eye care instruments and medicines, resulting in low turn over of eye patients in the hospital. To lesser extent, these govt. institutions are engaged in arranging screening camps, however quite limited to the outskirts of district headquarters. Apart from public sector, some private hospitals/organisations have been engaged in organizing screening camps in the said districts. Yet, the efforts are at limited scale and private sector is unregulated and has no formal links with the public sector health system.
7. Project Summary:	In 1975, the first global analysis of data on blindness indicated that there were 28 million blind people, i.e. visual acuity less than 3/60 in the better eye with best correction. This figure has been increasing ever since, from 38 million in 1990 to 45 million in 2000. Projections based on the global population increase and ageing, predict 58 million blind people in 2010 and 75 million by 2020. Low vision - i.e. cannot see 6/18 but can see 3/60 in the better eye - is estimated to affect approximately three times as many

people of the 45 million blind people in 2000, approximately 60% of blindness was due to cataract and refractive errors (treatable); 15% was due to trachoma, vitamin A deficiency and onchocerciasis (preventable); another 15% was due to diabetic retinopathy and glaucoma (partly preventable, although more difficult); and the other 10% was attributable to age-related muscular degeneration and other diseases (research phase).

Five conditions - cataract, refractive errors and low vision, trachoma, onchocerciasis, and vitamin A deficiency and other causes of childhood blindness - are responsible for 75% of all blindness. For each of these five conditions, effective and cost-efficient intervention strategies are available. However, shortages in human resources, training facilities, equipment, and funds have limited the capacity of intervention strategies to reach the people that need those most.

At state level, there is a serious dearth of authentic information that clearly project the nature and scale of eye related disease occurrence. However, in a recent study conducted in Pakistan, 16,507 adults were examined (95.5% response rate). The crude prevalence of blindness caused by bilateral cataract was 1.75%. A total of 1317 Participants had undergone cataract surgery in one or both eyes, giving a crude prevalence of 8.0%. Cost of surgery (76.1%) was the main barrier to surgery.

Among the moderately visually impaired refractive error was the most common cause (43%), followed by cataract (42%). Refractive error as a cause of severe visual impairment/blindness was significantly higher in rural dwellers than in urban. Significant provincial differences were also identified. Overall estimated 85.5% of causes were avoidable and that 904,000 adults in Pakistan have cataract (<6/60) requiring surgical intervention.

Approximately 570 000 adults are estimated to be blind (<3/60) as a result of cataract in Pakistan, and 3,560,000 eyes have a visual acuity of <6/60 because of cataract. Overall, the national surgical coverage is good but underserved populations have been identified.

Islamic Relief (IR) Pakistan started its Prevention of Blindness Programme (POB) back in 1998 by organizing cataract surgical camps in remote and underprivileged areas including Azad Jammu and Kashmir. Around 90 camps had been organized with 120,299 patients screened & provided treatment for common eye ailments and 8,797 cataract surgeries carried out.

Islamic Relief has reasonable contributions in improving the health situation in the targeted districts. Currently IR is constructing four Basic Health Units (BHUs) in the same geographical locations in partnership with Government of AJK. IR also successfully completed a DFID funded seven years health project in Neelum valley aimed to improve the primary health care services in the area. During Implementation of these health related activities IR has maintained useful institutional linkages with all stakeholders - communities, line departments and civil society groups.

In 2005, POB started taking some new initiatives to expand the spectrum of activities according to Vision 2020 guidelines. The organisation

	concentrated its efforts on coordination and liaison with government departments to improve the services of eye care in its program areas. In Noshki, Balochistan Islamic Relief is operating one eye hospital as pilot project; IR bore operational cost of the hospital and facilitated outreach activities. The equipment was provided by Pakistan Bait-ul-mal. The project received encouraging response both from the communities and health department in the district. The same strategy would be adapted in the proposed project. For the purpose, Islamic Relief has identified Muzaffarabad, Neelum and Bagh districts following the preliminary assessment of available ophthalmologic care services at the state level. Since government run facilities covering the cataract and surgical components. However this project attempts to enhance public sector institutional capacity with extended outreach particularly in the remote areas. IR would play a role of catalyst by establishing referral systems for available medical services and increased awareness about the eye diseases through eye camps and screening in remote areas of District Forward Kahutta. Catering the needs of disadvantaged populations in remote locations disconnected from the mainstream development, POB interventions in AJK will assist bridging the 'Government to Citizen' (G2C) gaps, understanding roles and limitations with frequent interactions contributing health planning and budgeting. The 12 months duration project focuses on efforts to address preventable blindness by increasing coverage on preventive and curative interventions. Under this project, the activities of eye care facilities include organising eye camps, cataract screening/surgeries, teachers training and school screening camps on eye care. This would contribute towards the efforts on eye care for the vulnerable communities throughout AJK.
8. Project Logic	**Goal:**
	Contributing towards 2020 vision with reduction of avoidable blindness and visual impairments in proposed project area.
	Purpose:
	To provide curative and preventive eye care services and awareness in five union councils of district Forward Kahutta in AJK.
	Outputs:
	1. Provision of Improved eye care services effectively contributing to reduced diseases occurrence and control of blindness in Muzaffarabad, Neelum and Bagh districts 2. Increased community awareness on prevention of blindness through useful outreach campaign
	Indicators:
	By the end of project, 1.1. Design, plan and implement project launching workshop to ensure stakeholder engagement and winning community trust from inception; 1.2. Terms of partnership agreed and signed between Islamic Relief and Ministry of Health AJK; 1.3. Development of implementation plan with scheduling of camps

activities in accordance with government staff availability and letter seek agreement from district health authorities;
1.4. At least 3,000 patients received treatment connected with range of eye illness and impairments;
1.5. 2,000 patients provided with required medicine during these camps;
1.6. 120 deserving patients in project area with IOL
1.7. 30 eye camps planned and conducted with partnership with district health department and local communities;
1.8. 800 diagnosed patients referred for Major and Minor Preventable eye disease operation to government facilities;

2.1. 6 sensitization sessions for teachers to learn the screening techniques and distribution of printable snellen eye charts
2.2. 3,000 school going children screened for eye care and preventable disease in 20 school screening camps;
2.3. 400 children in project area provided with free medicines
2.4. Develop, plan and condcuture of 30 awareness sessions on eye care;

Activities:

Project will establish terms of partnership with Ministry of Health, Govt. of AJK defining scope of pact with degree of services and contributions to deliver programming interventions. Through this pact, Ministry of Health will confirm the availability of technical resources (human and clinical equipments) for outreach activities; while project will provide medicines, logistics and honorarium for govt. medical and paramedic staff.

Eye camps will be organised to identify the cases for minor or major operation. Minor cases will be treated during the camps The main objectives of the camps would be to identify the problems and carry out cataract operations in remote areas using Intra Ocular Lenses (IOLs). Camps are arranged throughout the project area as per identified need. A schedule will be shared with the district health department and the communities prior to inception of eye camp. Health department and local communities will be mobilized to get maximum benefits of the free eye camps in the localities of these communities. Intra Occular Lenz (IOL) can be provided with a minor surgery during these camps on need basis. Furthermore focal points will be decided at different government setup i.e.) for major or minor operations.

In result of camps major cases will be referred to tertiary care facilities operating in public sectors, ideally to Basic Health Units, Rural Health Centres, District Head Quarters and Combined Military Hospitals.

Childhood blindness or visual impairment is one of the priority areas outlined by WHO to be dealt with as an integral part of Vision 2020. It is now evidence based fact that a number of school going children can not concentrate on their studies and may have persistent headaches due to defective vision in one or both eyes which is adversely affecting their educational performance. Furthermore, some eye conditions including squint etc. if not treated properly up to a particular age (8 – 10 years) may lead to permanently defective vision, which can not be reversed then by any means. Hence organizing school eye health clinics (one day duration) is one of the best community based approach to detect at an early stage

	and treat those children either having refractive errors (defective vision correctable with glasses) or other vision threatening conditions. IR will facilitate 30 screening camps in the schools, the methodology includes: • Selection of schools and consultation & coordination with school administration and targeted community organisations • Seeking permission of parents for screening/examination of their children • Departure of screening team to the selected schools • Team arrival and preliminary arrangements (if any) • Children screening/examination followed by provision of medicines for common eye ailments, refraction of those detected with refractive errors and referral of those with other complicated conditions will be made to the planned eye surgical camps or hospitals Education and awareness sessions will be designed and delivered at community level parallel to medical camps focusing the available means and measures whereby eye related impairments can be prevented to greater extent. Further these sessions will target more on parents, teachers and groups dealing with children in a close association. Coordination will be sought to use and distribute the available Information, Education and Communication (IEC) materials during the sessions to achieve effectiveness in delivering care related messages. In addition, project will explore avenues with national and state level institutions (including Pakistan Bait-ul-Mal and National Programme On Prevention of Blindness) to integrate project interventions into their programming framework OR likelihood of entering into partnership with possible framework to replicate the similar model implemented in Noshki.
9. Project Management	Project will be implemented in overall technical assistance, management oversight and administrative support from Area Office in Muzaffarabad. The project will have two-tier management structures overseeing the programming interventions and functions vertically and horizontally. Steering Committee will be formed with representation of key stakeholders that will meet bi-annually to steer the progress, the operations, the financial landscape and take policy level decisions. For horizontal oversight, staff will be hired to administer and coordinate programming activities. Based in project area, the Project Coordinator shall be responsible to plan and coordinate activities with health department, IR field offices in connection with organizing medical camps, ensuring implementation of activities as per business plans, procurements and logistics. Further, he/she shall develop and disseminate progress reports on regular basis for stakeholder information. Also seeks advice from Country Office on advocacy, networking and technical assistance and other programmatic priorities to ensure all have agreed objective to be achieved. The Admin Assistant will be responsible to assist PC in his field of competence, keep record of medicine their storage, distribution, stationary for camps etc. and also boarding / lodging of doctors and paramedics during camps and screening activities etc. As such there would not be any significant recurrent costs associated with

	project implementation. The project will be administered from Area Office Muzaffarabad in coordination with field units based in 2 districts that will assist in effective planning and programme deliverance. In relation to travel and logistics, Islamic Relief will engage vehicles from its pool of resources and charge the operational costs accordingly. Local staff will be engaged in community mobilization while planning and imparting awareness raising sessions. Taking advantage of their presence in targeted districts from other projects, Community Development Officers will be involved in disseminating information to the communities about dates, time, location and objective of the camps. On completion of each camp a report will be generated to assess the progress and guidance for rest of the project. However care will be taken that original programmes implementation shall not suffer from this additional commitment. Further, technical backstopping in terms of programming, monitoring and quality implementation will be rendered by senior country management team and Asia desk at HQ.
8. Monitoring, Reviewing and Evaluation	IR Country Office in Islamabad and Area Office Muzaffarabad will carry out regular monitoring and evaluation visits. Achievements would be compared with targets and planning guidance would be provided to fill the identified gaps. During the monitoring process the following are assessed: • Number of beneficiaries and IOL surgeries • Actual Vs estimated costs • Number of Camps Carried out • Number of awareness campaigns conducted • Number of children screened Quality Assurance Manager together with M&E Officer will lead monitoring activities to assess the achievements, evaluate the impacts and documenting lessons learned. He will report to Head of Programme to seek guidance from him for future course of action. Following reports will be prepared by the project staff and share with line manger, documentation section country management, Asia desk at HQ and donor office. **1. Monthly Reports:** To ensure proper information flow regular project activities and beneficiaries update reports will submit at the end of each month. It comprises all project activities done and highlighting issue during that particular month. **2. Quarterly Reports:** At the end of each quarter, a comprehensive quarterly report will also be prepared to summarize the activities that have been undertaken during that quarter. This report is also useful to monitor the progress of the camps and to smooth out any issues those may arise during implementation of the project activities. **3. Annual / Project Completion Report:** Annual Progress Report (APR) / Project Completion (PCR) is vital. In this report, beneficiaries, costs, targets achieved, and other such information is provided. The comprehensive monitoring, assessment and reporting measures

	detailed in the answers above provide mechanisms to facilitate learning and dissemination as well as promoting solutions. At the field level all staff encouraged to contribute to improving the effectiveness of the interventions. In this position he is able to identify problems, promote solutions, and foster learning at regional level within the organisation.		
10.Direct Beneficiaries:	**Total**	**Males**	**Females**
	3,760	1680	2080
11.Project Cost:	**Total**		
	GBP 45,000		
12.Project Start Date:	Effective from date of signing project contract		
13.Project Duration:	12 Months		