VISION 2020
THE RIGHT TO SIGHT
AUSTRALIA
GLOBAL CONSORTIUM

Vision 2020 Australia Global Consortium

Avoidable Blindness Initiative

Annual Report to AusAID for the period
January – December 2010

31 March 2011

An Australian partnership working to eliminate avoidable blindness and reduce the impact of vision loss in our region

Contents

1 Summary

Initiative name:	Vision 2020 Australia Global Consortium Avoidable Blindness Initiative
Initiative number:	Funding Order 37908/10
Initiative start date:	31 January 2010
Initiative end date:	31 March 2012
Value:	Consortium Program $15,000,000
	VAVSP $3,000,000
Reporting period:	January 2010 – 31 December 2010

2 Introduction

2.1 Preamble

This document reports on the Quality at Implementation progress of two separate but closely linked programs:

- The Vision 2020 Australia Global Consortium Program as outlined in the December 2009 Indicative Work Plan which commenced implementation in January 2010 and is due for completion by March 2012. This report covers the first 12 month implementation period from January 2010 – December 2010.
- The Vietnam Australia Vision Support Program (VAVSP – Funding Order 37908/11). As implementation of VAVSP has not yet commenced at the time of writing, analysis of its progress in this report will be limited.

This report has been prepared to align with AusAID's Quality at Implementation reporting format to facilitate AusAID's internal corporate reporting processes and as prescribed in the Vision 2020 Australia Global Consortium Partnership Framework and Funding Order.

For the purposes of this report, the initiatives being reported upon will be referred to as the 'Consortium Program' and 'VAVSP'.

2.2 Description of the initiative

In 2008, the Australian Government launched Development for All: Towards a disability-inclusive Australian aid program 2009–2014 (Development for All). A core outcome for Development for All is reduced preventable impairment with a focus on avoidable blindness and road safety. A total of $45 million was allocated in the 2008–2009 Budget to the Australian Government's Avoidable Blindness Initiative (ABI) Strategic Framework.

Nine Australian Non-Government Organisations (NGOs), all members of Vision 2020 Australia, formed the Vision 2020 Australia Global Consortium and joined in partnership with AusAID to implement programs that will contribute to the ABI Strategic Framework. Other agencies and projects funded under the $45 million ABI Strategic Framework will also contribute to its objectives and components.

The Consortium Program is scaling up existing NGO programs in Vietnam, Cambodia, Timor Leste, Papua New Guinea, Solomon Islands, Fiji and Samoa.

Through its ABI Strategic Framework and choice of partners, AusAID has recognised that avoidable blindness and visual impairment are a critical development need and an area in which the Australian NGO sector has considerable expertise and is strongly positioned to provide support in the region.

2.3 Objectives summary

The ABI Strategic Framework

With a budget of $45 million, AusAID will work with a number of agencies in the region and through various funding arrangements to implement the whole ABI Strategic Framework.

Goal: To reduce the incidence of preventable blindness and improve the quality of life for people with low vision and blindness.

Key objectives:

- Improve access to and provision of comprehensive eye health care
- Increase policy engagement with local, national and regional organisations on eye health issues and
- Improve data collection and understanding of eye health issues.

Components: (i) The development of a strategic partnership with a range of NGOs and other organisations working in eye health and vision care, building on and expanding existing work; (ii) Strengthening existing eye care training institutions and the capacity of eye care workers; (iii) Piloting the Vision Centre approach as part of the delivery of eye health and vision care needs in Asia; and (iv) Assessing eye health and vision care needs to inform future efforts to reduce avoidable blindness.

With a budget of $15 million, the Consortium Program will contribute to components (i) and (ii) of the broader ABI Strategic Framework. The $3 million VAVSP to be undertaken by four of the nine Consortium agencies will contribute to Components (i) and (iii). AusAID will undertake Component (iv) as a separate exercise. Other agencies such as NZAID will also contribute to the objectives and components of the broader ABI Strategic Framework.

The Vision 2020 Australia Global Consortium – ABI program

The objectives of the Consortium Program ($15 million) as outlined in the AusAID Partnership Framework are:

a) To support countries to increase the access of populations, particularly disadvantaged groups, in selected countries of the Asia-Pacific region to comprehensive eye care services.

b) To support the commitment of national governments and strengthen the capacity of health systems in countries of the Asia-Pacific region to plan, develop and implement national VISION 2020 programs.

The expected outcomes of the Consortium Program as outlined in the AusAID Partnership Framework are:

a) Establishment and operation of agreed planning, funding and ways of working for partnership activities as the basis for implementation of a two year work plan which may have potential for future activities,

b) Contribution of results of activities under the work plan to a comprehensive needs assessment to be undertaken separately by AusAID.

c) Scaling up of eye care activities in selected locations to support countries to provide improved access to eye care for disadvantaged populations.

d) Lessons learnt and evidence of effectiveness from scaled up activities compiled and disseminated to AusAID, Consortium members, national governments and at a regional level.

The Vietnam Australia Vision Support Program (VAVSP)

The key program objectives of VAVSP ($3 million) as outlined in the AusAID work plan are:

a) To improve access of populations in poor and isolated areas to comprehensive eye care (promotion, prevention, treatment and rehabilitation), ensuring access by those most marginalised, including women and girls, people with disability and ethnic minority groups.

b) To strengthen decentralised management of health services at sub-national level (province and below), and provide evidence for policy development at national level.

c) To reduce the gender inequality in access to, and health benefits from, comprehensive eye care in Vietnam.

The expected outcomes of VAVSP as outlined in the AusAID work plan are:

Program outcome

a) The program will demonstrate the potential of district level eye service development along the model of 'vision centres' to contribute to sustainable improvements in access to, and health benefits from, comprehensive eye care for women and men, girls and boys in selected provinces.

Component outcomes

b) Government health services in selected districts in three provinces provide a range of appropriate eye care services which are accessed by populations in isolated areas, including those most marginalised such as women, girls, boys, people with disability (PWD) and ethnic minority groups.

c) Reduction in the number of people in the selected districts, particularly among poor and isolated communities, with uncorrected, untreated or avoidable vision impairment.

d) Provincial Prevention of Blindness (PBL) Committees in VAVSP provinces develop medium term eye care plans, monitor and support the implementation of these plans, and secure supportive budget allocations.

e) Initial evidence on the effectiveness, financial sustainability and contribution to equity from district level services is collected and made available to national level policy makers.

f) Increase in number and proportion of people from marginalised groups, such as women, girls, boys, persons with disabilities, and ethnic minority groups, accessing and obtaining health benefits from eye care.

g) Establishment and operation of agreed planning, funding and ways of working for partnership activities as the basis for implementation of a two year work plan which may have potential for future activities.

3 Initiative progress

3.1 Key results

The key results presented in this report reflect the implementation of the Consortium Program from January – December 2010. At the time of writing, VAVSP remains in negotiation with the Government of Vietnam with implementation expected to commence before the end of the first quarter of 2011. The key results below align with the outcome areas in the Performance Assessment Framework (PAF) and reflect the achievements of the Consortium Program.

3.1.1 Disease control

In Cambodia

- 7933 cataract and other sight restoring surgeries were provided
- Access to care has been increased through 37, 568 eye health consultations
- Screening for refractive error for school aged children totalled 2,669 and spectacles were provided to 489 children
- 1,509 (female 890, male 619) referrals to other services and Disabled Persons Organisations (DPOs)
- 65,000 eye health education materials were produced

In Vietnam

- 3,504 eye surgeries conducted in 2010. Cataract surgeries totalled 1,805
- 1,660 non-cataract surgeries carried out including 39 children treated for strabismus and congenital cataract
- Refractive error screening carried out for 97,697 children and 1,067 adults
- Vietnamese language Information Education and Communication (IEC) materials produced and distributed: 44 billboards, 1,265 posters and 164,000 pamphlets on various eye health topics

In the Pacific

- In Samoa, refractive error screening undertaken in 12 schools with 1,034 students screened. Upgrading of a spectacle workshop and training of technicians commenced
- In the Solomon Islands, 774 refraction errors were identified with 787 spectacles provided (female 393, male 394)
- In Timor Leste, four outreach visits conducted by the resident ophthalmology team. 270 patients examined and 108 received surgery

3.1.2 Human Resource Development

In Cambodia

- Significant progress with HR training with 759 health professionals participating in various eye health related trainings

In Vietnam

- Significant progress with HR training with 3,131eye health personnel across the range of eye health skills

In the Pacific

- Capacity building in Early Childhood Care and Education (ECCE) provided to Fiji Ministry of Education, Fiji Ministry of Health and Fiji Society for the Blind
- Three refractionists, three workshop operators and six spectacle technicians trained in Papua New Guinea (PNG)
- In the Solomon Islands, five ophthalmic nurses in Auki, Kira Kira, Honiara town council and Gizo and two nurses from the National Referral Hospital received training in refraction, dispensing skills, low vision assessment and administrative processes
- In Timor Leste, eight nurses trained in the use of specialised eye equipment in Dili and at district level services. Eight Orientation and Mobility (O&M) trainers participated in a Training of Trainers (TOT) course.

3.1.3 Infrastructure Development

In Cambodia

- Completion of a 64 bed eye hospital in Takeo in Takeo Province. The eye hospital at Siem Reap is 90 per cent completed
- Refurbishment of five eye units at Banteay Meanchey, Kampot, Preah Sihanouk, Kampong Thom and Phnom Penh, five vision centres/eye units developed at Kampot, Kampong Cham, Pursat, Banteay Meanchey and Battambang, two refraction services established at Preah Sihanouk and Phnom Penh
- Equipment installed in 10 places including Kandal Province, Phnom Penh Municipality, Prey Veng Province, Kampong Speu Province and Kampong Thom Province
- Health Information Management System established in Takeo Eye Hospital

In Vietnam

- Three district level eye care facilities built or upgraded in Luoi District of Thua Thien Hue Province, Minh Hoa District of Quang Binh Province and Tuyen Hoa District of Quang Binh Province
- Medical and surgical equipment provided to six provincial level facilities, 24 district level facilities, 29 commune level facilities and 374 commune health stations
- 1,856 village health workers received basic eye kits to enable primary eye health care

In the Pacific

- RIDBC and the Fiji Society for the Blind Early Childhood Screening and Programming Training program
- In PNG, medical equipment and stock procured for Rabal, Bouganville and Mendi Vision Centres
- In Samoa, one optical workshop refurbished in Savai'I and Apia Eye Health Care Centre is upgraded. Equipment provided for full optical workshop and refraction clinic
- In the Solomon Islands, construction of three new eye clinics commenced in Auki, Honiara and Kira Kira. Relevant equipment procured for installation following completion in 2011
- Surgical upgrade of the Solomon Islands National Referral Hospital commenced with specialised eye equipment and training completed
- In Timor Leste, specialised ophthalmic equipment installed in Dili and the five referral hospitals

3.1.4 Consortium capacity

- Disability and Gender Inclusion and Child Protection workshops conducted
- Monitoring and Evaluation (M&E) workshop to develop the PAF
- M&E workshop to build general M&E capacity and data collection for the PAF held in Sydney in June
- The 2010 Annual Reflections Workshop allowed 40 participants from the Consortium to reflect on their program practice for the year to discuss key program issues, benefits of the Consortium approach, lessons learnt and application of learnings to future program planning.

3.1.5 In-country policy and planning

In Cambodia

- Finalisation of the Disability Inclusive Approach to Eye Care Health Program Manual and presentation to the Government at a national workshop
- Key policies such as child protection policy development and implementation are ongoing with some organisations having designated child protection officers in place
- Disability and Gender Inclusion workshops were completed in November 2010 with local NGOs, government representatives and agency staff

In Vietnam

- Provincial Prevention of Blindness (PBL) plans being developed. Regular provincial and district level PBL Committee activity is ongoing including regular meetings and the development of Son La Provincial Eye Care strategy
- National Refraction Advisory Group established with key government representation and development of a National Curriculum for Refraction training

In the Pacific

- Coordination and development of the PNG PBL National Eye plan is underway
- In Samoa, a National Eye Care Plan planning meeting is scheduled for 2011
- Two stakeholder forums held in Timor Leste in June and August 2010 involving Fuan Nabilan, East Timor Blind Union, Ministry of Health, Ministry of Social Solidarity Ministry of Education and The Fred Hollows Foundation New Zealand

3.1.6 Partnership

- Three in-country Partnership and Planning Meetings (Timor Leste, Solomon Islands and PNG) undertaken by the Secretariat to facilitate partnership building among Consortium members and government representatives and partners

In Cambodia

- PBL and sub-sectoral meetings held bi-monthly with government PBL committees
- National ABI meeting held in Siem Reap in December 2010 with CBM, FHF, ICEE and a PBL representative attending
- Coordination between Consortium members and government PBL committees and other departments through bi-monthly PBL meetings, joint assessment of new provinces, monitoring of eye units and joint project coordination

In Vietnam

- Coordination with six Provincial People's Committees and the Provincial Department of Health in approval of project implementation
- Coordination with five provincial education departments on school refractive error programs
- Collaboration with provincial and district eye units in six provinces
- Provincial partners committed to renovation of four eye examination rooms using local government funds rather than ABI funds

In Timor Leste

- Representatives from the Ministry of Social Solidarity and the Ministry of Education attend the Orientation and Mobility (O&M) stakeholder forums and are working together with local vision rehabilitation NGOs to improve existing referral networks

VAVSP

- The final VAVSP work plan was submitted to AusAID on 30 July 2010 receiving AusAID approval on 7 September 2010. Upon approval, the work plan was translated into Vietnamese and sent through the appropriate channels of the Government of Vietnam (GoV) for approval
- Despite the work plan having been through seven Government departments and receiving in-principle approval from the Vice Minister for Health, it is yet to receive formal approval
- Prior to the Tet New Year in January the Ministry of Health (MoH) requested further changes to the work plan – mostly related to clarifying the role and budget allocation for the Vietnam National Institute of Ophthalmology (VNIO)
- The MoH also decided to organise a review council to review the VAVSP work plan after Tet. The VNIO and MoH now advise that the work plan will be approved by the end of February 2011 (this had not been received at the time of writing this report)
- FHF Vietnam Country Manager has sought the assistance of Peoples Aid Coordination Committee (PACCOM) to progress the approval process with the MoH
- AusAID have been kept closely informed throughout this process

3.2 Stories of change

Stories of change have been collected by each of the Consortium Agencies based on qualitative data collection parameters developed by the Consortium. A selection of these stories, which best illustrate the contributions being made to the two higher order Objectives of the Consortium Program, have been attached at Annex Three.

4 Quality Criteria

4.1 Relevance

The Consortium Program remains highly relevant and appropriate to the Australian Government's development priorities[1] and those of its developing country National Government partners[2]. It is aligned with and will make a significant contribution towards Australia's efforts in achieving the Millennium Development Goals (MDGs).

The Consortium Program is a core contributor to AusAID's Development for All: Towards a disability-inclusive Australian aid program 2009–2014. A core outcome for Development for All is reduced preventable impairment. Being implemented through Australian NGOs and their local partners with reach at the grass roots levels, local governments at the provincial and National levels, the International Agency for the Prevention of Blindness (IAPB)/World Health Organisation (WHO) at the regional and global levels, the Consortium Program represents a strong and practical commitment to MDG 8: developing global partnerships for development. It is highly consistent with the principles of aid effectiveness vis-à-vis the Paris Declaration and Accra Agenda, in particular enhancing partnerships and facilitating harmonisation.

Vision 2020 Australia Member agencies are recognised internationally as experts in the field of blindness prevention. AusAID's partnership with the Vision 2020 Australia Global Consortium creates a unique multilateral government/NGO partnership for AusAID.

The Consortium Program remains highly relevant to the context and needs of those whom it seeks to benefit. The least economically developed societies and communities experience the highest prevalence of visual impairment with more than 90 per cent of the world's visually impaired people living in developing countries[3]. According to WHO estimates, there are approximately 285 million people around the world whose vision is impaired, due either to eye diseases or uncorrected refractive error. Of this number, 39 million people are blind[4].

South East Asia and the Western Pacific region have the greatest need for assistance for vision impairment and blindness in the world. Of the six WHO regions, South East Asia and Western Pacific account for 73 per cent of moderate to severe visual impairment and 58 per cent of blindness. The prevention of avoidable visual impairment will be achieved only if effective, efficient, comprehensive eye health -care services are integrated into well-managed, well-monitored national health systems[5]. The Australia Government and Australian NGOs are perfectly positioned and capacitated to achieve this goal.

4.2 Effectiveness

The following analysis of effectiveness reflects the implementation of the Consortium Program from January – December 2010. At the time of writing, VAVSP remains in negotiation with the Government of Vietnam with implementation expected to commence before the end of the first quarter of 2011.

The objectives of the Consortium Program are articulated in relatively open-ended language aiming for positive changes in regards to access to comprehensive eye care and government capacity. Significant outputs and outcomes have been achieved by each of the individual

[1] Development for All: Towards a disability-inclusive Australian aid program 2009–2014.
[2] AusAID 2009, Stage One of ABI Needs Assessment and National Government PBL Plans
[3] Vision 2020 WHO: The Right To Sight – Action Plan 2006–2011
[4] IAPB New WHO estimates reveal downward trend in blindness and visual impairment worldwide 2011
[5] Vision 2020 WHO: The Right To Sight – Action Plan 2006–2011

Consortium Program activities in year one. Through the combined efforts of the 14 activities that make up the Consortium Program, the objectives and expected outcomes of the overall Consortium Program are on track to be fully achieved. In addition, the Consortium Program will undoubtedly contribute to the ABI Strategic Framework objectives and the Development for All objectives.

Each of the 14 activities has clearly defined objectives in their individual project designs. At the completion of year one of the two year implementation period, eight of the 14 Consortium activities report that they are on track to fully achieve their stated objectives within the scheduled time frame. The other six initiatives report that they will achieve their stated objectives with some relatively minor variations to their original designs. In all cases these variations are not significant and do not represent a risk to the achievement of the Consortium Program objectives and expected outcomes. For example, the Royal Australasian Collage of Surgeons activity in Timor Leste has amended its vision rehabilitation component to a more targeted activity aimed at improving current orientation and mobility services in-country. The activities will be piloted in Kili and the district of Same for this project phase, and if successful will be rolled out to other surrounding districts in the near future. RIDBC in Fiji has faced challenges in regards to local staff changes within the Fiji National Education For All (EFA) – VI Task Force. AusAID will be kept fully informed of these activity variations through the appropriate change frame reporting process, and will also be promptly informed if there is any change to the anticipated timeframe for completion.

4.3 Table 1: Consortium Program outputs in 2010 contributing to the ABI objectives

The following table provides a representational list of activities undertaken in 2010 and their contributing link to the Consortium Program's objectives:

Consortium Program objectives	Consortium outputs in 2010 contributing to each objective (Summarised list – see Key Results for full description)
Objective 1: To support countries to increase the access of populations … to comprehensive eye care services	• All needs assessments complete • Knowledge Attitude Practice (KAP) surveys undertaken in Cambodia and Vietnam to establish baseline data and inform planning • Gender and Disability Inclusive Approach to Eye Care Health Program Manual completed and presented to Cambodian National Government • Training conducted with at least 3,638 eye care staff including tertiary level ophthalmologists, nurses, teachers, spectacle technicians, village based primary eye health workers etc • Increase in service delivery of screening, surgery, referral of children to ophthalmologists, spectacle dispensing etc with at least 102,667 refractive error screenings and 38,410 other consultations conducted • Improved linkages with other health services including Disabled Persons Organisations with at least 1,509 referrals of patients • Increased outreach services such as screening and treatment provided through mobile outreach • Upgrading, refurbishment or construction of at least 20 new eye care facilities, ranging from major hospitals to vision centres, completed or commenced • Provision of diagnostic and surgical equipment to at least 457 eye care facilities and at least 1,856 village health workers • IEC materials in local language developed and disseminated – 229,000 brochures, 5,000 posters and 44 billboards on various eye diseases.
Objective 2: To support … national governments and strengthen the capacity of health systems … to plan, develop and implement national Vision 2020 programs.	• All Memorandums Of Understanding (MoU) negotiated and signed • Finalisation of the Disability Inclusive Approach to Eye Care Health Program Manual and presentation to the Cambodian Government • Advocacy and awareness raising on issues relating to child protection undertaken with all partner governments • Disability and Gender Inclusion workshops completed in Cambodia with local NGOs, government representatives and agency staff • Provincial Prevention of Blindness (PBL) plans being developed in Vietnam. • National Refraction Training Office at the Vietnam National Institute of Ophthalmology established • Engagement of a National Refraction Coordinator in Vietnam. • National Refraction Advisory Group established in Vietnam with key Government representation • Development of a National Curriculum for Refraction training in Vietnam

	• Coordination and development of the PNG PBL National Eye plan is underway • Regular provincial and national PBL meetings being held with relevant bodies in Vietnam and Cambodia. • Western Pacific Regional Program Manager and International Agency for the Prevention of Blindness (IAPB) chair visited each sub-region to meet with key local stakeholders. • IAPB representatives attended various meetings throughout the region increasing visibility and ability to influence within the region. • Various cataract surgery quality monitoring systems (CSSS and CSOM) being implemented in Vietnam and Cambodia.

4.4 Efficiency

At the completion of year one, 13 of the 14 Consortium Program activities report that they are on track for the scheduled completion by December 2012. One activity has requested a no-cost extension until June 2012.

Implementation

The Consortium Program is experiencing implementation delays, however it is important to note that they do not represent fundamental flaws in project design and are therefore manageable within reasonable variations to specific activities. AusAID will be kept fully informed of these activity variations through the appropriate change frame reporting process. Implementation delays to date have been due to the following reasons:

- The Consortium Program and agreements were not finalised until the end of January 2010 delaying the commencement of all activities.
- As a result of the prolonged period of conceptualisation of the ABI between AusAID and Vision 2020 Australia, once agreed, Consortium agencies were required to undertake rapid programming to commence implementation by January 2010. The rapid programming has resulted in many Consortium member agencies needing to refine the design details further with partners leading to delays in activity implementation.
- Negotiation and signing of the necessary MoUs with predominantly government partners took place throughout the first and second quarters of 2010. This would normally be considered to be efficient and timely. It is important to note that while Consortium Program activities represent scale up of existing partnerships and projects, all have nevertheless required new agreements and MoUs be negotiated and signed with partners either because activities represent a greater commitment or because activities have spread to include additional provinces or districts etc. One of the key elements to ensuring sustainability of the Consortium Program approach is that partners are predominantly government. Negotiation of MoUs with this type of partner takes considerable time even with long standing relationships simply because of the bureaucratic processes involved.
- Some infrastructure projects have been delayed due to extended approval processes with government partners.
- Some activities have experienced human resource related challenges including the timing and availability of suitable candidates to train.

Expenditure

Expenditure on the Consortium Program activities in 2010 totalled $6,452,381 compared to the full year budget of $8,638,389. This has resulted in an under spend of $2,186,008 or 25.31 per cent compared to the first year budget. Expenditure in the fourth quarter was $1,802,315 and this was in line with the budget of $1,819,925 demonstrating that Consortium Program activities have gained momentum and resolved some of the issues such as MoUs and approvals which were causing delays earlier in the year. While the under spending represents a significant challenge to the Consortium, it is important to note that individual activity objectives and the overall Consortium Program objectives are likely to be achieved as planned. The key reasons for the shortfall in expenditure in 2010 are as follows:

- Implementation delays as outlined above that have delayed expenditure.
- Achievement of planned outputs at a lower cost than anticipated.
- Foreign Currency Gains as a result of the strong Australian dollar against the US dollar. All programs are funded in Australian dollars and these dollars have purchased more foreign currency than anticipated by Members who prepared budgets in foreign currency.

Management of efficiency risks

The Consortium Secretariat is responding proactively to risks such as delays in implementation and underspending. Implementation issues are reviewed and analysed at monthly Program Management Team meetings. As issues emerge which may represent a risk, the Secretariat works with the Consortium agencies involved to resolve the issue. For example, there was a potential duplication of activities and lack of clarity over roles in Timor Leste with a Consortium member agency and FHFNZ. A partnership meeting to resolve this issue was undertaken in Timor Leste in early August. Similarly when delays in the Solomon Islands activity became significant, the Secretariat responded by facilitating an Action Plan, increased resource allocation for project management and held partnership meetings in-country to resolve the issues with the key partners in the Solomon Islands project. This resulted in an additional Program Manager being appointed in-country and the revision of some project activities to align with a shift in program efficiencies.

4.5 Monitoring and evaluation

The monitoring and reporting systems established by the Secretariat and the Prime Contract Holder (PCH) and incorporated into the Program Agreements with each of the individual agencies are comprehensive and robust. The Consortium agencies have demonstrated throughout 2010 that these systems are eliciting good information to inform their management of implementation progress. Similarly the internal monitoring and reporting systems established by the Consortium Secretariat have proven to be effective throughout 2010.

At the consolidated Consortium Program level, the Consortium has developed a Performance Assessment Framework (PAF). Consortium agencies have provided data against the PAF indicators relevant to their initiatives for the period January – December 2010 (Annex Five). Analysis suggests a reasonable response from Consortium agencies and some useful data but also some limitations. For example there appear to be some inconsistencies with interpretations of terminology such as ‘disability’ and ‘integrated eye heath care services’. In addition, it would appear that the data set for some activities is incomplete. The absence of baseline data was previously known as a constraint. Nevertheless, Consortium agencies have all successfully provided data against the PAF indicators for 2010.

M&E has been appropriately resourced by the Consortium with the engagement of an M&E consultant and one of the Consortium members CERA, to oversee and undertake specific tasks related to M&E. Initiatives undertaken in 2010 include: the development of the PAF; development of a Consortium Program M&E Handbook (this has also more recently been revised in response to user feedback); review of individual project M&E frameworks and working with individual agencies as required; M&E training workshops with all Consortium members; Disability Inclusiveness & Gender workshops which included aspects relating to M&E, the 2010 Annual Reflections Workshop and Partnership Discussions with AusAID.

The Consortium Secretariat and PCH have established a robust internal monitoring and reporting system. Consortium members have reported to the Secretariat in 2010 on: a monthly (financial); quarterly (financial and activity progress); six monthly and annual (effectiveness) basis. The quality of reporting from Consortium Members to the Secretariat has generally been of a good standard and readily usable for management decisions. Throughout 2010 the Secretariat undertook Monthly Review Team (MRT) meetings with the PCH and the M&E consultant. Any issues of concern identified at these meetings are promptly followed up in a systematic manner.

All Consortium members have established their own internal progress reporting and field monitoring processes with their in-country teams and partners. All agencies report that these systems are producing timely and useful information to inform their management decisions. This has been consistently verified by the Secretariat throughout 2010 with the receipt of timely and informative reports from Consortium agencies. At the same time, all agencies

report challenges in regards to monitoring. All Consortium agencies are working with government partners' in-country that limits the scope for rapid improvements to their data collection and reporting systems. Where challenges have arisen such as in Vietnam where all government health services maintain manual (rather than computerised) records of patients, Consortium members are working creatively with partners to increase efficiencies. For example, CBM has developed a simple format in Excel to be used in 2011 by which the partner can report on outputs (mainly quantitative) per activity. Similarly FHF is supporting the use of a Cataract Surgery Surveillance System (CSSS) in Vietnam and the WHO Cataract Surgery Outcomes Monitoring (CSOM) System in Cambodia, which can monitor the quality of surgeries being performed.
Gender and disability related data collection is particularly challenging for a number of reasons. In Vietnam for example, government health services have not previously collected gender specific data. Very few, if any, government services or eye health clinics in Consortium partner countries currently collect or disaggregate disability data so not only is there no baseline data, but significant work has needed to be undertaken with partners to change practises. Fundamental challenges also exist which are beyond the short term control of the Consortium Program such as the lack of a shared definition of disability between countries.

All Consortium member agencies have various types of reviews or formal evaluations scheduled throughout 2011. The Consortium will conduct its second Annual Reflections Workshop in Vietnam in 2011. The 2010 Annual Reflections Workshop brought together all Consortium agencies and many of their in-country staff and resulted in a number of recommendations that are already directly influencing practises and approaches to program planning such as improved national level consultations and planning.

Consortium members engaged in AusAID's Independent Progress Review of the ABI conducted in April and May 2010 facilitated fieldwork in Fiji, PNG, Vietnam and Cambodia.

4.6 Sustainability

At the conclusion of year one of implementation it is premature to assess the sustainability of Consortium Program outcomes. It is possible however to provide an analysis of the sustainability strategies being utilised by the Consortium Program activities.

As outlined in the Vision 2020 – The Right to Sight Action Plan 2006–2011, "the prevention of avoidable visual impairment will be achieved only if effective, efficient, comprehensive eye health-care services are integrated into well-managed, well-monitored national health systems". The foundation of the Vision 2020 approach is to support national governments in the development of clear plans and coordinated approaches towards an integrated solution. As Vision 2020 signatories, the Consortium member agencies are strong adherents to these principles which underpin the approaches taken by each agency in its partnerships and program designs. As such all Consortium projects are working directly with the national Ministries of Health (MoH) and corresponding provincial and district level authorities to develop PBL plans where they do not currently exist to ensure all project activities contribute to local government priorities. Activities are designed to strengthen and integrate with existing health services so as to avoid duplication or the development of parallel unsustainable services. Cost recovery, cost sharing and subsidisation strategies have been included in hospital and clinic based initiatives, where appropriate, to enable financial sustainability. Consortium member agencies are advocating to government for the integration of eye health services to ensure ongoing government funding and recognised career paths for eye health care personnel.

Throughout 2010, Consortium Program activities have adopted the sustainability strategies outlined above with the following indications of success:

In Vietnam

Consortium Program activities are supporting the development of provincial eye care plans and

advocating for integration of eye care within provincial health plans and budgets. This has already shown signs of success, for example, the local government has contributed funds to build and upgrade the Eye Hospital in Tien Giang and Thua Thien Hue Provinces, and plans are being considered for establishing a new eye hospital in Hai Duong Province.

In Cambodia

In 2010 FHF has continued to advocate for increased government spending for eye health care. In response, the MoH's 2010 budget included approximately USD37, 000 for eye care activities. The MoH has also given full accreditation to new training programs in refraction and ophthalmology residency for the Consortium Program.

In the Pacific

In the Solomon Islands, the resident Program Manager for the main Consortium Program activity has made a significant impact on assuring program activities are successfully implemented. All activities conform to the National Eye Health Strategy and have the full support of local health officials. Already the Consortium Program activity's funding has leveraged increased financial support for eye care from provincial governments. The equipment provided in 2010 for the primary eye clinics has been chosen for its robustness and long operational life. Training in maintenance of the equipment will continue in 2011. Also the individuals trained in delivering Vision Screening training have completed the first round of training independently and have planned the second round of training. In Samoa teachers trained in vision screening of children have continued vision screening activities.

4.7 Gender equality

Each of the 14 Consortium Program activities addressed gender inclusion as a cross cutting issue in their initial project designs. Strategies employed in implementation in 2010 have included: engagement of both women and men in the project design; providing training opportunities for both women and men to be eye health doctors, nurses and primary health care workers; supporting outreach eye health clinics in remote regions to ensure that eye care services are offered to both women and men who are unable to travel for a variety of socio-economic reasons; providing subsidised treatment to overcome the barriers of lower income and limited control of finances that can prevent women and girls from receiving treatment; collecting and analysing disaggregated data to ensure that both men and women are accessing services equitably; and including components on gender inclusion in training courses through tailored curriculum and teaching materials.

Gender Training workshops were successfully delivered in Australia and Cambodia in 2010, with workshops scheduled in Vietnam, PNG and Fiji in 2011.

Gender inclusive activities implemented in 2010

In Vietnam:

- Women's Unions have been involved in implementation planning workshops and in workshops specifically to develop gender sensitive Information Education and Communication (IEC) materials. In Nghe An Province, dedicated commune level screening activities were arranged in collaboration with Women's Unions.
- The number of women accessing FHF screening and treatment services is higher than men, specifically 1,061 female, 695 male patients were provided with cataract surgery, and 1,011 female, 649 male patients treated for other eye diseases.
- 1,599 female and 1,231 male eye care staff from provincial to grassroots levels have attended training courses provided by the FHF activity in 2010.

In Cambodia:

- Three of the four new trainees enrolled in FHF's Ophthalmology Residency Training course are women. This represents a significant change from previous years.
- Sixty seven per cent of community health workers trained in FHF Primary Eye Care training course were women.
- Patient records show there are more female than male patients accessing eye care services. In 2010, approximately 65 per cent of cataract patients who received surgical subsidies were women. A significant percentage of these women come from rural villages and economically disadvantaged families.
- CBM and ICEE report the challenges faced in the training of females in professional roles such as refraction nurses and medical positions due to the Khmer culture and selection of trainees by government. Both agencies are advocating with the government for change.

In the Pacific

- In the Solomon Islands, ICEE has employed a female Vision Centre Manager and provided training on gender inclusion in the nurse refraction and vision centre management workshops in 2010. Rapid Assessment of Avoidable Blindness (RAAB) data being collected will be disaggregated by gender.
- In PNG, ICEE has faced HR recruitment challenges where the majority of appropriately trained applicants are male and are working with their partners to try to overcome this imbalance.
- In Timor Leste, RACS is experiencing challenges in regards to gender balances with higher proportions of males accessing services and fewer females accessing training positions. The project activity encouraged 3 female O&M trainers to participate in a Train the Trainer program.
- In Fiji, the situation is quite different with 85 per cent of early childhood training positions with the Fiji School of the Blind being taken up by women. However, given that the field is a female dominated on to get 25 percent participation by men is considered a success.

4.8 Disability inclusiveness

At its core, the purpose of the Consortium Program is to improve the lives of those with one particular type of disability, namely visual impairment or blindness. Where a permanent disability is avoidable, the Consortium Program is already having a significant impact on decreasing the burden on families, communities, health and disability services and the economies of partner countries. Consortium Program activities are also working with people with permanent visual disabilities through Community Based Rehabilitation (CBR) activities, Orientation and Mobility (O&M) activities and through the establishment of referral pathways with specialised (blindness) and generalised disability focused organisations.

Consortium Program activities are creating an enabling environment by raising awareness of Disability Inclusive Approaches (DIA) with partner governments from the highest levels of government through to community based clinics. All Consortium members were engaged in a DIA workshop held in August 2010 to increase knowledge in regards to disability inclusiveness in the development context and to refine the Consortium's approach to M&E and data collection in this regard. As a result of this training, various Consortium members have added DIA components as a cross cutting issue to their in-country training courses conducted throughout 2010. A dedicated DIA training course has been conducted in Cambodia for staff and partners in 2010 with further DIA courses scheduled in Vietnam, PNG and Fiji in 2011. The IAPB regional activity has involved IAPB personnel in partner countries in DIA training in 2010 to increase

awareness at a regional policy and planning level.

Each of the 14 Consortium Program activities addressed disability inclusiveness as a cross cutting issue in their project proposals with numerous strategies employed in project planning and design such as partnerships with Disability Focused Organisations (DFOs) involving persons with disabilities (PWDs) directly in project planning, the inclusion of CBR and O&M initiatives for those with permanent vision disabilities, DIA to building designs; proactively involving persons with disabilities as trainers and the inclusion of DIA components in training courses through tailored curriculum and teaching materials.

Disability inclusive activities implemented in 2010

In Vietnam:

- CBM has seen increased interest from partners to deliberately plan disability inclusive eye care activities. Health workers want to learn more about disability legislation as it relates to health care; outreach activities (examination, treatment, advice and referral) specifically involving PWD groups, including ex-leprosy patients and children in rehabilitation centres, have commenced in 2010.
- Ramps for wheelchairs, elevators and handrails in restrooms were a key priority in the construction designs of the four provincial eye facilities supported by FHF.
- In collaboration with the Association for the Support of Vietnamese Handicapped and Orphans Consortium member partners will conduct the eye screening for all members of this association in 2011.

In Cambodia:

- FHF has collaborated with the three disability focused organisations: Cambodia Development Mission for Disability (CDMD), Association of the Blind in Cambodia (ABC) and Krousar Thmey Blind Schools on a range of activities. For example, 287 blind children from Krousar Thmey Blind Schools received a clinical low vision assessment and the necessary visual aids in 2010.
- The building design for the Siem Reap Regional Eye Hospital has included access ramps, disabled toilets and an elevator to floors above ground level. CBM's Takeo Eye Hospital facilities completed in April 2010 incorporated ramps, wheelchair accessible toilets, additional wheelchairs, large type signage etc.
- The completion of the first Disability Inclusive Approach to Community Eye Health (DIACEH) training workshops has meant that local staff and partners of CBM have reinforced their disability inclusive approach to their work.

In the Pacific:

- In the Solomon Islands, ICEE and RIDBC have involved a community based rehabilitation representative in the low vision and screening training for the provincial and National Referral Hospital ophthalmic nurses to improve communication and referral pathways.
- In PNG, the local partner organisation PNG Eye Care have developed policies and trained their own staff in Disability Inclusive Approaches. Additionally, pathways for referrals to disability services have been developed.
- In Timor Leste, new PWD data collections systems have enabled seven patients with permanent disabilities to be referred to disability NGO Fuan Nabilan. Five vision impaired individuals will be trained as O&M trainers in 2011.n addition, eye care personnel now take with them copies of the Community Based Rehabilitation in Timor Leste Directory (developed and published by the Ministry of Social Services in 2010) when conducting screening visits.

- In Samoa RIDBC have teamed with SENSE Inclusive Education to ensure that those children with a disability are included in screening activities and also to provide ongoing support for those who have untreatable vision impairment.

4.9 Child protection

Vision 2020 Australia and the Consortium members have taken a serious and proactive approach to managing the risks associated with child protection. The adoption of formal child protection policies by each member agency and familiarity with AusAID's requirements formed part of Vision 2020 Australia's initial capacity assessment process for membership to the Global Consortium prior to the commencement of the ABI. All Consortium member agencies (which includes the VAVSP agencies) have formal, documented child protection policies in place.

As part of internal capacity building and risk management for the ABI Consortium Program, a child protection workshop was undertaken in collaboration with the AusAID Child Protection Officer in September 2010 for all Consortium members. This will be followed up with in-country training workshops to be delivered by CERA in Vietnam, PNG and Fiji in 2011. CERA will liaise with the relevant AusAID staff at the posts to facilitate their involvement in the workshops. An internal Vision 2020 Australia advisory paper was developed in September 2010 and circulated to all Consortium members to ensure ongoing vigilance and compliance by member agencies and the Secretariat in regards to child protection. Vision 2020 Australia provided Consortium members with a resource list of relevant websites and guidelines to ensure ongoing familiarity with AusAID requirements and sector best practice.

Particular examples of good practice implemented in 2010 in regards to managing the risks associated with child protection include:

- CBM is collaborating with the Child Rights working group in Vietnam.
- FHF has developed guidelines for in-country staff and partners on the appropriate collection of case studies and photographs of children and obtaining parental consent at all times.
- ICEE has incorporated a lecture on social responsibility for all its training courses that includes issues of gender, environment, disability and child protection. Child protection issues are also covered in all child refraction training courses.
- CBM Cambodia built a separate child examination room at Takeo Eye Hospital to provide children with a child friendly environment to help ease the stress that an eye examination can cause. The absolute number of children treated has increased from 4,001 in 2008 to 4,958 in 2009 and finally 7,405 in 2010.
- RACS in Timor Leste are in the process of modifying and translating their child protection manual and Code of Conduct into Tetum to suit the local environment and context. Similar processes have been undertaken by other member agencies in Vietnam and Cambodia.

4.10 Risks to highlight

An updated Risk Management Framework is provided at Annex Five and this outlines risks in greater detail. Three key risks are highlighted as follows:

- Implementation delays requiring relatively minor activity variations: a number of the Consortium Program activities have identified the need for relatively minor variations to activities. These have been in response to changes in the local context or partner priorities, a lack of suitable candidates for training or where initial activity designs have been found to be overly ambitious. The monthly review team meetings are vigilant to these variations and the Secretariat closely monitors the situation with individual agencies. All variations will be reported to AusAID through the change frame process.

- Lower than expected expenditure: this issue has been discussed in more detail in section 4.4 of this report.
- Ensuring lessons from the Consortium Program are used to inform future program planning. The 2010 Annual Reflections Workshop brought together 40 Consortium representatives from Australia and partner countries. The process identified a number of key lessons and recommendations to improve the planning and design of future programming. Some recommendations are already being implemented with National level consultations commencing in May 2011. With time frames yet again being so tight, however there is a risk that the quality of planning and design processes may be compromised. The Consortium is working together to ensure effective country level planning with relevant partners and strong and collaborative design will occur for future program planning.

4.11 Development approach as per the Guiding Principles

The Annual Report is required to assess the Consortium Program's development approach as per the Guiding Principles. There are two different sets of Guiding Principles outlined in the Partnership Framework and the Funding Order respectively. Progress in regards to the Guiding Principles as they relate to Partnership (as per Clause 5 of the Partnership Framework) will be addressed in section 4.12 of this report. Progress in regards to development approach has been assessed against the Work Plan Guiding Principles (as per Clause 4.4 of Annex B to the Funding Order) which reflect comprehensive principles of good development practice. The 13 points listed can be readily grouped into the following four key principles of development practice:

Sustainability [4.4 (a) – (d)]

All Consortium Program activities are promoting national and local ownership through working with government partners at the various administrative levels from National level down to district and commune level. All Consortium Program activities are supporting their government counterparts to strengthen National Prevention of Blindness Committees and the development of Prevention of Blindness Plans/Strategies where they do not currently exist. This has also begun at the provincial level in Vietnam. One of the Consortium Program activities is strengthening the IAPB Western Pacific Regional coordination which is enhancing coordination with other Consortium Program activities and agencies in the region. Strategies being utilised by agencies to enable health systems resources to financially operate and maintain activities and infrastructure include: the establishment of cost recovery systems; the establishment of optical workshops which will provide an income; successfully advocating to national and provincial governments to allocate dedicated funding within budgets; training in the maintenance of equipment and close consultation with counterparts in regards to the architectural designs of health facilities.

Refer to sections 3.1.5 (In- Country Policy and Planning), Table 4.3 (Objective 2) and 4.6 of this report for additional examples of good practice.

Partnership [4.4(e)-(f)]

The implementation of the Consortium Program has seen a greatly increased level of collaboration between participating NGOs and between NGOs and government/public sector partners. Prior to the Consortium Program, most of the participating NGOs regularly communicated and cooperated through National Prevention of Blindness Committees and similar forums. The Consortium Program has formalised this and created the platform for structured collaboration, sharing of resources and expertise and a collective elevation of quality standards. The performance assessment demands of the Consortium Program have ensured Consortium agencies' collaboration on the development of the Performance Assessment Framework (PAF) and the collection of data to inform performance assessment against its indicators. This is attached in Annex Four of this report. The basis of *VISION 2020:*

The Right to Sight is to work directly with government partners and to align contributions with their national priorities so as a result of the Consortium Program, all participating agencies are working with public sector partners in this manner. Consortium agencies have reported success in working with Disabled Person Organisations (DPOs) in Cambodia, Vietnam, Timor Leste, Samoa and Fiji. For some projects such as those in Fiji, Samoa and Timor Leste, DPOs are among their in-country partners. For other activities in Vietnam and Cambodia, the Consortium Program has meant a greatly increased focus on developing effective referral pathways with DPOs and other disability focused organisations.

Refer to sections 3.1.5 (In-Country Policy and Planning and Partnership), Table 4.3 (Objective 2) and 3.1.6 of this report for additional examples of good practice.

Inclusiveness [4.4 (g)-(k)]

Utilising strategies to optimise the inclusiveness of all disadvantaged groups was incorporated into the designs of all Consortium Program activities. A number of the indicators within the Performance Assessment Framework (PAF) address this aspect of practice ensuring it is systematised within Consortium management and performance measurement processes. Significant success has been achieved in Vietnam with Consortium agencies working with various levels of the Women's Union. Consortium Program activities in Cambodia, Vietnam, PNG and Timor Leste are proactively seeking women for training and staff positions. Where this has proven challenging due to restrictive government policy in regards to the existing qualifications of trainees in PNG for example, ICEE is lobbying the government to modify policy. The RACS activity in Timor Leste has ensured opportunities for the involvement of PWD (Person's With Disability) in its activity with vision impaired individuals having been identified for training as O&M trainers.

Refer to sections 4.7 and 5.1 of this report for additional examples of good practice.

Data collection and M&E [4.4 (l) – (m)]

Consortium Program activities in Cambodia, Vietnam, PNG, Timor Leste and the Solomon Islands are working with in-country counterparts such as health departments and individual hospitals and clinics to improve patient data collection systems. In addition and at a broader level in the Solomon Islands for example, CERA is undertaking a RAAB with the Department of Health which will inform future planning and provide baseline data. The performance assessment demands of the Consortium Program have ensured Consortium agencies' collaboration on the development of the PAF and the collection of data to inform performance assessment against its indicators. 2010 PAF data are provided in Annex Five. Working as a Consortium has led to a collective elevation of quality standards in regards to monitoring and data collection. All Consortium Program agencies have developed M&E frameworks for their individual activities, have contributed to the development of the overall PAF and have attended capacity building workshops for M&E and DIA which included a focus on the collection of disability related data. Lessons learnt form these initiatives have been passed onto in-country counterparts with agencies trialling the collection of disability related data for the first time with counterparts. Various cataract surgery quality monitoring systems (CSSS and CSOM) are being implemented in Vietnam and Cambodia.

Refer to section 4.5 and Annex Five of this report for additional examples of good practice.

4.12 Partnership and Consortium approach

The Annual Report is required to assess the Consortium Program's partnership and Consortium approach as per clause 8.2 in the Partnership Framework. Progress in regards to achieving the partnership objectives (8.2 point a) implicit in the Guiding Principles has been discussed in the Partnership component of 4.11. The remaining three Partnership points are addressed below.

b) Internal partnership processes such as roles and responsibilities, the appropriateness of resources to the scope and scale of implementing the Partnership and whether the Partnership is working as one team making the best use of each party's skills and resources;

The development of a functioning management and governance system has been crucial to the effectiveness of the Consortium and its overarching aim of working in partnership to eliminate avoidable blindness. Internal partnership processes have been agreed to via a collaborative and consensus driven approach. At the commencement of the Consortium all members signed a Deed of Agreement that highlighted the roles and responsibilities of the Consortium management bodies. The Consortium Program Committee (CPC) is the operational body that determines any program or work plan related issues. The CPC consists of nine agency representatives of a senior program manager level. The Regional Plan Steering Committee (RPSC) is the executive committee of the Consortium and determines strategic direction of the Consortium. This body consists of members of a CEO level and includes representation by the Chair of the IAPB Western Pacific Region. Recommendations can be made from the CPC to the RPSC for consideration. Key to ensuring the Committees function efficiently is the role of the Secretariat to facilitate their operation, via administrative and program support and the role of the Prime Contract Holder (PCH) for financial reporting responsibility. The Consortium has been aware of the allocation of appropriate resources for the management costs associated with meeting the oversight and delivery responsibilities of the Secretariat and Prime Contract Holder (PCH). These crucial roles ensure functioning of the Consortium and represent 8 per cent of the total value of the $15 million work plan.

c) Whether the parties have benefited from involvement;

The benefits of the Consortium and partnership approach were highlighted throughout the year, and thoroughly analysed at the Annual Reflections Workshop held in October 2010. Forty participants (Australian, in-country and some in-country government representation) attended. There was strong endorsement for the value of the Consortium model. The workshop highlighted two key ways the model had added value:

1. Consortium agencies themselves had benefitted through professional and collegial support, sharing of resources and program information and the ability to meet regularly as Consortium members to discuss progress of programs and program issues. Access to expert resources and training via the Consortium further assisted delivery of quality programs. This reflected the workshops that the Secretariat organised to ensure identified knowledge gaps were targeted. In 2010 this included workshops on Monitoring and Evaluation, Gender, Disability Inclusiveness and Child Protection.
2. The Consortium initiatives (and therefore development outcomes) had and would benefit from the collaborative approach of the partnership. Examples were cited where a number of Consortium agencies had collaborated together to create a comprehensive planning approach in-country such as in the Solomon Islands. Numerous examples were given of what was termed during the workshop as the 'domino effect of the Consortium', this highlighted that the impact of the ABI project was already resonating far beyond its defined input. For example in the Solomon Islands where the government had not previously been able to afford to implement its own PBL plan, this was now well underway which had then galvanized other donors to support other parts of the plan and for the National and Provincial governments to see the worth in committing their own funding.

d) Any unintended consequences

A notable unintended consequence of the Consortium is the identification of cross cutting issues where knowledge and capacity gaps have been highlighted. This has been a specific benefit of the Consortium due to the comprehensive and diverse range of skills that different Consortium member agencies hold. The advantage of having the 'expert' agency in one particular field is that they are able to identify and respond to where the gap is. For example, when discussion focused on the concept of disability inclusiveness at the Consortium Program Committee it was highlighted that there was not consensus on the definition of disability inclusiveness or its integration into program activities. CBM, specialised in this area, utilised the CBM-Nossal (Melbourne University) partnership to provide a workshop on disability inclusiveness, its integration into programs and the set up of monitoring and evaluation systems to ensure it was captured in the PAF. This process also feed into CBM's development of 'Disability Inclusive Development Guidelines', a resource that will be shared by the Consortium and its partners. This highlights a process that results in an overall improvement in quality of programs due to the Consortium model.

5 Annexure 1: Global Consortium acronym list

Acronym	Name
ABC	Association for the Blind in Cambodia
APA	Annual Partnership Agreements
BOCC	Battambang Ophthalmic care centre
CERA	Centre for Eye Research Australia
CBM	CBM Australia
CBR	Community Based Rehabilitation
CDMD	Cambrian Disability Mission for Disability
CHW	Community Health Workers
CME	Continuing Medical Education
CRA	Community Rehabilitation Assistants
CREW	Continuing Refraction Education Workshops
CSOM	Cataract Surgery Outcome Monitoring
DIACH	Disability Inclusive Approach to Community Eye Health
DIP	Detailed Implementation Planning
DPO	Disabled Persons Organisation
DTCM2	National Technical College of Medicine No 2 in Da Nang
ECCE VI	Childhood Care and Education in Vision Impartment
FHF	The Fred Hollows Foundation
FHFNZ	The Fred Hollows Foundation New Zealand
FNCDP	Fiji National Council for Disabled persons
FNTL	Fo Naroman Timor Leste (FNTL)
HCMC	Ho Chi Minh City
HCMCEH	Ho Chi Minh City Eye Hospital
IAPB	International Agency for the Prevention of Blindness
IEC	Information, Education and Communication
ICEVI	International Council for the Education of people with Visual Impairment
ICEE	International Centre for Eyecare Education
IRIS	International Resources for the Improvement of Sight
IT	Information Technology
KAP	Knowledge Attitude and Practice
KPI	Key Performance Indications
FSB	Fiji Society for the Blind

M&E	Monitoring and Evaluation
MoE	Ministry of Education
MoPoTsyo	Cambodian NGO
MRT	Monthly review team
FSM	Federated States of Micronesia
MoH/NPEH	Ministry of Health's National Program for Eye Health
NIO	National Institute of Ophthalmology
NSSS	National Spectacle Supply System
ORT	Ophthalmology Residency Training
PACCOM	Peoples Aid Coordination Committee
PBL	Prevention of Blindness
PEC	Primary Eye Care
PNEH	Phnom Penh Eye Hospital
PMC	Project Cycle Management
PMOH	Provincial Ministry of Health
PWD	Person with a disability
RAAB	Rapid Assessment of Avoidable Blindness
RACS	Royal Australasian College of Surgeons
RANZCO	The Royal Australian and New Zealand College of Ophthalmologists
RE	Refraction Error
RIDBC	Royal Institute for Deaf and Blind Children
RNT	Refraction Nurse Training
SAIO	South Australian Institute of Ophthalmology
SDCC	Social Disease Control Centre
SOP	Standard Operating Procedures
TIO	Tilganga Institute of Ophthalmology
ToR	Terms of Reference
ToT	Training of Trainers
URE	Uncorrected Refractive Error
VC	Vision Centre
VHW	Village Health Workers
VNIO	Vietnam Institute of Ophthalmology
WP	Western Pacific
WREN	Western Pacific Regional Executive Network

6 Annexure 2: 14 activities of the Consortium Program

Cambodia

CBM (CERA, Caritas Cambodia, Takeo Provincial Eye Hospital, Kiri Vong Referral Hospital and Cambodian Development Mission for Development) – Strengthening gender and disability inclusive approaches to community eye health to reduce avoidable blindness – Takeo

FHF (Ministry of Health of Cambodia) – The Australia /Cambodia Avoidable Blindness and Visual Impairment Project

ICEE (NPEH, IRIS, Seva Foundation, BOCC, CDMD, ABC) – Refractive Error Service Development and Capacity Building Project

Vietnam

CBM (CERA, ICEE, Provincial Ministry of Health) – Strengthening Gender and Disability Inclusive Approaches to Community Eye Health to Reduce Avoidable Blindness

FHF (Provincial Department of Health and eye care facilities) – Eye Care Capacity Development Project

ICEE (VNIO, HCMCEH, DTCM2) - Refractive Error Service Development and Capacity Development Project

Vietnam Australia Vision Support Program: VAVSP focuses on strengthening eye health services at the district level and will ensure effective integration of these services with all levels of the health system in each province. The program will also engage the national Prevention of Blindness (PBL) management level in program Monitoring and Evaluation (M&E), documentation, learning and operational research to ensure that experience and lessons learnt under VAVSP contribute to national eye care policies and plans. As such, VAVSP will involve all levels of the health system of Vietnam. The VAVSP program has been developed in a collaborative manner and will be implemented by FHF, ICEE, CBM and CERA and in partnership with the Vietnam Institute of Ophthalmology.

PNG

ICEE (RACS, PNG Eye Care, Provincial Hospitals) – Strengthening Eye Care Services in PNG

Solomon Islands

Foresight (CERA, ICEE, RACS, RANZCO, RIDBC) – Upgrade of national Vision Centres

Fiji

RIDBC (Fiji Ministry of Health, Fiji Ministry of Education, Fiji Society for the Blind (FSB), United Blind Persons of Fiji (UBP), Fiji National Council for Disabled Persons (FNCDP), Suva Parents Association, ICEVI) - Capacity Building in Early Childhood Care and Education for young children with Vision Impairments

Samoa

RIDBC (ICEE, Ministry of Education, Senese School) – Continuing Development of Eye Health Services and Capacity

Timor Leste

RACS (Timor Leste MoH, ProVision Eye Care, Fo Naroman Timor Leste, Friends of Same, Fuan Nabilan Blind School, Vision Australia) – Expanding Eye Care Services, Capability and Rehabilitation in Rural East Timor

Regional

CERA (CBM, CBM/Nossal, FHF, Foresight, ICEE, RACS, RANZCO, RIDBC, Vision Australia) –The Asia Pacific Eye Health Education and Training Project

IAPB/CBM – IAPB Western Pacific Regional Coordination Program

7 Annexure 3: Stories of change

Stories of change can be seen to reflect the higher order objectives of the Avoidable

Blindness Initiative and Partnership Framework.

Stories one to three demonstrate:

- Support to countries to increase the access of populations, particularly disadvantaged groups, in selected countries of the Asia-Pacific Region to comprehensive eye care services.

Stories four to nine demonstrate:

- Support to the commitment of national governments and strengthen the capacity of health systems in countries of the Asia-Pacific Region to plan, develop and implement National Vision 2020 programs.

Story one

CBM Australia, Cambodia

Name: Benn Sitha

Age: 40

Sex: Male

Location: Bati District, Takeo Province, Cambodia

When I was a small boy around five or six years old, my legs were injured when I fell down, they became very swollen because I did not tell my parents. I never got proper treatment as my parents only took me to the traditional Khmer doctor, since then I haven't been able to walk properly. Also when I was a small boy I would tend the cattle and catch fish in the fields; however my eyes were injured when some crop leaves hit my eyes and scratched them making a tear. After that accident my eyes were always red.

During my life I had difficulties because I was disabled. I have seven children – two girls and five boys but I couldn't find work away from home, I could only do housework like cooking and cleaning the house. My family had a small rice field but we sold it when we didn't have enough money and my wife was pregnant. My wife now works cutting rice in the village or picking up rubbish in Phnom Penh and I earn some money weaving palm leaves.

When I was around 35 years old my eyes became very blurry, first the left eye and then later the right eye. I thought it was just because I was getting old. It gradually got worse until I could not see properly – I couldn't even recognise my own children. Because of this I wanted to get treatment, I thought that I am disabled already and if I cannot see I will not be able to work and help my family. In my village CDMD have a self-help group for disabled people and in that group I heard about eye treatment that was available at the Takeo Eye Hospital.

In 2006 I went to the hospital to get treatment. They operated on my left eye first which had a cyst. The operation was successful and it helped to restore my vision. After the operation my wife became pregnant and my family life was busy as I took care of her and my household. I

only managed to go back to TEH in 2010 and they operated on my right eye.
During my stay in 2006 the hospital was very crowded and many people were caught without shelter in the rain, however now in 2010 the hospital had many rooms, a large eating/kitchen area and toilets close by. The hospital staff were very good to me. I was able to use a wheelchair when they took me through the check up rooms and the doctors clearly explained the operation to me. After the operation they gave me medicine with written instructions on how to take it and an instruction paper about precautions with my eyes that I should take in the next three weeks.

Now I can see properly again and I am very happy and hopeful for my future. Since my vision has been restored I have started to grow lots of fruit trees on my land and my life is now very fruitful. Since 2006 I have also been working with the disability self-help group in my village, I am the deputy leader and I also help the leader of the group with the finance work. Now I know to tell people if they ever get eye injuries to go to the village health volunteers or directly to the hospital for help.

Story two

Centre for Eye Research Australia: an immediate take-up of data collected

To date, 57 training institutes in 12 countries have provided information with data expected on at least another 7 countries. Details have been compiled on over 200 courses made up of over 30 postgraduate courses, a number of bachelor and diploma level courses and various up-skilling, short and training of trainer courses. Courses for all cadres of workers from spectacle technicians to surgeons (formal and informal eye care training courses) are included as well as curriculum details, course pre-requisites, registration requirements, scholarship, internship and fellowship opportunities, fees, training equipment, details on the learning environments and language.

We are thrilled to report that as of March 2011 the IAPB will host the regional training resource (RTR) information on their new regional website. This information will be easily searchable by course, country, level of qualification and language, thereby rendering it accessible to potential students and service planners throughout the region.

Story three

Foresight Australia, Solomon Islands

Name:	John Hue
Sex:	Male
Occupation:	Foresight Project Officer
Location:	Honiara, Solomon Islands
Programme:	ABI Solomon Islands Project

John Hue is a Solomon Islander from Makaruka village on the weather coast of Guadalcanal who has been employed as the project officer for the Avoidable Blindness Initiative (ABI) project in the Solomon Islands. He has seven children who live in Fiji with his wife and he has many relatives living in his village in the Solomon Islands. He earlier received postgraduate ophthalmology training at the Save Sight Institute, Sydney, Australia, arranged and funded through Foresight Australia and this gave him specially acquired skills and knowledge in the practice of clinical ophthalmology. His patients have appreciated the kind of services that he provided in his clinics in Honiara and this has been very satisfying for John in his work.

John had a humble feeling when he was approached by Foresight Australia to work as a project officer in the Solomon Islands for the ABI project. At that time John was living in Fiji with his family, but the notion of returning home and to serve his people had a very special meaning for him. It was indeed historical because this project represented the largest project in eye care infrastructure development since he started his ophthalmology career in 1997. It was also a wonderful feeling for John, as a member of the National Task Force to actually be involved in implementing the infrastructure development for the National Eye Care Plan 2010–14.

'This is a very special honour for me to have a role in this project for my country as a golden opportunity for our people and it's the catalyst that strengthens my involvement. I served the Ministry of Health & Medical Services for over 15 years and even to the post of Medical Superintendent at the National Referral Hospital. I would like to use my background knowledge with the Solomon Islands Government to help implement Foresight Solomon Islands program'.

John is now involved in the project not only professionally but also emotionally as with his work, he will improve the condition of the health system in the Solomon Islands.

Story four

Royal Institute for Deaf and Blind Children, Samoa

Name: Meritiana Fepuleai

Programme: Continuing Development of Eye Health Services and Capacity in Samoa

Position: Inclusive Education Adviser

Location: Apia, Samoa

Meritiana is a 28 year old teacher. For the first five years of her career she taught at government schools until she took the position of Inclusive Education Adviser with SENESE.

Meritiana received Vision Screening Training in April 2010. She explains the difference that having the capability to undertake vision screening has made to her in terms of being able to support children with vision impairment. 'Before I received the training I was only able to support children who had been fortunate enough to have been diagnosed but now I can go into schools and find the children who have undiagnosed vision impairment. This means that I can help children to receive treatment to correct the impairment and more importantly for those with untreatable vision impairment, I am able to work with them earlier to enable them to achieve their potential'.

Since receiving the Vision Screening Training Meritiana has undertaken Vision Screening at 9 schools, screening a total of over 600 children. One hundred and sixty of these children failed the screening test and were referred to the eye clinic for further examination and appropriate treatment.

The project activities are having the additional benefit of dispelling a myth within Samoa. It is generally considered that eye health issues especially vision impairment is only 'an old person's problem'. Adults are now aware that children can have eye health issues and vision impairment. 'The program is helping to change attitudes and raise awareness of eye health issues generally within the community. This is a good outcome for the children of Samoa'. Meritiana concludes by joking, 'but not so good for me as it has increased my workload!' This is not really a problem for this committed educator.

Story five

Royal Institute for Deaf and Blind Children, Samoa

Name: Faleono and Liuliu Aita

Programme: Continuing Development of Eye Health Services and Capacity in Samoa

Location: Vaivase, Samoa

Faleono, 9 years old and Liuliu, 7 years old, are siblings who both suffer from albinism and were referred to the vision screening program when it was conducted at their Primary school in Vaivase in April last year. Their young mother, Naomi, had suspected that her children had visual problems but could not confirm this as there was no service available. One day she (Naomi) heard of the vision screening program at school and took the initiative to ask that her children be seen as their classes were not part of the scheduled screening. After they were screened it was confirmed that both her children did have visual impairment problems.

Faleono and Liuliu were referred to the Eye Clinic in Apia. Further testing and examination showed that the children had a refraction error and a prescription was provided for corrective lenses. Whilst previously it would not have been possible to fill the prescription, the project is in the process of upgrading the optical workshop including training two additional optical technicians, providing equipment and refurbishing the workshop and providing seed stock of frames and lenses. Upon completion in early 2011 the optical workshop will be able to fill, not only the prescription for Faleono and Liuliu, but for all Samoans prescription spectacles.

In the meantime the family was visited by a team from SENESE on behalf of the Royal Institute for Deaf and Blind Children (RIDBC) and the International Centre for Eyecare Education (ICEE) and the children were presented with magnifying glasses to help with their reading and mini telescopes to help them see things at a distance. These visual aids have made a big difference to their studies especially with their reading. Their performance at school improved a lot and they gained very good positions in their respective classes at the end of the school year. As a result of all this intervention and support, both the children and their family are very proud of their achievement last year and are very grateful for the support they received. This is a story they share with the people they meet. The children's mother Naomi hopes that her children continue to perform well in their studies and gain access to visual aids they need in the future. She believes that this has changed the lives of her children and has changed the perception of their classmates as well.

Story six

Royal Australasian College of Surgeons, Timor Leste

*Abilio (centre) practising white cane technique with Dominggos from ETBU (left) and Bashir Ebrahim, O&M specialist from GDQ (right)

Name: Abilio Da Costa

Location: Timor Leste

'Do you remember what we showed you the last time Abilio?' Nodding eagerly, Abilio neatly unfolds his white cane and stands up next to Bashir Ebrahim, Orientation and Mobility (O&M) specialist from Guide Dogs Queensland (GDQ). 'Great work, now let's go through the exercise from the other day'. Under the guidance of Bashir, Abilio strides confidently across the room using the white cane technique shown to him by the O&M team earlier in the week. Dominggos from East Timor Blind Union (ETBU) walks alongside Abilio gently encouraging him as he practises walking up and down the length of the room.

At the tender age of 11, Abilio Da Costa is completely blind and has never been to school. In June 2010, his father brought him to see the visiting eye team at Baucau Hospital. Eye care nurse Nuno Da Costa recalls seeing Abilio for the first time. 'He was sitting in a corner with his father waiting to be seen by the optometrists. He was examined and it was confirmed that his condition could not be treated by surgery. I talked to Abilio's father about the visiting O&M team from Australia and organisations like East Timor Blind Union (ETBU) that could help him. I am happy that at least now I can provide some information to patients like Abilio. In the past, it was very hard and there was very little we could say or do to help them'.

After his training session, Dominggos from ETBU sits down with Abilio and his father to explain the types of services available for Abilio and that schooling is still an option for him. 'Being vision impaired myself, I know exactly what Abilio is going through. I want him and his father to know many things are still possible for Abilio. With proper training and support, Abilio can go to school and do many things just like other children his age'.

Dominggos and four other vision impaired individuals have been selected to be participants in the Program's O&M Train the Trainer program. They, along with three of their sighted colleagues, will be among the country's first qualified O&M trainers by the end of 2011.

Within the hour, Abilio is referred on to Katilosa, a local NGO for Persons with Disabilities based in Baucau where he and his family will receive guidance on education opportunities for Abilio. Abilio will also visit ETBU on a regular basis to learn Braille. Eye care nurse Nuno and Ministry of Social Solidarity representative Dulce da Cunha swap numbers to make sure that Abilio's case is followed up.

'Networks like these are so important', says Bashir, 'They really are the building blocks of an effective referral system which is so essential in a country like Timor Leste where the majority of its population still live in rural areas. For vision rehabilitation services in Timor Leste to succeed, it needs the cooperation between all stakeholders; from the Ministry to the referral hospitals to the local NGOs'.

The vision rehabilitation component is an extension of the current RACS Eye Program in Timor Leste. Partnering with GDQ, the program works closely with local vision rehabilitation NGOs to strengthen referral systems, and to provide training and upskilling for local O&M trainers. The Program has also facilitated a biannual O&M stakeholders meeting attended by organisations involved in eye health and vision rehabilitation throughout the country.

Story seven

International Centre for Eyecare Education, Papua New Guinea

*National Spectacles Supply System Coordinator, Moses, confirms stock levels for the Spectacle Supply Chain in PNG

Name:	Moses
Location:	Papua New Guinea
Hometown:	Jiwaka Province
Enrolment:	National Spectacles Supply System Coordinator, PNG Eye Care

As the National Spectacles Supply System Coordinator, Moses oversees the spectacle supply chain to three PNG Eye Care Vision Centres and six Spectacle Supply Units around the country.

Supplying glasses to nine locations around Papua New Guinea can create logistical challenges. To overcome barriers and ensure that each location has spectacles required to provide patients with the most efficient care, Moses completes monthly reports, liaises with stakeholders and makes certain that ordering and shipping procedures are followed at all times.

'The best thing about my job is that I'm able to meet people at all levels of the hospitals I visit', said Moses.

In Papua New Guinea the deficit in eye care services has been a significant, but often an overlooked problem. However, PNG Eye Care Vision Centres are a long term solution to the scarcity of eye care in the region by providing free eye examinations and affordable spectacles.

Moses, speaking about this initiative said, 'PNG Eye Care is important because the people of PNG need quality spectacles at affordable prices,' he added, 'It is expanding and opening Vision Centres in other areas – making eye care more affordable for the people of PNG'.

PNG Eye Care is an initiative of the International Centre for Eye Care Education.

Story eight

The Fred Hollows Foundation, Vietnam

Name: Ho Thi Tam

Program: The Fred Hollows Foundation

Location: Thua Thien Hue, Vietnam

Ms Ho Thi Tam, aged 71, is from the Pa Co minority group and lives in A Luoi, Thua Thien Hue Province. Ms Tam is a veteran from the war in the South, and is a poor mother of nine children, four of whom have died of illness. Her oldest son had to quit Medical College in his third year due to poverty, and an inability to afford the schooling costs.

To support themselves, the family have only one three-hundred-square metre field surrounding their house, which they use for planting sweet potatoes and manioc. All the food harvested is sold in the market to buy food for the whole family. Ms Tam's eyesight had started to fail, and she found herself increasingly unable to help in the food planting and harvesting which was so important for feeding the family.

A two-day cataract screening was held in A Luoi Hospital under the Eye Care Capacity Development project, part of the ABI Program funded by the Australian Government and implemented by The Fred Hollows Foundation in Vietnam. It was found that Ms Tam had cataract in both her eyes, and the doctor decided to operate. If this surgery did not happen, Ms Tam would soon be permanently blind.

After surviving a brutal war, and the death of four of her children, Ms Tam saw the choice between being blind forever or to get her vision restored as her final gamble. She chose to have the operation.

When talking about the war, Ms Tam described her role and experiences with a calm voice. She had taken part in the war as a soldier, and A Luoi, where she fought, experienced fierce hostilities. Ms Tam feels lucky she is still alive, but she recalls her experiences with little fear. However, when she was helped to walk towards the surgery for the operation on her eyes, this is when the war veteran was seen to experience her greatest fear.

Her fears were put to rest when the surgery was completed successfully.

Ms Tam's family were nervously staring at her wet eyes when the doctor unwrapped the

bandages. She suddenly talked in a loud and hasty voice ‘Yes, I can see now. I can see my beloved daughters and sons. Thank you, thank you so much!’

After getting out of the car that drove her home after her surgery, Ms Tam quietly tried to keep balance on the wet path. She stepped forward with one first unstable step. She then tried for the second, then the third. Finally, she slowly walked up the small path leading to her house.

To the joy of all who were witness that day, the lady who used to be a brave militia woman again walked into her home unaided, completely with no fear.

The dream of Ms Tam had come true. From now on, she would be able to take care of her beloved grandchildren as she longed to do. With only a small expense needed, one eye surgery can bring such a gift, and the returned vision has enabled Ms Tam to continue her enriched life.

Story nine

The Fred Hollows Foundation, Cambodia

Name: Kim Nhim

Age: 69 years old, a widow

Sex: Female

Location: Koh Island, Kandal Province, Cambodia

'Years ago I would work hard and support my whole family. Then when I became blind I could only sit on my bed waiting for my children to feed me'. - Kim Nhim

Thanks to the Avoidable Blindness Initiative funding Ms Kim Nhim, a widow of 69 years, is one of many patients to receive sight restoration at the Phnom Penh Municipality Eye Unit.

In 1985 Nhim initiated a successful noodle-making business to support her and her extended family until in 2007 she became partially blind, and by 2010 she was totally blind. She was unable to continue with her business. Following an information and education sharing session at a neighbouring village Nhim's daughter heard from a healthcare worker about eye services available at Phnom Penh Municipality Hospital.

Following a consultation, surgery was scheduled and Ms Nhim, her daughter and grandson set out on a taxi-motorbike for the 60km journey to Phnom Penh. For the first time in 3 years Nhim started to think positively about her future, and the potential for contributing again to the noodle making business.

The surgery went well and the next morning Ms Nhim awoke to find her sight restored. She was able to see her grandson for the first time. It was a joyful moment for the family.

Ms Nhim says: 'Now I can see again I want to live a long and healthy life. I want to see my grandchildren grow up and teach them how to make noodles'.

Ms Kim Nhim thanked everyone involved for giving her back her sight.

8 Annexure 4: Country level analysis

The following document provides a country level analysis for the seven countries of implementation under the Global Work Plan. As per the request of AusAID the analysis is done on the basis of the following criteria;

- contribution of activities to respective National Prevention of Blindness Plans or equivalent
- linkages with other relevant stakeholders
- challenges and enablers to achieving outcomes
- emerging lessons.

Additional information has been contributed by Consortium members and facilitated by CERA, to gather baseline information on countries in the Asia Pacific region. The information includes: each country's socioeconomic status, existing eye and health data. The table will act as a proforma to maintain accurate statistics. These statistics will be used for future Vision 2020 ABI projects, reports, and publications (pp. 65-73).

Cambodia

Operational Global Consortium programs and agencies funded under the Avoidable Blindness Initiative.

Consortium country program and partner details

Agency	Program	In-country partners
CBM	Strengthening Gender and Disability inclusive approaches to community eye health to reduce avoidable blindness – Takeo	International Centre for Eyecare Education (ICEE) Takeo Provincial Eye Hospital (TPEH) Krousar Thmey Blind School
The Fred Hollows Foundation (FHF)	FHF Australia-Cambodia Avoidable Blindness and Visual Impairment Project (FHF-ABVI)	Cambodian Ministry of Health through the National Plan for Eye Health (NPEH) and provincial departments of health in each project location – Phnom Penh Municipality, Kampong Chhnang Province, Kandal Province, Kampong Speu Province, Sihanoukville Province, Prey Veng Province, Kampong Thom Province and Siem Reap Province
International Centre for Eyecare Education (ICEE)	Refractive Error Service Development and Capacity Building Cambodia	National Program for Eye Health (NPEH) and provincial departments of health in each project location – Kampot, Battambang, Banteay Meanchey, Kampong Cham and Pursat, IRIS, Seva Foundation, Battambang Ophthalmic Care Centre (BOCC), Cambodian Development Mission for Disability (CDMD) and Association of the Blind in Cambodia (ABC)

Country specific information

Country level information	Country level analysis
1. National Prevention of Blindness (PBL) plans (or equivalent) objectives	1. Contribution of activities to respective National Prevention of Blindness (PBL) plans or equivalent
	Relevant plans in Cambodia: Five year action plan of Eye Care System Development for the period of 2003-2007. Ministry of Health (reviewed in 2006) and the National Strategic Plan for Prevention of Blindness 2008-2015

Cambodian National Program for Eye Health (NPEH) has developed an annual PBL plan which identifies areas of improvement of eye care services at the provincial level. Selected aim and objectives are listed below: Aim: To provide basic eye care services for all Cambodia and to eliminate locally endemic blindness. Objective: Human resource development Ophthalmology, Fellowship and upgrading Basic Eye Doctors. 1. To train ophthalmologists to reach the EHO target of 1/250,000 by 2015 2. To have ophthalmology sub specialty/fellowship in • Paediatric • Vitreo-Retina • Corneal and Refractive surgery • Glaucoma • Occuloplasty 3. Selected BED will be upgraded to become a fully trained ophthalmologist Provide continuing medical education to all ophthalmic and refraction nurses 4. Train 30 more ophthalmic nurses by the year 2015 5. To train 32 refraction nurses for Eye Unit in Phnom Penh and provinces Primary eye care personnel 6. Continue to train eye care personnel in all provinces 7. Integrate Primary Eye Care into the District Health System Objective: Infrastructure 8. Strengthening institutional capacity of the eye care program with enhanced integration, partner coordination and collaboration	• Significant human resource development occurred in 2010 for Consortium agencies working in Cambodia. This involved training across a comprehensive range of eye health programs with 759 health professionals participating in eye health related training • Effective infrastructure development has occurred in Cambodia with the completion of an eye hospital with 64 in-patient beds that has been built in Takeo in Takeo Province and is operational. The eye hospital at Siem Reap is 90 per cent completed

1. National Prevention of Blindness (PBL) plans (or equivalent) objectives	1. Contribution of activities to respective National Prevention of Blindness (PBL) plans or equivalent
Objective: Ophthalmic materials and supplies 9. To strengthen and expand the role of material bank to ensure the need for Ophthalmic supplies being available 10. To regularly revise the essential drug list and supplies from government for eye care at all levels	• Established five and refurbished three eye care units. Established two refraction services and refurbished two refraction service rooms in both urban and rural locations • Relevant equipment to run the new facilities has also been installed in ten key locations across seven provinces • A Health Information Management System has been set up in Takeo Eye Hospital
Objective: Disease control 11. To continue the process of elimination of blindness due to cataract in the country	• Significant progress has been made in addressing disease control including surgery for a total of 7,933 cataract and other sight restoring surgeries • Access to care has been increased through the provision of 37,568 eye health consultations • Primary school age screening for refractive error reached 2,669 children and spectacles were provided to 501 of them as needed • Referrals to other relevant services increased including to Disabled Persons Organisation's (DPOs) with a total of 1,509 people being referred (females 890, males 619)
2. Linkages with other relevant stakeholders	
	Cambodian Ministry of Health. Referrals to the blind school run by local NGO (Krousar Thmey). Annual planning workshops with relevant in-country partners

3. Challenges and enablers to achieving outcomes	
	Challenges Monitoring and Evaluation • A reluctance of Ministry of Health staff to use the data Cataract Surgery Outcomes Monitoring (CSOM) system for fear of poor outcomes affecting their position and reputation Sustainability • Mechanisms and capacity for data collection commencement and future analysis (large amounts of data) • Lack of donor harmonisation • Delays in agreements with partners • Partner capacity in the area of report writing and submission • Time requirement for inclusive participatory consultation with partners • Staff retention in peripheral hospitals and vision centres (government doctors moved by government and better pay opportunities in private sector services) Cross cutting issues • Majority of trained refractionists are male. Challenge will remain until more nurses can be trained and training is allowed for non medical personnel Enablers Monitoring and Evaluation • Joint monitoring enables capacity budding opportunities of eye unit staff and partners across the country and facilitates project coordination sessions to promote partnerships between district, provincial and national levels

3. Challenges and enablers to achieving outcomes	
	• Cataract Surgery Outcomes Monitoring (CSOM) system set up to monitor quality of cataract surgery • Establishment of the Professional Mentoring program promoting ongoing professional development and quality services • Participatory planning processes strengthening networks and information • Mid term evaluation with key recommendations (review of course material and curriculum with suggestion for eye care HR plan for relevant training and participants) Cross cutting issues • Concerted efforts for collaboration with Disabled Persons Organisations • Gender equity awareness and inclusion in program planning has greatly improved Sustainability • Strong commitment from the Cambodian Government and in particular the Ministry of Heath at national, provincial, district and commune levels with strong ownership and political support • Frequent national and provincial PBL committee meetings and national PBL committee members attend relevant and related conferences overseas • Development of national curricula for eye care training programs. • Cambodian MoH allocating budget for PBL meetings and contributing to costs of eye care medications and consumables used in cataract surgeries. They also subsidise utilities and administration costs at the eye care facilities

Fiji

Operational Global Consortium programs and agencies funded under the Avoidable Blindness Initiative.

Consortium country program and partner details

Agency	Program	In-country partners
Royal Institute for Deaf and Blind Children (RIDBC)	Fiji capacity building in early childhood care and education for young children with vision impairment	Fiji Ministry of Health, Fiji Ministry of Education, Fiji Society for the Blind, United Blind Persons of Fiji, Fiji National Council for Disabled Persons and Suva Parents Association

Country specific information

Country level information	Country level analysis
1. National Prevention of Blindness (PBL) plans (or equivalent) objectives	1. Contribution of activities to respective National Prevention of Blindness (PBL) plans or equivalent
	Although Fiji finalised its National Vision 2020 Prevention of Blindness Plan in 2010 it is not as yet available and the Avoidable Blindness Initiative project in Fiji is aligned to the Fiji National Education for All - VI plan 2009-2011OB (Priority 2 - Expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children). This also aligns with VISION 2020: The Right To Sight Action Plan under Approaches to prevention of visual impairment 2.3 Human resource development
The relevant Fiji plan is the Fiji National Education for All - VI Plan 2009-2011 In particular the problems identified below: Problem a: Inadequate screening and identification of children with vision impairments aged 0-6 years	It is anticipated that the Fiji EFA-VI Plan, in addition to strengthening capacity in education of all children with disabilities in Fiji, will serve as a model for education service provision for children with vision impairments in other Pacific Island countries. (a) Training of trainer course conducted for Early Childhood Care and Education (VI and MDVI) which included clinical and functional early intervention assessment procedures, training in the diagnosis, treatment and early intervention of specific eye care diseases.

Problem b: Lack of ECCE staff trained in intervention methods for children with vision impairments	(b) The project works in partnership with the Fiji Ministry of Education and Ministry of Health as the key project partners. Two key persons, one each from the Ministry of Health and the Ministry of Education, have received specialised training and are now leaders in facilitating training within this sector with a disability inclusive, rights based approach to early childhood care and education provision for children with disabilities
Problem c: Lack of monitoring procedures for identification of young children with vision impairments	(c) The project plans to design and implement a monitoring, evaluation and review survey to determine the impact of the ECCE training programs. Implementation will be in place in 2011.
Problem e: No overall Special Education Policy; nor priority for early intervention within policy Problem h: Inconsistent capacity building in ECCE, particularly in rural communities	(a and h) The project will also deliver intense training programs to key personnel from the remote islands including families, key community members, and representatives from Health Education and Rehabilitation sectors
2. Linkages with other relevant stakeholders	
	• Fiji National Education for All V1 Task force: Effective communication via email and Skype links. • Fiji Society for the Blind cooperation with collection of data on Early Childhood Care and Education services and programs
3. Challenges and enablers to achieving outcomes	
	Challenges Monitoring and Evaluation • Data collection: Securing data on growth in family engagement has been difficult and have identified the need to further explore direct linkages with Fiji Ministry of Health, Ministry of Education and data collections mechanisms Sustainability • Staff retention at the Fiji Ministry of Health and Education affecting

	key task force membership and functionality • Transport logistics to remote islands • Linkages with broader disability sector and service providers Enablers Monitoring and Evaluation • Change in attitude and behaviour of the Fiji Society for the Blind with the promotion of Early Childhood Care and Education resources Sustainability • ECCE training enabled possibilities for improved networking and referral • Comprehensive participation by key stakeholders (parents, teachers and children) contributed to improved planning for future

Papua New Guinea

Operational Global Consortium programs and agencies funded under the Avoidable Blindness Initiative.

Consortium country program and partner details

Agency	Program	In-country partners
International Centre for Eyecare Education (ICEE)	Strengthening eye care services in PNG	Royal Australasian College of Surgeons, PNG Eye Care and provincial hospitals

Country specific information

Country level information	Country level analysis
1. National Prevention of Blindness (PBL) plans (or equivalent) objectives	1. Contribution of activities to respective National Prevention of Blindness (PBL) plans or equivalent
	PNG is currently in the process of developing its National PBL plan Project objectives reflect the VISION 2020: The Right To Sight overarching objectives and extensive consultation in-country with key stakeholders
Disease control Human Resources Infrastructure	• Specialised equipment and stock has been distributed to the three vision centres located at Rabal, Bouganville and Mendi • Key personnel have been trained to provide much needed eye health services in the vision centres • Three vision centres are being established across three geographical locations with an aim to increase access and availability of refractive services and effective referral systems for eye health issues
2. Linkages with other relevant stakeholders	
	• National Department of Health PNG, PNG Eye Care, Port Moresby General Hospital, Mount Hagen General Hospital, Angau General Hospital, Mendi General Hospital, Nonga General Hospital, Buka General Hospital, Vanimo General Hospital and Ophthalmologists in Port Moresby, Mendi, Rabaul, Mount Hagen and Lae. A National Prevention of Blindness Committee is being formed which represent International NGOs, local NGOs in the eye care field, ophthalmologist and eye nurse representatives and the National Department of Health

3. Challenges and enablers to achieving outcomes	
	Challenges Sustainability • Local partner capacity for implementation and reporting • Human resources – retention of trained staff Cross cutting issues • Over representation of males in application for eye health positions Enablers Sustainability • Financial management systems established and used in the vision centres • Cost recovery system for spectacles in place • Agreements have been signed by local PNG government enabling activities to proceed within existing health structures Cross cutting issues • Capacity building in policy and implementation of disability, child protection and gender equity issues

Samoa

Operational Global Consortium programs and agencies funded under the Avoidable Blindness Initiative.

Consortium country program and partner details

Agency	Program	In-country partners
Royal Institute for Deaf and Blind Children (RIDBC)	Develop eye health services and capacity in Samoa	International Centre for Eye Care Education (ICEE) Ministry of Education and SENESE School

Country specific information

Country level information	Country level analysis
1. National Prevention of Blindness (PBL) plans (or equivalent) objectives	1. Contribution of activities to respective National Prevention of Blindness (PBL) plans or equivalent
	Aligned with Samoa Draft National Eye Health Plan and the National Education for All strategic plan are the key guiding documents for the Samoa project which is also aligned with VISION 2020: The Right To Sight Action Plan 2006–2011
Infrastructure development Human resource development	• One Vision Centre and optical workshop have been refurbished and can now provide the required vision and eye care services • Vital school vision screening is now possible through specialised training of trainer personnel along with training of teachers and provision of education. Children can also now be provided with spectacles through recruitment and training of two spectacle technicians for the optical workshop and related administration and management training
2. Linkages with other relevant stakeholders	
	Strengthened links between SENESE, National Health Service (the eye clinic) & Ministry of Education (MoE)

3. Challenges and enablers to achieving outcomes	
	Challenges Monitoring and Evaluation • There is a need for more streamlined data collection in the area of follow up for children who require further services following the vision screening Enablers Monitoring and Evaluation • M & E working well in the majority of situations demonstrating that school screening is effective Sustainability • Trained staff passing on skills to replacement or newly recruited staff • Partnerships enable inclusion of children with broader disabilities and relevant referral • Strong support from the Ministry of Health and the Ministry of Education and for cost recovery for the spectacles • Low vision training to include disability inclusive approaches to increase awareness and knowledge • Cost recovery for spectacles to be implemented • Financial management processes implemented to work within existing NHS structures Cross cutting issues • Relevant partnerships (SENESE & MoE)have enabled a more holistic effective approach with the inclusion of children with other related disabilities

Solomon Islands

Operational Global Consortium programs and agencies funded under the Avoidable Blindness Initiative.

Consortium country program and partner details

Agency	Program	In-country partners
Foresight Australia	Upgrade of National Vision Centres	National Referral Hospital, Ministry of Health and Medical Services, ICEE, RACS, RIDBC, CERA and RANZCO

Country specific information

Country level information	Country level analysis
1. National Prevention of Blindness (PBL) plans (or equivalent) objectives	1. Contribution of activities to respective National Prevention of Blindness (PBL) plans or equivalent
	The Solomon Islands Upgrade of National Vision Centres program contributes to and is directly aligned with the Solomon Islands National Program for Prevention of Blindness
Solomon Islands National Programme for Prevention of Blindness (2010 – 2014) aim and objectives: Aim: Reduce avoidable (preventable and/or treatable) blindness in the Solomon Islands from the estimated 1% to 0.5% by 2014 Objective: Human resource development	• Developing human resource capacity has been targeted with a comprehensive training program across surgical capacity, refractive error and vision screening training. Training of provincial and NRH ophthalmic nurses has focused on operational issues (Vision Centre management), technical expertise and upskilling in refraction and low vision dispensing. Sustainable training strategies have been initiated with a training of trainer course in vision screening for ophthalmic nurses, who will conduct further training for community nurses and community based rehabilitation personnel • Recruitment of a Rapid Assessment of Avoidable Blindness (RAAB) in-country coordinator will enable training of local doctors and nurses to carry out a RAAB survey

Objective: Infrastructures/facilities development Objective: Disease control	• The Solomon Islands project has been key in implementing the construction of three new primary eye clinics in Auki, Kira Kira and Honiara. Ophthalmic equipment for the centres has been purchased and will be installed on completion of clinic construction • Surgical capacity and facilities have been improved with the provision of surgical equipment • Four provincial hospitals have been upgraded with refraction equipment • The program has enhanced access to eye care at tertiary, secondary and primary care service level with a comprehensive eye health program that directly contributes to disease control • The RAAB survey provides a tool that can be used to evaluate projects by collecting good quality baseline and follow-up data on the prevalence and causes of vision loss and blindness in people aged > 50 years, on cataract surgical coverage, cataract surgical outcomes, uncorrected refractive error and barriers to the use of eye care services. Analysis and use of this data will enable strategic planning for better disease control programs
2. Linkages or cooperation you have undertaken with other relevant stakeholders i.e. PBL Committee, government departments, other NGO'S, other donors	
	Close cooperation with Ministry of Health officials has enabled allocation of land and assistance in construction of the three eye clinics that are under construction. There is strong collaboration between the Ministry of Health and the program leadership that has been enhanced by collaborative planning and training of MoH staff. Further partnership building was encouraged with an in-country partnership and planning meeting held in August 2010. This program meeting included local program staff, Australian NGO partners, a CBR representative and MoH staff.
3. Challenges and enablers to achieving outcomes	
	Challengers Efficiency • Infrastructure activities in developing contexts are challenging. Program efficiency was enhanced in 2010 by withdrawing a planned fourth eye clinic from construction in the Solomon Islands. With the consultation

	and support of the Ministry of Health and Medical Services it was determined that the three existing sites (Auki, Honiara and Kira Kira) would be allocated a greater budget, allowing for higher quality and enhanced design. The fourth cancelled clinic (Gizo) is currently the site of a new hospital to be developed by an INGO. Enablers Cross cutting issues • Disability inclusive approaches have been integrated in the activities of this program with Community Based Rehabilitation (CBR) personnel being directly involved in the low vision training and screening. The ophthalmic nurse training incorporates specific information on disability inclusive practice. This enables open communication and enhanced referral pathways for people with a disability Sustainability • Cost recovery strategy implemented and agreed upon by NHS, to ensure a sustainable vision centre • NHS involved in all processes of vision centre administrative processes of the vision centre

Timor Leste

Operational Global Consortium programs and agencies funded under the Avoidable Blindness Initiative.

Consortium country program and partner details

Agency	Program	In-country partners
Royal Australasian College of Surgeons (RACS)	Expanding eye care services, capability and rehabilitation into Timor Leste	Timor Leste Ministry of Health, Timor Leste Eye Care, Fo Naroman Timor Leste (FNTL), Fuan Nabilan Blind School, Vision Australia and Friends of Same

Country specific information

Country level information	Country level analysis
1. National Prevention of Blindness (PBL) plans (or equivalent) objectives	1. Contribution of activities to respective National Prevention of Blindness (PBL) plans or equivalent
	The key document which the Timor Leste project falls under is the National Eye Health Strategy 2006–2011 (NEHS)
The key objectives under this plan are: Equity To improve access to primary eye care, refraction error and surgical services for all Quality To improve the quality of outcomes of eye care interventions	• Access has improved and expanded with the installation of specialised ophthalmic equipment in six referral hospitals and relevant training at national and district levels for key staff • Services have improved and expanded with 270 clients receiving treatment for medical and surgical eye conditions including sight restoring cataract surgery for 108 clients • A vision rehabilitation plan for the country has been developed with relevant training and resources provided
2. Linkages with other relevant stakeholders	
	Ministry of Social Solidarity and Ministry of education and local vision rehabilitation NGOs, including Fuan Nabilan and East Timor Blind Union.
3. Challenges and enablers to achieving outcomes	
	Challengers Sustainability

	• Limited staff for training Enablers Sustainability • Staff receiving training on key equipment and services are Ministry of Health staff Cross cutting issues • Disability classifications have been streamlined with seven categories now facilitating improved data collection.

Vietnam

Operational Global Consortium programs and agencies funded under the Avoidable Blindness Initiative.

Consortium country program and partner details

Agency	Program	In-country partners
CBM	Strengthening Gender and Disability inclusive approaches to community eye health to reduce avoidable blindness – Nge An and Son La Province	Provincial Ministry of Health (District Eye Health Centres, Commune Health Centres), National PBL Committee, Vietnamese National Institute of Ophthalmology (VNIO)
The Fred Hollows Foundation (FHF)	Vietnam Eye Care Capacity Development Project – Ha Giang Province, Thua Thien Hue Province, Thai Binh Province, Quang Binh Province, Tien Giang Province and Hai Duong Province	Provincial Departments of Health, Ho Chi Minh City Eye Hospital (HCMCEH), VNIO and eye care facilities in each project location. Tien Giang Eye Hospital, Hue Eye Hospital, Social Disease Control Centre (SDCC) Ha Giang
International Centre for Eyecare Education (ICEE)	Refractive Error Services, Refraction and Spectacle Technician Capacity Building in Vietnam – National based in Hanoi, Danang and Ho Chi Minh City	Vietnam National Institute of Ophthalmology (VNIO), Ho Chi Minh City Eye Hospital (HCMCEH), Danang National Technical College of Medicine No 2 (DTCM2)

Country specific information

Country level information	Country level analysis
1. National Prevention of Blindness (PBL) plans (or equivalent) objectives	1. Contribution of activities to respective National Prevention of Blindness (PBL) plans or equivalent
	Global Consortium programs planning and activities contribute directly to and are aligned with the Vietnam National Plan of Blindness Prevention
Vietnam National Plan of Blindness Prevention and Eye Care Towards 'VISION 2020' (2010-2013) selected aim and objectives To control cataract blindness	• Comprehensive eye health programs are funded under the Consortium that operate to increase the number and skills of eye care service providers at the tertiary, secondary and primary level with the aim to improved the coverage, quality and sustainability of eye health services. Compared with 2009 the CSR has increased in four provinces of program activity

1. National Prevention of Blindness (PBL) plans (or equivalent) objectives	1. Contribution of activities to respective National Prevention of Blindness (PBL) plans or equivalent
Training of human resource	• Increasing the skills of eye care service providers at the community, primary and secondary level is a key activity of all Consortium programs operating in Vietnam. Tertiary level training has provided doctors with cataract surgery skills and advanced ophthalmology and specialist skills for surgical eye care interventions. At a secondary level training has focused on ophthalmic nurses and eye care staff enhancing their understanding on equipment usage and maintenance. The primary level has seen commune health staff being trained in PEC (Primary Eye Care) and health education skills. Village health workers trained on Primary Eye Care (PEC) and community representative's attended training on basic eye health.
Supply each cataract surgical facility with trained eye care staff with adequate surgical equipment	• Strengthening delivery of eye care services through improving available equipment is a key component of Consortium programs. Provincial facilities, district hospitals, health stations, district health centres and commune health stations were provided with essential eye care equipment • Refraction training for eye doctors and nurses and spectacle technician training for technicians to improve the quality of care and access to refractive error services nationally
Increase public awareness about cataract	• Building awareness, understanding and commitment to the elimination of cataract blindness has been targeted with development of a comprehensive range of Information Education and Communication (IEC) materials including billboards on cataract and RE being developed and pamphlets on cataract and other eye disease. Community consultation and workshops have enabled development of IEC messages and materials
Control of Refractive Error (RE) - Training of eye care personnel in provision of RE services - Selected teachers, school medical staff trained in RE screening - Increase public awareness about vision screening of school children. Building capacity on refractive training	• Four refraction courses were conducted to result in 80 eye doctors and nurses trained in refraction. Twenty four spectacle technicians have completed training • Enhanced capacity at the provincial level on child eye care has been assisted with secondary school teachers and school medical staff having received training on general refractive error • Improved access and treatment for children and students has been achieved in 2010 with a significant screening program being carried out by all programs under the Consortium

To unify the blindness prevention and monitoring activities in the whole country	• 1,965 students have improved vision through the use of spectacles dispensed to correct RE • Project partners have been trained in the Cataract Surgery Quality Monitoring System (CSS). Integration of the Health Management Information System (HMIS) has been initiated in some program sites with provision of computers to improve data collections from commune levels
2. Linkages with other relevant stakeholders	
	PBL committees or national government partners were consulted on the planning and design of all projects delivered under the Consortium in Vietnam. Provincial PBL committee capacity is also being strengthened through targeted training such as mentoring on project implementation and support and advice to partners on financial reporting. A National Refraction Training Advisory Group has been formed with key stakeholders from the VNIO, HCMCEH and DTCM2. This group will provide input for the national refraction and future optometry training in line with the National Eye Health Plan for Vietnam. This ensures local priorities are addressed and commitment from local authorities is engaged
3. Challenges and enablers to achieving outcomes	
	Challengers Monitoring and Evaluation • Existing reporting systems are largely manual. A patient record is used to collect data but the data entry is not always consistent, affecting overall quality of information collected • Disability disaggregation does not yet exist in current government patient record system Sustainability • Lack of integration of eye care into the provincial health system. A lack of government funding for eye care related work at the commune and village level makes it necessary for development agencies to financially support this area Enablers

	Cross cutting issues • While it is recognised that there is a long way to go towards a comprehensive disability inclusive eye care program, there has been a strong level commitment to the issue in some districts Sustainability • Demonstration of the success of the systematic development of clinical and public health ophthalmology may encourage local government to tackle local eye health issues. Local government has contributed funds to build and upgrade local hospitals in some provinces where Consortium agencies are working

4. Global Consortium Lesson Learned

Global Consortium lessons learned are presented below as collective lessons experienced across the seven countries of implementation. These lessons are an ongoing and open process and those reflected below are taken from the Global Consortium 2010 Annual Reflections Workshop. This annual reflection process has in itself been identified as a key tool in exploring and capturing the key lessons.

Global consortium collective country lessons

- Agencies feel that the ABI has facilitated a collaborative rather than competitive environment for the delivery of services and capacity building.

- Agencies noted what they called a 'Domino Effect' of the ABI in that it has provided the impetus which has led to numerous additional benefits such as:
  - Engaging other organisations beyond the Consortium
  - Shifts in attitudes in Ministries of Health right down to community level
  - Shifts forward on cross cutting issues and embracing of these issues by partners

- Agencies feel the ABI at times has been focused on Australian NGO needs, for example policies and systems being imposed from Australia and not locally adapted eg cross cutting issues such as child protection. Also there are differing agenda and priorities between Australian agencies and in-country partners. As such collective and cohesive country/national level planning is vital for in future planning for ABI programs. It was highlighted by all that planning should be driven by local PBL Committees and national priorities

- There needs to be more collaboration between WHO and IAPB with lack of an in-country ABI representative posing a challenge for many agencies

- More donor harmonization is required including the facilitation of less onerous reporting.

- Agencies found they were constrained by time limitations: time frame for planning has been too restricted and the two year time limitation impacted such things as program quality sustainability and expectations. They noted that significantly more lead time is required for future planning: At least 6 months required for existing countries and 12 months for new countries.

- More focus needs to be placed on strengthening health systems to ensure eye health is not siloed within the health system. In line with this, capacity of some in-country PBL committees is too limited to enable effective engagement with ABI and Consortium agencies. If coordination and local ownership of ABI is to improve then capacity of IAPB and PBL committees needs to be increased. They recommended more funding and capacity building for IAPB and WHO representatives.

- Agencies noted that a standardised approach to communication was not applicable and that different styles were required for different setting and that budgets should be planned accordingly to accommodate this.

- The also identified that they need a program level M&E plan for each country which is co-designed with partners and AusAID.

Asia Pacific Baseline Country Data Collection Overview

1. Project Overview – Asia Pacific Country Reference Table

Aim

To gather baseline information on countries in the Asia Pacific region. The information includes: each country's socioeconomic status, existing eye and health data. The table will act as a proforma to maintain accurate statistics. These statistics will be used for future Vision 2020 ABI projects, reports, and publications.

General Methodology

A standardised set of data fields was identified after consultations with Centre for Eye Research (CERA) staff, Vision 2020 Global Consortium members, and web searches. A proforma table (see below) and set methodology was used for data collection. This process will continue to ensure the database is kept up-to-date.

Challenges/risks and shortfalls

The major challenges have been:

- out-dated , inaccurate data
- slow feedback/follow up from some sources

Peer Review

The peer review process will ensure that the knowledge and information held by the global consortium is as accurate as data sources allow. The purpose of the peer review is to:

- 1. Review the completeness of data collected to date, provide input, detect gaps and assist with identifying alternate sources with more up-to-date data. CERA sees this document as a work in progress and acknowledges that there will be gaps in the data and resources presented,
- 2. Draw on the expertise of Consortium members and their in-country colleagues to create a completed single-stop source for both online and offline information on eye-health data and avoid duplication of effort to collect these data.

This document, including the excel database, has been compiled by the team at CERA: George Thomas, Aaron Wong, Jill Keeffe, Patricia O'Connor and Beatrice Lezzi.

Please contact Beatrice for further enquiries bciezzi@unimelb.edu.au .

2. Data collection method

Data source priority is as follows

Demographic data	Rationale
1. National Census Data (<=5 years)	Recent census data should provide an accurate single-stop source for each country's demographics.
2. Department of Statistics report (<=5 years)	Reports that refer to calculated census statistics should be used if data tables are not in the public domain or if the statistics were not included in the original census report.
3. UN or WHO report (<=5 years)	Local institutions and NGOs may report to UN and WHO, hence the latter organizations may act as a reliable indirect source for country information. An additional benefit is that statistics are often standardized within databases to assist in comparisons between different countries.
4. UN/WHO/[Other multinational organisation] estimates (<=5 years)	While estimates may be calculated on a yearly basis, methodology for such calculations is not typically open to scrutiny.
5. Items 1-4 found above (<=10 years)	The data collection favours up-to-date information. Moderately older data may be included if no recent assessments have been performed
6. CIA Factbook	If no recent data are available after an exhaustive search, the CIA Factbook may be used. The CIA Factbook has been ranked last due to a lack of referencing and potentially undisclosed biases.
Socioeconomic data	**Rationale**
1. Department of Statistics (<=5 years)	National reports should provide comprehensive data on economic outputs and standard of living. The downside from this data is that it may not be standardized and ready for international comparison.
2. UNDP/UNESCO/UN Statistics Division Database (<=5 years)	Local institutions and NGOs may report to UN and WHO, hence the latter organizations may act as a reliable indirect source for country information. An additional benefit is that statistics are often standardized within databases, to assist in comparisons between different countries.
3. WHO Report (<=5 years)	WHO specializes in health-related statistics and will be used if the UN has not published the required information.
4. Items 1-3 Estimates	While estimates may be calculated on a yearly basis, methodology for such

	calculations is not typically open to scrutiny.
5. Items 1-4 (<=10 years)	The data collection favours up-to-date information. Moderately older data may be included if no recent assessments have been performed
6. CIA Factbook	If no recent data are available after an exhaustive search, the CIA Factbook may be used. The CIA Factbook has been ranked last due to a lack of referencing and potentially undisclosed biases.
General health data	**Rationale**
1. Ministry of Health Report (<=5 years)	Methodology and scope of assessment may be included in reports. A single source, encapsulated source can thus be identified.
2. UN Millennium Goal Indicators (<=5 years)	The definitive global body on certain health indicators. Mandatory reporting by participating countries is likely to result in more up-to-date records.
3. UNICEF (<= 5 years)	UNICEF may serve as a fall back on child statistics not required for UN Millennium goal reporting.
4. WHO Global Health Observatory/Country Data (<=5 years)	WHO databases often contain standardized statistics that permit comparison between countries.
5. Items 1-4 (<=10 years)	The data collection favours up-to-date information. Moderately older data may be included if no recent assessments have been performed
6. CIA Factbook	If no recent data are available after an exhaustive search, the CIA Factbook may be used. The CIA Factbook has been ranked last due to a lack of referencing and potentially undisclosed biases.
Eye health data	**Rationale**
1. Rapid Assessment of Avoidable Blindness Reports (<=5 years)	RAABs provide a standardized methodology which permits comparison between survey countries. Methodology is published and most resources are in the public domain.
2. Ministry of Health/Department of Statistics ie. National Survey on Blindness (<=5 years)	National surveys do not have the standardized methodology of RAABs but may provide a broader picture of eye health, whereas RAABs may be survey site specific and not generalizable.
3. Journal/Research articles (<=5 years)	Published journal/research articles disclose their methodology to the public domain, allowing scrutiny and a more thorough peer-review process
4. UN/WHO Global Health Observatory/Country Data (<=5 years)	WHO databases often contain standardized statistics that permit comparison

		between countries.
5.	UN/WHO Estimates (<= 5 years)	Generalisations of countries to similar WHO regions provide a coarse glimpse at eye-health prevalence rates.
6.	Items 1-5 above (<=10 years)	The data collection favours up-to-date information. Moderately older data may be included if no recent assessments have been performed

Data entry was performed as follows:

1. Identify data source with highest priority containing relevant field. If field empty, enter NA. If no source with relevant field identified, leave cell blank.
2. Enter value taken from source
3. Edit hyperlink – add web address of source (original source/database) or "#blank" for an offline document
4. Edit ScreenTip – add descriptive details ie. [Organisation] [document name] [year]

3.Table proforma used in the collection of data

Demographics and health	Rationale for inclusion
Area (sq km)	Used for calculating average population density
Capital	Country details
Main Languages	Country details, translation of public health materials
No. of total population ('000)	Country details
No. of urban population [with (%)] ('000)	Country details
% population growth rate per annum	Assist in projecting future health-related problems
No. of population in age bracket [with (%)] ('000)	
0-14	Children
15-64	Adults
65 and over	Elderly, high risk group for eye-disease
Human Development Index (HDI)	Summary composite measure of human development incorporating life expectancy at birth, adult literacy rate, primary/secondary/tertiary gross enrolment ratio, & GDP per capita in purchasing power parity
GDP per capita (PPP, in US$)	Socioeconomic indicator of standard of living (PPP = purchasing power parity)
No. of unemployed population [with (%)]	Socioeconomic indicator
% of population below poverty line [(National), ($2), ($1)]	Socioeconomic indicator
Healthcare budget (Per capita total expenditure on health) ($US)	Health expenditure includes that for the provision of health services, family planning activities, nutrition activities and emergency aid designated for health, but excludes the provision of water and sanitation.
[Social Security Funds as %] of [General Government expenditure on Health as % of Total Health Expenditure]	Breakdown of health insurance expenditure from the public sector.
[Private Health Insurance as %] of [Private expenditure on Health as % of Total Health Expenditure]	Breakdown of health insurance expenditure from the private sector
% population undernourished	Indicator of nutritional status

Global Hunger Index	The global hunger index captures three dimensions of hunger: insufficient availability of food, shortfalls in the nutritional status of children and child mortality, which is to a large extent attributable to under nutrition.
Infant mortality rate (0-1 year) per 1000 live births	UN Millennium Development Goal indicator
Maternal mortality ratio per 100 000 live births	UN Millennium Development Goal indicator
Literacy (see below)	
No. of people with diabetes [T1 and T2 with (%)] ('000)	
% of total population with disability	Data from UNESCAP
Eye health status	**Rationale for inclusion**
Prevalence of blindness (<3/60) (%) [(M,F)]	
No. of persons with visual Impairment (<6/18 -3/60) per million [with (%)]	
No. blind (<3/60 in better eye) [(M,F)]	
Main causes of Vision Impairment and Blindness	
No. of persons with vision loss from cataract [blindness, visual impairment, with (%)]	
Cataract surgical rate (per million in 1 calendar year) [(M,F)]	Assess availability of services
No. of persons with uncorrected refractive error [with %]	Easily treatable cause of avoidable blindness/visual impairment
National Prevention of Blindness Plan (Y/N)	
Personnel	**Rationale for inclusion**
No. of ophthalmologists	
No. of basic eye doctors	
No. of optometrists	
No. of ophthalmic nurses	
No. of mid level ophthalmic personnel	
No. of optical workshop technician	
No. of primary eye care / village health workers	

CBR	
No. of equipment technicians	
Infrastructure	**Rationale for inclusion**
Eye Hospitals - Tertiary - Secondary	
Eye Departments/Units	
Vision Centres/District Eye Units	
Child health	**Rationale for inclusion**
No. of 0-14 years [with (%)] ('000)	
Children under 5 years mortality rate per 1000 live births	
Life expectancy at birth [M, F] (years)	
Sex ratio (M:F)	
Prevalence of blindness per 1000 children	
Prevalence of low vision per 1000 children	
No. of children aged 0-5 years ('000)	Used for estimation of children blind
No. of aged 0-5 years blind ('000), estimate	
No. of children aged 6-15 years ('000)	Used for estimation of children blind
No. of children aged 6-15 years blind ('000), estimate	
Program with Vit A supplementation present (Y/N)	
% of infants with low birth weight	
Subclinical vitamin A deficiency in preschool-age children (%)	
% of children 6-59 months receiving vitamin A supplements (2 doses)	Vitamin A correlates with blindness and child mortality
% of children aged 1 yr immunized against measles	Vaccination rates may inversely correlate with child mortality

Education	Rationale of inclusion
% of children of primary school-age who are out-of-school	
School life expectancy ISCED 1-6 (years)	
% of repeaters, primary	
Survival rate to Grade 5, total (%)	
Gross intake rate to the last grade of primary (%)	
Primary to secondary transition rate (%)	
% of males in Primary school (Total net enrolment ratio in primary education, boys)	
Retention rate of Males in Primary school (% of pupils starting grade 1 who reach last grade of primary, boys) (%)	
Adult (15+) literacy rate, male (%)	
% of females in Primary school (Total net enrolment ratio in primary education, girls)	
Retention rate of females in Primary school (% of pupils starting grade 1 who reach last grade of primary, girls) (%)	
Adult (15+) literacy rate, female (%)	

Country data

Instructions for changing data and clarification

1. Consult Overview document
2. 2. If new data source has a higher priority than current data source AND data is more current than the existing record, then change the value.
3. 3. Modify the colour of the cell to an applicable colour or make it "No fill" if there is no applicable category

Status	Colour	Explanation
No data source found	Pink	No trustworthy sources have been investigated/ found.
No data found at >=1 data source	Orange	Single/multiple source(s) were assessed, but no data was available. This suggests that data on that country within established databases is lacking
Outdated data (>5 yo) OR estimate	Yellow	Estimated values were used
Inappropriate data source	Purple	Source should be replaced by a better reference when available

4. Modify the hyperlink and ScreenTip values to reflect source
5. a) Modify right-sided superscript to reflect reference

   b) If no existing reference for data source exists in "References" sheet, create a new entry in the lowest row.

Please note all data was collected in January and February 2011 by the Centre for Eye Research Australia, for enquiries please contact bciezzi@unimelb.edu.au .

	Cambodia		PNG		Samoa		Solomon Islands		Timor Leste		Viet Nam	
Demographics												
Area (sq km)	181,035	[25]	462,840	[25]	2831	[25]	28896	[25]	14874	[25]	331210	[25]
Capital	Phnom Penh	[25]	Port Moresby	[25]	Apia	[25]	Honiara	[25]	Dili	[25]	Hanoi	[25]
Main Languages	Khmer, French, English	[25]	English, Tok Pisin, Hiri Motu	[25]	Samoan, English	[25]	Melanesian pidgin, English	[25]	Tetum & Portuguese, Indonesian and	[25]	Vietnamese, English	[25]
No. of total population ('000)	13395.7	2008 [2]	6732.0	2009 [43]	180.7	2006 [14]	507.0	2007 [15]	1066.6	2010 [16]	86024.6	2009 [19]
No. of urban population [with (%)] ('000)	2947.1	2008 [2]	686.3	[13]	0.2	[14]	0.2	[34]	315.216 (29.6%)	[16]	25466000 (29.6%)	2003 [19]
% population growth rate per annum	1.5%	2008 [2]	3.2%	[13]	0.5%	[14]	2.5%	[34]	2.4%	[16]	1.1%	[19]
No. of population in age bracket [with (%)] ('000)	-		-		-		-		-		-	
0-14	33.7%	2008 [2]	39%	2010 [35]	70.937 (39%)	[14]	39%	2010 [35]	45%	[35]	25%	[35]
15-64	62.0%	2008 [2]	53%	2010 [35]	100.999 (56%)	[14]	51%	2010 [35]	46%	[35]	58%	[35]
65 and over	4.3%	2008 [2]	8% (60+)	2010 [35]	8.747 (5%)	[14]	10% (60+)	2010 [35]	9% (60+)	[35]	17% (60+)	[35]
Human Development Index (HDI)	0.494	2010 [31]	0.431	2010 [31]	NA	[31]	0.494	2010 [31]	0.502	2010 [31]	0.572	2010 [31]
GDP per capita (PPP, in US$)	1954	2008 [28]	2201	2008 [28]	4592	2008 [28]	2627	2008 [28]	803	2008 [28]	2792	2008 [28]
No. of unemployed population [with (%)]	35.4%	2008 [2]	4.3% M 1.3% F	2010 [35]	1% (15+)	[14]	31.0% M 33.7% F	2010 [35]	NA	[35]	5.0%	[19]
% of population below poverty line [(National), ($2), ($1)]	25.8% ($1)	2008 [30]	35.8% ($1)	[30]	NA	[30]	NA	[30]	73% ($2), 37.2% ($1)	[28]	21.5% ($1)	[30]
Healthcare budget (Per capita total expenditure on health) ($US)	108	2008 [30]	65	[30]	237	[30]	123	[30]	116	[30]	183	[30]
No. of diabetic population [T1 and T2 with (%)] ('000)	110	2000 [39]	152	2000 [39]	4	2000 [39]	13	2000 [39]	NA	[39]	792	2000 [39]
[Social Security Funds as %] of [General Government expenditure on Health as % of Total Health Expenditure]	0% of 23.1%	2008 [41]	6.2% of 80.1%	[41]	0.7% of 84.8	[41]	0% of 93.4%	[41]	0% of 80.2%	2008 [41]	32.2% of 38.5%	2008 [41]
[Private Health Insurance as %] of [Private expenditure on Health as % of Total Health Expenditure]	0% of 76.9%	2008 [41]	6.2% of 19.9%	2008 [41]	0% of 15.2%	2008 [41]	0% of 6.6%	2008 [41]	0% of 19.8%	2008 [41]	2.7% of 61.5%	2008 [41]
% population undernourished	25%	2008 [29]	NA	[29]	5%	[29]	9%	[29]	23%	[29]	13%	[29]
Global Hunger Index	20.9	[33]	NA	[33]	NA	[33]	NA	[33]	25.6	[33]	11.5	[33]
Infant mortality rate (0-1 year) per 1000 live births	69	2008 [28]	53	[29]	22	[29]	30	[29]	75	[29]	12	[29]
Maternal mortality ratio per 100 000 live births	290	[29]	250	[29]	NA	[29]	100	[29]	370	[29]	56	[29]
Literacy (see below)	87.5	[29]	See below		See below		See below		See below		See below	
% of total population with disability	3% (M), 4% (F)	2008 [2]	NA	[49]	1.16% (2096 T, 1155 M, 941 F)	2010 [14]	3.5%	2010 [49]	1.29%	2010 [49]	6.4%	2010 [49]
Eye Health Status												
Prevalence of blindness (<3/60) (%) [(M,F)]	2.81% (RAAB 2007, pop. >50yo.), 0.38% (IAPB WP)	[2a, 37]	2.2% (50+)	2002 [38]	2.2% (50+)	2002 [38]	1.0%	[37]	4.10%	[46]	3.1%	2007 [47]
No. of persons with visual Impairment (<6/18 -3/60) per million [with (%)]	12000	[24]	29.2% (50+)	[37]	1.2%	2002 [38]	1.2%	2002 [38]	17.70%	[46]	13.6%	2007 [47]
No. blind (<3/60 in better eye) [(M,F)]	43800	[2a]	146000 (50+)	[37]			5592	[37]				
Main causes of blindness	Cataract, corneal scar, pthysis, post segment	[2a]	URE, Cat	[37]			Cat, DR, URE, T/CB	[37]	Cat (72.9%) URE (81.3% of LV)	[46]	Cataract (66%) Post. Seg Path (10.1%) Glaucoma (6.5%) Other corneal opacity (5.7%)	2007 [47]
No. of persons with vision loss from cataract [blindness, visual impariment, with (%)]	29300 (1.9%) (bilateral)	2007 (RAAB pop. >50yo.) [2a]	65%	2002 [38]	65%	2002 [38]	65%	2002 [38]	76.1% (95% CI 68.1 to 84.1) of Blindness, 25.1% of low vision	[46]	66% of blindness	2007 [47]
Cataract surgical rate (per million in 1 calendar year) [(M,F)]	749	[36]	716	[36]	1680	[37]	1000	[37]	NA	[36]	1381	[37]
No. of persons with uncorrected refractive error [with %]	3%	2007 (RAAB pop. >50yo.) [2a]	4.67%	2008 [50]	4.67%	2008 [50]	4.67%	2008 [50]	73.1% (95% CI 67.2 - 78.9) of LV	[46]	2.50%	2007 [47]
National Prevention of Blindness Plan (Y/N)	Y	[36]	N	[36]	Y	[36]	Y	[36]	NA	[36]	Y	[36]
Personnel WHO Recommendations (Current No. if available)												
No. of ophthalmologists, nationwide	268 (51)	[37]	27 (14)	[37]	1 (0)	[37]	2 (3 @ 5 per m)	[37]	4	[36]	1720 (1381 @ 13 pm)	[37]
No. of optometrists	? (0)	[37]	? (22)	[37]	? (NA)	[37]	? (NA)	[37]			? (0)	[37]
No. of ophthalmic nurses	? (87)	[37]							3			
No. of mid level ophthalmic personnel	268	[36]	67	[36]	2	[36]	5	[36]	11	[36]	1720	[36]
No. of refractionists	268 (32)	[36,	135	[36]	4	[36]	10	[36]	21	[36]	1720	[36]
No of managers												
No. of equipment technicians												
No. of basic eye doctors			14		0		3					
No. of primary eye care / village health workers, nationwide			?		4		5					
CBR			?		3		1					
Infrastructure WHO Recommendations												
Global Resource Centre												
Regional Resource Centre												
V2020 Collaborating Centre												
Eye Hospitals, nationwide (Tertiary, Secondary)			0		0		0					
Eye Departments / Units			10		1		1		1			
Vision Centres / District Eye Units			3		1		3		6			
Child Health												
No. of total population 0-14 years [with (%)] ('000)	32%	[28]	37%	[28]	70.937 (39%)	[14]	37%	[28]	42%	[28]	25%	[19]
Children under 5 years mortality rate per 1000 live births	87.5	2008 [29]	68.3	[29]	25.3	[29]	35.8	[29]	56.4	[29]	23.6	[29]
Life expectancy at birth [M, F] (years)	61	[28]	61	[28]	71.5 (M) 74.2 (F)	[14]	66	[28]	61	[28]	74	[28]
Sex ratio (M:F)	946:1000	2008 [2]	107.5:100	[13]	107:100	[14]	105:100	[25]	105:100	[25]	112:100	[25]
Prevalence of blindness per 1000 children	0.7		0.6		0.4		0.6		0.5		0.4	
Prevalence of low vision per 1000 children	1.4-2.1		1.2-1.8		0.8-1.2		1.2-1.8		1.0-1.5		0.8-1.2	
No. of children aged 0-5 years ('000)	1666.7	2008 [2]	940.0	[48]	29.4	[14]	79.1	[15]	195.2	[16]	8299.1	[19]
No. of aged 0-5 years blind ('000), estimate	1.167	*	0.564	*	0.012	*	0.047	*	0.098	*	3.32	*
No. of children aged 6-15 years ('000)	3170.9	2008 [2]	1419.346	[48]	45.08	[14]	116.9	[15]	305.0	[16]	15133.6	[19]
No. of children aged 6-15 years blind ('000), estimate	2.2	*	0.852	*	0.018	*	0.070	*	0.153	*	6.1	*
Program with Vit A supplementation present (Y/N)	Y	[42]	Y	[42]	N	[42]	N	[42]	Y	[42]	Y	[42]
% of infants with low birth weight	14%	[32]	10%	[32]	4%	[32]	13%	[32]	12%	[32]	7%	[32]
Subclinical vitamin A deficiency in preschool-age children (%)	22.3%	[30]	NA	[30]	NA	[30]	NA	[30]	NA	[30]	NA	[30]
% of children 6-59 months receiving vitamin A supplements (2 doses)	88%	[32]	32%	[30]	NA	[32]	NA	[32]	57% & 50%	[30]	98%	[32]
% of children aged 1 yr immunized against measles	89%	2008 [29]	54%	[29]	45%	[29]	60%	[29]	73%	[29]	92%	[29]
Education												

% of children of primary school-age who are out-of-school	11%	[28]	NA	[28]	19%	[28]	19%	[28]	23%	[28]	5%	[28]
School life expectancy ISCED 1-6 (years)	9.8	[28]	NA	[28]	8.9	[28]	8.9	[28]	11.2	[28]	10.4	[28]
% of repeaters, primary	11%	[28]	NA	[28]	NA	[28]	NA	[28]	12%	[28]	1%	[28]
Survival rate to Grade 5, total (%)	62%	[28]	NA	[28]	NA	[28]	NA	[28]	75%	[28]	92%	[28]
Gross intake rate to the last grade of primary (%)	79%	[28]	NA	[28]	NA	[28]	NA	[28]	80%	[28]	101%	[28]
Primary to secondary transition rate (%)	79%	[28]	NA	[28]	70%	[28]	70%	[28]	87%	[28]	93%	[28]
% of males in Primary school (Total net enrolment ratio in primary education, boys)	90.4%	2008 [29]	NA	[29]	94.10%	[29]	66.90%	[29]	78.80%	[29]	97%	[29]
Retention rate of Males in Primary school (% of pupils starting grade 1 who reach last grade of primary, boys) (%)	51.9%	2007 [29]	NA	[29]	90.90%	[29]	NA	[29]	NA	[29]	92.10%	[29]
Adult (15+) literacy rate, male (%)	89.4%	2008 [29]	63.60%	[28]	89% (Simoan) 71% (English)	[14]	96.30%	[28]	96.30%	[28]	95.10%	[28]
% of females in Primary school (Total net enrolment ratio in primary education, girls)	86.7%	2008 [29]	NA	[29]	94.20%	[29]	67.20%	[29]	75.70%	[29]	91.90%	[29]
Retention rate of females in Primary school (% of pupils starting grade 1 who reach last grade of primary, girls) (%)	57.3%	2007 [29]	NA	[29]	94.10%	[29]	NA	[29]	NA	[29]	86.50%	[29]
Adult (15+) literacy rate, female (%)	85.5%	2008 [29]	55.60%	[28]	92% (Simoan) 81% (English)	[14]	91%	[28]	91.00%	[28]	90.20%	[28]

	Country	Sources	Link (If applicable)	Year of Publication	Remarks
1	Australia	Australian Bureau of Statistics	http://www.abs.gov.au/ausstats	2010	
2	Cambodia	National Institute of Statistics	http://www.nis.gov.kh/		
2a	Cambodia	Rapid Assessment of Avoidable Blindness 2007		2007	
3	Cook Islands	Cook Islands Statistics Office	http://www.stats.gov.ck		
4	Fiji	National Bureau of Statistics	http://www.statsfiji.gov.fj/		
4a	Fiji	Fred Hollows Foundation Fiji National Eye Project, Project		2009	
5	India	Ministry of Statistics and Programme Implementation	http://www.mospi.gov.in		
6	Indonesia	Statistics Indonesia	http://www.bps.go.id/		
7	Laos	National Statistics Centre	http://www.nsc.gov.la/		
8	Mongolia	National Statistical Office of Mongolia	http://www.nso.mn/v3/index2.php		
9	Myanmar	Central Statistics Office	http://www.etrademyanmar.com/STATS/default1.htm	2003	Old data, official site not functional but 2003
10	Nepal	Central Bureau of Statistics	http://www.cbs.gov.np/		
11	NZ	Statistics New Zealand	http://www.stats.govt.nz/		
12	Philippines	National Statistics Office	http://www.census.gov.ph/		
13	PNG	National Statistics Office	http://www.spc.int/prism/country/pg/stats/index.htm		
14	Samoa	Department of Statistics	http://www.sbs.gov.ws/		
15	Solomon Islands	National Statistics Office	http://www.spc.int/prism/country/sb/stats/		
16	Timor Leste	National Directorate of Statistics	http://dne.mopf.gov.tl/		
17	Tonga	Statistics Department	http://www.spc.int/prism/Country/TO/stats/		
18	Vanuatu	National Statistics Office	http://www.spc.int/prism/country/vu/stats/		
19	Vietnam	General Statistics Office	http://www.gso.gov.vn/default_en.aspx?tabid=491		
24	Pacific Region	Keeffe et al, Vision Impairment in the Pacific Region	Brit J Ophth., 2002, 86(6):p605-610		
25	General	Central Intelligence Agency - The World Factbook	https://www.cia.gov/library/publications/the-world-factbook/		Compilation of many
26	General	WHO Human Development Agency			
27	General	ICEE	http://www.icee.org/where_we_work/		
28	General	UNESCO Institute for Statistics	http://stats.uis.unesco.org		
29	General	UN Statistics Division: MDG Indicators	http://millenniumindicators.un.org/		
30	General	WHO Nutrition Landscape Information System	http://www.who.int/nutrition/nlis/en/index.html		
31	General	UN DP	http://hdr.undp.org/en/statistics/data/		
32	General	UNICEF ChildInfo	http://www.childinfo.org		Multiple Primary Sources - All cited on website
33	General	International Food Policy Research Institute	http://www.ifpri.org/publication/2010-global-hunger-index		
34	General	United Nations Economic and Social Commission for Asia	http://www.unescap.org/stat/data		
35	General	United Nations Statistics Division	http://unstats.un.org/unsd/demographic/products/indwm/tab1b.htm		
36	General	Vision 2020: The Right to Sight Action Plan 2006-2011			
37	General	IAPB Western Pacific	http://www.iapbwesternpacific.org/countries/countries		
38	General	WHO Global Data on Visual Impairment in the year 2002	http://whqlibdoc.who.int/bulletin/2004/Vol82-No11/bulletin_2004_82(11)_844-851.pdf	2002	
39	General	WHO Diabetes Programme	http://www.who.int/diabetes/facts/world_figures/en/index6.html	2000	

40	General	WHO - Preventing Blindness in Children - Report of a WHO/IAPB Scientific Meeting 13-17 April 1999		
41	General	WHO National Health Accounts	http://www.who.int/nha/country/en/	
42	General	**WHO Vaccine Preventable Diseases Monitoring System**	http://apps.who.int/immunization_monitoring/en/globalsummary/countryprofileselect.cfm	
43	General	UN World Population Prospects: The 2008 Revision	http://www.un.org/esa/population/publications/wpp2008/wpp2008_text_tables.pdf	
44	New Zealand	Diabetes New Zealand	http://www.diabetes.org.nz/about_diabetes	
45	Philipine	Philippine National Survey on Blindness	Offline	2004
46	Timor-Leste	Ramke J, Prevalence and causes of blindness and low vision in Timor-Leste. Br J Ophthalmol 2007;91:1117-1121	http://bjo.bmj.com/content/91/9/1117.abstract	2007
47	Viet Nam	Vision 2020 Internal Document (RAAB Survey Results)	Offline	2007
48	PNG	Wosera HDSS Demographics Report, PNG	http://pngimr.org.pg/WoseraSite/Woseraprofile/WoseraReport.pdf	2007
49	General	UN ESCAP Disability at a Glance 2010	http://www.unescap.org/sdd/publications/Disability/Disability-at-a-Glance-2010.pdf	2010
50	General	Global Visual Impairment Caused by Uncorrected Refractive Errors	http://89.234.34.107/vision2020/documents/WHO%20Publications/Global_magnitude_of_visual_impairment_caused_by_uncorrected_refractive_e	2008

9 Annexure 5: Performance Assessment Framework

The PAF is a document developed by the Global Consortium to guide monitoring and evaluation processes and to understand the overall performance of the Consortium work plan. The PAF will be continuously refined with each reflection and reporting cycle, to increase its utility for managing the direction of the program towards maximising results against the high level objectives of the Avoidable Blindness Initiative.

VISION 2020
THE RIGHT TO SIGHT
AUSTRALIA
GLOBAL CONSORTIUM

Performance Assessment Framework

Avoidable Blindness Initiative
March 2011

An Australian partnership working to eliminate avoidable blindness and reduce the impact of vision loss in our region

Contents

Executive Summary

Vision 2020 Australia and its members are committed to working with the Australian Government to achieve the goals outlined in the Government's Avoidable Blindness Initiative (ABI). As part of the performance management and monitoring and evaluation of the Vision 2020 Australia Global Consortium a Performance Assessment Framework (PAF) has been developed. The PAF has been developed with extensive consultation and input from Consortium Members, key stakeholders and the Secretariat.

AusAID and the Vision 2020 Australia Global Consortium will use this PAF to inform the Annual Reporting process to AusAID, to guide monitoring and evaluation processes and to understand the overall performance of the Consortium Phase One Program and VAVSP.

It is envisaged that the PAF would be continuously refined with each reflection and reporting cycle, to increase its utility for managing the direction of the program towards maximising results against the high level objectives[1].

[1] AusAID (2009) 'AusAID 2009 Funding Order for the Avoidable Blindness Initiative', pp 14

1 Introduction

1.1 The Avoidable Blindness Initiative Strategic Framework

Goal: To reduce the incidence of preventable blindness and improve the quality of life for people with low vision and blindness.

Key Objectives:

- Improve access to and provision of comprehensive eye health care
- Increase policy engagement with local, national and regional organisations on eye health issues
- Improve data collection and understanding of eye health issues

The ABI strategic framework has four components:

i) the development of a strategic partnership with a range of NGO's and other organisations working in eye health and vision care, building on and expanding existing work

ii) strengthening existing eye care training institutions and the capacity of eye care workers;

iii) piloting the Vision Centre approach as part of the delivery of eye health and vision care needs in Asia; and

iv) assessing eye health and vision care needs to inform future efforts to reduce avoidable blindness

The Consortium Phase One Program will contribute to Components (i) and (ii) of the ABI Strategic Framework. VAVSP will contribute to Components (i) and (iii) of the ABI Strategic Framework. AusAID will undertake Component (iv) as a separate exercise. Other agencies and projects funded under the ABI Strategic Framework will also contribute to its Objectives and Components.

1.2 The Consortium Phase One Program

The Consortium Phase One Program ($15 million) and the Vietnam Australia Vision Support Program ($3 million) are two programs within the larger and longer term AusAID funded ABI Strategic Framework. The Consortium Phase One Program and VAVSP contribute to AusAID's Avoidable Blindness Initiative which is a central part of the broader *Development for All: Towards a Disability-Inclusive Australian Aid Program 2009-2014* strategy.

Nine Australian NGOs, all members of Vision 2020 Australia, formed a Consortium and joined in partnership with AusAID to implement the two programs. The Consortium Phase One Program will scale-up existing NGO programs in Vietnam, Cambodia, Timor Leste, Papua New Guinea, Solomon Islands, Fiji and Samoa and prepare for Phase 2. VAVSP is a pilot program and an AusAID 'designed facility' to be implemented in Vietnam by four of the nine Consortium members. Reporting processes for the two programs have been aligned.

2 The Performance Assessment Framework

This Performance Assessment Framework reflects the two-year Consortium Phase One Program (2010-2011) and the VAVSP (2010-2012). It does not cover the full ABI Strategic Framework. It is divided into three domains of change. The nine Consortium members and Vision 2020 Australia came together to build consensus for the Core Outcome Areas, the Key Result Areas and the Enabling Outcome Areas. Each outcome area lists key indicators of performance. These do not represent an exhaustive list; rather the indicators reflect what is feasible within two years and are focused on the critical aspects of performance required to contribute to each outcome area. Some indicators are equally relevant to various outcome areas.

The Core Outcome Areas of the PAF can be directly linked to AusAID's Development For All Strategy and the ABI Strategic Framework Objectives.

The Key Result Areas of the PAF can be directly linked to the ABI Strategic Framework Objectives and the VAVSP Objectives. The five Key Result Areas have been aligned with the *VISION 2020: The Right To Sight* Global Initiative of the WHO and the International Agency for the Prevention of Blindness.

The Enabling Outcome Areas of the PAF can be directly linked to the Guiding Principles outlined by AusAID in the Vision 2020 Australia Global Consortium Partnership Framework and Funding Order and are consistent with contemporary development practice.

The matrix provided at Appendix 1 illustrates the linkages between the PAF and the Strategic Framework Objectives, and the Partnership Framework Objectives and Guiding Principles.

AusAID and the Vision 2020 Australia Global Consortium will use this PAF to inform the Annual Reporting process to AusAID, to guide monitoring and evaluation processes and to understand the overall performance of the ABI Phase 1 program and VAVSP. Being a collection of individual, albeit, synergetic scale up-projects and as such, does not have an overall design. VAVSP is a pilot program. Both programs have short implementation periods of 2 years which should be viewed realistically. These characteristics have led to the development of a PAF that will tell a 'performance story' but is not expressed in terms of targets. The rationale for this approach is given additional relevance due to a lack of base line data against which to quantitatively compare progress. Many baseline data will be collected during the 2-year program providing an essential building block for the ongoing ABI Strategic Framework and contributing to its 3rd objective of improving data collection and understanding eye health issues..

Where particular aspects of practice are vital to the achievement in the longer term of the ABI Strategic Framework but will not be realised within the two-year implementation period, they have not been included as indicators of performance in the PAF. Rather they will be more appropriately addressed through ongoing operational research. This includes for instance the prevalence rates of visual impairment in each of the partner countries.

2.1 2010 Performance Assessment Framework Results

The PAF is a document developed by the Global Consortium to guide monitoring and evaluation processes and to understand the overall performance of the Consortium work plan. The PAF will be continuously refined with each reflection and reporting cycle, to increase its utility for managing the direction of the program towards maximising results against the high level objectives of the Avoidable Blindness Initiative.

1. INTEGRATED EYE HEALTH CARE

1.1 Number of eye health care centres providing integrated eye care as a result of ABI and VAVSP projects.

Vietnam

District: 3 ABI funded + 4 with Provincial Government funding

Cambodia

17

Papua New Guinea

3 in progress.

Samoa

1

Solomon Islands

4

2. DISABILITY INCLUSIVE EYE HEALTH CARE

2.1 Number of people with a disability accessing eye health services.

Vietnam

In one province 370 people with disabilities were included in vision screening.

Cambodia

1400 referrals from Disability Focussed organisations (DFOs)
287 children with vision disability received low vision assessment and visual aids
3235 PWD accessed eye care services in TEH between Oct-Dec 2010 representing 55% of total patients or that period 5925; PWD = 55%). Prior to this date no disaggregated data are available.
1 PWD screened

Total: 4923 (under-estimated because disaggregated data are not available for full year)

Timor Leste

7 with additional disability (hearing).

2.2. The quality of the engagement experience with eye health services for people with disabilities

Vietnam

Planned collaboration with the Association for the Support of Vietnamese Handicapped and Orphans; training of eye care workers has included disability inclusive practice.

Cambodia

People with disabilities interviewed (n=30) were generally positive about the quality of care received and were satisfied with the way eye care staff talked with and treated them. Where problems were reported, they were generally infrastructure-related - signs, inadequate wheelchair access/availability and difficulties moving in the multi-storey facility were the main problems listed.

CONSORTIUM CAPACITY

3.1 ABI and VAVSP Annual Work Plans implemented on time, on budget

All countries

Whilst preliminary planning for the scale-up of projects was undertaken with in-country partners, most did not have written agreements with government partners prior to funding being approved. It took some time to complete all agreements thus delaying the start of some projects. Changes in personnel in government departments such as in Samoa caused unavoidable delays. Similarly approvals for new or renovated buildings took considerable time but all have now been obtained and all building projects under way, if not already completed.

All projects are monitored through monthly reports. This resulted in action to call a meeting in the Solomon Islands where the project had experienced significant changes from the planned timelines. A revised action plan with increased resources was agreed and has resulted in the revision of some project activities but the original objectives are expected to be realised.

3.2 Occasions where collective analysis of lessons learned has influenced improved program design and practice

All Countries

The annual Reflections Workshop encouraged sharing of lessons learnt. There are a number of areas where organisations are conducting similar programs where there is potential for sharing of experience and to formulate evidence-based practice; these include vision screening of children; health promotion (IEC); and integration and recording of data cross-cutting issues in projects. Case studies were personal stories rather than analysis of project activities.

DISEASE CONTROL

4.1 Number of patients treated (disaggregated by condition, gender, age, location)

Vietnam

	Total
Eye Care Facility Consultations	5357
Conditions	
Cataract	1805
Refractive error	1834
Other (not specified)	1748
Gender	
Female	3355
Male	2243
Age	
Adults	4551
Children	806
Screening	98456
School	96930
Community	1526

Cambodia

	Breakdown	Numbers
Eye Care facility consultations		33703
Males	14399	
Females	17750	
Not disaggregated	1554	
Adults	5767*	
Children	639*	
Rural	14071*	
Urban	1207*	
Outreach consultations		4445
Males	1453	
Females	2995	
Screening		29094
School	*12095*	
Males	1704	
Females	1405	
Not disaggregated	8986	
Community	*16999*	
Males	1705	
Females	3128	
Not disaggregated	12166	

Rural	3195*	
Condition (Eye care facility)		
Cataract	7540	
Glaucoma	283	
Trachoma	110	
Refraction/vision aids	3964	
Corneal ulcer	642	
Other	19752	
Breakdown not available	1410	

* Disaggregated data not available for all cases reported

Samoa

Screening	1034
Gender	
Male	486
Female	548
Location	
Urban	1034

Solomon Islands

Condition	
Refraction/vision aids	
Adults	765
Male	386
Female	379
Children (<16 years)	9
Male	3
Female	6
Spectacles dispensed	
Adults	778
Male	391
Female	387
Children (<16 years)	9
Male	3
Female	6

Timor Leste

	Breakdown	Numbers
Eye Care Facility		**270**
Male	162	
Female	108	
Condition		
Cataract	90	
Glaucoma	2	
Refraction/vision aids	53	
Other	125	
Location		
Rural	270	

4.2 Number of occasions where patients have been referred to Disabled Persons Organisations such as Blind Association

Cambodia

153

Solomon Islands

ICEE has encouraged open communication and referral to the CBR through the recent training of nurses where a CBR representative was invited to assist with training of people with low vision.
Training to nurses in vision centre administrative processes has been conducted to encourage capture of such data.
A referral and follow-up system has been established.

Timor Leste

10

4.3 Quality of Life impact for a sample of patients

All countries

No formal studies have yet been carried out to assess change in quality of life after interventions such as cataract surgery. The studies planned for the second year of the ABI will involve formal quality of life questionnaires and case studies on the social and economic impact of restoring vision. Case studies accompanying the PAF are examples of the very positive changes for individuals who have undergone surgery.

INFRASTRUCTURE DEVELOPMENT

5.1 Number and type of buildings constructed/renovated (disaggregated by rural/urban and level)

Vietnam

	Rural	Urban
Constructed		
In progress	5	1
Refurbished	3	

Cambodia

	Rural	Urban
Constructed		
In progress		1
Refurbished	1	13

FHF: Ang Doung Hospital building deferred

Papua New Guinea

	Rural	Urban
Constructed		
In progress		3
Refurbished		

Samoa

Optical Workshop	Urban
Refurbished	1

Solomon Islands

Primary Eye Clinics	Rural	Urban
In progress	2	1

5.2 Number and type of equipment supplied

Vietnam

Location	Facility	Equipment	Number
Hanoi, Da Nang, HCMC	Tertiary hospitals (3)	Refractive error	288
Da Nang, HCMC	Tertiary hospitals (2)	Optical workshop	67
Provinces (9)	Provincial and District centres	Cataract surgery Minor surgery, trachoma surgery and screening Refractive error Slit lamps Ophthalmoscope Optical workshop Screening Glaucoma Visual acuity charts	27 184 73 23 57 29 17 20 285
Provinces (9)	Commune health stations	Basic kits/ screening	483
Provinces (7)	Village health workers	Basic eye kits	1856

Cambodia

Location	Facility	Equipment	Number
Preah Ang Doung	Tertiary hospital (1)	Slit lamps	12 (incl 2 teaching)
		Cataract surgery	5
Provinces (14)	Provincial and district centres	Cataract surgery	76
		Other cataract surgical related equipment	2
		Surgical	110
		Trachoma surgery	1
		Surgical Microscopes	4
		Optical Workshop	86
		Refractive error	48
		Ophthalmoscopes	2 (incl 1 indirect)
		Glaucoma testing	14
		Slit lamps and related equipment	12
		Specialised equipment	4
		Spectacles	3487
		General equipment	6
		Brochures etc.	91,632

Fiji

Early childhood screening and program resources for RIDBC and FSB.

Papua New Guinea

Location	Facility	Equipment	Number
Provinces (3)	Provincial and district centres	Optical Workshop	300
		Refractive error	117
		Slit lamps and related equipment	2
		General equipment	3
		Furniture	3
		Vision testing	6

Samoa

Summary	Total
Optical Workshop	37

Solomon Islands

Summary	Total
Optical Workshop	9
Cataract surgery	2

Timor Leste

Location	Facility	Equipment	Number
Dili	National hospital	Cataract surgery	1
		Other cataract surgical related equipment	1
		Surgical	5
		Glaucoma testing	6
		Slit lamps and related equipment	7
		Specialised equipment	1
		General equipment	1
Provinces (5)	Provincial and district centres	Surgical	2
		Slit lamps and related equipment	15

5.3 Geographical distribution of eye health care centres relative to population

Vietnam

Province	Population	# Centres
Thua Tien Hue	1,088,700	I new building under construction for provincial Hue Eye Hospital. Renovation of 1 district level eye examination room completed
Quang Binh	857,818	Renovation of 2 district level eye examination rooms completed
Ha Gieng	724,353	Renovation of 2 district level eye care rooms currently in progress Renovation of 1 provincial level eye unit currently in progress 1 district level eye examination room renovated using local government funds
Tien Giang	1,733,880	Renovation of 1 provincial level eye unit currently in progress
Thai Binh	1,923,467	Renovation of 1 provincial level eye unit currently in progress
Hai Duong	1,732,841	3 district level eye examination rooms renovated using local government funds

Cambodia

Province	Population	# Centres
Battambang	1,024,663	2
Banteay Meanchey	678,033	1
Kampong Cham	1,680,694	1
Kampong Speu	716,517	design plans reviewed
Kampong Thom	630,803	1
Kampot	585,850	1
Kandal	1,265,085	1
Phnom Penh	1,325,681	2
Pursat	397,107	1
Siem Reap	896,309	1
Sihanoukville	199,902	1

Takeo	843,931	2

Papua New Guinea

District	Population (2010 census)	# Centres
Buka	175,160	1
Mendi	546,265	1
Rabaul	220,133	1

Samoa

District	Population (2006 census)	# Centres
Apia (Upolu Island)	137,599	1
Savaii (Savaii Island)	43,142	1

Solomon Islands

District	Population (2010 projections from the 1999 census)	# Centres
Malaita	159,923	1
Makira	40,386	1
Honiara	63,311	1

Timor Leste

District	Population (2010 census)	# Centres
Dili	234,331	1
Maubisse [Ainaro]	59,382	1
Oecusse	65,524	1
Maliana (Bobonaro)	89,787	1
Suai (Cova Lima)	60,063	1
Baucau	111,484	1

HUMAN RESOURCE DEVELOPMENT

6.1 Number of eye health care personnel trained (disaggregated by cadre)

Vietnam

Cadre	Professional training	Other training & conferences	Total
Ophthalmologists	5		5
Basic Eye Doctors	14		14
Nurses/ MLOP	12		12
Refractionists	68		68
Spectacle technicians	2		2
PEC trainers	12		12
Eye care staff	42		42
Commune health staff	716		716
Village health workers		2326	2326
Project Management Board		22	22
Not stated		6	6

58% of those who were trained were women.

Cambodia

Cadre	Professional training	Other training & conferences	Total
Ophthalmologists	16 (+ 12 in training)	36	52(+ 12 in training)
Other doctors		16	16
Nurses	101	23	124
Teachers		149	149
Optical/spectacle technician		1	1
Optometrists		1	1
VHW	41		41
MLOP	12		12
Eye Care unspecified	422	47	469
Refractionists	6		6
Management		1	1
Other INGO		3	3

Fiji

2 community-based rehabilitation (CBR) personnel trained in Australia who then trained 39 people in Suva - educators, CBR, an ophthalmologist and a NGO supervisor.

Papua New Guinea

Cadre	Professional training	Other training & conferences	Total
Optical/spectacle technician	6		6
Eye care professional unspecified		2	2
Refractionists	3	4	7
Management		7	7

36% of those who were trained were women.

Solomon Islands

Cadre	Professional training	Other training & conferences
Nurse	7	

Timor Leste

Cadre	Professional training	Other training & conferences	Total
Nurse	3	5	8
O&M instructors	8		8

6.2 Quality of eye health care services provided by newly trained personnel

All countries

All training course included a post-training evaluation by participants who were assessed for competence related to the training. As most training has only been completed and some is still in progress towards the end of the first year of the ABI, follow-up to assess quality of eye health care provided is not yet possible.

Two similar systems are being implemented - the Cataract Surgical Surveillance System (CSSS) and Cataract Surgery Outcomes Monitoring (CSOM). The outcomes are categorised according to the WHO standards for visual acuity and complications of surgery. Training and methods of data collection have been implemented so that data will be available prior to the end of the ABI funded period.

6.3 Geographical distribution of trained personnel relative to population

Vietnam

Location of refractionists trained:

Province	Population	Ophth.	BED	Refract.	Nurses	Spectacle technicians	CHW	VHW
Hanoi	6,472,000			13		3		
Ho Chi Minh City	7,165,000			11		9		
Da Nang	890,500			7		3		
Hai Phong	1,841,700			1				
Hoa Binh	789,000			1				
Bac Ninh	1,026,700			1				
Dien Bien	493,000			1				
Quang Ninh	1,146,600			1				
Quang Ngai	1,219,200			1				
Thua Tien - Hue	1,088,700		1	3	4	1	48	232
Quang Nam	1,421,200			2				
Nghe An	2,919,200			2	2	2	96	
Dak Lak	1,733,100			1		1		
Binh Dinh	1,489,000			1				
Thanh Hoa	3,405,000			4				
Binh Thuan	1,171,700			1				
Binh Duong	1,497,100			1				
Vinh Long	1,029,800			2				
Ca Mau	1,207,000			1				
Long An	1,438,500			1				
An Giang	2,149,200			1				
Tay Ninh	1,067,700			1				
Dong thap	1,667,700			1				
Ben Tre	1,255,800			1				
Binh Dinh	1,489,000					1		
Yen Bai	743,400					1		
Ha Nam	786,400					1		
Ha Tinh	1,230,300					1		
Ha Giang	724,353		4	1	3		77	522
Thai Binh	1,923,467	2					166	430
Hai Duong	1,732,841		1	3			82	409
Quang Binh	857,818	3	2		2		78	206
Tien Giang	1,733,880			2	2		169	327

HR trained by FHF not included as data were not reported by province and contact has not been possible this week.

Cambodia

Province	Population	Ophth.	Nurses	VHWs	MLOP	Eye care (unspecified)	Refract.
Battambang	1,024,663	1	6			13	2
Banteay Meanchey	678,033	1	2			4	1
Kampong Cham	1,680,694	-	6			16	1
Kampong Chnnang	471,616	2	3			4	
Kampong Speu	716,517		5		1	7	
Kampong Thom	630,803	2	3			4	
Kampot	585,850		1			2	1
Kandal	1,265,085		4		4	5	
Kratie	318,523					5	
Mondolkiri	60,811		4			2	
Odar Meanchey	185,443		3			1	
Pailin	70,482		1				
Phnom Penh	1,325,681	3	4		3	83	
Prey Vihear	170,852		1			1	
Prey Veng	947,357	1	4			4	
Pursat	397,107		1			4	1
Siem Reap	896,309	2			4	12	
Sihanoukville	199,902	1				2	
Svay Rieng	482,785					3	
Stung Trey	111,734					2	
Takeo	843,931	3	29	28		16	
Unspecified			24			232	

Please note: The above table only refers to those who received professional training.

Fiji

11 Suva based rehabilitation personnel provide services across the country (population 850,000).

Papua New Guinea

District	Population	Optical/ spectacle technician	Refractionist
Buka	175,160	1	1
Mendi	546,265	1	1
Rabaul	220,133	1	1
National *			

* 1 national spectacle supply scheme coordinator, 1 finance administrator and 1 operations manager received training. District(s) not provided.

Solomon Islands

District	Population (2010 projections from the 1999 census)	# Nurses
Malaita	159,923	1
Makira	40,386	1
Honiara	63,311	3
Western	81,214	2

Timor Leste

District	Population (2010 census)	Ophthalmic/ eye care nurse	O&M instructors
Dili	234,331	3	4
Maubisse [Ainaro]	59,382	1	
Oecusse	65,524	1	
Maliana (Bobonaro)	89,787	1	
Suai (Cova Lima)	60,063	1	
Baucau	111,484	1	
Same [Manufahi]	48,894		4

6.4 Retention of new HR capacity in eye health care system

All countries

It is soon after completion of training and in some cases training courses have not yet been completed. All staff trained to date under ABI is still employed in the projects. The issue that strengthens long term retention of those trained is that the in most countries trained personnel are government paid employees in hospitals, district eye or health centres. Additionally some staff have been required to sign five year contracts to ensure retention.

6.5 Occasions when training and employment opportunities have been created for marginalised people

All countries

Training in most projects has been provided to existing employees of government or non-government organisations so Consortium member are unable to specifically select marginalised people for training. There are though some examples where this has been possible such as in Timor Leste where 5 O&M trainers with vision impairment were selected to participate in the project's Train the Trainer program.

People from remote areas are included such as in Papua New Guinea where Vision Centres are set up in remote locations. Similarly primary eye care personnel from remote areas participate in training in Vietnam.

People with disabilities were engaged as trainers in the disability inclusive workshops in Cambodia.

1 advocacy workshop conducted by the IAPB in the Philippines included government representatives from remote regions.

IN-COUNTRY POLICY AND PLANNING CAPACITY

7.1 Number of new provincial level PBL plans developed and adopted

All countries

The development and adoption of national plans is relatively new in most countries participating in the ABI; Vietnam is the exception. This means that the development of provincial plans is still an ongoing process such as in Cambodia where the NPEH organised a VISION 2020 planning workshop to inform provincial level plans and priorities. The Cambodian Annual PBL Plan has identified areas of improvement needed for eye care services at the provincial level.

In Vietnam a plan for Son La province has been completed with 7 more in the planning stage.

In the Philippines 4 new provincial level plans were developed.

In the small island states in the Pacific, provincial plans are not needed as the National Plans are relevant and used throughout each country.

7.2 Number of occasions PBL collaboration between District, Provincial and National level governments

Vietnam

One meeting has been held with national and the 7 provincial PBL partners. One other meeting was held during 2010 for the VAVSP project with all provincial partners, the VNIO and the four Australian partners attending.

In Son La monthly meetings were held towards the end of 2010.

Cambodia

Partners, NGOs and the National Program for Eye Health collaborated to conduct a feasibility assessment.

Facilitated project coordination sessions to promote partnership between the district, provincial and national levels.

PBL and sub-sectoral meetings are held bi-monthly, in 12/2010 the first national ABI-meeting was held in Siem Reap (CBM, Fred Hollows, ICEE + PBL-representative); future meetings are planned bi-monthly.

PBL committees were consulted in the planning and design of projects.

Pacific Island countries

The PBL planning in these countries has been at national level.

Western Pacific Region

All IAPB in-country visits in 2010 included meetings with National PBL Committees (where they exist), various levels of government, and local eye health stakeholders:

1 VISION2020 workshop in the Philippines
Monthly meetings were held with all levels of governments by the in-country IAPB co-chairs in the following countries:

- Philippines
- Vietnam

Additional visit(s) occurred to the following countries:

- Philippines (3 visits)
- Fiji (1)
- Kiribati (1)
- Vietnam (3)
- Cambodia (1)
- Laos (1)
- Solomon Islands (2)
- Samoa (1)
- South Korea National PBL Committee at IAPB conference (1)

Additional meetings were held with PBL, Government and stakeholders from the following countries:

- Cook Islands
- Samoa
- Nauru
- Fiji
- Solomon Islands
- Vanuatu
- Kiribati
- Tonga
- Tuvalu

7.3 Number of eye health care centres implementing data collection systems as a result of ABI projects

Vietnam

Systems for data collection implemented in centres in 6 provinces.

Cambodia

11 centres

Solomon Islands

5 centres

SUSTAINABILITY

8.1 Occasions where Consortium members are working with existing public health structures and National or Provincial PBL Committees

Vietnam

Consortium members are working with the National PBL Committee and with provincial committees in all 8 provinces where projects are being implemented.

Cambodia

A National PBL Meeting is held on a quarterly basis in Cambodia among representatives of the NPEH of the Ministry of Health of Cambodia, WHO Cambodia as well as local and international NGOs working in the eye health sector of Cambodia.

Projects align with Cambodia's National Prevention of Blindness Strategic Plan (2008-2015) and with the goals and priorities of VISION 2020: The Right to Sight. Working in partnership with the National Program for Eye Health (NPEH), provincial authorities and eye care personnel enhances local ownership by addressing locally-defined priorities and goals, and generates strong political support.

MOUs have been signed with government and agreements signed with Provincial Health Departments.

Fiji

One project-related meeting has been held with the national EFA-VI committee which includes Ministries of Health and Education.

Papua New Guinea

All 3 VCs are established in existing health structures in particular the hospitals in each area. ICEE works closely with local organisations (PNG Eye Care) and partnering hospitals to build capacity and improve delivery of services.

There are 5 MOUs signed with partnering public departments so that the project is working within existing public health structures.

Samoa

Project is based on National Education for All strategic plan developed by MESC and National Eye Program developed by NHS.

The approach is in line with the sector wide approach of the Ministry of Health and government and non-government partnerships have been encouraged and acknowledged as essential and effective ways to fast track development.

The General Manager for NHS has advocated strongly to his board and gained their full support. He has also proposed future strategies of how consortium members can have input into the National Eye Care plan and invited participation in a meeting in March 2011.

Solomon Islands

ICEE has implemented vision centre processes that align with the Ministry of Health's existing processes to facilitate ease of hand over.

ICEE has provided training in data collection of disaggregated data for spectacles dispensed.
Vision centre staff are trained in data analysis in dispensing trends to facilitate improved ordering in future.

All pricing structures are approved by Ministry of Health.

Timor Leste

Representatives from the Ministry of Social Solidarity and the Ministry of Education attend the O&M stakeholder forums and are working together with local vision rehabilitation NGOs to improve existing referral networks.

Western Pacific Region

All work by IAPB on national planning is carried out with national committees.

8.2 Commitments by in-country governments to support (policy) and contribute to ongoing eye health care investment

Vietnam

Four provinces have made significant financial contributions ($158,000) for buildings, equipment and administration of eye care projects. Staff who have been trained are government paid employees. The Government has committed to have universal health insurance by 2014; most eye care procedures are included in the items covered. Negotiation will be needed to have included any new procedures added.

Cambodia

TEH was granted with a 25 year lease by provincial government for the 15,689 m^2 of land which the hospital occupies. CBM and TEH have started a process to renew the MoU between the Ministry of Health and Takeo Eye hospital for a further five years to continue the ABI services.

Annual budget of MoH: USD 36,953.09 for eye care activities approved by MoH in 2010. This is the most significant contribution that has been allocated to support PBL in the MoH budget to date.

Refraction and Ophthalmology Residency Training (ORT) training curricula were approved by the MoH as officially recognised courses.

Government hospitals have contributed approximately 25 items of medicine and consumables to eye units that perform cataract surgery.

Ongoing utility expenses and administration of the eye care facilities are also subsidised by the government.

Agreements signed represent commitment and include support for cost recovery for Vision Centres.

Fiji

Senior members of the Ministries of Health and Education have collaborated in the planning of the EFA-VI initiative.

Papua New Guinea

An agreement has been signed with the Department of Health PNG, showing support to the roll out of the ABI program.

Samoa

Ministry of Education is fully committed to program and support the training of teachers and conducting vision screening. The CEO of MESC officially opened the training.

The National Health Service has actively supported the project signing an MoU committing to the project activities including recruiting two additional spectacle technicians and agreeing to charge fees for spectacles.

Solomon Islands

Ministry of Health was very supportive with allocation of land and assistance in construction. Ongoing support for human recourses is a strong point for the Solomon Islands.

8.3 Capacity strengthening initiatives undertaken with in-country partners and governments

Vietnam

In addition to the training of large numbers of eye care staff (6.1 and 6.3), ongoing mentoring of personnel trained continues; this is typically through quarterly on-site visits. Capacity building training was provided to eye care staff and managers in management (19), computing (10), equipment maintenance (13) and training of trainers for provincial eye care (12).

Project planning workshops visits are conducted.

Cambodia

522 episodes of professional training and mentoring provided for in-country eye care personnel

276 additional episodes for other training and conferences for in-country eye care staff and other personnel such as teachers and managers.

36 people including officials from the Ministry of Health, Ministry of Women's Affairs and Ministry of Social Affairs attended the Disability Inclusive (DI) workshop in Phnom Penh.

55 people including representatives of the Ministry of Health and Kirivong District attended the DI workshop in Kirivong.

9 in-country partners attended Asia Pacific Academy of Ophthalmology (APAO) Congress and World Congress of Refractive Error (WCRE) conferences.

1 representative of MoH attended DI training in Australia.

Fiji

2 TOTs trained in Australia in early childhood care and education for children with impaired vision and multiple disabilities. On return they trained 29 rehabilitation staff, teachers and parents.

Papua New Guinea

There has been ongoing support and six visits to build capacity within the local partners, PNG Eye Care, the latter ranging in duration from several days to three weeks.

Samoa

Attendance by in-country partner to the reflection workshop, co-jointly preparing the annual report. Training of 20 teachers (4 male, 16 female) and SENESE staff in vision screening.

Solomon Islands

Vision centre processes designed by ICEE and approved by the Ministry of Health have been implemented. Furthermore, the provision of staff training provides capacity building.

Timor Leste

Capacity building training was undertaken with 8 nurses and 8 O&M Instructors

Western Pacific Region

1 advocacy workshop completed in the Philippines.

INCLUSIVE PARTICIPATION

9.1 Targeted actions to facilitate marginalised groups and/or communities participating in ABI projects

Vietnam

Outreach projects have been conducted to institutions where people with disabilities are known to be present (n=370). Training of commune and village-based health workers (n=2,842) has been conducted to create awareness to target marginalised people.

Training in gender and disability inclusive practice was conducted for 27 Consortium members in Sydney.

Cambodia

Remote communities and marginalised groups (including children, women, the poor and the disabled) have been targeted through:

- The outreach/screening/ programs/ surgical eye camps where 29539 screenings and consultations have occurred.
- Assistance provided in terms of referral/transportation of outreach/screened patients to eye care facilities.
- Partnerships and collaboration with disability-focussed groups such as ABC, CDMD and Krusar Thmey Blind School to improve access of vulnerable groups in communities.
- Provision of Primary Eye Care training to 250 people to improve access to services for vulnerable groups.
- Information, Education and Communication activities and materials were developed to raise awareness of eye care within communities
- Identification of barriers/facilitators to service uptake identified in the earlier ABF-funded KAP survey.

Fiji

Screening was conducted on 4 remote islands with 207 children and adults detected as needing services or referral for eye care. Training in mobility was conducted with 9 people on-site on these islands.

Samoa

Conducted one vision screening activity at the Special Olympics for all athletes.

Solomon Islands

A Community Based Rehabilitation services member attended and assisted in the low vision training part of the nurse refraction up-skilling workshop.

Timor Leste

Eye care nurses screening targets rural communities prior to four ABI-funded ophthalmologists' visits.

Patients identified through eye clinics who cannot be helped by surgery receive information and onward referrals to appropriate support services. Cases are followed up and assistance provided (e.g. transport) as appropriate to help ensure patients access the services.

9.2 Occasions where marginalised groups and/or communities have influenced ABI program design and practice

Vietnam

An example is the inclusion of the provincial Bind Association and Vietnam Women's Union participation in project planning workshops in 2 provinces.

Cambodia

Location of marginalised groups determined the locations of outreach/screening activities.

Collaborations established with disability focused organisations (CDMD, ABC and Krousar Thmey Blind School) to:

- facilitate dissemination of information
- raise awareness on prevention of blindness to a wide range of communities and hard to reach community members
- facilitate participation in project planning and design.

Fiji

The national EFA-VI committee includes representatives from the Pacific Disability Forum and the Blind Persons Association.

Timor Leste

CRA and CBR personnel are actively raising awareness of the importance of eye health services as a result of the training programs delivered.

9.3 Awareness within impacted communities of new eye health services available

Vietnam

Knowledge, Attitudes and Practice (KAP) surveys have been conducted in 3 provinces. The differences by age, gender, disability and location have been analysed. The surveys have provided baseline data against which to measure changes in knowledge and attitudes about eye care and access to services.

Cambodia

An end of project KAP evaluation and RAAB are planned for Nov and Dec 2011 will formally measure awareness and establish the effectiveness of awareness campaigns.

Fiji

CBR workers (n=11) conduct awareness activities on the importance of eye health care.

Samoa

Targeted schools are now incorporating the screening process as part of their first term calendar activities.

GENDER EQUITY

10.1 Occasions where analysis of the barriers to gender equity has influenced project design and practice

Vietnam

Three KAP surveys have been carried out to help understand barriers and importantly to guide planning to address gender equity. The surveys have been conducted in the community and with health care providers. The data from these and the RAAB surveys in 2 of the 3 provinces will inform project design. The data from the RAAB show that women have significantly higher rates of blindness from cataract.

Cambodia

Analysis of gender disaggregated patient data indicated that more females than males were accessing services. An outreach assessment and RAAB are planned for Takeo Province to better understand these gender differences in service uptake.

The Project Management Group Meeting Report for Ophthalmology Residency Training showed an increase in the number of female residents enrolling in the course, reflecting an increased level of accessibility among female participants.

Papua New Guinea

In recruitment and training there were a low number of females applying for the VC positions. The intention was to have even numbers of each gender recruited, but 7 males and only 2 females were recruited. However, the program supports a lead person in PNG who is female. Furthermore, the government in PNG is being lobbied to allow training of different groups which might facilitate the inclusion of more women.

Samoa

Have not encountered gender barriers in the project activities. ICEE has included gender issues in the vision screening training.

Solomon Islands

A female vision centre manager in Honiara has been employed who is responsible for the overall management of all the provincial eye centres and the Honiara optical workshop.
ICEE provided training on gender issues in the nurse refraction and vision centre management workshop.

Timor Leste

The project actively encouraged 3 female O&M trainers to participate in Train the Trainer program.

10.2 Occasions where in-country women's groups have collaborated with project activities

Vietnam

The Vietnam Women's Union has been involved with Consortium partners in 2 provinces. The Union members have participated in training in one province in general eye care, collaborated in vision screening of women and participated in planning workshops in one other province.

10.3 Number of males and females benefitting from project activities - training/employment and sight restoration

Vietnam

Activity	Cadre	Gender: Male, Female, % Female		
Training	Ophthalmologists	2		0%
	Basic eye doctors	1	3	75%
	Nurses		2	100%
	Refractionists	21	39	65%
	Spectacle technicians	20	5	17%
	Community health workers	67	29	30%
	Vietnam Women's Union		82	100%
	Eye Care staff	1231	1599	57%
Vision screening	Poor/ disabled adults	110	909	89%
	Children with disabilities	175	141	36%
Treatment		1365	2100	61%

Cambodia

Activity	Cadre	Total	Gender*: Male, Female, % Female		
Training	Ophthalmologists	52 (+ 12 in training)	11	3	*
	Other doctors	16			*
	Nurses	124	67	26	*
	Teachers	149	99	50	34%
	Optical/spectacle technician	1		1	100%
	Optometrists	1	1		*
	VHW	41	25	16	39%
	MLOP	12			*
	Eye Care unspecified	469	116	175	*
	Refractionists	6	4	2	33%
	Management	1	1	-	0%
	Other INGO	3			*
Vision screening	(including schools)	29094	3409	4533	*
Treatment	Consultations, refraction, tertiary referral	38148	15852	20742	*

* Please note: This table lists only breakdowns that were provided; hence the overall % female cannot be shown.

Fiji

Educators and CBR personnel are predominantly female (85%); efforts will be made to include males where possible.

Papua New Guinea

Activity	Cadre	Gender: Male, Female, % Female		
Training	Optical/spectacle technician	5	1	17%
	Eye Care unspecified		2	100%
	Refractionists	5	2	29%
	Management	4	3	43%
Employment		7	2	22%

Samoa

Activity	Cadre	Gender: Male, Female, % Female		
Training	Teachers	4	16	80%
Vision Screening	Children			53%

Note: This table lists only those breakdowns that were provided.

Solomon Islands

Activity	Cadre	Gender: Male, Female, % Female		
Training	Nurses	5	2	29%
Employment	Vision Centre Employees	2	1	33%

Timor Leste

Activity	Cadre	Total	Gender: Male, Female, % Female		
Training	Nurse	8	3	5	63%
	O&M instructors	8	5	3	38%
Treatment	Consultations, refraction, tertiary referral	270	162	108	40%

PARTNERSHIP

11.1 Occasions and type of coordination between Consortium members and government PBL Committees and other government departments

Vietnam

At provincial level Consortium members have worked with provincial Departments of Health and Education and Provincial Peoples' Committees. Meetings have also been held with medical training institutes - Hanoi Medical University, Vietnam National Institute of Ophthalmology and Dan Dang Technical College of Medicine No 2.

Cambodia

Annual planning and review workshops with PBL and sub-sectoral meetings are held bi-monthly.

An official launch of the ABI Projects involving the Consortium was held in Cambodia in April 2010.

In 12/2010, the first national ABI-meeting was held in Siem Reap (CBM, Fred Hollows, ICEE + PBL representative); future meetings are planned bi-monthly.

Fiji

Ministry of Education is a member of the EFA-VI Committee.

Papua New Guinea

2 workshops have taken place in-country with key stakeholders, partners and local and international NGOs. There also has been regular correspondence through emails and phone conferences.

Samoa

The project consortium enjoys close working relationships with the relevant government agencies. Wherever possible it is the government agency that leads activities. All activities conform to national plans and strategies.

Solomon Islands

There is strong collaboration between the Ministry and the project leadership. There is collaboration between CERA, Foresight and the Department of Health in the Solomon Islands to plan and conduct the RAAB survey.

Timor Leste

Representatives from the Ministry of Social Solidarity and the Ministry of Education attend the O&M stakeholder forums and are working together with local vision rehabilitation NGOs to improve existing referral networks.

Western Pacific Region

Advocacy with governments regarding national plans.

11.2 Occasions of coordination between Consortium and Vision 2020 Western Pacific Regional structures

Western Pacific Region

- IAPB present at Consortium activities (CPC, workshops, etc.) and provides relevant regional updates at each Global Committee Meeting.
- IAPB is housed in Vision 2020 Australia, with weekly coordination and discussion with Global Consortium Secretariat and Global Advocacy teams to ensure a collaborative approach to regional issues.
- IAPB working together with CERA on a website to present information on regional training resources.
- IAPB working with the Consortium on future programming.
- IAPB website - a new Western Pacific website was developed to provide the Consortium members with relevant information.
- The majority of IAPB in-country meetings previously listed included Consortium participation to some extent.
- Attendance at over 7 international meetings or conferences representing the Western Pacific Region.
- IAPB meet with WHO Western Pacific Regional Office at least 3 times in 2010.
- IAPB met or collaborated with WHO country offices in the Western Pacific Region: Philippines, Fiji, Laos, Solomon Islands, Cambodia, and Samoa.

11.3 Number of partnerships established beyond Consortium Members e.g. public sector, private sector and civil society

Vietnam

Civil Society: 1 Vietnam Women's Union
Medical training institutes: 3

Cambodia

MOUs/APAs have been established with:

- Handicap International for referrals
- MoPoTsyo in 10/2010 for screening for diabetic retinopathy.
- the Cambodia Development Mission for Disability (CDMD)
- the Association of the Blind in Cambodia (ABC)
- the Krousar Thmey Blind School
- SEVA
- IRIS

The private company ABC Tissues (Australia) has provided in-kind donations to TEH (tissues) and subsidized 800 for 2009/2010 and 1,500 eye operations for 2010/2011. Enduring partnerships have been established with the National Program for Eye Health; provincial health authorities and implementing hospitals.

Fiji

Membership of the EFA-VI Committee includes the Pacific Disability Forum, Fiji Society for the Blind and Fiji National Council for Disabled Persons.

Papua New Guinea

5 official partnerships (MOUs signed) formed with public and private as a result of ABI activities.

Samoa

Partnerships established with SENESE Inclusive Education, Ministry of Education, and National Health Service.

Timor Leste

Partnering Timorese NGOs Fuan Nabilan and East Timor Blind Union (ETBU), and with Guide Dogs Queensland to deliver vision rehabilitation component of the program.

Western Pacific Region

Advocacy role in public and private sector:

Kiribati: government, local NGO such as UNICEF
Samoa: government, local NGOs

Solomon Islands: government, local NGOs
PNG: Government, NGOs, Medical and training centres (UPNG, DWU)
IAPB South East Asia Region (Timor Leste) and other
WHO prevention of blindness division
WHO Regional Office in Manila
GET2020 for trachoma

International Trachoma Initiative
Sightsavers
Seva International
IEF
ORBIS

11.4 Occasions of joint strategic thinking, review and decisions on Partnership direction and priorities between AusAID and the Consortium

All countries

Occasions of joint strategic thinking and review were undertaken in the Partnership meeting held between senior AusAID staff, Vision 2020 Australia and the Prime Contract Holder (PCH). This meeting provided an opportunity to discuss the Six Month Progress Report and the effectiveness of the Consortium model. This positive discussion highlighted the effectiveness of the Partnership and assured all partners that the Consortium was meeting ABI objectives.

The development of Performance Appraisal Framework was a Consortium priority that was developed and can be utilised as a model by AusAID for consideration of a means to measure achievement of overarching ABI objectives. This consultative process was driven by Consortium agency input and of itself assisted clarification of Partnership direction and priorities.

The Annual Reflections Workshop allowed a comprehensive review and discussion of the partnership and program experiences of Consortium partners. The approach utilised for this workshop was designed to optimise participant voice and exchange of ideas. Positive feedback from both in-country and Australian NGO participants highlighted the success of the Consortium Model. Key lessons learnt also provided input on how to improve partnership direction and priorities.

11.5 Occasions where Consortium members and AusAID Posts have liaised on program activities or there have been joint AusAID-Consortium monitoring visits

Vietnam

The Australian Ambassador to Vietnam attended two provincial ceremonies. A third launch was organised with the AusAID post but was cancelled due to elections in Australia.

Cambodia

Collaborations between AusAID and the Consortium have been ongoing. An example includes joint planning and hosting of the ABI Launch in May 2010.

At every opportunity FHF engage AusAID representatives to attend important events including the Siem Reap Regional Eye Hospital and the inauguration ceremony for Kampong Chnang Eye Unit.

Samoa

Meetings were conducted with the Australian High Commissioner and the Counsellor when consortium member visited Samoa.
SENESE is the lead agency for the Samoan Inclusive Education Demonstration program and reports regularly both formally and informally with the in-country post on the development of sustainable strategies for supporting disability related initiatives including vision services.

11.6 High quality, analytical, timely reporting by Consortium; thoughtful feedback and timely funds release by AusAID.

All countries

The monitoring and reporting systems established by the Secretariat and the Prime Contract Holder (PCH) and incorporated into the Program Agreements with each of the individual agencies are comprehensive and robust. The Consortium agencies have demonstrated throughout 2010 that these systems are eliciting good information to inform their management of implementation progress. Similarly the internal monitoring and reporting systems established by the Consortium Secretariat have proven to be effective throughout 2010.

At the consolidated Consortium Program level, the Consortium has developed the Performance Assessment Framework (PAF). Consortium agencies have provided data against the PAF indicators relevant to their initiatives for the period January – December 2010. Analysis suggests a reasonable response from Consortium agencies and some useful data but also some limitations. For example there appear to be some inconsistencies with interpretations of terminology such as 'disability' and 'integrated eye heath care services'. In addition, it would appear that the data set for some activities is incomplete. The absence of baseline data was previously known as a constraint. Nevertheless, Consortium agencies have all successfully provided data against the PAF indicators for 2010.

M&E has been appropriately resourced by the Consortium with the engagement of an M&E consultant and one of the Consortium members CERA, to oversee and undertake specific tasks related to M&E. Initiatives undertaken in 2010 include: the development of the PAF; development of a Consortium Program M&E Handbook (this has also more recently been revised in response to user feedback); review of individual project M&E frameworks and working with individual agencies as required; M&E training workshops with all Consortium members; Disability Inclusiveness & Gender workshops which included aspects relating to M&E, the 2010 Annual Reflections Workshop and Partnership Discussions with AusAID.

The Consortium Secretariat and PCH have established a robust internal monitoring and reporting system. Consortium members have reported to the Secretariat in 2010 on: a monthly (financial); quarterly (financial and activity progress); six monthly and annual (effectiveness) basis. The quality of reporting from Consortium Members to the Secretariat has generally been of a good standard and readily usable for management decisions. Throughout 2010 the Secretariat undertook Monthly Review Team (MRT) meetings with the PCH and the M&E consultant. Any issues of concern identified at these meetings are promptly followed up in a systematic manner.

2.2 Performance Assessment Framework

CORE OUTCOME AREAS	
1. Integrated[2] Eye Health Care	**Indicator** 1.1 Number of eye health care centres providing integrated eye care as a result of ABI and VAVSP projects.
2. Disability Inclusive Eye Health Care	**Indicators** 2.1 Number of people with a disability accessing eye health services 2.2 The quality of the engagement experience with eye health services for people with disabilities
3. Consortium Capacity	**Indicators** 3.1 Consortium Phase One Program, including VAVSP Work Plans, implemented on time and on budget 3.2 Occasions where collective analysis of lessons learned has influenced improved program design and practice
KEY RESULT AREAS	
4. Disease control	**Indicators** 4.1 Number of patients treated (disaggregated by condition, gender, age, location) 4.2 Number of occasions where patients have been referred to Disabled Persons Organisations such as Blind Association 4.3 Quality of Life impact for a sample of patients
5. Infrastructure Development	**Indicators** 5.1 Number and type of buildings constructed/renovated (disaggregated by rural/urban and level) 5.2 Number and type of equipment supplied 5.3 Geographical distribution of eye health care centres relative to population
6. Human Resource Development	**Indicators** 6.1 Number of eye health care personnel trained (disaggregated by cadre[3]) 6.2 Quality of eye health care services provided by newly trained personnel 6.3 Geographical distribution of trained personnel relative to population 6.4 Retention of new HR capacity in eye health care system 6.5 Occasions when training and employment opportunities have been created for marginalised people

[2] *The use of the term "Comprehensive" was considered to be problematic with different meanings to different stakeholders. The term "integrated" is used instead.*

[3] *Cadres used by Vision 2020 Right to Sight: cataract surgeons, optometrists, refractionists, ophthalmic nurses and assistants, personnel trained in childhood eye care and management*

7. In-country Policy and Planning Capacity	**Indicators** 7.1 Number of new provincial level PBL[4] plans developed and adopted 7.2 Number of occasions of PBL collaboration between District[5], Provincial and National level governments 7.3 Number of eye health care centres implementing data collection systems as a result of ABI projects
ENABLING OUTCOME AREAS	
8. Sustainability	**Indicators** 8.1 Occasions where Consortium members are working with existing public health structures 8.2 Commitments by in-country governments to support (policy) and contribute to ongoing eye health care investment 8.3 Capacity strengthening initiatives undertaken with in-country partners and governments
9. Inclusive participation	**Indicators** 9.1 Targeted actions to facilitate marginalised groups and/or communities participating in ABI projects 9.2 Occasions where marginalised groups and/or communities have influenced ABI program design and practice 9.3 Awareness within impacted communities of new eye health services available
10. Gender Equity	**Indicators** 10.1 Occasions where analysis of the barriers to gender equity has influenced project design and practice 10.2 Occasions where in-country women's groups have collaborated with project activities 10.3 Number of males and females benefitting from project activities - training/employment and sight restoration
11. Partnership	**Indicators** 11.1 Occasions and type of coordination between Consortium members and government PBL Committees and other government departments 11.2 Occasions of coordination between Consortium members and Vision 2020: The Right To Sight Western Pacific Regional structures 11.3 Number of partnerships established beyond Consortium Members e.g. public sector, private sector and civil society 11.4 Occasions of joint strategic thinking, review and decisions on Partnership direction and priorities between AusAID and the Consortium 11.5 Occasions where Consortium members and AusAID Posts have liaised on program activities or there have been joint AusAID-Consortium monitoring visits. 11.6 High quality, analytical, timely reporting by Consortium; thoughtful feedback and timely funds release by AusAID.

[4] *PBL – Prevention of Blindness*
[5] *Equivalent or relevant other administrative levels in various countries.*

Appendix One: Links between the PAF, ABI and partnership strategic framework objectives and guiding principles

AusAID Reference	PAF reference
ABI Strategic Framework Objectives ($45 million)	
Objective 1: Improve access to and provision of comprehensive eye health care.	Core Outcome Area 1: Integrated Eye Health Care Key Result Area 4: Disease Control Key Result Area 5: Infrastructure Development Key Result Area 6: Human Resource Development
Objective 2: Increase policy engagement with local, national and regional organisations on eye health issues.	Key Result Area 7: In-Country Policy and Planning Capacity Enabling Outcome Area 8: Sustainability (indicators 8.2 and 8.3) Enabling Outcome Area 11: Partnership (indicator 11.1)
Objective 3: Improve data collection and understanding of eye health issues	Key Result Area 7: In-Country Policy and Planning Capacity (indicator 7.3) Enabling Outcome Area 11: Partnership (indicators 11.5 and 11.6)

ABI Strategic Framework Components ($45 million)	
1. Developing strategic partnerships with a range of NGOs and other organisations working in eye health and vision care, building on and expanding existing work	Core Outcome Area 3: Consortium Capacity Key Result Area 7: In-Country Policy and Planning Capacity Enabling Outcome Area 8: Sustainability Enabling Outcome Area 11: Partnership
2. Strengthening existing eye care training institutions and the capacity of eye care workers	Core Outcome Area 1: Integrated Eye Health Care Key Result Area 5: Infrastructure Development Key Result Area 6: Human Resource Development Enabling Outcome Area 8: Sustainability
3. Piloting the Vision Centre approach as part of the delivery of eye health and vision care needs in Asia	Core Outcome Area 1: Integrated Eye Health Care Core Outcome Area 3: Consortium Capacity (indicator 3.1) Key Result Area 5: Infrastructure Development Key Result Area 6: Human Resource Development
4. Assessing eye health and vision care needs to inform future efforts to reduce avoidable blindness	Enabling Outcome Area 11: Partnership (indicator 11.5 and 11.6) Data generated from Consortium programs will inform this AusAID process.
Partnership Framework Objectives ($15 million)	
(a) Support countries to increase the access of populations, particularly disadvantaged groups, in selected countries of the Asia- Pacific Region to comprehensive Eye Care services	Core Outcome Area 1: Integrated Eye Health Care Core Outcome Area 2: Disability Inclusive Eye Health Care Enabling Outcome Area 9: Inclusive Participation (indicator 9.1)
(b) Support the commitment of national governments and strengthen the capacity of health systems in countries of the Asia	Key Result Area 7: In –Country Policy and Planning Capacity Key Result Area 5: Infrastructure Development Enabling Outcome Area 8: Sustainability Enabling Outcome Area 11: Partnership (indicator 11.1)

Partnership Framework Expected Outcomes ($15 million)	
(a) Establishment and operation of agreed planning, funding and ways of working for Partnership activities as the basis for implementation of a two-year work plan which may have potential for future activities;	Core Outcome Area 3: Consortium Capacity Enabling Outcome Area 11: Partnership
(b) Contribution of results of activities under the work plan to a comprehensive needs assessment to inform future programming	The PAF in its entirety. Key Result Area 7: In-Country Policy and Planning Capacity (indicator 7.3) Enabling Outcome Area 11: Partnership (indicator 11.6)
(c) Scaling up of eye care activities in selected locations to support countries to provide improved access to eye care for disadvantaged populations; and	The PAF in its entirety.
(d) Lessons learnt and evidence of effectiveness from scaled up activities compiled and disseminated to AusAID, Consortium members, national governments and at a regional level.	Core Outcome Area 3: Consortium Capacity Enabling Outcome Area 11: Partnership (indicator 11.6)
Partnership Framework Guiding Principles ($15 million)	
a) Maintain a sustainable development focus and avoid exacerbating fragile national health systems when planning and implementing activities. Make preparations to enable health systems resources to financially operate and maintain activities and/or infrastructure into the future;	Enabling Outcome Area 8: Sustainability
b) Promote national ownership, coordinate responses, align with national priorities and harmonise with other international, regional and donor work;	Enabling Outcome Area 8: Sustainability Enabling Outcome Area 11: Partnership
c) Where possible, use existing community structures, with implementation by local organisations acceptable to national or local authorities, consistent with national development policies;	Enabling Outcome Area 8: Sustainability Enabling Outcome Area 11: Partnership
d) Support coherent, coordinated implementation, incorporating a multi-faceted approach supporting national Prevention of Blindness Committees or their equivalent and with linking with the *Vision 2020: The Right to Sight* regional coordination structures;	Enabling Outcome Area 8: Sustainability Enabling Outcome Area 11: Partnership

e) Encourage partnerships between the public sector, NGOs, the private sector, civil society (including DPOs) and communities in programs and activities that strengthen and build on local/regional experiences, expertise, linkages (in line with World Health Assembly Resolution WHA 59.25);	Enabling Outcome Area 11: Partnership
f) Strengthen counterpart organisations to enable them to sustain vision health and rehabilitation activities after the Partnership Framework has ceased;	Enabling Outcome Area 8: Sustainability Enabling Outcome Area 11: Partnership
g) Encourage and support country governments and civil society organisations to ensure women, men, girls and boys with blindness, avoidable blindness, vision impairment and low vision can understand and actively contribute to programming and implementation, including decision-making;	Key Result Area 6: Human Resources Development (indicator 6.5) Enabling Outcome Area 9: Inclusive Participation Enabling Outcome Area 10: Gender Equity
h) Respond to the gender inequality in prevalence of blindness and access to comprehensive eye health care. Use existing community and women's organisations and networks, at local and national levels, to identify and address the particular needs, barriers and challenges facing women in access to, and benefits from, comprehensive eye health care;	Enabling Outcome Area 10: Gender Equity
i) Implement disability inclusive development principles, particularly ensuring an active and central role of people with disabilities;	Core Outcome Area 2: Disability Inclusive Eye Health Care Enabling Outcome Area 9: Inclusive Participation
j) Facilitate targeted support and training for, and inclusion of, women in leadership and decision-making positions relating to eye health services and ensure women's active contribution to programme planning, implementation, management and evaluation;	Key Result Area 6: Human Resources Development (indicator 6.5) Enabling Outcome Area 10: Gender Equity
k) Prioritise the access, quality and inclusion of disadvantaged groups, including the poor, people with disabilities, marginalised groups, women and girls, ethnic minorities, and those living in remote or difficult to access areas;	Core Outcome Area 2: Disability Inclusive Eye Health Care Enabling Outcome Area 9: Inclusive Participation
l) Support the establishment and operation of robust data collection and monitoring and evaluation systems, using and strengthening national health information systems where possible, to be able to measure the outcomes and impact of interventions; and	The use of the PAF in its entirety Key Result Area 7: In-Country Policy and Planning Capacity (indicator 7.3)
m) Address identified needs by balancing supply and availability of services with measures to address constraints and barriers to access.	Core Outcome Area 3: Consortium Capacity

Appendix Two: PAF data collection methods

OUTCOME AREA	INDICATORS	DATA COLLECTION METHODOLOGY
CORE OUTCOME AREAS		
1. Integrated[6] Eye Health Care	1.1 Number of eye health care centres providing integrated[7] eye care as a result of ABI and VAVSP projects.	**Base line availability:** Variable - estimates in some countries **Method**: ANGO Progress reports to Secretariat **Responsibility:** ANGOs **Unit of measurement**: absolute number **Frequency:** annual **Limitations:** variable baseline data available so will be difficult to represent number as a % increase. Variations of definitions: definition or parametres of "integrated" required.
2. Disability[8] Inclusive Eye Health Care:	2.1 Number of people with a disability accessing eye health services.	**Base line availability:** Variable - all countries have some data **Method**: Patient records in eye health centres identifying people with disabilities. ANGO Progress reports to Secretariat. **Responsibility:** Eye care centre staff and ANGOs **Unit of measurement**: absolute number of patients – data from ANGOs then Secretariat calculates proportion of PWD **Frequency:** annual **Limitations:** Limited and variable baseline available. Variations of definitions, accuracy of patient records. Working definition of disability required to ensure consistency of reporting.
	2.2. The quality of the engagement experience with eye health services for people with disabilities	**Base line availability:** not applicable **Method**: Using selective sampling at 2 predetermined times for each project. Use simple questionnaire (standardised 4-5 questions) and undertake it with x number of people. Case studies would be undertaken using standardised questions and at set time to ensure random mix of experiences. ANGO progress reports to Secretariat **Responsibility:** DPOs**,** eye care centre staff, ANGOs **Unit of measurement**: case studies

[6] *The use of the term "Comprehensive" was considered to be problematic with different meanings to different stakeholders. The term "integrated" is used instead.*
[7] *Definition or parametres of "integrated" required to ensure standardised data collection*
[8] *Definition of "disability" required to ensure standardised data collection*

		Frequency: base line (sometime in yr1) & end of project **Limitations:** subjectivity and findings can't be generalised. Definition of "quality" is challenging.
3. Consortium Capacity	3.1 ABI and VAVSP Annual Work Plans implemented on time, on budget	**Base line availability:** not applicable **Method**: ANGO Quarterly reports to Secretariat **Responsibility:** Secretariat **Unit of measurement**: absolute number **Frequency:** quarterly **Limitations:** Only indicates efficiency**,** doesn't indicate quality or effectiveness of work
	3.2 Occasions where collective analysis of lessons learned has influenced improved program design and practice	**Base line availability:** not applicable **Method**: Annual Reflection workshop, ANGO progress reports **Responsibility:** ANGOs, Secretariat **Unit of measurement**: number and description **Frequency:** annual **Limitations:** subjective
KEY RESULT AREAS		
4. Disease control	4.1 Number of patients treated (disaggregated by condition, gender, age, location)	**Base line availability:** available for some locations but not disaggregated **Method**: Patient records and ANGO progress reports to Secretariat **Responsibility:** Eye health centre staff, ANGOs **Unit of measurement**: absolute number **Frequency:** Annual **Limitations:** accuracy and completeness of eye health centre records, accessibility of the data.
	4.2 Number of occasions where patients have been referred to Disabled Persons Organisations such as Blind Association	**Base line availability:** not available **Method**: Patient records. ANGO Progress reports to Secretariat **Responsibility:** eye health centre staff, ANGOs **Unit of measurement**: absolute number **Frequency:** Annual **Limitations:** incomplete or under reporting
	4.3 Quality of Life impact for a sample of patients	**Base line availability:** not applicable **Method**: Selective sampling at a predetermined time and using a standardised simple questionnaire and rating system (already available). ANGO Progress Reports to Secretariat **Responsibility:** ANGOs

		Unit of measurement: change in quality of life **Frequency:** Annual **Limitations:** subjectivity, consistency of definitions
5. Infrastructure Development	5.1 Number and type of buildings constructed/renovated (disaggregated by rural/urban and level)	**Base line availability:** not applicable **Method**: ANGO Progress reports to Secretariat **Responsibility:** ANGOs **Unit of measurement**: absolute numbers and description **Frequency:** Annual **Limitations:** does not indicate level of usage
	5.2 Number and type of equipment supplied	**Base line availability:** not applicable **Method**: ANGO progress reports to Secretariat **Responsibility:** ANGOs **Unit of measurement**: absolute numbers and description **Frequency:** Annual **Limitations:** does not indicate level of usage
	5.3 Geographical distribution of eye health care centres relative to population	**Base line availability:** available from in-country PBL Committees but will need to be collected **Method**: use data from 5.1 relative to population distribution **Responsibility:** ANGOs and Secretariat **Unit of measurement**: Provincial or District centre and its population **Frequency:** Annual **Limitations:** Does not reflect other barriers to access
6. Human Resource Development	6.1 Number of eye health care personnel trained (disaggregated by cadre)	**Base line availability:** base line data available from situational analysis but needs to be collated **Method**: ANGO progress reports to Secretariat **Responsibility:** ANGOs **Unit of measurement**: absolute numbers using Vision 2020 cadre classification **Frequency:** Annual **Limitations:** Cadres used by Vision 2020 Right to Sight: cataract surgeons, optometrists, refractionists, ophthalmic nurses and assistants, personnel trained in childhood eye care and management, may be different to those used by individual agencies and countries.
	6.2 Quality of eye health care services provided by newly trained personnel	**Base line availability:** not available **Method**: data from patient records. **Responsibility:** partners and ANGOs

		Unit of measurement: visual acuity following correction and treatment **Frequency:** Annual **Limitations:** access to data and capacity of partners to measure
	6.3 Geographical distribution of trained personnel relative to population	**Base line availability:** data available from PBL Committees but needs to be collected **Method**: use data from 6.1 relative to population distribution. **Responsibility:** ANGOs and Secretariat **Unit of measurement**: ratio of HR to population of District or Province **Frequency:** Annual **Limitations:** information might not cover all centres and cadres. Does not reflect other barriers to access
	6.4 Retention of new HR capacity in eye health care system	**Base line availability:** not available **Method**: Personnel records. ANGO progress reports to Secretariat **Responsibility:** ANGOs **Unit of measurement**: absolute number and proportion. Number of ABI trained staff still employed in public sector at conclusion of year 1 and year 2 **Frequency:** Annual **Limitations:** productivity and roles might not be what training was intended for.
	6.5 Occasions when training and employment opportunities have been created for marginalised people	**Base line availability:** not available **Method**: Project and personnel records. ANGO progress reports to Secretariat **Responsibility:** ANGOs **Unit of measurement**: absolute numbers and as a proportion of total trainees **Frequency:** Annual **Limitations:** definition of marginalised
7. In-country Policy and Planning Capacity	7.1 Number of new provincial level PBL plans developed and adopted	**Base line availability:** not applicable **Method**: ANGO progress reports to Secretariat **Responsibility:** ANGOs, Vision 2020 Western Pacific Regional Chair **Unit of measurement**: absolute number **Frequency:** Annual **Limitations:** no central body to report this so will need to rely on ANGOs reporting
	7.2 Number of occasions PBL collaboration between District, Provincial and National level	**Base line availability:** not available **Method**: ANGO progress reports to Secretariat **Responsibility:** ANGOs

	governments	**Unit of measurement**: number and description of nature of collaboration **Frequency:** Annual **Limitations:** no central body to report this so will need to rely on ANGOs reporting
	7.3 Number of eye health care centres implementing data collection systems as a result of ABI projects	**Base line availability:** available from ANGOs but needs to be collated **Method**: ANGO progress reporting to Secretariat **Responsibility:** ANGOs **Unit of measurement**: absolute number and if base line data is reliable, % increases. **Frequency:** Annual **Limitations:** doesn't indicate efficiency or effectiveness of data collection systems
ENABLING OUTCOME AREAS		
8. Sustainability	8.1 Occasions where Consortium members are working with existing public health structures and National or Provincial PBL Committees	**Base line availability:** not applicable **Method**: ANGO progress reporting to Secretariat **Responsibility:** ANGOs **Unit of measurement**: absolute number and proportion **Frequency:** Annual **Limitations:** National and Provincial level Plans may not be ready at the commencement of implementation
	8.2 Commitments by in-country governments to support (policy) and contribute to ongoing eye health care investment	**Base line availability:** not applicable **Method**: Examples reported in ANGO progress reports to Secretariat. Should include policy support for cost recovery **Responsibility:** ANGO **Unit of measurement**: number and description **Frequency:** Annual **Limitations:** commitment doesn't equal implementation.
	8.3 Capacity strengthening initiatives undertaken with in-country partners and governments	**Base line availability:** not applicable **Method**: ANGO progress reporting to Secretariat **Responsibility:** ANGOs **Unit of measurement**: number and description **Frequency:** Annual **Limitations:** doesn't demonstrate increased capacity
9. Inclusive participation	9.1 Targeted actions to facilitate marginalised groups and/or	**Base line availability:** not applicable **Method**: actions reported in ANGO progress reports to Secretariat

	communities participating in ABI projects	**Responsibility:** ANGOs **Unit of measurement**: number and description **Frequency:** Annual **Limitations:** doesn't measure whether the actions have been effective
	9.2 Occasions where marginalised groups and/or communities have influenced ABI program design and practice	**Base line availability:** not applicable **Method**: examples reported in ANGO progress reports to Secretariat **Responsibility**: ANGOs **Unit of measurement**: number and description **Frequency:** Annual **Limitations:**
	9.3 Awareness within impacted communities of new eye health services available	**Base line availability:** variable availability **Method**: KAP survey at baseline and annually **Responsibility**: ANGOs **Unit of measurement**: changes in KAP overtime **Frequency:** base line and annual **Limitations:** consistency of KAP study approaches by different ANGOs
10. Gender Equity	10.1 Occasions where analysis of the barriers to gender equity has influenced project design and practice	**Base line availability:** not applicable **Method**: examples reported in ANGO progress reports to Secretariat **Responsibility:** ANGOs **Unit of measurement**: number and description **Frequency:** Annual **Limitations:** doesn't measure whether design changes have resulted in improved gender equity
	10.2 Occasions where in-country women's groups have collaborated with project activities	**Base line availability:** not applicable **Method**: examples reported in ANGO progress reports to Secretariat **Responsibility:** ANGOs **Unit of measurement**: number and description **Frequency:** Annual **Limitations:** an indirect indicator only
	10.3 Number of males and females benefitting from project activities - training/employment and sight restoration	**Base line availability:** baseline not available at commencement of implementation but will be collected during implementation **Method**: patient records, training records, personnel records. Numbers reported in ANGO progress reports to Secretariat **Responsibility:** eye health centre staff, ANGOs **Unit of measurement**: absolute number and proportion

		Frequency: Annual **Limitations:** incomplete records
11. Partnership	11.1 Occasions and type of coordination between Consortium members and government PBL Committees and other government departments	**Base line availability:** to be collected from ANGOs **Method**: examples reported in ANGO progress reports to Secretariat **Responsibility:** ANGOs **Unit of measurement**: number and description **Frequency:** Annual **Limitations:** doesn't directly reflect effectiveness
	11.2 Occasions of coordination between Consortium and *Vision 2020* Western Pacific Regional structures	**Base line availability:** not applicable **Method**: examples reported in ANGO progress reports to Secretariat **Responsibility:** ANGOs **Unit of measurement**: number and description **Frequency:** Annual **Limitations:** doesn't directly reflect effectiveness
	11.3 Number of partnerships established beyond Consortium Members e.g. public sector, private sector and civil society	**Base line availability:** not applicable **Method**: examples reported in ANGO progress reports to Secretariat **Responsibility:** ANGOs **Unit of measurement**: number and description **Frequency:** Annual **Limitations:** doesn't directly reflect effectiveness
	11.4 Occasions of joint strategic thinking, review and decisions on Partnership direction and priorities between AusAID and the Consortium	**Base line availability:** not applicable **Method**: examples reported by AusAID and Secretariat during Annual Partnership Discussions and records kept by Secretariat **Responsibility:** Secretariat and AusAID **Unit of measurement**: number and description **Frequency:** Annual **Limitations:** doesn't directly reflect effectiveness
	11.5 Occasions where Consortium members and AusAID Posts have liaised on program activities or there have been joint AusAID-Consortium monitoring visits	**Base line availability:** not applicable **Method**: examples reported in ANGO progress reports to Secretariat, reports from members at Annual Reflection Workshops, records kept by Secretariat. **Responsibility:** Secretariat and AusAID **Unit of measurement**: number and description **Frequency:** Annual **Limitations:** doesn't directly reflect effectiveness
	11.6 High quality, analytical, timely	**Base line availability:** not applicable

	reporting by Consortium; thoughtful feedback and timely funds release by AusAID.	**Method**: examples reported by AusAID and Secretariat during Annual Partnership Discussions **Responsibility:** Secretariat and AusAID **Unit of measurement**: number and description **Frequency:** Annual **Limitations:** doesn't directly reflect effectiveness

10 Annexure 6: Activity level report examples

The following documents are examples of activity level reports that have been completed by Consortium agencies.

Annual progress report

Implementing party:	CBM Australia
Project title:	Strengthening gender and disability inclusive approaches to community eye health to reduce avoidable blindness-Takeo
Report completed by:	Sr Myrna Porto, Mr Te Serey Bonn, Dr Manfred Mörchen and Ms Gail Ormsby
Contact:	Gail Ormsby 03 8843 4500 gormsby@cbm.org.au
Report due by date:	7 February 2011

Background

As part of the Partnership Framework and Funding Order contracts between AusAID and the Consortium, the Consortium Secretariat must provide AusAID with an Annual report. Information provided by each agency in their Annual report to the Secretariat will be used to prepare the overall "Consortium program level" annual report to AusAID.

Report preparation

Please use the following points to inform the preparation of your report:

- This report should cover your project implementation period January – December 2010.
- Use your Program Agreement activity schedule, implementation plans and M&E plans as the basis of your reporting i.e. report against these plans.
- Use the recommended word limit as a guide to the depth of analysis and quantity of information required.

Please return all annual Progress Reports to Pipa Nicholson (Global Consortium Secretariat Manager) pnicholson@vision2020australia.org.au. Please ensure you cc: in Teresa Carney (Global Consortium Secretariat Coordinator) tcarney@vision2020australia.org.au

Part B: Implementation progress: efficiency and effectiveness

1. Efficiency of implementation progress

Will your project require a "no-cost" extension beyond Dec 2011 to allow for project completion? What do you estimate the new completion date to be?

No, it is anticipated that the project will complete activities by December 2011.

2. Effectiveness of implementation progress

Use your original project plan as the basis for answering this question. Complete the following table. For each of your stated objectives briefly describe:

The targets you expect to achieve by the end of 2011 for each objective;

The key achievements for the 12 month period Jan-Dec 2010 contributing to the achievement of each objective of your project;

Rate the likelihood of achieving your objectives using the following scale:

- A = The objective is on track to be fully achieved by the end of the project;
- B = The objective will be partly achieved by the end of the project;
- C = The objective is unlikely to be achieved by the end of the project

Project key achievements

Objectives	Expected target by Dec 2011	Key achievements in Jan – Dec 2010	Rating
Objective 1: To develop, test and implement a Gender and Disability Inclusive Approach to Community Eye Health (DIACEH) Program (model, manual, guidelines) with appropriate/adequate referral pathways (diagnosis – treatment – reintegration – rehabilitation) in collaboration with the Cambodian Development Mission for Disability (CDMD) in Kiri Vong Operational Districts (OD) and Takeo Province by Dec, 2011.	- Additional training of TEH staff on DIACEH (Feb). - Additional training of KV Community Health Care Workers on DIACEH (May & June).	- Completion of KAP survey. - KAP survey results compiled and analysed. - TEH Co-project director and Takeo Deputy Provincial Health Director awarded an AusAID Australian Leadership Awards Fellowship to attend a workshop in Australia on developing disability inclusive policy and practice (Aug-Sept). - DIACEH manual developed and presented to Govt, ICEE, FHF, CDMD and TEH at workshop (November). - 36 participants from Kirivong HCs, OD, RH, CDMD, BFH, RACHNA, and HIB trained on Disability Inclusive Practices (December). - CBM testing of general model has been positive.	A

		- Manual has been updated and will be recirculated. - Implementation of DIACEH manual at TEH and KVC	
Objective 2: To strengthen Takeo Provincial Eye Hospital (TEH) and Kiri Vong Referral Hospital to upscale their capacity to provide essential Community Eye Health services to reduce Avoidable Blindness by Dec. 2011.	Training: - 11 resident doctors trained in at TEH for the National Resident Program for ophthalmologists under the umbrella of NPEH (National Program for Eye Health) and the University of Sciences, Faculty of Medicine, Phnom Penh. - Upgrading of diploma in ophthalmology for 1 doctor to be fully qualified ophthalmologist. - Diploma in Ophthalmic Nursing for 11 nurses under the umbrella of Kampot RTC, NPEH and Human Resources Department of MoH. - Continuing Medical Education (CME) for Cambodian Ophthalmic Nurse Society for 40 nurses (June and Dec). - Asia Pacific Optometry Congress (APOC) Conference in Singapore - 1 nurse (Nov). - Training of Orthopist Nurse in India (6 months). - Training of Paediatric Nurse in India (6 months). - Low Vision Training for Nurses by CBM Germany, Karin van Dijk (March). - Child Protection Policy and Project Management Training for 17 TEH staff (March and July). Information Systems: - Expand HMIS to include inventory management. Surgery/Corrections/Outreach: - 2,200 cataract eye operations. - 1,760 spectacles dispensed.	Training: -8 resident doctors (3 female) trained in the national resident programme for ophthalmologist under the umbrella of NPEH (National Program for Eye Health) and the University of Sciences, Faculty of Medicine, Phnom Penh -3 doctors (all male) upgrading of diploma in ophthalmology to be fully qualified ophthalmologist -20 secondary nurses (4 female) Diploma in Ophthalmic Nursing (Jan-Feb 12 nurses and July-Dec 8 nurses). -31 nurses (8 female) CME for Cambodian Ophthalmic Nurse Society (Dec). -17 TEH staff (5 female) trained in leadership skills (July). -15 TEH staff training on using new HMIS (August). - 2 doctors from TEH attend APAO Conference in Beijing, China (Sept). - 55 people (12 female) (TEH, KV, CDMD, ICEE, FHF, Min. Health) DIACEH manual training (Nov). Information Systems: -HMIS operational in October 2010. Surgery/Corrections/Outreach: -Consultations TEH 25,323 (11,889 female/1,566 girls). - Consultations KVC 1,410 (712 female/55 girls).	B

	- Follow up low vision screening training for 49 primary school teachers (April). - Low vision screening training for 45 secondary school teachers (Oct). - TEH and KVC 2 outreach screenings per month. - Corneal Ulcer Intervention monthly follow up meetings/training. Surveys: - RAAB Survey expected (Nov 2011). - End of project KAP and evaluation (expected Nov/Dec).	- 2180 cataract surgeries (1,346 female/23 girls) 23% increase compared to 2009 and 29% increase compared to 2008; - Cataract outcome: At discharge 51% good, 39.9% borderline, 9.1% poor outcome – 1st follow-up after 2 weeks (62% presented for follow-up) with best VA 75.4% good, 19.3% borderline, 5.2% poor outcome. Total complication 5.3% (3% vitreous loss, 1.2% capsule rupture without vitreous loss). Complication rate for ophthalmologists 4.3%, for resident 7.9%. - Cataract surgery rate 1,366 (2008:1,203; 2009:1,257). -1714 spectacles dispensed by TEH (825 female/51 girls) (267% increase compared to 2009). -206 glaucoma-surgeries performed (122 female, 80 male, 3 boys, 1 girl). -202 spectacles dispensed (98 female/1 girl) KV VC. -49 Takeo primary school teachers (10 female) trained in low vision screening (Oct). -3,109 primary school students screened (1,405 girls. - prevalence of refractive error: 0.39% (0.47% for boys, 0.28% for girls). -TEH outreach: consultations 3,045 (1,971 female/36 girls), vision screenings: 1,011 (669 female/8 girls). - Outreach referral attendance at TEH was 30% in 2009, 37% in 2010. This could be due to an organized pick-up service for poor patients. -KV VC outreach: consultations 1,400 (971 female/14 girls), vision screenings: 627 (421 female). -28 village health workers (12 female) attended monthly follow up training for corneal ulcer intervention.	

		-140 patients referred to CDMD (52 women, 65 men, 14 girls, 9 boys). -1,369 patients referred from CDMD to TEH (824 female) (up from 412 in 2009 an increase of 332%). Surveys: -ICEE quality survey of TEH optical shop and KV VC optical shop (November).	
Objective 3: To enable the target populace districts to access a quality affordable continuum of care (diagnosis – treatment – reintegration - rehabilitation) in Kiri Vong Operational Health District and Takeo Province by Dec. 2011.	- Monthly local radio spots promoting eye health in Takeo and neighbouring provinces. - World Sight Day celebrations (Oct 2010). - Training of 22 KV Health Care staff in Primary Eye Care/Screening (March-April 2010).	-11 kinds of eye health education materials prepared, printed and distributed in the villages, schools and at the hospital. -Basic eye care and health education given to out patients daily at TEH waiting area (25,629 patients and companions). -World Sight Day celebrations at TEH attracted over 500 participants who came for free eye examinations (including 150 surgeries), attended by the director of the PHD (provincial health department) and CDMD and Handicap International. - KV VC provided primary eye care training for 13 VHVs (village health volunteers) sent by CDMD (4 female)	A

3. Implementation Variations

Using the following table, for those objectives rated "B" or "C" in Question 2 above, briefly describe the key reasons for delays or changes and how you plan to rectify the situation or modify your project design.

Table for project information for those objectives rated "B" or "C" in Question 2 above

Project variations

Objective number	Reasons for variation	Implications and/or mitigation strategy
2	Based on the previous KAP survey conducted with CERA in January 2010 there is long turn around time period in providing thorough analysis and results	Note: CBM still expects that the project will finish December 2011.

4. M&E Systems: (250 words maximum)

4.1 Briefly describe the effectiveness of your monitoring systems during the period Jan-Dec 2010. Consider whether you are receiving good quality and timely information from the field and whether is it proving useful for implementation decision making? What is working well and what isn't?

Activity data (covering consultations, surgeries, outreach/screenings, training, medicines, spectacles, etc) is continuously collected and collated on a monthly basis. This timely reporting has enabled activities to be monitored accurately and for the activity work plan to be implemented. This monitoring was able to highlight delays in the project caused by construction delays, unavailability of training courses and development of the DIACEH model, which meant work plans needed to be revised in the final quarter of 2010.

One particular activity that was delayed due to the construction of the new hospital and the lack of experienced software companies was the Health Management Information System (HMIS). The HMIS began installation/testing/training in August 2010 with collection of data commencing in October 2010. Initially staff were not used to collecting computerised data or analysing it, as this was a new aspect of their daily workload. It will still take time before the full potential of the HMIS is utilised and therefore the timely analysis of patient data that is collected by the HMIS is planned for 2011.

The substantial amount of data gathered by the HMIS is already a beginning to burden both TEH and KVC, given that the recording system was previously manual. So far especially the nurses in KVC, have been doing an excellent job in collecting and segregating data however there are severe doubts about the sustainability of such a demanding system in the long run. Proper analysis of the data will be one of the major challenges in 2011; e.g. prevalence of refractive error is much higher in students of secondary schools, however current training practice by TEH has not been focused on secondary schools screening but rather on primary schools.

4.2 Do you have any reviews or evaluations planned for your project in 2011? If so please briefly describe.

- TEH project and financial management evaluation (February/March). Analysis of project and financial management/organisational structure of TEH, highlighting strengths and

weaknesses and to assess the capacity of TEH's project management staff to implement its activities, highlighting strengths and weaknesses with reference to effectiveness, efficiency and sustainability.

- RAAB survey (late October/November). To accurately measure the prevalence and main causes of avoidable blindness in Takeo Province.
- End of project KAP Survey (November). To compare and measure the change in the quality of eye health knowledge in the community
- End of project evaluation (December). While the aim of the evaluation to measure is to measure outcomes and impacts of project activities and assess the effectiveness of the overall project, it is noted that much of the evaluation will assess the systems and process that have been established to work toward the achievement of impact.

5. Sustainability Strategies (maximum 250 words)

Briefly describe your project's strategies to enhance sustainability and describe indications of success to date in this regard.

TEH has 59 local staff and 25 of them are government staff designated to work at TEH. Most of them will stay at TEH since they are from Takeo except for some who might move to Phnom Penh due to more lucrative offers or opportunities given by other NGOs. Additionally the Provincial Health Department provides support with TEH's electricity and water supply and some medicines. TEH's vision is that the project will encourage the government to take over and be more responsible for eye care services in Cambodia. Therefore it is hoped that additional training and capacity building for human resources together with improved infrastructure will encourage more patients to use the service. Quality of service is also crucial, as this will convince patients and other stakeholders of the government to use and feel responsible for the service. However without adequate payment to staff, human resources will not improve.

Cambodia has a shortage of qualified and well-trained staff in the field of ophthalmology, health administration, community based rehabilitation etc. Therefore, the project aims to contribute to various training courses aimed to empower local staff in the field of ophthalmology capable of increasing the quality of service provided to the eye patients in the country, e.g. residency ophthalmologists, diploma in ophthalmic nursing nurses, nurse upgrade from basic eye nurse to diploma in ophthalmic nursing nurses, low vision nurses, refraction nurses, spectacle technicians, primary school teachers on vision screening, CDMD field workers and village health workers trained in community eye health.

Cost recovery is also a strategy aimed to aid sustainability. Currently TEH has 4 beds reserved for full fee paying patients and at the optical shop 48.8% of patients/customer paid the full price for their glasses ($2-6) and at KV VC 71.8% pay the full price ($1-2) 99.5% of the dispensed sunglasses are fully paid ($0.5-4).

6. Cross cutting issue: Gender (250 words maximum)

Describe the strategies taken by your Agency and your partners to ensure the participation of women and girls. Provide examples of success or particular challenges you are facing in this regard.

The number of both women and girls patients has increased (female/male ratio increased from 1.06 in 2008, to 1.1 in 2009, and 1.39 in 2010). The higher percentage of female patients (53% of TEH consultations) highlights the fact that avoidable blindness in Cambodia is significantly higher in females than males (prevalence of blindness in Takeo Province: female =3.5%, male=2.1%). Results from a prevention of traumatic corneal ulcer intervention in two districts

in Takeo province suggested an unusual high percentage (54%) of women suffering from traumatic corneal abrasion, which also may contribute to a higher prevalence of female blindness.

While the percentage of female patients at TEH is only slightly higher than male patients (53%), the picture is different at KV VC: 63% are female patients. Even more so for outreach screenings by TEH: 66% are female patients. More emphasis on community ophthalmology appears to be one keystone to improved accessibility for female patients.

Additionally 63% of all cataract surgeries have been performed on female patients and girls, however this percentage was already high in 2008 (61%) and 2009 (63%). If there has been an actual impact on the prevalence on blindness for females this needs to be verified by the RAAB at the end of 2011.

TEH has playground equipment for children and a child friendly examination room, which aims to encourage women (who are mostly the primary child care givers in Cambodia) to be able to come to TEH and know that their children are welcomed and will have something to occupy them.

A major challenge that TEH faces with regards to gender inclusiveness is in human resources. While foreign females hold high positions within the upper management of TEH, thus ensuring there is a balanced gender perspective in the decision making process; there is still a distinct lack of local female staff in upper management and professional medical positions. This is very much a reflection of Khmer culture as males are favoured more in providing educational/career opportunities. Similarly TEH must rely on the government to select nurses/doctors to attend training courses and TEH has no input in that selection process.

7. Cross cutting issue: Disability Inclusive Approaches (250 words max)

Describe the disability inclusive approaches being used by your Agency and your partners. Provide examples of success or particular challenges you are facing in this regard.

The new TEH facilities completed in April 2010 incorporated many disability inclusive features including: ramps, wheelchair accessible toilets, 2 additional wheelchairs, colour markings on steps, large type signage, wide walkways playground facilities and a large kitchen preparation area for caretakers of patients with special needs.

TEH has clearly established protocols for the registration, examination and diagnosis of patients, ensuring that staff are kind and polite, clearly explain procedures, provide clear physical directions and are observant of patients should they require assistance (physical or otherwise).

TEH provides counselling to vulnerable patients who may have difficulty paying for health services and in particular the situation (financial/disabilities in family etc.) of patients is a strong consideration when subsidies are provided to patients.

TEH has a strong referral system where patients may require further disability assistance beyond their eye health care. Patients are referred to TEH's partner, CDMD who has a strong presence in Takeo especially within its remote areas with a strong network of volunteer health workers and self-help groups.

The completion of the first DIAECH training workshops has meant that staff at TEH, KV VC and CDMD have reinforced their disability and gender inclusive approach to their work.

Collecting data on disabled patients so far hasn't yielded reliable data. Even though a practice guide for DIACEH was developed with simple tools for disability measurement, the suggested options haven't proven to be feasible. Workshops were helpful in engaging initial debate, but

more assistance (e.g. from The Nossal Institute) in daily activities might be needed in 2011.

8. Cross cutting issue: child protection: (250 words maximum)

Describe the strategies taken by your Agency and your partners to ensure the protection of children.

All staff have signed a child protection policy and completed training on the child protection policy. Staff are trained on how to appropriately treat children, respect their rights and know how to identify child abuse victims. Staff are trained to ensure that a parent or guardian is present with children during examinations and that their informed consent if given for any medical procedures.

A separate child examination room was built at TEH to provide children with a child friendly environment to help ease the stress that an eye examination can cause.

The absolute number of children increased from 4001 in 2008 to 4958 in 2009 and finally 7405 in 2010. This impressive increase could be one of the effects of the separate children examination room and the child protection policy in place.

Annexure 5:

PAF data:

In the 6 month report you listed the indictors in the Performance Assessment Framework (PAF) which were relevant to your project and how you were collecting data for each of these indicators. Please provide this data for the period Jan -Dec 2010 for each of the PAF indicators you identified as relevant to your project.

Organisation PAF information

Outcome area	Indicators	Results data
CORE OUTCOME AREAS		
1. Integrated Eye Health Care	1.1 Number of eye health care centres providing integrated eye care as a result of ABI and VAVSP projects.	Two centres 1 – Takeo Eye Hospital. Comprehensive eye health care services: surgery (cataract, glaucoma, tritiasis, laser), refractive error correction services, optical shop – readymade and onsite prescription made spectacles. 2 – Kirivong Referral Hospital Vision Centre. Limited eye health care services: refractive error correction, optical shop for readymade spectacles, and specific prescriptions made at TEH.
2. Disability Inclusive Eye Health Care:	2.1 Number of people with a disability accessing eye health services.	A self reported question is asked of patients whether they have a disability. The answers were first recorded on registration forms for the new HMIS which began collecting data in October 2010 therefore the following figures represent only three months of data from TEH: Hearing (485), mental/intellectual (69), vision (2488), physical (193). See also Question 7.
	2.2. The quality of the engagement experience with eye health services for people with disabilities	-Results from the KAP survey conducted in January/February (Sample 599 from an expected 600): 67% of participants reported not being able to travel to the eye institute alone. 25% of participants reported having at least one impairment. (Note: that this was not a survey to measure the prevalence of disability, but the design of the survey was to include people with disability). While the simple analysis of data showed that - People with a disability are more likely: - to have not heard of cataract, cross eyed, pterygium, and eye injury/foreign body. - to believe that blindness cannot be prevented. - to believe that the cost of transportation (to eye health services) to be the most expensive. - to have their eyes checked. - to not know the best treatment for cataract. - to not believe that traditional medicine and eye drops as the best treatment for cataract. (Noted important learning: With further statistical analysis using logistical regression to assess the strength of disability as a

		predictor – it was found that for most questions, age and lack of education remained the stronger predictor not disability, highlighting the need to draw careful assumptions. -A small sample (18 people) survey conducted in December revealed that people with disabilities had positive experiences with receiving eye health services. Commenting that the health staff were professional and kind and clearly explained procedures to patients and accompanying family members. They had no troubles accessing the physical facilities. One patient did comment that previous visits to TEH in 2006 were of a lower quality given that the facilities were smaller and it was more crowded. Many patients that are screened during outreach sessions are referred to TEH/KV VC however they do attend appointments. The sample survey revealed that patients did not attend appointments due to work commitments or fear that surgery required a long period of convalescence, which they could not afford to take. See Appendix 1.
3. Consortium Capacity	3.1 ABI and VAVSP Annual Work Plans implemented on time, on budget.	-CBM has maintained timely reporting to the consortium in accordance with the reporting requirements. -There have been some delays in the implementation of project activities, however a revised budget and schedule for 2011 has been produced to address these delays.
	3.2 Occasions where collective analysis of lessons learned has influenced improved program design and practice.	While the implementation of disability inclusive practices in eye health programming has been much easier in terms of making facilities accessible, it has proved more difficult to address issues such as: while people with disability have been extensively consulted for advice, having person's with disability participate in program planning, implementation, decision-making capacity, or employed in key positions has moved much more slowly. While the development of the KAP survey and analysis has proved to be very time consuming and delayed, it has now shown some important findings that will further guide the development of ICE materials/radio spots.
4. Disease Control	4.1 Number of patients treated (disaggregated by condition, gender, age, location).	**Total Consultations TEH 25,323 (11,889 female/1,566 girls)**

Eye Condition	Total	%
Cataract - male	1,263	5%
Cataract - female	2,160	9%
Cataract - child	102	0.4%
Trachoma	110	0.4%
Glaucoma	283	1%
Refraction	3,196	13%
Corneal Ulcer	642	3%
Other - child	3,167	13%
Other - adult	14,398	57%
Total	**25,323**	

Location	Total	%
Takeo	15,278	60%
Daunkeo	1,207	5%
Ang.Borei	841	3%
Tramkak	2,987	12%
Treang	1,795	7%
Samrong	2,343	9%
Kirivong	1,082	4%
Koh andet	542	2%
P.Kabas	1,861	7%
B.Julsa	401	2%
Bati	2,219	9%
Kampot	2,873	11%
Kg.Speu	2,339	9%
Other Province	4,833	19%
Total	**25,323**	

Age range*	Male	Female
0-4	105	136
5-14	226	170
15-49	1378	1261
>=50	868	1781
Sub total	2577	3348
Total		**5925**

*Age range data is only available for Oct-Dec 2010, given that the HMIS was only operational from Oct.

Total Consultations KVC 1,410 (712 female/55 girls).

		*Disaggregated data for KV VC is not available yet. In 2011 the project plans to expand the HMIS to KV VC.
	4.2 Number of occasions where patients have been referred to Disabled Persons Organisations.	140 patients referred to CDMD (52 women, 65 men, 14 girls, 9 boys) 1,369 patients referred from CDMD to TEH (824 female) (up from 412 in 2009 an increase of 332%).
	4.3 Quality of Life impact for a sample of patients.	-The small sample survey conducted in Dec 2010, revealed that where there was restoration of vision (wholly or partially) it greatly improved the quality of life, particularly in already disabled patients, ensuring they were able to make a living or become more independent. - See case studies in Section A and additional case study in Appendix 1.
5. Infrastructure Development	5.1 Number and type of buildings constructed/renovated (disaggregated by rural/urban and level).	The new TEH was officially opened in April, the new facilities included reception, diagnosis and screening area, cataract surgical theatre, optical shop, 64 in-patient beds, dinning/kitchen area, children's playground and office/meetings rooms. Building facilities are 3,389m^2.
	5.2 Number and type of equipment supplied.	2 cabinets with 2 layer glass sliding doors; 1 computer with LCD, UPS, licence; 1 Canon copy machine; 1 stretcher for patient; 3 wheelchairs; 1 folding table; 1 scanner; 1 printer; office furniture and maintenance equipment; 1 glass cutting machine; 1 digital camera; 1 Dell computer, monitor; 1 PCD monitor.
	5.3 Geographical distribution of eye health care centres relative to population.	TEH – Daun Keo Operational District Population: 218,066 (23%) KV Health Centre – Kirivong Operation District Population: 160,607 (17%) Takeo Province Total Population: 939,441
6. Human Resource Development	6.1 Number of eye health care personnel trained (disaggregated by cadre).	-8 resident doctors (3 female) (from Siem Reap, Takeo, Battambang, Banteay Meanchey, Preah Sihanoukville, Kampong Chnnang, Phnom Penh) trained in the national resident programme for ophthalmologist under the umbrella of NPEH and the University of Sciences, Faculty of Medicine, Phnom Penh. -3 doctors (all male) upgrading of diploma in ophthalmology to be fully qualified ophthalmologist (Kampong Thom, Phnom Penh, Takeo). -20 secondary nurses (4 female) Diploma in ophthalmology (Mondolkiri, Battambang Kampong Cham, Phnom Penh, Odar Meanchey, Takeo, Palin, Kampong Speu). -17 TEH staff (5 female) (Including 6 nurses, 4 doctors, 1 optical technician) trained in leadership skills. -15 TEH staff training on using new HMIS. -2 doctors from TEH attend APAO Conference in Beijing, China. -55 people (12 female) (including consortium members who are in Cambodia and CBM Vietnam, TEH, KV vC, NGOs working

		with disability, government officials from PBL and Provincial/District Health level of Takeo province) trained on Disability Inclusion model (including 12 doctors, 1 optometrist, 9 nurses). -49 Takeo primary school teachers (10 female) trained in low vision screening. -31 nurses (8 female) CME for Cambodian Ophthalmic Nurse Society. -28 village health workers (12 female) follow-up training for corneal ulcer intervention. -30 KVC Health Workers (5 female) training on Disability Inclusive Community Eye Health Model. - KVC provided primary eye care training for 13 VHVs (village health volunteers) sent by CDMD (4 female) - 1 TEH co-project director and doctor (Takeo Deputy Provincial Health Director), attend a workshop in Australia on developing disability inclusive policy and practice
	6.2 Quality of eye health care services provided by newly trained personnel.	-The quality of eye health care services at KV VC is excellent; the trained ophthalmic nurse/refraction nurse is very dedicated. VHWs are still referring patients to TEH. However the majority of training was only recently conducted, obvious result are not yet available. It is a common phenomenon that newly trained staff provide good service initially but not in the long term, much depends on continuous follow-up provided by TEH. Our experience with the low vision department and especially optical shop is very encouraging. -ICEE in Nov conducted an evaluation of the TEH Optical Workshop and the KV VC. The evaluation found that: - Generally the refraction nurses are confident in performing refraction. - The optical technicians (OTs) are confident and competent of working in the Optical Workshop. - Refraction nurses stated that they were not confident in retinoscopy, requesting further training. - The OTs have allocated tasks well between themselves and keep the optical workshop well organized and running efficiently. - All staff appear to have a good level of job satisfaction and a good understanding of the importance of improving accessibility of refractive error services to the community. - The products available in the TEH optical workshop and Kirivong VC are of a good quality. An adequate range of frames is available and the OTs are competent in their practical skills to be able to fit and dispense the spectacles.
	6.3 Geographical distribution of trained personnel relative to population.	Geographical locations of resident doctors and nurses trained by TEH (outside of Takeo) Battambang: 1,024,663 Banteay Meanchey: 678,033 Kampong Cham: 1,680,694 Kampong Chnnang: 471,616

		Kampong Speu: 716,517 Kampong Thom: 630,803 Phnom Penh: 1,325,681 Mondolkiri: 60,811 Odar Meanchey: 185,443 Siem Reap: 896,309 Sihanoukville: 199,902 These provinces represent 59% of Cambodia's total population*. *2008 census data
	6.4 Retention of new HR capacity in eye health care system.	No drop out so far of recently trained staff.
	6.5 Occasions when training and employment opportunities have been created for marginalised people	PwDs played a major role in the national disability workshop organized by Nossal Institute and the local disability workshop at OD Kirivong in 12/2010 – so far no employment
7. In-country Policy and Planning Capacity.	7.1 Number of new provincial level PBL plans developed and adopted.	There is no provincial level PBL plan, however, the director of PHD suggested strongly in 01/2011 to implement an additional Vision Center in PreyKabbas (a remote area in Takeo with difficult access to TEH because of flooded areas in the Mekong delta)
	7.2 Number of occasions PBL collaboration between District, Provincial and National level governments.	PBL and sub-sectoral meetings are held bi-monthly, in 12/2010 the first national ABI-meeting was held in SiemReap (CBM, Fred Hollows, ICEE + PBL-representative), future meetings are planned bi-monthly.
	7.3 Number of eye health care centres implementing data collection systems as a result of ABI projects .	Two centres 1 – Takeo Eye Hospital. 2 – Kirivong Referral Hospital Vision Centre.
8. Sustainability	8.1 Occasions where Consortium members are working with existing public	CBM and TEH are collaborating with Fred Hollows in Cambodia to work with strengthening the role of the PBL committee. Further planning meetings are planned with the IAPB and the Cambodian PBL in early 2011.

	health structures and National or Provincial PBL Committees.	
	8.2 Commitments by in-country governments to support (policy) and contribute to ongoing eye health care investment.	The provincial government granted TEH with a 25 year lease for the 15,689 m^2 of land which the hospital occupies. See also 7.1 above. CBM and TEH have started a process to renew the MoU between the Ministry of Health and Takeo Eye hospital for a further five years, to continue the ABI services. This is hampered by financial and human resource capacity.
	8.3 Capacity strengthening initiatives undertaken with in-country partners and governments.	-Government employed resident doctors and nurse were sent to TEH to attend ophthalmology training. -Officials from the Ministry of Health, Ministry of Women's Affairs and Ministry of Social Affairs attended the DIACEH model workshop in Phnom Penh (Nov) and PHD and OD Kirivong representatives attended the DIACEH model workshop in Kirivong (Dec).
9. Inclusive participation	9.1 Targeted actions to facilitate marginalised groups and/or communities participating in ABI projects.	-Outreach/screening program targets remote communities and marginalised groups (including children, women, the poor and the disabled) aiming to assist in the referral/transportation of these patients to TEH. -KAP survey included marginalised groups. -World Sight Day advocacy activities targeted marginalised groups.
	9.2 Occasions where marginalised groups and/or communities have influenced ABI program design and practice.	-Planned increase in outreach/screening activities during 2011 given that marginalised groups (such as the poor and disabled) are not able to travel to health care facilities.
	9.3 Awareness within impacted communities of new eye health services available.	To be measured in end of project KAP and evaluation and RAAB planned in Nov and Dec 2011.
10. Gender Equity	10.1 Occasions where analysis of the barriers to gender equity has influenced project design and practice.	Current recorded data shows a higher concentration of females seeking services. The reasons are not fully understood, but the planned focus outreach assessment and the RAAB may provide better insight.
	10.2 Occasions where in-country women's groups have collaborated with project activities.	No activity so far.

	10.3 Number of males and females benefitting from project activities - training/employment and sight restoration.	For number of female/male patients see 4.1 above and Question 6. For number of females/males trained during the project see 6.1 above. Total personnel employed by project: 59 (26 female).
11. Partnership	11.1 Occasions and type of coordination between Consortium members and government PBL Committees and other government departments.	PBL and sub-sectoral meetings are held bi-monthly, in 12/2010 the first national ABI-meeting was held in Siem Reap (CBM, Fred Hollows, ICEE + PBL-representative), future meetings are planned bi-monthly.
	11.2 Occasions of coordination between Consortium and *Vision 2020* Western Pacific Regional structures.	N/A
	11.3 Number of partnerships established beyond Consortium Members e.g. public sector, private sector and civil society.	TEH has MoUs with Handicap International (referrals) and MoPoTsyo (local NGO training peer-educators for screening and treating diabetic patients) in 10/2010 for screening for diabetic retinopathy. The private company ABC Tissues (Australia) has provided in-kind donations to TEH (tissues) and subsidized 800 for 2009/2010 and 1,500 eye operations for 2010/2011. CBM Australia and CERA have to trialled KAP and RAAB studies, and learning will be made available to other consortium members during 2011.
	11.4 Occasions of joint strategic thinking, review and decisions on Partnership direction and priorities between AusAID and the Consortium.	NA
	11.5 Occasions where Consortium members and AusAID Posts have liaised on program activities or there have been joint AusAID-Consortium monitoring visits.	The Australian Ambassador Ms Margaret Adamson attended the official opening of the new TEH facilities in April. AusAID Disability Regional Advisor joined the opening of the DIACEH workshop in Nov. CBM Australia has discussed general program activities with the AusAID post in Cambodia.

	11.6 High quality, analytical, timely reporting by Consortium; thoughtful feedback and timely funds release by AusAID.	NA

Appendix 1: Additional case study

Leakena Oeun is a 6 year old girl who lives in Tramkok district, Takeo province. She is the eldest daughter and she is affected by albinism. She is now in the first grade at Leaybo primary school. According to her mother, she had difficulty seeing far distances since she was 3 years old. However she was always optimistic and thought her daughter could manage, she was also very busy and did not have time to bring her to see a doctor at the hospital.

The Takeo eye hospital conducts training for primary school teachers to check the visual acuity of the children at different schools in Takeo province. When they identify a student that has eye problems or low vision they are referred to Takeo Eye Hospital.

A teacher from Leaybo primary school accompanied 12 students with eye problems to Takeo Eye Hospital. Leakena is one of them. Leakena's mother also accompanies her to the hospital. Upon checking her vision she is assessed to only have 10% of her vision, however after correction with glasses, her vision is improved to 40%. Leakena leaves the TEH happily with a new pair of glasses provided from the TEH optical shop. She now feels more confident in participating in school and learning.

TEH Service Quality Survey – Summary of Results

17-19 December 2010

Age range	Sex
0-18	2 boys, 1 girl
19-30	1 male, 1 female
31-40	2 male
41-50	1 male, 4 female
51-60	2 female
Over 61	2 male 2 female
Total	**18 (10 female)**

Summary of comments on quality of service:

Patients who received treatment (6 interviews – 4 female)

How did you learn about TEH:

Outreach, heard from neighbours, village chief, and family previously had treatment there.

Treatment by TEH staff:

Friendly and polite, doctors spoke directly to patients to explain condition/treatment and medication.

Other comments:

Please lower the fees or provide free treatment, I still have blurred vision, I still have some pain in my eyes, perfect hospital – my relatives will come to the hospital.

Patients who received treatment and have a disability (6 interviews – 3 female)

How did you learn about TEH:

Outreach, CDMD self help group, heard from neighbours.

Facilities:

Not difficult to move around, easy access to rooms, toilets, kitchen and yard, good hygiene, 24 hour access to water and power, clear signage, wheelchair provided.

Treatment by TEH staff:

Spoke gently and gave good explanation about condition/treatment and medication, spoke directly to patient or family member.

Other comments:

Please do not ask for money.

A patient with Glaucoma who had treatment in 2007 provided many negative comments – doctor was rude, doctor asked for $500 for restoration of two eyes, did not get clear explanation about eye condition or treatment, please be polite when talking to disabled people.

People who were screened and referred to TEH but did not come for treatment (6 interviews – 3 female)

Experience at outreach screening:

TEH staff very friendly, some were not polite because there were too many people and the crowd was not controlled.

Reason for not coming to TEH:

No money, too busy and afraid of long rest period after surgery (3 people gave this answer), waited for the TEH bus to come but I was too busy and could not wait for long, busy harvesting rice, too busy looking after children.

Do you still want to go to TEH in the future:

I will go when I am not busy with harvesting, I want to go but don't have the money, I cannot afford the transport so I have to wait for the TEH car.

Conclusions

- Overall positive reviews for quality of service and treatment of patients.
- Require further research into why people referred during outreach screening do not come to TEH. Maybe review the type of explanations given by the outreach team in relation to surgery recovery time, the costs involved and subsidies that are available.
- Investigate whether follow up/post surgery check up with patient is adequate.

Annual progress report

Implementing party:	Royal Institute for Deaf and Blind Children (RIDBC)
Project title:	Develop eye health services and capacity in Samoa
Report completed by:	Craig Thomson, Sagato Vaoliko, Salma Ismail
Contact:	Craig Thomson
	02 9872 0319
	craig.thomson@ridbc.org.au
Report due by date:	7 February 2011

Background

As part of the Partnership Framework and Funding Order contracts between AusAID and the Consortium, the consortium secretariat must provide AusAID with an Annual report. Information provided by each agency in their Annual report to the Secretariat will be used to prepare the overall "consortium program level" annual report to AusAID.

Report preparation

Please use the following points to inform the preparation of your report:

- This report should cover your project implementation period January – December 2010.
- Use your Program Agreement activity schedule, implementation plans and M&E plans as the basis of your reporting i.e. report against these plans.
- Use the recommended word limit as a guide to the depth of analysis and quantity of information required.

Please return all annual Progress Reports to Pipa Nicholson (Global Consortium Secretariat Manager) pnicholson@vision2020australia.org.au. Please ensure you cc: in Teresa Carney (Global Consortium Secretariat Coordinator) tcarney@vision2020australia.org.au

Part B: Implementation progress: efficiency and effectiveness

1. Efficiency of implementation progress

Will your project require a "no-cost" extension beyond Dec 2011 to allow for project completion? What do you estimate the new completion date to be?

Not at this stage.

2. Effectiveness of implementation progress

Rate the likelihood of achieving your objectives using the following scale:

- A = The objective is on track to be fully achieved by the end of the project;
- B = The objective will be partly achieved by the end of the project;
- C = The objective is unlikely to be achieved by the end of the project

Project key achievements

Objectives	Expected target by Dec 2011	Key achievements in Jan – Dec 2010	Rating
Objective 1: To develop and implement a school vision screening program of Samoan children aged 5 to 12 years to identify uncorrected refractive error.1.	- Trained additional 25 teachers in Vision Screening - Trained 3 ToT in Vision Screening - Regular Vision Screening Program conducted in Samoan Schools	- (Implemented by the Pilot Vision Screening Program) - Trained 20 teachers in Vision Screening in Upolu - Vision Screening conducted at 12 schools in Upolu - 1034 students screened - 195 failed test (potential eye health problem)	A
Objective 2: To develop human resources through the delivery of the following training programmes: - Spectacle training - Administration and management training	- Upskill Spectacle Technician - Administration and Management Training - Management Training of VC staff at Savai'i	- Advertisements placed for recruitment of appropriate candidates. Training to commence early 2011. - All other training to be completed in February 2011	A
Objective 3: To develop infrastructure through the establishment of 1 Vision Centres (VC) in Savai'i located within Savai'i General Hospital –including refurbishment, equipment provision	- Refurbish and equip as necessary Vision Centre in Savai'i - Upgrade optical workshop and office equipment for workshop in Apia - Provide seed stock for optical workshop (frames and lenses)	- Equipment has been procured and shipped to Samoa - Optical workshop in Apia has been refurbished - Seed stock has been procured and shipped to Samoa	A

and supply of seed stock;- upgrade of optical workshop and office equipment in Apia.			
Objective 4: Service development through Vision Centre - target those in remote and / or marginalised areas.	- Vision Screening being conducted in areas outside of Apia and Savai'i - Treatment pathways accessible to people in outlying areas	- Over 20% of schools screened were in areas outside of Apia. This will increase dramatically once the second round of training is conducted. - Access to treatment in central Vision Centre possible with arrangements for sending spectacles to the children in areas outside of Apia being put in place - Access to remote areas will increase as ToT's are trained and conduct training of teachers in outlying areas	A

3. Implementation Variations:

No implementation variations are known at this stage of the project.

4. M&E Systems:

4.1 The M&E System was developed early in 2010 prior to commencement of the program activities. This included revising the methods of collecting data and establishing forms for data collection.

The M&E system has been implemented and is operating satisfactorily in most areas. Information on schools where screening is being conducted is being completed effectively and in a timely manner including complete data on the children and the results of the testing.

However, one area for improvement is collecting data in incidences where a child that failed the vision screening test with regard to presenting at the eye clinic, final diagnosis, treatment and follow up.

Discussions between SENESE and the eye care nurses have resulted in developing a closer working relationship between SENESE, National Health Service (the eye clinic) and the Ministry of Education. This will enhance the communication and data channels between the different groups. Forms are being redeveloped to assist this process and prompt follow-up actions. A database will be developed and implemented to enable better data flows and collection. This will be implemented during the training of eye clinic nurses early in 2011.

Vision centre processes and administrative training will be conducted which include training in the use of the vision centre database.

The VC database collects measured indicators such as patient data, number of eye test conducted, number of spectacles dispensed, and number of referrals made to and from secondary/tertiary services and other specialised services.

It also allows for day to day financial management of the centre (spectacles delays and end of day reconciliation), and management of stock.

Further, project M&E systems include:

- Internal monthly reports (which involve Qualitative and quantitative analysis and review of variation between actual and planned activities as scheduled in the work plan. The review will highlight alterations required to improve project design and effectiveness)
- M&E database, which collate the measured indicators provided by the vision centres, and number and type of personnel trained and amount of hours of training conducted

4.2 Do you have any reviews or evaluations planned for your project in 2011? If so please briefly describe.

A spectacle technician review will follow approximately three months post training to evaluate technician's progress.

Training assessments are completed after each training as part of the continual monitoring and evaluation of the project.

The trainees are required to complete a pre-course confidence survey, which provides information on where the trainee feels they require further upskilling. Trainees are required to complete a daily survey providing feedback on the course as well as a post-course survey, which is used to assess how much they have learnt and improved in their skills.

The post course evaluation assists in monitoring and our courses through feedback from trainees at the completion of the course. These assist in improving our courses.

There are planned training evaluations to occur after the Train the trainer and vision screening training (February 2011), after the spectacle technician training(March 2011) as well as post nurse refraction and vision centre administrative training (March 2011).

5. Sustainability Strategies

The design of the project incorporated numerous strategies to ensure that the outcomes/benefits of the project will continue and in fact expand beyond the life of the project.

They include:

- SENESE Inclusive Education is a major NGO partner of the Ministry of Education, Sports and Culture and works closely with the Ministry of Health and the National Health Service. As such the work undertaken within the project will continue to be supported by SENESE after the life of the project.
- The activities undertaken by the project conform with the National Education for All Strategic Plan. Therefore, it is government led and supported.
- The training component includes training ToT's therefore, leaving an ongoing capability to continue the training process after the term of the project.
- The National Health Service has adopted a cost recovery strategy for the optical workshop. Effectively the workshop will be cost neutral to the National Health Service and allow for the replacement of seed stock once the initial supply has been dispensed.

Indicators of success:

There has been the example where one teacher trained in the first round has passed on basic training in eye health to local parents in her community. This has had the result of raising eye health awareness and sight issues generally within the Samoan Community. More importantly when the same teacher resigned her position with the school she trained a replacement vision screener so the school was left with the capacity to carry on the screening program.

6. Cross cutting issue: Gender

Vision Screening activities are conducted in schools ensuring that both boys and girls are screened. There is equal access opportunity for boys and girls to attend the eye clinic and receive treatment.

The screening trainees are a mix of males and females but as expected in the teaching profession it is dominated by females. Males are actively encouraged to become trainees.

7. Cross cutting issue: Disability Inclusive Approaches

The participation of SENESE Inclusive Education in the project partnership has ensured that the project targets those children with disabilities. SENESE work closely with the Ministry of Education in developing inclusive education policy and plans and providing support services for inclusive education for children with a disability.

This provides the ability to provide vision screening to children with a disability. Furthermore, it provides the capability to support children who fail the vision screening test to attend the eye clinic and provide education/early intervention support services to those that have non-treatable vision impairment.

The vision centre management and vision screening training will include Disability Inclusive Approaches training to increase awareness and knowledge of such issues. Pathways for referrals to Disability services will be developed, and the data on this will be captured through

the M&E systems implemented.

Low vision training for eye care workers at the Vision Centre is included in this project and is due to take place in 2011. Additionally, the training will involve the local Community-Based Rehabilitation services, which in turn will also strengthen relationship and referral pathways between the services.

The optical workshop and eye clinic are accessible. The eye clinic is located at the front of the building with signage and ramp into the hospital. The optical workshop is constructed on a level site and is easily accessible to all people.

8. Cross cutting issue: child protection:

All members of the project consortium have established Child Protection Policies. Every staff member who works with children signs a Child Protection Code of Conduct.

All staff receive appropriate training in child protection upon commencement unless evidence is provided of attendance at a recent appropriate training course. All staff undertake annual refresher training on child protection.

Staff are specifically trained in what may constitute harm and to report cases where a child may be at risk not just children who have been harmed. Wherever possible two staff members undertake screening together.

Each organisation has an appointed child protection officer.

Annexure A:

PAF data:

In the 6 month report you listed the indictors in the Performance Assessment Framework (PAF) which were relevant to your project and how you were collecting data for each of these indicators. Please provide this data for the period Jan -Dec 2010 for each of the PAF indicators you identified as relevant to your project.

Organisation PAF information

Outcome area	Indicators	Results data
CORE OUTCOME AREAS		
1. Integrated Eye Health Care	1.1 Number of eye health care centres providing integrated[6] eye care as a result of ABI and VAVSP projects.	The project has thus far refurbished the optical workshop in Apia and provided equipment.
2. Disability Inclusive Eye Health Care:	2.1 Number of people with a disability accessing eye health services.	As training and upgrading of eye health services hasn't been completed we cannot report on this indicator at this stage.
	2.2. The quality of the engagement experience with eye health services for people with disabilities	See 2.1 above
3. Consortium Capacity	3.1 ABI and VAVSP Annual Work Plans implemented on time, on budget	Annual Plan for 2010 was not completed due to change in NHS Management. Commitment has now been provided by new management and significant progress has been achieved and all objectives of the project will be achieved in 2011.
	3.2 Occasions where collective analysis of lessons learned has influenced improved program design and practice	Annual Reflection workshop provided opportunity to amend process with regard to planning and reporting and engagement with in-country staff based on past experience.
4. Disease Control	4.1 Number of patients treated (disaggregated by condition, gender, age, location)	
	4.2 Number of occasions where patients have been referred to Disabled Persons Organisations such as Blind Association	
	4.3 Quality of Life impact for a sample of patients	

5. Infrastructure Development	5.1 Number and type of buildings constructed/renovated (disaggregated by rural/urban and level)	1 Optical workshop refurbished in Apia
	5.2 Number and type of equipment supplied	Equipment for full optical workshop and refraction clinic has been purchased and supplied. See attached list.
	5.3 Geographical distribution of eye health care centres relative to population	Upgrading eye health care centres in Apia and Savai'i will provide access to eye health services to the majority of people in Samoa. Both urban centres are fairly easily accessed by the rural population
6. Human Resource Development	6.1 Number of eye health care personnel trained (disaggregated by cadre)	Still to be completed.
	6.2 Quality of eye health care services provided by newly trained personnel	Still to be completed
	6.3 Geographical distribution of trained personnel relative to population	Still to be completed.
	6.4 Retention of new HR capacity in eye health care system	Still to be completed
	6.5 Occasions when training and employment opportunities have been created for marginalised people	Not Applicable
7. In-country Policy and Planning Capacity	7.1 Number of new provincial level PBL plans developed and adopted	Not Applicable
	7.2 Number of occasions PBL collaboration between District, Provincial and National level governments	0
	7.3 Number of eye health care centres implementing data collection systems as a result of ABI projects	Still to be completed
8. Sustainability	8.1 Occasions where Consortium members are working with existing public health structures and National or Provincial PBL Committees	Project is based on National Education for All strategic plan developed by MESC and National Eye Program developed by NHS The approach is inline with the Sector Wide Approach of the Ministry of Health and government and non government partnerships have been encouraged and acknowledged as essential And effective ways to fast track development.

		The General Manager for NHS has advocated strongly to his board and gained their full support. He has also proposed future strategies of how consortium members can input into the National Eye Care plan and invited participation in a meeting ion march 2011
	8.2 Commitments by in-country governments to support (policy) and contribute to ongoing eye health care investment	Ministry of Education is fully committed to program and support the training of teachers and conducting vision screening. The CEO of MESC officially opened the training. The National Health Service has actively supported the project signing a MoU committing to the project activities including recruiting two additional spectacle technicians and agreeing to charge fees for spectacles.
	8.3 Capacity strengthening initiatives undertaken with in-country partners and governments	Attendance by in-country partner to the reflection workshop, co-jointly preparing the annual report. Training of teachers and SENESE staff in vision screening.
9. Inclusive participation	9.1 Targeted actions to facilitate marginalised groups and/or communities participating in ABI projects	Conducted vision screening at the special Olympics,
	9.2 Occasions where marginalised groups and/or communities have influenced ABI program design and practice	Not Applicable
	9.3 Awareness within impacted communities of new eye health services available	Targeted schools are now incorporating the screening process as part of their first term calendar activities
10. Gender Equity	10.1 Occasions where analysis of the barriers to gender equity has influenced project design and practice	Have not encountered gender barriers in the project activities.
	10.2 Occasions where in-country women's groups have collaborated with project activities	Not Applicable
	10.3 Number of males and females benefitting from project activities - training/employment and sight restoration	4 males and 16 females trained in vision screening. Teaching is a female dominated profession in Samoa. The inclusion of 4 males should be deemed a success. With vision screening 53% of children screened were female against 47% male.
11. Partnership	11.1 Occasions and type of coordination between Consortium members and government PBL Committees and other government departments	The project consortium enjoys close working relationships with the relevant government agencies. Wherever possible it is the government agency that leads activities. All activities conform to national plans and strategies.
	11.2 Occasions of coordination between Consortium	None

and *Vision 2020* Western Pacific Regional structures	
11.3 Number of partnerships established beyond Consortium Members e.g. public sector, private sector and civil society	Partnerships established with SENESE Inclusive Education, Ministry of Education, National Health Service
11.4 Occasions of joint strategic thinking, review and decisions on Partnership direction and priorities between AusAID and the Consortium	1
11.5 Occasions where Consortium members and AusAID Posts have liaised on program activities or there have been joint AusAID-Consortium monitoring visits	Meetings were conducted with the Australian High Commissioner and the Counsellor when consortium member visited Samoa. SENESE is the lead agency for the Samoan Inclusive education Demonstration program and reports regularly both formally and informally with in country post on the development of sustainable strategies for supporting disability related initiatives including vision services.
11.6 High quality, analytical, timely reporting by Consortium; thoughtful feedback and timely funds release by AusAID.	N/A

Annexure B:

Equipment list Samoa

Equipment	Quantity
Lensmeter - Insight LM1	2
LS3 Takubomatic Lens Blocker	1
NH30V Takubomatic Hand Edger	1
Berbec P- Cup Leap Pads (Box 1000)	1
40370-M016 ND3963 Nidek Half Eye Leap Cup (Grey)	8
20/260/0000 HILCO Delux Screwdriver Kit	1
349 Nishimura Cross Lock Screw Holding tweezers	1
1200 GFC Vispa Frame Heater	2
PM600 Magnon Digital PD Meter	2
N22B Nishimura Size testing plier	2
N345 Nishimura Axis aligning pliers	2
N1 Nishimura Flat Snipe Nose Plier	2
Gaspart 6281 Caliper Chrome	1
Nishimura N113 File Set	1
Nishimura N143-B Pad Adjusting Pliers	2
Nishimura 1572 Side Cutter Pliers	1
Vertometer Ink	2
Marking pens (for lenses)	5

Annual progress report

Implementing party:	The Fred Hollows Foundation
Project title:	Vietnam Eye Care Capacity Development Project
Report completed by:	Bridget McAloon, FHF Program Coordinator (Vietnam)
Contact:	Bridget McAloon
	(02) 8741 1900
	bmcaloon@hollows.org.vn
Report due by date:	7 February 2011

Part B: Implementation progress: efficiency and effectiveness

1. Efficiency of implementation progress

Will your project require a "no-cost" extension beyond Dec 2011 to allow for project completion? What do you estimate the new completion date to be?

All project objectives are planned to be achieved by the end of 2011. However, some long-term training courses that were delayed in starting, and are now due to begin in 2011, will continue past December 2011. 2 district doctors taking part in the Basic Eye Doctor training beginning in October 2011 will complete the course in June 2012. 8 eye doctors will also be trained in advanced ophthalmology in 2011, and it is estimated this training course will be completed in February 2012, based on the external training institute's schedule.

2. Effectiveness of implementation progress

Rate the likelihood of achieving your objectives using the following scale:

- A = The objective is on track to be fully achieved by the end of the project;
- B = The objective will be partly achieved by the end of the project;
- C = The objective is unlikely to be achieved by the end of the project

Project key achievements

Objectives	Expected target by Dec 2011	Key achievements in Jan – Dec 2010	Rating
Objective 1: To increase the number and skills of eye care service providers at the tertiary, secondary and primary level that will improve the coverage, quality and sustainability of eye health services			
1.1 Training of provincial level eye health personnel	- 5 general practitioners (GP) trained to be basic eye doctors (BEDs). - 5 BEDs/ophthalmologists trained in cataract surgery skills. - 5 staff trained as refractionists. - 8 BEDs/ophthalmologists trained in advanced ophthalmology - 6 new ophthalmic nurses/ technicians trained. - 12 staff trained on Training of Trainer (ToT) to become PEC trainers. - 24 ophthalmic staff trained in equipment usage and maintenance.	- 4 GPs trained to be BEDs. - 2 BEDs/ophthalmologists trained in cataract surgery skills. - 2 new refractionists trained. -3 new ophthalmic nurses trained. -12 staff trained as PEC trainers. - 13 ophthalmic staff trained in equipment usage and maintenance. - 19 staff trained in project management and 10 staff trained in computer usage from 5 target provinces.	A

	- 16 staff from 4 Provinces trained on project management and 12 local staff trained on behaviour change and service marketing.		
1.2 Training of district level eye health personnel	- 8 new BEDs trained - 5 district BEDs/ophthalmologists trained in cataract surgical skills. - 14 new ophthalmic nurses trained. - 8 new refractionists trained. - 36 district eye care staff trained on equipment usage and maintenance - 3 BEDs/ophthalmologists trained in surgery skills for pterygium and trachoma trichiasis.	- 5 new BEDs trained. - 1 BED trained in cataract surgical skills. - 8 new ophthalmic nurses trained. - 6 new refractionists trained. -2 BEDs trained in surgery skills of pterygium and trachoma trichiasis.	A
1.3 Training of commune level health workers in basic eye care	717 commune health staff trained in primary eye care (PEC) and health education skills	620 commune health staff trained in PEC and health education skills.	A
1.4 Training of village level health workers in primary eye care	2,979 Village Health Workers (VHWs) trained on basic PEC in 18 districts. 300 VHWs attending regional CHW/VHW workshop	2,126 VHWs trained on PEC. 110 VHWs attended the regional CHW/VHW workshop.	A
1.5 Training of Project Management Board (PMB) members	16 Members of local PMBs trained on project management.	22 PMB members trained on Project management.	A
Objective 2: To strengthen delivery of eye care services through improving available infrastructure and facilities			
2.1 Provincial level eye care facilities renovated	Renovation designs reflect basic eye care service needs at provincial level Renovated facilities include a minimum of 1 OT, 2 examination rooms at Tien Giang, Thai Binh, and Ha Giang.	4 renovation plans approved by local authorities.	A
2.2 Provincial level eye care facilities constructed.	1 new building constructed for the provincial eye hospital at Hue.	Ground breaking ceremonies were held for 1 new building and 3 facilities to be renovated, and these are now in the progress of construction.	A
2.3 District level eye care facilities renovated.	11 District eye facilities renovated	The renovation of 3 eye examination rooms was completed.	A

		Upgrading of 2 further facilities is currently under way. The renovation of 4 Eye Examination rooms was completed using local government funds rather than ABI funds, demonstrating the commitment of provincial partners.	
2.4 Eye care facilities receive essential equipment to improve services	6 provincial facilities receive equipment. 18 District Hospitals receive equipment 362 Commune Health Stations (CHSs) receive basic eye care kits 2,979 VHWs receive basic eye care kits	6 provincial facilities received equipment 18 district hospitals received equipment. 374 CHSs received basic eye kits. 1,856 VHWs received basic eye kits.	A
Objective 3: To improve access to treatment for the main causes of blindness and vision impairment in 6 provinces the results in a significant reduction of surgical backlog (with a focus on cataract surgery backlog)			
3.1 Cataract surgery subsidies	4,200 cataract surgeries subsidised for the poor at project eye care facilities. Cataract surgery number/rate increased in each Province.	1,756 cataract surgeries subsidised. Compared with 2009, the cataract surgery rate in four project provinces increased in 2010. This included Hai Duong (2009: CSR 781, 2010: CSR 1023); Tien Giang (2009: CSR 1586, 2010: CSR 2224); Quang Binh (2009: CSR 1080, 2010: CSR 1264); and Ha Giang (2009: CSR 787, 2010: CSR 1501)	A
3.2 Paediatric surgery subsidies	300 paediatric surgeries subsidised for children from poor households.	39 child eye surgeries subsidised.	A
3.3 Refractive Error (RE) screening in secondary schools	331 secondary schools have RE screening programs 117,307 school children screened on RE 662 secondary school teachers and school medical staff trained on general RE	176 secondary schools conducted RE programs. 62,354 students screened for RE. 283 teachers and school health staff trained in screening for RE.	
3.4 Subsidised spectacles	4,900 poor children have improved vision through the use of spectacles	1,965 students provided with spectacles to correct RE.	A
3.5 Other sight-restoring surgery subsidies	3,620 other sight-restoring surgeries subsidised for the poor	1,660 other sight-restoring surgeries subsidised.	A

3.6 Cataract surgery quality monitoring system (CSSS)	Review of CSSS pilot (Hue Eye Hospital) VNIO endorsement of CSSS 5 project Provinces apply CSSS Provincial workshops on CSSS conducted with local health authorities	Review of CSSS pilot conducted at Hue Eye Hospital. 5 training sessions on CSSS application were conducted in all five provinces. To date, 1,390 post cataract surgeries have been followed up.	A
Objective 4: To build awareness and understanding and commitment to improving eye health amongst community members policy-makers			
4.1 Health promotion and awareness campaigns	Production of 60 billboards on basic eye health. 440 posters and 310,000 pamphlets on RE information and services. 310,000 pamphlets on cataract information and services. Cartoon movie CD for children, 9,000 copies. Local and national TV broadcast on eye health education. World Sight Day campaigns conducted in project Provinces.	The following IEC materials were produced and delivered to community: a) 44 billboards on cataract and RE were set up b) 1,265 posters on RE and other eye diseases. c) 75,000 pamphlets on RE. d) 89,000 pamphlets on cataract and other eye diseases. In addition : - 1 cartoon movie DVD for children was made, with 10,000 copies produced and distributed. - 68 TV spots on cataract, RE and glaucoma broadcast on provincial television. - 6 campaigns on eye health education and eye screening were organised in 6 provinces on the occasion of World Sight Day.	A
Objective 5: Project is managed effectively according to the scope of the design and in line with the parameters of the overall ABI design			
5.1 Project approvals granted with minimal delays	Project MoUs signed.	Completed.	A
5.2 Project reporting submitted	Reports submitted to ABI Consortium	Monthly Expenditure Reports; Quarterly Activity Reports; Six-Monthly ABI Activity Reports submitted.	
5.3 Financial audit conducted on annual basis	FHF program audit conducted annually	Annual Audit completed.	A
5.4 Project review and evaluation conducted	Baseline assessment conducted. End of Project Evaluation conducted	KAP study completed and report submitted. End of Project Evaluation and health promotion	A

	Health promotion effectiveness evaluation conducted Annual review workshops held with provincial partners to assess progress/ achievements, share lessons learned and develop annual plans.	effectiveness evaluation to be conducted in 2011. One annual review and planning meeting held with provincial partners	
5.5 Coordination and collaboration with PBL Committee at national and provincial levels	Orientation workshop conducted. Annual review and planning meetings/workshops at provincial level between FHF and local PBL committees with other stakeholders each year to discuss PBL and project progress/planning	An orientation workshop organised. 2 provincial annual review workshops conducted in December 2010. 14 members of 4 PMBs visited Dai Loc district hospital and Binh Dinh provincial Eye Hospital in April to learn and share experiences on eye care development. Most of the participants are also members of the PBL committee.	A
5.6 Lessons learned on project implementation shared among provincial PBL committees and other stakeholders	Lessons learned documents produced and distributed on CSSS, sustainable eye care, RE school programs and provision of RE services at district level	Review of CSSS complete	A

3. Implementation variations

Project variations

Objective number	Reasons for variation	Implications and/or mitigation strategy
1 (1.1&1.2)	- The training courses of advanced ophthalmology training can only be conducted when the training institutes run these courses. 11 ophthalmologists may not be trained in 2011, as confirmation from the training institute has not been forthcoming. - The training institutes only provide training on cataract surgery skills for eye doctors at Level I and upwards. Most of the district eye doctors are BEDs, who do not meet this requirement. This means that most of district eye doctors cannot attend the planned training course.	- Keep in regular contact with training institutes to get training schedule and sign training contracts according to immediate requirements. - Project provinces have changed the training type to be provided to hands-on training; supported by provincial eye surgeons, district BEDs will be trained in developing their surgery skills in cataract surgery, pterygium and trachoma trichiasis.
3 (3.1, 3.2, 3.5)	The achievements of these activities are lower than the targets due to (i) a higher rate of coverage of eye care treatments/ surgery by the National Health Insurance Scheme than expected during project design and (ii) the delayed start to project implementation due to delays in finalising Provincial level MoUs.	The number of non-subsidised cataract surgeries that are indirectly supported by the Project (through training and equipment inputs at Project eye care facilities) is likely to exceed output targets. The Project will continue to report direct and indirect cataract surgery outputs over the two-year ABI Project period. FHF proposes that unspent funds from these activities should be used for eye care awareness raising, and patient identifying processes at the grassroots level, which will help to increase the CSR in project provinces and improve the eye health care awareness in the wider community.

4. M&E Systems: (250 words maximum)

4.1 Briefly describe the effectiveness of your monitoring systems during the period Jan-Dec 2010. Consider whether you are receiving good quality and timely information from the field and whether is it proving useful for implementation decision making? What is working well and what isn't?

The first six month period of the Project was difficult with regard to M&E as partners were

unable to support the collection of disaggregated project data by gender, age, ethnicity or disability. In response to these challenges, FHF has provided training and regular support to build the capacity of local partners to use a monitoring system based on the Project M&E Framework. FHF has also undertaken monthly monitoring field trips to each Project Province to support the roll out of this system.

At present, at the provincial level most of the data on activity indicators is collected daily, and/or as soon as the activities are finished, and are cross-checked with finance reports to ensure accuracy. FHF staff then review the monthly reports and plans, analysing the data collected against the relevant indicators and ensuring they are capturing learnings that are fed back into project implementation.

Through regularly reviewing the indicators, the data collection requirements, and the information being collected, providing ongoing field support, and continual training and support at events such as the annual review workshops, the monitoring situation has significantly improved. Good quality and timely information from the field is being collected and is feeding back into ongoing decision-making processes, enabling 'real-time' adjustments to implementation plans and methods to meet identified needs.

At present, the partners in 5 provinces have also been trained to apply the Cataract Surgery Surveillance System (CSSS) to monitor the quality of surgery outcomes. Alongside the formal CSSS, FHF staff and partners also conduct visits to post cataract patients at their homes to monitor improvements in their visual acuity and daily life. With these actions, the doctors and partners have been successfully encouraged to pay more attention to patient screening, surgery quality and patient follow-up, and implement improvements where needed.

4.2 Do you have any reviews or evaluations planned for your project in 2011? If so please briefly describe.

A training impact assessment six months after the training courses have been completed will be carried out, including an assessment of equipment usage. A health promotion evaluation, and a final evaluation, will also be undertaken in 2011. Both evaluations will be conducted by external specialists. The health promotion evaluation will be implemented in August, and is aimed at assessing the effectiveness of advocacy and eye health education activities in changing behaviour. A final evaluation will be performed in November to evaluate all aspects of the project. This will include identifying key lessons learned, and providing recommendations based on identified good practice that can be replicated and/or scaled up in future programs.

In March 2011, there will also be a workshop to review the implementation of the CSSS, with planning on how to enhance cataract surgery quantity and quality.

5. Sustainability Strategies (maximum 250 words)

Briefly describe your project's strategies to enhance sustainability and describe indications of success to date in this regard.

Overall, this project works with provincial partners to provide training to eye care staff, ophthalmic equipment, eye facilities construction support, along with delivering communication and education initiatives to increase demand for good quality eye health services. Together these elements will enable the provincial, district and commune levels to improve the quality of their eye care services in a sustainable manner.

By training eye surgeons to perform cataract surgeries at provincial and district level, the project aims to help the provincial eye program reach the target of 2,000-2,500 cataract surgeries each year, as per the requirements of the National Prevention of Blindness plan. The cataract surgery rate in four provinces has already been increased, an indication of success to date.

By training VHWs and CHSs in primary eye health education, basic recognition of eye problems, and the follow-up of outcomes, reliable referral networks and services are also being established from village to provincial level, and it is anticipated these will continue to run after the project ends.

At present, some eye facilities are being supported to run health promotion activities to the community to increase accessibility through generating demand. They also apply different service costs for different kinds of patients, creating opportunities for patients to choose the suitable services, and also to gain earnings from patients who can afford to pay, which are driven back into ongoing funding for the health services.

In addition, by demonstrating the success of the systematic development of clinical and public health ophthalmology, it is hoped that this will motivate the local government to tackle local eye problems. To date this has shown signs of success, for example the local government has contributed funds to build and upgrade the Eye Hospital in Tien Giang and Thua Thien Hue provinces, and plans are being considered for establishing a new eye hospital in Hai Duong province. Through the national health insurance system which funds cataract and other eye surgeries for patients, rolled out extensively in the past year, the government has also demonstrated their commitment to tackling eye disease across the nation.

6. Cross cutting issue: Gender (250 words maximum)

Describe the strategies taken by your Agency and your partners to ensure the participation of women and girls. Provide examples of success or particular challenges you are facing in this regard.

The initial period of the Project was difficult with regard to cross-cutting issues as this was a new concept for project partners. FHF has addressed this issue by providing training and information to partners in meetings and workshops, introducing the measurement of gender and disability into data collection, and ensuring ongoing visibility of the issues in project planning and implementation.

Partly as a result of promoting gender as a cross-cutting issue, the number of women accessing screening and treatment services in all project provinces is higher than men, specifically 1,061 female/ 695 male patients were provided with cataract surgery, and 1,011 female/ 649 male patients were treated for other eye diseases. These results are in accordance with the national RAAB data which indicates eye diseases such as cataract have a higher prevalence amongst women, and reflects the fact that the project is ensuring these differential numbers are accurately addressed in project implementation.

The project indicators also show that women have been involved in training and project management activities. For example, 1,599 female/ 1,231 male eye care staff from provincial to grassroots levels have attended the training courses provided by the project.

In 2011, FHF and the partners will continue to conduct eye care education activities in cooperation with the Vietnam Women's Union, the Elder Peoples Association, and schools to ensure that all women and girls can improve their awareness on eye care.

7. Cross cutting issue: Disability Inclusive Approaches (250 words max)

Describe the disability inclusive approaches being used by your Agency and your partners. Provide examples of success or particular challenges you are facing in this regard.

During the process of project implementation, there is a continued focus on creating equal accessibility to eye care services for people with disabilities (PwD). In the construction designs of the four provincial eye facilities, features for PwD, including ramps for wheelchairs, elevators and handrails in rest-rooms, were a key priority.

The project has met with ongoing difficulties in collecting data regarding PwDs. Until now, no

PwD (not including people with preventable blindness) have been reported to be accessing the eye care services, although this has been included in monthly reporting templates. FHF continues to advocate with partners and provide information regarding PwD, however further work is required to adequately address this issue.

Through the field trips and reports from partners, it has been identified that most PwDs are members of The Association for the Support of Vietnamese Handicapped and Orphans. Each year, this association organises a health check which includes eye screening for its members, and referrals to treatment for those identified with eye problems. In 2011, the project partners plan to conduct the eye screening for all members of this association. Further information on this activity will be provided in the next report.

8. Cross cutting issue: child protection: (250 words maximum)

Describe the strategies taken by your Agency and your partners to ensure the protection of children.

All FHF have staff signed the child protection policy, and are committed to following this policy during project implementation and management. Partners have also been provided with training and information on this child protection policy, and FHF continues to advocate at annual workshops and meetings. Partners have signed the MOU which includes a paragraph outlining their commitment to ensuring the protection of children.

Clear information is provided at all levels regarding the implementation of this policy, including guidelines on the appropriate collection of case studies and photographs and obtaining parental consent at all times.

Annexure A:

PAF data:

In the 6 month report you listed the indictors in the Performance Assessment Framework (PAF) which were relevant to your project and how you were collecting data for each of these indicators. Please provide this data for the period Jan -Dec 2010 for each of the PAF indicators you identified as relevant to your project.

Organisation PAF information

Outcome area	Indicators	Results data
CORE OUTCOME AREAS		
1. Integrated Eye Health Care	1.1 Number of eye health care centres providing integrated[7] eye care as a result of ABI and VAVSP projects.	From the needs assessment and baseline information collected, there were 13 eye units in provincial and district level. A further update to this number has not yet been collected as activities in the eye units are currently still in progress, including staff capacity building and infrastructural upgrading, which will lead to integrated eye care centres.
2. Disability Inclusive Eye Health Care:	2.1 Number of people with a disability accessing eye health services.	From monthly activity reports submitted from partners, so far no people with a disability (not including people with preventable blindness) have accessed the eye care services. Further work is being done to ensure accurate data is collected against this indicator, and to appropriately engage with PwD.
	2.2. The quality of the engagement experience with eye health services for people with disabilities	A small survey on this issue was done at Hue Eye Hospital, however none of the patients were found to have a disability other than preventable blindness. Please see the report in Annex B below. This indicator will be updated in the final evaluation, building on the planned collaboration with The Association for the Support of Vietnamese Handicapped and Orphans in 2011.
3. Consortium Capacity	3.1 ABI and VAVSP Annual Work Plans implemented on time, on budget	Work plan for year 2010 was mostly conducted on time and on budget.
	3.2 Occasions where collective analysis of lessons	Annual review workshop was held in Sydney on 26-27 October 2010, and results

	learned has influenced improved program design and practice	shared at this workshop were fed back into project implementation.
4. Disease Control	4.1 Number of patients treated (disaggregated by condition, gender, age, location)	This indicator has been collected in monthly reports. There were 2089F/ 1366M patients treated by the project. By province, the breakdown is: HG: 354, TB 1184, HD: 637, QB: 315, TTH: 706, TG: 259.
	4.2 Number of occasions where patients have been referred to Disabled Persons Organisations such as Blind Association	N/A
	4.3 Quality of Life impact for a sample of patients	Rigorous data collection was not planned against this indicator, rather information is planned to be collected in the next report and the final evaluation using simple case studies. Further, FHF will be funding an economic social impact study on post cataract surgery patients in early 2011, which will be conducted in ABI project provinces and the results of which will feed into project planning.
5. Infrastructure Development	5.1 Number and type of buildings constructed/renovated (disaggregated by rural/urban and level)	3 district examination rooms have been upgraded to date. 3 provincial eye units are currently in the process of being renovated and 1 provincial eye hospital is under construction.
	5.2 Number and type of equipment supplied	An equipment list is continuously updated as equipment is purchased and distributed. Please see the attached spreadsheet for the current status of supplies.
	5.3 Geographical distribution of eye health care centres relative to population	The population and number of eye care personnel in the project provinces and project districts were initially collected in the needs assessment. These will be updated when updated population data is issued from the local government.
6. Human Resource Development	6.1 Number of eye health care personnel trained (disaggregated by cadre)	2,830 eye health care personnel have been trained to date, including 1,599 female and 1,231 male.
	6.2 Quality of eye health care services provided by newly trained personnel	Data on this activity will be collected by a training impact assessment to be conducted in 2011. At present, partners in 5 provinces with FHF support have also started to apply the Cataract Surgery Surveillance System to monitor surgery outcomes. From preliminary reports from partners, 1,390 cases have been followed-up, in which the visual acuity 15 days after surgery of 75% patients is good, 8% patients are borderline and only 1.5% patients are poor. The remaining 15% patients did not come back for re-checking, normally because their vision has been improved

		and there are no complications. Training has only just been completed in CSSS, which will enhance the quality and reach of the data collected in 2011.
	6.3 Geographical distribution of trained personnel relative to population	Data was unable to be collected against this indicator in 2010. Further work will be undertaken in 2011 to enable reporting.
	6.4 Retention of new HR capacity in eye health care system	Data was unable to be collected against this indicator in 2010. Further work will be undertaken with project partners and the Department of Health in 2011 to enable reporting.
	6.5 Occasions when training and employment opportunities have been created for marginalised people	N/A
7. In-country Policy and Planning Capacity	7.1 Number of new provincial level PBL plans developed and adopted	The PBL plans are in the process of being developed. FHF have supported partners to hold consultation meetings and build their provincial PBL plans. These are planned to be completed by May 2011 for all project provinces.
	7.2 Number of occasions PBL collaboration between District, Provincial and National level governments	One ABI planning meeting with provincial PBL partners and national PBL members was held to discuss ABI project activities in the context of the ongoing National PBL planning.
	7.3 Number of eye health care centres implementing data collection systems as a result of ABI projects	6 systems of data collection are being deployed and applied in all 6 project provinces.
8. Sustainability	8.1 Occasions where Consortium members are working with existing public health structures and National or Provincial PBL Committees	FHF is an active member of the National and Provincial PBL system. FHF joined in all meetings of PBL committees, included 2 bi-annual meetings at the national level, and all meetings of provincial PBLs in the six project provinces.
	8.2 Commitments by in-country governments to support (policy) and contribute to ongoing eye health care investment	The ABI project has received firm commitment from provincial leaders to support the project and the PBL, and in 2010 this has been demonstrated through firm financial commitments. This has included: TTH: Provincial People's Committee (PPC) provided 54,767 USD to build Hue Eye Hospital Tien Giang: PPC provided 30,000 USD to support the expansion of the TG Eye Hospital The PPCs have also contributed to the administration costs of the project, including TB: 17827 USD; HD: 14744 USD; and QB: 15000 USD
	8.3 Capacity strengthening initiatives undertaken with in-country partners and governments	N/A. Will be collected in final evaluation.

9. Inclusive participation	9.1 Targeted actions to facilitate marginalised groups and/or communities participating in ABI projects	Actions to date have included: -Training on primary eye care for 2,746 commune health workers and village health volunteers. -Mobilising poor patients and vulnerable people through community eye care networks for eye disease treatments. For example, 27 focus group discussions and screenings were conducted in Tien Giang, and 3 music shows on eye care education for ethnic groups in Ha Giang were held. -Conducting eye health education activities in the community, including distributing leaflets, installing 44 communication panels in public places, and using television as a highly visible communication medium.
	9.2 Occasions where marginalised groups and/or communities have influenced ABI program design and practice	The KAP survey has just been finished, and the data collected will support FHFVN to appropriately target their approaches in terms of eye care education, and other interventions.
	9.3 Awareness within impacted communities of new eye health services available	This indicator will be collected in the final evaluation.
10. Gender Equity	10.1 Occasions where analysis of the barriers to gender equity has influenced project design and practice	Information on the barriers to gender equity have been collected in the recently finalised KAP survey, and these will influence project practice in 2011. Further details of this will be provided in the next six month report.
	10.2 Occasions where in-country women's groups have collaborated with project activities	FHF and partners having been working in cooperation with the Vietnam Women's Union.
	10.3 Number of males and females benefitting from project activities - training/employment and sight restoration	This indicator has been collected in monthly reports. To the end of 2010, 2,072 FM/ 1,344 M eye patients were treated and 1,599 FM/ 1231 M eye care staff trained.
11. Partnership	11.1 Occasions and type of coordination between Consortium members and government PBL Committees and other government departments	Coordinated with 6 provincial people's committees and provincial department of health in approval of project implementation. Coordinated with 5 provincial education departments on school refractive error programs. Coordinated with provincial and district eye units in 6 provinces for staff training and eye disease treatment.
	11.2 Occasions of coordination between Consortium	N/A

	and *Vision 2020* Western Pacific Regional structures	
	11.3 Number of partnerships established beyond Consortium Members e.g. public sector, private sector and civil society	N/A
	11.4 Occasions of joint strategic thinking, review and decisions on Partnership direction and priorities between AusAID and the Consortium	N/A
	11.5 Occasions where Consortium members and AusAID Posts have liaised on program activities or there have been joint AusAID-Consortium monitoring visits	The Australian Ambassador to Vietnam attended the MoU signing ceremonies of 2 Provinces.
	11.6 High quality, analytical, timely reporting by Consortium; thoughtful feedback and timely funds release by AusAID.	N/A

THE FRED HOLLOWS FOUNDATION

Equipment list - bought by partner in 2010

No	Name of equipment (Vietnamese and English)	Price (VND)		Number of equipment	Total price (VNĐ)	Suppliers
		Provincial level	District level			
	Ha Giang					
1	Máy tính để bàn - Dong A - destop	13,350,000		1	13,350,000	Công ty Văn hóa Điện ảnh Hà Giang
2	Laptop - Dell Vostro 1088	13,420,000		1	13,420,000	Công ty Văn hóa Điện ảnh Hà Giang
3	Máy ảnh - Digital Camera - Canon SX 2101S	7,180,000		1	7,180,000	Ngọc Canon, 22 Tràng Thi, Hà Nội
4	Máy in - printer - HP laser Jet P1505 N	6,520,000		1	6,520,000	Công ty Văn hóa Điện ảnh Hà Giang
	Total				***40,470,000***	
	Thai Bình					
1	Máy tính để bàn - destop - HP - CQ3212L (VT617AA) (Main G41; HDD 320GB; DD Ram 3 2.0Gb; CPU E 6500); Màn hình HP 19	11,020,000		1	11,020,000	Công ty máy tính Hải Anh
			11,020,000	3	33,060,000	Công ty máy tính Hải Anh
2	Laptop - Dell Core 13 1464 (Core i3 (DOS) Intel i3-330M	15,900,000		1	15,900,000	Công ty máy tính Hải Anh
3	Máy ảnh - Digital Camera Canon 210s	7,030,000		1	7,030,000	Ngọc Canon 22 Trang Thi, Hà Nội
4	Máy in - printer- lazer LBP 3300 (A4, 600dpi, 21 ppm, 8MB)	4,440,000		1	4,440,000	Công ty máy tính Hải Anh
			4,440,000	3	13,320,000	
	Total				***84,770,000***	
	Hai Duong					
1	Máy fax - fax machine - Panasonic	6,395,000		1	6,395,000	
2	Máy điều hòa nhiệt độ - air-conditioner - Panasonic - 1200 BTU	10,055,000		1	10,055,000	Cửa hàng Điện tử điện lạnh Thanh Cẩm
3	Máy tính để bàn - destop - COMPAQ, số seri: N363	9,335,000		1	9,335,000	Công ty Thiên Lộc
			9,335,000	1	9,335,000	Công ty Thiên Lộc
4	Laptop - T6670	14,260,000		1	14,260,000	
5	Máy ảnh - Digital Camera	7,030,000		1	7,030,000	
6	Máy in - printer - Đa chức năng XEROX	4,280,000		1	4,280,000	Công ty Siêu Thanh
7	Bàn ghế cho nhân viên y tế - Table and chair for medical staff -	12,885,000		1	12,885,000	
8	Tủ đựng tài liệu - file cabinet	1,540,000		1	1,540,000	
9	Bàn vi tính - destop table	550,000		1	550,000	
	Total				***75,665,000***	
	Quang Binh					
1	Tủ thuốc y tế - Cabinet for small equipment and medicine	3,400,000		5	17,000,000	
			2,880,000	1	2,880,000	
			2,400,000	1	2,400,000	

No	Name of equipment (Vietnamese and English)	Price (VND)		Number of equipment	Total price (VNĐ)	Suppliers
2	Tủ đựng tài liệu - file cabinet		2,780,000	2	5,560,000	
3	Bàn ghế cho nhân viên y tế - Table and chair for medical staff - HP1400HL + Ghế xoay G1425H	1,545,000		1	1,545,000	
			2,148,000	1	2,148,000	
			1,545,000	1	1,545,000	
4	Ghế bệnh nhân - Patient chair - PC203Y3	1,150,000		3	3,450,000	
			1,150,000	2	2,300,000	
			1,740,000	2	3,480,000	
5	Ghế xoay inox - patient chair		590,000	5	2,950,000	
			300,000	5	1,500,000	
6	Máy điều hòa nhiệt độ - air-conditioner - Toshiba RAS-		11,975,000	1	11,975,000	
	Máy điều hòa nhiệt độ - Toshiba RAS- 18SKPS/S2AX - Thai Lan		17,096,000	1	17,096,000	
7	Laptop - Dell 1464	11,400,000		1	11,400,000	Cty TNHH Nước Việt
8	Máy chiếu - projector	22,400,000		1	22,400,000	Cty TNHH Gia Hải
9	Máy ảnh - Digital Camera Nikon L110	6,800,000		1	6,800,000	Cty TNHH Trường Sơn
	Total				***116,429,000***	
	Thua Thien Hue					
1	Tủ thuốc y tế 5 ngăn - Cabinet for small equipment and medicine -	3,600,000		5	18,000,000	Công ty TNHH Phát Thiện
2	Máy hút ẩm - machine of desication - Nawakawa Nhật - Việt Nam	5,400,000		2	10,800,000	
3	Máy fax - fax machine - sharp FO 1550	4,950,000		1	4,950,000	Cty TNHH Gia Hải
4	Laptop - Dell 1464	14,800,000		2	29,600,000	Cty TNHH Nước Việt
5	Máy ảnh - Digital Camera-Sony H20	7,250,000		1	7,250,000	Cty TNHH Trường Sơn
	Total				***70,600,000***	
	Tien Giang					
1	Máy tính để bàn - destop - FPT Elead	11,900,000		1	11,900,000	Công ty TNHH INCOM
2	Laptop - Dell Inspiron 1440 T560104	12,540,000		1	12,540,000	
3	Máy chiếu - projector - Panasonic PT-LB75EA/VEA	20,800,000		1	20,800,000	
4	Máy ảnh - Digital Camera Canon SX 210 IS	7,240,000		1	7,240,000	
5	Máy in - printer - Laser Jet HP P1006	2,500,000		1	2,500,000	
6	Màn chiếu Delite - projector's screen	980,000		1	980,000	
	Total				***55,960,000***	
	Total of 6 provinces (VND)				443,894,000	0
	Total of 6 provinces (USD)				**22,764**	

Annexure B: Survey report of eye care services for patients with disabilities

General information

Location of interview:	Hue Eye Hospital
Method:	randomly selected patients came to visit the hospital for an eye check-up
Number of interviewees:	n=6, none of them have disabilities
Sexes:	Male: 4 and Female: 2
Age range:	{15, 27, 41, 43, 49, 69}
Age min:	15; Age max: 69; Median age: 42; Age average: 41; Trend: Skewed, outliner left

Results

Assessment

Reason: All patients went to the hospital because they had eye problems relating to visual abilities. Therefore, they wanted to have their eyes checked.

Referral: 3 patients were referred to the Hue Hospital by Staff Commune Health Stations. 1 was referred by the District Health Centre and 1 was referred by the School Health Centre. Only 1 patient came to visit the hospital herself because she often passed-by the hospital.

Accompany: Among the 6 patients interviewed, 1 patient went to the hospital by herself and 5 patients were accompanied by family members. Among these 5 patients, 1 patient was a school student, guided by her father.

Means of transport: 100% of patients travelled by motor-bikes. The longest distance from home to the hospital is more than 25km per single trip. The shortest one is more than 5km.

Transport fee: The cost ranges from 40,000-70,000vnd per single trip. From the words of mouth, income for one non-skilled labourer in the rural area is about: 100,000vnd and from 150,000-170,000vnd for skilled labourers such as carpenters.

Experience

Difficulties: None of the patients encountered difficulties regarding walking or moving around within the area of the hospital.

Location of exam room or procedure room: 4 patients did not know the location of these rooms. They had to ask for help from hospital staff. 2 patients knew the place so well because they had been there before.

Wheelchair: None of patients knew that the hospital had wheelchairs for people with disabilities.

Read signals: all patients can read signals.

Location of toilet: 4 patients knew the location of the toilet. 2 patients did not know.

Attitude of doctors/nurse at hospital: All patients felt that they were warmly welcomed and well-treated by staff at the hospital. Explanations were made clearly to all patients. Among

the 6 patients, 4 received an explanation from the doctor when eye screening was conducted. Doctors explained to the 2 other patients and their family members who accompanied them to hospital. These two patients were a school student aged 15 and an elderly patient aged 69.

Improvement: According to 3 patients, the condition at the hospital is good. Thus they did not suggest any improvements. 3 patients thought that the hospital facilities should be improved. Working conditions should be cleaner. There should be 1 information desk. Infrastructure should be upgraded.

Personal information

Explanation: All patients understood what the doctors had explained to them.

Fee: 5 patients have health insurance and 80% of their hospital fees are covered by the insurance. Patients pay 20% of the bill in accordance with health insurance laws. 1 patient did not give information about treatment fee.

Additional information from doctor: 1 patient said that the doctor provided additional information on diet that should be applied as a component of treatment.

Other sharing from patients: 1 patient thought that the screening section was made carefully and 1 hopes that the hospital will receive more investment in order to help it provide people with better service.

11 Annexure 7: Budget acquittal

The following document provides a budget acquittal for all Global Consortium programs for 2010.

1) Acquittal Report as at 31 December 2010

Vision 2020 Australia Global Consortium Acquittal Statement January 2010 through December 2010				
	Actual	**Budget**	**$ Variance**	**% Variance**
Income				
AusAID Funding ABI	$6,452,382	$8,638,381	($2,185,999)	-25.31%
Interest Received	$377,900	$0	$377,900	
Total Income	**$6,830,282**	**$8,638,381**	**($1,808,099)**	**-20.93%**
Expenditure				
Support Costs				
In Australia	$564,819	$689,590	($124,772)	-18.09%
In Country	$619,475	$944,891	($325,416)	-34.44%
Consortium Management	$563,370	$610,008	($46,638)	-7.65%
Total Support Costs	**$1,747,664**	**$2,244,489**	**($496,826)**	**-28.43%**
Activity Costs				
CBM - Cambodia	$121,547	$201,756	($80,209)	-39.76%
FHF - Cambodia	$1,204,450	$1,357,658	($153,208)	-11.28%
ICEE - Cambodia	$152,855	$252,870	($100,015)	-39.55%
RIDBC - Fiji	$23,262	$52,310	($29,048)	-55.53%
ICEE - PNG	$447,332	$610,645	($163,313)	-26.74%
RIDBC - Samoa	$42,937	$127,300	($84,363)	-66.27%
Foresight - Solomon Islands	$539,151	$586,246	($47,095)	-8.03%
RACS - Timor Leste	$150,775	$242,704	($91,929)	-37.88%
CBM - Vietnam	$167,291	$490,172	($322,881)	-65.87%
FHF - Vietnam	$1,048,008	$1,323,148	($275,140)	-20.79%
ICEE - Vietnam	$430,450	$657,400	($226,950)	-34.52%
FHF - VAVSP	$43,914	$70,533	($26,619)	-37.74%
CBM - IAPB	$57,214	$107,408	($50,194)	-46.73%
CERA - Region Training	$197,629	$197,060	$569	0.29%
Vision 2020 - M&E	$77,902	$116,682	($38,780)	-33.24%
Total Activity Costs	**$4,704,717**	**$6,393,892**	**($1,689,175)**	**-26.42%**
Total Costs	**$6,452,381**	**$8,638,381**	**($2,186,001)**	**-25.31%**
Surplus available for programs	**$377,902**	**$0**	**$377,902**	

1) Program Summary for the full year 2010 compared to budget.

a. On the income side:

Interest earned on the surplus cash for the year was $377, 902. This was made up of $341,764 from ABI Consortium operating trust bank account and term deposits held during the year. In addition, $36,136 in interest was earned from individual Member bank accounts.

b. On the expenditure side:

- **Cambodia.** Overall expenditure on all Cambodian programs represents about 27% of the 2 year planned expenditure. Under spending in this country is below the average at 16.62% (or $364k) of the 2010 budget and collectively is the best performing area.
    - **FHF** – Expenditure is 10.5% (or $158k) below budget. This program was on schedule to achieve its full year budget. However in the last quarter FHF was informed that the National Institute of Ophthalmologists NIO) construction project scheduled to commence in the quarter had been cancelled. The Korean International Cooperation Agency (KOICA) has allocated funding to develop an eye health

facility in Preah Ang Doung Phnom Penh. FHF will reallocate the funds to other infrastructure development activities. All other activities finished close to budget.
    - **CBM** – Expenditure is 34.5% (or $110k) under budget for the year. A review undertaken at the end of 2010 of the current activity schedule and a revision of the 2011 work plan and budget should ensure that the project is able to meet its objectives.
    - **ICEE** – Expenditure is 26.1% ($96k) under budget. The main areas of under spend are:
        - Activity 3 - The Spectacle seed stock ($56k) was delayed until the Q4 however the invoices had not been processed prior to reporting.
        - Activity 3 – Nurse refractionist training ($5k) and low vision training ($12k). These activities have been rescheduled to Q2 &Q1 2011 respectively.
        - Activity 4 – Outreach screening ($12k). The activity has been delayed and invoicing from partners has been slow compounding the variance.
- **Vietnam.** Overall expenditure on all Vietnam programs represents about 37% of the 2 year planned program. Under spending in this country is 30.0% (or $883k) below the full year budget. Collectively this country represents the greatest dollar variance.
    - **CBM**. - This program is 57.7% (or $336k) below budget at the end of 2010. The timing of the MOU's in both Nghe An Province and Son La Province have had a significant impact on the expenditure.
    - **FHF** – Expenditure was 19.8% (or 285k) below budget and this represents a significant improvement in the last quarter.
        - Activity 1 - Human Resources Management Expenditure improved in the last quarter and the remaining variance can be explained in terms of a mismatch between the timing of courses and availability of candidates.
        - Activity 2 - Infrastructure Development expenditure showed the greatest improvement in the final quarter. Construction of the Hue Eye Hospital commenced ahead of schedule.
        - Activity 3 - Disease Control, the cataract surgery subsidy variance of $55k remains the most significant under spend. The NHIS coverage of this activity means that FHF only achieved 84% of this target in 2010.
        - Activity 5 - Has been delayed due to the implementation of the KAP and expenditure will carry over into 2011.
    - **ICEE** - Expenditure is 28.8% (or $238k) below budget at the end of the year. The delay appears to be in local partners' capacity to prepare reports and process invoices. Many of the variances can be discussed in terms of the activities being completed however the expenditure has not been reported.
    - **VAVSP** - Phase 1, planning has been completed. The final plan is going through the government approval process with implementation expected to commence in 2011.
- **Solomon Islands (Foresight)** – This program is 22.8% (or $270k below budget. This represents a significant improvement in the final quarter. Orders have been placed for the surgical equipment under Activity 2 and the expenditure will be incurred in 2011. The main activity still to be commenced is the Vision screening component and this will commence in 2011.
- **PNG (ICEE).** Expenditure on this program is 31.9% (or $305k) below budget. Significant variances can be explained as follows:
    - VC personnel appointments have been delayed until 2011.
    - Audit has been rescheduled until 2011
    - Activity 4 – Refurbishment of all 3 VC have commenced however completion has been delayed due to the availability of building materials and this work will be completed in 2011. As a result not all equipment purchases have been finalised for the 3 VC's and purchases will also continue into 2011.
    - Activity 5 outreach services have been rescheduled to Q1, Q2 and Q3 in 2011 due to the availability of staff.
- **Fiji (RIDBC).** Expenditure on this program is 51.0% (or $33k) below budget. The design & delivery of ECCE training activity 3.2 has been rescheduled from Design - June & Delivery - September 2010 to Design - February & Delivery - July 2011. In addition it is proposed that the location be changed to Suva.
- **Samoa (RIDBC).** Expenditure on this program is 73.4% (or 131k) below budget. All activities have been delayed due to the delay in upgrading the optical workshop. The workshop was refurbished in December 2010 and this should allow other activities to start.
- **Timor Leste (RACS).** Expenditure on this program is 39.1% (or $107k) below budget. The primary reason for the under spend has been the need to identify a replacement ophthalmology candidate for training and this couldn't be done to meet the 2010 training schedule. In addition there has been fewer outreach visits than planned.
- **Regional Training Resource (CERA)** Expenditure on this program on budget for the year. This report includes the extra activities approved to the program.
- **Strengthening Western Pacific Regional Coordination (CBM).** Expenditure on this program is 33.8% (or $71k) below budget. Commencement of the program was delayed due to the late start of the Program Manager. This program has been revised and budgets realigned with activities.
- **Consortium Management and Monitoring & Evaluation –** Expenditure on management fees 7.6% (or $47k) below budget. Savings have been achieved and continue to be monitored.

2) Program Summary for 2010

The final approval of programs in December 2009 and the signing of the funding order on the 24 December 2009 made it impossible to achieve a 1 January 2010 start to programs. Most of January 2010 involved the establishment of individual Program Agreements therefore, at best, programs commenced in February.

At the end of the first quarter the Consortium was $1.794 million behind budget. At year end this variance increased by a further $392k to $2.185 million. This demonstrates that the slow start was the major factor and Members have not been able to recover from this.
The major issues that have had an impact on spending include:

Programmatic Delays

The three key reasons for delays that are common across programs have been:

1) Delays and difficulties establishing the necessary Memorandum of Understandings with In-Country Partners.
2) Ambitious infrastructure projects that were delayed because of extended approval processes.
3) A general mismatch between the planned timing of training and the availability of suitable candidates to train has had a significant impact on human resource development activities.

Foreign Currency Gains

In addition to the general under spending, the strength of the Australian dollar has also had an impact on programs. All programs are funded in Australian dollars and these dollars have purchased more foreign currency than anticipated by Members who prepared budgets in foreign currency. Some of the variances in individual programs can be explained in terms of the achieving the projected outputs at a lower cost.

4) Consortium Bank Accounts

At the 31 December 2010 the Prime Contract Holder held $7,345,956.26 in funds on behalf of the ABI Consortium. The table below summarises the transactions during 2010.

ABI Trust Account			
Transaction	**Details**	**Amount**	**Balance**
Receipts form AusAID	ABI Funding order 37908/10	16,500,000.00	0.00
Receipts form AusAID	VAVSP Funding order 37908/11	110,000.00	16,610,000.00
Westpac Bank	Interest earned	174,640.96	16,784,640.96
Transfers	Advanced to Consortium Members	(8,359,078.70)	8,425,562.26
Transfers	Transferred to term deposits	(6,400,000.00)	2,025,562.26
Westpac Bank	Banks charges	(43.50)	2,025,518.76
ATO	Net GST paid to the ATO	(1,079,562.50)	945,956.26
		Trust Account Balance	**945,956.26**
Term Deposits held as at 31st December 2010			
Transaction	**Details**	**Amount**	**Balance**
Westpac	Term Deposit maturing 28 Jan 11	4,000,000.00	
	Term Deposit maturing 28 Mar 11	2,400,000.00	6,400,000.00
		Term Deposit Balance	**6,400,000.00**
		Total ABI Funds available for 2011	**7,345,956.26**

5) **Consortium Balance Sheet as at 31 December 2010**

Vision 2020 Australia Global Consortium

Balance Sheet
As of December 2010

Assets			
Current Assets			
	Cash		
	Cash at Bank - Trust Account	945,955	
	Investment Account	6,400,000	
	Accrued Interest on Term Deposits	167,123	
	Total Cash		**7,513,079**
	Receivables		
	Advance - CBM Cambodia	42,569	
	Advance - CBM Vietnam	73,697	
	Advance - CBM IAPB	31,549	
	Advance - CERA	(569)	
	Advance - Foresight	182,547	
	Advance - FHF Cambodia	157,944	
	Advance - FHF Vietnam	15,106	
	Advance - FHF VAVSP	23,477	
	Advance - ICEE Cambodia	101,784	
	Advance - ICEE Vietnam	247,159	
	Advance - ICEE PNG	318,168	
	Advance - RACS Timor Leste	76,527	
	Advance - Vision 2020	86,761	
	Advance - RIDBC Samoa	88,422	
	Advance - RIDBC Fiji	32,981	
	Total Receivables		**1,478,122**
	Total Assets		**8,991,200**
Liabilities			
	Current Liabilities		
	Tied Income - ABI	8,604,624	
	Tied Income - VAVSP	42,994	
	Tied Income – Interest Earned	377,902	
	Trade Creditors	49,052	
	Accruals	-	
	GST Liabilities		
	GST Paid	(83,372)	
	Total Liabilities		**8,991,200**
	Net Assets		**0**

12 Annexure 8: Risk Management Framework

The following document is a Risk Management Framework for the Global Consortium. This framework has been updated as part of the annual review process.

VISION 2020
THE RIGHT TO SIGHT
AUSTRALIA
GLOBAL CONSORTIUM

Risk Management Framework

Global Consortium

Reviewed March 2011

An Australian partnership working to eliminate avoidable blindness and reduce the impact of vision loss in our region

Contents

Executive Summary

The Vision 2020 Global Consortium is committed to working with the Australian Government to achieve the objectives of the Government's Avoidable Blindness Initiative (ABI). As part of the Secretariat role of facilitating implementation of the Global Consortium work plan of 14 programs, a standard tool required is an effective risk management framework.

This document aims to provide a comprehensive Risk Management Framework for component one of the Australian Government's ABI. The Secretariat has presented a structured and systematic framework necessary to provide effective program management. With an effective risk management framework the Global Consortium will be effectively monitored, responsive to necessary change and capable of continuous improvement.

The Secretariat has reviewed potential internal and external risks covering three domains:

- **policy and governance**
- **program management**
- **Consortium partnership management.**

The risks to the Consortium are reassessed regularly and updated annually. The framework is flexible enough to accommodate a changing environment and adaptable to the progress of the Consortium and its programs.

1 Introduction

1.1 The risk management framework

The risk management framework (RMF) is a tool developed and used by the Secretariat to identify possible risks that may impact on the operation of the Global Consortium (GC) and to anticipate adequate responses.

The aim of the Consortium RMF is for the Secretariat to be able to:

- identify risks prior to their occurrence
- evaluate the potential risks' seriousness
- prepare actions to mitigate risks' impacts.

For each risk requiring management, the Secretariat identified actions to monitor and reduce the impact or likelihood. Resources are prioritised and allocated to each action depending on the risk level. Risks are continuously identified and assessed on a monthly basis at the project level in monthly project review meetings with the Prime Contract Holder (PCH), Secretariat and monitoring and evaluation (M&E) consultant. The Consortium Avoidable Blindness Initiative (ABI) Program level risk is reviewed on a bimonthly and biannual basis at the Consortium level at Consortium Program Committee (CPC) and Regional Plan Steering Committee (RPSC) meetings. The benefit of the Consortium model and partnership framework and its collective impact on improving project design is reviewed on an annual basis at Annual Partnership meetings.

In order to ensure a thorough RMF and due to the complexity of the Consortium, the Secretariat has separated the risks into three key domains; policy and governance, program management and Consortium partnership management.

1.1.1 Policy and governance

Challenges associated with the capacity of the Consortium to function as one body will be managed by the Secretariat and its role of coordination and management of policy and governance issues.

The Secretariat has ensured that the requirements of the management bodies of the CPC and the RPSC are fulfilled. Conversely, the Secretariat will ensure the committees meet their obligations as agreed to in the Consortium's Deed of Agreement and reflected in the Funding Order held by the Prime Contract Holder. Primary risk management has been incorporated in the Deed of Agreement, a document developed in consultation with all members of the Consortium and signed by all parties. This document includes:

- commencement, term and review of the Consortium
- purpose, guiding principles and activities
- membership of the Consortium
- governance and management of the Consortium
- work plans, budgets, policies and records
- indemnity, liability and insurance
- termination, dissolution, conflicts of interest and dispute resolution.

The Consortium risk is further mitigated by Secretariat and PCH monitoring of adherence to the Funding Order (held by the PCH), Partnership Framework and individual program

agreements.

The capacity of organisations to fulfil commitments under the Funding Order and partnership arrangement will be managed through close and regular discussions between the Consortium agencies and will be highlighted at Annual Partnership discussions between senior representatives of the Consortium.

The Secretariat is also responsible for developing policy and procedures either proactively or as directed by the management bodies. Policy and operational briefing papers developed to date include:

- RPSC program proposal process
- GC quality management framework
- GC risk management framework
- GC Secretariat operations plan
- GC IPR response and advice to AusAID
- GC quarterly report
- GC Six Month Progress Report
- GC 2010 Annual Progress Report

Crucial policy reports that have influenced the formation of the Consortium include the Consortium design document and probity framework. The Secretariat facilitated the process of adaption of this report to ensure governance structures of the RPSC (executive) and CPC (operational management) structures were implemented. Regular communication, sharing of information and discussion of operational and strategic concerns will ensure regular review of the partnership and progress against the shared objectives.

1.1.2 Program management

Medium term risks associated with the Consortium include the challenges to the agencies and the Secretariat in fulfilling the contractual requirements involved with management of funding and activity implementation. A key role of the Secretariat is to facilitate implementation of the Global Consortium work plan, monitor any project issues that influence delay and mitigate any risks that constrain project success.

The Consortium risk management framework started with the project selection process. Operational considerations for the Consortium included capacity of Australian and partner organisations to absorb increased aid funding and deliver program objectives in the two year work plan period. Consortium members had to meet requirements that assured risk management. This included a comprehensive capacity statement, alignment and self-assessment of the Australian Council for International Development (ACFID) Code of Conduct (which requires proof of alignment with AusAID policies and procedures) and a complete project proposal. The project proposal format required completion of the following information:

- design summary
- situation analysis
- key implementing partners and in-country arrangements
- risk management

- sustainability considerations
- M&E framework
- Program budget.

Projects were then submitted to the Secretariat and PCH for a basic compliance check. They were then submitted to the CPC for presentation by the lead agency and questioning from other committee members. Projects required 75 per cent vote of support to be recommended to the RPSC for approval. Of the 15 projects proposed for funding, 12 were supported, 2 did not receive sufficient support and 1 project was asked to resubmit with project changes requested by the CPC. The consolidated work plan was then submitted and approved by the RPSC. Activities chosen maintained a sustainable development focus, aligned with national government plans and avoided exacerbating fragile national health systems.

Prior to the implementation phase, risk was further managed by processes put in place by the Secretariat and the Prime Contract Holder (PCH). This included the set up of efficient contract, finance and activity monitoring systems to comply with its mission to achieve high quality program and financial management. Current internal Consortium reporting includes monthly financial reporting and quarterly activity and finance reporting. This is reviewed on a monthly basis in monthly review sessions held between the Secretariat, PCH and M&E consultant. Any key program or partnership issues that are identified are followed up directly by the Secretariat. If required, the Secretariat will implement specific risk monitoring processes, including chairing partner and program meetings, requesting completion of actions in agreed timeframes and documentation of outcomes by partner agencies.

Risk is further managed by the Consortium by meeting AusAID reporting requirements. This process is supported by an independent monitoring and evaluation consultant who can objectively review program outputs in six month and annual progress reports and Annual Reflection Workshops.

1.1.3 Consortium partnership management

An additional medium term risk to the Consortium is the challenge of working in partnership. Members are aware of the reputational risk all agencies carry should one partner fail to meet program objectives. This risk has been mitigated through strong risk management processes at both the Secretariat and PCH level and through governance methods cited in the Deed regarding liability and insurance responsibilities.

The Consortium model also aims to add value to individual project management through the benefit of sharing member expertise and experience. The Secretariat plays a key role in maintaining cohesion and consistency of practice via implementation of quality management. The quality management framework (QMF) aims to manage the risk associated with implementation of individual activities, with achieving the higher order objectives of the ABI and to build capacity of implementing and in-country partners. Key domains of performance which contribute to the quality of development practice have been selected which align with AusAID's expectations and the international development sector. These have been grouped into two themes of 1) development approach and practices and 2) partnership approach and practices.

The QMF is further supported by the Consortium developed Performance Assessment Framework (PAF). This tool is used to inform the annual reporting process to AusAID, to guide monitoring and evaluation processes and to understand the overall performance of the Consortium and its completion of the work plan.

The Secretariat role in partnership management is to facilitate collaboration between agencies, to assist implementation of strategic and technical advice gained from lessons learnt and to encourage collaboration between Consortium members. This process is supported by coordination of agency workshops including Disability Inclusiveness and Gender/Child Protection. Finally, management of the Annual Partnership meetings by the Secretariat provides an opportunity for all partners to consider program, work plan and Consortium progress.

2 Global Consortium Risk Management Framework

A structured and systematic risk management process has been developed to provide a structure to assist effective program management of the Global Consortium. This risk management framework enables the Secretariat to assure that Global Consortium works towards its agreed objectives, is responsive to change and capable of continuous improvement.

Risk	Likelihood	Consequence	Risk level	Action
Policy and governance				
Ineffective management and functioning of Consortium management bodies	Unlikely	Major Consortium model fails due to lack of cohesion or strategic direction	Medium	Regional Plan Steering Committee (RPSC) and Consortium Program Committee (CPC) established with clear and agreed terms of reference. Regular and comprehensive reports provided to both bodies by Secretariat and Prime Contract Holder (PCH) to ensure members are well informed. Ensure roles and responsibilities of management bodies, Secretariat and PCH are clearly articulated and understood in all agreements.
				Secretariat to ensure consultative management process to the CPC and RPSC and to implement their respective directions. Secretariat to undertake process to seek an independent chair for the CPC for 2011.
				Secretariat to proactively raise any concerns of Consortium agencies to relevant management body and facilitate resolution.
				Secretariat to develop relevant operational and governance policies with validation of CPC and RPSC.
Failure of the Consortium and its agencies to comply with the contractual obligations of Funding Order and Partnership Framework	Unlikely	Moderate Loss of trust in Vision 2020 Australia Global Consortium, damage to AusAID relationship and access to further funding	Medium	Programs in the Global Consortium (GC) work plan Secretariat and PCH compliance checked. Agencies to comply with established Consortium governance standards. Proposed projects must pass the established CPC/RPSC voting process. Agencies must complete a comprehensive capacity statement. Agencies must sign and comply with the Deed of Agreement and individual program agreements.
				PCH and Secretariat to develop and monitor program agreements and the financial and program activity reporting on monthly and quarterly basis to ensure compliance.
A member or in-country partner action results in project failure that reflects on the whole Consortium reputation	Possible	Moderate Reputational risk to Vision 2020 Australia, PCH, Consortium as a whole or individual agencies	High	Communications risk management policy to be implemented. RPSC to advise strategic and operational response to be carried out by Secretariat Secretariat to implement risk control processes.
Incorporation of the Consortium	Possible	Moderate Would necessitate significant adjustment to governance and contract structures. May have a negative impact on some Consortium partners and	High	Proactive and open discussions with Consortium members. Formation of a working group to respond to and report on specific queries. Report developed by RPSC member who chaired the Incorporation Working Group. Report recommendation to maintain existing structure endorsed by RPSC and shared with CPC. To be reviewed on receipt of confirmed funds for Phase 2 ABI.

Risk	Likelihood	Consequence	Risk level	Action
		relationship with AusAID		
Program management				
ABI Program level objectives are not met due to lack of strategic level program oversight	Unlikely	Moderate Consortium work plan does not achieve ABI objectives. Lost opportunity to have an impact on the sector. No further funding	Medium	Efficient contract, finance and activity monitoring systems (monthly & quarterly) to ensure program level objectives are met. Proactive and high quality program and financial management by Secretariat and PCH in response to program issues. Regular and comprehensive AusAID reporting requirements at six month and annual stages. Consultative development of the Performance Assessment Framework (PAF) by an independent consultant to provide overarching framework to meet high level Avoidable Blindness Initiative (ABI) objectives. Agencies required to contribute data to the PAF on an annual basis.
Agencies or partner organisations (including governments) unable to absorb funds within the set timeframe	Possible	Moderate Program funds not utilised within the set timeframe and therefore program objectives not achieved within that timeframe although they are likely to be met within an extended timeframe	High	Monthly financial reporting with dedicated finance officer at the PCH. Proactive response from Secretariat to consistent or exceptional financial variations. Monthly review team monitoring of minor budget and activity variations. Lower than expected expenditure in 2010 resulted in a request for submission for any final variations for 2011 to be captured and incorporated into the annual change frame for submission and review by AusAID.
Ineffective or poor relationship management with partner governments	Unlikely	Moderate Parallel health systems and/or duplicative programs run. Partnership failure with national government resulting in negative relations for all Consortium members working in-country	Medium	Programs for the two year work plan must scale up activities of existing programs with in-country government partner relations established. Secretariat monitoring of memorandums of understanding with government partners.
Failure to utilise lessons learnt information from the Annual Reflections Workshop (ARW) and from the reporting results of 2010	Unlikely	Moderate	Medium	Key lesson of further enhancing in-country government and local stakeholder involvement at country level planning has been aligned to the process of pre-planning PBL workshops for 2011. Other lessons of increased planning time, better provision of information and increased allocation of resources to assure in-country participation in the ARW have already been incorporated in the ARW for 2011.
Financial management systems and process cannot handle increased funds distribution and separation of financial reporting	Unlikely	Major Corruption, fraud, loss of credibility No further funding	Medium	PCH infrastructure and financial management process is AusAID accredited and assured. Monthly financial and quarterly activity report reviewed and discussed by PCH/Secretariat/M&E consultant and distributed to the CPC and RPSC. Secretariat responsible for resolution of any project issues with financial variations.

Risk	Likelihood	Consequence	Risk level	Action
Individual project failure	Possible	Moderate Negative impact on the Consortium and in-country partners and community or country involved, and on the whole image of the Consortium	High	Project appraisal and selection process.
				Internal reporting process (monthly and quarterly) monitored and discussed by Secretariat/PCH/M&E consultant to negotiate an agreed action if there is a program issue.
				Secretariat provides support to agencies as identified by implementing agency, CPC/RPSC, PCH or M&E consultant to resolve major project issue or build capacity in program management.
Consortium partnership management				
Lack of strategic involvement with national governments and regional/global ABI partners	Possible	Moderate Duplication of work Ineffective distribution of ABI funds Lost opportunity to build partnership Harm to eye sector	High	Proactive and collaborative partnership and planning processes driven by Secretariat and Consortium partners to ensure alignment of programs to national eye care plans or strategic input to development of new eye care plans.
				Adherence to international development standards (Australian Council for International Development ACFID), capacity statements) as required by Consortium guiding principles and governance requirements.
Consortium partnership failure	Unlikely	Major Compromised Consortium model	High	Secretariat to proactively drive partnership building between all agencies through annual partnership meetings, consortium workshops and coordinated operational discussions as required.
Ineffective relationship with AusAID	Unlikely	Moderate Lost opportunity to influence sector and policy change No further funding	Medium	Proactive and regular advocacy, communication and open dialogue or negotiation with AusAID counterparts.
				Involvement of AusAID in selected Consortium workshops and meetings.
				Six month and annual reporting to AusAID and review of ABI Consortium program at the Annual Partnership discussion.
Irregular or ineffective promotion of the Global Consortium	Unlikely	Moderate Damaged image of the Consortium Lost opportunity to promote work of the Consortium	Medium	Effective Consortium communication working group that inputs to development of communications systems including e-bulletin.
				Regular communications update at CPC and RPSC meetings to assure link between operational and communications bodies.
				Develop communication risk management strategy.
				Proactive advocacy efforts to the Australian Government to promote current achievements of the Consortium and facilitate commitment of future ABI funds.

3 Appendix Risk Assessment Matrix

The risk level in the framework has been determined by using the risk assessment matrix below. The likelihood of an event is referenced against the consequence of this event happening which equals the level of risk (low, medium, high or very high).

Consequence					
Likelihood	**1. Negligible** - (Impact on the function, or its objective is negligible. Routine procedures would be sufficient to deal with the consequences. Minimal resource impact.)	**2. Minor** - (Would threaten an element of the function. May cause a small delay or have minor impact on quality.)	**3. Moderate** - (Would necessitate significant adjustment to the overall function and require corrective action. May have a negative impact.)	**4. Major** - (Would threaten goals and objectives. Requires close management.)	**5. Severe** - (Would stop achievement of functional goals and objectives.)
5. Almost certain (expected to occur inmost circumstances)	**Medium**	**High**	**High**	**Very High**	**Very High**
4. Likely (will probably occur in most circumstances)	**Medium**	**Medium**	**High**	**High**	**Very High**
3. Possible (might occur sometime)	**Low**	**Medium**	**High**	**High**	**High**
2. Unlikely (could occur at sometime)	**Low**	**Low**	**Medium**	**Medium**	**High**
1. Rare (may occur only in exceptional circumstances)	**Low**	**Low**	**Medium**	**Medium**	**High**
Very High	Would prevent achievement of objectives, cause unacceptable cost overruns or schedule slippage and requires close executive attention				
High	Substantial delays to project schedule, significant impact on technical performance or cost and requires close management attention				
Medium	Requires identification and control of all contributing factors by monitoring conditions, and assessment of project milestones				
Low	Normal control and monitoring measures sufficient				

Taken from AusAID Risk Management Guide Annex 1 (Performance Review and Audit Section January 2006)

An Australian partnership working to eliminate avoidable blindness and reduce the impact of vision loss in our region

13 Annexure 9 (a): Work Plan

The Global Consortium Work Plan has been updated to capture any activity or budget variations that will occur in 2011. Further detail of these variations can be found in appendix nine (b) in the 2011 change frame.

VISION 2020 THE RIGHT TO SIGHT AUSTRALIA

Vision 2020 Australia Global Consortium Updated Work Plan

for the Australian Government's Avoidable Blindness Initiative

March 2011

National body working in partnership to prevent avoidable blindness and improve vision care

Contents

Executive Summary

Vision 2020 Australia and its members are committed to working with the Australian Government to achieve the goals outlined in the Government's Avoidable Blindness Initiative (ABI). As part of the development of Component One of the ABI, AusAID is establishing a Partnership Framework with the Vision 2020 Australia Global Consortium. The development of strategic partnerships incorporates provision of financial support for Vision 2020 Australia Member organisations working in eye health and vision care in the Asia-Pacific region.

This document aims to provide a comprehensive indicative work plan for Component One of the Australian Government's ABI. The Vision 2020 Australia Global Consortium has presented projects that meet the requirements as prescribed in the Guidelines for Development of the Indicative Work Plan.

Consortium projects demonstrate a commitment to developing existing links and having strong relationships with governments and organisations in the Asia-Pacific region. This is with a solid understanding of the policy context within which eye care is delivered, including the UN Convention on the Rights of Persons with Disabilities and the VISION 2020: The Right to Sight global initiative. Projects have been developed with an aim to facilitate absorptive capacity to scale up and build on current operations with a specialist expertise in eye health and vision care. Projects are aligned with AusAID policy, incorporating key Australian Government aid themes such as gender, disability and health.

Strong corporate governance structures have been established in the Consortium foundation process, which include rigorous administrative and financial systems and risk management strategies. As part of these processes, and in conjunction with the first Vision 2020 Australia Global Consortium annual report, all consortium agencies have revised activity plans and these are reflected in this updated work plan. Further detail on these minor budget and activity variations can be reviewed in the Global Consortium Change Frame 2011 (Appendix 9b of the 2010 Annual Report).

The implementation of the ABI affirms Australia as a leader in global efforts to eliminate avoidable blindness. The indicative work plan for the ABI, covers some of the program activity being undertaken in the first two year's (phase one) of Vision 2020 Australia's 10 year Regional Plan. The Consortium has worked to present realistic and achievable programs that provide a firm foundation on which to build future implementation phases two and three.

1 Introduction

1.1 Scope of indicative work plan

The indicative work plan (IWP) is based on a set of assumptions provided by AusAID in the *AusAID Draft Guidelines for Development of an ABI IWP.* These assume:

- A full, detailed work plan is not required by AusAID. It is expected that this will be developed and quality assured by Consortium members through Consortium Program Committee and Regional Program Steering Committee governance processes. AusAID requires a summary work plan, in a matrix format, to provide an understanding of the overall approach of the implementation of proposed activities. The indicative work plan matrix reflects the preferred delivery mechanisms and partnership priorities.
- AusAID will utilise this document to consider all proposed program activities. If AusAID considers a program adverse to the objectives of the ABI, AusAID will identify the project and inform the Vision 2020 Australia Secretariat who will inform the relevant agency to review, adapt or withdraw the project.
- The Partnership Framework between AusAID and Vision 2020 Australia will be underpinned by a Funding Order between AusAID and The Fred Hollows Foundation through its existing ANCP Head Agreement as the nominated prime contract holder and legal entity of the Consortium. This current indicative work plan will be utilised by AusAID to inform development of the Funding Order.
- The total value of the indicative work plan is $15 million plus GST. The Consortium has provided a comprehensive range of activities to deliver the Australian Government's commitment to eliminating blindness and vision impairment in Asia and the Pacific Region. The Consortium can deliver the activities proposed in this indicative work plan.
- The indicative work plan includes consideration of the management costs associated with meeting the oversight and delivery responsibilities of the Vision 2020 Australia Consortium Secretariat and Prime Contract Holder. The aim is to achieve less than 10% allocation of funds.
- Consideration has also been given for absorption of management costs for program activities due to the scale-up nature of the ABI.
- As requested by AusAID, all program costings will be in AUD, including those in the Funding Order and the Partnership Framework.
- Activities have been programmed to commence from January 2010 to December 2011.

The IWP follows the matrix variables as defined by the *AusAID draft guidelines and matrix for development of the indicative work plan*. The tabled format includes:

1. Activity name
2. Activity location
3. Rationale for Activity
4. Delivery mechanisms as listed under point 6.6 of the draft Partnership Framework (Appendix 1)

5. Selection of Activities as listed under point 6.7 of the draft Partnership Framework Appendix 2)

6. Indicative Activities as listed under point 6.8 of the draft Partnership Framework (Appendix 2)

7. Objectives - in measurable terms

8. Main activities – outputs

9. Expected results (outcomes) – linked to the achievement of objectives

10. Key implementing partners - including Vision 2020 Australia Global Consortium members and national Government/NGO partners, and partnerships with other donors. Who will be responsible for each component/task?

11. Total budget allocation – for the indicative work plan

12. Performance information (M&E) - Performance indicators to identify how activities will be monitored and evaluated against stated objectives including specific examples of the lived experience/s of people with vision impairment and blindness.

13. Risk management - Identify risks that might affect the success of the activities and what would be done in such situations.

In order to avoid repetition of information points three – six are numbered and can be referenced in Appendix One and Appendix Two.

In order to further assist the summary matrix format for Peer Review, information has been separated into three broad categories – Country; Western Pacific Regional Coordination and Consortium Management. This Indicative Work Plan has been approved by the Consortium Program Committee and endorsed by the Regional Plan Steering Committee. Please review Appendix 7 for a complete brief on the Consortium process.

As part of the processes for submission of the 2010 annual report all Global Consortium members have reviewed their projects and budgets. Changes to activities and or budget lines are reflected in this work plan update and detailed information regarding activities or budgets can be found in the Change Frame (Appendix 9b of the Vision 2020 Australia Global Consortium 2010 Annual Report).

2 Projects

2.1 Cambodia

Activity Title: Strengthening gender and disability inclusive approaches to community eye health to reduce avoidable blindness – Takeo

Lead Agency: CBM Key Implementing Partners: CBM, CERA, ICEE, TPEH

Activity Location: Takeo Province in Takeo, South East of Phnom Penh

Delivery Mechanisms: 1, 2, 4, 5 and 6

Rationale for Activity: Thirty five percent of the population in Cambodia live below the poverty line of $1 USD per day. The National Institute of Statistics (NIS) reported (2003) that 1.5% of the Cambodian population has a disability, while the 2004 census estimated the disability rate in Cambodia to be 4.7%. Avoidable blindness remains one of Cambodia's leading causes of disability with main reasons being cataract (females 80%, males 60%) and corneal scar (female 5.5% and male 15%). Access to eye health remains unattainable to a large portion of the urban and rural population. To clear the country-wide backlog of 145,200 blind cataract eyes requiring operations, a Cataract Surgical Rate (surgeries/ million population/ year) of 2,606 is needed in Takeo Province over 5 years. This program aims to address prevention of avoidable blindness and disability by strengthening the provincial level services through Takeo Eye Hospital, whilst developing a district level vision centre and optical shop in Kiri Vong. By integrating a strategy for gender and disability inclusion, access to eye care for people with a disability as well as women, men, girls and boys should be enabled and access to further rehabilitation and educational opportunities strengthened through building on referral networks.

Selection of activities 6.7: 1, 2, 5

Indicative activities 6.8: 1, 2, 3, 5, 7, 8

Program Identification Number: 12

Activity name	Objectives	Main activities	Budget	Expected results (outcomes)	Key partners	Performance information	Risk Management
Detailed Implementation Planning (DIP) Takeo Province in Takeo, South East of Phnom Penh	**Objective 1** To develop, test and implement a Gender and Disability Inclusive Approach to Community Eye Health (DIACEH) Program (model, manual, guidelines) with appropriate / adequate referral	**Activity 1.1** Needs Assessment and detailed implementation planning (DIP) to be completed by Kiri Vong Referral Hospital and Takeo Eye Hospital to inform development of DIACEH; informed	$37,880	**Result 1.1** Completed needs assessment used to inform planning of DIACEH program. Completed community KAP Survey used to inform DIP and DIACEH program. Unknown barriers indentified and	Kiri Vong Referral Hospital Takeo Eye Hospital With support	**PI1** Level of participation of persons with disability and visual impairment in the planning phase of the DIACEH Quality of the	**R1** Survey collector's bias. *Mitigated* through quality training, adequate incentives and adequate training of survey

Activity name	Objectives	Main activities	Budget	Expected results (outcomes)	Key partners	Performance information	Risk Management
	pathways (diagnosis – treatment – reintegration – rehabilitation) in collaboration with the Cambodian Development Mission for Disability (CDMD) in Krir Vong Operational Districts and Takeo Province by Dec, 2011.	by a community KAP Survey.		considered in planning process.	from CBM	DIP: Is the plan in line with Cambodia's disability policy? Is the plan in line with AusAID's Guiding Principles for disability? Is the plan accepted by all project stakeholders?	instruments.
Development of Gender and DIACEH model Takeo Province in Takeo, South East of Phnom Penh		**Activity 1.2** CBM Australia / Nossal institute and CDMD Cambodia to develop Gender and DIACEH model based on community needs assessment outcomes and KAP Survey	Component of budget figure above	**Result 1.2** Quality DIACEH model / manual / guidelines developed. Increased mainstreaming of gender and disability inclusiveness into planning of eye-care services.	CBM/ Nossal Institute Kiri Vong Referral Hospital Takeo Eye Hospital MoH	**PI2** Quality of DIACEH Model / manual/guidelines measured against: Is the plan in line with Cambodia's disability policy? Is the plan in line with AusAID's Guiding Principles for disability inclusion?	**R2** Current division of preventative health services in MoH prevents the development / implementation of the DIACEH model or prevents the synergy desired. *Mitigated* by specific consultation and advocacy to create buy-in from all

Activity name	Objectives	Main activities	Budget	Expected results (outcomes)	Key partners	Performance information	Risk Management
							stakeholders.
Staff Training in DIACEH Model Takeo Province in Takeo, South East of Phnom Penh		**Activity 1.3** Train key staff at TEH, provincial, district and commune level in DIACEH model – increase capacity of key staff to provide training and supervision of health service staff at program delivery level.	Component of budget figure above	**Result 1.3** Increased understanding of DIACEH across key players. Increased capacity to implement DIACEH model at provincial, district and commune levels.	TEH with support from CBM, CERA and ICEE	**PI 3** Uptake of DIACEH model at provincial, district and commune level. # of staff equipped to provided training/ supervision of TEH, KV and CDMD staff at a DIACEH program delivery level.	**R3** Trained staff leaving position. *Mitigated* by contracts and agreements signed yearly as well as staff incentives and regular performance reviews.
Establishment of Referral Pathways Takeo Province in Takeo, South East of Phnom Penh (provincial, district and commune level)		**Activity 1.4** Establish referral pathways in line with DIACEH model across TEH, KV, CDMD and VHWs	Component of budget figure above	**Result 1.4** Strengthened outreach and referral mechanisms in place in disability inclusive practices. Increased capacity to implement DIACEH model at provincial, district and commune levels.	TEH, KV and CDMD with support from CBM, CERA and ICEE	**PI4** Increased # of clients with visual impairment/ disability being referred to TEH, KV and CDMD. Increased reach of primary eye care services.	**R4** Commercial interests of trained eye care professionals subvert project activities. *Mitigated* through ongoing HR support and agreed incentives for those trained.
Pilot and Implement		**Activity 1.5** Pilot and implement	Component of budget figure	**Result 1.5** Piloted and implemented DIACEH model/guidelines	CBM/ Nossal	**P15** Inclusion of specific target	**R5** Current division

Activity name	Objectives	Main activities	Budget	Expected results (outcomes)	Key partners	Performance information	Risk Management
DIACEH Model KV Operational districts /Takeo Province (20 communes)		DIACEH model / guidelines within KV Operational districts /Takeo Province (20 communes).	above	across selected areas within Takeo Province. Any unintended learning outcomes or barriers to implementation identified and recorded.	TEH, KV and CDMD	populations (Gender, Disability, minority groups). Increase # of persons with disability accessing eye health services. Increased # of persons with visual impairment/ disability accessing rehabilitation services.	of preventative health services in MoH prevents the development / implementation of the DIACEH model or prevents the synergy desired. *Mitigated* by specific consultation and advocacy to create buy-in from all stakeholders.
Training of TEH and KV personnel Takeo Province in Takeo, South East of Phnom Penh	**Objective 2** To strengthen Takeo Provincial Eye Hospital (TEH) and Kiri Vong Referral Hospital to upscale their capacity to provide essential Community Eye Health services to reduce Avoidable Blindness by Dec. 2011.	**Activity 2.1** Train key newly recruited /current personnel for TEH and KV to enhance their professional skills in ophthalmology/ eye health.	$227,880 increased to $286,396	**Result 2.1** Increased Human Resource capacity through completed training: Increased staff retention.	**TEH and KV** with support of CBM, ICEE	**PI1** Increased # of trained professional staff to assist with delivery of services at TEH and KV VC. 5 Ophthalmic nurses (3 for TEH, 2 for govt) 1 yr, 1 Nurse Orthoptist 6 month Aravind, 1 Paediatric Nurse	**R1** Trained staff leaving position. *Mitigated* by contracts and agreements signed yearly as well as staff incentives and regular performance reviews.

Activity name	Objectives	Main activities	Budget	Expected results (outcomes)	Key partners	Performance information	Risk Management
						3 month Aravind, 1 doctor 2 month Aravind (Operating theatre Techniques. # follow up coaching / monitoring on site. Primary school teachers trained	
Consolidate Health Management Information System (HMIS) Takeo Province in Takeo, South East of Phnom Penh		**Activity 2.2** Consolidate Health Management Information System (HMIS) function at TEH and integrate HMIS into operations in Kiri Vong VC and linked to TEH with compliance with Provincial Dept. of Health reporting requirements.	Component of budget figure above	**Result 2.2** Established HMIS in Kiri Vong and TEH with linkage with Provincial Dept. of Health reporting systems.	**KV and TEH** Provincial Department of Health CBM, CERA	**PI2** Timely reports utilising HMIS . Increased reporting completed by staff at Kiri Vong and TEH. Health information is systematically collected, analysed and reported and is disability, gender and age disaggregated.	**R2** Support for the enhanced system does not achieve workable synergy with the existing data collection requirements. *Mitigated* by cautious implementation after broad consultation and agreement with minimum disruption to the existing system.

Activity name	Objectives	Main activities	Budget	Expected results (outcomes)	Key partners	Performance information	Risk Management
						HMIS software expansion	
Cataract Surgeries Takeo Province in Takeo, South East of Phnom Penh		**Activity 2.3** Increase Cataract surgical Rate from 2009.	Component of budget figure above	**Result 2.3** Increased Cataract Surgical Rate to offset offset increasing prevalence of blindness due to cataract.	**KV and TEH** CBM, ICEE	**PI3** Increased # clients accessing services by disease type. # Cataract surgeries increased from 1,500 (2009) to 1,900 (Dec. 2011). Increased coverage (as a # and % of total target population). Qualitative check of patients post surgery.	**R3** Patients do not access cataract services due to lack of awareness, funds and confidence in the quality of services. *Mitigated* by Community health workers mobilised and information, and strong community education and awareness raising (IEC Campaign).
Refractive error correction services Takeo Province in Takeo, South East of Phnom Penh		**Activity 2.4** Increase refractive error correction services.	Component of budget figure above	**Result 2.4** Increased refractive error correction rate to offset the prevalence of visual impairment / blindness due to uncorrected RE.	**KV and TEH** CBM, ICEE	**PI4** # Refractive correction services increased dispensing of glasses as compared to 2009.	**R4** That diagnosis of the need for refraction is not followed up with optical prescription. *Mitigation:* Community

Activity name	Objectives	Main activities	Budget	Expected results (outcomes)	Key partners	Performance information	Risk Management
						Qualitative check of patients post treatment.	education and ensuring that quality services are available, affordable and aesthetically pleasing.
Community Outreach Screening Takeo Province in Takeo, South East of Phnom Penh		**Activity 2.5** Increase community outreach screening in communities and schools (inclusive of gender and disability) including: cataract, uncorrected RE, screening, corneal ulceration from 2009.	$21,920	**Result 2.5** Increased provision by TEH of necessary community eye health services and preventative activities (including of gender and disability) with focused screening in remote isolated locations toward the Viet Nam border. TEH 2 per month 2010. KV 2 per month 2011. TEH 3 per month 2011.	KV and TEH	**P15** # Outreach screenings. Case study checking of visual acuity and post-surgical outcomes. % URE screening coverage of children, youth in schools and adults in communities within Takeo Province. # of clients taking up refraction and optical services at TEH and KV VC Optical dispensing. # of cataract and corneal ulceration	**R5** Major social, environmental, political or economic problem occurs. This is a high impact, low probability risk. Can only be mitigated through on-going monitoring.

Activity name	Objectives	Main activities	Budget	Expected results (outcomes)	Key partners	Performance information	Risk Management
						clients taking up services at TEH	
RAAB Selected Kiri Vong Operational Districts and Takeo town Districts		**Activity 2.6** RAAB in selected Kiri Vong Operational Districts and Takeo town Districts as a means to measure end of project results to be completed in 4th Quarter, 2011.		**Result 2.6** Quality quantitative data gathered on prevalence of avoidable blindness across selected Kiri Vong Operational Districts and Takeo town Districts. Evaluated the preliminary results of 2 year project implementation.	CERA and TEH to supervise implementation of RAAB.	**P16** RAAB results compared with RAAB 2007. Difference in prevalence of avoidable blindness across selected Kiri Vong Operational Districts and Takeo town Districts between 2007 and 2011. # of people captured in RAAB Data disaggregated by gender and disability.	**R6** Poor coordination of surveys due to inadequate numbers of trained assessors. Mitigated through extensive recruitment and intensive ongoing training before and during.
KAP Selected Kiri Vong Operational Districts and Takeo town Districts		**Activity 2.7** KAP in selected Kiri Vong Operational Districts and Takeo town Districts as a means to measure end of project results	Component of budget figure above	**Result 2.7** Established information on barriers to eye care in selected Kiri Vong Operational Districts and Takeo town Districts, to inform evaluation and	CERA and TEH to supervise implementation of KAP.	**P17** KAP results compared with KAP 2010. Difference in	**R7** Poor coordination of surveys due to inadequate numbers of trained

Activity name	Objectives	Main activities	Budget	Expected results (outcomes)	Key partners	Performance information	Risk Management
		to be completed in 4th Quarter, 2011.		future planning. Evaluated the preliminary results of 2 year project implementation.		knowledge, attitude and practice (including barriers) regarding eye health in community and health workers between January 2010 and November 2011.	assessors. *Mitigated* through extensive recruitment and intensive ongoing training before and during.
Information Education Communication (IEC) Campaign Kiri Vong Operational Health District and Takeo Province	**Objective 3** To enable the target populace districts to access a quality affordable continuum of care (diagnosis - treatment - reintegration - rehabilitation) in Kiri Vong Operational Health District and Takeo Province by Dec. 2011.	**Activity 3.1** Information Education Communication (IEC) campaign for promotion of eye health and eye-care services awareness raising including World Sight Day events (Oct. 2010/211) within Takeo Province.	Component of budget figure above	**Result 3.1** Improved public awareness of eye health issues, conditions affecting vision, improved knowledge of prevention, treatment and services, and practice of clients within TEH and Kiri Vong VC / hospital systems. Sample checking of patient / community responses.	TEH and KV	**P1** Enhanced practice of primary eye health prevention / client (by gender, disability and abode) seeking treatment as evidenced by: Increased Health Centre and Vision Centre utilisation by rural population; and KAP survey at end of project.	**R1** Community populace fail to see benefits in changed preventive practice and improved services. *Mitigation*: Ensuring strong participation of community representatives
Kiri Vong Vision Centre		**Activity 3.2** Consolidate the KV	$26,935 increased to	**Result 3.2** Integrated (gender and	KV	**P2** Increased access	**R2** Populace in

Activity name	Objectives	Main activities	Budget	Expected results (outcomes)	Key partners	Performance information	Risk Management
Kiri Vong Operational Health District and Takeo Province		Vision Centre activities to professionally screen, treat and appropriately refer cases presenting to it, commencing by June 2010. Train 22 health centre staff in program procedures. Train 22 community health workers in program procedures. Training for KV health centre staff on DIACEH	$33,600	disability inclusive) eye-care services and prevention promotion activities fully integrated into TEH and Kiri Vong VC / hospital systems. Established well-defined referral pathways between community – Health Centres, KV Vision Centre with appropriate referral to TEH and or rehabilitation and education services.	CBM, ICEE	to and utilisation of new services by remote populace (gender and disability inclusive) is demonstrating an improving trend of clients seeking eye services. Increased trend of utilisation (by gender and disability) of optical services at TEH and KV VC.	communes fail to utilise the services offered and trained health centre staff leave. Mitigated by working closely with People's Committees to ensure buy-in and support, and through incentives for staff and careful HR monitoring and regular performance reviews.
CDMD Field Workers and Village Health Workers Takeo Province / 20 selected communes.		**Activity 3.3** Training of CDMD field workers 10, and VHW 200 in the delivery of DIACEH program	CBM will fund this component separately	**Result 3.3** Trained 10 CDMD field workers, and 200 VHW trained and implementing a Gender and DIACEH program within Takeo Province / 20 selected communes. Improved access of the rural population to avoidable blindness	CDMD CBM	**P3** Increased # clients referred by health services staff, CDMD and VHW for diagnosis and treatment Increased # of clients with vision impairment/ disability being	**R3** CDMD field workers and VHW fail to retain enhanced knowledge and acquired skills. Mitigated by sustained buy-in from People's Committees and ongoing

Activity name	Objectives	Main activities	Budget	Expected results (outcomes)	Key partners	Performance information	Risk Management
				services. Periodic supervision monitoring checks.		referred into CDMD, CBR support services and receiving advice regarding rehabilitation options. Improved primary eye health prevention and treatment. Increased reach of eye health services.	mentoring.
Community Disability Coordination Groups and Self Help Groups Takeo Province in Takeo, South East of Phnom Penh		**Activity 3.4** Establish up to 20 Community Disability Coordination Groups and community based Self Help Groups with the support of CDMD.	(Establishment of Self-Help groups will be funded by other CBM funds.)	**Result 3.4** Established Community Disability Co-ordination Groups (with primary focus upon vision impaired persons) assisting in the implementation of the DIACEH program, including prevention, treatment and rehabilitation.	CDMD CBM	**P4** Increased # of persons with disability rehabilitated through appropriate education, livelihood activities and community life. (Specific activities and seed money for Self-Help	**R4** That Provincial and District Health services as well as MoH do not maintain support for disability inclusion in their planning or community disability groups at commune level. Mitigation: Strong

Activity name	Objectives	Main activities	Budget	Expected results (outcomes)	Key partners	Performance information	Risk Management
						Groups will be funded by CBM funds.) Established Self Help Groups facilitating the empowerment of Persons with disability and realisation of their rights.	comprehensive orientation at project commencement and regular advocacy from CBM throughout the term of the project.
		Project management and monitoring	$82,075				
		Total Program Budget	$617,077				

Activity Title: The Fred Hollows-Foundation Australia-Cambodia Avoidable Blindness and Visual Impairment Project

Lead Agency: The Fred Hollows Foundation (FHF)

Key Implementing Partners: The Ministry of Health of Cambodia, through the National Program for Eye Health and Provincial Departments of Health in each Project location.

Activity Location: Cambodia - Phnom Penh Municipality, Kampong Chhnang Province, Kandal Province, Kampong Speu Province, Sihanouk Ville Province, Prey Veng Province, Kampong Thom Province and Siem Reap Province

Delivery Mechanisms: 1, 2, 3, 4 , 5 and 6

Rationale for Activity: In 2007, a Rapid Assessment of Avoidable Blindness (RAAB) was conducted in Cambodia. Survey results indicate a high prevalence of blindness in Cambodia (2.8% in people aged 50 years and over) with leading causes identified as cataract, glaucoma and uncorrected refractive error. Of all bilateral blindness in Cambodia, over 90% is considered avoidable (treatable and/or preventable). The cost of cataract surgery in Cambodia ranges from US$20-$150 in a public hospital to US$150-$700 in a private facility. The cost is very prohibitive to most of Cambodia's population who live subsistently on less than US$5 per month. The ability for remote populations to travel to a health facility is restricted due to the cost of transport and the time required away from work. RAAB results confirm that the major barriers to the uptake of eye health services in Cambodia: of the 5,902 people surveyed, 29% cannot afford services, 13% fear surgery and 12% remain unaware of available treatment. Cambodia also has a severe shortage of human resources and inadequate infrastructure to support the delivery of eye care services. Throughout the country's 24 provinces there are 19 eye care units serving approximately 14 million people. There is no tertiary eye care facility to treat complex cases and only 8 out of 19 eye units have refractions services available. Ophthalmic human resources remain a significant challenge in Cambodia with only nine ophthalmologists in the country (significantly less than the VISION 2020 recommendation of 56 ophthalmologists for Cambodia) and an acute shortage of mid-level eye health personnel. The Fred Hollows Foundation's Project in Cambodia will scale up existing efforts to address these identified needs for eye care sector development in accordance with the aims of AusAID's Avoidable Blindness Initiative and the goals and priorities of the National Prevention of Blindness Plan of Cambodia.

Selection of activities 6.7: 1, 5, 6, 7

Indicative activities 6.8: 1, 3, 4, 6, 7, 8

Program Identification Number: 07

Activity name	Objectives	Main activities	Budget	Expected results (outcomes)	Key partners	Performance information	Risk Management
The Fred Hollows Foundation (FHF) Australia-Cambodia Avoidable Blindness and Visual Impairment	**RESEARCH** 1. To undertake research that will provide evidence of project impact and inform future eye care development plans.	**Activity 1.1** A national refractive error survey of 4,000 school children undertaken in Cambodia and survey results disseminated to key program	$65,635	**Result 1.1.1** The magnitude of uncorrected refractive error among school children aged 10-15 years identified and results used to inform national eye care policies and	FHF, Ministry of Health's National Program for Eye Health (MoH/NPEH) and the South	**PI1** # children examined; # spectacles dispensed; report produced and results	**R1** Research results not informing national eye care plans. FHF will work with NPEH to incorporate results into

Activity name	Objectives	Main activities	Budget	Expected results (outcomes)	Key partners	Performance information	Risk Management
Project *1 Jan 2010 to 31 Dec 2011* Phnom Penh Municipality, Kampong Chhnang Province, Kandal Province, Kampong Speu Province, Sihanouk Ville Province, Prey Veng Province, Kampong Thom Province and Siem Reap Province.		stakeholders.		plans.	Australian Institute of Ophthalmology (SAIO)	published in peer review journal. Data collection forms, survey completion reports, published articles.	National PBL Plans.
		Activity 1.2 A survey of community eye health workers undertaken to examine the impact of primary eye care training on patient referral and treatment rates. Survey results disseminated to key program stakeholders.	Component of budget figure above	**Result 1.2.1** The impact of primary eye care training measured and the results used to inform national eye care policies and plans.	FHF and MoH/NPEH	**PI2** # community health workers interviewed; assessment report produced and disseminated to all stakeholders. Data collection forms, health worker records, hospital records, completion report.	**R2** Research results not informing national eye care plans. FHF will work with NPEH to incorporate results into National PBL Plans.

Activity name	Objectives	Main activities	Budget	Expected results (outcomes)	Key partners	Performance information	Risk Management
	HUMAN RESOURCE DEVELOPMENT 2. To increase the number and improve the skills of eye care service providers at tertiary, secondary and primary levels of the health system in Cambodia.	**Activity 2.1** Ophthalmology Residency Training (ORT) delivered at the University of Health Sciences (UHS) in Cambodia, resulting in 9 course graduates.	**$387,026**	**Result 2.1.1** ORT course delivered and an increase of 9 qualified ophthalmologists capable of delivering ophthalmic services in the public health system of Cambodia.	FHF, MoH/NPEH, UHS, Eye Care Foundation & the Royal Australian New Zealand College of Ophthalmology (RANZCO).	**PI3** # students enrolled in course; # students issued a Diploma of Ophthalmology; and # graduates employed in public health sector. Student exam results, trainer reports, project progress and financial reports and evaluation report.	**R3** Trained personnel leave public health workforce. Personnel contracted to work in public sector for 5 years upon completion of course.
		Activity 2.2 Refraction Nurse Training (RNT) course delivered at the National Eye Hospital in Cambodia, resulting in 8 course graduates.	Component of budget figure above	**Result 2.2.1** RNT course delivered and an increase of 8 qualified refraction nurses capable of delivering refraction services in the public health system of Cambodia.	FHF, MoH/NPEH & International Centre for Eyecare Education (ICEE).	**PI4** # students enrolled in course; # students issued a Certificate of Refraction; and # graduates employed in public health sector. Student exam results, project progress and financial reports and evaluation report.	**R4** Trained personnel leave public health workforce. Personnel contracted to work in public sector for 5 years upon completion of course.
The Fred Hollows		**Activity 2.3**	Component of	**Result 2.3.1**	FHF,	**PI5**	**R5**

Activity name	Objectives	Main activities	Budget	Expected results (outcomes)	Key partners	Performance information	Risk Management
Foundation **(FHF)** Australia-Cambodia Avoidable Blindness and Visual Impairment Project *1 Jan 2010 to 31 Dec 2011*		20 nurses trained as trainers **(ToT)** of child vision care and 200 school teachers trained in child vision care delivery.	budget figure above	20 nurses capable of delivering training to 200 school teachers in the prevention, identification and referral of childhood-related blindness and visual impairment.	MoH/NPEH	# school teachers trained. Project progress and financial reports and evaluation report.	Schedule slippage. Partners commit to schedule through Annual Partnership Agreements **(APAs)**.
		Activity 2.4 1 3 mid-level eye care personnel from selected secondary eye units trained at international training institutions (Nepal and India).	Component of budget figure above	**Result 2.4.1** 6 provinces have improved eye care capacity at secondary level for cataract and refractive error services and treatment.	FHF, MoH/NPEH	**PI6** Types of training provided; # mid-level personnel trained; # of mid-level personnel employed in the health sector. Trainee and trainer reports, project progress and financial reports and evaluation report.	**R6** Suitable candidates not available for training. Involvement of public health authorities in the selection of suitable candidates.
		Activity 2.5 Primary Eye Care (PEC) Training of Trainers (ToT) course delivered to 9 nurses and PEC training delivered to 545 community health	Component of budget figure above	**Result 2.5.1** An increase of 9 nurses and 545 community health workers capable of identifying common eye problems, treating basic problems at community level and referring	FHF, MoH/NPEH and DoH/Hospitals of Kampong Speu, Kampong Thom, Prey Veng, Kandal, Siem Reap and	**PI7** # nurses trained as PEC trainers; and # community health workers trained in PEC. PEC training	**R7** Community health workers leave role or lose motivation and there is a lack of engagement from secondary

Activity name	Objectives	Main activities	Budget	Expected results (outcomes)	Key partners	Performance information	Risk Management
		workers.		complex cases to the appropriate level of the health system for treatment.	Sihanouk Ville.	evaluation, project progress and financial reports.	centres. Provide refresher training, regular roles in outreach screening and strengthen links between health system levels.
The Fred Hollows Foundation **(FHF)** Australia-Cambodia Avoidable Blindness and Visual Impairment Project *1 Jan 2010 to 31 Dec 2011*		**Activity 2.6** Eye care providers in Cambodia receive Continuing Medical Education (CME) through annual national CME workshops, regional ophthalmology conferences, professional on-site mentoring and the maintenance of a national information resource centre.	Component of budget figure above	**Result 2.6.1** Enhanced skills, knowledge and professional networks of all eye health personnel in Cambodia.	FHF, MoH/NPEH and the Cambodian Ophthalmology Society.	**PI8** # Continuing Refraction Education Workshops (CREW) and CME Workshops held; # CREW and CME attendees; # regional ophthalmology conference attendees; # mentoring visits conducted. Refraction service mentoring and monitoring reports, conference reports, project progress and financial reports and evaluation	**R8** Schedule slippage. Partners commit to schedule through APAs.

Activity name	Objectives	Main activities	Budget	Expected results (outcomes)	Key partners	Performance information	Risk Management
						report.	
	INFRASTRUCTURE DEVELOPMENT 3. To strengthen eye health infrastructure through construction, renovation and equipment provision to support the delivery of eye care services in Cambodia.	**Activity 3.1** Original: 3 buildings constructed to support tertiary and secondary eye training and service delivery eye care including a National Institute of Ophthalmology (NIO) building constructed in Phnom Penh City, a regional hospital building in Siem Reap town, and a provincial Eye Unit in Kampong Speu. Revised: 2 buildings constructed to support secondary level eye care including a Regional Eye hospital building in Siem Reap town and a provincial eye unit building in Kampong Speu province.	**$1,456,858** 1, 534738 $554,140 revised down to $495,558	**Result 3.1.1** Original: new buildings constructed and opens for tertiary and secondary level training and service delivery for the entire population of Siem Reap and Kampong Speu (3.6 million people) as well as the entire population of Cambodia (NIO) Revised: New buildings constructed and open for secondary level training and service delivery for the population of Siem Reap and Kampong Speu (3.6 million people)	FHF, MoH/NPEH & Preah Ang Doung Hospital	**PI9** Building constructed and open for service; # and type of services and training courses enabled; # people examined and treated; and # people trained. Construction verified through monitoring visits and contract reports. Hospital patient and training records, project financial and progress reports	**R9** Construction is hampered or poor quality. Secure all land and building permits, contract construction company through open tender and appoint a project manager to monitor contractual compliance and quality construction standards.
The Fred Hollows Foundation **(FHF)** Australia-Cambodia Avoidable Blindness and		**Activity 3.2** A new Regional Eye Hospital building constructed in Siem Reap Town.	Component of budget figure above	**Result 3.2.1** A new Siem Reap Regional Eye Hospital building constructed and open for the delivery of secondary and some sub-specialty	FHF, MoH/NPEH & DoH/Hospital of Siem Reap.	**PI10** Building constructed and open for service; # and type of services and	**R10** Construction is hampered or poor quality. Secure all land and building

Activity name	Objectives	Main activities	Budget	Expected results (outcomes)	Key partners	Performance information	Risk Management
Visual Impairment Project *1 Jan 2010 to* *31 Dec 2011*				services and training for a population of approximately 3 million in north-eastern Cambodia.		training courses enabled; # people examined and treated; and # people trained. Construction verified through monitoring visits and contract reports. Hospital patient and training records, project financial and progress reports	permits, contract construction company through open tender and appoint a project manager to ensure compliance with contract and quality construction standards.
		Activity 3.3 A new secondary-level provincial Eye Unit building constructed in Kampong Speu Province.	Component of budget figure above	**Result 3.3.1** A new Kampong Speu Provincial Eye Unit building constructed and open for the delivery of secondary and primary eye care services for a population of approximately 600,000 in Kampong Speu Province.	FHF, MoH/NPEH & DoH/Hospital of Kampong Speu.	**PI11** Building constructed and open for service; # and type of services and training courses enabled; # people examined and treated; # people trained. Construction verified through monitoring visits and contract reports. Hospital patient and training records,	**R11** Construction is hampered or poor quality. Secure all land and building permits, contract construction company through open tender and appoint a project manager to ensure compliance with contract and quality construction standards.

Activity name	Objectives	Main activities	Budget	Expected results (outcomes)	Key partners	Performance information	Risk Management
						project financial and progress reports	
The Fred Hollows Foundation (FHF) Australia-Cambodia Avoidable Blindness and Visual Impairment Project *1 Jan 2010 to 31 Dec 2011*		**Activity 3.4** Buildings renovated to support the delivery of secondary eye care services in project provinces.	Component of budget figure above	**Result 3.4.1** Provincial Eye Unit buildings renovated to enable fully functioning eye care services all year-round in all project provinces.	FHF, MoH/NPEH & DoH	**PI12** Buildings renovated and open for service; and # people examined and treated. Project progress and financial reports	**PI12** Renovations are hampered or of poor quality. Monitor compliance with contract and quality construction standards.
		Activity 3.5 Three new refraction services established in Cambodia, rooms refurbished and refraction equipment supplied.	Component of budget figure above	**Result 3.5.1** Three new refraction services and optical dispensing workshops open for service in Phnom Penh City and Sihanouk Ville.	FHF, MoH/NPEH, Phnom Penh Municipality and Russian Eye Units and the Sihanouk Ville Eye Unit.	**PI13** Refraction room and workshop open for service; # people examined; # spectacles dispensed; and type and value of refraction equipment provided. Equipment survey, hospital patient records, project progress and financial reports.	**R13** Refraction service underutilised. Information about new service distributed to raise community awareness.
		Activity 3.6 Equipment and	Revised up from $800,659 to	**Result 3.6.1** Improved quality of eye	FHF, MoH/NPEH and the	**PI14** Type and value of	**R14** Equipment not

Activity name	Objectives	Main activities	Budget	Expected results (outcomes)	Key partners	Performance information	Risk Management
		instruments for the diagnosis and treatment of blindness provided to participating project eye care facilities.	$859, 241	care services through provision of necessary ophthalmic equipment and instruments.	DoH/Hospitals of all project locations. Phnom Penh Municipality eye Unit	equipment provided. Equipment survey, hospital patient records, CSOM records, project progress and financial reports.	maintained appropriately. Annual equipment survey undertaken by FHF staff.
The Fred Hollows Foundation **(FHF)** Australia-Cambodia Avoidable Blindness and Visual Impairment Project *1 Jan 2010 to 31 Dec 2011*	**DISEASE CONTROL** 4. To improve access to high quality and affordable eye health services, particularly for the poor, at all levels of the public health system.	**Activity 4.1** At least 6,800 cataract surgeries subsidised for the poor at eye care facilities.	**$542,546**	**Result 4.1.1** At least 6,800 cataract surgeries for the poor.	FHF, MoH/NPEH and the DoH/Hospitals of all project locations.	**PI15** # cataract surgeries subsidised. Hospital patient records, project progress and financial reports and patient case studies.	**R15** Patients do not access cataract services due to lack of awareness, funds and confidence in the quality of services. Community health workers mobilised and information, education and communication (IEC) materials developed to raise awareness and confidence in services and a cataract subsidy offered to patients unable to afford the surgery.

Activity name	Objectives	Main activities	Budget	Expected results (outcomes)	Key partners	Performance information	Risk Management
The Fred Hollows Foundation **(FHF)** Australia-Cambodia Avoidable Blindness and Visual Impairment Project 1 Jan 2010 to 31 Dec 2011		**Activity 4.2** At least 1,950 other sight-restoring surgical interventions subsidised for the poor at all project eye care facilities.	Component of budget figure above	**Result 4.2.1** At least 1,950 other sight-restoring surgeries for the poor.	FHF, MoH/NPEH and the DoH/Hospitals of all project locations.	**PI16** Type and # sight-restoring surgeries subsidised. Hospital patient records, project progress and financial reports and patient case studies.	**R16** Patients do not access services due to lack of awareness, funds and confidence in the quality of services. Community health workers mobilised and IEC materials developed to raise awareness and confidence in services and a surgical subsidy offered to patients unable to afford the surgery.
		Activity 4.3 Up to 5,000 spectacles provided to project eye units to set up a sustainable, revolving spectacle supply.	Component of budget figure above	**Result 4.3.1** Up to 5,000 pairs of spectacles provided to project eye units, enabling refraction services to generate income.	FHF, MoH/NEPH and DoH/Hospitals of all project locations.	**PI17** # people examined; # spectacles dispensed; and amount of income generated/costs recovered. Hospital patient and income records, project progress and	**R17** Refraction service not generating enough income or inappropriate recovery of costs hampering the development of a sustainable service. Provide appropriate technical advice,

Activity name	Objectives	Main activities	Budget	Expected results (outcomes)	Key partners	Performance information	Risk Management
						financial reports.	monitor records and consult with health authorities.
The Fred Hollows Foundation **(FHF)** Australia-Cambodia Avoidable Blindness and Visual Impairment Project *1 Jan 2010 to 31 Dec 2011*		**Activity 4.4** Up to 218 community outreach eye care screening sessions delivered in remote and underserved areas of Cambodia with a target of 23,800 people screened.	Component of budget figure above	**Result 4.4.1** At least 23,800 people received access to an eye examination at community-level.	FHF, MoH/NEPH and DoH/Hospitals of Keg. Thom, Kpg. Speu, Kandal, Prey Veng & Siem Reap provinces.	**PI18** # people examined. Outreach records, project progress and financial reports.	**R18** Patients not able to access services due to lack of proximity and awareness. Conduct outreach and awareness raising activities in collaboration with community health workers.
		Activity 4.5 Up to 16 mobile outreach eye camps held in remote and underserved areas of Cambodia with a target of 1,600 cataract and 640 other sight-restoring surgeries performed.	Component of budget figure above	**Result 4.5.1** At least 1,600 cataract and 640 other sight-restoring surgeries performed at community-level.	FHF, MoH/NEPH and DoH/Hospitals of Kpg. Thom, Kpg. Speu, Kandal, Prey Veng & Siem Reap provinces.	**PI19** Type and # sight-restoring surgeries subsidised. Outreach records, CSOM records, project progress and financial reports and patient case studies.	**R19** Patients not able to access services due to lack of proximity, awareness and funds. Conduct outreach and awareness raising activities in collaboration with community health workers and provide surgical subsidy for those unable to afford surgery.

Activity name	Objectives	Main activities	Budget	Expected results (outcomes)	Key partners	Performance information	Risk Management
The Fred Hollows Foundation **(FHF)** Australia-Cambodia Avoidable Blindness and Visual Impairment Project *1 Jan 2010 to 31 Dec 2011*		**Activity 4.6** Up to 3,000 school children eyes examined; 420 spectacles provided; 30 childhood blindness surgeries conducted; 270 children at blind schools in Cambodia examined for low vision and appropriate visual aides provided to children.	Component of budget figure above	**Result 4.6.1** Improved or restored vision for up to 450 children in Cambodia; 270 children with low vision examined and provided appropriate visual aides	FHF, MoH/NPEH & MoE.	**PI20** # children examined; # spectacles dispensed; and # sight-restoring surgeries. Hospital and school records, project progress and financial reports and patient case studies.	**R20** Non-cooperation from schools. Secure agreement from education authorities.
The Fred Hollows Foundation **(FHF)** Australia-Cambodia Avoidable Blindness and Visual Impairment Project *1 Jan 2010 to 31 Dec 2011*		**Activity 4.7** Eye health IEC material developed and disseminated to communities, including eye health pamphlets, posters and radio broadcasts.	Component of budget figure above	**Result 4.7.1** Increased awareness of eye disease and available eye care services.	FHF, MoH/NEPH and DoH/Hospitals of all project locations.	**PI21** # of IEC materials produced and distributed; # radio broadcasts; and # people examined at eye care facilities. Hospital patient records, project progress and financial reports.	**R21** IEC materials not technically and culturally appropriate. IEC materials developed in collaboration with the National Information Education Centre and approved by the National PBL Committee.
		Activity 4.8 National Health Management Information System (HMIS) installed at the	Component of budget figure above	**Result 4.8.1** Improved health care quality through collection and reporting of patient data in accordance with	FHF, MoH/NPEH, DoH/Hospital of Phnom Penh Municipality	**PI22** Patient information gathered and maintained at	**R22** Poor computer skills of Eye Unit staff. Staff trained in

Activity name	Objectives	Main activities	Budget	Expected results (outcomes)	Key partners	Performance information	Risk Management
		Phnom Penh Municipality Eye Unit; electronic system for CSOM established and maintained at all project eye care facilities.		national health policy at Phnom Penh Municipality Eye Unit, and the establishment of regular cataract surgery quality surveillance.	Eye Unit.	hospital; regular CSOM records sent to NPEH. Hospital records, CSOM and NPEH records and project progress reports.	computer literacy.
	NATIONAL PBL CAPACITY DEVELOPMENT 5. To strengthen the capacity of the National Prevention of Blindness Committee to plan, coordinate and monitor the eye care sector of Cambodia.	**Activity 5.1** Regular National Prevention of Blindness **(PBL)** Committee meetings held and a National PBL Strategic Plan reviewed in consultation with stakeholders.	**$40,882**	**Result 5.1.1** Strengthened National **PBL** Committee functions of planning, coordinating and reviewing the eye health sector of Cambodia.	FHF & MoH/NPEH	**PI23** # of PBL Committee meetings held; National PBL Strategic Plan Review Workshop held and # attendees. Committee meeting minutes, workshop presentations and report, project progress and financial reports.	**R23** Meeting schedule slippage. Partners commit to schedule through APAs. Limited stakeholder involvement in National PBL Planning review. Workshop assistance provided by FHF.
		Activity 5.2 Three National PBL Committee members attend a study tour of the TIO in Nepal.	Component of budget figure above	**Result 5.2.1** Strengthened partnership with and knowledge of TIO to inform the development plans for a NIO in Cambodia.	FHF & MoH/NPEH	**PI24** Study tour of TIO undertaken; # and type of TIO and NIO collaborations. Study tour report, project progress and financial reports and project evaluation	**R24** TIO unavailable for study visit due to TIO's high volume workload. FHF to negotiate study tour dates and schedule with TIO on behalf of

Activity name	Objectives	Main activities	Budget	Expected results (outcomes)	Key partners	Performance information	Risk Management
						report.	PBL members.
The Fred Hollows Foundation **(FHF)** Australia-Cambodia Avoidable Blindness and Visual Impairment Project *1 Jan 2010 to 31 Dec 2011*		**Activity 5.3** Three National PBL Committee members attend the Asia Pacific Academy of Ophthalmology and two members attend the Asia Pacific Council of Optometry each year.	Component of budget figure above	**Result 5.3.1** Enhanced technical and managerial knowledge of National PBL Committee members as well as strengthened ophthalmology networks in the region.	FHF & MoH/NPEH	**PI25** # of PBL Committee members attending conference; and # of local presentations from regional conferences. Conference reports, CME workshop presentations, project progress and financial reports.	**R25** Benefits of conference not shared with others. Conference attendees will produce a report on lessons learned and will present findings to all eye care personnel in Cambodia during CME workshops.
PROJECT MANAGEMENT 6. To manage, monitor and evaluate the project in collaboration with local partners and Vision 2020 Australia Consortium members to ensure effective progress against		**Activity 6.1** Eye care needs assessment conducted in four provinces of Cambodia in consultation with local partners and beneficiaries.	**$48,259**	**Result 6.1.1** Needs identified in four potential project locations, feasibility determined and plans produced for peer review.	FHF & MoH/NPEH	**PI26** Needs analysis and feasibility assessment completed and plan produced. Feasibility reports, project design documents and project progress and financial reports.	**R26** NPEH staff availability to participate in needs assessment. NPEH staff commit to undertaking assessment through APAs.

Activity name	Objectives	Main activities	Budget	Expected results (outcomes)	Key partners	Performance information	Risk Management
plans and accountability to AusAID.							
The Fred Hollows Foundation **(FHF)** Australia-Cambodia Avoidable Blindness and Visual Impairment Project *1 Jan 2010 to 31 Dec 2011*		**Activity 6.2** Two annual planning and review workshops held with active participation of project partners and beneficiaries. Two APAs signed by all partners outlining roles, responsibilities and contributions to the project. Two Annual Reports produced incorporating lessons learned.	Component of budget figure above	**Result 6.2.1** Participatory planning and review process undertaken. Increased ownership of the project by partners. Identification of lessons learned for ongoing project planning.	FHF & MoH/NPEH	**PI27** Project partners and beneficiaries involved throughout project lifecycle; APAs signed by all partners; project planning and review meetings held and names of attendees. Annual Reports produced and distributed to all partners.	**R27** Lack of local ownership and political commitment to project. Establish and maintain good relationships with partners/public health authorities, secure agreement with project partners through APAs, involve local partners and beneficiaries in all stages of the project life cycle.
		Activity 6.3 Monthly monitoring and coordinating site visits undertaken by FHF Cambodia in consultation with partners and	Component of budget figure above	**Result 6.3.1** Project delivered on time, within cost and of a high quality standard.	FHF & MoH/NPEH	**PI28** Project delivered on time, within cost and of a high quality standard; Hospital patient records, project	**R28** Time delays, budget variations and poor quality performance. Prepare detailed project design

Activity name	Objectives	Main activities	Budget	Expected results (outcomes)	Key partners	Performance information	Risk Management
		beneficiaries. Quarterly project progress reports submitted to FHF Sydney/Consortium. Six monitoring and coordinating site visits undertaken by FHF Sydney.				progress and financial reports, trip reports and evaluation report.	and work plans in consultation with implementing partners, undertake regular project monitoring and consultation with partners and beneficiaries to ensure good quality project progress.
		Activity 6.4 Evaluations conducted in consultation with project partners and beneficiaries and a report produced containing evaluation findings.	Component of budget figure above	**Result 6.4.1** Project impact measured and reported.	FHF & MoH/NPEH	**PI29** Project impact measured and reported against plans. Evaluation report.	**R29** Project fails to deliver against plans by the end of the project. Address evaluation report findings and recommendations in consultation with all stakeholders.
The Fred Hollows Foundation **(FHF)** Australia-Cambodia Avoidable Blindness and Visual Impairment		**Activity 6.5** Expenditure reported on a monthly basis to FHF Sydney/Consortium and an external audit conducted on an annual basis.	Component of budget figure above	**Result 6.5.1** Project funds acquitted appropriately and transparently.	FHF & MoH/NPEH	**PI30** Project funds acquitted appropriately and transparently. Audited financial accounts and monthly	**R30** Project funds mis-managed or expenditure records report variations from budget. FHF responsible for

Activity name	Objectives	Main activities	Budget	Expected results (outcomes)	Key partners	Performance information	Risk Management
Project *1 Jan 2010 to 31 Dec 2011*						expenditure reports.	management of funds in keeping with financial guidelines, annual audit conducted by international financial firm (KPMG) and monthly expenditure reports and records scrutinised by FHF Sydney staff, Management and the Board's Finance and Governance Committee, among other financial risk controls.
		Total Program Budget	$2,855,388				

Activity Title: Refractive error service development and capacity building in Cambodia

Lead Agency: International Centre for Eyecare Education (ICEE)

Implementing Partners: ICEE, NPEH, IRIS, Seva Foundation, BOCC, CDMD, ABC

Activity Location: Kampong Cham, Battambang, Pursat, Kampot and Banteay Meanchey and in the local NGO-run Battambang Ophthalmic Care Centre (BOCC).

Delivery Mechanisms: 1,2, 4, 5 and 6

Rationale for Activity: The Rapid Assessment of Avoidable Blindness (RAAB) conducted in Cambodia in 2007 showed that refractive error was the main contributor to vision impairment. There are only 29 optometrists/refractionists serving its population of 14 million. This is well below the WHO recommendation of a ratio of 1 refractionist to a population of 50,000. If spectacles are required, private services have to be accessed and in some provinces there are no optical shops where spectacles can be obtained.

As part of ICEE's strategy to improve access to refractive error services in the region, it is collaborating with other NGOs to scale up eye care activities by establishing Vision Centres in these Eye Units. This is in keeping with ABI Components One and Three. By developing strategic partnerships and building on existing eye care services at the Eye Units, this program will increase the scope of services offered to the community. By training and up-skilling more vision screeners the reach of eye care services in rural communities can be widened.

The program also provides training and building the capacity of eye care personnel in Cambodia. The attendance of relevant conferences overseas and refractive error services workshops in Cambodia will provide opportunity for those involved in providing these services to network and learn from their colleagues both internationally and locally. This will increase motivation to provide good services to the community. Training the refraction nurses in spectacle making skills will build their capacity and allow for spectacles to be available at the Vision Centres based at the Eye Units.

Establishment of Low Vision Services at the Vision Centres in the Government Eye Units will also increase access of disadvantaged groups, including the poor, people with disabilities, marginalised groups, women and girls, ethnic minorities, and those living in remote or difficult to access areas. Locating these services in the provinces will enable increased access to the services by people with vision impairment. Training of vision screeners to identify and refer patients who may need Low Vision Services will increase the reach of the service.

Selection of activities 6.7: 1, 3, 4, 6, 7

Indicative activities 6.8: 1, 3, 4, 6, 7, 8

Program Identification Number: 03

Activity name	Objectives	Main activities	Budget	Expected results (outcomes)	Key partners	Performance information	Risk management
Refractive Error Service Development and Capacity Building to provide equitable	**Objective 1:** To develop infrastructure through the refurbishment of existing Eye Units	Refurbish 2 eye clinics	$3,882	Eye clinics which provide the space, occupation health and safety, and amenity to facilitate delivery of high	ICEE, NPEH, IRIS, Seva Foundation, BOCC	**PI1** Lease contract signed – agreements with partners Refurbishments completed	**R1** **Cooperation from local NGO's.** Develop and maintain strong relationship with the local NGO. Involve them in key meetings and

Activity name	Objectives	Main activities	Budget	Expected results (outcomes)	Key partners	Performance information	Risk management
access to eye care in Cambodia				quality eye care Refractive error, low vision services and affordable spectacles are available to the community Refraction units and optical workshops fully operational and service provision is fully integrated into eye unit.		Building infrastructure suitable for new equipment.	workshops. Establish and agreement clearly defining roles and responsibilities. ICEE already has existing working relationships with some of the NGOs.
ICEE Refractive Error Service Development and Capacity Building to provide equitable access to eye care in Cambodia	**Objective 2:** To develop infrastructure through establishment Refraction Services and Optical Workshops in the Government eye units in Kampong Cham, Battambang, Pursat, Kampot and Banteay Meanchey and in the local NGO-run Battambang Ophthalmic Care Centre (BOCC).	Negotiate agreements for refraction, low vision and optical workshop locations Equip & furnish refraction, low vision and optical workshops Work towards full operation of refraction, low vision and optical workshops (including M&E data collection	$264,684 increased to $267,564	Six agreements signed for refraction, low vision and optical workshop locations Equipped & furnished refraction, low vision and optical workshops Refraction , low vision and optical workshops fully operational whereby M&E data is collected and reports are submitted as required	ICEE, NPEH, IRIS, Seva Foundation, BOCC	**PI2** Lease contract signed - agreements with hospitals/partners Equipment sourced and purchased for eye clinics SOPs and M&E systems utilized by eye units reporting and financial systems	**R2** Trained ICEE eye unit staff leaves work place. Contracts and Agreements signed on a yearly basis - and renegotiated yearly; Provide training as staff incentives and regular performance reviews to identify any concerns.

Activity name	Objectives	Main activities	Budget	Expected results (outcomes)	Key partners	Performance information	Risk management
		and reporting).					
ICEE Refractive Error Service Development and Capacity Building to provide equitable access to eye care in Cambodia	**Objective 3:** To develop human resources through multi-level Training Programmes including training of eye nurses in refraction and low vision; training of eye unit staff as spectacle technicians, refractionists and also as vision screeners.	Conduct low vision, spec tech, vision screening and refraction courses.	$68,809 increased to $125,711	Courses completed People trained as refraction nurses People trained as vision screeners Refractionists trained in low vision service provision Patients will be able to access receive comprehensive refraction services and will be able to access affordable spectacles in eye units where no such services existed before. Increased access to eye care services through outreach screenings.	ICEE, NPEH, IRIS, Seva Foundation, BOCC, ABC, CDMD	**PI3** # Eye Unit staff assigned to Vision Centre (contracts signed) # trained staff (refractionists, optical workshop operators and vision screeners) Assessment and evaluation reports **PI4** Performance evaluations Eye unit staff is able to operate SOPs and M&E systems.	**R3** Patients do not access services. Provide workshops for community members; Develop strong relevant advertising material; Promote VC at community meetings; Encourage community leaders to promote VC; Provide workshops for stakeholders, hospital staff and other private clinics; Develop strong relationships with public health authorities, and key personnel.
ICEE Refractive Error Service Development and Capacity	**Objective 4:** To develop services through Eye Screening	Eye Unit staff in Kampot, Banteay Meanchey,	$28,165 revised up to	Increased community participation Increased access to	ICEE, NPEH, IRIS, Seva Foundation,	**PI5** # of people accessing service # of women and children accessing	**R4** Vulnerable children. Ensure protection policies are understood and implemented.

Activity name	Objectives	Main activities	Budget	Expected results (outcomes)	Key partners	Performance information	Risk management
Building to provide equitable access to eye care in Cambodia	Programmes with a focus on targeting women and children	Kampong Cham, Pursat and Battambang to conduct two outreach eye screening visits a month over the project period including 6 outreach eye screenings per year in Kampot in collaboration with CDMD	$31,074	eye care services through outreach screenings	BOCC, ABC, CDMD	services # of screenings conducted # of patients referred to eye clinics	**R5** Women not accessing services. Engage women's groups and other elements of civil society
	Objective 5: **To conduct advocacy** through Public Awareness Campaign, facilitate Annual Meeting of refraction nurses, and facilitate attendance at overseas conferences	Production, distribution and display of eye health promotion posters Annual meeting of refraction nurses from the five project provinces	$4,657	Increased access Refraction units and optical workshops fully operational and service provision is fully integrated into eye clinic activities programme. Strengthened relationships with existing NGO eye care services and public health services.	ICEE, NPEH, IRIS, Seva Foundation, BOCC	**PI6** Agreements with partners # workshop participation # meetings attended # participants at conferences	
		Total Program	$614,915				

Activity name	Objectives	Main activities	Budget	Expected results (outcomes)	Key partners	Performance information	Risk management
		Budget					

2.2 East Timor

Activity Title: Expanding eye care services, capability and rehabilitation into rural East Timor

Lead Agency: The Royal Australasian Collage of Surgeons (RACS)

Key Implementing Partners: Timor Leste MoH, ProVision Eye Care, Fo Naroman Timor Leste (FNTL), Friends of Same, Fuan Nabilan Blind School, Vision Australia.

Activity Location: Rural districts in East Timor: Maubesi, Maliana, Oecusse, Suai, Manufahi, particularly Same

Delivery Mechanism: 1, 2, 4 and 5

Rationale for activity: A Timorese Ministry of Health (MoH) survey (2006) indicated that approximately 47,000 people in Timor Leste over the age of 40 are vision impaired. Cataract and refractive error cause approximately 90% of vision impairment. Approximately 1 in every 100 primary school students has some type of disability (1.02 per cent), and of this approximately 16% are reported to have permanent vision impairment (First National Survey of Disability in Timor Leste's Primary Schools, 2008). Existing eye health services are unevenly distributed (centred in Dili) and insufficient to meet the need. The resident ophthalmologists (Timorese, Chinese, East Timor Eye Program (ETEP) Ophthalmologist, FHFNZ Ophthalmologist*) are all based in Dili. Current eye clinic facilities in the districts are inadequate to allow cataract and other eye surgery to be done. With 80% of the population living in rural areas, access to quality eye care services by more remote communities is a significant need and challenge. This program to expand eye care services is in line with the MoH National Eye Health Strategy focuses on overcoming current limitations and improving quality of eye health services in Timor Leste. The program is aimed at equipping the referral hospitals, enabling the resident ophthalmology team to carry out outreach activities in the districts, and strengthen local capacity.

Selection of activities 6.7: 1, 3, 5, 7

Indicative activities 6.8: 1, 3, 4, & 5

Program Identification Number: 11

Activity name	Objectives	Main activities	Budget	Expected results (outcomes)	Key partners	Performance information	Risk management
RACS Expanding eye care services, capability and rehabilitation into rural East Timor East Timor	**1.** To expand and improve access and quality of eye care services to rural communities.	**1.1** Equipping referral hospitals of Maubisse, Maliana, Oecusse and Suai with appropriate ophthalmology equipment	$128525 Increased to $144,079 (↑ equipment supply costs)	**1.1** Equipment purchased, delivered and installed, Improved surgical capacity at referral hospitals through availability of up to date ophthalmic equipment, Increased access to	RACS, RANZCO, Timor Leste Ministry of Health, Fo Naroman Timor Leste	**P1.1** Ophthalmic equipment purchased, delivered and installed within budget and in a timely manner based on equipment needs analysis, No. of surgical	**R1.1** Equipment at referral hospitals not maintained appropriately - Specialist and outreach teams to regularly check equipment and instruments during visits and provide recommendations for repair

Activity name	Objectives	Main activities	Budget	Expected results (outcomes)	Key partners	Performance information	Risk management
				eye care services by rural communities		interventions to restore sight, no. of sight correcting spectacle distributed, geographic distribution of beneficiaries,	or replacement. Program will be able to access a biomedical engineering service for the hospitals which is currently being introduced in Timor Leste.
RACS Expanding eye care services, capability and rehabilitation into rural East Timor East Timor		**1.2** Identification and training of a second Timorese ophthalmologist Activity cancelled (due to availability of suitable candidates) Long term ophthalmologist	$42,167- reallocated to other activities $44, 530	**1.2** Second national ophthalmology candidate trained to do cataract surgery with supervision, national capacity strengthened and long term sustainability of eye care services enhanced	RACS, RANZCO, Timor Leste Ministry of Health, Fo Naroman Timor Leste.	**P1.2** Second national ophthalmology candidate undergoing in and out of country training, # of cataract surgeries conducted by trainee under supervision, ophthalmology trainee's training and academic results, # of hours of training received from both resident and visiting teams	**R1.2.1** Second candidate for ophthalmology candidate not available - The return of a large number of new Timorese doctors from Cuba by the end of 2010, should ensure a larger pool of candidates to choose from. **R1.2.2** Second candidate for ophthalmology discontinues training - Careful selection of candidate for specialist training and regular performance reviews to identify any concerns early on.
RACS Expanding eye care services, capability and rehabilitation into rural East Timor East Timor		**1.3** Up -skill existing local ophthalmic nurses and train new nurses with ophthalmic nursing skills to ensure an effective, skilled ophthalmic workforce to provide	$43,800 increased to $52,896 for training	**1.3** Four to six ophthalmic nurses trained and working in the districts. Increased level of knowledge, capacity and skill of local staff	RACS, RANZCO, Timor Leste Ministry of Health, Fo Naroman Timor Leste.	**P1.3** 2 existing ophthalmic nurses to undertake out of country training, 4 additional ophthalmic nurses to undertake in and out of country training, training resources and materials	**R1.3.1** Loss of trained staff to other non-clinical or private positions - Resident ophthalmology team in-country and visiting specialist teams to provide ongoing support and coaching to nurses. Performance reviews conducted regularly to

Activity name	Objectives	Main activities	Budget	Expected results (outcomes)	Key partners	Performance information	Risk management
		quality eye care services in the districts.				developed, # hours education, training and mentoring provided, # of up skilled ophthalmic nurses working in the districts In-Country Eye Care Nurse Training Workshop ECN Training Attachment (Melbourne/Hobart)	identify any concerns. **R1.3.2** Trained Ophthalmic nurses fail to maintain skills and competency standards - Provide ongoing training, refresher courses and professional development opportunities where appropriate
East Timor		**1.4** Support an expanded outreach program by resident ophthalmology team to provide ophthalmology services to referral hospitals. Training at MAB for 2 vision impaired persons	$95,600 decreased to $33,484	**1.4** Sustainable outreach program implemented with increased numbers of rural communities and people accessing eye care services in the districts	RACS, RANZCO, Timor Leste Ministry of Health, Fo Naroman Timor Leste	**P1.4** Sustainable outreach program implemented by 2011, # of cataract and other eye surgeries performed at referral hospitals, # of people accessing outreach services in the districts	**R1.4** Patients do not access eye care services due to lack of awareness in availability of services - Promotional and communication materials to be developed and distributed through local community health centres (CHCs). Announcements through radio, local churches, schools and CHCs
RACS Expanding eye care services, capability and rehabilitation into rural East Timor East Timor	**2.** To provide community education on the prevention of avoidable blindness	**2.1** Scope need for vision health education training and rehabilitation services	$11,681	**2.1** Scoping completed, - Increased understanding of the community's vision health education and rehabilitation needs - most effective education delivery methods identified, - Vision health	Friends of Same, Fuan Nabilan Blind School, Vision Australia.	**P2.1** Community vision health and rehabilitation issues identified, courses developed, Schools and community centres identified to hold classes, # of vision	**R2.1** In-country partners unwilling to share necessary information - Encourage ownership, partnership and benefits of shared resources.

Activity name	Objectives	Main activities	Budget	Expected results (outcomes)	Key partners	Performance information	Risk management
				education and rehabilitation Program adapted/developed - centres selected, vision educators and mobility trainers selected		educators and mobility trainers selected	
RACS Expanding eye care services, capability and rehabilitation into rural East Timor East Timor		**2.2** Develop and deliver Vision Health Education Program	$17,437	**2.2** 4 to 5 national health workers trained in eye health education and presentation skills, education sessions delivered in selected centres, increased knowledge and awareness of vision health in communities	Friends of Same, Fuan Nabilan Blind School, Vision Australia.	**P2.2** 4 to 5 national health workers trained in eye health education and presentation skills, # of education sessions held in the community, # of educational posters exhibited, # of attendees at information sessions, # of materials distributed (by location)	**R2.2** Trainee trainers drop out of program or unable to carry out role as trainers - Careful selection of trainers and support provided throughout program.
RACS Expanding eye care services, capability and rehabilitation into rural East Timor East Timor	**3.** To provide training and training capacity to enable people who are blind or have low vision to achieve maximum independence	**3.1** Train the trainer courses in Braille where appropriate and mobility training with courses presented in the various locations. New Activity Employ a long term O&M instructor Training in Malaysia for 2 vision impaired	$25,295 $17,530	**3.1** 4 to 6 health workers (including people with vision impairment) trained in Braille and mobility education, Increased independence of vision impaired individuals	Friends of Same, Fuan Nabilan Blind School, Vision Australia.	**P3.1** 4 to 6 health workers (including people with vision impairment) trained in Braille and mobility education, # of vision aids introduced to communities, # of geographical areas covered, # of training sessions held (by location), # of attendees at courses.	**R3.1** Trainee trainers drop out of program or unable to carry out role as trainers - Careful selection of trainers and support provided throughout program.

Activity name	Objectives	Main activities	Budget	Expected results (outcomes)	Key partners	Performance information	Risk management
		persons at Malaysian Association for the blind.	$6, 600				
		Total Program Budget	$426274				

2.3 Fiji

Activity Title: Fiji Capacity Building in Early Childhood Care and Education for young children with vision impairments.

Lead Agency: Royal Institute for Deaf and Blind Children (RIDBC)

Key Implementing Partners: Fiji Ministry of Health; Fiji Ministry of Education; Fiji Society for the Blind (FSB), United Blind Persons of Fiji (UBP); Fiji National Council for Disabled Persons (FNCDP); Suva Parents Association; ICEVI

Activity Location: Suva and islands of Rotuma, Rabi and Kioa; Sydney (RIDBC North Rocks)

Delivery Mechanism: 1, 2, 4 and 5

Rationale for activity: The Fiji Ministry of Education Annual Report for 2007 (Fiji Ministry of Education, Science & Technology, 2008) reported the pre-school population of Fiji as 36,190 children aged 4-5 years. Using WHO disability prevalence estimates (World Health Organisation, 2008), it can be estimated that approximately 3,600 Fiji children aged 4-5 years have disabilities. Preliminary research undertaken by Dr Cama in the Central Division during 2007 identified 81 children aged 0-15 years with vision impairments. Of this group, seven were aged 5 years or less, 27 were aged 6-10 years, and 45 were aged 11-15 years. Two-thirds of the children had low vision and one-third was blind. In addition, 26% of the group had an additional disability. Based upon these results, Dr Cama estimates there are approximately 325 children with vision impairments across all four education divisions of the Fiji Islands. The project addresses the scale up of existing activities provided by the Fiji government, NGOs and other organisations working in eye health and vision care, with a focus on improving the quality of life of young children with low vision and blindness. The project aims to increase rehabilitation and preschool enrolments of girls and boys with vision impairments through the establishment of professional partnerships in the delivery of intensive training programs for MoH, MoE, AND FSB personnel working health, rehabilitation and education in the Fiji Islands.

Selection of activities 6.7: 1, 2, 5, 7

Indicative activities 6.8: 1, 2, 3, 4, 7, 8

Program Identification Number: 02

Activity name	Objectives	Main activities	Budget	Expected results (outcomes)	Key partners	Performance information	Risk management
Fiji capacity building in early childhood care & education in vision impairment (ECCE VI) RIDBC Fiji National Plan	To increase enrolments of girls and boys aged 0-6 years with vision impairments in rehabilitation and education programs through the establishment of professional partnerships in the	**Activity 1.** Sydney-based professional training program in ECCE (VI & MDVI) for Fiji MoH & MoE personnel. These 2 people will lead the Fiji ECCE (VI) training		**Result 1.** On-going collaborative partnerships established with MoH, MoE, FSB, UBP, FNCDP & Suva Parents Association, including follow-up consultative support for CRA, CBR and pre-school staff.	Fiji Ministry of Health; Fiji Ministry Educatio n; Fiji Society for the	**PI1** a)Training information: Training program successfully completed by 12 MoH community rehabilitation assistants (CRA), eight FSB community-based rehabilitation (CBR) field workers, and 12 MoE-	**R1** Political situation in Fiji will be closely monitored through DFAT travel advisories and discussion with Fiji project

Activity name	Objectives	Main activities	Budget	Expected results (outcomes)	Key partners	Performance information	Risk management
Vision Impaired Children	delivery of intensive training programs for MoH, MoE, AND FSB personnel working in preschools and local communities in the Fiji Islands. Professional programs will address; (a) vision screening and functional vision assessments, (b) early childhood care and education (ECCE), and (c)"school readiness" programs for children with blindness and low vision, including emergent Braille literacy, self-advocacy and social skills, orientation and mobility skills, use of optical and non-optical aids, and child protection procedures	programs.			Blind (FSB), United Blind Persons of Fiji (UBP); Fiji National Council for Disabled Persons (FNCDP); Suva Parents Association; ICEVI	selected pre-school teachers (anticipated training completed by the end of 2010); (b) 15 days of practicum-based training program delivered to MoH CRA, MoE preschool staff, and families in Rotuma Island, Rabi Island, and Kioa Island (5 days each island); (c) Program evaluations by participants to monitor the quality and content of training programs; (d) Sydney-based ToT program in ECCE(VI) delivered to two Fijian CRA & CBR personnel.	partners. If local political activities delay travel, there is a risk of delay in meeting project targets and timelines.
Fiji capacity building in early childhood care & education in vision impairment (ECCE VI)		**Activity 2.** Suva-based train-the-trainer program for Ministry of Health community rehabilitation assistants (CRA), Fiji	$6,400	**Result 2.** Increased identification of children with vision impairments (aged 0-5 yrs) living in rural communities including the remote islands of		**PI 2.** Service level data: Full data will be collected in regard to: (i)The number of children with vision impairments (0-	

Activity name	Objectives	Main activities	Budget	Expected results (outcomes)	Key partners	Performance information	Risk management
RIDBC Fiji National Plan Vision Impaired Children		Society for the Blind (FSB) community based rehabilitation (CBR) personnel, and Ministry of Education pre-school teachers.		Fiji.		5 yrs) identified via vision assessment/screening programs in the Fiji Islands, including the remote outer islands; (ii)The rate of ECCE program delivery will be monitored by the MoH, MoE and FSB; (iii)The number of preschool enrolments of children with vision impairments, as determined by MoE enrolment data, will be recorded; (iv) Preschool retention rates of children with vision impairments will be examined through analysis of MoE data.	
Fiji capacity building in early childhood care & education in vision impairment (ECCE VI) RIDBC Fiji National Plan Vision Impaired Children		**Activity 3.** Practicum-based training programs delivered in the Fiji islands of Rotuma, Rabi and Kioa, in accordance with priorities identified by the Fiji MoH, FSB and MoE. The training programs will be delivered through professional	$54,300 increased to $57, 725	**Result 3.** Improved health and well-being of children with vision impairments (0-5yrs) through the delivery of ECCE and child protection programs by MoH CRA and FSB CBR field workers. **Result 4.** Increased enrolments of		**PI 3.** Qualitative data: Parent satisfaction with mentor/role model programs, and the quality of vision screening/ assessment programs, and ECCE and school readiness programs will be determined by MoH/MoE surveys (with assistance from RIDBC project personnel).	

Activity name	Objectives	Main activities	Budget	Expected results (outcomes)	Key partners	Performance information	Risk management
		partnerships with the Ministry of Health, Ministry of Education, Fiji Society for the Blind, Fiji Society for the Blind, Suva Parents Association, & Fiji National Council for Disabled Persons. Change to conduct training in Suva		girls and boys with vision impairments (0-6 years) in the rehabilitation & education programs across the Fiji Islands, including the islands of Rotuma, Rabi and Kioa, through the delivery of gender equity programs and school readiness programs for pre-school age children with vision impairments (aged and their families).			
		Total Program Budget	$77,760				

2.4 Papua New Guinea

Activity Title: Strengthening eye care services in Papua New Guinea

Lead Agency: International Centre for Eyecare Education (ICEE)

Key Implementing Partners: ICEE; Royal Australasian College of Surgeons (RACS); PNG Eye Care (local), Provincial Hospitals

Activity Location: Papua New Guinea

Delivery Mechanisms: 1, 2, 4 , 5 and 6

Rationale for Activity: Currently there are less than 25 eye care nurses that conduct refractions in PNG, limiting the countries ability to address the problem of visual impairment due to uncorrected refractive error. This program, with the additional advantages of job creation and skills transfer for local personnel, will aim to build capacity of eye care personnel in PNG. The program will also establish Vision Centres to host a cost-recovery system and the cost recovery made from sales of affordable, high quality spectacles. This will allow the Vision Centre to further improve eye care services. The establishment of optical workshops in a community facilitates the availability of affordable eyewear and builds capacity for sustainable delivery systems. Importantly, spectacle supply and dispensing generates income for eventual self-sustainability of refractive services.

This project aligns with the objectives of the ABI Strategic Framework and seeks to strengthen government capacity to provide effective eye care. The Department of Health is committed to improving eye care services in PNG, and further collaboration with the Department of Health is also continuing in effort to address eye care in the country National Health Plan. This proposal aims to build and expand on existing work, as ICEE has been working with Port Moresby General Hospital (PMGH) and collaborating with Mt Hagen General Hospital (MHGH) and ophthalmologists in Mt Hagen and Lae, to support the establishment of VCs in their area. By establishing the VC as a public-NGO model as with the Port Moresby Vision Centre and MHGH; and training of local candidates, the program serves to strengthen and build capacity on existing services in each Vision Centre at Rabaul, Bougainville and Mendi. Collection of service level data from the VC, NSSS and outreach activities M&E systems, and qualitative data from interviewing individuals accessing the service and training reports, will provide information for the on-going and future development of eye care services provision to help eliminate avoidable blindness due to uncorrected refractive errors.

Selection of activities 6.7: 1, 3, 4, 5, 7

Indicative activities 6.8: 1, 2, 3, 4, 7, 8

Program Identification Number: 09

Activity name	Objectives	Main activities	Budget	Expected results (outcomes)	Key partners	Performance information	Risk management
Strengthening Eye Care Services in PNG; targeting the most vulnerable and needy in the	**Objective 1:** To develop human resources	**1.** Select and recruit 6 VC personnel (3 refractionists and 3 workshop operators), **2.** Training,	$7,900 $152,940	Investing in people through development of human resources will allow	ICEE; Royal Australasian College of Surgeons (RACS); PNG Eye Care	**PI1** Monitoring (all data disaggregated for gender & age group): # hours education, training	**R1** Trained staff leaving position; Contracts and Agreements signed

Activity name	Objectives	Main activities	Budget	Expected results (outcomes)	Key partners	Performance information	Risk management
community. PNG		Assessment and Monitoring for VC personnel **3.** Eye Care System Instrument Maintenance Training for 1 person **4**. Supporting the establishment of the national PBL committee and health systems strengthening.		**1. & 2.** A sustainable operation of VCs as it is staffed with well trained local personnel. This will result in quality eye care services and spectacle dispensed to be accessible in the areas of Mendi, Bougainville and Rabaul serving a total surrounding population of 941,558. **3.** Technical eye care equipment will be well maintained, allowing improved productivity and efficiency of the equipment. This will also be sustainable as a local has been trained, reducing costs in the long term.	(local), Provincial Hospitals	and mentoring provided # VC personnel employed (contracts signed) # trained people meeting competency standards (refractionists and workshop operators) # VC staff able to perform SOPs and M&E systems # personnel attending low vision training and strategising workshop **P12** Evaluation: -Quarterly reflective analyses (or "sense making") of quantitative monitoring data -Yearly Most Significant Change analysis -Alternate year Internal Evaluation by ICEE researcher (protocol available on request))	on a yearly basis - and renegotiated yearly; Provide training as staff incentives and regular performance reviews to identify any concerns. **R2** Duplication of other NGO activities. Close collaboration and ongoing discussions with other NGOs will continue to ensure activities do not overlap.
ICEE Strengthening Eye Care Services in PNG; targeting	**Objective 2:** To develop infrastructure through the establishment of 3	**5.** Establish infrastructure for 3 VCs so they are fully operational	$465,373	**4.**3 VCs will operate fully as it is equipped with quality instruments; resulting in access	ICEE; Royal Australasian College of Surgeons (RACS); PNG	**PI3** Monitoring: - VC lease contracts and agreements with	

Activity name	Objectives	Main activities	Budget	Expected results (outcomes)	Key partners	Performance information	Risk management
the most vulnerable and needy in the community	Vision Centres (VCs) in Rabaul, Bougainville and Mendi			to quality eye care services and spectacles dispensed to be equitable and accessible in the areas of Rabaul, Bougainville and Mendi serving a total surrounding population of 941,558	Eye Care (local), Provincial Hospitals	hospitals/partners signed - Refurbishments completed to specification - Specified equipment sourced, purchased and delivered to VCs - Reporting and financial systems established **PI4** Evaluation: - Quarterly reflective analyses (or "sense making") of quantitative monitoring data - Yearly Most Significant Change analysis - Alternate year Internal Evaluation by ICEE researcher (protocol available on request)	
ICEE Strengthening Eye Care Services in PNG; targeting the most vulnerable and needy in the community	**Objective 3:** To conduct outreach services.	**6** Outreach service delivery trip conducted over 2 years), around 811 patients over 5 trips.	$174,370	**5.1.** Outreach service delivery conducted five times over 2 years, will allow the remote population of PNG to have improved equity in access to refractive error and	ICEE; Royal Australasian College of Surgeons (RACS); PNG Eye Care (local), Provincial Hospitals	**PI5** Monitoring (all data disaggregated for gender & age group): # people seen # cataract operations # spectacles provided	**R3** Patients do not access services. Provide workshops for community members; Develop strong relevant advertising material; Promote

Activity name	Objectives	Main activities	Budget	Expected results (outcomes)	Key partners	Performance information	Risk management
				ophthalmological services. **5.2** Increased capacity and improved learning opportunities of ophthalmology registrars, resulting in well trained local Ophthalmologists. This will allow a higher level of experience and improved treatment to their patients. **5.3** Mentor 2-4 ophthalmologist registrars during outreach Service Delivery		# up-skilled ophthalmologist registrars and existing ophthalmologists **PI6** Evaluation: - Quarterly reflective analyses (or "sense making") of quantitative monitoring data - Yearly Most Significant Change analysis - Alternate year Internal Evaluation by ICEE researcher (protocol available on request)	VC at community meetings; Encourage community leaders to promote VC; Provide workshops for stakeholders, hospital staff and other private clinics; Develop strong relationships with public health authorities, and key personnel.
ICEE Strengthening Eye Care Services in PNG; targeting the most vulnerable and needy in the community	**Objective 4:** To develop a National Spectacle Supply System in PNG.	**7.** Create a NSSS coordinating capacity in Port Moresby **8**. Establish and equip 6 Spectacle Supply Units for NSSS	Component of budget figure above	**6 & 7.** The National Spectacle Supply System will improve provision of quality spectacles to be equitable and accessible in all areas of PNG to eventually cater for the entire population of 5.93 million people of PNG.	PNG Eye Care, Hospitals	**PI7** Monitoring: # lease agreements signed # workshop participants # spectacle orders per site # spectacle orders processed **PI8** Evaluation: - Quarterly reflective analyses (or "sense	

Activity name	Objectives	Main activities	Budget	Expected results (outcomes)	Key partners	Performance information	Risk management
						making") of quantitative monitoring data - Yearly Most Significant Change analysis - Alternate year Internal Evaluation by ICEE researcher (protocol available on request)	
		Total Program Budget	1,580,927 increased to $1,633, 340				

2.5 Samoa

Activity Title: Continuing development of eye health services and capacity in Samoa

Lead Agency: Royal Institute for Deaf and Blind Children (RIDBC)

Key Implementing Partners: ICEE, Ministry of Education, Senese School

Activity Location: Samoa

Delivery Mechanisms: 1,2,4,5 and 6

Rationale for activity: The Pacific islands nation of Samoa has a population of 176,900 people, of which approximately 39,400 are school aged children. There is currently no systemic vision screening and referral process in place for children. In the general population, the World Health Organisation reports an estimate of over half the population is obese. Diabetic eye disease poses a great problem in countries like Samoa where there is limited capacity to manage the eye conditions. After cataracts, refractive error and diabetic retinopathy were the main contributors to vision impairment. In a study on eye care and disease conducted at the hospital clinic in Samoa, Ramke du Toit 2007 reported that 20% of vision problems presenting were uncorrected refractive error. 1.3% of the population over 5 years of age are visually impaired due to uncorrected error refractive error. The treatment of refractive error is the most simplest and cost effective area of vision care treatment, and in young children, potentially, a significant factor in educational success. Correction of refractive error in school aged children can potentially increase their educational success. The training of local personnel will increase the eye care capacity to target populations as there is only one local and one temporary ophthalmologist providing eye care for the people in Samoa. Building capacity of eye care personnel in Samoa is highly needed to address the problem of visual impairment due to uncorrected refractor error, with the additional advantages of job creation and skills transfer for local personnel. The project aims to continue with the development and implementation of a school vision screening program of Samoan children aged 5 to 12 years including developing vision centres, school screenings, training teachers and education.

Selection of activities 6.7: 1, 2, 4, 5, 7

Indicative activities 6.8: 1, 2, 3, 4, 5, 7, 8

Program Identification Number: 01

Activity name	Objectives	Main activities	Budget	Expected results (outcomes)	Key partners	Performance information	Risk management
Continuation of pilot project - Develop vision centres, school screenings, training teachers and education. Develop eye	**Objective 1 :** Develop and implement a school vision screening program of Samoan children aged 5 to 12 years. Identify uncorrected refractive error.	Training of teachers, training of a trainer (ToT) for ongoing screening; conduct full vision examinations of referred children; refer to the optical workshop in Apia hospital; supply	$23,220	Identification of uncorrected refractive error in children aged 5 to 12 yrs. Correction of refractive error and/or	ICEE	**PI1**Training Information - No. of screeners trained, - No. of screeners equipped. Trainee screener's evaluations & assessments. Service level data:	

Activity name	Objectives	Main activities	Budget	Expected results (outcomes)	Key partners	Performance information	Risk management
health services and capacity in Samoa	Conduct follow up clinics for spectacle prescription and fitting and/or supply of low vision aids. Make referrals for further assistance to medical and educational agencies where indicated. Provide an affordable spectacle and low vision supply in Samoa.	spectacles and/or low vision aids for children with refractive error; refer children with more serious vision problems to appropriate agencies.		amelioration of low vision. Samoan teachers become more skilled and aware of vision problems among children. Samoan teachers report better outcomes for children who receive refractive correction.		- no. of screenings conducted, - no. of children referred to regional clinics, - no. of children having full vision screening conducted, - no. of spectacles and low vision devices prescribed. Qualitative interviews of screeners, ToT trainer and program manager, school teachers and recipients (children) of refractive error services where the trained screeners are working. Variance analysis of Planned vs. Actual performance indicators and quarterly reporting against achievement. Mid term evaluation conducted to ensure services provided are appropriate and of adequate quality and to review the effectiveness of intervention.	
	Objective 2: To develop human resources through the delivery of the	Select, recruit and employ VC personnel (1 workshop operator for Savai'iand 1	$47,280	Investing in people through development of human resources	ICEE	**PI2** Monitoring (all data disaggregated for gender & age group): # hours education, training	**R1** Trained staff leaving position; Contracts and Agreements signed

Activity name	Objectives	Main activities	Budget	Expected results (outcomes)	Key partners	Performance information	Risk management
	following training programmes: - Spectacle Technician training - Administration and management training.	administrative assistant will be employed). They will provide support to the eye care personnel currently working in Samoa - (2 eye care nurses currently studying at PEI who will graduate in January 2010, and 1 spectacle technician currently working in Apia) Targeting women for recruitment. Conduct Spectacle Technician training for all 3 recruited over period of 2 weeks, Assess and Monito. Conduct management training for VC staff employees at Apia & Savai'i		will allow - sustainable operations of VCs as it is staffed with well trained local personnel. This will result in quality eye care services and spectacle dispensed to be accessible in the areas Suvai and Apia serving a total surrounding population of 176,900. - Increase prospects and autonomy of women by having gender targeted recruitment		and mentoring provided # VC personnel employed (contracts signed) # trained people meeting competency standards (refractionists and workshop operators) # VC staff able to perform SOPs and M&E systems **PI3 Evaluation:** Quarterly reflective analyses (or "sense making") of quantitative monitoring data Yearly Most Significant Change analysis Alternate year Internal Evaluation (protocol available on request)	on a yearly basis - and renegotiated yearly; Provide training as staff incentives and regular performance reviews to identify any concerns. **R2** Duplication of other NGO activities. Close collaboration and ongoing discussions with other NGOs will continue to ensure activities do not overlap.
	Objective 3: To develop infrastructure through the - establishment of 1 Vision Centres (VC) in Savai'i located within Savai'i General Hospital - including refurbishment,	Establish infrastructure for VC In Savai'i so it is fully operational Identify suitable location within Savai'I General Hospital, and establish lease refurbish and furnish. equip with technical	$14800	VC in Savai'i and optical workshop in Apia will operate fully as it is equipped with quality instruments; resulting in quality eye care services and		**PI4 Monitoring:** VC lease contracts and agreements with hospitals/partners signed Refurbishments completed to specification in VC in Savai'i Specified equipment sourced, purchased and	

Activity name	Objectives	Main activities	Budget	Expected results (outcomes)	Key partners	Performance information	Risk management
	equipment provision and supply of seed stock; - upgrade of optical workshop and office equipment in Apia	and office equipment Minor upgrade of the current optical workshop and office equipment in Apia. Establish agreement. Procure and Equip with optical workshop and office equipment		spectacles dispensed to be equitable and accessible in the areas Savai'iand Apia serving a total surrounding population of 176,900		delivered to VC in Suvai and optical workshop in Apia Reporting and financial systems established in VC in Savai'i Evaluation: Quarterly analyses (or "sense making") of quantitative monitoring data Yearly Most Significant Change analysis Alternate year Internal Evaluation (protocol available on request)	
	Objective 4: Service development through Vision Centre targeting those in remote and / or marginalised areas.	Increase equity in access to eye care services and affordable spectacles in immediate and outreach populations of Suvai - Develop referral pathways		VC in Savai'i and optical workshop in Apia will result in improved equity in access to quality eye care services and spectacles dispensed to be equitable and accessible in the areas of Savai' and Apia. Services in Apia will be supporting the Senese school screening		**PI5 Monitoring** # people accessing service # eye exams/refractions/screening # specs prescribed and provided # patients referred **PI6**Evaluation: Quarterly reflective analyses (or "sense making") of quantitative monitoring data Yearly Most Significant Change analysis	**R3** Patients do not access services. Provide workshops for community members; Develop strong relevant advertising material; Promote VC at community meetings; Encourage community leaders to promote VC; Provide workshops for stakeholders,

Activity name	Objectives	Main activities	Budget	Expected results (outcomes)	Key partners	Performance information	Risk management
				programs		Alternate year Internal Evaluation (protocol available on request)	hospital staff and other private clinics; Develop strong relationships with public health authorities, and key personnel.
		Total Program Budget	$185110				

2.6 Solomon Islands

Activity Title: Upgrade of National Vision Centres

Lead Agency: Foresight

Implementing Partners: Foresight, RACS, ICEE, RIDBC, CERA and RANZCO

Activity Location: Guadalcanal, Malaita, Western and Makira-Ulawa Provinces in the Solomon Islands

Delivery Mechanisms: 1, 2, 4, 5 and 6

Rationale for activity: The Solomon Islands consists of a number of scattered islands with dispersed populations, varied geography and costly transportation, making the provision and delivery of eye care services to the population difficult. In common with many low resource countries in the Western Pacific, visual disability is a major health problem. Hospital data indicates the prevalence of blindness as approximately 1.0% of the population. The current surgical equipment at the NRH is inadequate to provide the clinical and teaching services needed to achieve self-sufficiency in eye care. An upgrade of the NRH surgical facilities is planned. This NRH upgrade includes new equipment such as a teaching microscope, steriliser and instruments. These upgrades will enable these vision centres to have permanent surgical facilities.

The recently completed Solomon Island Disability Survey report shows the leading disability in the Solomon Islands is visual impairment, which accounts for 27% of all disabilities. Uncorrected refractive error is the leading cause of visual impairment. There are currently no sustainable prescription spectacle providers in the Solomon Islands and the people do not have access to quality low-cost spectacles. This program would sustain the operation and employment of the Spectacle Technicians. Local capacity is created through the establishment of an optical workshop that operates on a cost recovery basis, initially run by ICEE for uptake by MoH once operations are established. The implementation of a cost-recovery method through the sale of spectacles in refraction clinics at an affordable rate will ensure the long-term sustainability of this activity. The Solomon Islands Vision survey in this program will provide information on the incidence and prevalence of visual impairment and enable effective treatment programs to be established and appropriate advocacy undertaken. Children in the Solomon Islands have a high incidence of untreated visual problems including congenital cataracts, uncorrected refractive error and trachoma. There is a very high incidence of trauma leading to visual impairment due to the rural environment in which they live. The pilot community based screening program in central Guadalcanal aims to build on the existing, limited screening services to identify treatable causes of visual impairment in children under 12 and aid in arrangements for further attention or treatment.

Selection of activities 6.7: 1, 2, 5, 7

Indicative activities 6.8: 1, 2, 3, 4, 7,

Program Identification Number: 15

Activity name	Objectives	Main activities	Budgets	Expected results (outcomes)	Key partners	Performance information	Risk Management
National Vision Centres Upgrade **Solomon Islands - Guadalcanal,**	**1.** Building diagnostic and treatment capacity of eye health services in the Solomon Islands	**1:** Original Upgrading or construction of four eye clinics as identified by the	$274,265 increased to $342,016	**1.1** 4 new or upgraded eye care clinics in the Honiara suburban area and regional	RACS / RANZCO	**PII** Agreements with hospitals/partners signed. Refurbishments completed to	**R1** Poor coordination with hospitals and partners. Mitigated through provision of workshops for stakeholders, hospital

Activity name	Objectives	Main activities	Budgets	Expected results (outcomes)	Key partners	Performance information	Risk Management
Malaita, Western and Makira-Ulawa Provinces		Solomon Island Eye Department as their priority for the National Eye Plan (Auki, Gizo, Kirakira, and Honiara Town Council). Revised: Upgrading or construction of three eye clinics as identified by the Solomon Island Eye Department as their priority for the National Eye Plan (Auki, Gizo, Kirakira, and Honiara Town Council). Refurbishment of Gizo clinic site. **2:** Improving access to eye care in regional and suburban areas.		priority areas identified by the Solomon Islands Eye department. **1.2** Improved teaching facilities for registrar training. **2.1** Approximately 250,000 people to gain improved access to diagnosis and treatment of eye disease.		specification. Specified equipment sourced, purchased and delivered to eye units. Reporting, administrative and financial systems established **PI2** Staff able to perform SOP's. Training conducted personnel meet competency standard **PI3** Geographic distribution of beneficiaries. **PI4** Service level data collected disaggregated for gender & age group: number of people seen, examined and treated. **PI5** Quarterly analyses of quantitative monitoring data. Annual quantitative outcomes data report	staff and other private clinics; Develop strong relationships with public health authorities, and key personnel. **R2** Fluctuating exchange rate impacts program budget and procurement. Mitigated by using established networks to source equipment and consumables at cost-effective rates. **R3** Trained personnel fail to maintain competency standards or leave workplace. To be mitigated by establishing employment contracts. Provide ongoing training and professional development opportunities as well as performance reviews.

Activity name	Objectives	Main activities	Budgets	Expected results (outcomes)	Key partners	Performance information	Risk Management
Ophthalmic Surgical Facilities Upgrade **Solomon Islands – Guadalcanal and Malaita Provinces**	**1.** Building surgical capacity in Ophthalmology in the Solomon Islands	**1:** Upgrading theatre equipment and instruments at the National Referral Hospital, Honiara. **2.** Developing surgical capacity at Auki, Malaita Province	$186,915	**1.1** Improved surgical capacity and facilities at the National Referral Hospital in Honiara **1.2** Improved surgical teaching facilities for registrar training. **1.3** Expansion of surgical services to sub-speciality areas previously not available. **2.1** Population of 100,000 can access improved surgical services at Auki.	RACS / RANZCO	**PII** Agreements with hospitals/partners signed. Specified equipment and instruments sourced, purchased and delivered to eye units. **PI2** Staff able to perform SOP's. Training conducted personnel meet competency standard **PI3** Geographic distribution of beneficiaries. **PI4** Service level data collected disaggregated for gender & age group: number of and type and results of operations performed. **PI5** Quarterly analyses of quantitative monitoring data. Annual quantitative outcomes data report	**R1** Poor coordination with hospitals and partners. Develop strong relationships with public health authorities, and key personnel. **R2** Fluctuating exchange rate impacts program budget and procurement. Mitigated by using established networks to source equipment and consumables at cost-effective rates. **R3** Theatre equipment and instruments not used or properly maintained. Mitigated by training personnel in operating, servicing and maintaining equipment. **R4** Trained personnel fail to maintain competency standards. To be mitigated by provision of ongoing training and professional development opportunities.

Activity name	Objectives	Main activities	Budgets	Expected results (outcomes)	Key partners	Performance information	Risk Management
Eye and vision care for the Solomon Islands **Solomon Islands - Guadalcanal, Malaita, Western and Makira-Ulawa Provinces**	**1.** Building refraction and dispensing capacity in Solomon Islands	**1:** Upgrading of Refraction Services in the Government eye units in Auki, Kirakira, Gizo and Honiara Town Council. **2.** Set up a spectacle supply mechanism and manufacturing hub in Honiara & optical workshop and management and operational costs. 3. Program mentoring and review. **3.** Recruit, employ and train one Vision Centre Manager	$34,935 increased to $53,885 $45,090 increased to $123,747	**1.1** 4 fully refurbished, standardized and equipped refraction clinics. **1.2** Refraction clinics, providing spectacles to local communities and from surrounding islands - giving **access** to spectacles to more than 140,000 people **1.3** Honiara optical workshop upgraded with additional equipment **2.1** 4 sites supplies with subsidized spectacle supply from nodal hub in Honiara **2.2** Seed stock of spectacle frames and lenses established **2.3** Free/subsidized spectacles available for children in Honiara **3.1** One Vision Centre Manger employed and	ICEE	**PII** Specified equipment and consumables sourced, purchased and distributed. Reporting, administrative, financial systems established **PI2** No. of sight correcting spectacles distributed. Geographic distribution of beneficiaries. **PI3** Recruitment and training of vision centre manager conducted and competency standards met. **PI4**Service level data collected disaggregated for gender & age group: number of people seen, examined and spectacles distributed **PI5** Quarterly reflective analyses (or "sense making") of quantitative monitoring data. Yearly Most	**R1** Fluctuating exchange rate impacts procurement, manufacturing costs and subsidy of spectacles. Mitigated by establishing budget and financial systems. Using networks to source equipment and consumables at cost-effective rates. **R2** Trained vision centre staff fail to maintain competency standards or leave workplace. To be mitigated by establishing employment contracts. Provide ongoing training and support.

Activity name	Objectives	Main activities	Budgets	Expected results (outcomes)	Key partners	Performance information	Risk Management
				trained.		Significant Change analysis. Alternate year Internal Evaluation by ICEE researcher (protocol available on request).	
Pilot Project - Establish a community based paediatric screening program **Solomon Islands – Central Guadalcanal**	**1.** Develop and implement a community based vision screening program for Solomon Island children aged 0 to 12 years to : - Identify uncorrected refractive error. - Conduct follow up clinics for spectacle prescription and fitting and/or supply of low vision aids. - Arrange referrals for further assistance to medical and educational agencies. - Provide an affordable spectacle and low vision supply in the Solomon Islands.	**1.** Training of community nurses **2.** Training of a trainer (ToT) for ongoing screening **3.** Conduct full vision examinations of referred children by establishing referral pathways to the eye clinics; refer to vision centre and/or refer to optical workshop; supply spectacles and/or low vision aids for children with refractive error; refer children with more serious vision problems to appropriate agencies.	$101,480 reduced to $68,830	**1.1** Community nurses become more skilled and aware of vision problems among children. **2.1** A Trainer is charged with provision of ongoing screening **3.1** Identification of uncorrected refractive error in children aged 0 to 12 yrs. **3.2** Correction of refractive error and/or amelioration of low vision. **3.3** Solomon Island community nurses report better outcomes for children who receive refractive	RIDBC/ICEE	**PI1** Training Information - no. of screeners trained, no. of screeners equipped. **PI2** Trainee screeners - evaluations & assessment. **PI3** Service level data - no. of screenings conducted, no. of children referred to regional clinics, no. of children having full vision screening conducted, no. of spectacles and low vision devices prescribed. **PI4** Qualitative interviews of screeners, ToT trainer and program manager, community nurses and recipients of refractive error services **PI5** Variance analysis of Planned vs. Actual performance	**R1** Poor coordination and attendance of clinics, follow up visits and referrals. Mitigated by Develop strong communication and relationships with key community partners and activity promotion to parents and schools. **R2** Trained personnel fail to maintain competency standards. To be mitigated by provision of ongoing training and professional development opportunities.

Activity name	Objectives	Main activities	Budgets	Expected results (outcomes)	Key partners	Performance information	Risk Management
				correction		indicators and quarterly reporting against achievement. **PI6** Mid term evaluation conducted to ensure services provided are appropriate, effective and of adequate quality.	
Solomon Islands Vision Survey **Solomon Islands**	**1.** To asses the prevalence type and distribution of avoidable blindness in the Solomon Islands -	**1.** Develop and implement a Rapid Assessment of Avoidable Blindness (RAAB) survey programme.	$500 increase to $10,900	**1.1** Objective data on the prevalence, type and distribution of avoidable blindness in the Solomon Islands **1.2** Give health planners objective data to enable them to make planning decisions in eye health	CERA	**PI1** Statistical information gained to be assessed for information on number of sites involved, numbers of patients assessed and robustness of clinical data gathered	**R1** Poor coordination of surveys. Mitigated by the development of strong relationships with key clinical and community partners **R2** Inadequate numbers of trained assessors. To be mitigated by provision of extensive initial and ongoing training. **R3** Data loss mitigated by training in computer skills and a reliable backup strategy.
		Total Program Budget	$1098500				

2.7 Vietnam

Activity Title: Strengthening gender and disability inclusive approaches to community eye health to reduce avoidable blindness – Nghe An and Son La Provinces

Lead Agency: CBM

Key Implementing Partners: Provincial Ministry of Health, CBM, CERA, ICEE

Activity Location: Nghe An Province

Delivery Mechanisms: 1,2,3,4,5 and 6

Rationale for activity: The RAAB in 2007 indicated avoidable blindness is a leading cause of disability in Viet Nam, with main causes being cataract (66%), followed by posterior segment disease (16.7%), and corneal scarring (5.6%). Refraction errors are responsible for 2.5% of all cases. 83% of bilateral blindness is avoidable, 14% is preventable and 69% curable. Nghe An and Son La Provinces are amongst the largest and poorest provinces of Vietnam and have under-developed eye care infrastructure. Son La in particular is a mountainous province and whilst 85% of the population receives free health insurance under program 139 (poor ethnic minority), limited eye care infrastructure has led to poor access to eye care services.

This program aims to further strengthen provincial level eye care services, whilst developing more accessible services at the district and commune level. Linkages between all levels will be strengthened to improve access to eye care. By integrating a strategy for gender and disability inclusion through all levels of the eye care program in Nghe An and Son La, disability will be prevented through eye care activities. Women, men, boys and girls and those with disability should be enabled to access eye care services and further rehabilitation and educational opportunities through strengthened referral networks.

Selection of activities 6.7: 1, 2, 3, 5,7

Indicative activities 6.8: 1, 2, 3, 4, 7, 8

Program Identification Number: 13

Activity name	Objectives	Main activities	Budgets	Expected results (outcomes)	Key partners	Performance information	Risk Management
Detailed Implementation Planning (DIP) Nghe An and Son La Provinces	**Objective 1** To create a manual/ guidelines on Gender and Disability Inclusive Approach to Community Eye Health (DIACEH) services as a tool to reduce Avoidable Blindness in	**Activity 1.1** Needs assessment and detailed implementation (DIP) planning to be completed in Nghe An and Son La Provinces to inform development of DIACEH; informed by a community KAP Survey.	$10,660 reduced to $2,720	**Result 1.1** Completed needs assessment used to inform planning of DIACEH program. Completed community KAP Survey used to inform DIP and DIACEH	CBM / Nossal Institute CBM, CERA with support of VNIO	**P11** # of people captured in needs assessment. Geographic areas captured. Qualitative and quantitative data	**R1** Failure of planning group to incorporate findings of needs assessment and to be inclusive in planning process. Mitigation: Inclusion of all key stakeholders in planning process. Training on gender and

Activity name	Objectives	Main activities	Budgets	Expected results (outcomes)	Key partners	Performance information	Risk Management
	selected Districts of Nghe An and Son La Province by Dec. 2011.			program. Unknown barriers identified and considered in planning process.		gathered re: knowledge, attitudes and practice re: eye health in community and health staff. Data disaggregated by gender and disability.	disability inclusion and project cycle management to enable effective and inclusive planning.
Development of DIACEH Model Nghe An and Son La Provinces		**Activity 1.2** CBM Australia / Nossal Institute and CBM Viet Nam (including CBM CBR advisor) develop a Gender and DIACEH model based on the community needs assessment outcomes and KAP Survey.		**Result 1.2** Developed DIACEH curriculum for staff training (at provincial, district, commune and village levels) in gender and disability inclusion in program delivery. Increased mainstreaming of gender and disability inclusion into planning of eye-care services.		**P12** Quality of manual on Gender and Disability Inclusive Approach to Community Eye Health measured against: -Is the plan in line with Vietnam's disability policy? -Is the plan in line with AusAID's Guiding Principles for disability inclusion?	**R2** Model developed does not have full involvement and support from PMOH. Mitigation: Specific consultation and advocacy to create buy-in from all stakeholders.
KAP Survey - Baseline Thanh Chuong and Yen Thanh (Nghe An Province) and	**Objective 2** To strengthen the capacity of the Nghe An and Son La Provincial Eye Referral Hospitals to establish and monitor 4 District	**Activity 2.1** KAP Survey, assessing barriers to eye-care and disability inclusion, in Thanh Chuong and Yen Thanh (Nghe An Province) and Moc Chau and Yen Chau (Son La	$323,962	**Result 2.1** Qualitative and quantitative data gathered on knowledge, attitudes and practice re: eye health in (1) community and (2)	CERA, CBM and VNIO	**P11** KAP Survey Results	**R1** That national survey collectors could be biased in the process. *Mitigation:* Provision of quality training, adequate incentives and adequate checking of

Activity name	Objectives	Main activities	Budgets	Expected results (outcomes)	Key partners	Performance information	Risk Management
Moc Chau and Yen Chau (Son La Province)	Eye Units along with selected communes, in the provision of essential Gender and Disability Approach to Community Eye Health to reduce Avoidable blindness by December 2011.	Province) districts, to establish baseline and inform planning.		health workers.			survey instruments.
RAAB – Baseline Son La Province		**Activity 2.2** RAAB survey in Son La Province (Jan 2010).		**Result 2.2** Established quality baseline quantitative data to inform programme planning, service delivery, monitoring and evaluation.	CERA, CBM and VNIO	**P12** Prevalence of avoidable blindness in Son La Province. # of people captured in RAAB. Data disaggregated by gender and disability.	**R2** That national survey collectors could be biased in the process. Mitigation: Provision of quality training, adequate incentives and adequate checking of survey instruments.
Capacity building of CBM partners and PBL steering committee on planning and project management Nghe An and Son		**Activity 2.3** Capacity building of CBM partners and PBL steering committee on planning and project management. This includes training on PCM and strategic administrative planning		**Result 2.3** Developed long term PBL plans based on PCM principles and sufficiently addressing cross cutting issues on child protection, gender and disability	CBM, National PBL Committee	**P13** Participation of women and persons with disabilities in PBL steering committee activities # Of monitoring meetings and	**R3** That there is insufficient follow up and mentoring of those trained. *Mitigation:* Put follow up / mentoring program in place. This condition will be clearly stated in the project agreement.

Activity name	Objectives	Main activities	Budgets	Expected results (outcomes)	Key partners	Performance information	Risk Management
La Provinces		and project management support by CBM to partner and PBL steering committee in Nghe An and Son La Province.		inclusion. Strengthened capacity of the provincial PBL steering committee and related authorities, in the planning, management and supervision of the community eye health programme.		improved quality of monitoring reports. # of partner staff and provincial PBL trained. # Follow-up coaching/monitoring on site.	
Training of Personnel and equipping of eye health services Nghe An and Son La provinces		**Activity 2.4** Training of newly recruited staff (basic eye doctor, ophthalmic nurses, refraction nurses and spectacle technicians) and equipping of provincial, district, and commune health centres for eye health service delivery and outreach activities within a DIACEH framework across Nghe An and Son La provinces.	$347,541 increased to 419,845	**Result 2.4** Increased human resource capacity through training of: - 1 refraction nurse in Son La and 1 in Nghe An. - 1 Eye Nurse in Son La and 1 in Nghe An. - 2 Basic Eye Doctors in Son La and 1 in Nghe An. - 1 spectacle technician in Son La and 1 in Nghe An. Equipped 2 Provincial	VNIO, CBM CERA Provincial Hospitals District eye Units Commune Health Centres	**P14** # of trained professional staff # follow up coaching/monitoring on site. # of medicines and consumables. # Spectacles dispensed. # of surgical instruments.	**R4** That there is insufficient follow up and mentoring of those trained. *Mitigation:* Put follow up / mentoring program in place. This condition will be clearly stated in the project agreement.

Activity name	Objectives	Main activities	Budgets	Expected results (outcomes)	Key partners	Performance information	Risk Management
				hospitals, 4 District Eye Units and 79 commune health centres in Nghe An and 44 commune health centres in Son La with medical supplies and equipment.			
HMIS Nghe An and Son La provinces		**Activity 2.5** Enhancement of health management information system (HMIS) across key sites.		**Result 2.5** Established HMIS across key sites – Son La and Nghe An Provincial Hospitals and Thanh Chuong, Yen Thanh, Moc Chau and Yen Chau District Eye Centres. Improved monitoring and evaluation practices in terms of numbers of patients being seen (age, gender and disability disaggregated) and patient outcomes.	Son La and Nghe An Provincial Hospitals and Thanh Chuong, Yen Thanh, Moc Chau and Yen Chau District Eye Centres. VNIO, CBM CERA	**P15** Quality of HMIS. Increased reporting completed by health staff across key sites. Health information is systematically collected, analysed and reported and disability, gender and age disaggregated.	**R5** That support for the enhanced HMIS system fails to achieve workable synergy with the existing MOH data collection requirements. Mitigation: Cautious implementation after broad consultation and agreement with minimum disruption to the existing system.
RAAB – End of project Nghe An Province		**Activity 2.6** RAAB in Nghe An as a means to measure end of project results- **to be completed in November**		**Result 2.6** Evaluated the preliminary results of 2 year project implementation.	VNIO, CBM CERA	**P16** RAAB results compared with RAAB 2007.	**R6** That national survey collectors could be biased in the process. *Mitigation:* Provision of quality training,

Activity name	Objectives	Main activities	Budgets	Expected results (outcomes)	Key partners	Performance information	Risk Management
		2011.		VNIO and Provincial Department of Health and Eye Hospital have increased capacity to implement the RAAB		Difference in prevalence of avoidable blindness across Nghe An between 2007 and 2011. # of people captured in RAAB Data disaggregated by gender and disability.	adequate incentives and adequate checking of survey instruments.
KAP – End of Project Nghe An and Son La provinces		**Activity 2.7** KAP in Nghe An and Son La as a means to measure end of project results in November 2011.	**$107,568**	**Result 2.7** Established information on changes to barriers to eye care in Nghe An and Son La Districts, to inform evaluation and future planning. Participatory approach to evaluation and future planning of DIACEH involving the community and minority groups across Nghe An and	VNIO, CBM CERA	**P17** KAP results compared with KAP 2009. Difference in knowledge, attitude and practice (including barriers) regarding eye health in community and health workers between January 2010 and November 2011.	**R7** That national survey collectors could be biased in the process. *Mitigation:* Provision of quality training, adequate incentives and adequate checking of survey instruments.

Activity name	Objectives	Main activities	Budgets	Expected results (outcomes)	Key partners	Performance information	Risk Management
				Son La Provinces.			
Information Education Communication (IEC) campaign Nghe An and Son La Provinces	**Objective 3** To enable the target populace in 4 selected Districts to access a quality affordable continuum of care (diagnosis, treatment, reintegration, rehabilitation) in Nghe An and Son La Provinces by December 2011.	**Activity 3.1** Information Education Communication (IEC) campaign to raise awareness on eye health and eye-care services; based on findings of KAP Survey.		**Result 3.1** Improved public awareness of eye health issues, conditions affecting vision, prevention and treatment and of eye care services available.	Son La and Nghe An Provincial Hospitals and Thanh Chuong, Yen Thanh, Moc Chau and Yen Chau District Eye Centres. VNIO, CBM CERA	**P11** # of leaflets, posters, manuals Enhanced practice of primary eye health prevention and increased adoption of eye safety practices (for example in harvesting and threshing) as evidence in KAP Survey at end of project. Increased utilisation of eye health services by rural population, women and people with disabilities. Improved compliance with prescribed treatments and interventions.	**R1** That populace in communes fail to utilise the services offered or accept commune eye health awareness-raising. *Mitigation:* Indications are that there will be good engagement.
Staff training in DIACEH Model		**Activity 3.2** Training for provincial,		**Result 3.2** Increased capacity to	Son La and Nghe An	**P12** # of staff trained.	**R2** That the current division

Activity name	Objectives	Main activities	Budgets	Expected results (outcomes)	Key partners	Performance information	Risk Management
Nghe An and Son La Provinces		district and commune health workers in Gender and DIACEH.		implement DIACEH. - Total of 44 CHWs trained in Son La (1 per commune). - Total of 79 CHWs trained in Nge An (1 per commune). Increased capacity in gender, child protection and disability inclusion principles.	Provincial Hospitals and Thanh Chuong, Yen Thanh, Moc Chau and Yen Chau District Eye Centres. VNIO, CBM CERA	# follow up coaching/monitoring on site. Increased # of women, children and persons with disabilities referred to eye health services.	of preventive health services in the MOH prevents comprehensive consideration of disability inclusion in strategic planning. *Mitigation:* Specific consultation and advocacy to create buy-in from all stakeholders. That commune and hospital health workers fail to retain enhanced knowledge and acquired skills. *Mitigation:* Currently hospital health workers receive incentives from the People's Committee (PC) for their work. Sustained buy-in from the PCs and ongoing mentoring are the key mitigation strategies.
Outreach activities Nghe An and Son La Provinces		**Activity 3.3** Conduction of outreach activities in selected districts across Nghe An and Son La Provinces.		**Result 3.3** Increased provision of necessary eye health services and preventive activities across Nghe An and Son La Districts in Thanh Chuong and Yen Thanh (in Nghe	Son La and Nghe An Provincial Hospitals	**P13** # of outreach screenings. # of rural population accessing services. Visual acuity and	**R3** Occurrence of major social, environmental, political or economic downturn. This is a high impact low probability risk. Mitigation: This is difficult, however the project will ensure

Activity name	Objectives	Main activities	Budgets	Expected results (outcomes)	Key partners	Performance information	Risk Management
				An) and Moc Chau and Yen Chau (in Son La) to be visited by provincial mobile team 2x/year for cataract outreach. Improved visual acuity among clients served.		post-surgical outcomes.	ongoing high levels of consultation.
Establish Referral Pathways Nghe An and Son La Provinces		**Activity 3.4** Establish referral pathways in line with DIACEH model across Provincial Eye Centre, District Hospital Eye Units and Communes, plus rehabilitation groups.		**Result 3.4** Strengthened referral mechanisms in place in disability inclusive practices.	Son La and Nghe An Provincial Hospitals and Thanh Chuong, Yen Thanh, Moc Chau and Yen Chau District Eye Centres. VNIO, CBM CERA	**P14** Increased # of clients with visual impairment / disability being referred to Provincial, District services. Increased reach of primary eye-care services. Increased # of people with disabilities referred to rehabilitation, education, disabled people's organisations.	**R4** That current political and economic support to the PDOH reduces. This is a high impact but low probability risk. Mitigation measures would be difficult. If it were to happen, expected outcomes would need to be scaled down. That commercial interests of trained eye-care professionals subvert the project activities. Mitigation: Ongoing HR support and agreed incentives for those trained.
		Total Program Budget	$1,103,371				

Activity Title: Vietnam eye care capacity development project

Lead Agency: The Fred Hollows Foundation

Key Implementing Partners: Provincial Departments of Health and eye care facilities in each Project location.

Activity Location: Vietnam : Ha Giang Province, Thua Thien Hue Province, Thai Binh Province, Quang Binh Province, Tien Giang Province, Hai Duong Province

Delivery Mechanisms: 1,2,3,4,5 and 6

Rationale for activity: A national Rapid Assessment of Avoidable Blindness (RAAB) in 2007 identified a 3.1% prevalence of bilateral blindness and 11% prevalence of bilateral low vision in people aged 50 and over. Cataract accounts for 66.1% of all blindness in Vietnam. Approximately 116,000 patients receive cataract surgery annually in Vietnam, with the majority of operations performed in urban centres. Whilst the cataract surgical rate has increased in recent years, it remains well below the World Health Organization's recommended rate of 3,000 cases per million. Barriers to the uptake of eye care services, as identified by the RAAB, include affordability (27%), attitudes to surgery (19.2%) and awareness (14.3%). Whilst tertiary ophthalmic institutes and hospitals are established in major urban areas (Ho Chi Minh City and Hanoi), significant personnel and infrastructure gaps exist at the provincial and district levels, particularly in the far north and far south of Vietnam. Many hospitals lack the capacity to diagnose common eye conditions, or to perform cataract surgery. Where capacity does exist, systems and processes to measure, monitor and improve the quality of treatment are yet to be implemented. The ability to develop comprehensive eye health services at all levels of the health system, thereby significantly reducing the burden of avoidable blindness in Vietnam, is constrained by a lack of human and physical resources and community knowledge and attitudes in relation to eye health. The need to further develop capacity for improved comprehensive eye health services is highlighted in the key components of the recently approved National Prevention of Blindness Plan which include i) Eye Disease Control with a focus on cataract through training ophthalmic staff to perform or support cataract and other sight restoring surgery; provision of surgical subsidies to poor patients; improving refractive error services at the provincial and district level; and improving access to eye care services via a strengthened PEC network; ii) Strengthening human resources at provincial, district and commune level by training a cadre of mid-level ophthalmic personnel; ophthalmic sub-specialists to treat complex vision impairment cases; and community health workers to support expanded delivery of PEC services; iii) Establishing adequate eye care infrastructure through the construction and renovation of new facilities and provision of equipment at provincial and district level; and iv) Promoting community awareness of eye care issues and available health services through extensive community education awareness campaigns and a network of newly trained PEC workers. Through a comprehensive approach to improving eye health services at the Provincial and District level, the Project will result in a substantial improvement to the service capacity of primary and secondary level eye care providers in 6 provinces (Ha Giang, Thai Binh, Quang Binh, Hai Duong, TT Hue and Tien Giang). People with blindness and visual impairment, particularly the poor, will benefit from strengthened services, clinical interventions and improved quality of life. Further, the Project will address issues of inequitable access – distance and affordability - in remote and underserved areas of Northern, Southern and Central Vietnam.

Selection of activities 6.7: 1, 5, 6, 7

Indicative activities 6.8: 1, 3, 4, 6, 7, 8

Program Identification Number: 08

Activity name	Objectives	Main activities	Budgets	Expected results (outcomes)	Key partners	Performance information	Risk Management
The Fred Hollows Foundation	**HUMAN RESOURCES DEVELOPMENT**	**1.1** 6 general practitioners trained to be Basic Eye	$249,583	**1.1.1** Health facilities in target provinces	FHF, DoH, SDCC, participating	**PI1** # of course graduates using	**R1** Trained personnel leave public health

Activity name	Objectives	Main activities	Budgets	Expected results (outcomes)	Key partners	Performance information	Risk Management
(FHF) Australia-Vietnam Eye Care Capacity Development Project *1 Jan 2010 - 31 Dec 2011* VIETNAM: Ha Giang Province, Thua Thien Hue Province, Thai Binh Province, Quang Binh Province, Tien Giang Province, Hai Duong Province	1. To increase the number and skills of eye care service providers at tertiary, secondary and primary level that will improve the coverage, quality and sustainability of eye health services.	Doctors (BEDs) skills of 4 BEDs upgraded for cataract surgery; 5 provincial staff trained as refractionists; 9 BEDs trained in advanced ophthalmology; 3 new provincial ophthalmic nurses/ technicians trained; and 24 staff trained in equipment use and maintenance.		have improved capacity to conduct surgery and treat eye care problems referred by district facilities to prevent avoidable blindness and correct vision impairment.	eye health facilities, VNIO/ Ho Chi Minh City Eye Hospital (HCMCEH)/ Hue Eye Hospital.	skills in participating project facilities; Project progress reports, final evaluation report.	workforce. Personnel contracted to work in public sector for set period upon completion of course.
		1.2 Training of Trainers (ToT) conducted for 12 provincial Primary Eye Care (PEC) trainers; and 24 provincial health staff trained in management skills.		**1.2.1** Provincial health staff have capacity to support community health care staff in PEC.	FHF, DoH, participating eye health facilities, VNIO/ HCMCEH.	**PI2** # course participant's complete activities; Course records, project progress reports.	**R2** Community health workers leave role or lose motivation and there is a lack of engagement from secondary centres. Provide refresher training, regular roles in outreach screening and strengthen links between health system levels.
		1.3 District health staff		**1.3.1** 6 provinces have	FHF, DoH, participating	**PI3** # of course	**R3** Trained personnel

Activity name	Objectives	Main activities	Budgets	Expected results (outcomes)	Key partners	Performance information	Risk Management
		trained: 6 new BEDs trained; 5 BEDs trained in cataract surgical skills; 3 BEDs trained in other surgical skills; 14 trained as ophthalmic nurses; 7 trained as refractionists; and 36 staff trained in equipment use and maintenance.		improved eye care capacity at district level, including capacity to treat cataract and refractive error.	eye health facilities, VNIO/ HCMCEH.	graduates using skills in participating project facilities; project progress reports, final evaluation report.	leave public health workforce. Personnel contracted to work in public sector for set period upon completion of course.
The Fred Hollows Foundation (FHF) Australia-Vietnam Avoidable Blindness and Visual Impairment Project *1 Jan 2010 - 31 Dec 2011*		**1.4** 717 commune health staff trained in PEC and health education skills.		**1.4.1** 6 provinces have improved capacity to support commune health workers to manage basic eye problems, refer patients to appropriate level of the health system and promote community eye health awareness.	FHF, DoH, participating eye health facilities.	**PI4** # trained staff at commune health stations obtain high scores at post-training evaluation tests; Course records, progress reports, final evaluation.	**R4** Community health workers leave role or lose motivation and there is a lack of engagement from secondary centres. Provide refresher training, regular roles in outreach screening and strengthen links between health system levels.
		1.5 3,159 village health workers (VHW) trained on PEC; 300 VHW attended regional workshops.		**1.5.1** Community-level volunteers in 6 provinces have capacity to support PEC and raise community eye	FHF, DoH, participating eye health facilities.	**PI5** # trained staff at commune health stations obtain high scores at post-training evaluation tests; # community consultations/	**R5** Community health workers leave role or lose motivation and there is a lack of engagement from secondary centres. Provide refresher

Activity name	Objectives	Main activities	Budgets	Expected results (outcomes)	Key partners	Performance information	Risk Management
				health awareness.		activities undertaken by VHWs; Project progress reports, final evaluation.	training, regular roles in outreach screening and strengthen links between health system levels.
		1.6 12 staff from 6 target provinces trained in health promotion skills and 24 members of local Project Management Boards trained on project management.		**1.6.1** Partners have capacity to develop effective Information, Education and Communication (IEC) campaigns and manage community eye care programs.	FHF, Provincial Health Information Education Centres, provincial eye care facilities.	**PI6** # staff trained; Course records, project progress reports, final evaluation.	**R6** Lack of opportunities to use skills means skills are lost. Trainees will be actively involved in IEC campaign activities.
The Fred Hollows Foundation (FHF) Australia-Vietnam Avoidable Blindness and Visual Impairment Project 1 Jan 2010 - 31 Dec 2011	**INFRASTRUCTURE DEVELOPMENT** **2.** To strengthen delivery of eye care services through improving available infrastructure.	**2.1** Provincial eye facilities at Tien Giang, Thai Binh and Ha Giang renovated; 1 new building constructed for the provincial eye hospital at Hue.	$1,375,569 increased to $1,547,997	**2.1.1** Tien Giang, Thai Binh, Ha Giang and Hue have the capacity to fulfil their roles as primary, secondary and tertiary level eye service providers for a population of approximately 3.5 million people.	FHF, Tien Giang Eye Hospital, Hue Eye Hospital, Social Disease Control Centre (SDCC) Ha Giang, Department of Health (DoH).	**PI7** Buildings constructed and open for service; # and type of services and training courses enabled; # people examined and treated; # people trained. Construction verified through monitoring visits and contract reports. Hospital patient and training records, project financial and progress reports.	**R7** Construction is hampered or poor quality. Secure all land and building permits, contract construction company through open tender and appoint a project manager to ensure compliance with contract and quality construction standards.

Activity name	Objectives	Main activities	Budgets	Expected results (outcomes)	Key partners	Performance information	Risk Management
		2.2 Eye facilities in 9 districts in target provinces renovated		**2.2.1** 9 district eye care facilities have capacity to at a minimum deliver primary eye care and referral services to the local population.	FHF, DoH, District Hospitals at all locations.	**PI8** Buildings renovated and open for service; # people examined and treated; Project progress and financial reports.	**R8** Renovation is hampered or poor quality. Monitor compliance with contract and quality construction standards.
The Fred Hollows Foundation (FHF) Australia-Vietnam Avoidable Blindness and Visual Impairment Project 1 Jan 2010 - 31 Dec 2011		**2.3** Equipment for the diagnosis and treatment of avoidable blindness and visual impairment provided to target provinces and districts.		**2.3.1** 6 provincial facilities, 18 district facilities and 352 commune health stations are adequately equipped to provide basic eye care services to the population.	FHF, Ministry of Health (MoH) - Vietnam National Institute of Ophthalmology (VNIO), DoH, eye health facilities of all project locations.	**PI9** Type and value of equipment provided; Equipment survey, hospital patient records, project progress and financial reports.	**R9** Equipment not maintained appropriately. Maintenance training provided to staff at facilities; Annual equipment survey undertaken by FHF staff.
	DISEASE CONTROL **3.** To improve access to treatment for the main causes of blindness and visual impairment in six provinces in Vietnam, particularly for the poor.	**3.1** Up to 5,500 cataract surgeries subsidised for the poor at eye facilities and through district-level outreach.	$420,006 reduced to $324,377	**3.1.1** Up to 5,500 cataract surgeries for the poor.	FHF, DoH, provincial and district eye care facilities.	**PI10** # Cataract surgeries subsidised for poor patients; Hospital patient records, project progress and financial reports and patient case studies.	**R10** Patients do not access cataract services due to lack of awareness, funds and confidence in the quality of services. Community health workers mobilised and IEC materials developed to raise awareness and confidence in services and a cataract subsidy

Activity name	Objectives	Main activities	Budgets	Expected results (outcomes)	Key partners	Performance information	Risk Management
							offered to patients unable to afford the surgery.
The Fred Hollows Foundation (FHF) Australia-Vietnam Avoidable Blindness and Visual Impairment Project 1 Jan 2010 - 31 Dec 2011		**3.2** Up to 400 specialised surgery subsidies (paediatric eye diseases, congenital cataract, ptosis, strabismus etc) provided to poor patients in 4 provinces.		**3.2.1** Up to 400 subsidised specialised eye surgeries for poor children.	FHF, DoH, provincial and district eye care facilities.	**PI11** Type and # sight-restoring surgeries subsidised; Hospital patient records, project progress and financial reports and patient case studies	**R11** Patients do not access services due to lack of awareness, funds and confidence in the quality of services. Community health workers mobilised and IEC materials developed to raise awareness and confidence in services and a surgical subsidy offered to patients unable to afford the surgery.
		3.3 Up to 4,100 eye surgery subsidies for pterygium, trichiasis, and other eye diseases provided to poor patients.		**3.3.1** Up to 4,100 subsidised surgeries for eye diseases including pterygium and trichiasis for poor patients.	FHF, DoH, provincial and district eye care facilities	**PI12** Type and # sight-restoring surgeries subsidised; Hospital patient records, project progress and financial reports and patient case studies.	**R12** Patients do not access services due to lack of awareness, funds and confidence in the quality of services. Community health workers mobilised and IEC materials developed to raise awareness and confidence in services and a surgical subsidy offered to patients unable to afford surgery.

Activity name	Objectives	Main activities	Budgets	Expected results (outcomes)	Key partners	Performance information	Risk Management
The Fred Hollows Foundation (FHF) Australia-Vietnam Avoidable Blindness and Visual Impairment Project 1 Jan 2010 - 31 Dec 2011		**3.4** Tools for monitoring cataract surgery quality piloted in 5 provinces.		**3.4.1** Provincial level eye health services are able to collect, analyse and utilise data from cataract surgery follow up to monitor surgery quality.	FHF, DoH, provincial and district eye care facilities.	**PI13** Patient information gathered, maintained and analysed; Hospital patient records, project progress and financial reports.	**R13** Reluctance to take up post-surgery monitoring amongst eye health providers due to the perception that surgeons are being monitored individually. New tool developed to be more acceptable to medical staff.
		3.5 Refractive Error (RE) screening conducted at 325 secondary schools and communities and up to 5,300 poor children provided with free spectacles.	$45,488	**3.5.1** Screening of 117,307 children in and out of school conducted with diagnosis of RE and provision of up to 5,300 pairs of spectacles to children from poor households; increasing use of optical shops at provincial and district level.	FHF, DoH, provincial eye care facilities, Department of Education (DoE).	**PI14** # Children screened for RE; # children from poor households provided with spectacles; School records, project progress reports, patient monitoring.	**R14** Children do not take up prescriptions for spectacles due to concerns about peer attitudes. Community health workers will be mobilised and IEC activities developed to address their concerns; Spectacles are not given to the poorest children. Children prefer to choose and pay for glasses from an optical shop with a wider range of styles than is available from the free stock.
The Fred Hollows Foundation	**EYE HEALTH EDUCATION** **4.** To build	**4.6** Eye health information, education and	$280,112 reduced to $206,117	**4.6.1** Increased awareness of basic eye health	FHF, Provincial Health Information	**PI15** # of IEC materials produced and	**R15** IEC materials not technically and

Activity name	Objectives	Main activities	Budgets	Expected results (outcomes)	Key partners	Performance information	Risk Management
(FHF) Australia-Vietnam Avoidable Blindness and Visual Impairment Project 1 Jan 2010 - 31 Dec 2011	awareness and understanding and commitment to improving eye health among community members and policy-makers.	communication (IEC) material developed and disseminated to communities through a variety of media and strategies.		care amongst provincial population in project areas.	Education Centres, provincial eye care facilities.	distributed; # community activities conducted; # people examined at eye care facilities report awareness of IEC campaigns; Hospital patient records, project progress and financial reports.	culturally appropriate. IEC materials developed in collaboration with the Provincial Information Education Centre.
	PBL AND SERVICE PROVIDER CAPACITY DEVELOPMENT **5.** To strengthen the capacity of the eye care system to plan, coordinate and monitor the eye care sector in Vietnam.	**5.1** Regular provincial PBL committee and health service coordination meetings convened.	$78,485	**5.1.1** Strengthened capacity of PBL and health facility staff for planning and management of eye health care in 6 provinces.	FHF, DoH, provincial eye care facilities.	**PI16** # meetings convened; PBL activities are efficiently managed; Meeting minutes, project documentation, project progress reports, final evaluation.	**R16** Meeting schedule slippage. Partners commit to schedule through Annual Partnership Agreements (APA). Workshop assistance provided by FHF.
		5.2 Annual lessons learned and planning workshop conducted in consultation with stakeholders including provincial eye health service providers, provincial health departments and national PBL committee/VNIO/HCMC		**5.2.1** Lessons identified and reflected in new annual plans; Improved awareness of approaches, issues and experiences of eye health providers of different provinces among project partners.	FHF, provincial eye care facilities, national PBL committee, VNIO, HCMCEH.	**PI17** # Meetings and annual plans prepared; at least 2 representatives of provincial eye health services of each province attend; Meeting minutes, project documentation, project progress	**R17** Limited stakeholder involvement in review. Workshop assistance provided by FHF.

Activity name	Objectives	Main activities	Budgets	Expected results (outcomes)	Key partners	Performance information	Risk Management
		Eye Hospital representatives.				reports, and final evaluation.	
	PROJECT MANAGEMENT **6**. To manage, monitor and evaluate the project in collaboration with local partners and Vision 2020 Australia Global Consortium members to ensure effective progress against plans and accountability to AusAID.	**6.1** Baseline survey conducted with the participation of all stakeholders in target provinces; results documented and shared.	$160,673	**6.1.1** Baseline identified in 6 project locations, and plans produced for peer review, implementation, monitoring and evaluation.	FHF, DoH at all participating provinces.	**PI18** Baseline study completed and report produced Study reports, project design documents and project progress and financial reports.	**R18** Partner staff availability to participate in activity. Partners commit to undertaking assessment through APAs.
The Fred Hollows Foundation (FHF) Australia-Vietnam Avoidable Blindness and Visual Impairment Project		**6.2** Final evaluation conducted and project impact measured in participating provinces; results documented and shared.		**6.2.1** Project impact measured and reported across 6 provinces		**PI19** Project impact measured and reported against plans; Evaluation report.	**R19** Project fails to deliver against plans by the end of the project. Address evaluation report findings and recommendations in consultation with all stakeholders.
		6.3 Memorandum of Understanding signed between FHF and Government of		**6.3.1** Participatory planning and review process undertaken. Increased ownership		**PI20** Project partners and beneficiaries involved throughout project lifecycle;	**R20** Lack of local ownership and political commitment to project. Establish and maintain

Activity name	Objectives	Main activities	Budgets	Expected results (outcomes)	Key partners	Performance information	Risk Management
		Vietnam; two Annual Partnership Agreements (APAs) signed by all partners; 2 annual partner reports produced incorporating lessons learned.		of the project by partners. Identification of lessons learned for ongoing project planning.		APAs signed by all partners; Project planning and review meetings held and names of attendees recorded; Annual Reports produced and distributed to all partners.	good relationships with partners/public health authorities, secure agreement with project partners through APAs, involve local partners and beneficiaries in all stages of the project life cycle.
The Fred Hollows Foundation (FHF) Australia-Vietnam Avoidable Blindness and Visual Impairment Project 1 Jan 2010 - 31 Dec 2011		**6.4** Monthly monitoring and coordinating site visits undertaken by FHF Vietnam in consultation with partners and beneficiaries. Quarterly project progress reports submitted to FHF Sydney/Consortium. Four monitoring and coordinating site visits undertaken by FHF Sydney.		**6.4.1** Project delivered on time, within cost and of a high quality standard.		**PI21** Project delivered on time, within cost and of a high quality standard; Hospital patient records, project progress and financial reports, trip reports and evaluation report.	**R21** Time delays, budget variations and poor quality performance. Prepare detailed project design and work plans in consultation with implementing partners, undertake regular project monitoring and consultation with partners and beneficiaries to ensure good quality project progress.
		6.5 Expenditure analysed and reported on a monthly basis to FHF Sydney / Consortium and an external audit conducted annually.		**6.5.1** Project funds acquitted appropriately and transparently.		**PI22** Project funds acquitted appropriately and transparently; Audited financial accounts and monthly expenditure reports.	**R22** Project funds mis-managed or expenditure records report variations from budget. FHF responsible for management of funds in keeping with financial guidelines, annual audit

Activity name	Objectives	Main activities	Budgets	Expected results (outcomes)	Key partners	Performance information	Risk Management
							conducted by international financial firm (Ernst & Young) and monthly expenditure reports and records scrutinised by FHF Sydney staff, Management and the Board's Finance and Governance Committee, among other financial risk controls.
		Total Program Budget	$2,848,581				

Activity Title: Refractive error service development and capacity building in Vietnam

Lead Agency: International Centre for Eyecare Education (ICEE)

Key Implementing Partners: ICEE, VNIO, HCMCEH, DTCM2

Activity Location: Vietnam - Ha Noi, Da Nang, Ho Chi Minh City, North, South and Central Vietnam.

Delivery Mechanisms: 1,2,4,5 and 6

Rationale for activity: This project aims to reduce refractive error blindness and vision impairment in Vietnam by increasing the capacity for refractive error services provision, through human resource and infrastructure development.

There is a shortage of good quality refractive error services in Vietnam, mainly due to a lack of infrastructure and human resource development.

Spectacle technicians are largely untrained in Vietnam. As such, prescription spectacles are often incorrectly manufactured even if the correct prescription could be obtained.

This proposed activity is to up-scale the training course available for eye care personnel to effectively manage refractive error addresses ABI Objective of "Strengthening existing eye care training institutions and capacity of eye care workers". The number of eye care personnel trained in refraction and spectacle making at the VNIO will be doubled with Danang developed as an additional training site, and the capacity to conduct refraction courses in Da Nang and Ho Chi Minh City further developed and enhanced.

In order to standardize the refraction training curriculum and spectacle technician training curriculum, a National Workshop on Refraction Training and Optometry development will be held at the start of the project. This workshop will be the first time the institutions have come together as a group to discuss the issue and will further contribute to the strengthening of the training capacities of these institutions, thus addressing the ABI objective of "Developing strategic partnerships with a local institution working in eye health and vision care, building on and expanding existing work".

In addition, this training proposal contributes to the ABI Objective of "Piloting a Vision Centre approach as part of a delivery of eye health and vision care needs in Asia", as this will be the training grounds for the Vietnam Australia Vision Support Programme (VAVSP) and ABI up-scale Vision Centre Projects' refractionists and spectacle technicians.

Selection of activities 6.7: 1, 5, 6, 7

Indicative activities 6.8: 1, 3, 4, 5, 6, 7, 8

Program Identification Number: 04

Activity name	Objectives	Main activities	Budgets	Expected results (outcomes)	Key partners	Performance information	Risk Management
ICEE Refractive Error Services, Refraction and	**Objective 1:** To equip institutions for refraction training,	Train and equip 160 eye doctors and nurses in refraction over a period of two and a half years (80 in Ha	$649,899 increased to $700,576	Establishing Refraction training will address the immediate lack of expertise quality	ICEE,VNIO, HCMCEH,DTCM2	**PI1** Monitoring (all data disaggregated for gender & age	R1 Non-cooperation from public eye unit personnel or local authorities. Establish

Activity name	Objectives	Main activities	Budgets	Expected results (outcomes)	Key partners	Performance information	Risk Management
Spectacle Technician Capacity Building in Vietnam Vietnam	train and equip up to 160 eye doctors and nurses in refraction (80 in Ha Noi, 40 in Da Nang, 40 in Ho Chi Minh City) over a period of 2 years.	Noi, 40 in Da Nang, 40 in Ho Chi Minh City). Training and equipping of up to 80 refractionists in Ha Noi, 40 in Da Nang, 40 in Ho Chi Minh City Upgrade refraction training equipment at the VNIO Equip DTCM2 with refraction training equipment Equipped the regional training centres (North, South and Central Vietnam) for spectacle technician training.		refractive error services in Vietnam. Quality of and access to refractive error services are improved Institutions are equipped to conduct refraction training		group): # of refraction training courses conducted # hours education, training and mentoring provided # of refractionists meeting competency standards # of refractionists equipped # of patients refracted by trained personnel # of spectacles dispensed by trained personnel # sets of refraction training equipment purchased and delivered # regional training centres fully equipped for spectacle technician training	new and build upon existing relationships with public health authorities. Secure agreement with project partners regarding project roles and responsibilities. Frequent consultation with stakeholders. Patients are unable to access services. Select candidates from rural and remote areas to increase the reach of refractive error services. Advocate for promotion of the refractive error services by the local health authorities. Trained personnel are unable to practice due to lack of space and/or equipment and/or support. Advocate for the provincial health departments, eye units and NGOs supporting eye health activities to provide appropriate space and some equipment. Basic equipment required for refraction

Activity name	Objectives	Main activities	Budgets	Expected results (outcomes)	Key partners	Performance information	Risk Management
						Evaluation (applies to all activities of this project): - Quarterly reflective analyses (or "sense making") of quantitative monitoring data - Yearly Most Significant Change analysis - Alternate year Internal Evaluation by ICEE researcher.	is provided to each participant who successfully completes refraction training.
ICEE Refractive Error Services, Refraction and Spectacle Technician Capacity Building in Vietnam	**Objective 2:** To equip regional training centres for spectacle technician training and conduct spectacle technician training courses for training up to 64 spectacle technicians over a period of two years	Establishment of spectacle technician training courses in Da Nang and Ho Chi Minh City Training of 32 spectacle technicians in Ha Noi, 16 in Da Nang, 16 in Ho Chi Minh City Equip HCMCEH and DTCM2 with spectacle technician training equipment	$277,685 reduced to $234,520	Establishing spectacle technician training will address the lack of expertise in the correct manufacture of prescription spectacles in Vietnam. Quality of spectacles dispensed is improved Institutions are equipped to conduct spectacle technician training courses	ICEE, VNIO, DTCM2, HCMCEH	**PI2** Monitoring (all data disaggregated for gender & age group): # of Spec Tech training courses conducted # hours education, training and mentoring provided # of Spec Techs meeting competency standards # of spectacles made by trained personnel	**R2** Trained personnel leave public health workforce. Create a new work space and provide training as staff incentives. Health authorities have agreed to the training of particular staff.
ICEE	**Objective 3:**	Training of 6 local refraction trainers and	$33,212 reduced to	Local trainers delivering refraction	ICEE, VNIO, HCMCEH,	**PI3**	**R3** Lack of appropriate

Activity name	Objectives	Main activities	Budgets	Expected results (outcomes)	Key partners	Performance information	Risk Management
Refractive Error Services, Refraction and Spectacle Technician Capacity Building in Vietnam	To train up to 6 local trainers to deliver refraction courses, and up to 4 local trainers to deliver spectacle technician courses past the proposal	4 local spectacle technician trainers	$ 25, 847	and spectacle technician training courses	DTCM2	Monitoring (all data disaggregated for gender & age group): # of ToT courses conducted # hours education and training provided # of refraction trainers meeting competency standards # of spec tech trainers meeting competency standard	participants from the public health workforce. Advocate for appropriate selection of participants to the provincial health departments, eye units and NGOs supporting eye health activities.
	Objective 4: To conduct monitoring and mentoring programs for trained refractionists and spectacle technicians.	Monitoring and mentoring programs conducted for trained refractionists and spectacle technicians.	$90,646	Monitoring and mentoring programs conducted for trained refractionists and spectacle technician will provide support to ensure quality of refractive error services and spectacles produced. Trained refractionists and spectacle	ICEE, VNIO, HCMCEH, DTCM2	**PI4** # refractionists participating in mentoring program # spectacle technicians participating in mentoring program # hours mentoring provided # of patients receiving refractive services during.	**R4** Local trainers are unavailable for training. Advocate for local trainers to be released from other duties so they can provide training. Selection of appropriate trainers and signing of training contracts with their managers. Encourage local ownership of the

Activity name	Objectives	Main activities	Budgets	Expected results (outcomes)	Key partners	Performance information	Risk Management
				technicians are supported and mentored to provide quality refractive error services			training project.
ICEE Refractive Error Services, Refraction and Spectacle Technician Capacity Building in Vietnam	**Objective 5:** To establish a National Refraction Training Office at the VNIO and employ a National Refraction Coordinator to work under the guidance of a National Refraction Advisor.	Establishing National Refraction Training Office at the VNIO Engaging National Refraction Advisor Engaging National Refraction Coordinator.	$45,920 increased to $90.359	National Refraction Training Office at the VNIO and a National Refraction Coordinator employed to work under the guidance of a National Refraction Advisor will build capacity in country to address lack of quality refractive error service National policy on refraction training and coordinating refraction and spectacle technician training programs.	ICEE, VNIO, HCMCEH, DTCM2	**PI5** National Refraction Training Office established National Refraction Coordinator employed National Refraction Advisor employed	**R5** Non-cooperation from partners and health authorities. Build upon existing relationships with public health authorities and advocate for position and office.
ICEE Refractive Error Services, Refraction and Spectacle Technician Capacity	**Objective 6:** To provide two scholarships for the study of optometry in a regional school to develop future faculty for	Identification of appropriate candidates from the VNIO Identification of appropriate course	$22,586 increase to $58,655	Two scholarships provided for the study of optometry in a regional school to develop future faculty for optometry training.	ICEE, VNIO, HCMCEH, DTCM2	**PI6** # of VNIO candidates enrolled in regional optometry school.	**R6** Lack of appropriate participants from the partner organization. Advocate for appropriate selection of participants from the

Activity name	Objectives	Main activities	Budgets	Expected results (outcomes)	Key partners	Performance information	Risk Management
Building in Vietnam	optometry training.			Increase local capacity for future optometry training.			partner organization. Commitment of partner organization to existing project.
ICEE Refractive Error Services, Refraction and Spectacle Technician Capacity Building in Vietnam	**Objective 7:** To conduct Regional Refractive Error Workshops at the end of the project period to share key learnings on refractive error services and to contribute to the national health system development policy	Organise Regional Refractive Error Workshops in three regions – North, South and Central Vietnam at the end of the project period to share key learning's on refractive error services and to contribute to the national health system development policy. Conduct review and evaluation	$29,374 increase to $78,859	Workshops aim to create awareness to key stakeholders, and encourage involvement, and build knowledge base National policy on refraction training and Optometry education development informed.	ICEE, VNIO, HCMCEH, DTCM2	**PI7** # workshops held health promotion campaign # workshop attendees	**R7** Lack of interest from partners and health authorities. Establish new and build upon existing relationships with public health authorities and advocate for national policies in accordance with the Vietnam National Eye Care Plan.
	Objective 8: To build local capacity in refraction training by supporting local trainers to attend appropriate optometry conferences in the region.	Supporting local refraction trainers to attend relevant regional optometry conferences	$76,202	Local trainers are encouraged and motivated to train others	ICEE, VNIO, HCMCEH, DTCM2	**PI8** # of conferences attended # of local trainers attending conferences	**R8** Local trainers are unavailable for attending conferences. Advocate for local trainers to be released from other duties so they can attend conferences and build on their knowledge.
	Objective 9: To conduct a National Workshop	Conduct a National Workshop on Refraction Training to	$20,816	Standardized refraction training curriculum agreed	ICEE, VNIO, HCMCEH, DTCM2	**PI9** # of participants	**R9** Lack of interest from partners and health

Activity name	Objectives	Main activities	Budgets	Expected results (outcomes)	Key partners	Performance information	Risk Management
	on Refraction Training to establish a standardized refraction training curriculum	establish a standardized refraction training curriculum. Agreement on the provision of standardised competency based refraction and spectacle technician courses.		upon and direction for development of optometry education set.		Standardized curriculum for refraction training Standardised curriculum for spectacle technician training	authorities. Establish new and build upon existing relationships with public health authorities and advocate for national curriculum and policies in accordance with the Vietnam National Eye Care Plan.
		Total Program Budget	$1,597,617				

3 Western Pacific Regional Coordination

Activity Title: The Asia Pacific Eye Health Education and Training Project

Lead Agency: Centre for Eye Research Australia (CERA)

Key Implementing Partners: CERA, ICEE, CBM, FHF, RANZCO, RACS, RIDBC, Foresight, Nossal Institute of Global Health, Vision Australia

Activity Location: South-east Asia and the Pacific Region

Rationale for activity: Human resources is one of the three areas identified as critical for Vision 2020: the Right to Sight. In the national plans in countries in this region, developing a trained workforce is included as critical in delivery of efficient and effective eye care and rehabilitation to people with eye diseases and vision loss. WHO has set indicative targets for the numbers of eye care workers per unit of population. No countries in the Asia Pacific region have reached the targets. It is both the number of people needing to be trained and the content and quality of training that are important. No countries have the full range of courses needed by all cadres of eye care and rehabilitation workers. The situation analysis in the first stage of the project will list existing courses and identify gaps in training and courses within the region. Existing courses rarely include modules on cross cutting issues - disability inclusive practice, issues of gender, poverty, needs of minority groups and for action for child protection. Courses as taught in Australia need to be modified for teaching in stand-alone courses and for inclusion in training for medical and allied health professionals as part of the ABI. Training, human resource development and capacity building is an integral part of the programs undertaken by individual consortium members. Under the current model of training delivery, multiple consortium members are active in the same countries, each delivering courses in their own areas of expertise. At present, no synthesis exists in terms of who is providing what courses, where. As a result, there is a risk of duplication and sub-optimum use of scare resources. This proposal is designed to address this lacuna by mapping current activities and expertise among consortium members and their in-country partners, identify gaps in current provision and provide the foundations on which the needs and gaps identified can be strategically addressed. Intra-consortium training in cross cutting issues is also included so that messages are consistent throughout the consortium and further opportunities are provided for members to share expertise and further strengthen partnerships

Selection of Activities: 2, 3, 4,5 & 7

Indicative Activities:2,3, 4 & 8

Program Identification Number: 10

Activity name	Objectives	Main activities	Budgets	Expected results (outcomes)	Key partners	Performance information	Risk Management
CERA	The Asia Pacific Eye Health Education and Training Project	**1.**Conduct situation analysis to: Map current courses and existing curriculum in eye and health care, education and rehabilitation in the	$70,835	Strengths and weaknesses in training coverage and expertise in Consortium and in region identified		Comprehensive mapping of training needs across ABI countries to be sought from Consortium partners and PBL/Vision2020 committees in	**Risk:** Organisations and countries unwilling to share existing curricula and courses.

Activity name	Objectives	Main activities	Budgets	Expected results (outcomes)	Key partners	Performance information	Risk Management
		region Identify gaps in terms of geographical coverage, human resources (training experience and cadres of personnel trained) and course delivery (in-country or external)		Duplication and gaps identified Baseline established to inform Consortium training and capacity building strategies in region		countries	
		2. Develop/adapt curricula on disability inclusive practice and cross-cutting issues (gender equity and child protection) for use in training courses by Consortium partners in ABI countries	$79,200	Curriculum and teaching resources available for inclusion in all eye health training. Consistency in Consortium/in-country disability inclusive messages		Content of courses ensures that cross-cutting issues such as gender equity, disability and the social determinants of health are included as meaningful components in courses	**Risk:** Consortium partners fail to provide in-kind contributions **Management:** encourage ownership, partnership and benefits of shared resources
CERA	The Asia Pacific Eye Health Education and Training Project	**3.** Conduct training in disability-inclusive practices and cross-cutting issues Consortium partners in Australia (I x 1 day) In-country training with partners in four ABI countries: Vietnam, Cambodia, PNG and Pacific (Fiji)	$42,625	Disability inclusive practice mainstreamed in the policies and practices of in country partners		Courses taught in Australia, Cambodia, Vietnam, PNG and Pacific (Fiji)	**Risk:** Consortium partners and in-country participants fail to attend training **Management:** relationship building, reinforcing the importance of disability inclusion and cross-cutting issues in ABI activities

Activity name	Objectives	Main activities	Budgets	Expected results (outcomes)	Key partners	Performance information	Risk Management
		(each course of 2 day duration).					
		4. Evaluate output and outcomes of training to ensure effectiveness for future courses Change to develop M&E handbook	$16,000				
		Total Budget	$200,00				

Activity Title: Strengthening Western Pacific Regional Coordination

Lead Agency: CBM

Key Implementing Partners: IAPB and Consortium members

Activity Location: Western Pacific Region

Delivery Mechanisms: 1, 2, 3 and 4

Rationale for activity: The IAPB WPR has been a world leader in the elimination of avoidable blindness and the IAPB Regional Office has often led the way in promoting and achieving VISION 2020 goals. However, its capacity has been limited by resource constraints, particularly in the availability of personnel to cover the ground. For many years IAPB Regional structure depended on IAPB Regional Chairs and Co-Chairs acting in an unpaid voluntary capacity to coordinate blindness prevention activity in the Region at all levels. This was often difficult or impossible. In 2002 the WPR obtained funds to employ a paid IAPB Regional Coordinator who covered the Region's need for active advocacy and National Planning Coordination. The current development need was identified by the Regional Chair, recognizing the lack of resources and time for current IAPB Regional and Sub-Regional Co-Chairs to facilitate planning and organization between countries. The funding of a Regional Program Manager to strategically coordinate these activities will result in a successful up-scale of existing activities to achieve specific objectives. This program will strengthen the capacity of the IAPB in the Western Pacific Region. It adds to the recent World Health Assemble WHO commitment to appoint a Regional Coordinator in WHO in Manilla at Regional HQ. Strengthening both WHO's capacity and that of the IAPB will accelerate and strengthen the achievement of VISION 2020 goals in the Western Pacific Region, coordinating vision and eye health activities of both governmental and non-governmental stakeholders.

Selection of activities 6.7: 1, 2, 6, 7

Indicative activities 6.8: 1, 2, 3, 4, 8

Program Identification Number: 14

Activity name	Objectives	Main activities	Budgets	Expected results (outcomes)	Key partners	Performance information	Risk Management
Vision 2020 Australia IAPB Western Pacific Regional Coordination	To support regional coordination and capacity building through effective support and partnerships, including advocacy workshops and improved communication networks	- To strengthen the capacity of IAPB Sub-Regional Co-Chairs to coordinate sub-regional advocacy and coordination of avoidable blindness initiatives stakeholders.	$76,216	- Formalisation of an IAPB WP Regional Executive Network (WPREN) - Biennial Plan for the WPREN - Annual business plans for each sub-region feeding into WPREN Biennial Plan.		- Structure, business plan and processes agreed between Chair, Program Manager and Sub-Regional Co-Chairs. -TORs and KPIs developed for Sub-Regional Co Chairs and approved by Chair, WP Region. - Annual business	Process information is not documented and there is no collection of data or of the partnership building process to be established. **P1** Rigorous process documentation to be developed and monitored by Coordinator.

Activity name	Objectives	Main activities	Budgets	Expected results (outcomes)	Key partners	Performance information	Risk Management
						plans approved by Chair, WP Region. WPREN biennial plan agreed by IAPB. Annual reviews demonstrate effective performance of WPREN against KPIs.	
Vision 2020 Australia IAPB Western Pacific Regional Coordination		- To strengthen and expand existing leadership, advocacy and coordination networks in the Western Pacific Region dedicated to achieving the goals of VISION 2020: The Right to Sight.	$15,000	- WP Regional Program Manager works with Sub-Regional Co-Chairs to provide support and technical advice to Papua New Guinea, Solomon Islands, Kiribati, Marshall Islands, FSM-Palau; Tuvalu and Vanuatu			Lack of take up and/or commitment by sub-regional co-chairs. **P2** Strong relationship already established by Chair of IAPB, who will be line management reporting for this position.
		- To facilitate an increased number and quality of sustainable national and regional avoidable blindness programs in the Western Pacific Region, including the current programs funded in the Western Pacific Region under the Avoidable Blindness Initiative.	$80,000	- Co-ordination of 2 meetings per year between WHO VISION 2020 Coordinator, Vision 2020 Australia Global Consortium and IAPB Chair and sub-regional co-chairs			Lack of expertise in strategic planning, partnership building and policy. **P3** Development of criteria for job description
		- To deliver a program	$24,000	Annual workshops		Three workshops in	Lack of relationship

Activity name	Objectives	Main activities	Budgets	Expected results (outcomes)	Key partners	Performance information	Risk Management
		of capacity building workshops for governments, INGOs, NGOs and international organisations involved in addressing avoidable blindness.		designed and determined by Sub-Regional Co-Chairs in consultation with local stakeholders are delivered in each sub-region. Increased human resource capacity and ability to advocate for development and investment in prevention of blindness plans		each sub-region delivered over the course of the program; Attendance records and satisfaction surveys indicate workshops are well attended and deemed useful by government, NGOs, IOs, civil society and professionals.	developed between the Coordinator and the Sub Regional Co Chairs to develop the content of the work shops. **P4** Strong relationship already established by Chair of IAPB, who will be line management reporting for this position.
Vision 2020 Australia IAPB Western Pacific Regional Coordination		- To improve communications and information sharing via development of an interactive Western Pacific Internet portal and communications site.	$19,800	- Monitoring and evaluation of developed Western Pacific Internet portal developed via survey of member satisfaction		WPREN website developed and demonstrates increased use over time. Editions of Community Eye Health Journal translated and distributed including via download from WPREN website. Video and teleconferencing facilities established in accessible locations in each sub-region. Electronic	Lack of knowledge regarding IT **P5** Budget to accommodate IT consultant

Activity name	Objectives	Main activities	Budgets	Expected results (outcomes)	Key partners	Performance information	Risk Management
						distribution of WPREN bulletin.	
		Total Budget	$420,000				

4 Consortium Management

Lead Agency: Vision 2020 Australia

Key Implementing Partners: Vision 2020 Australia and The Fred Hollows Foundation (FHF)

Activity Location: Australia

Delivery Mechanisms: 1, 2, 3, 4, 5 and 6

Rationale for activity: To manage and coordinate the Consortium and to facilitate delivery of programs funded under the ABI. To ensure effective monitoring and reporting (financial and programmatic) of ABI programs and assure adherence to AusAID policy.

Selection of activities 6.7 and Indicative activities 6.8: To ensure all activities selected meet requirements (but are not limited to) points 6.7 and 6.8 as stipulated in the Partnership Framework.

Activity Name	Agency	Objectives	Key Partners	Risk Management
Consortium Secretariat function	Vision 2020 Australia	Strategic coordination and management of Vision 2020 Australia Global Consortium	Consortium members	To be managed via the Consortium governance structures through Regional Plan Steering Committee, Consortium Program Committee, Consortium Program Quality Appraisal process and monitoring, evaluation and reporting framework and the Partnership Framework.
Prime Contract Holder role	FHF	Contract and financial management of programs	Consortium members	To be managed via the Consortium governance structures through Regional Plan Steering Committee, Consortium Program Committee, Consortium Program Quality Appraisal process and monitoring, evaluation and reporting framework and the Funding Order.

5 Summary Table

Country	Agency	Activity Name	Key Implementing Partners
2.0 Projects			
2.1 Cambodia	CBM	Activity ID 12 Strengthening gender and disability inclusive approaches to community eye health to reduce avoidable blindness	CBM, CERA, ICEE, TPEH
	FHF	Activity ID 7 The Fred Hollows Foundation (FHF) Australia-Cambodia Avoidable Blindness and Visual Impairment Project	FHF, MoH/NPEH, UHS, Eye Care Foundation and RANZCO
	ICEE	Activity ID No 3 Refractive error service development and capacity building in Cambodia	ICEE, CERA, PBL, IRIS, Seva Foundation, BOCC
2.2 East Timor	RACS	Activity ID No 11 Expanding eye care services, capability and rehabilitation into rural East Timor	Timor Leste MoH, ProVision Eye Care, Fo Naroman Timor Leste (FNTL), RANZCO, Friends of Same, Fuan Nabilan Blind School, Vision Australia.
2.3 Fiji	RIDBC	Activity ID No 2 Fiji capacity building in early childhood care and education for young children with vision impairment	Fiji Ministry of Health; Fiji Ministry of Education; Fiji Society for the Blind (FSB), United Blind Persons of Fiji (UBP); Fiji National Council for Disabled Persons (FNCDP); Suva Parents Association
2.4 Papua New Guinea	ICEE	Activity ID No 9 Strengthening Eye Care Services in PNG	ICEE; Royal Australasian College of Surgeons (RACS); PNG Eye Care (local), Provincial Hospitals, DOH
2.5 Samoa	RIDBC	Activity ID No 1	ICEE

Country	Agency	Activity Name	Key Implementing Partners
		Continuing development of eye health services and capacity in Samoa	
2.6 Solomon Islands	RACS / RANZCO	Activity ID No 15 Solomon Islands upgrade of National Vision Centres	Foresight, RACS, ICEE, RIDBC, CERA and RANZCO
	ICEE	Eye and vision care for the Solomon Islands	
	RIDBC	Pilot Project - Establish a community based paediatric screening program	
	CERA	Solomon Islands Vision Survey	
2.7 Vietnam	CBM	Activity ID No 13 Strengthening gender and disability inclusive approaches to community eye health to reduce avoidable blindness – Nghe An and Son La Provinces	Provincial Ministry of Health, CBM, CERA, ICEE
	FHF	Activity ID No 8 The Fred Hollows Foundation (FHF) Australia-Vietnam Eye Care Capacity Development Program	FHF, DoH, SDCC, participating eye health facilities, VNIO/ Ho Chi Minh City Eye Hospital (HCMCEH)/ Hue Eye Hospital.
	ICEE	Activity ID No 4 Refractive error service development and capacity building in Vietnam	ICEE,VNIO, HCMCEH,DTCM2
3.0 Training and Research		Activity ID No 10	
Asia Pacific Region	CERA	The Asia Pacific Eye Health Education and Training Project	CERA, ICEE, CBM, FHF, RANZCO, RACS, RIDBC, Foresight, Nossal Institute of Global Health, Vision Australia

Activity Name	Agency	Activity Description	Key Implementing Partner
4.0 Regional Capacity Building			
IAPB Western Pacific Regional Coordination	CBM	Activity ID No 14 Strengthening Western Pacific Regional Coordination	CBM, International Agency for the Prevention and members of the Consortium
5.0 Consortium Management			
Consortium Secretariat function	Vision 2020 Australia	Strategic coordination, management of Vision 2020 Australia Global Consortium utilising program quality appraisal process and monitoring, evaluation and reporting framework	Consortium members
Prime Contract Holder role	FHF	Contract and financial management of programs	Consortium members

Appendix 1:

Partnership Framework[1]

Main Delivery Mechanisms

1. Promote national ownership, improve coordinated responses, align with national priorities and harmonise with other international, regional and donor work;
2. Where possible, use existing community structures being implemented by local organisations acceptable to national or local authorities and being consistent with national development policies;
3. Incorporate a coherent, coordinated and multi-faceted approach, with country government approval to support national Prevention of Blindness Committees, or their equivalent, and linking with the *VISION 2020 The Right to Sight* regional coordination structures;
4. Within the broader country government policy context, encourage partnerships between the public sector, NGOs, the private sector, civil society and communities in programs and activities that strengthen local/regional experiences, expertise and linkages (in line with 2006 World Health Assembly Resolution [WHA 59.25]);
5. Strengthen counterpart organisations to enable them to sustain vision health and rehabilitation activities after AusAID assistance has ceased; and
6. Establish appropriate M&E structures and processes, based on existing systems

[1] AusAID 2009 Draft Partnership Between the Australian Agency for International Development and Vision 2020 Australia 2009 – 2011 pg 7

Appendix 2:

Partnership Framework[2]

Selection of activities for work plan

For the two-year work plan, activities will build on current programs of work of Consortium members in countries of the Asia-Pacific region. Vision 2020 Australia Global Consortium will submit a work plan to AusAID according to the process outlined above at paragraph 6.5. Vision 2020 Australia Global Consortium will select activities for inclusion in the work plan that:

1. Maintain a sustainable development focus and avoid exacerbating fragile national health systems when planning and implementing activities. Make preparations to enable health systems resources to financially operate and maintain activities and/or infrastructure into the future;
2. Support country governments to ensure women, men, girls and boys with blindness and low vision understand and actively contribute to programming and implementation, including decision-making;
3. Respond to the gender inequality in prevalence of blindness and access to comprehensive eye health care. Use existing community and women's organisations and networks, at local and national levels, to identify and address the particular needs, barriers and challenges facing women in access to, and benefits from, comprehensive eye health care;
4. Facilitate targeted support and training for, and inclusion of, women in leadership and decision-making positions relating to eye health services and ensure women's active contribution to programme planning, implementation, management and evaluation;
5. Prioritise the access of disadvantaged groups, including the poor, people with disabilities, marginalised groups, women and girls, ethnic minorities, and those living in remote or difficult to access areas;
6. Support the establishment and operation of robust data collection and monitoring and evaluation systems, using and strengthening national health information systems where possible, to be able to measure the outcomes and impact of interventions; and
7. Address identified needs by balancing supply and availability of services with measures to address constraints and barriers to access.

[2] AusAID 2009 Draft Partnership Between the Australian Agency for International Development and Vision 2020 Australia 2009 – 2011 pg 7 - 8

Indicative Activities

Activities to be selected may include, but are not limited to:

1. Support to partner government national policy and planning development.
2. Support to national and regional civil society organisations advocating the rights of women, men, girls and boys with avoidable blindness and low vision (e.g. community education, raising awareness and eliciting government and community support to address issues of equitable inclusion and access).
3. Workforce planning and training at all levels, including for community and rural eye health workers.
4. Institutional strengthening to deliver eye health-specific curriculum recognised by relevant professions.
5. Eye health service provision and rehabilitation, including clinical interventions.
6. Supply of appropriate equipment, spectacles, medicines and other assistive devices and technologies to women, men, girls and boys.
7. Provision and/or upgrading of infrastructure/facilities (e.g. access to theatres in hospitals).
8. Development of a knowledge base for policy development and planning, including support for health management systems, surveys, data collection and interpretation of data and associated research.

Appendix 3: Budget Summaries 2010

Program No. 12: Strengthening gender and disability inclusive approaches to community eye health to reduce avoidable blindness – Takeo Cambodia

ABI Consortium

Implementing Party: CBM

Program No12: Strengthening gender and disability inclusive approaches to community eye health to reduce avoidable blindness - Takeo Cambodia

Commencing: 2nd January 2010

Budget (Please note that specific activities and beneficiary numbers will be further detailed at the time of the participatory Detailed Implementation Planning (DIP) with all project stakeholders.)

	2010	2011	Total
A. Australian Support Costs			
Personnel	32,650	38,250	70,900
Professional Services	2,750	2,750	5,500
Program Cycle Management	-	-	-
Travel & Accommodation	-	-	-
Administration Recovery	-	-	-
Total Australian Support Costs	**35,400**	**41,000**	**76,400**
B. Program Support Costs - In Country			
Personnel	55,022	43,022	98,043
Professional Services	6,500	6,500	13,000
Office Running Costs	13,730	13,440	27,170
Capital Expenditure	5,900	-	5,900
Total Program Support Costs	**81,151**	**62,962**	**144,113**
C. Program Activity Costs			
Activity: Gender and Disability Inclusive CEH Development and Implementation	32,160	5,720	37,880
Activity: Strengthen Capacity TEH and KV Hospital's Capacity to provide essential Community Eye Health Services	101,836	125,918	227,754
Activity: Improve Access - Disgnosis - treatment - reintegration - rehabilitation in Takeo Province	19,950	6,985	26,935
Activity: Project Management & Monitoring	38,685	43,390	82,075
Activity: Operational Research & Evaluation	9,120	12,800	21,920
Activity: NA	-	-	-
Activity: NA	-	-	-
Activity: NA	-	-	-
Activity: NA	-	-	-
Total Program Activity Costs	**201,751**	**194,813**	**396,564**

Budget Summary

Program No. 12: Strengthening gender and disability inclusive approaches to community eye health to reduce avoidable blindness – Takeo Cambodia

Summary of Expenditure			
	2010	2011	Total
Australian Support Costs	35,400	41,000	76,400
Program Support Costs	81,151	62,962	144,113
Program Activity Costs	201,751	194,813	396,564
Administration Recovery	-	-	-
Total Expenditures	**318,302**	**298,774**	**617,077**
Australian Support Costs	11.1%	13.7%	12.4%
Program Support Costs	25.5%	21.1%	23.4%
Program Activity Costs	63.4%	65.2%	64.3%
Administration Recovery	0.0%	0.0%	0.0%

Funding			
	2010	2011	Total
1st Quarter	119,080	57,464	176,543
2nd Quarter	78,014	59,429	137,442
3rd Quarter	53,805	45,194	98,998
4th Quarter	67,405	136,689	204,093
	318,302	**298,774**	**617,077**

Budget Summary

Program No. 7: The Fred Hollows Foundation Australia – Cambodia Avoidable Blindness and Visual Impairment Process

ABI Consortium

Implementing Party: The Fred Hollows Foundation

Program No:7: The Fred Hollows Foundation Australia-Cambodia Avoidable Blindness and Visual Impairment Process

Commencing: 1st January 2010

Budget

	2010	2011	Total
A. Australian Support Costs			
Personnel	-	-	-
Professional Services	-	-	-
Program Cycle Management	-	-	-
Travel & Accommodation	-	-	-
Administration Recovery	-	-	-
Total Australian Support Costs	**-**	**-**	**-**
B. Program Support Costs - In Country			
Personnel	95,648	96,887	192,535
Professional Services	8,153	8,153	16,306
Office Running Costs	40,786	31,578	72,364
Capital Expenditure	313	-	313
Total Program Support Costs	**144,900**	**136,618**	**281,518**
C. Program Activity Costs			
Activity 1.0: Research	65,635	-	65,635
Activity 2.0: Human Resources Development	215,116	171,909	387,026
Activity 3.0: Infrastructure & Development:	748,401	708,456	1,456,858
Activity 4.0: Disease Control	272,899	269,647	542,546
Activity 5.0: National PBL Capacity Development	22,941	17,941	40,882
Activity 6.0: Project Management	32,665	48,259	80,924
	-	-	-
	-	-	-
	-	-	-
Total Program Activity Costs	**1,357,658**	**1,216,213**	**2,573,871**

Budget Summary

Program No. 7: The Fred Hollows Foundation Australia – Cambodia Avoidable Blindness and Visual Impairment Process

Summary of Expenditure			
	2010	2011	Total
Australian Support Costs	-	-	-
Program Support Costs	144,900	136,618	281,518
Program Activity Costs	1,357,658	1,216,213	2,573,871
Administration Recovery	-	-	-
Total Expenditures	**1,502,558**	**1,352,831**	**2,855,388**
Australian Support Costs	0.0%	0.0%	0.0%
Program Support Costs	9.6%	10.1%	9.9%
Program Activity Costs	90.4%	89.9%	90.1%
Administration Recovery	0.0%	0.0%	0.0%

Funding			
	2010	2011	Total
1st Quarter	693,978	203,045	897,022
2nd Quarter	199,198	647,584	846,781
3rd Quarter	139,539	191,712	331,251
4th Quarter	469,844	310,491	780,334
	1,502,558	**1,352,831**	**2,855,388**

Budget Summary

Program No. 3 – Refractive error service development and capacity building in Cambodia

ABI Consortium			
Implementing Party: ICEE			
Program No 3: Refractive Error Service Development and Capacity Building in Cambodia			
Commencing: January 2010			
Budget			
	2010	**2011**	**Total**
A. Australian Support Costs			
Personnel	46,380	45,080	91,461
Professional Services	12,450	7,650	20,100
Program Cycle Management	16,487	38,619	55,106
Travel & Accommodation	-	-	-
Administration Recovery	-	-	-
Total Australian Support Costs	**75,317**	**91,349**	**166,666**
B. Program Support Costs - In Country			
Personnel	24,709	27,180	51,889
Professional Services	546	601	1,147
Office Running Costs	9,751	10,726	20,477
Capital Expenditure	3,353	-	3,353
Total Program Support Costs	**38,359**	**38,507**	**76,866**
C. Program Activity Costs			
Activity: 1 Refurbishement of Existing Eye units	3,882	-	3,882
Activity: 2 Establishment of refractive error services	185,721	78,964	264,684
Activity: 3 Human resource development	47,068	21,741	68,809
Activity: 4. Outreach screening	13,976	15,374	29,351
Activity: 5 Advocacy	2,218	2,439	4,657
Activity: Six	-	-	-
Activity: Seven	-	-	-
Activity: Eight	-	-	-
Activity: Nine	-	-	-
Total Program Activity Costs	**252,865**	**118,518**	**371,383**

Budget Summary

Program No. 3 – Refractive error service development and capacity building in Cambodia

Summary of Expenditure			
	2010	**2011**	**Total**
Australian Support Costs	75,317	91,349	166,666
Program Support Costs	38,359	38,507	76,866
Program Activity Costs	252,865	118,518	371,383
Administration Recovery	-	-	-
Total Expenditures	**366,541**	**248,374**	**614,915**
Australian Support Costs	20.5%	36.8%	27.1%
Program Support Costs	10.5%	15.5%	12.5%
Program Activity Costs	69.0%	47.7%	60.4%
Administration Recovery	0.0%	0.0%	0.0%

Funding			
	2010	**2011**	**Total**
1st Quarter	204,120	62,530	266,650
2nd Quarter	53,080	53,374	106,454
3rd Quarter	67,113	62,041	129,155
4th Quarter	42,228	70,429	112,656
	366,541	**248,374**	**614,915**

Budget Summary

Program No. 11 – Expanding Eyecare Services, Capacity and Rehabilitation into Rural Timor Leste

ABI Consortium

Implementing Party: Royal Australasian College of Surgeons (RACS)

Program No 11:Expanding Eye Care Services, Capability and Rehabilitation into Rural Timor Leste

Commencing: Quarter 1 - 2010

Budget

	2010	2011	Total
A. Australian Support Costs			
Personnel	4,000	4,000	8,000
Professional Services	1,000	1,000	2,000
Program Cycle Management	-	-	-
Travel & Accommodation	2,950	2,950	5,900
Administration Recovery	-	-	-
Total Australian Support Costs	**7,950**	**7,950**	**15,900**
B. Program Support Costs - In Country			
Personnel	15,170	14,881	30,051
Professional Services	-	-	-
Office Running Costs	7,400	6,818	14,218
Capital Expenditure	800	800	1,600
Total Program Support Costs	**23,370**	**22,499**	**45,869**
C. Program Activity Costs			
Activity: 1A	124,033	4,493	128,525
Activity: 1B	21,967	20,200	42,167
Activity: 1C	20,000	23,800	43,800
Activity: 1D	46,900	48,700	95,600
Activity: 2A	11,681	-	11,681
Activity: 2B	8,527	8,910	17,437
Activity: 3A	9,595	15,700	25,295
Activity: Eight	-	-	-
Activity: Nine	-	-	-
Total Program Activity Costs	**242,702**	**121,803**	**364,505**

Budget Summary

Program No. 11 – Expanding Eyecare Services, Capacity and Rehabilitation into Rural Timor Leste

Summary of Expenditure			
	2010	2011	Total
Australian Support Costs	7,950	7,950	15,900
Program Support Costs	23,370	22,499	45,869
Program Activity Costs	242,702	121,803	364,505
Administration Recovery	-	-	-
Total Expenditures	**274,022**	**152,252**	**426,274**
Australian Support Costs	2.9%	5.2%	3.7%
Program Support Costs	8.5%	14.8%	10.8%
Program Activity Costs	88.6%	80.0%	85.5%
Administration Recovery	0.0%	0.0%	0.0%

Funding			
	2010	2011	Total
1st Quarter	148,413	33,716	182,129
2nd Quarter	44,743	55,460	100,203
3rd Quarter	50,263	33,720	83,983
4th Quarter	30,604	29,356	59,960
	274,022	**152,252**	**426,274**

Budget Summary

Program No. 2: Fiji capacity building in early childhood care and education for young children with vision impairment.

ABI Consortium

Implementing Party: RIDBC

Program No 2 : Fiji capacity building in early childhood care and education for young children with vision impairments

Commencing: February 2010

Budget $77760.00

	2010	2011	Total
A. Australian Support Costs			
Personnel	10,000	4,000	14,000
Professional Services	-	-	-
Program Cycle Management	400	600	1,000
Travel & Accommodation	-	-	-
Administration Recovery	-	-	-
Total Australian Support Costs	**10,400**	**4,600**	**15,000**
B. Program Support Costs - In Country			
Personnel	2,000	-	2,000
Professional Services	-	-	-
Office Running Costs	-	-	-
Capital Expenditure	-	-	-
Total Program Support Costs	**2,000**	**-**	**2,000**
C. Program Activity Costs			
Activity 1: Strategic Regional Partnerships	-	-	-
Activity 3: ECCE(VI & MDVI) human resource development Suva	45,910	8,450	54,360
Activity 2: ECCE(VI) capacity building: RIDBC ToT & Fiji mento	6,400	-	6,400
Activity: Four	-	-	-
Activity: Five	-	-	-
Activity: Six	-	-	-
Activity: Seven	-	-	-
Activity: Eight	-	-	-
Activity: Nine	-	-	-
Total Program Activity Costs	**52,310**	**8,450**	**60,760**

Budget Summary

Program No. 2: Fiji capacity building in early childhood care and education for young children with vision impairment

Summary of Expenditure			
	2010	2011	Total
Australian Support Costs	10,400	4,600	15,000
Program Support Costs	2,000	-	2,000
Program Activity Costs	52,310	8,450	60,760
Administration Recovery	-	-	-
Total Expenditures	**64,710**	**13,050**	**77,760**
Australian Support Costs	16.1%	35.2%	19.3%
Program Support Costs	3.1%	0.0%	2.6%
Program Activity Costs	80.8%	64.8%	78.1%
Administration Recovery	0.0%	0.0%	0.0%

Funding			
	2010	2011	Total
1st Quarter	11,300	11,050	22,350
2nd Quarter	5,000	2,000	7,000
3rd Quarter	48,410	-	48,410
4th Quarter	-	-	-
	64,710	**13,050**	**77,760**

Budget Summary

Program No. 9: Strengthening eye care services in PNG

ABI Consortium

Implementing Party: ICEE

Program No 9: Strengthening Eye Care Services in PNG

Commencing: January 2010

Budget

	2010	2011	Total
A. Australian Support Costs			
Personnel	52,233	52,233	104,466
Professional Services	12,900	10,500	23,400
Program Cycle Management	40,220	49,420	89,640
Travel & Accommodation	-	-	-
Administration Recovery	-	-	-
Total Australian Support Costs	**105,353**	**112,153**	**217,506**
B. Program Support Costs - In Country			
Personnel	102,996	147,048	250,044
Professional Services	60,500	46,025	106,525
Office Running Costs	74,193	123,576	197,769
Capital Expenditure	-	5,500	5,500
Total Program Support Costs	**237,689**	**322,149**	**559,838**
C. Program Activity Costs			
Activity 1: HR Development - Select and Recruit 6 Vision Centr	7,900	-	7,900
Activity: 2	72,070	80,870	152,940
Activity: Three	3,500	3,850	7,350
Activity: Four	320,295	-	320,295
Activity: Five	86,730	50,998	137,728
Activity: Six	57,390	41,200	98,590
Activity: Seven	62,760	16,020	78,780
Activity: Eight	-	-	-
Activity: Nine	-	-	-
Total Program Activity Costs	**610,645**	**192,938**	**803,583**

Budget Summary

Program No. 9: Strengthening eye care services in PNG

Summary of Expenditure			
	2010	**2011**	**Total**
Australian Support Costs	105,353	112,153	217,506
Program Support Costs	237,689	322,149	559,838
Program Activity Costs	610,645	192,938	803,583
Administration Recovery	-	-	-
Total Expenditures	**953,687**	**627,240**	**1,580,927**
Australian Support Costs	11.0%	17.9%	13.8%
Program Support Costs	24.9%	51.4%	35.4%
Program Activity Costs	64.0%	30.8%	50.8%
Administration Recovery	0.0%	0.0%	0.0%

Funding			
	2010	**2011**	**Total**
1st Quarter	117,267	141,186	258,453
2nd Quarter	439,713	155,238	594,951
3rd Quarter	234,529	190,416	424,945
4th Quarter	162,178	140,400	302,578
	953,687	**627,240**	**1,580,927**

Budget Summary

Program No. 1: Continuing development of eye health services and capacity in Samoa

ABI Consortium			
Implementing Party: RIDBC			
Program No 1:Continuing development of eye health sevices and capacity in Samoa			
Commencing: January 2010			
Budget			
	2010	**2011**	**Total**
A. Australian Support Costs			
Personnel	4,000	-	4,000
Professional Services	1,450	950	2,400
Program Cycle Management	17,445	6,275	23,720
Travel & Accommodation	8,890	-	8,890
Administration Recovery	-	-	-
Total Australian Support Costs	**31,785**	**7,225**	**39,010**
B. Program Support Costs - In Country			
Personnel	2,000	-	2,000
Professional Services	13,600	-	13,600
Office Running Costs	1,400	-	1,400
Capital Expenditure	43,800	-	43,800
Total Program Support Costs	**60,800**	**-**	**60,800**
C. Program Activity Costs			
Activity 1: Vision Centre Set up	23,220	-	23,220
Activity 2 Recruitment & Training	47,280	-	47,280
Activity 3: Vision Training	14,800	-	14,800
Activity: Four	-	-	-
Activity: Five	-	-	-
Activity: Six	-	-	-
Activity: Seven	-	-	-
Activity: Eight	-	-	-
Activity: Nine	-	-	-
Total Program Activity Costs	**85,300**	**-**	**85,300**

Budget Summary

Program No. 1: Continuing development of eye health services and capacity in Samoa

Summary of Expenditure			
	2010	2011	Total
Australian Support Costs	31,785	7,225	39,010
Program Support Costs	60,800	-	60,800
Program Activity Costs	85,300	-	85,300
Administration Recovery	-	-	-
Total Expenditures	**177,885**	**7,225**	**185,110**
Australian Support Costs	17.9%	100.0%	21.1%
Program Support Costs	34.2%	0.0%	32.8%
Program Activity Costs	48.0%	0.0%	46.1%
Administration Recovery	0.0%	0.0%	0.0%

Funding			
	2010	2011	Total
1st Quarter	17,570	-	17,570
2nd Quarter	32,715	475	33,190
3rd Quarter	85,445	-	85,445
4th Quarter	42,155	6,750	48,905
	177,885	**7,225**	**185,110**

Budget Summary

Program No. 15: Solomon Islands upgrade of National Vision Centres

ABI Consortium			
Implementing Party: Foresight			
Program No 15: Solomon Islands - Upgrade of National Vision Centres			
Commencing: January 2010			
Budget			
	2010	**2011**	**Total**
A. Australian Support Costs			
Personnel	94,687	54,470	149,157
Professional Services	16,650	10,500	27,150
Program Cycle Management	21,755	37,370	59,125
Travel & Accommodation	3,300	-	3,300
Administration Recovery	-	-	-
Total Australian Support Costs	**136,392**	**102,340**	**238,732**
B. Program Support Costs - In Country			
Personnel	34,325	20,024	54,348
Professional Services	14,550	3,480	18,030
Office Running Costs	27,210	4,320	31,530
Capital Expenditure	112,675	-	112,675
Total Program Support Costs	**188,760**	**27,824**	**216,583**
C. Program Activity Costs			
Activity 1 Eye clinic Upgrade	249,011	25,254	274,265
Activity 2 Surgical Capacity Upgrade	185,715	1,200	186,915
Activity 3A: Upgrading of Refraction Services	34,935	-	34,935
Activity 3B Spectacle supply & management	45,090	-	45,090
Activity 4: Vision Screening Programme	70,995	30,485	101,480
Activity 5: RAAB Training	500	-	500
Activity: Seven	-	-	-
Activity: Eight	-	-	-
Activity: Nine	-	-	-
Total Program Activity Costs	**586,246**	**56,939**	**643,185**

Budget Summary

Program No. 15: Solomon Islands upgrade of National Vision Centres

Summary of Expenditure			
	2010	2011	Total
Australian Support Costs	136,392	102,340	238,732
Program Support Costs	188,760	27,824	216,583
Program Activity Costs	586,246	56,939	643,185
Administration Recovery	-	-	-
Total Expenditures	**911,398**	**187,103**	**1,098,500**
Australian Support Costs	15.0%	54.7%	21.7%
Program Support Costs	20.7%	14.9%	19.7%
Program Activity Costs	64.3%	30.4%	58.6%
Administration Recovery	0.0%	0.0%	0.0%

Funding			
	2010	2011	Total
1st Quarter	398,338	50,536	448,874
2nd Quarter	367,893	36,219	404,112
3rd Quarter	113,850	53,544	167,394
4th Quarter	31,316	46,804	78,120
	911,398	**187,103**	**1,098,500**

Budget Summary

Program No. 13: Strengthening gender and disability inclusive approaches to community eye health to reduce avoidable blindness – Nghe An and Son La Provinces

ABI Consortium

Implementing Party: CBM Viet Nam and Nghe An and Son La Provincial

Program No 13: Strengthening gender and disability inclusive approaches to community eye health to reduce avoidable blindness - Nghe An and Son La Provinces

Commencing: 2nd January 2010.

Budget (Please note that specific activities and beneficiary numbers will be further detailed at the time of the

	2010	2011	Total
A. Australian Support Costs			
Personnel	38,250	38,250	76,500
Professional Services	2,750	2,750	5,500
Program Cycle Management	-	-	-
Travel & Accommodation	-	-	-
Administration Recovery	-	-	-
Total Australian Support Costs	**41,000**	**41,000**	**82,000**
B. Program Support Costs - In Country			
Personnel	35,450	29,124	64,574
Professional Services	7,250	6,750	14,000
Office Running Costs	7,684	7,684	15,368
Capital Expenditure	4,042	-	4,042
Total Program Support Costs	**54,426**	**43,558**	**97,984**
C. Program Activity Costs			
Activity: Gender and Disability Inclusive CEH Development an	10,660	-	10,660
Activity: Strengthen the capacity of the Nghe An and Son La F	200,769	123,193	323,962
Activity: Improve Access - Disgnosis - treatment - reintegratic	193,841	153,700	347,541
Activity: Project Management Cycle	74,184	59,472	133,656
Activity: Operation Research & Evaluation	10,718	96,850	107,568
Activity: NA	-	-	-
Activity: NA	-	-	-
Activity: NA	-	-	-
Activity: NA	-	-	-
Total Program Activity Costs	**490,172**	**433,215**	**923,387**

Budget Summary

Program No. 13: Strengthening gender and disability inclusive approaches to community eye health to reduce avoidable blindness – Nghe An and Son La Provinces

Summary of Expenditure			
	2010	2011	Total
Australian Support Costs	41,000	41,000	82,000
Program Support Costs	54,426	43,558	97,984
Program Activity Costs	490,172	433,215	923,387
Administration Recovery	-	-	-
Total Expenditures	**585,598**	**517,773**	**1,103,371**
Australian Support Costs	7.0%	7.9%	7.4%
Program Support Costs	9.3%	8.4%	8.9%
Program Activity Costs	83.7%	83.7%	83.7%
Administration Recovery	0.0%	0.0%	0.0%

Funding			
	2010	2011	Total
1st Quarter	176,407	260,557	436,963
2nd Quarter	101,818	43,887	145,704
3rd Quarter	44,593	29,687	74,279
4th Quarter	262,782	183,644	446,425
	585,598	**517,773**	**1,103,371**

Budget Summary

Program No. 8: Vietnam Eye Care Capacity Development Program

ABI Consortium			
Implementing Party: The Fred Hollows Foundation			
Program No 8: Vietnam Eye Care Capacity Development Program			
Commencing: January 2010			
AUD Budget			
	2010	**2011**	**Total**
A. Australian Support Costs			
Personnel	-	-	-
Professional Services	-	-	-
Program Cycle Management	-	-	-
Travel & Accommodation	-	-	-
Administration Recovery	-	-	-
Total Australian Support Costs	**-**	**-**	**-**
B. Program Support Costs - In Country			
Personnel	97,197	99,219	196,416
Professional Services	16,118	7,882	24,000
Office Running Costs	5,948	9,007	14,955
Capital Expenditure	1,176	2,118	3,294
Total Program Support Costs	**120,440**	**118,226**	**238,666**
C. Program Activity Costs			
Activity 1: HR Development	162,602	86,982	249,583
Activity 2: Infrastructure Development	650,523	725,045	1,375,569
Activity 3: Disease Control	203,031	216,975	420,006
Activity 4: Operational Research	24,552	20,936	45,488
Activity 5: Advocacy, Communications	143,143	136,969	280,112
Activity 6: Coordination & Review	50,741	27,744	78,485
Activity 7: Monitoring and Evaluation	88,553	72,120	160,673
0	-	-	-
0	-	-	-
Total Program Activity Costs	**1,323,144**	**1,286,771**	**2,609,916**

Budget Summary

Program No. 8: Vietnam Eye Care Capacity Development Program

Summary of Expenditure			
	2010	2011	Total
Australian Support Costs	-	-	-
Program Support Costs	120,440	118,226	238,666
Program Activity Costs	1,323,144	1,286,771	2,609,916
Administration Recovery	-	-	-
Total Expenditures	**1,443,584**	**1,404,997**	**2,848,581**
Australian Support Costs	0.0%	0.0%	0.0%
Program Support Costs	8.3%	8.4%	8.4%
Program Activity Costs	91.7%	91.6%	91.6%
Administration Recovery	0.0%	0.0%	0.0%

Funding			
	2010	2011	Total
1st Quarter	171,062	150,617	321,679
2nd Quarter	375,309	612,365	987,674
3rd Quarter	626,820	375,474	1,002,295
4th Quarter	270,393	266,541	536,934
	1,443,584	**1,404,997**	**2,848,581**

Budget Summary

Program No. 4 : Refractive error service development and capacity building in Vietnam

ABI Consortium

Implementing Party: ICEE

Program No 4: Refractive error service development and capacity building in Vietnam

Commencing: January 2010

Budget

	2010	2011	Total
A. Australian Support Costs			
Personnel	97,508	99,883	197,391
Professional Services	12,450	7,650	20,100
Program Cycle Management	15,354	37,266	52,620
Travel & Accommodation	10,989	12,088	23,077
Administration Recovery	-	-	-
Total Australian Support Costs	**136,301**	**156,886**	**293,187**
B. Program Support Costs - In Country			
Personnel	14,854	15,613	30,467
Professional Services	494	544	1,038
Office Running Costs	8,663	9,687	18,350
Capital Expenditure	8,235	-	8,235
Total Program Support Costs	**32,246**	**25,843**	**58,090**
C. Program Activity Costs			
Activity: 1 Refraction Training and Equipment	343,402	306,497	649,899
Activity: 2 Spectacle Technician Training and Equipment	184,623	93,062	277,685
Activity: 3 Training of Trainers in refraction and spec tech	-	33,212	33,212
Activity: 4. Mentoring of Refractionists	40,303	50,344	90,646
Activity: 5 National Refraction Coordination	23,562	22,359	45,920
Activity: 6 Optometry Scholarships	8,390	14,196	22,586
Activity: 7 Regional Refractive Error Workshops	-	29,374	29,374
Activity: 8 Capacity Building for Local Trainers	36,304	39,899	76,202
Activity: 9 National Refraction Training Workshop	20,816	-	20,816
Total Program Activity Costs	**657,399**	**588,942**	**1,246,341**

Budget Summary

Program No. 4 : Refractive error service development and capacity building in Vietnam

Summary of Expenditure			
	2010	2011	Total
Australian Support Costs	136,301	156,886	293,187
Program Support Costs	32,246	25,843	58,090
Program Activity Costs	657,399	588,942	1,246,341
Administration Recovery	-	-	-
Total Expenditures	**825,946**	**771,671**	**1,597,617**
Australian Support Costs	16.5%	20.3%	18.4%
Program Support Costs	3.9%	3.3%	3.6%
Program Activity Costs	79.6%	76.3%	78.0%
Administration Recovery	0.0%	0.0%	0.0%

Funding			
	2010	2011	Total
1st Quarter	179,242	143,574	322,816
2nd Quarter	261,663	199,605	461,269
3rd Quarter	225,559	175,734	401,293
4th Quarter	159,482	252,759	412,240
	825,946	**771,671**	**1,597,617**

Budget Summary

Program No. 10: The Asia Pacific Eye Health Education and Training Project

ABI Consortium

Implementing Party: Centre for Eye Research Australia

Program 10: The Asia Pacific Eye Health Education and Training Project

January 2010 - December 2011

Budget

	2010	2011	Total
A. Australian Support Costs			
Personnel	-	-	-
Professional Services	-	-	-
Program Cycle Management	-	-	-
Travel & Accommodation	-	-	-
Administration Recovery	-	-	-
Total Australian Support Costs	**-**	**-**	**-**
B. Program Support Costs - In Country			
Personnel	-	-	-
Professional Services	-	-	-
Office Running Costs	-	-	-
Capital Expenditure	-	-	-
Total Program Support Costs	**-**	**-**	**-**
C. Program Activity Costs			
Activity: 1 Situation analysis	67,325	-	67,325
Activity 2. Adaptataion of curriculum	79,200	-	79,200
Activity 3 Cross cutting issues courses	42,625		42,625
Activity 4 Evaluation		10,850	10,850
		-	-
		-	-
		-	-
			-
			-
	-	-	-
		-	-
Total Program Activity Costs	**189,150**	**10,850**	**200,000**

Budget Summary

Program No. 10: The Asia Pacific Eye Health Education and Training Project

Summary of Expenditure			
	2010	**2011**	**Total**
Australian Support Costs	-	-	-
Program Support Costs	-	-	-
Program Activity Costs	189,150	10,850	200,000
Administration Recovery	-	-	-
Total Expenditures	**189,150**	**10,850**	**200,000**
Australian Support Costs	0.0%	0.0%	0.0%
Program Support Costs	0.0%	0.0%	0.0%
Program Activity Costs	100.0%	100.0%	100.0%
Administration Recovery	0.0%	0.0%	0.0%

Funding			
	2010	**2011**	**Total**
1st Quarter	66,192	7,234	73,426
2nd Quarter	62,927	3,616	66,543
3rd Quarter	38,431		38,431
4th Quarter	21,600		21,600
	189,150	**10,850**	**200,000**

Budget Summary

Program No. 14: Strengthening Western Pacific Regional Coordination

ABI Consortium			
Implementing Party: CBM			
Program No14: Strengthening Western Pacific Regional Coordination			
Commencing: ____Jan 2010_____			
Budget			
	2010	**2011**	**Total**
A. Australian Support Costs			
Personnel	102,492	102,492	204,984
Professional Services	-	-	-
Program Cycle Management	-	-	-
Travel & Accommodation	-	-	-
Administration Recovery	-	-	-
Total Australian Support Costs	**102,492**	**102,492**	**204,984**
B. Program Support Costs - In Country			
Personnel	-	-	-
Professional Services	-	-	-
Office Running Costs	-	-	-
Capital Expenditure	-	-	-
Total Program Support Costs	**-**	**-**	**-**
C. Program Activity Costs			
Activity: One	-	-	-
Activity: Strengthen the capacity of IAPB Sub Regional Co-ch	38,108	38,108	76,216
Activity: To strengthen and expand existing leadership, advo	7,500	7,500	15,000
Activity: To deliver a program of capacity building workshops	40,000	40,000	80,000
Activity: To improve communications and information sharing	12,000	12,000	24,000
Activity: To facillitate an increased number and quality of sus	9,800	10,000	19,800
Activity: Seven	-	-	-
Activity: Eight	-	-	-
Activity: Nine	-	-	-
Total Program Activity Costs	**107,408**	**107,608**	**215,016**

Budget Summary

Program No. 14: Strengthening Western Pacific Regional Coordination

Summary of Expenditure			
	2010	2011	Total
Australian Support Costs	102,492	102,492	204,984
Program Support Costs	-	-	-
Program Activity Costs	107,408	107,608	215,016
Administration Recovery	-	-	-
Total Expenditures	**209,900**	**210,100**	**420,000**
Australian Support Costs	48.8%	48.8%	48.8%
Program Support Costs	0.0%	0.0%	0.0%
Program Activity Costs	51.2%	51.2%	51.2%
Administration Recovery	0.0%	0.0%	0.0%

Funding			
	2010	2011	Total
1st Quarter	36,900	36,900	73,800
2nd Quarter	84,200	84,400	168,600
3rd Quarter	49,400	49,400	98,800
4th Quarter	39,400	39,400	78,800
	209,900	**210,100**	**420,000**

Budget Summary

Program: Monitoring & Evaluation Reporting

ABI Consortium			
Implementing Party: Vision 2020 Australia			
Program : M&E Reporting			
Commencing: January 2010			
Budget			
	2010	**2011**	**Total**
A. Australian Support Costs			
Personnel	-	-	-
Professional Services	-	-	-
Program Cycle Management	-	-	-
Travel & Accommodation	-	-	-
Administration Recovery	-	-	-
Total Australian Support Costs	**-**	**-**	**-**
B. Program Support Costs - In Country			
Personnel	-	-	-
Professional Services	-	-	-
Office Running Costs	-	-	-
Capital Expenditure	-	-	-
Total Program Support Costs	**-**	**-**	**-**
C. Program Activity Costs			
Activity 1: Program Development & Design	6,800	-	6,800
Activity 2: M&E Reporting	47,275	116,875	164,150
Activity: Three	-	-	-
Activity: Four	-	-	-
Activity: Five	-	-	-
Activity: Six	-	-	-
Activity: Seven	-	-	-
Activity: Eight	-	-	-
Activity: Nine	-	-	-
Total Program Activity Costs	**54,075**	**116,875**	**170,950**

Budget Summary

Program: Monitoring & Evaluation Reporting

Summary of Expenditure			
	2010	2011	Total
Australian Support Costs	-	-	-
Program Support Costs	-	-	-
Program Activity Costs	54,075	116,875	170,950
Administration Recovery	-	-	-
Total Expenditures	**54,075**	**116,875**	**170,950**
Australian Support Costs	0.0%	0.0%	0.0%
Program Support Costs	0.0%	0.0%	0.0%
Program Activity Costs	100.0%	100.0%	100.0%
Administration Recovery	0.0%	0.0%	0.0%

Funding			
	2010	2011	Total
1st Quarter	32,856	31,156	64,013
2nd Quarter	3,106	3,106	6,213
3rd Quarter	15,856	20,006	35,863
4th Quarter	2,256	62,606	64,863
	54,075	**116,875**	**170,950**

Budget Summary

Program: Consortium Management

Consortium Management Funding	
	Consortium Management Funding - 2 Year Budget
INCOME (7.97%)	**1,195,000**
SALARIES and ONCOSTS	
Consortium Secretariat (3 FTE)	471,669
TOTAL: Vision 2020 Australia	**471,669**
Consortium Accountant (1 FTE) plus Contingency/support $30000	287,175
TOTAL: The Fred Hollows Foundation	**287,175**
TOTAL SALARIES and ONCOSTS	**758,844**
DELIVERY COSTS	
Communications strategy implementation	114,000
Legal / Consultants / TAG / Audit	**50,000**
Travel / Accom / Meals	81,160
Mngt / Finance / Admin Support	72,500
Indirect Overheads	40,000
TOTAL: Vision 2020 Australia	**357,660**
Mngt / Finance / Admin Support	41,876
Indirect Overheads	39,148
Travel	6,000
TOTAL: The Fred Hollows Foundation	**87,024**
TOTAL DELIVERY COSTS	**444,684**
TOTAL CONSORTIUM MANAGEMENT COSTS	**1,203,528**
Surplus / Deficit (Vision 2020 Australia to absorb)	-8,528
Total costs: Secretariat	829,329
	374,199

Appendix 4: Status of proposed activities

Other funds and program duration

Program No. 12: Cambodia – Strengthening gender and disability inclusive approaches to community eye health to reduce Avoidable Blindness – Takeo

ABI Consortium				
Implementing Party: CBM				
Activity Title: Cambodia Strengthening gender and disability includsive approaches to community eye health to reduce Avoidable Blindness - Takeo				
Clause 4.3 of the Funding Order: The Work Plan identifies and provides the rationale for the selection of specific activities and describes how these activities are related to national plans, strategies and systems. The Work Plan includes estimated budgets and **level of consortium member contribution to the activities.**				
Please indicate duration of program activity	*Jan 2005 - Current*	*4 years*		
	Other donor contributions from period Jan 2005 - Dec 2009 (EUR)	**Contributions 2010 (AUD)**	**Contributions 2011 (AUD)**	**Total**
A. Other Donors / Organisations or Partner Government - Contributions				
The Australian Agency for International Development (AusAID) ANCP	**208,243**			
Other ANCP Funding under application for Cambodian Disability Mission for Development (CDMD)	Funding pending application	200,000	200,000	400,000
				-
				-
				-
				-
				-
Total Other Donor Income	**208,243**	**200,000**	**200,000**	**400,000**
B. Implementing Member contribution for each Activity				
	CBM Contributions from period Jan 2005 - Dec 2009 (EUR) Due to difficulty with backdating exchange rates , expressed in EUR	**Implementing Organisation Contribution $ AUD 2010**	**Implementing Organisation Contribution $ AUD 2011**	**Total**
				-
In Country Support Costs (Salary and Admin costs)	**638,589**	165,547	165,547	331,094
Aggregated Program Activity Costs	**1,140,929**	214,534	214,534	429,068
Construction Costs		171,132		171,132
				-
				-
				-
				-
Total Costs	**1,779,518**	**385,666**	**214,534**	**931,294**
Total Contributions A+B	**1,987,761**	**585,666**	**414,534**	**1,331,294**
	EUR	**AUD**	**AUD**	**AUD**

Duplication of Funding

By completing the above information the Members also acknowledges to the Secretariat and the Prime Contract Holder that the funding being requested for activities under the Project Proposal have not been funded from any other source.

Program No. 7: FHF Australia-Cambodia Avoidable Blindness and Vision Impairment Project

ABI Consortium				
Implementing Party: The Fred Hollows Foundation (FHF)				
Activity Title: FHF Australia-Cambodia Avoidable Blindness and Visual Impairment Project				
Clause 4.3 of the Funding Order:				
The Work Plan identifies and provides the rationale for the selection of specific activities and describes how these activities are related to national plans, strategies and systems. The Work Plan includes estimated budgets and **level of consortium member contribution to the activities.**				
Please indicate duration of program activity	**Jan 2009 - current**	**11 months**		
	Contributions to date	**Contributions 2010**	**Contributions 2011**	**Total 2010 - 2011**
A. Other Donors / Organisations or Partner Government - Contributions				
AusAID (ANCP)	672,297	-	-	
				-
				-
Total Other Donor Income	**672,297**	**-**	**-**	**-**
B. Implementing Member contribution for each Activity				
	Contributions to date (from Jan 2007 to Dec 2009)	**Implementing Organisation Contribution $ AUD 2010**	**Implementing Organisation Contribution $ AUD 2011**	**Total 2010 - 2011**
				-
Support Costs	277,183	120,816	120,816	241,632
Activity Costs	1,247,100	262,920	297,881	560,801
Total Costs	**1,524,283**	**383,736**	**418,697**	**802,433**
Total Contributions A+ B	**2,196,580**	**383,736**	**418,697**	**802,433**

Duplication of Funding

By completing the above information the Members also acknowledges to the Secretariat and the Prime Contract Holder that the funding being requested for activities under the Project Proposal have not been funded from any other source.

Program No.3: Refractive Error Service Development and Capacity Building in Cambodia

ABI Consortium				
Implementing Party: ICEE **Activity Title: Refractive Error Service Development and capacity Building in Cambodia** **Clause 4.3 of the Funding Order:** The Work Plan identifies and provides the rationale for the selection of specific activities and describes how these activities are related to national plans, strategies and systems. The Work Plan includes estimated budgets and **level of consortium member contribution to the activities.**				
Please indicate duration of program activity	**Oct-07**	**2 years 1 month**		
	Contributions to date (from commencent of program date indicated above)	**Contributions 2010**	**Contributions 2011**	**Total 2010 - 2011**
A. Other Donors / Organisations or Partner Government - Contributions				
B. Implementing Member contribution for each Activity				
		Implementing Organisation Contribution $ AUD 2010	**Implementing Organisation Contribution $ AUD 2011**	**Total 2010 - 2011**
Programme Activities to date	457,359			-
In-Australia Support		30,098	38,450	68,548
In-Country Support		10,500	11,600	22,100
Programme Activities		0	0	
				-
Total Costs	**457,359**	**40,598**	**50,050**	**90,648**
Total Contributions A+B	**457,359**	**40,598**	**50,050**	**90,648**

Duplication of Funding

By completing the above information the Members also acknowledges to the Secretariat and the Prime Contract Holder that the funding being requested for activities under the Project Proposal have not been funded from any other source.

Program No.11: Expanding Eye Care Services, Capability and Rehabilitation into Rural Timor Leste

ABI Consortium				
Implementing Party: Royal Australasian College of Surgeons Activity Title: Expanding Eye Care Services, Capability and Rehabilitation into Rural Timor Leste **Clause 4.3 of the Funding Order:** The Work Plan identifies and provides the rationale for the selection of specific activities and describes how these activities are related to national plans, strategies and systems. The Work Plan includes estimated budgets and **level of consortium member contribution to the activities.**				
Please indicate duration of program activity	**2006 - current**	**4 years**		
	Contributions to date (from commencent of program date indicated above)	**Contributions 2010**	**Contributions 2011**	**Total 2010 - 2011**
A. Other Donors / Organisations or Partner Government - Contributions				
ProVision with Optometry Giving Sight	168,000	120,000	120,000	240,000
St John Ambulance	30,000			-
Eye Surgery Foundation	25,000	34,000		34,000
AusAID through the Australia Timor Leste Program of Assistance for Specialised Services (ATLASS)- **funding of visiting specialist team, different from proposed activities**	351,417			-
Friends of Same	20,000	5,000	5,000	10,000
				-
Total Other Donor Income	594,417	159,000	125,000	284,000
B. Implementing Member contribution for each Activity				
		Implementing Organisation Contribution $ AUD 2010	**Implementing Organisation Contribution $ AUD 2011**	**Total 2010 - 2011**
Administration Fee				-
In Australia Support Costs				-
In Country Support Costs		2,000	2,000	4,000
Equipment for Referral Hospitals	225,000	70,000		70,000
Resident Expatriate Ophthalmologist - Salary and accommodation costs till end 0f 2011	54,000	70,250	70,250	140,500
Upskilling of Ophthalmology Nurses	8,475			-
Project Vehicle		50,000	10,000	60,000
Total Costs	**287,475**	**192,250**	**82,250**	**274,500**
In Kind Contributions				**-**
Expertise contributed by visiting specialists	**554,400**			**-**
Total Contributions A+B	**1,436,292**	**351,250**	**207,250**	**558,500**

Duplication of Funding

By completing the above information the Members also acknowledges to the Secretariat and the Prime Contract Holder that the funding being requested for activities under the Project Proposal have not been funded from any other source.

Program No.2: Fiji Capacity Building in early childhood care and education for young children with vision impairments (ECCE VI & MDVI)

ABI Consortium				
Implementing Party: Royal Institute for Deaf and Blind Children				
Activity Title: Fiji Capacity Building in early childhood care and education for young children with vision impairments (ECCE VI & MDVI)				
Clause 4.3 of the Funding Order: The Work Plan identifies and provides the rationale for the selection of specific activities and describes how these activities are related to national plans, strategies and systems. The Work Plan includes estimated budgets and **level of consortium member contribution to the activities.**				
Please indicate duration of program activity	**Jan 2009 - Dec 2011**	**2 years**		
	Contributions to date (from commencent of program date indicated above)	**Contributions 2010**	**Contributions 2011**	**Total 2010 - 2011**
A. Other Donors / Organisations or Partner Government - Contributions				
ICEVI		13,000		13,000
International Council for the education of people with visual impairment				
Total Other Donor Income		13,000		13,000
B. Implementing Member contribution for each Activity				
		Implementing Organisation Contribution $ AUD 2010	**Implementing Organisation Contribution $ AUD 2011**	**Total 2010 - 2011**
Administration Fee		10,000	6,000	16,000
Activity Two: ECCE(VI) human resource development Suva & remote Fiji Islands		3,500		3,500
Activity Three: ECCE(VI) capacity building: RIDBC ToT & Fiji mentor program		2,000		2,000
				-
				-
				-
				-
				-
				-
Total Costs		**15,500**	**6,000**	**21,500**

Duplication of Funding

By completing the above information the Members also acknowledges to the Secretariat and the Prime Contract Holder that the funding being requested for activities under the Project Proposal have not been funded from any other source.

Program No.9: Strengthening Eye Care Services in Papua New Guinea

ABI Consortium				
Implementing Party: ICEE				
Activity Title: Strengthening Eye Care Services in Papua New Guinea				
Clause 4.3 of the Funding Order: The Work Plan identifies and provides the rationale for the selection of specific activities and describes how these activities are related to national plans, strategies and systems. The Work Plan includes estimated budgets and **level of consortium member contribution to the activities.**				
Please indicate duration of program activity	**Sep-06**	**3 years 3 months**		
	Contributions to date (from commencent of program date indicated above)	**Contributions 2010**	**Contributions 2011**	**Total 2010-2011**
A. Other Donors / Organisations or Partner Government - Contributions				
N/A				
Total Other Donor Income				
B. Implementing Member contribution for each Activity				
		Implementing Organisation Contribution $ AUD 2010	**Implementing Organisation Contribution $ AUD 2011**	**Total 2010-2011**
Programme Activities to date	339,960			
In-Australia Support		43,875	43,875	87,750
In-Country Support		35,550	48,322	83,872
Programme Activities		28,000	28,000	56,000
Total Costs		**107,425**	**120,197**	**227,622**
Total Contribution A+B	**339,960**	**107,425**	**120,197**	**227,622**

Duplication of Funding

By completing the above information the Members also acknowledges to the Secretariat and the Prime Contract Holder that the funding being requested for activities under the Project Proposal have not been funded from any other source.

Program No.1: Continuing development of eye health services and capacity in Samoa

ABI Consortium				
Implementing Party: RIDBC/ ICEE				
Activity Title: Continuing development of eye health services and capacity in Samoa				
Clause 4.3 of the Funding Order: The Work Plan identifies and provides the rationale for the selection of specific activities and describes how these activities are related to national plans, strategies and systems. The Work Plan includes estimated budgets and **level of consortium member contribution to the activities.**				
Please indicate duration of program activity	**Jan 2009 - Dec 2011**	**2 years**		
	Contributions to date (from commencent of program date indicated above)	**Contributions 2010**	**Contributions 2011**	**Total 2010 - 2011**
A. Other Donors / Organisations or Partner Government - Contributions				
Senese School, Apia				
Admin & Personnel		12,500	12,500	25,000
Total Other Donor Income		**12,500**	**12,500**	**25,000**
B. Implementing Member contribution for each Activity				
		Implementing Organisation Contribution $ AUD 2010	**Implementing Organisation Contribution $ AUD 2011**	**Total 2010 - 2011**
Administration Fee		16,262	15,932	32,194
In Australia Support Costs		62,400	48,950	111,350
In Country Support Costs		7,000	12,500	19,500
				-
				-
				-
				-
				-
				-
Total Costs		**85,662**	**77,382**	**163,044**
Total Contributions A+B		**98,162**	**89,882**	**188,044**

Duplication of Funding

By completing the above information the Members also acknowledges to the Secretariat and the Prime Contract Holder that the funding being requested for activities under the Project Proposal have not been funded from any other source.

Program No.15: Upgrade of National Vision Centres

ABI Consortium				
Implementing Party: Foresight **Activity Title: Upgrade of National Vision Centres** **Clause 4.3 of the Funding Order:** The Work Plan identifies and provides the rationale for the selection of specific activities and describes how these activities are related to national plans, strategies and systems. The Work Plan includes estimated budgets and **level of consortium member contribution to the activities.**				
Please indicate duration of program activity	**Dec-08**	**1 year**		
	Contributions to date (from commencent of program date indicated above)	**Contributions 2010**	**Contributions 2011**	**Total 2010 - 2011**
A. Other Donors / Organisations or Partner Government - Contributions				
Foresight funding by Avoidable Blindness Fund 2009-2011	340,000		-	-
International Council for Eye Education in kind	23,872	23,872		23,872
International Council for Eye Education in kind 2009	10,331			-
				-
				-
				-
Total Other Donor Income	**374,203**	**23,872**		**23,872**
B. Implementing Member contribution for each Activity				
		Implementing Organisation Contribution $ AUD 2010	**Implementing Organisation Contribution $ AUD 2011**	**Total**
Administration Fee		10,500	8,500	19,000
In Australia Support Costs		4,000	3,000	7,000
In Country Support Costs		3,500	3,500	7,000
Activity 1 Foresight Contribution		13,000	5,000	18,000
Activity 2 Foresight Contribution		8,000	8,000	16,000
				-
				-
				-
				-
				-
				-
Total Costs	**374203**	**24,500**	**16,500**	**32,000**
Total Contributions A+B	**374203**	**48,372**	**16500**	**55,872**

Duplication of Funding

By completing the above information the Members also acknowledges to the Secretariat and the Prime Contract Holder that the funding being requested for activities under the Project Proposal have not been funded from any other source.

Program No.13: Strengthening gender and disability inclusive approaches to community eye health to reduce avoidable blindness - Nghe An and Son La Provinces

ABI Consortium

Implementing Party: CBM

Activity Title: Strengthening gender and disability inclusive approaches to community eye health to reduce avoidable blindness - Nghe An and Son La Provinces

Clause 4.3 of the Funding Order:

The Work Plan identifies and provides the rationale for the selection of specific activities and describes how these activities are related to national plans, strategies and systems. The Work Plan includes estimated budgets and **level of consortium member contribution to the activities.**

Please indicate duration of program activity	**Jan 2005 - Current**	**5 years**		
	Other donor contributions from period Jan 2005 - Dec 2009 (EUR)	**Contributions 2010**	**Contributions 2011**	**Total**
A. Other Donors / Organisations or Partner Government - Contributions				
Total Other Donor Income	N/A			
B. Implementing Member contribution for each Activity				
	CBM Contributions from period Jan 2005 - Dec 2009 (EUR) Due to difficulty in bakdatign exchange rates expressed in EUR	**Implementing Organisation Contribution $ AUD 2010**	**Implementing Organisation Contribution $ AUD 2011**	**Total**
In Country Support Costs (salary, administration)	59,616	58,610	58,610	117,220
Aggregated Program Activity Costs	739,059	101,344	101,344	202,688
Total Costs	798,675	159,954	159,954	319,908
Total Contributions A + B	798,675	159,954	159,954	319,908
	EUR	**AUD**	**AUD**	**AUD**

Duplication of Funding

By completing the above information the Members also acknowledges to the Secretariat and the Prime Contract Holder that the funding being requested for activities under the Project Proposal have not been funded from any other source.

Program No.8: FHF Vietnam Eye Care Capacity Development Project

ABI Consortium

Implementing Party: The Fred Hollows Foundation (FHF)

Activity Title: FHF Vietnam Eye Care Capacity Development Project

Clause 4.3 of the Funding Order:

The Work Plan identifies and provides the rationale for the selection of specific activities and describes how these activities are related to national plans, strategies and systems. The Work Plan includes estimated budgets and **level of consortium member contribution to the activities.**

Please indicate duration of program activity	**Jan 2007-Dec 2009**	**2 years**		
	Contributions to date (from Jan 2007 to Dec 2009)	**Contributions 2010**	**Contributions 2011**	**Total 2010 - 2011**
A. Other Donors / Organisations or Partner Government - Contributions				
AusAID (ANCP)	379,213	-	-	
Academy for Educational Development/USAID	350,431	-	-	
Atlantic Philanthropies	2,251,079	-	-	
Standard Chartered Bank	335,160	-	-	
The Healing Tree	672,681	-	-	
Total Other Donor Income	**3,988,564**	**-**	**-**	
B. Implementing Member contribution for each Activity				
	Contributions to date (from Jan 2007 to Dec 2009)	**Implementing Organisation Contribution $ AUD 2010**	**Implementing Organisation Contribution $ AUD 2011**	**Total 2010 - 2011**
				-
Support Costs	490,836	107,532	107,532	215,064
Activity Costs	637,181	55,277	83,922	139,199
				-
				-
				-
				-
				-
				-
				-
				-
Total Costs	**1,128,017**	**162,809**	**191,454**	**354,263**
A+B Total Contributions	**5,116,581**	**162,809**	**191,454**	**354,263**

Duplication of Funding

By completing the above information the Members also acknowledges to the Secretariat and the Prime Contract Holder that the funding being requested for activities under the Project Proposal have not been funded from any other source.

Program No.4: Refractive Error Services, refraction and spectacle technician capacity building in Vietnam

ABI Consortium				
Implementing Party: ICEE **Program: Refractive Error Services, refraction and spectacle technician capacity building in Vietnam** **Clause 4.3 of the Funding Order:** The Work Plan identifies and provides the rationale for the selection of specific activities and describes how these activities are related to national plans, strategies and systems. The Work Plan includes estimated budgets and **level of consortium member contribution to the activities.**				
Please indicate duration of program activity	**May-05**	**4 years 7 months**		
	Contributions to date (from commencent of program date indicated above)	**Contributions 2010**	**Contributions 2011**	**Total 2010 -2011**
A. Other Donors / Organisations or Partner Government - Contributions				
N/A				
B. Implementing Member contribution for each Activity				
		Implementing Organisation Contribution $ AUD 2010	**Implementing Organisation Contribution $ AUD 2011**	**Total 2010 -2011**
Programme Activities to date	321,147			
In-Australia Support		28,437	47,250	75,687
In-Country Support		6,313	6,635	12,948
Programme Activities		0	0	
Total Costs	**321,147**	**34,750**	**53,885**	**88,635**
Total Contribution A+B	**321,147**	**34750**	**53,885**	**88,635**

Duplication of Funding

By completing the above information the Members also acknowledges to the Secretariat and the Prime Contract Holder that the funding being requested for activities under the Project Proposal have not been funded from any other source.

Program No.10: The Asia Pacific Eye Health Education and Training Project

ABI Consortium

Implementing Party: Centre for Eye Research Australia

Program Activity Title: The Asia Pacific Eye Health Education and Training Project

Clause 4.3 of the Funding Order:
The Work Plan identifies and provides the rationale for the selection of specific activities and describes how these activities are related to national plans, strategies and systems. The Work Plan includes estimated budgets and **level of consortium member contribution to the activities.**

Please indicate duration of program activity	**Cross program training activities since 2005**	**4 years**		
	Contributions to date (from commencent of program date indicated above)	**Contributions 2010**	**Contributions 2011**	**Total 2010-2011**
A. Other Donors / Organisations or Partner Government - Contributions				
Consortium Partners	In-kind appropriate Consortium partner (s) in Australia and incountry eg cost of running specific courses in country	31,215	-	31,215
Consortium Partners	In-kind appropriate Consortium partner (s) in Australia and in-couontry eg mapping, consultation regarding adaptation of courses and reporting	80,000		80,000
				-
				-
				-
				-
Total Other Donor Income		**111,215**	**-**	111,215
B. Implementing Member contribution for each Activity				
CERA in-kind contributions		**Implementing Organisation Contribution $ AUD 2010**	**Implementing Organisation Contribution $ AUD 2011**	**Total 2010-2011**
				-
Administration Fee plus salaries of CERA staff members in design of project, delivery of training, mapping, reporting etc		76,700	10,800	87,500
Total Costs		**76,700**	**10,800**	**87,500**

Duplication of Funding

By completing the above information the Members also acknowledges to the Secretariat and the Prime Contract Holder that the funding being requested for activities under the Project Proposal have not been funded from any other source.

Program No.14: Strengthening Western Pacific Regional Coordination

ABI Consortium				
Implementing Party: CBM				
Activity Title: Strengthening Western Pacific Regional Coordination				
Clause 4.3 of the Funding Order:				
The Work Plan identifies and provides the rationale for the selection of specific activities and describes how these activities are related to national plans, strategies and systems. The Work Plan includes estimated budgets and level of consortium member contribution to the activities.				
Please indicate duration of program activity	**Jan 2007 Current IAPB Chair**	**2 years**		
	Other donor contributions	**Contributions 2010 (AUD)**	**Contributions 2011 (AUD)**	**Total**
A. Other Donors / Organisations or Partner Government - Contributions				
Total Other Donor Income	N/A			
B. Implementing Member contribution for each Activity				
	Contributions	**Implementing Organisation Contribution $ AUD 2010**	**Implementing Organisation Contribution $ AUD 2011**	**Total**
Administration		10,500	10,500	21,000
Program		10,500	10,500	21,000
				0
Total Costs		21,000	21,000	42,000
Total Contributions A + B		21,000	21,000	42,000
	EUR	**AUD**	**AUD**	**AUD**

Duplication of Funding

By completing the above information the Members also acknowledges to the Secretariat and the Prime Contract Holder that the funding being requested for activities under the Project Proposal have not been funded from any other source.

Appendix 5: Additional information on implementing partners

Program No. 12: Cambodia – Strengthening gender and disability inclusive approaches to community eye health to reduce Avoidable Blindness – Takeo

In-Country Implementing Partners Information	
Agency	CBM
Program ID No 12 Activity Title	Strengthening gender and disability inclusive approaches to community eye health to reduce Avoidable Blindness - Takeo Cambodia

In-Country Organisation/Government Ministry - Please utilise the complete name - no acronyms.	Please provide information on exisiting MOU and/or contracts with implementing partner/s	Regional Organisation/Regional Government Department	Title of Key Partner	Name	Additional Information
1. Caritas Cambodia	MoU between Caritas Cambodia and CBM Australia signed in 2005. Supplementary MoU signed 2009 for purposes of this specific program.	Takeo Provincial Eye Hospital	Administrative Coordinator of Takeo Provincial Eye Hospital	Sr Myrna Porto	Caritas is the main implementing agency in Cambodia. A Memorandum of Understanding has been signed between CBM Australia and Caritas Cambodia detailing the contractual requirements and expectations of AusAID and CBM. Caritas Cambodia has satisfactorily managed CBM/ AusAID funding for several years.
			Medical Director of Takeo Provincial Eye Hospital	Dr Manfred Moerchen	
			Co-Medical Director of Takeo Provincial Eye Hospital	Dr Sarin	
2. Ministry of Health	No direct agreements. Caritas Cambodia has an agreement with MoH for the administration of Takeo Eye Hospital.	Kiri Vong District Hospital	Director of Kiri Vong District Hospital	Dr Mech Sambo	Kiri Vong Vision Centre to be developed and fully integrated into the Ministry of Health district hospital facility, initially with developmental support from Takeo Eye Hospital. This forms part of a broader plan for Takeo Eye Hospital to develop districy level services more broadly in the province.
3. Cambodian Development Mission for Disability (CDMD)	CBM's Regional Office has a partnership agreement with CDMD. A Supplementary MoU for the purposes of this specific program is in process.	Cambodian Development Mission for Disability (CDMD)	Directot of CDMD	Mr Nhip Thy	Please note: CDMD is a key in-country implementing partner for the succes of this program, however funding for their contribution to program activities is being sought through other channels.

Program No. 7: FHF Australia-Cambodia Avoidable Blindness and Vision Impairment Project

In-Country Implementing Partners Information	
Agency	The Fred Hollows Foundation (FHF)
Program ID No 7 Activity Title	FHF Australia-Cambodia Avoidable Blindness and Visual Impairment Project

In-Country Organisation/Government Ministry - Please utilise the complete name - no acronyms.	**Please provide information on existing MOU and/or contracts with implementing partner/s**	**Regional Organisation/Regional Government Department**	**Title of Key Partner**	**Name**	**Additional Information**
Ministry of Health (MoH) of Cambodia, through the National Program for Eye Health(NPEH) of Cambodia.	MoU between Ministry of Foreign Affairs (MoFA) (2007) and MoH (2004)	Provincial Departments of Health of all project locations.	National Prevention of Blindness Coordinator, NPEH	Dr Do Seiha	FHF has worked in partnership with the MoH/NPEH since 1998. The NPEH is responsible for the overall management of the eye care sector in Cambodia.

Program No.3: Refractive Error Service Development and Capacity Building in Cambodia

In-Country Implementing Partners Information					
Agency	International Centre for Eyecare Education (ICEE)				
Program ID No 3 Activity Title	Refractive Error Service Development and capacity Building in Cambodia				
In-Country Organisation/Government Ministry	**Please provide information on exisiting MOU and/or contracts with implementing partner/s**	**Regional Organisation/Regional Government Department**	**Title of Key Partner**	**Name**	**Additional Information**
Ministry of Health	Three way Agreement between Ministry of Health, Fred Hollows Foundation (FHF) and ICEE to develop National Refraction Training, programme, 2008	National Hospital, Ang Duong	Chairperson of National Program for Eye Health	Dr Do Seiha	The upscaling proposed here seeks to improve the working environment of those trained through this Training Programme. It is a continuation of the ICEE Vision Centre in Phnom Penh and the CBM-ICEE collaboration on Vision Centre development, which also includes training.
CBM	Two way Agreement between CBM and ICEE to develop Vision Centres in Takeo province, 2009	Takeo Provincial Eye Hospital	Ophthalmologist	Dr Manfred Moerchen	This Agreement was signed with CBM Australia on behalf of Takeo Hospital

Program No.11: Expanding Eye Care Services, Capability and Rehabilitation into Rural Timor Leste

In-Country Implementing Partners Information					
Agency	Royal Australasian College of Surgeons				
Program ID No 11 Activity Title	Expanding Eye Care Services, Capability and Rehabilitation into Rural Timor Leste				
In-Country Organisation/Government Ministry	**Please provide information on exisiting MOU and/or contracts with implementing partner/s**	**Regional Organisation/Regional Government Department**	**Title of Key Partner**	**Name**	**Additional Information**
Timor Leste Ministry of Health(MoH)	MoU between Government of Timor Leste and Australia Timor Leste Program of Assistance for Soecialised Services (ATLASS) signed 2008	Timor Leste Ministry of Health	Director General	Mr Agapito da Silva Soares	The ATLASS program is funded by AusAID and managed by the Royal Australasian College of Surgeons (RACS). The East Timor Eye Program is an extension of the ATLASS program, and operates under the banner of the ATLASS Program in Timor Leste. In 2008, an MoU was signed between the ATLASS and the Timor Leste Government which endorsed Program activities, including ophthalmology outreach services.
Please note that the Program also has Letters from the Minister of Health, Dr Nelson Martins and the Director General, Mr Agapito Soares (2009) which support the proposed program of extension for which funding is sought					
The Program and its implementing parters have long established working relationships with in-country organisations Fo Naroman Timor Leste (FNTL) and Fuan Nabilan.					

Program No.2: Fiji Capacity Building in early childhood care and education for young children with vision impairments (ECCE VI & MDVI)

In-Country Implementing Partners Information					
Agency	RIDBC				
Program ID No 2 Activity Title	Fiji Capacity Building in early childhood care and education for young children with vision impairments (ECCE VI & MDVI)				
In-Country Organisation/Government Ministry	**Please provide information on existing MOU and/or contracts with implementing partner/s**	**Regional Organisation/Regional Government Department**	**Title of Key Partner**	**Name**	**Additional Information**
Fiji Ministry of Health Fiji Ministry of Education Fiji Society for the Blind (FSB) United Blind Persons of Fiji (UBP)	MoU between Fiji Ministries will be signed by January 2010	Fiji Ministry of Education	Head of Special Education in Fiji	Ms Tabalailai-	The project was selected by members of the Fiji Education For All - VI Task Force as the priority area of need to be addressed in 2010

Program No.9: Strengthening Eye Care Services in Papua New Guinea

In-Country Implementing Partners Information	
Agency	International Centre for Eye Care Education (ICEE)
Program ID No 9 **Activity Title**	Strengthening Eye Care Services in Papua New Guinea

In-Country Organisation/Government Ministry	Please provide information on exisiting MOU and/or contracts with implementing partner/s	Regional Organisation/Regional Government Department	Title of Key Partner	Name	Additional Information
PNG Eye Care and Port Moresby General Hospital	Three way Agreement between ICEE, Port Moresby General Hospital and PNG Eye Care to develop a Vision Centre, 2008	Port Moresby General Hospital	CEO of Port Moresby General Hospital	Dr Tau	Dr Tau, Dr Kerek (Chief Ophthalmologist) and Jambi Garap (president of Board of PNG Eye Care and ophthalmologist) and the rest of the ophthalmology team have been directly involved in the development of this Agreement and the nature of collaboration at Port Moresby General Hospital.
		PNG Eye Care	President of the Board, PNG Eye Care	Dr Jambi Garap	
PNG Eye Care and Mount Hagen General Hospital	Three way Agreement between ICEE, Mount Hagen General Hospital and PNG Eye Care to develop a Vision Centre, 2009	Mount Hagen General Hospital	CEO of Mount Hagen General Hospital	Dr James Kintwa	Dr Kintwa, the Mt Hagen Hospital Board and the nurses were consulted prior to signing of Agreement .
		PNG Eye Care	President of the Board, PNG Eye Care	Dr Jambi Garap	
PNG Eye Care	Agreement between ICEE and PNG Eye Care to collaborate, 2009	PNG Eye Care	President of the Board, PNG Eye Care	Dr Jambi Garap	
Lae Dental Centre	Lease Agreement, 2008	Lae Dental Centre	Head of Clinic	Dr John Kombagle	Leasing space at dental clinic is temporary arrangement until building at General Hospital in Lae is completed
Port Moresby General Hospital	Agreement between ICEE and Port Moresby General Hospital to develop an optical workshop, 2007	Port Moresby General Hospital	CEO of Port Moresby General Hospital (PMGH)	Dr Tau	This Agreement preceeded three way Agreement between PNG Eye Care and PMGH and ICEE in 2008

Program No.1: Continuing development of eye health services and capacity in Samoa

In-Country Implementing Partners Information					
Agency	RIDBC				
Program ID No1 **Activity Title**	Continuing development of eye health services and capacity in Samoa				
In-Country Organisation/Government Ministry - Please utilise the complete name - no acronyms.	**Please provide information on exisiting MOU and/or contracts with implementing partner/s**	**Regional Organisation/Regional Government Department**	**Title of Key Partner**	**Name**	**Additional Information**
Senese Early Intervention Service Ministry of Health Ministry of Education, Sport and Culture	MoU between Senese School and RIDBC will be signed by January 2010	Senese Early Intervention Primary and Secondary Support Service for children with Disabilities and their families	Principal	Mrs Donna Lene	This proposal was constructed in the context of the National Plan and at the behest of Senese School and Ministries in Samoa; and builds on the existing project currently undertaken through the collaborative effort between RIDBC, ICEE, Senese School and the Ministry for Education Sport and Culture.

Program No.15: Upgrade of National Vision Centres

In-Country Implementing Partners Information					
Agency	Foresight/ICEE/RACS/RANZCO				
Program ID No15 Activity Title	Solomon Islands Upgrade of National Vision Centres				
In-Country Organisation/Government Ministry - Please utilise the complete name - no acronyms.	**Please provide information on exisiting MOU and/or contracts with implementing partner/s**	**Regional Organisation/Regional Government Department**	**Title of Key Partner**	**Name**	**Additional Information**
MINISTRY OF HEALTH	MoU between MoH and ICEE will be signed in December 2009	National Referral Hospital, Honiara, Solomon islands	Minister of Health and Medical Services	Hon. Soalaoi	The upgrade of services has come through a request from the Department of Ophthalmology and the Solomon Islands National Taskforce for the Prevention of Blindness
	MoU between MoH and Foresight in preperation	National Referral Hospital, Honiara, Solomon islands	Permanent Secretary, Ministry of Health and Medical Services	Dr Cedric Alependava	
SOLOMON ISLANDS DEPARTMENT OF OPHTHALMOLOGY, NATIONAL REFERRAL HOSPITAL, HONIARA			Head of Department	Dr Deji Adu	
			Senior Registrar, Eye Department, NRH	Dr John Hue	
			Senior Registrar, Eye Department, NRH	Dr Mundi Qalo	
			Senior Registrar, Eye Department, NRH	Dr Claude Posala	
			Senior Registrar, Eye Department, NRH	Dr Nola Pikacha	
			Nurse Consultant, Eye Department, NRH	Wanta Aluta	
			Senior Ophthalmic Nurse, Eye Department, NRH	John Tuabele	
			Senior Ophthalmic Nurse, Eye Department, NRH	Wanta Aluta	
NATIONAL REFERRAL HOSPITAL, HONIARA			Medical Superintendant		
SOLOMON ISLANDS NATIONAL TASK FORCE FOR THE			Chair	Dr Deji Adu	
HEALTH SECTOR SUPPORT PROGRAM			Hospital-based Specialist		

Program No.13: Strengthening gender and disability inclusive approaches to community eye health to reduce avoidable blindness - Nghe An and Son La Provinces

In-Country Implementing Partners Information						
Agency	C BM					
Program ID No 13						
Activity Title	Strengthening gender and disability inclusive approaches to community eye health to reduce avoidable blindness - Nghe An and Son La Provinces					
In-Country Organisation/Government Ministry Name	**Please provide information on exisiting MOU and/or contracts with implementing partner/s**	**Regional Organisation/Regional Government Department**	**Title of Key Partner**	**Name**	**Additional Information**	
1. Ministry of Health, Viet Nam	MoU between VNIO and CBM signed 2008 with view to establishing direct partnerships with provinces. Partnership agreement will be signed by Provincial Health Department and CBM - currently in process.	Nghe An Eye Center	Director of Nghe An Eye Center	Dr Nguyen Huu Le	Dr Nguyen Huu Le will head the project implementation team, supported by key staff from the center and liaising with district and commune staff involved in the project. CBM recently sponsored Dr Nguyen Huu Le to complete a Masters course on Community Eye Health in London and a Hospital Management Course in India. Partner also completed Institutional Development and Project Cycle Management training in 2009.	
2. Ministry of Health, Viet Nam	MoU between VNIO and CBM signed 2008 with view to establishing direct partnerships with provinces. Partnership agreement will be signed by Provincial Health Department and CBM - currently in process.	Son La Social Disease Control Centre - Comprehensive Eye Care Programme	Director of Social Disease Control Centre	Dr Luong Xuan Hia	Dr Luong Xuan Hia will head the project implementation team, supported by key staff from the center and liaising with district and commune staff involved in the project. Partner completed Institutional Development and Project Cycle Management training in 2009.	

Program No.8: FHF Vietnam Eye Care Capacity Development Project

In-Country Implementing Partners Information	
Agency	The Fred Hollows Foundation (FHF)
Program ID No 8 **Program Activity Title**	FHF Vietnam Eye Care Capacity Development Project

In-Country Organisation/Government Ministry - Please utilise the complete name - no acronyms.	Please provide information on exisiting MOU and/or contracts with implementing partner/s	Regional Organisation/Regional Government Department	Title of Key Partner	Name	Additional Information
People 's Aid Coordination Committee of Vietnam (PACCOM)	Operations Permit with PACCOM (April 2009)	N/A	Director of PACCOM	Mr.Vu Xuan Hong	PACCOM is the central government agency who manages all INGOs implementing in Vietnam.The Operation Permit allows FHF to operate in all 6 project provinces.
Ministry of Health (MoH) of Vietnam, through the Vietnam National Institute of Ophthalmology (VNIO)	MoU with VNIO renewed annually. Current MoU (December 2008)	VNIO	Director of VNIO	Professor Do Nhu Hon	VNIO is the main technical support agency for ophthalmology in Vietnam and is under the management of the MoH of Vietnam.
Thai Binh Provincial Department of Health (DoH)	MoU with Thai Binh DOH (January 2009).	Thai Binh DoH	Director of Thai Binh DoH	Dr.Nguyen Trong Binh	In accordance with provincial-level project approval proceses in Vietnam, FHF will enter into an additional MoU with the DoH for the purpose of this Activity.
Hai Duong DoH	MoU with Hai Duong DoH (January 2009).	Hai Duong DoH	Director of Hai Duong DoH	Dr. Nguyen Thanh Cong	In accordance with provincial-level project approval proceses in Vietnam, FHF will enter into an additional MoU with the DoH for the purpose of this Activity.
Quang Binh DoH	MoU with Quang Binh DoH (January 2009)	Quang Binh DoH	Vice Director of Quang Binh DoH.	Dr. Ngo Van Bon	In accordance with provincial-level project approval proceses in Vietnam, FHF will enter into an additional MoU with the DoH for the purpose of this Activity.
Thua Thien-Hue Provincial People's Committee (PPC)	MoU with Thua Thien-Hue PPC (2007).	Thua Thien-Hue PPC	Vice Chairman of Thua Thien -Hue PPC	Mr.Ngo Hoa	In accordance with provincial-level project approval proceses in Vietnam, FHF will enter into an additional MoU with the DoH for the purpose of this Activity.
Tien Giang PPC	No current agreements	Tien Giang PPC	Vice Chairman of Tien Giang PPC	Mr.Phan Van Ha	As this is a new Project location, FHF will enter into a new MOU with Tien Giang PPC prior to the commencement of this Activity.
Ha Giang Social Disease Control Centre (SDCC)	No current agreements	Ha Giang SDCC	Director of Ha Giang SDCC	Dr.Hoang Quoc Lap	As this is a new Project location, FHF will enter into a new MOU with Ha Giang PPC prior to the commencement of this Activity.

Program No.4: Refractive Error Services, refraction and spectacle technician capacity building in Vietnam

In-Country Implementing Partners Information	
Agency	International Centre for Eyecare Education
Program ID No 4 Activity Title	Refractive Error Services, refraction and spectacle technician capacity building in Vietnam

In-Country Organization/Government Ministry - Please utilize the complete name - no acronyms.	Please provide information on exisiting MOU and/or contracts with implementing partner/s	Regional Organisation/Regional Government Department	Title of Key Partner	Name	Additional Information
1. Vietnam National Institute of Ophthalmology	Agreement between ICEE and VNIO signed 2009	Vietnam National Institute of Ophthalmology	Director of Vietnam National Institute of Ophthalmology	Prof. Do Nhu Hon	To train and develop training capacity at VNIO
2. Ho Chi Minh City Eye Hospital (HCMCEH), CBM, and Eye Care Foundation (ECF)	Agreement between HCMCEH, CBM, ECF and ICEE signed 2009	Ho Chi Minh City Eye Hospita	Director of Ho Chi Minh City Eye Hospital, Programmes Coordinator of CBM, Programme Manager of ECF	Dr. Tran Thi Huong Thu, Ms. Nathalie R. Maggay, Ms. Liesbeth Mieras	The partners jointly provide the optometry scholarship for the Chief Refraction Trainer at the Ho Chi Minh City Eye Hospital to study postgraduate optometry course in Australia with the purpose of building the capacity in refraction training and the development of optometry training in reducing avoidable blindness due to uncorrected refractive errors.
3. Vietnam National Institute of Ophthalmology and Eye Care Foundation	Agreement between VNIO, ECF and ICEE signed 2009	Vietnam National Institute of Ophthalmology	Director of Vietnam National Institute of Ophthalmology, Programme Manager of ECF	Prof. Do Nhu Hon, Ms. Liesbeth Mieras	The partners jointly provide the optometry scholarship for two staff of Vietnam National Institute of Ophthalmology to study optometry in India for 4 years with the purpose of building the capacity in refraction training and the development of optometry training in reducing avoidable
4. Ho Chi Minh City Eye Hospital (HCMCEH)	Agreement between ICEE and Masumi Kobayashi to train trainers at HCMCEH, 2005	Ho Chi Minh City Eye Hospita	Head of Refraction Unit	Mr Long	This training was facilitated by Mekong Eye Doctors (now known as Eye Care Foundation)

Program No.10: The Asia Pacific Eye Health Education and Training Project

In-Country Implementing Partners Information					
Agency	Centre for Eye Research Australia				
Program ID No. 10 **Activity Title**	The Asia Pacific Eye Health Education and Training Project				
In-Country Organisation/Government Ministry - Please utilise the complete name - no acronyms.	**Please provide information on exisiting MOU and/or contracts with implementing partner/s**	**Regional Organisation/Regional Government Department**	**Title of Key Partner**	**Name**	**Additional Information**
All in-country activity will be conducted through Consortium Partners thus utilising their exisiting partners and agreements in-country	Consortium partners have all agreed to and signed the Vision 2020 Australia Global Consortium Deed of Agreement	Vision 2020 Australia Global Consortium	Vision 2020 Australia Global Consortium	Vision 2020 Australia Global Consortium	The Asia Pacific Eye Health Education and Training Project has been approved by the CPC and the RPSC at a capped allocation of $200,000 for the project

Program No.14: Strengthening Western Pacific Regional Coordination

In-Country Implementing Partners Information					
Agency	CBM				
Program ID No 14					
Activity Title	Strengthening Western Pacific Regional Coordination				
In-Country Organisation/Government Ministry - Please utilise the complete name - no acronyms.	**Please provide information on exisiting MOU and/or contracts with implementing partner/s**	**Regional Organisation/Regional Government Department**	**Title of Key Partner**	**Name**	**Additional Information**
International Agency for the Prevention of Blindness	Contracted to IAPB as Chair Person for WPR.	Western Pacific Region	Chair Person	Richard Le Measurier	Dr Le Measurier is the Medical Director of the Fred Hollows Foundation and the Chair of the IAPB Western Pacific Region.
International Agency for the Prevention of Blindness	Contracted to IAPB as Regional Co-Chair.	Western Pacific Region	Regional Co-Chairs	John Szetu Noah Chua Hoang Tran	Director of Pacific Eye Institute - Co Chair Pacific Islands Sub Region Co Chair ASEAN Region Co-chair Mekong Indonchina Sub Region
CBM Australia	A signatory to the Vision 2020 Australia Global Consortium Deed of Agreement	CBM Australia	Director International Programs	Dave Lewis	history of providing in-kind and financial support to strengthen the coordinating and advocacy capacity of Vision 2020 Australia and the IAPB in the Western Pacific Region.
VISION 2020 Australia	Deed of Agreement for the est and operation of the Vision 2020 Australia Global Consortium	The Secretariat of the Consortium is based in Vision 2020 Australia.	CEO	Jennifer Gersbeck	Vision 2020 Australia has the role of coordinating facillitation of the Global Consortium and the activities identified in the Work Plan that meet the objectives of the Avoidable Blindness Inititiative. Vision 2020 Australia is part of 'VISION 2020: The Right to Sight'.

Appendix 6: Global Consortium acronym list

ABC	Association for the Blind in Cambodia
APA	Annual Partnership Agreements
BOCC	Battambang Ophthalmic care centre
CSOM	Cataract Surgery Outcome Monitoring
CERA	Centre for Eye Research Australia
ECCE VI	Childhood Care & Education in Vision Impairment
CBM	Christian Blind Mission
CDMD	Cambodian Disability Mission for Disability
CHW	Community Health Workers
CRA	Community Rehabilitation Assistants
CBR	Community Based Rehabilitation
CME	Continuing Medical Education
CREW	Continuing Refraction Education Workshops
DIP	Detailed Implementation Planning
DIACEH	Disability Inclusive Approach to Community Eye Health
DTCM2	National Technical College of Medicine No 2 in Da Nang
FNCDP	Fiji National Council for Disabled Persons
FSB	Fiji Society for the Blind
FNTL	Fo Naroman Timor Leste (FNTL)
FSM	Federated States of Micronesia
HCMC	Hi Chi Minh City
HCMCEH	Ho Chi Minh City Eye Hospital
IT	Information Technology
IEC	Information, Education and Communication
IAPB	International Agency for the Prevention of Blindness
ICEVI	International Council for the Education of people with Visual Impairment
ICEE	International Centre for Eyecare Education
IRIS	International Resources for the Improvement of Sight
KPI	Key Performance Indicators

KAP	Knowledge Attitudes and Practice.
MoE	Ministry of Education
MoH/NPEH	Ministry of Health's National Program for Eye Health
M&E	Monitoring and Evaluation
NIO	National Institute of Ophthalmology
NSSS	National Spectacle Supply System
ORT	Ophthalmology Residency Training
PNEH	Phenom Phen Eye Hospital
PBL	Prevention of Blindness
PEC	Primary Eye Care
PMC	Project Cycle Management
PMOH	Provincial Ministry of Health
RAAB	Rapid Assessment of Avoidable Blindness
RNT	Refraction Nurse Training
RE	Refractive Error)
RANZCO	Royal Australian New Zealand College of Ophthalmology
RIDBC	Royal Institute for Deaf and Blind Children (
SDCC	Social Disease Control Centre
SAIO	South Australian Institute of Ophthalmology
SOP	Standard Operating Procedures
TOR	Terms of Reference
FHF	The Fred Hollows Foundation
RACS	The Royal Australasian Collage of Surgeons
TIO	Tilganga Institute of Ophthalmology
ToT	Train of Trainers
UBP	United Blind Persons of Fiji
UHS	University of Health Sciences
URE	Uncorrected Refractive Error
VINO	Vietnam Institute of Ophthalmology
VHW	Village Health Workers
VC	Vision Centre
WP	Western Pacific
WREN	Western Pacific Regional Executive Network

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GLOBAL CONSORTIUM

Appendix 7: Executive Brief on the Consortium Process

Process and outcomes for recommendation and approval of the Consortium Work Plan

December 2009

Introduction

Vision 2020 Australia and its members are committed to working with the Australian Government to achieve the goals outlined in the Government's Avoidable Blindness Initiative (ABI) that aims to i) reduce the incidence of preventable blindness and ii) improve the quality of life for people with low vision and blindness.

Key components of the ABI are:

- Developing strategic partnerships with a range of NGOs and other organisations working in eye health and vision care, building on and expanding existing work.
- Strengthening existing eye care training institutions and the capacity of eye care workers.
- Piloting the Vision Centre approach as part of the delivery of eye health and vision care needs.
- Assessing eye health and vision care needs to inform future efforts to reduce avoidable blindness.

As part of the development of a response to meet these objectives, the Vision 2020 Australia Global Consortium was formed, an Australian partnership working to eliminate avoidable blindness and reduce the impact of vision loss in our region. The Consortium was launched on the 19 November 2009 in Canberra with the endorsement of the Honourable Bob McMullan MP, where he confirmed $15M was pledged to the Global Consortium to implement programs that will contribute to meeting the objectives of the ABI.

The Consortium consists of nine member organisations and has two key governance and management bodies. The Consortium Program Committee (CPC) is involved in operational issues and provides recommendations for submission to the Regional Plan Steering Committee (RPSC) in relation to programs and membership. This committee consists of one member of each organisation at senior management level and is facilitated by the Consortium Secretariat. The governing body of the Consortium is the RPSC and this body approves annual work plans and budgets. This committee consists of four members at CEO level from Consortium agencies and two selected independent members. The International Agency for the Prevention of Blindness Western Pacific Regional Chair is also a member of the committee. The CEO of Vision 2020 Australia is the non-voting chair of the RPSC. The Consortium Secretariat of Vision 2020 Australia facilitates coordination of these bodies.

On the 23 and 24 November 2009 the CPC convened its inaugural meeting. The purpose of this meeting was to review program proposals identified for inclusion in the Consortium Work Plan and recommend a two year work plan of no more than $15 M to the RPSC.

On the 3 December the RPSC convened its inaugural meeting. At this meeting, the governing body of the Consortium approved the recommended work plan and budget.

Background

Extensive work has gone into the development of a rigorous governance process that assures partnership building in the Consortium via fair, transparent and accountable processes. The Secretariat has facilitated development of all documents influencing the Consortium process. This has been with Consortium participation and direction of independent consultants. This includes the Consortium Design document, the Consortium Probity Framework, Consortium Quality Management Framework, Consortium Process document and the Consortium Deed of Agreement.

The Indicative Work Plan (IWP) has been developed in parallel with the Consortium governance documents and is a requirement of AusAID. It identifies the proposed program activities that are seeking funding via the Global Consortium. The IWP includes the key components of a work plan (objectives, outcomes, outputs, performance information and risk management). This document has gone through three major iterations as the Consortium has responded to identified AusAID needs, with the final version being finalised following RPSC approval of the recommended work plan. All programs are scale-up activities of existing programs and are aligned to the objectives of the ABI. In order to assure strengthening of program outcomes in the Pacific, relevant Consortium members have also discussed proposed programs with The Fred Hollows Foundation New Zealand, to avoid duplication of services and recognise mutual benefit and strengths of programs.

The Consortium and the Secretariat have developed key process documents to assure consistency of proposed programs for funding. This includes the Program Proposal Template and the Quality Appraisal Template to score proposed programs. This process has been developed with consideration of AusAID methods used in the Avoidable Blindness Fund (a component of the ABI), and the input of an independent consultant.

Three key steps took place as part of the proposal development and review process prior to the CPC meeting:

1) Agency completion and submission of the program proposal template. This template included program design summary, activity setting, current programs, key implementing partners and arrangements, activity description and analysis, risk management, sustainability and program capacity statement, complete budget and a monitoring and evaluation framework. Proposals were supported by a required agency capacity statement and the Australian Council for International Development (ACFID) Code of Conduct self-assessment form.
2) Each proposal underwent a compliance check, with the Secretariat checking alignment of proposals to the ABI objectives and the Prime Contract Holder checking contractual requirements. Three proposals were identified as having compliance issues and the relevant agencies informed. Those agencies then responded to the compliance issues and this was circulated to the Consortium.
3) All proposals were then circulated to all CPC representatives for consideration and scoring. Agencies could not score their own proposal. Scoring was then received and collated by the Secretariat. All members then received the collated scoring figures for all proposals prior to the CPC meeting.

Consortium Program Committee Meeting Process

The CPC meeting on the 23 and 24 of November was to determine support or rejection of ABI program proposals prior to recommendation to the RPSC. An independent facilitator was present for both days.

Members agreed to a two phase process.

Phase One

Program proposal presentation (5 min)
Question and discussion time (20 min)
Vote on proposal (5 min)

The aim of these discussions was

- to encourage an expert dialogue on the proposed regional work plan
- to identify additional opportunities to strengthen mutual program outcomes and share program practice
- for CPC members to raise any queries, concerns or comments regarding the work plan
- for CPC members working in the same country to consider any duplication of activities and to discuss possibilities to strengthen mutual outcomes of programs, including collaborative planning.

This proved a dynamic partnership building process with critical analysis being appreciated by all parties. A significant outcome of these discussions was the recognition of the specific strengths of member organisations, and how this could contribute to the benefit of all partners. It was also an opportunity to identify cross program gaps or weaknesses, including the need to increase integration of 'cross-cutting' issues in to all programs, such as disability inclusiveness and gender.

After discussion of each proposed program, members were able to make specific recommendations to a proposal. These recommendations were minuted and represent the CPC's advice on how to strengthen program outcomes. They were listed on the executive summary for consideration by the RPSC.

It was agreed that proposals had to receive 75% of the CPC vote to be recommended to the RPSC. Members were unable to vote on their own proposal. Budgets relating to the Consortium's management and M&E function were also included in this process.

Three program proposals were rejected by the CPC. However, the CPC recommended that one of them (The Asia Pacific Eye Health Education and Training Project) be retained subject to a significant decrease in activities and budget. A capped allotment of funds that was agreed to by the CPC was provided for this program. Thirteen program proposals were approved for recommendation to the RPSC.

Phase Two

The aim of these discussions was to

- identify priority filters to inform budget allocations to $15M
- discuss the applicability of each filter in relation to achieving ABI objectives
- facilitate discussion about specific budget reductions
- gain consensus about budget allocations to the regional work plan

This second phase was incorporated into the CPC process to ensure that recommendations made to the RPSC focused on quality programs that represent value for money and ensure outcomes that meet the ABI objectives. It was acknowledged throughout the Consortium development process that the Consortium had more proposed programs than dollars available. CPC members recognised that value for money was an important consideration of a program but that cost alone should not influence the outcome of a programs approval or rejection. For this reason, all program proposals were first considered, discussed and approved or not approved by the CPC (Phase One). CPC members then had to consider a final budget for thirteen programs that exceeded the fixed budget by approximately $1.2 M. Discussion was lead by an independent facilitator as to the criteria to consider in cutting budgets to the fixed allocation of $15 M.

CPC Funding Allocation Process

Phase Two Process

The independent facilitator discussed with the group options to be used in deciding the funding allocation to programs. Options considered and discussed are listed below.

1. *Cutting of entire programs based on scoring data received during the quality appraisal process of all proposals*
   Scoring data did not give consideration to the expertise around the table, nor the discussions that had resolved some of the scoring questions. Scoring was determined to not be programmatically relevant, that there were issues as to the subjectivity of the scoring process and gaps in information that prevented complete scoring. It was determined that this would not be used.
2. *Have an equal % budget cut across all programs*
   It was considered that this option would compromise agencies that had requested smaller budgets, and could make some quality approved projects not viable due to the budget decrease.
3. *Have a sliding scale cut dependent on $ requested*
   The largest budget request had come from FHF (47%), then ICEE (29%) and was followed by CBM (13%). It was suggested that application of a sliding scale could be applied to agencies per spend to diminish the impact on smaller agencies. However, the Consortium still needed to consider what criteria would drive these cuts.
4. *Geographical spread of the Consortium spend and programs*
   Geographical spread was rejected as a effective filter on the basis that a) all projects were in the Western Pacific Region, the geographically defined scope of the funding b) geography alone did not reflect either population, program outcomes or development status of the particular country and project involved. However, consideration was given to the fact that Vietnam and Cambodia represented 77% of total program dollars. Furthermore, the CPC recognised that AusAID had allocated $9.8M to the Pacific Region to focus on Component Two of the ABI. It was acknowledged that there existed a need to provide programs in Vietnam and Cambodia in these scale up activities.
5. *Use of the VISION 2020: The Right to Sight criteria to assess areas of priority to inform commensurate budget cuts*
   Agencies had self nominated the percentage breakdown of their proposed budget spend against the *VISION 2020: The Right to Sight* objectives. These are:

   - Infrastructure and Technology
   - Human Resource Development
   - Disease Control.

At the end of Phase One, it emerged that the highest proportion of funds was allocated to Infrastructure and Technology (36%), Human Resource Development (21%) and Disease Control (24%).

It was agreed that the VISION 2020 criteria be used to determine budget decreases as this would assure Global Consortium programs are aligned to *VISION 2020: The Right to Sight* policy and objectives. Additionally, the CPC agreed that it did not wish to reduce crucial program commitment of funds to the Human Resource Development and Disease Control components of the approved programs. To proportionately strengthen the latter two components, reductions focused on Infrastructure and Technology allocations, excluding equipment purchases.

Using these criteria, The Fred Hollows Foundation, Foresight and CBM proactively made substantial reductions to their infrastructure and technology budget requests.

In addition, an overall reduction of 5% or less of total budget was applied to the smaller proposals so that the final work plan recommendations conformed to the total available $15M allocation of funds from AusAID. The CPC objectives were met with thirteen programs being approved for recommendation to the RPSC to a budget of $15M.

Administration Costs in Programs

An ongoing consideration for both AusAID and Consortium members has been to ensure that administrative costs of proposed programs are kept at a minimum. During the CPC meeting Neil Hanlon (Consortium Accountant) advised use of the Australian NGO Cooperation Program (ANCP) definition of administration as determined by AusAID. This defines administration as '*Administration costs are charges associated with the overall operational capability of an NGO including staff-related social charges, rent, financial audit and/or legal fees, general administrative fees, membership fees (but must not include ACFID membership), insurance, staff support (e.g. secretarial), utilities, bank charges, office supplies'*

Administration costs in proposal budgets should reflect only the project related costs, and are not to include the day to day costs of the running of the NGO.

The Administration Recovery component of all consolidated budgets has been determined at average of 4% of the total budget, well within the AusAID and Consortium member's outer threshold of less than 10% of total project budget. This figure will likely decrease again, due to agencies such as CBM deciding to absorb the complete cost of administration.

Regional Plan Steering Committee Meeting Process

The RPSC is comprised of eight members who represent the governing body of the Consortium. The executive function of this body is to approve work plans and budget, to provide strategic direction to the Consortium and to approve Program Agreements and the entering into of Funding Orders and Donor Agreements. The RPSC meet on 3 December to discuss and consider approval of the two year Work Plan that had been recommended by the CPC.

Significant preparation had gone into ensuring RPSC members were sufficiently briefed to undertake the RPSC role. This included:

- Briefing of the two independents and provision of background Consortium documents.
- Provision of Terms of Reference, Executive Briefing on the CPC process, Executive Summary of the Program Proposals recommended by the CPC and the budget of the Consortium Management role.

An overview of the Vision 2020 Australia Global Consortium and its development was presented by the CEO of Vision 2020 Australia. A summary presentation of the CPC process was also provided prior to discussion of the proposed Work Plan. This included discussion on programs that had not been approved for recommendation to the RPSC and the process of budget cuts.

The Secretariat then presented the executive summary of each program proposal, CPC recommendations and the budget that was recommended by the CPC. Questions were invited, followed by relevant discussion. Voting then took place to accept proposals. Organisations that received the funding abstained from voting. The RPSC approved all recommended programs and Consortium management funding. Members commented on the rigorous governance and partnership building process that the Consortium had been through to assure a Work Plan that met ABI objectives.

Conclusion

The consolidation of the Consortium has been strengthened through the partnership building process of the inaugural CPC and RPSC meetings. The program peer review and critical analysis that supported program selection was a rigorous and transparent process, which resulted in a thorough discussion. Members found this process constructive and mutually beneficial to the strengthening of all programs. The RPSC, as the governing body of the Consortium, approved all programs recommended by the CPC and commented on the high quality of programs and their alignment to the ABI objectives. The Consortium is well prepared to implement the Work Plan and looks forward to continuing to work towards the elimination of avoidable blindness in the Asia Pacific Region.

VISION 2020
THE RIGHT TO SIGHT
AUSTRALIA

National body working in partnership to prevent avoidable blindness and improve vision care

14 Annexure 9 (b): Change Frame

The Change Frame presents detailed information on minor program and budget variations for 2011.

Vision 2020 Australia Global Consortium

Change Frame Summary - 2011

Implementing Party	Program	Actual 2010	Budget 2011	Total Program	Approved Program	Interest Earned Funds
Cambodia						
CBM	Strengthening Gender & Disability inclusive approaches to community eye health to reduce avoidable blindness - Takeo	$ 208,330	$ 408,747	$ 617,077	$ 617,077	$ -
The Fred Hollows Foundation	Australia-Cambodia avoidable blindness & visual impairment project	$ 1,344,615	$ 1,510,773	$ 2,855,388	$ 2,855,388	$ -
ICEE	Refractive error service development & capacity building to provide equitable access to eye care	$ 270,900	$ 344,015	$ 614,915	$ 614,915	$ -
Timor Leste						
RACS	Expanding eye care services, capability & rehabilitation into rural East Timor	$ 166,892	$ 259,381	$ 426,273	$ 426,273	$ -
Fiji						
RIDBC	Fiji National Plan for Vision Impaired Children	$ 31,729	$ 51,031	$ 82,760	$ 77,760	$ 5,000
Papua New Guinea						
ICEE	Strengthening eye care services in PNG; Targeting the most vulnerable and needy in the community	$ 649,104	$ 980,016	$ 1,629,120	$ 1,580,927	$ 48,193
Samoa						
RIDBC	Continuation of Pilot Project - Develop eye health services and capacity in Samoa	$ 47,308	$ 151,802	$ 199,110	$ 185,110	$ 14,000
Solomon Islands						
Foresight	National Vision Centres Upgrade	$ 703,439	$ 423,461	$ 1,126,900	$ 1,098,500	$ 28,400
Vietnam						
CBM	Strengthening Gender & Disability inclusive approaches to community eye health to reduce avoidable blindness.	$ 249,121	$ 854,250	$ 1,103,371	$ 1,103,371	$ -
The Fred Hollows Foundation	Australia-Vietnam Avoidable Blindness & Visual Impairment Project	$ 1,158,085	$ 1,690,496	$ 2,848,581	$ 2,848,581	$ -
ICEE	Refractive Error Services, Refraction and spectacle Technician Capacity Building Vietnam	$ 588,000	$ 1,009,618	$ 1,597,618	$ 1,597,618	$ -
The Fred Hollows Foundation	VAVSP	$ 57,006	$ 42,994	$ 100,000	$ 100,000	$ -
Training & Research						
CERA	Regional Training Resource	$ 197,629	$ 18,371	$ 216,000	$ 200,000	$ 16,000
Regional Capacity Building						
CBM	Region - Strengthening Western Pacific Regional coordination	$ 138,951	$ 281,049	$ 420,000	$ 420,000	$ -
Consortium Management						
Vision 2020 Australia	Program Monitoring & Evaluation	$ 77,902	$ 281,455	$ 359,357	$ 170,950	$ 188,407
Vision 2020 Australia	Consortium Management	$ 563,370	$ 640,161	$ 1,203,530	$ 1,203,530	$ -
Vision 2020 Australia	Phase 2 Planning	**$ -**	$ 190,000	$ 190,000	$ -	$ 190,000
	Total Spend	**$ 6,452,381**	**$ 9,137,620**	**$ 15,590,000**	**$ 15,100,000**	**$ 490,000**

ABI Consortium

Implementing Party: CBM and Caritas Cambodia
Program:Takeo Eye Hospital and Kiri Vong Vision Centre
Commencing: 2nd January 2010
Budget

	2010 Actual	2011 Budget	Total
A. Australian Support Costs			
Personnel	32,652	38,250	70,902
Professional Services	-	5,500	5,500
Program Cycle Management	-	-	-
Travel & Accommodation	-	-	-
Administration Recovery	-	-	-
Total Australian Support Costs	**32,652**	**43,750**	**76,402**
B. Program Support Costs - In Country			
Personnel	33,792	37,823	71,615
Professional Services	-	13,000	13,000
Office Running Costs	12,790	9,245	22,035
Capital Expenditure	7,549	7,297	14,846
Total Program Support Costs	**54,131**	**67,365**	**121,496**
C. Program Activity Costs			
Activity 1: Gender and Disability Inclusive CEH Development and Implementation	15,403	699	16,102
Activity 2: Strengthen Capacity TEH and KV Hospital's Capacity to provide essential Community Eye Health Services	77,061	209,335	286,396
Activity 3: Improve Access - Diagnosis - treatment - reintegration - rehabilitation in Takeo Province	20,420	13,180	33,600
Activity 4: Project Management & Monitoring	4,174	62,333	66,507
Activity 5: Operational Research & Evaluation	4,487	12,086	16,573
Total Program Activity Costs	**121,545**	**297,633**	**419,178**

Summary of Expenditure	2010	2011	Total
Australian Support Costs	32,652	43,750	76,402
Program Support Costs	54,131	67,365	121,496
Program Activity Costs	121,545	297,633	419,178
Administration Recovery	-	-	-
Total Expenditures	**208,328**	**408,748**	**617,076**
Original budget	318,302	298,774	617,076
Variance	**(109,974)**	**109,974**	**-**

Implementing Party: CBM and Caritas Cambodia **CHANGE FRAMEWORK** **Prepared date:**

Program:Takeo Eye Hospital and Kiri Vong Vision Centre

Act code	Names of Activity	Approved		Names of new activity	Propose for change		Explanations (Why changes)	Variance
		Target	Budget		Target	Budget		
A. Australian Support Costs								
	Personnel		70,900			70,902		2
	Professional Services		5,500			5,500		-
	Program cycle Management					0		-
	Travel & Accomodation					0		-
	Administration Costs					0		-
	Total		**76,400**			**76402**		**2**
B. In-Country Support costs								
	Personnel		98,043			71,615	Funding Additional activity expenditure	(26,428)
	Professional Services		13,000			13,000		-
	Office Running costs		27,170			22,035		(5,135)
	Capital Expenditure		5,900			14,846		8,946
	Total		**144,113**			**121496**		**(22,617)**
Activity 1: Community Eye Health Development & Implementation								
1.1	Needs Assessment and DIP		13,930			5,920		(8,010)
1.2	Disability Incl. Community Eye Health Model		9,260			1,477		(7,783)
1.3	Train key Health Workers in DI model		1,600			0		(1,600)
1.4	Develop Referral Systems		11,650			7,985		(3,665)
1.5	Test & Implement DIACEH		1,440			720		(720)
	Total - Activity 1		**37,880**			**16,102**		**(21,778)**
Activity 2: Strengthen the Capacity of the TEH & KV Hospital's								
2.1	Training of Personnel		73,482			83,901	Additional training for Diploma Ophthalmology nurses. Training staff on DIACEH	10,419
2.2	Establish HMIS in KV to THE		14,000			18,265	Expanding HMIS software to include optical shop, refraction unit, low vision, community outreach data	4,265
2.3	Increase cataract surgeries		27,072			66,006		38,934
2.4	Increase refractive correction		15,340			19,358	Vision screening training for primary school teachers	4,018
2.5	Increased Community Outreach		58,270			58,761		491
2.6	End project RAAB		26,855			31,105		4,250
2.7	End project KAAP		12,735			9,000		(3,735)
	Total - Activity 2		**227,754**			**286,396**		**58,642**
Activity 3: Improve Access - Diagnosis - treatment - reintegration - rehabilitation in takeo Province								
3.1	IEC Promotion		18,325			19,530		1,205
3.2	KV Vision Centre and Optic Shop		8,610			14,070	Training for KV Health Centre staff on DIACEH	5,460
3.3	Training - CDMD Field Workers and volunteers		0			0		-
3.4	Community Development Committee Mobilisation		0			0		-
	Total - Activity 3		**26,935**			**33,600**		**6,665**

Act code	Names of Activity	Approved		Names of new activity	Propose for change		Explanations (Why changes)	Variance
		Target	Budget		Target	Budget		
Activity 4: Project Management Cycle								
4.1	Concept, feasibility and design development		7,200			7,200		(0)
4.2	Monitoring and coordination		28,330			13,063		(15,267)
4.3	Review and evaluation		46,545			46,245		(300)
	Total - Activity 4		**82,075**			**66,507**		**(15,568)**
Activity 5: Operation Research & Evaluation								
5.1	Travel & Accomodation		21,920			16,573		(5,347)
	Total - Activity 5		**21,920**			**16,573**		**(5,347)**
	Total Program Budget		**617,077**			**617,077**		**0**

ABI Consortium

Implementing Party: The Fred Hollows Foundation
Program: Cambodia
Commencing: 1st January 2010
Budget

	2010 Actual	2011 Budget	Total
A. Australian Support Costs			
Personnel	-	-	-
Professional Services	-	-	-
Program Cycle Management	-	-	-
Travel & Accommodation	-	-	-
Administration Recovery	-	-	-
Total Australian Support Costs	**-**	**-**	**-**
B. Program Support Costs - In Country			
Personnel	94,919	90,783	185,702
Professional Services	9,460	7,465	16,925
Office Running Costs	35,594	41,779	77,373
Capital Expenditure	192	-	192
Total Program Support Costs	**140,165**	**140,026**	**280,191**
C. Program Activity Costs			
Activity 1.0: Research	46,832	18,302	65,134
Activity 2.0: Human Resources Development	193,689	162,731	356,420
Activity 3.0: Infrastructure & Development:	647,895	886,844	1,534,739
Activity 4.0: Disease Control	246,854	244,413	491,267
Activity 5.0: National PBL Capacity Development	29,253	19,874	49,127
Activity 6.0: Project Management	39,927	38,583	78,510
Total Program Activity Costs	**1,204,450**	**1,370,747**	**2,575,197**

Summary of Expenditure

	2010	2011	Total
Australian Support Costs	-	-	-
Program Support Costs	140,165	140,026	280,191
Program Activity Costs	1,204,450	1,370,747	2,575,197
Administration Recovery	-	-	-
Total Expenditures	**1,344,615**	**1,510,774**	**2,855,389**
Australian Support Costs	0.0%	0.0%	0.0%
Program Support Costs	10.4%	9.3%	9.8%
Program Activity Costs	89.6%	90.7%	90.2%
Administration Recovery	0.0%	0.0%	0.0%

Funding

	2010	2011	Total
Original Budget	1,502,558	1,352,831	2,855,389
Variance	**(157,943)**	**157,943**	**(0)**

Implementing Party: The Fred Hollows Foundation **CHANGE FRAMEWORK** **Prepared date:**
Program: Australia - Cambodia Avoidable Blindness & Visual Impairment Project **Approved date:**

Act code	Names of Activity	Approved		Names of new activity	Propose for change		Explanations (Why changes)	Variance
		Target	Budget		Target	Budget		
A. Austral	2010 Actual	2011					Program: Cambodia	
	Personnel							-
	Professional Services							-
	Program cycle Management							-
	Travel & Accomodation							-
	Administration Costs							-
	Total		**-**			**0**		**-**
B. In-Country Support costs								
	Personnel		192,535			185,702	The majority of the variances can be explained in terms of Fx.	(6,833)
	Professional Services		16,306			16,925		619
	Office Running costs		72,364			77,373		5,009
	Capital Expenditure		313			192		(121)
	Total		**281,518**			**280,191**		**(1,327)**
Activity 1: Research								
1.1	School Survey		57,553			57,135		(418)
1.2	PEC Training Assessment		8,082			7,999		(83)
	Total - Activity 1		**65,635**			**65,134**		**(501)**
Activity 2: Human Resources Development								
2.1	Ophthalmology residency training		66,306			57,617		(8,689)
2.2	Refraction Nurse Training		45,534			41,698		(3,836)
2.3	Child Vision Care Training		9,254			8,167		(1,087)
2.4	Mid-level personnel training		60,853			58,872		(1,981)
2.5	PEC Training		62,568			54,916		(7,652)
2.6	CME/CREW Workshops		66,164			61,978		(4,186)
2.7	Mentoring programs		27,582			28,206		624
2.8	International Conferences		32,529			33,959		1,430
2.9	National information resource centre		16,236			11,007		(5,229)
	Total - Activity 2		**387,026**			**356,420**		**(30,606)**
Activity 3: Infrastructure & Development								

Act code	Names of Activity	Approved		Names of new activity	Propose for change		Explanations (Why changes)	Variance
		Target	Budget		Target	Budget		
3.1	National Institute of Ophthalmology Construction		210,434			3,283	Favourable USD exchange rates allowed additional finding over the original budget. **The Fred Hollows Foundation (FHF) was advised by the Ministry of Health (MoH), through the National Program for Eye Health (NPEH) and the Director of Preah Ang Doung Hospital, that they have secured funding through the Korean International Cooperation Agency (KOICA) for the construction of a major eye health facility at Preah Ang Duong Hospital.**	(207,151)
3.2	Regional Eye Hospital construction in Siem Reap		179,810			360,577	Favourable USD exchange rates has allowed increased funding of this activity which originally was only partially funded by ABI. **In addition funds have been reallocated following the cancellation of the NIO Activity**	180,767
3.3	Eye Unit Renovation		192,014			331,008	**Additional funds have been reallocated following the cancellation of the NIO Activity**	138,994
3.4	Medical equipment		874,600			839,870		(34,730)
	Total - Activity 3		**1,456,858**			**1,534,738**		**77,880**
Activity 4: Disease Control								
4.1	Cataract services		226,800			185,691	Government contributions to consumable items have reduced the costs in this activity.	(41,109)
4.2	Refraction Services		41,177			44,267		3,090
4.3	Childhood Blindness services		20,334			12,523		(7,811)
4.4	Other surgical subsidies		22,936			21,357		(1,579)
4.5	Outreach screening & Eye Camps		148,758			148,803		45
4.6	Eye Health Education		77,647			73,989		(3,658)
4.7	HMIS & CSOM		4,894			4,636		(258)
			542,546			**491,267**		**(51,279)**
Activity 5: National PBL Capacity Development								
5.1	PBL budget support		11,058			14,722		3,664
5.2	International conference/training		29,824			34,406		4,582
	Total - Activity 5		**40,882**			**49,127**		**8,245**
Activity 6: Project Management								
6.1	Eye Care Needs Assessment		11,323			3,982	There has been a redistribution of expenditure in this activity.	(7,341)
6.2	Annual Planning & Review		13,553			6,452	There has been a redistribution of expenditure in this activity.	(7,101)
6.3	Monthly Monitoring		24,826			35,091	There has been a redistribution of expenditure in this activity.	10,265
6.4	Evaluation		31,221			32,986		1,765
	Total - Activity 6		**80,923**			**78,510**		**(2,413)**
	Total Program Budget		**2,855,388**			**2,855,388**		**(0)**

ABI Consortium

Implementing Party: ICEE
Program: Refractive Error Service Development and Capacity Building in Cambodia

Commencing: January 2010

Budget

	2010 Actual	2011 Budget	Total
A. Australian Support Costs			
Personnel	53,143	4,000	57,143
Professional Services	12,449	6,830	19,279
Program Cycle Management	10,309	8,015	18,324
Travel & Accommodation	256	-	256
Administration Recovery	64	-	64
Total Australian Support Costs	**76,221**	**18,845**	**95,066**
B. Program Support Costs - In Country			
Personnel	29,219	15,400	44,619
Professional Services	857	272	1,129
Office Running Costs	10,064	9,716	19,780
Capital Expenditure	1,681	-	1,681
Total Program Support Costs	**41,822**	**25,388**	**67,209**
C. Program Activity Costs			
Activity: 1 Refurbishment of Existing Eye units	3,948	-	3,948
Activity: 2 Establishment of refractive error services	104,543	158,030	262,573
Activity: 3 Human resource development	41,394	84,684	126,078
Activity: 4. Outreach screening	1,947	32,816	34,763
Activity: 5 Advocacy	1,024	35,456	36,480
Total Program Activity Costs	**152,856**	**310,985**	**463,842**

Summary of Expenditure

	2010	2011	Total
Australian Support Costs	76,157	18,845	95,002
Program Support Costs	41,822	25,388	67,209
Program Activity Costs	152,856	310,985	463,842
Administration Recovery	64	-	64
Total Expenditures	**270,900**	**355,218**	**626,118**
Original budget	366,541	248,374	614,915
Variance	**(95,641)**	**106,844**	**11,203**

Implementing Party: ICEE **CHANGE FRAMEWORK** **Prepared date: 17 June 2010**

Program: Refractive Error Service Development and Capacity Building in Cambodia

Act code	Names of Activity	Approved		Names of new activity	Propose for change		Explanations (Why changes)	Variance
		Target	Budget		Target	Budget		
A. Austral	**Program: Cambodia**							
	Personnel		91,461			57,143	Reallocated to activities	(34,318)
	Professional Services		20,100			19,279	Readjusted audit fees based on 2010 actuals	(821)
	Program cycle Management		55,106			18,324	A portion reallocated to activities	(36,782)
	Travel & Accomodation		-			256		256
	Administration Costs		-			64		64
	Total		**166,667**			**95,066**		**(71,601)**
B. In-Country Support costs								
	Personnel		51,889			44,619	Reallocated to activities	(7,270)
	Professional Services		1,147			1,129		(18)
	Office Running costs		20,477			19,780	Added property insurance $165	(697)
	Capital Expenditure		3,353			1,681		(1,672)
	Total		**76,866**			**67,209**		**(9,657)**
Activity: 1 Refurbishement of Existing Eye units								
	Refurbishment Cost		3,882			3,948		66
	Total - Activity 1		**3,882**			**3,948**		**66**
Activity: 2 Establishment of refractive error services								
	Refraction Equipment		79,049			54,048	Equipment bulk purchased with favourable exchange rate	(25,001)
	Optical Workshop Equipment		36,619			38,661		2,042
	Spectacle seed stock		141,698			52,495	Delay in starting services reduced costs (Additional reduction by 50%)	(89,203)
	Computer set for 5 Vision Centres		0	New item required to be purchased in 2011		6,449	Added the VC opening cost and more visits by project officer	6,449
	Low Vision Equipment		1,775			5,733	Reallocated personnel costs	3,958
	Low Vision Seed Stock		5,543			8,766	Additional procurement costs	3,223
	Partner Coordination costs		0			23,325	Removed ABC costs and accounted for some outstanding invoicing from last year.	23,325
	Review & evaluation		0			31,310	Moved from PCM	31,310
	Monitoring & Coordination		0			41,785	Moved from PCM Added extra monitoring costs and activity	41,785
	Total - Activity 2		**264,684**			**262,573**		**(2,111)**
Activity: 3 Human resource development								
	Nurse Refractionist		4,956			5,409	To be expended in June 2011 (delay)	453
	Spectacle Technician Training		6,861			40,026	Extra cost due to overseas trainer required for the training (added refresher training course and subsequent establishment of equipment for training centre	33,165
	Refraction and Low Vision Screening		3,803			1,453	To be conducted in December 2010	(2,350)
	Low Vision Training		24,459			22,561	To be conducted in Feb/Mar 2011 in-country, cost reduced (revised on 28 Feb for planning coordination costs)	(1,898)

Act code	Names of Activity	Approved		Names of new activity	Propose for change		Explanations (Why changes)	Variance
		Target	Budget		Target	Budget		
	Attendance of overseas conferences		27,282			40,447	Extra costs incurred for travel to South Africa for WCRE due to: increased visa application costs; additional day required due to availability of flights; increase participants	13,165
	Vision Centre Management Training		1,447			16,182	Mentoring visit to 6 Vision Centres - follow up training/assessment required during 2011 with increased personnel & trainer costs	14,735
	Total - Activity 3		**68,808**			**126,078**		**57,270**
Activity: 4. Outreach screening								
	5 Eye Units		28,165			32,225	Delay in commencement of screening activity. A further site within Phnom Penh has been added to the places where this will occur	4,060
	CDMD - Kampot		1,186			2,538	Reallocated personnel costs	1,352
			29,351			**34,763**		**5,412**
Activity: 5 Advocacy								
	Public Awareness Campaign		2,841			17,208	Reallocated personnel costs & additional comms travel	14,367
	Refraction Nurse Workshop		1,816			7,170	Reallocated personnel costs	5,354
	Reflection Workshop		0			12,101	Additional activity	12,101
	Total - Activity 5		**4,657**			**36,480**		**31,823**
	Total Program Budget		**614,915**			**626,118**	**Over budget will be funded by Interest earned within the program or by ICEE**	**11,203**

ABI Consortium

Implementing Party: Royal Australasian College of Surgeons (RACS)
Program:Expanding Eye Care Services, Capability and Rehabilitation into Rural Timor Leste

Commencing: Quarter 1 - 2010

Budget

	2010 Actual	2011 Budget	Total
A. Australian Support Costs			
Personnel	-	-	-
Professional Services	-	1,000	1,000
Program Cycle Management	-	-	-
Travel & Accommodation	260	2,950	3,210
Administration Recovery	13,639	21,417	35,056
Total Australian Support Costs	**13,899**	**25,367**	**39,266**
B. Program Support Costs - In Country			
Personnel	2,095	12,403	14,498
Professional Services	-	-	-
Office Running Costs	123	6,818	6,941
Capital Expenditure	-	800	800
Total Program Support Costs	**2,218**	**20,021**	**22,239**
C. Program Activity Costs			
Activity 1: Infrastructure development by equipping various referral hospitals	116,393	27,686	144,079
Activity 2: Identification and training of a second Timorese ophthalmologist	-	-	-
Activity 3: Training and upskilling of Theatre nurses in Ophthalmology nursing	14,686	38,210	52,896
Activity 4: Support of Outreach Visits by Resident Ophthalmology Team	14,359	19,125	33,484
Activity 5: Scoping - Needs analysis of low vision services in Timor Leste	2,061	-	2,061
Activity 6: Develop O&M Curriculum	-	3,845	3,845
Activity 7: Provision / support of O&M Training and Services	2,761	62,820	65,581
Avtivity 8: Developing Regional Partnerships	-	10,180	10,180
Activity 9: Provision of O&M equipment	515	6,260	6,775
Activity 10: Vision Health Education	-	1,340	1,340
Activity 11: Long Term Ophthalmologist	-	44,530	44,530
Activity 12: Train the Trainers in vision Health Education	-	-	-
Activity 13: Expanding eye care services, capability and rehabilitation	-	-	-
Total Program Activity Costs	**150,775**	**213,995**	**364,770**

Summary of Expenditure

	2010	2011	Total
Australian Support Costs	260	3,950	4,210
Program Support Costs	2,218	20,021	22,239
Program Activity Costs	150,775	213,995	364,770
Administration Recovery	13,639	21,417	35,056
Total Expenditures	**166,892**	**259,383**	**426,275**
Australian Support Costs	0.2%	1.5%	1.0%
Program Support Costs	1.3%	7.7%	5.2%
Program Activity Costs	90.3%	82.5%	85.6%
Administration Recovery	8.2%	8.3%	8.2%

Funding

	2010	2011	Total
Original Budget	274,023	152,252	426,275
Variance	**(107,131)**	**107,131**	**(0)**

Implementing Party: Royal Australasian College of Surgeons (RACS) **Prepared date:**
Program:Expanding Eye Care Services, Capability and Rehabilitation into Rural Timor Leste **CHANGE FRAMEWORK**

Act code	Names of Activity	Approved		Names of new activity	Propose for change		Explanations (Why changes)	Variance
		Target	Budget		Target	Budget		
A. Australian Support Costs								
	Personnel		8,000			-		(8,000)
	Professional Services		2,000			1,000		(1,000)
	Program cycle Management					-		-
	Travel & Accomodation		5,900			3,210		(2,690)
	Administration Costs		-			35,056		35,056
	Total		**15,900**			**39,266**		**23,366**
B. In-Country Support costs								
	Personnel		30,051			14,498		(15,553)
	Professional Services		-			-		-
	Office Running costs		14,218			6,941		(7,277)
	Capital Expenditure		1,600			800		(800)
	Total		**45,869**			**22,239**		**(23,630)**
Activity 1: Infrastructure development by equipping various referral hospitals								
	Equipping of referral hospitals (Rotating)		117,940			129,118	All referral hospitals are now fully equipped for ophthalmic surgery.	11,178
	Equipment Maintenance		8,986			5,706	No maintenance costs reported as at October 2010. The Program expects to incur maintenance costs in 2011. Reallocation to budget line items requiring additional funding.	(3,280)
	Equipment Delivery		1,600			-	Delivery and freight costs incorporated into purchase price of equipment. Reallocation to budget line items requiring additional funding.	(1,600)
	Equipment Training		-			9,255	Allocation of one equipment training visit in 2011. Long term, ophthalmologist in country will be able to provide ongoing support to eye care personnel in use and maintenance of ophthalmic equipment.	9,255
	Total - Activity 1		**128,526**			**144,079**		**15,553**
Activity 2: Identification and training of a second Timorese ophthalmologist								
	ELT - 1 Ophthalmology Candidate		7,900			-	**Activity removed**. The likelihood of identifying a suitable candidate to begin training in 2011 is highly unlikely. This activity will be deferred to the next phase of the program (should funding be available). Reallocation of budget to other activities requiring additional funding.	(7,900)
	Post Graduate Program - 1 ophthalmology candidate		34,267			-	See above	(34,267)
	Total - Activity 2		**42,167**			**-**		**(42,167)**
Activity 3: Training and upskilling of Theatre nurses in Ophthalmology nursing								
	In-country ELT Course - 5 Eye Care Nurses going overseas training		4,000			3,000	English language training to be undertaken in Dili as opposed to overseas as originally budgeted. Reallocation to budget line items requiring additional funding.	(1,000)
	Overseas Training Course - 5 Eye Care Nurses		39,800			34,336	**Decreased allocation**. Courses in Bangalore and Bali less expensive than originally budgeted. Reallocation to budget line items requiring additional funding.	(5,464)
			-	In-Country Eye Care Nurse Training Workshop		5,400	**New activity budget allocation**. Following requests from the Timor Leste Department of Eye Health for more training support for eye care nurses, a one-week training seminar was delivered in January aimed at up skilling newly graduated eye care technicians and existing district eye care nurses at the National Hospital Dili.	5,400

Act code	Names of Activity	Approved		Names of new activity	Propose for change		Explanations (Why changes)	Variance
		Target	Budget		Target	Budget		
				ECN Training Attachment (Melbourne/Hobart)		10,160	**New activity budget allocation**. A two week visit attachment for 3 selected eye care nurses will be delivered mid-2011. The training program will be based in Melbourne and Hobart and is aimed at: 1. Providing an opportunity for ECNs to gain exposure and observe eye care standards and procedures in Australia. 2. Providing further up-skilling of ECNs techniques and knowledge base, building on and complementing the seminar and practical sessions held in Dili in January 2011. 3. Increasing the capacity and ability of ECNs' to support surgical teams visiting the districts. 4. Strengthening participants' commitment to their role as an eye care nurse in Timor Leste, and form part of a retention strategy for eye care nurses in that country.	10,160
	Total - Activity 3		**43,800**			**52,896**		**9,096**
Activity 4: Support of Outreach Visits by Resident Ophthalmology Team								
	Outreach Visits		95,600			33,484	**Decreased allocation**. Reduced number of visits from 10 to five in 2011. Five visits per year deemed to be more efficient and avoids the in-country ophthalmologists from being away from Dili National Hospital for more than one week per month (the ophthalmologists also accompany the visiting teams from Australia on their outreach trips).	(62,116)
	Total - Activity 4		**95,600**			**33,484**		**(62,116)**
Activity 5: Scoping - Needs analysis of low vision services in Timor Leste								
	Professional Services		5,000			-		(5,000)
	Travel and Accomodation		6,681			2,061	Needs analysis successfully conducted over 2 x 1 week visits by O&M specialist as opposed to hiring O&M consultant for one month. Reallocation to budget line items requiring additional funding.	(4,620)
	Total - Activity 5		**11,681**			**2,061**		**(9,620)**
Activity 6: Develop O&M Curriculum								
	Curriculum Development		-			3,845	A four module O&M training curriculum to be developed and translated. The training will be delivered by international O&M trainers and will incorporate Train the Trainer workshops for existing national trainers.	3,845
	Total - Activity 6		**-**			**3,845**		**3,845**
Activity 7: Provision / support of O&M Training and Services								
			-	O&M Trainers		42,911	Training to be delivered by O&M instructors from Guide Dogs Queensland. Approximately 4 visits in 2011 to cover all four training modules.	42,911
			-	O&M Training Participants		2,140	Expenses relating to participants attending workshops (e.g. per diem, accommodation and travel costs)	2,140
			-	Course Materials & Resources		3,000	Expenses relating to training workshop (e.g. printing, stationery, course materials and equipment)	3,000
			-	Long Term O&M Instructor		17,530	**New activity budget allocation.** The appointment of an O&M specialist in-country for 3 months will enable timely service provision and follow up for new clients (referred from outreach eye clinics) as well as reinforcement of skills of local O&M instructors. The O&M specialist will also work closely with local stakeholders to improve the existing referral system.	17,530
	Total - Activity 7		**-**			**65,581**		**65,581**
Avtivity 8: Developing Regional Partnerships								

Act code	Names of Activity	Approved		Names of new activity	Propose for change		Explanations (Why changes)	Variance
		Target	Budget		Target	Budget		
			-	Meeting with regional partners		3,580	To explore and identify links with other suitable partners in the region (e.g. Malaysian Association of the Blind, Bali School for the Blind)	3,580
			-	Training at MAB for 2 vision impaired persons		6,600	**New activity budget allocation.** Two vision impaired students from Fuan Nabilan will be supported to participate in a 6 month training course at MAB in Kuala Lumpur where they will learn rehabilitation and living skills as well as massage, reflexology and Braille.	6,600
	Total - Activity 8		**-**			**10,180**		**10,180**
Activity 9: Provision of O&M equipment								
			-	O&M Supplies		6,775	To purchase O&M equipment required by local organisations to carry out low vision services effectively.	6,775
	Total - Activity 9		**-**			**6,775**		**6,775**
Activity 10: Vision Health Education								
			-	Health Education Trainer		1,140	Funds to cover visits by national O&M trainers to local schools and villages to hold vision health education sessions.	1,140
			-	Training Resources		200	Funds to cover posters, handouts used during vision health education visits.	200
	Total - Activity 10		-			**1,340**		**1,340**
Activity 11: Long Term Ophthalmologist								
			-	Long Term Ophthalmologist		44,530	**New activity budget allocation** Dr Girish Naidu finished his 2 year appointment as the ETEP long term ophthalmologist in January 2011. A new ophthalmologist has been recruited and will commence his one year appointment in May 2011 (funding support to continue post-2011 should funding become available in next ABI phase). Continuity in service provision and mentoring of the national ophthalmologist is important, particularly in the absence of a second ophthalmology candidate for training.	44,530
	Total - Activity 11		**-**			**44,530**		**44,530**
Activity 12: Train the Trainers in vision Health Education								
	Health Education Trainers		3,132			-	Original scope of vision rehabilitation activities was too extensive. Additional time was required to revise plans which delayed implementation. - Funds reallocated to other activities	(3,132)
	Health Education Attendees		6,720			-		(6,720)
	Training Resources		3,600			-		(3,600)
	Teaching Aids and Materials		3,985			-		(3,985)
	Total - Activity 6		**17,437**			**-**		**(17,437)**
Activity 13: Expanding eye care services, capability and rehabilitation								
	Education Programs in Braille, M & O by Local Staff		6,000			-	Original scope of vision rehabilitation activities was too extensive. Additional time was required to revise plans which delayed implementation. - Funds reallocated to other activities	(6,000)
	Overseas Training Course (Bali) - 3 Braille, M &O		11,200			-		(11,200)
	Course Material		5,595			-		(5,595)
	Professional		2,500			-		(2,500)
	Total - Activity 7		**25,295**			**-**		**(25,295)**
	Total Program Budget		**426,275**			**426,275**		**(0)**

ABI Consortium

Implementing Party: RIDBC
Program: Fiji capacity building in early childhood care and education for young children with vision impairments (ECCE (VI & MDVI)

Commencing: February 2010
Budget $77760.00

	2010	2011	Total
A. Australian Support Costs			
Personnel	8,468	4,000	12,468
Professional Services	-	-	-
Program Cycle Management	-	600	600
Travel & Accommodation	-	5,000	5,000
Administration Recovery	-	-	-
Total Australian Support Costs	**8,468**	**9,600**	**18,068**
B. Program Support Costs - In Country			
Personnel	-	-	-
Professional Services	-	-	-
Office Running Costs	-	-	-
Capital Expenditure	-	-	-
Total Program Support Costs	**-**	**-**	**-**
C. Program Activity Costs			
Activity 1: Strategic Regional Partnerships			
Activity 2: ECCE(VI) capacity building: RIDBC ToT & Fiji mentor program	6,967	-	6,967
Activity 3: ECCE(VI & MDVI) human resource development Suva & remote Fiji islands	16,294	41,431	57,725
Total Program Activity Costs	**23,262**	**41,431**	**64,693**

Summary of Expenditure

	2010	2011	Total
Australian Support Costs	8,468	9,600	18,068
Program Support Costs	-	-	-
Program Activity Costs	23,262	41,431	64,693
Administration Recovery	-	-	-
Total Expenditures	**31,729**	**51,031**	**82,760**
Australian Support Costs	26.7%	18.8%	21.8%
Program Support Costs	0.0%	0.0%	0.0%
Program Activity Costs	73.3%	81.2%	78.2%
Administration Recovery	0.0%	0.0%	0.0%

Funding

	2010	2011	Total
Original budget	64,710	13,050	77,760
Variance	**(32,981)**	**37,981**	**5,000**

Implementing Party: RIDBC **CHANGE FRAMEWORK** **Prepared date: 17 June 2010**

Program: Fiji capacity building in early childhood care and education for young children with vision impairments (ECCE (VI & MDVI)

Act code	Names of Activity	Approved		Names of new activity	Propose for change		Explanations (Why changes)	Variance
		Target	Budget		Target	Budget		
A. Australian Support Costs								
	Personnel		14,000			12,468	Incorrectly included design costs which have been transferred to activities below	(1,532)
	Professional Services		-			-		-
	Program cycle Management		1,000			600		(400)
	Travel & Accomodation		-			5,000	Additional funding received from interest earned funds	5,000
	Administration Costs		-			-		-
	Total		**15,000**			**18,068**		**3,068**
B. In-Country Support costs								
	Personnel		2,000			0	Incorrectly included design costs which have been transferred to activities below	(2,000)
	Professional Services		-			0		-
	Office Running costs		-			0		-
	Capital Expenditure		-			0		-
	Total		**2,000**			**-**		**(2,000)**
Activity 2: Capacity building								
2.1	Sydney-based training for 2 Fijian who will become ECCE (VI & MDVI) trainers in Fiji		6,400			6,967	Design costs transferred in from support categories above	567
	Total - Activity 2		**6,400**			**6,967**		**567**
Activity 3: Human Resources Management								
3.1	Design & Deliver Suva-based ECCE(V1 & MDVI) Training		16,450			16,294		(156)
3.2	Design & Deliver Remote Island ECCE(V1 & MDVI) Training		29,460			33,325	It is proposed to amend objective 3.2 by relocating the early childhood training program to Suva, with program delivery in July 2011	3,865
3.4	Monitor & Evaluate the medium term impact of ECCE (VI & MDVI) training		8,450			8,106	Will be reviewed in early 2011 to ensure effective outcomes are delivered prior to the end of 2011.	(344)
	Total - Activity 3		**54,360**			**57,725**		**3,365**
	Total Program Budget		**77,760**			**82,760**		**5,000**

ABI Consortium

Implementing Party: ICEE
Program: Strengthening Eye Care Services in PNG
Commencing: January 2010
Budget

	2010 Actual	2011 Budget	Total
A. Australian Support Costs			
Personnel	55,361	73,450	128,811
Professional Services	12,948	10,500	23,448
Program Cycle Management	30,534	45,450	75,984
Travel & Accommodation	214	-	214
Administration Recovery	284	-	284
Total Australian Support Costs	**99,341**	**129,400**	**228,741**
B. Program Support Costs - In Country			
Personnel	45,135	101,021	146,156
Professional Services	24,354	118,750	143,104
Office Running Costs	27,225	76,200	103,425
Capital Expenditure	5,716	1,300	7,016
Total Program Support Costs	**102,430**	**297,271**	**399,701**
C. Program Activity Costs			
Activity 1: HR Development - Select & Recruit 6 Vision Centre Personnel	8,295	74,969	83,264
Activity 2: HR Development - Training & Monitoring VC Personnel	98,838	104,409	203,247
Activity 3: HR Development Instrument Maintenance Training	9,055	10,350	19,405
Activity 4: Establish Infrastructure for 3 VC's	218,943	87,565	306,508
Activity 5: Outreach Service Delivery RACS	7,095	134,073	141,168
Activity 6: Create NSSS Coordinating Capacity	33,878	74,843	108,721
Activity 7: Establish & Equip 6 spectacle Supply Units for NSSS	71,228	31,160	102,388
Activity 8: Support establishment of PBL and health systems strengthening	-	21,000	21,000
Activity 9: Low Vision Study	-	48,193	48,193
Total Program Activity Costs	**447,332**	**586,562**	**1,033,895**

Summary of Expenditure

	2010	2011	Total
Australian Support Costs	99,057	129,400	228,457
Program Support Costs	102,430	297,271	399,701
Program Activity Costs	447,332	586,562	1,033,895
Administration Recovery	284	-	284
Total Expenditures	**649,104**	**1,013,233**	**1,662,337**
Original budget	953,687	627,240	1,580,927
Variance	**(304,583)**	**385,993**	**81,410**

Implementing Party: ICEE **CHANGE FRAMEWORK** **Prepared date: 17 June 2010**

Program: Strengthening Eye Care Services in PNG **Approved date:**

Act code	Names of Activity	Approved		Names of new activity	Propose for change		Explanations (Why changes)	Variance
		Target	Budget		Target	Budget		
A. Austral	**2010 Actual**							
	Personnel		104,466			128,811	increased salary rates	24,345
	Professional Services		23,400			23,448		48
	Program cycle Management		89,640			75,984	Re-allocation of some costs to activities	(13,656)
	Travel & Accomodation		-			214		214
	Administration Costs		-			284		284
	Total		**217,506**			**228,741**	Consultant rates have changed, and more monitoring trips included.	**11,235**
B. In-Country Support costs								
	Personnel		250,044			146,156	Employment of Operations Manager, moved VC personel under activity 1, and NSSSC salary under activity 6. Salary for HR manager removed as position no longer required, and revised salary amount for Operations manager due to negotiations with employee. Training and Development revised, and reallocated to new Activity 8 as part of supporting the establishment of the PBL and health systems strenghtening.	(103,888)
	Professional Services		106,525			143,104	Delay in start up of engagement with external management	36,579
	Office Running costs		197,769			103,425	Overbudgeted and errors in orignal budget submitted. Rental for Buka removed for 4 months due to delay of setup of space, Insurance payments removed as delay in setup.	(94,344)
	Capital Expenditure		5,500			7,016		1,516
	Total		**559,838**			**399,701**		**(160,137)**
Activity 1: HR Development - Select & Recruit 6 Vision Centre Personnel								
	Advertise		360			1,650	Less expenses incurred than initial budget	1,290
	Interview		7,360			5,824	Less expenses incurred than initial budget	(1,536)
	Recruitment		180			820		640
	VC Staff		0			74,969	The VC staff salaries transferred from incountry personnel to here.	74,969
	Total - Activity 1		**7,900**			**83,264**		**75,364**
Activity 2: HR Development - Training & Monitoring VC Personnel								
	Spec tech training		60,680			68,035	Increased in consultancy rates	7,355
	Refraction Upskilling		27,380			25,913		(1,467)
	SOPs & M&E systems training		39,560			86,799	The monitoring of the new system will require site visitation by the trainer.	47,239
	Low Vision and Disability		25,320			22,500	Decrease in travel costs	(2,820)
	Total - Activity 2		**152,940**			**203,247**		**50,307**
Activity 3: HR Development Instrument Manitenance Training								
	Scholarship		7,350			19,405	The original course identified is not appropriate. A new and more appropriate course will be implemented.	12,055
	Total - Activity 3		**7,350**			**19,405**		**12,055**

Act code	Names of Activity	Approved		Names of new activity	Propose for change		Explanations (Why changes)	Variance
		Target	Budget		Target	Budget		
Activity 4: Establish Infrastructure for 3 VC's								
	Conclude Agreements		4,200			2,284		(1,916)
	Design Layout plans		2,880			1,800	More staff time required to develop plans	(1,080)
	Refurbish and Furnish		30,360			28,912	Refurbishments costs higher then expected	(1,448)
	Equipment Acquisition		240,375			188,816	Overbudgeted and savings due to bulk purchase. Replenishment stock for VCs included. Funds are from reallocated removed salary costs of incountry personnel.	(51,559)
	Seed Stock Acquisition		36,000			51,131	Stock prices were under-budgeted	15,131
	VC Opening		6,480			12,565	Development of Health Promotional materials included	6,085
	Monitoring and coordination		0			21,000		21,000
			320,295			**306,508**	As above Replenishment orders included for next year	**(13,787)**
Activity 5: Outreach Service Delivery RACS								
	Coodinate SD		8,100			15,175	More staff time is required to coordinate the outreach trips	7,075
	Conduct SD from PMGH		124,000			123,045		(955)
	Conduct SD in Southern Highlands		5,628			2,948	Decrease in travel costs	(2,680)
	Total - Activity 5		**137,728**			**141,168**		**3,440**
Activity 6: Create NSSS Coordinating Capacity								
	Advertise		4,000			884	Ads were over-budgeted initially. Included new Activity (8) as part of supporting the establishment of the national PBL committee and health systems strenghtening. This will be transferred to a new activity in the approved budget.	(3,116)
	Interview		2,160			2,268		108
	Recruitment and Training		10,180			21,324	The activity now inculdes the NSSSC salary	11,144
	Develop distribution network		5,800			28,613	More time allocated to distribute network properly	22,813
	Office and storage space		76,450			55,633	Rent of storage space initially over-budgeted. Amount of rent increase, as increase space size required.	(20,817)
	Total - Activity 6		**98,590**			**108,721**		**10,131**
Activity 7: Establish & Equip 6 spectacle Supply Units for NSSS								
	Establish Agreements		3,780			5,343		1,563
	Training of Eye Care Providers		24,480			18,980	Travel costs reduced as training and set up will be on the same trip	(5,500)
	Set up of 6 sites		50,520			78,065	Underbudgeting of stock and equipment	27,545
	Total - Activity 7		**78,780**			**102,388**		**23,608**
Activity 8: Support establishment of PBL and health systems strengthening								
	Support costs		**0**			21,000		21,000
	Total - Activity 8		**0**			**21,000**		**21,000**
Activity 9: Low Vision Study								
	Analysis of Current Low Vision Services		0			41,493	Additional activity funded from the Interest earned funds.	41,493
	Development of Plan		0			6,700	Additional activity funded from the Interest earned funds.	6,700
			0			**48,193**		**48,193**
	Total Program Budget		**1,580,927**			**1,662,337**	**Over budget will be funded by Interest earned within the program or by ICEE**	**81,410**

ABI Consortium

Implementing Party: RIDBC
Program: Continuation of Pilot Project - Samoa

Commencing: January 2010

Budget

	2010 Actual	2011 Budget	Total
A. Australian Support Costs			
Personnel	499	1,486	1,985
Professional Services	528	1,425	1,953
Program Cycle Management	3,344	20,205	23,549
Travel & Accommodation	-	5,000	5,000
Administration Recovery	-	-	-
Total Australian Support Costs	**4,371**	**28,116**	**32,487**
B. Program Support Costs - In Country			
Personnel	-	-	-
Professional Services		1,030	1,030
Office Running Costs	-	-	-
Capital Expenditure		4,500	4,500
Total Program Support Costs	**-**	**5,530**	**5,530**
C. Program Activity Costs			
Activity 1: Vision Centre Set up	39,473	40,745	80,218
Activity 2 Recruitment & Training	3,464	41,206	44,670
Activity 3: Vision Training	-	36,205	36,205
Total Program Activity Costs	**42,937**	**118,156**	**161,093**

Summary of Expenditure

	2010	2011	Total
Australian Support Costs	4,371	28,116	32,487
Program Support Costs	-	5,530	5,530
Program Activity Costs	42,937	118,156	161,093
Administration Recovery	-	-	-
Total Expenditures	**47,308**	**151,802**	**199,110**
Australian Support Costs	9.2%	18.5%	16.3%
Program Support Costs	0.0%	3.6%	2.8%
Program Activity Costs	90.8%	77.8%	80.9%
Administration Recovery	0.0%	0.0%	0.0%

Funding

	2010	2011	Total
Original budget	177,885	7,225	185,110
Variance	**(130,577)**	**144,577**	**14,000**

Implementing Party: RIDBC **CHANGE FRAMEWORK** **Prepared date: 17 June 2010**

Program: Continuation of Pilot Project - Samoa

Act code	Names of Activity	Approved		Names of new activity	Propose for change		Explanations (Why changes)	Variance
		Target	Budget		Target	Budget		
A. Australian Support Costs								
	Personnel		4,000			1,985		(2,015)
	Professional Services		2,400			1,953		(447)
	Program cycle Management		23,720			23,549		(171)
	Travel & Accomodation		8,890			5,000	Additional funding received from interest earned funds	(3,890)
	Administration Costs		-			-		-
	Total		**39,010**			**32,487**	Reduction in budget is due to incorrectly including activity costs which have been transferred. See note below.	**(6,523)**
B. In-Country Support costs								
	Personnel		2,000			0		(2,000)
	Professional Services		13,600			1,030		(12,570)
	Office Running costs		1,400			0		(1,400)
	Capital Expenditure		1,800			4,500		2,700
	Total		**18,800**			**5,530**	Reduction in budget is due to incorrectly including activity costs which have been transferred. See note below.	**(13,270)**
Activity 1: Vision Centre Setup								
	Identify appropriate space in provincial hospitals, refurbishment and equipment requirements for each eye unit		7,130			6,834		(296)
	Develop refurbishment plans; get quotes		575			310		(265)
	Procurement of equipment and furniture		12,890			38,069		25,179
	Infrastructure development		2,625			16,505	$9,000 - additional funding received from interest earned funds	13,880
	Capital Equipment		42,000			18,500		(23,500)
	Total - Activity 1		**65,220**			**80,218**	Increase due to inclusion of costs which had previously incorrectly been included in overhead costs.	**14,998**
Activity 2: Recruitment & Training								
	Recruitment & interviews 1 admin staff		3,415			0		(3,415)
	recruitment & interviews for 1 spectacle technician		3,295			865		(2,430)
	Training & upskilling spec techs		13,980			24,790		10,810
	Up-skill nurses in refraction & dispensing		9,060			8,695		(365)
	VC Management systems training for admin, spec tech and nurses		17,530			10,320		(7,210)
	Total - Activity 2		**47,280**			**44,670**		**-2,610**

Act code	Names of Activity	Approved		Names of new activity	Propose for change		Explanations (Why changes)	Variance
		Target	Budget		Target	Budget		
Activity 3: Vision Training								
	Training of Trainer (ToT)		1,800			0		(1,800)
	Training Teachers		1,800			3,955		2,155
	Two weeks Training Program		11,200			32,250		21,050
	Total - Activity 2		**14,800**			**36,205**	Increase due to inclusion of costs which had previously incorrectly been included in overhead costs.	**21,405**
	Total Program Budget		**185,110**			**199,110**		**14,000**

ABI Consortium

Implementing Party: Foresight

Program: Solomon Islands - Upgrade of National Vision Centres

Commencing: January 2010

Budget

	2010 Actual	2011 Budget	Total
A. Australian Support Costs			
Personnel	52,654	49,633	102,287
Professional Services	14,087	9,242	23,329
Program Cycle Management	2,270	5,658	7,928
Travel & Accommodation	6,256	(0)	6,256
Administration Recovery		-	-
Total Australian Support Costs	**75,267**	**64,534**	**139,801**
B. Program Support Costs - In Country			
Personnel	34,862	64,077	98,939
Professional Services	-	-	-
Office Running Costs	11,172	17,272	28,444
Capital Expenditure	42,988	21,120	64,108
Total Program Support Costs	**89,022**	**102,469**	**191,491**
C. Program Activity Costs			
Activity 1 Eye clinic Upgrade	251,749	90,268	342,017
Activity 2 Surgical Capacity Upgrade	150,261	45,968	196,229
Activity 3A: Upgrading of Refraction Services	52,299	1,586	53,885
Activity 3B Spectacle supply & management	79,881	43,866	123,747
Activity 4: Vision Screening Programme	4,962	63,868	68,830
Activity 5: RAAB Training	-	10,900	10,900
Total Program Activity Costs	**539,152**	**256,457**	**795,609**

Summary of Expenditure

	2010	2011	Total
Australian Support Costs	75,267	64,534	139,801
Program Support Costs	89,022	102,469	191,491
Program Activity Costs	539,152	256,457	795,609
Administration Recovery	-	-	-
Total Expenditures	**703,441**	**423,460**	**1,126,901**
Original budget	911,398	187,103	1,098,501
Variance	**(207,957)**	**236,357**	**28,400**

Implementing Party: Foresight **CHANGE FRAMEWORK** **Prepared date:**

Program: Solomon Islands - Upgrade of National Vision Centres

Act code	Names of Activity	Approved		Names of new activity	Propose for change		Explanations (Why changes)	Variance
		Target	Budget		Target	Budget		
A. Australian Support Costs								
	Personnel		149,157			102,287	Outright savings made and transferred to other areas of the budget as well as changes due to reallocation to programme activities	(46,870)
	Professional Services		27,150			23,329	Outright savings made and transferred to other areas of the budget as well as changes due to reallocation to programme activities	(3,821)
	Program cycle Management		59,125			7,928	Outright savings made and transferred to other areas of the budget as well as changes due to reallocation to programme activities	(51,197)
	Travel & Accomodation		3,300			6,256	Need for increased in-country consultation and more visits	2,956
	Administration Costs		-			-		-
	Total		**238,732**			**139,801**		**(98,931)**
B. In-Country Support costs								
	Personnel		54,348			98,939	Need for more qualified in-country project officer to expedite the programme milestones	44,591
	Professional Services		18,030			0	Budget transferred to appropriate activity budget	(18,030)
	Office Running costs		31,530			28,444	Outright savings made and transferred to other areas of the budget	(3,086)
	Capital Expenditure		112,675			64,108	Outright savings made especially in optical workshop equipment and furniture and transferred to other areas of the budget	(48,567)
	Total		**216,583**			**191,491**		**(25,092)**
Activity 1: Eye Clinic Upgrade								
1.1	Primary Eye Clinic Construction		106,986			175,470	Three clinics were redesigned, at the request of the Solomon Islands Department of Ophthalmology, and will be now be constructed of more expensive but durable materials and will be significantly larger to allow for current needs and future project expansion. Increased size and complexity of the buildings being built have required an increased budget	68,484
1.2	Equipment Installation		14,979			10,479	Reduced instalation costs due to reduced number of clinics	(4,500)
1.3	Ophthalmic Equipment		152,300			151,867	Some equipment was originally eliminated due to the decrease in the number of clinics. However additional funding approved from the interest earned funds means that deferred clinic will received the equipment to a similar standard as the rest	(433)
1.4	Refurbish - Gizo Site					4,200	Additional funding recevied from interest earned funds.	4,200
	Total - Activity 1		**274,265**			**342,016**		**67,751**
Activity 2: Surgical Capacity Upgrade								
2.1	Ophthalmic Equipment		178,593			187,757	Slightly increased budget from necessary additions to equipment	9,164

Act code	Names of Activity	Approved		Names of new activity	Propose for change		Explanations (Why changes)	Variance
		Target	Budget		Target	Budget		
2.2	Equipment Installation		8,322			8,472		150
	Total - Activity 2		**186,915**			**196,229**		**9,314**
Activity 3:Upgrading Refraction Services								
3.1	Identify appropriate space in provincial hospitals, refurbishment and equipment requirements for each eye unit		7,300			7,446		146
3.2	Develop refurbishment plans; get quotes		1,500			1,575		75
3.3	Procurement of equipment and furniture		3,450			998		(2,453)
3.4	Infrastructure development		7,325			2,441	Incorporated in clinic construction costs	(4,884)
3.5	Refraction & dispensing upskilling for Provincial eye nurses		12,760			38,752	Increased educational activities found to be needed and funded from budget reallocation from Australian support costs.	25,992
3.6	Recruitment & interviews of candidates for VC Manager		2,600			2,674		74
	Total - Activity 3		**34,935**			**53,885**		**18,950**
Activity 3B: Spectacle supply & Management								
4.1	Training for Provincial eye nurses in spec dispensing administration		6,350			20,386	Increased educational activities found to be needed and funded from budget reallocation from Australian support costs.	14,036
4.2	Procurement of additional equipment & stock for the optical workshop		25,965			42,970	Budget reallocation from Australian support costs.	17,005
4.3	VC Management systems training		12,775			12,998		223
	Optical Workshop & Management and Operational Costs		0			19,874	Budget reallocation from Australian support costs.	19,874
	Programme Mentoring & review		0			27,520	Budget reallocation from Australian support costs.	27,520
			45,090			**123,747**		**78,657**
Activity 4: Vision Screening Programme								
5.1	Training of Trainer		11,310	Two TOT in Sydney		9,150	Increased capacity needed	(2,160)
5.2	Training community nurses		81,620	Vision Screening Training in Honiara		14,455	Absolute savings made in training and redirected to implementation	(67,165)
	Training community nurses			Vision Screening Training Outer Area		39,225	Absolute savings made in training and redirected to implementation	39,225
	Arrange premises to conduct training		2,550			0		(2,550)
	Screening Support		6,000			6,000		-
	Total - Activity 5		**101,480**			**68,830**		**(32,650)**
Activity 5: RAAB Trainng								
6.1	RAAB Promotion		500			400		(100)
	CERA Survey Coordinator		0			10,500	Transfer from in country support costs	10,500
	Total - Activity 6		**500**			**10,900**		**10,400**

Act code	Names of Activity	Approved		Names of new activity	Propose for change		Explanations (Why changes)	Variance
		Target	Budget		Target	Budget		
	Total Program Budget		**1,098,500**			**1,126,900**		**28,400**

ABI Consortium

Implementing Party: CBM Vietnam and Nghe An and Son La Provincial
Program: Disability Inclusive Eye Health.
Commencing: 2nd January 2010.
Budget

	2010 Actual	2011 Budget	Total
A. Australian Support Costs			
Personnel	38,256	38,248	76,504
Professional Services	-	5,500	5,500
Program Cycle Management	-	-	-
Travel & Accommodation	-	-	-
Administration Recovery	-	-	-
Total Australian Support Costs	**38,256**	**43,748**	**82,004**
B. Program Support Costs - In Country			
Personnel	27,495	40,661	68,156
Professional Services	-	13,980	13,980
Office Running Costs	13,116	10,186	23,302
Capital Expenditure	2,963	-	2,963
Total Program Support Costs	**43,574**	**64,827**	**108,401**
C. Program Activity Costs			
Activity 1: Gender and Disability Inclusive CEH Development and Implementation	2,720	-	2,720
Activity 2: Strengthen the capacity of the Nghe An and Son La Provincial Eye Referral Hospitals	110,802	220,307	331,109
Activity 3: Improve Access - Diagnosis - treatment - reintegration - rehabilitation in Nghe An and Son La Provinces	25,426	394,419	419,845
Activity 4: Project Management Cycle	28,342	40,377	68,719
Activity 5: Operation Research & Evaluation	-	90,573	90,573
Total Program Activity Costs	**167,290**	**745,676**	**912,966**

Summary of Expenditure

	2010	2011	Total
Australian Support Costs	38,256	43,748	82,004
Program Support Costs	43,574	64,827	108,401
Program Activity Costs	167,290	745,676	912,966
Administration Recovery	-	-	-
Total Expenditures	**249,120**	**854,251**	**1,103,371**
Original budget	585,598	517,773	1,103,371
Variance	**(336,478)**	**336,478**	**(0)**

Implementing Party: CBM Vietnam and Nghe An and Son La Provincial **Prepared date:**

Program: Disability Inclusive Eye Health. **CHANGE FRAMEWORK**

Act code	Names of Activity	Approved		Names of new activity	Propose for change		Explanations (Why changes)	Variance
		Target	Budget		Target	Budget		
A. Australian Support Costs								
	Personnel		76,500			76,504		4
	Professional Services		5,500			5,500		-
	Program cycle Management					0		-
	Travel & Accomodation					0		-
	Administration Costs					0		-
	Total		**82,000**			**82,004**		**4**
B. In-Country Support costs								
	Personnel		64,574			68,156	Budget had to be revised to include 13th month pay for staff (mandatory under Vietnamese labour law) which had not been budgeted for previously.	3,582
	Professional Services		14,000			13,980		(20)
	Office Running costs		15,368			23,302	Actual costs for bank charges, insurance, postage and phone/ internet have exceeded original budget whilst decreased rent and utilities costs. Other essential but unforeseen costs (e.g., increased IT maintenance costs due to increase in no of staff and no of IT equipment; increased health insurance cost due to new provider prices) had to be charged in addition.	7,934
	Capital Expenditure		4,042			2,963	Cost of office equipment needed was initially overestimated.	(1,079)
	Total		**97,984**			**108,401**		**10,417**
Activity 1: Community Eye Health Development & Implementation								
1.1	Needs Assessment and DIP		0			0		-
1.2	Disability Incl. Community Eye Health Model		10,660			2,720	Reduced as cost for activity of development of guidelines shared across CBM ABI projects and some funds to go towards in country training of partners.	(7,940)
	Total - Activity 1		**10,660**			**2,720**		**(7,940)**
Activity 2: Strengthen the Capacity of the Nghe An & Son La Provincial Eye Referral Hospitals								
2.1	KAP survey Nghe An and Son La		26,220			33,946	In country consultancy found to be more costly in 2010 than originally anticipated.	7,726
2.2	RAAB survey Son La		36,355			52,636	In country consultancy and CERA consultancy costs more than originally anticipated.	16,281
2.3	Capacity Development		124,112			99,015	After further costing together with the partner after the planning workshops, the projected expenses for activities (such as project management training, monitoring, coordination with women's groups and DPOs) were actually less.	(25,097)

Act code	Names of Activity	Approved		Names of new activity	Propose for change		Explanations (Why changes)	Variance
		Target	Budget		Target	Budget		
2.4	Training of newly recruited staff		24,379			37,153	The cost of courses in Vietnam have increased recently because of the increase in the length of the training period (e.g., BED training from 6 months is now 9-10 months). Matriculation fees have increased and support for cost of living allowance was adjusted to be more realistic.	12,774
2.5	Enhanced Health Information Management System		11,017			9,616	Cost of office equipment needed was initially overestimated.	(1,401)
2.6	End Project RAAB Nghe An		36,355			38,743	Slightly increased budget based on in country costs being higher than predicted in 2010 RAAB.	2,388
2.7	End of Project KAP - Nghe An and Son La		65,525			60,000	Slightly decreased as plan for all expenses to be in country and none in Australia.	(5,525)
	Total - Activity 2		**323,963**			**331,109**		**7,146**
Activity 3: Improve Access - Diagnosis - treatment - reintegration - rehabilitation in Nghe An and Son La Provinces								
3.1	IEC Promotion		63,580			52,490	Activities for IEC for Son La was reduced for Yr 2010 due to delayed official approval of the project, which also resulted in revised 2011 budget for Son La.	(11,090)
3.2	Training - Gender & DIACEH		64,270			45,650	Initial costs of activities such as training has been slightly overestimated.	(18,620)
3.3	Outreach activities		160,840			179,570	Budget adjusted according to recent cost estimates from supplier of equipment.	18,730
3.4	Establish Referral Pathways		58,850			142,135	The ICEE standard list for refraction and optical shop equipment was introduced after the initial budget was prepared, necessitating major adjustments in estimating the cost of equipment. After the DIP, provincial referral hospitals requested more essential equipment to be able to adequately support district hospitals.	83,285
	Total - Activity 3		**347,540**			**419,845**		**72,305**
Activity 4: Project Management Cycle								
4.1	Concept, feasibility and design development		64,042			30,894	Planning workshop consultant fees lower than initially estimated. Australian consultancy decided to be unecessary.	(33,149)
4.2	Monitoring and coordination		43,866			32,611	Decreased travel funds required to date.	(11,255)
4.3	Travel & Accomodation		25,748			5,215	Decreased travel funds required to date.	(20,533)
	Total - Activity 4		**133,656**			**68,719**		**(64,937)**
Activity 5: Operation Research & Evaluation								
5.1	Review and evaluation		102,368			90,573	Assessment costs not neeeded in 2010 and 2011 costs covered by other review/ evaluation budget items.	(11,795)
5.2	Travel & Accomodation		5,200			0	Not required. Adequate budget for this under Project Management Cycle.	(5,200)
	Total - Activity 5		**107,568**			**90,573**		**(16,995)**
	Total Program Budget		**1,103,371**			**1,103,371**		(0)

ABI Consortium

Implementing Party: The Fred Hollows Foundation
Program: Vietnam
Commencing: January 2010
AUD Budget

	2010 Actual	2011 Budget	Total
A. Australian Support Costs			
Personnel	-	-	-
Professional Services	-	-	-
Program Cycle Management	-	-	-
Travel & Accommodation	-	-	-
Administration Recovery	-	-	-
Total Australian Support Costs	**-**	**-**	**-**
B. Program Support Costs - In Country			
Personnel	83,685	107,882	191,567
Professional Services	18,237	3,227	21,464
Office Running Costs	6,537	7,496	14,033
Capital Expenditure	1,618	1,551	3,169
Total Program Support Costs	**110,077**	**120,157**	**230,234**
C. Program Activity Costs			
Activity 1: HR Development	102,529	146,090	248,619
Activity 2: Infrastructure Development	604,548	943,447	1,547,995
Activity 3: Disease Control	114,437	209,940	324,377
Activity 4: Operational Research	2,407	38,273	40,680
Activity 5: Advocacy, Communications	108,883	97,234	206,117
Activity 6: Coordination & Review	27,233	48,376	75,609
Activity 7: Monitoring and Evaluation	87,971	86,979	174,950
Total Program Activity Costs	**1,048,008**	**1,570,339**	**2,618,347**

Summary of Expenditure

	2010	2011	Total
Australian Support Costs	-	-	-
Program Support Costs	110,077	120,157	230,234
Program Activity Costs	1,048,008	1,570,339	2,618,347
Administration Recovery	-	-	-
Total Expenditures	**1,158,085**	**1,690,496**	**2,848,581**
Australian Support Costs	0.0%	0.0%	0.0%
Program Support Costs	9.5%	7.1%	8.1%
Program Activity Costs	90.5%	92.9%	91.9%
Administration Recovery	0.0%	0.0%	0.0%

Funding

	2010	2011	Total
Original Budget	1,443,584	1,404,997	2,848,581
Variance	**(285,499)**	**285,499**	**(0)**

Implementing Party: The Fred Hollows Foundation **CHANGE FRAMEWORK** **Prepared date: 17 June 2010**
Program: Vietnam **Approved date:**

Act code	Names of Activity	Approved		Names of new activity	Propose for change		Explanations (Why changes)	Variance
		Target	Budget		Target	Budget		
A. Australian Support Costs								
	Personnel					0		0
	Professional Services					0		0
	Program cycle Management					0		0
	Travel & Accomodation					0		0
	Administration Costs					0		0
	Total		**-**			**0**		**0**
B. In-Country Support costs								
	Personnel		196,416			191,567		(4,849)
	Professional Services		24,000			21,464		(2,536)
	Office Running costs		14,955			14,033		(922)
	Capital Expenditure		3,294			3,169		(125)
	Total		**238,665**			**230,234**		**(8,431)**
Activity 1: Human Resources Management								
	Provincial Level							
	1.1.1 Training BEDs		9,457			6,004	One doctor took the BED training before project conducted	(3,453)
	1.1.2 Training BED on cataract surgery		9,548			9,360		(188)
	1.1.4 Training staff-Refraction skills		9,217			7,818		(1,399)
	1.1.5 Training staff-Management/computing		13,892			7,752	Funds transferred to clinical training.	(6,140)
	1.1.6. Training on advanced ophthalmology		21,000			14,118	The cost is reduced due to on-hand training in HCM eye hospital	(6,882)
	1.1.7. Training ophthalmic nurses		3,577			10,456	More eye nurses are planned to be trained to achieve the desired rate of 4 eye nurses per one cataract surgeon.	6,879
	1.1.8. TOT Training for Provincial PEC Trainer		3,971			4,968		997
	1.1.9. Training on equipment use and maintenance		3,626			2,559		(1,067)
	Training on concept and proposal writing for partners		2,353			-		(2,353)
	District Level							-
	1.2.1 Training district BEDs		11,403			8,349	The cost is reduced compared to the cost norm	(3,054)
	1.2.2 Training district BED on cataract surgery		7,492			4,277	Training costs less than original planned estimate.	(3,215)
	1.2.3 Training Ophth nurses/technicians/assistants		14,361			11,111	Less ophthalmic nurses at district level require training than originally planned. Funds needed for training ophthalmic nurses at provincial level instead (refer 1.1.7)	(3,250)
	1.2.4 Training staff-Health education skills		1,869			-		(1,869)

Act code	Names of Activity	Approved		Names of new activity	Propose for change		Explanations (Why changes)	Variance
		Target	Budget		Target	Budget		
	1.2.5 Training staff-Refraction skills		12,665			16,274		3,609
	Commune Level					-		-
	1.3.1 Training/Retraining CHWs-PEC/referral/follow-up		33,876			30,227		(3,649)
	1.3.3 Training/Retraining VHWs-PEC/referral/follow-up		91,277			89,857		(1,420)
	1.3.5 Organising CHWs and VHWs workshops		-			25,489	Partners decided to change the occurance of this workshop from a biennial event to an annual event.	25,489
	Total - Activity 1		**249,584**			**248,619**		**-965**
Activity 2: Infrastructure & Development								
	Provincial Level							0
	2.1.1 Building/Renovating eye facilities		460,802			554,128	Reduced funding of Cataract surgery subsudies has allowed increased funding of this activity.	93,326
	2.1.4 Eye/medical equipment to eye facilities		501,279			688,558	Reduced funding of District level facilities has allowed increased funding of this activity.	187,279
	District Level							-
	2.2.1 Building/Renovating eye facilities		54,118			20,775	Some changes to district level outputs were made through consultations with provincial partners to fit with district/provincial capacity and needs. E.g. refraction (RE) services will not be established in a district in Quang Binh as partners were unable to identify suitable staff to attend RE training. Alternative equipment needs have been identified to utilise this funding allocation.	(33,343)
	2.2.2 Eye/medical equipment to eye facilities		291,959			222,811		(69,148)
	Commune Level							-
	2.3.1 Eye care instruments/kits		67,412			61,725		(5,687)
	Total - Activity 2		**1,375,570**			**1,547,997**		**172,427**
Activity 3: Disease Control								
	3.1 Cataract surgery subsidies		237,647			129,514	Reduced. The National Health Insurance Scheme coverage of cataract surgery is high and this has reduced the number of provide subsidies predicted in the budget.	(108,133)
	3.3 Child eye care programs/surgery/treatment		25,726			34,919	Additional 26 schools in Ha Gaing in 2011	9,193
	3.4 Refractive error programs		100,491			90,349	Funds re-allocated to support childhood surgical treatment	(10,142)
	3.5 Other eye care treatments		42,612			69,595	Reduced based on experience of 2010 outputs.	26,983
	Medical consultant - technical support		13,529			0	No longer required. Local technical expertise to be used instead.	(13,529)
	Total - Activity 3		**420,005**			**324,377**		**(95,628)**
Activity 4: Operational Research								
	Operational Research		45,488			40,680		(4,808)
			45,488			**40,680**		**(4,808)**
Activity 5: Advocacy & Communications								

Act code	Names of Activity	Approved		Names of new activity	Propose for change		Explanations (Why changes)	Variance
		Target	Budget		Target	Budget		
	5.1 Eye health education activities		12,208			50,762	Increased diversity and more effective eye health education activities. Increased costs here absorb some of the reduced funds originally allocated to activity 5.2.	38,554
	5.2 IEC materials production/delivery		256,139			143,857	The number of leaflets are reduced. The remain money will be used for above eye health education activities	(112,282)
	5.4 WSD/V2020 activities		11,765			11,497		(268)
	Total - Activity 5		**280,112**			**206,117**		**(73,995)**
Activity 6: Coordination & Review								
	Planning/orientation workshop		12,071			16,119		4,048
	Annual/mid term review		33,466			17,484	Reduced based on experience of 2010 workshop costs.	(15,982)
	Local site support activities		22,359			19,070		(3,289)
	National Blindness/PBL Committee support		6,824			19,558	Based on national PBL committee needs.	12,734
	National level coordination and ABI meetings - travel costs		3,765			3,379		(386)
	Total - Activity 6		**78,485**			**75,609**		**(2,876)**
Activity 7: Moniitoring & Evaluation								
	Monitoring costs		87,824			68,150	Reduced based on experience of 2010.	(19,674)
	Evaluation & Review		72,849			106,800	Peer evaluation to be co-contributed by Consortium Agencies working in Vietnam.	33,951
	Total - Activity 5		**160,673**			**174,950**		**14,277**
	Total Program Budget		**2,848,582**			**2,848,583**		**1**

ABI Consortium

Implementing Party: ICEE
Program: Refractive Error Services, Refraction and Spectacle Technician Capacity Building in Vietnam
Commencing: January 2010
Budget

	2010 Actual	2011 Budget	Total
A. Australian Support Costs			
Personnel	102,384	22,950	125,334
Professional Services	12,182	6,990	19,172
Program Cycle Management	7,672	56,376	64,048
Travel & Accommodation	-	7,890	7,890
Administration Recovery	318	-	318
Total Australian Support Costs	**122,556**	**94,206**	**216,762**
B. Program Support Costs - In Country			
Personnel	16,166	2,496	18,662
Professional Services	290	544	834
Office Running Costs	10,846	10,039	20,885
Capital Expenditure	7,694	-	7,694
Total Program Support Costs	**34,995**	**13,079**	**48,074**
C. Program Activity Costs			
Activity: 1 Refraction Training and Equipment	241,194	459,383	700,576
Activity: 2 Spectacle Technician Training and Equipment	132,205	102,315	234,520
Activity: 3 Training of Trainers in refraction and spec tech	-	25,847	25,847
Activity: 4. Mentoring of Refractionists	2,579	85,890	88,469
Activity: 5 National Refraction Coordination	7,428	82,931	90,359
Activity: 6 Optometry Scholarships	2,262	56,393	58,655
Activity: 7 Regional Refractive Error Workshops	1,806	77,053	78,859
Activity: 8 Capacity Building for Local Trainers	27,413	37,737	65,150
Activity: 9 National Refraction Training Workshop	15,562	-	15,562
Total Program Activity Costs	**430,448**	**927,548**	**1,357,996**

Summary of Expenditure

	2010	2011	Total
Australian Support Costs	122,238	94,206	216,444
Program Support Costs	34,995	13,079	48,074
Program Activity Costs	430,448	927,548	1,357,996
Administration Recovery	318	-	318
Total Expenditures	**587,999**	**1,034,832**	**1,622,832**
Original budget	825,946	771,671	1,597,617
Variance	**(237,947)**	**263,161**	**25,215**

Implementing Party: ICEE **CHANGE FRAMEWORK** **Prepared date: 17 June 2010**

Program: Refractive Error Services, Refraction and Spectacle Technician Capacity Building in Vietnam

Act code	Names of Activity	Approved		Names of new activity	Propose for change		Explanations (Why changes)	Variance
		Target	Budget		Target	Budget		
A. Austral	**Program: Vietnam**							
	Personnel		197,391			125,334	Moved to activities	(72,057)
	Professional Services		20,100			19,172	readjusted audit expenditure, based on 2010 claim	(928)
	Program cycle Management		52,620			64,048	Reallocation of personnel time and travel/acc allocation	11,428
	Travel & Accommodation		23,077			7,890	Moved to program cycle management and activities	(15,187)
	Administration Costs					318		318
	Total		**293,188**			**216,762**		**(76,426)**
B. In-Country Support costs								
	Personnel		30,467			18,662	Moved to activities	(11,805)
	Professional Services		1,038			834	decreased financial management costs	(204)
	Office Running costs		18,350			20,885	Increased office running costs	2,535
	Capital Expenditure		8,235			7,694		(541)
	Total		**58,090**			**48,074**		**(10,016)**
Activity: 1 Refraction Training and Equipment								
	VNIO Training Costs		42,385			86,201	Increased consultancy cost	43,816
	VNIO Oseas Trainer and Examiner Costs		173,494			186,469	Reallocated personnel time to activity	12,975
	Trainee Equipment Costs		70,007			44,669	Bulk purchase and favourable exchange rate resulted in savings	(25,338)
	4 VNIO Staff to attend REFN course in HCMCEH		0			6,386	4 VNIO staff to attend the refraction training course at HCMCEH for 5 days to observe the training to build local training capacity and promote cross faculty learning.	6,386
	DTCM2 Training Costs		21,967			36,691	Increased consultancy costs for local trainers	14,724
	DTCM2 Oseas Trainer and Examiner Costs		87,439			110,651	Increased consultancy cost	23,212
	DTCM2 Trainee Equipment Costs		35,003			25,483	Bulk purchase and favourable exchange rate resulted in savings	(9,520)
	HCMCEH Training Costs		8,260			28,925	Increased consultancy costs for local trainers	20,665
	HCMCEH Oseas Trainer and Examiner Costs		110,293			114,760	Increased consultancy cost	4,467
	HCMCEH Trainee Equipment Costs		35,003			25,483	Bulk purchase and favourable exchange rate resulted in savings	(9,520)
	HCMCEH Trainer Familiarisation		3,585			3,317	Increased consultancy cost	(268)
	VNIO Refraction Training Equipment		31,232			15,771	Bulk purchase and favourable exchange rate resulted in savings	(15,461)
	Da Nang Refraction Training Equipment		31,232			15,770	Bulk purchase and favourable exchange rate resulted in savings	(15,462)
	Total - Activity 1		**649,900**			**700,576**		**50,676**
Activity: 2 Spectacle Technician Training and Equipment								
	VNIO Trainee Costs		5,092			4,712	VNIO Trainee Costs for Spec tech course at VNIO is reduced from 3 courses to 1 course due to availability of appropriate trainees	(380)

Act code	Names of Activity	Approved		Names of new activity	Propose for change		Explanations (Why changes)	Variance
		Target	Budget		Target	Budget		
	VNIO Overseas Trainer/interpreters		92,903			65,167	VNIO Trainee Costs for Spec tech course at VNIO is reduced from 3 courses to 1 course due to availability of appropriate trainees	(27,736)
	Danang Trainee Costs		2,659			6,456	Increased consultancy cost and reallocation of personnel costs	3,797
	Danang Overseas Trainer/Interpreters		38,164			46,205	Increased consultancy cost and reallocation of personnel costs	8,041
	HCMCEH Trainee Costs		2,659			4,085	Increased consultancy cost and reallocation of personnel costs	1,426
	HCMCEH Overseas Trainer/Interpreter		37,317			47,052	Increased consultancy cost and reallocation of personnel costs	9,735
	Spec Tech Training Equipment		98,891			60,843	Bulk purchase and favourable exchange rate resulted in savings	(38,048)
	Total - Activity 2		**277,685**			**234,520**		**(43,165)**
Activity: 3 Training of Trainers in refraction and spec tech								
	VNIO Refraction TOT Course Costs		1,694			2,528		834
	VNIO Refraction TOT Oseas Trainer Costs		20,757			10,883	Revised length of training and overlapping costs	(9,874)
	VNIO TOT Spec Tec Course Costs		519			1,554	TOT spec tech course is changed from VNIO to HCMCEH due to partner capacity.	1,035
	VNIO TOT Spec Tec Oseas Trainer Costs		10,242			10,883	TOT spec tech course is changed from VNIO to HCMCEH due to partner capacity.	641
	Total - Activity 3		**33,212**			**25,847**		**(7,365)**
Activity: 4. Mentoring of Refractionists								
	Oseas Mentor		59,120			65,702	Revision in project design to reduce length of monitoring in-country. Savings made will be used to instead fund a mentoring activity for the Spectacle Technician trainees	6,582
	Local Assistant		14,704			5,194	Revision in project design to reduce length of monitoring in-country. Local data collection has been removed as this is not occurring due to logistical difficulties.	(9,510)
	Report preparation and presentation		5,082			7,876	Increased consultancy cost	2,794
	Local Data Collection		11,740			2,376	Decrease in time required for activity	(9,364)
	Reflection workshop with local partners		0			7,321	New activity	7,321
			90,646			**88,469**		**(2,177)**
Activity: 5 National Refraction Coordination								
	National RE Coordinator & Advisor		42,369			30,514	Employment of existing VNIO staff meant reduction in costs	(11,855)
	Travel to Danang 2 days 4x per year		1,323			1,712	Increased travel costs	389
	Travel to HCMC 2 days 4x per year		2,228			5,234	Increased travel costs	3,006
	National Refractive Advisory Group meeting in Hanoi		0			3,849	Additional activity	3,849
	Partner Support costs		0			10,050	reallocated from in country support costs	10,050

Act code	Names of Activity	Approved		Names of new activity	Propose for change		Explanations (Why changes)	Variance
		Target	Budget		Target	Budget		
	Optometry Development		0			30,000	This National Refraction Coordination Activity has resulted in an enhanced push by HCMCEH and VNIO towards optometry. This sub-activity has been added to further promote & fund the development of optometry services in Vietnam. There are currently no optometry schools in Vietnam.	30,000
	Advocacy Media		0			9,000	Raise the profile and advocate for the need of development of refractive error services and optometry training in Vietnam.	9,000
	Total - Activity 5		**45,920**			**90,359**		**44,439**
Activity: 6 Optometry Scholarships								
	Optometry Scholarships		22,586			56,944	Change required for course as trainees are unable to go to India. Alternatives being sourced. Eg Malaysia, with increased tuition fees and costs. Reallocation of personnel time	34,358
	Explore trip to Malaysia		0			1,711	Trip to visit Malaysian optometry school for identification of appropriate school	1,711
	Total - Activity 6		**22,586**			**58,655**		**36,069**
Activity: 7 Regional Refractive Error Workshops								
	Northern		13,525			23,936	Increase in cost norms for local facilitators and local travel costs	10,411
	Central		7,794			14,612	Re-allocated personnel costs	6,818
	Southern		8,054			13,330	Re-allocated personnel costs	5,276
	Review & Evaluation		0			26,980	Re-allocated from program cycle management	26,980
	Total - Activity 7		**29,373**			**78,859**		**49,486**
Activity: 8 Capacity Building for Local Trainers								
	Conference Attendance WCRE or SRC or APOC		76,202			65,150	Travel savings due to bulk purchasing of conference packages	(11,052)
	Total - Activity 8		**76,202**			**65,150**		**(11,052)**
Activity: 9 National Refraction Training Workshop								
	Airfares		12,335			4,446	Travel savings due to advance purchasing of air tickets and overlapping travel	(7,889)
	Accommodation		665			1,794	Two days instead of one	1,129
	DSA - per diems		440			212	Two days instead of one	(228)
	Workshop expenses		837			2,169	Two days instead of one	1,332
	International Facilitator		6,539			6,941		402
	Total - Activity 9		**20,816**			**15,562**		**(5,254)**
	Total Program Budget		**1,597,618**			**1,622,832**	**Over budget will be funded by Interest earned within the program or by ICEE**	**25,214**

ABI Consortium

Implementing Party: Centre for Eye Research Australia
Program:Consortium Regional Resource for Training & Education
Commencing: March 2010 - December 2011

Budget

	2010 Actual	2011 Budget	Total
A. Australian Support Costs			
Personnel	-	-	-
Professional Services	-	-	-
Program Cycle Management	-	-	-
Travel & Accommodation	-	-	-
Administration Recovery	-	-	-
Total Australian Support Costs	**-**	**-**	**-**
B. Program Support Costs - In Country			
Personnel	-	-	-
Professional Services	-	-	-
Office Running Costs	-	-	-
Capital Expenditure	-	-	-
Total Program Support Costs	**-**	**-**	**-**
C. Program Activity Costs			
Activity 1: Situation analysis	80,466	439	80,905
Activity 2: Develoment of priorities	56,640	12,490	69,130
Activity 3: Cross cutting issues	49,323	642	49,965
Activity 4: M&E Guidelines	11,200	4,800	16,000
Total Program Activity Costs	**197,629**	**18,371**	**216,000**

Summary of Expenditure

	2010	2011	Total
Australian Support Costs	-	-	-
Program Support Costs	-	-	-
Program Activity Costs	197,629	18,371	216,000
Administration Recovery	-	-	-
Total Expenditures	**197,629**	**18,371**	**216,000**
Australian Support Costs	0.0%	0.0%	0.0%
Program Support Costs	0.0%	0.0%	0.0%
Program Activity Costs	100.0%	100.0%	100.0%
Administration Recovery	0.0%	0.0%	0.0%

Funding

	2010	2011	Total
Original Budget	182,660	17,340	200,000
Variance	**14,969**	**1,031**	**16,000**

Implementing Party: Centre for Eye Research Australia **Prepared date:**
Program:Consortium Regional Resource for Training & Education **CHANGE FRAMEWORK**

Act code	Names of Activity	Approved		Names of new activity	Propose for change		Explanations (Why changes)	Variance
		Target	Budget		Target	Budget		
A. Australi	**2010 Actual**							
	Personnel					0		-
	Professional Services					0		-
	Program cycle Management					0		-
	Travel & Accomodation					0		-
	Administration Costs					0		-
	Total		**-**			**-**		**-**
B. In-Country Support costs								
	Personnel					0		-
	Professional Services					0		-
	Office Running costs					0		-
	Capital Expenditure					0		-
	Total		**-**			**-**		**-**
Activity 1: Situation Analysis								
	Salaries		67,325			76,749		9,424
	Program costs		3,510			4,156		646
	Total - Activity 1		**70,835**			**80,905**		**10,070**
Activity 2: Development of Priorities								
	Salaries		79,200			69,130		(10,070)
	Total - Activity 2		**79,200**			**69,130**	Salaries for Development of Priorities occur concurrently with the Situation Analysis which is reflected in the variance	**(10,070)**
Activity 3: Cross Cutting Issues								
	Salaries		35,500			45,518		10,018
	Program Cycle Management		4,000			833		(3,167)
	Travel & Accommodation		10,465			3,614		(6,851)
	Total - Activity 3		**49,965**			**49,965**	Date for in-country training confirmed in Cambodia 27-28th October. Dates for Vietnam, PNG, and South Pacific to be confirmed	**0**
Activity 4: M&E Guidelines								
	Develop M&E Handbook		0			16,000		16,000
	Total - Activity 4		**0**			**16,000**	M+E variation to agreement	**16,000**
	Total Program Budget		**200,000**			**216,000**		**16,000**

ABI Consortium

Implementing Party: CBM Australia

Program: IAPB

Commencing: ____Jan 2010_____

Budget

	2010 Actual	2011 Budget	Total
A. Australian Support Costs			
Personnel	78,255	126,729	204,984
Professional Services	-	-	-
Program Cycle Management	493	-	493
Travel & Accommodation	-	-	-
Administration Recovery	2,989	5,364	8,353
Total Australian Support Costs	**81,737**	**132,093**	**213,830**
B. Program Support Costs - In Country			
Personnel	-	-	-
Professional Services	-	-	-
Office Running Costs	-	-	-
Capital Expenditure	-	-	-
Total Program Support Costs	**-**	**-**	**-**
C. Program Activity Costs			
Activity 1: To improve communcations, information-sharing, coordination and partnership-building with all relevant stakeholders	47,909	47,969	95,878
Activity 2: To build capacity of key local stakeholders to achieve VISION 2020 goals through a program of workshops	3,083	77,209	80,292
Activity 3: To ensure that majority of countries in WPR have begun development of implementation of VISION 2020 plans	4,101	15,899	20,000
Activity 4: To promote an effective eye health information management system in WPR	2,121	7,879	10,000
	-	-	-
Total Program Activity Costs	**57,214**	**148,956**	**206,170**

Summary of Expenditure	2010	2011	Total
Australian Support Costs	78,748	126,729	205,477
Program Support Costs	-	-	-
Program Activity Costs	57,214	148,956	206,170
Administration Recovery	2,989	5,364	8,353
Total Expenditures	**138,951**	**281,049**	**420,000**
Australian Support Costs	56.7%	45.1%	48.9%
Program Support Costs	0.0%	0.0%	0.0%
Program Activity Costs	41.2%	53.0%	49.1%
Administration Recovery	2.2%	1.9%	2.0%

Funding	2010	2011	Total
Original Budget	209,900	210,100	420,000
Variance	**(70,949)**	**70,949**	**0**

Implementing Party: CBM Australia **Prepared date:**
Program: IAPB **CHANGE FRAMEWORK**

Act code	Names of Activity	Approved		Names of new activity	Propose for change		Explanations (Why changes)	Variance
		Target	Budget		Target	Budget		
A. Australian Support Costs								
	Personnel		205,000			204,984		(16)
	Professional Services					0		-
	Program cycle Management					493		493
	Travel & Accommodation					0		-
	Administration Costs					8,353		8,353
	Total		**205,000**			**213,830**		**8,830**
B. In-Country Support costs								
	Personnel					0		-
	Professional Services					0		-
	Office Running costs					0		-
	Capital Expenditure					0		-
	Total		**-**			**-**		**-**
Activity 1: To improve communications, information-sharing, coordination and partnership-building with all relevant stakeholders								
1.1	Travel & Accommodation		65,000			64,200		(800)
1.2	Develop and manage regional website and other communication tools		35,000			31,677		(3,323)
	Total - Activity 1		**100,000**			**95,878**		**(4,122)**
Activity 2: To build capacity of key local stakeholders to achieve VISION 2020 goals through a program of workshops								
2.1	Develop a program of capacity building workshops		85,000			80,292		(4,708)
	Total - Activity 2		**85,000**			**80,292**		**(4,708)**
Activity 3: To ensure that majority of countries in WPR have begun development of implementation of VISION 2020 plans								
3.1	Travel & Accommodation		20,000			20,000		-
	Total - Activity 3		**20,000**			**20,000**		**-**
Activity 4: To promote an effective eye health information management system in WPR								
4.1	Travel & Accommodation		10,000			10,000		-
	Total - Activity 4		**10,000**			**10,000**		**-**
Activity 5: To facilitate an increased number and quality of sustainable national and regional avoidable blindness programs in the WPR, including current programs funded in the WPR under the ABI								
5.1	Travel & Accommodation					0		-
	Total - Activity 5		**0**			**0**		**-**
	Total Program Budget		**420,000**			**420,000**		**0**

ABI Consortium

Implementing Party: Vision 2020 Australia

Program: M&E Reporting

Commencing: January 2010

Budget

	2010 Actual	2011 Budget	Total
A. Australian Support Costs			
Personnel	-	-	-
Professional Services	-	-	-
Program Cycle Management	-	-	-
Travel & Accommodation	-	-	-
Administration Recovery	-	-	-
Total Australian Support Costs	**-**	**-**	**-**
B. Program Support Costs - In Country			
Personnel	-	-	-
Professional Services	-	-	-
Office Running Costs	-	-	-
Capital Expenditure	-	-	-
Total Program Support Costs	**-**	**-**	**-**
C. Program Activity Costs			
Activity 1: Program Development & Design	6,800	-	6,800
Activity 2: M&E Reporting	38,026	184,924	222,950
Activity Three: Annual Reflections workshop	33,076	96,531	129,607
Total Program Activity Costs	**77,902**	**281,455**	**359,357**

Summary of Expenditure

	2010	2011	Total
Australian Support Costs	-	-	-
Program Support Costs	-	-	-
Program Activity Costs	77,902	281,455	359,357
Administration Recovery	-	-	-
Total Expenditures	**77,902**	**281,455**	**359,357**
Australian Support Costs	0.0%	0.0%	0.0%
Program Support Costs	0.0%	0.0%	0.0%
Program Activity Costs	100.0%	100.0%	100.0%
Administration Recovery	0.0%	0.0%	0.0%

Funding

	2010	2011	Total
Original Budget	54,075	116,875	170,950
Variance	23,827	164,580	188,407

ABI Consortium

Implementing Party: Vision 2020 Australia
Program: Consortium Management
Commencing: January 2010
Budget

	2010	2011	Total
A. Australian Support Costs			
Personnel	426,984	485,638	912,622
Professional Services	106,196	110,506	216,702
Program Cycle Management	-	-	-
Travel & Accommodation	30,191	44,006	74,197
Administration Recovery	-	-	-
Total Australian Support Costs	**563,371**	**640,151**	**1,203,522**
B. Program Support Costs - In Country			
Personnel			
Professional Services			
Office Running Costs			
Capital Expenditure			
Total Program Support Costs	**-**	**-**	**-**
C. Program Activity Costs			
Activity: One			
Activity: Two			
Activity: Three			
Activity: Four			
Activity: Five			
Activity: Six			
Activity: Seven			
Activity: Eight			
Activity: Nine			
Total Program Activity Costs	**-**	**-**	**-**

Summary of Expenditure

	2010	2011	Total
Australian Support Costs	563,371	640,151	1,203,522
Program Support Costs	-	-	-
Program Activity Costs	-	-	-
Administration Recovery	-	-	-
Total Expenditures	**563,371**	**640,151**	**1,203,522**
Australian Support Costs	100.0%	100.0%	100.0%
Program Support Costs	0.0%	0.0%	0.0%
Program Activity Costs	0.0%	0.0%	0.0%
Administration Recovery	0.0%	0.0%	0.0%

Funding

	2010	2011	Total
Original Budget	610,008	593,514	1,203,522
Variance	**(46,637)**	**46,637**	**(0)**

15 Annexure 10: Updated budget

The following document provides a budget update for Global Consortium Programs for 2011.

Vision 2020 Australia Global Consortium

Budget Update 2011

Implementing Party	Program	Approved 2 Year Budget	Updated budget 2011	Allocation from Interest Earned Funds	Variance
Cambodia					
CBM	**Strengthening Gender & Disability inclusive approaches to community eye health to reduce avoidable blindness - Takeo**				
	In Australia Support	76,400	76,402		2
	In Country Support	144,113	121,497		(22,616)
	Gender and Disability Inclusive CEH Development and Implementation	37,880	16,102		(21,778)
	Strengthen Capacity TEH and KV Hospital's Capacity to provide essential Community Eye Health Services	227,754	286,396		58,642
	Improve Access - Diagnosis - treatment - reintegration - rehabilitation in Takeo Province	26,935	33,600		6,665
	Project Management & Monitoring	82,075	66,507		(15,568)
	Operational Research & Evaluation	21,920	16,573		(5,347)
		617,077	**617,077**	**-**	**0**
The Fred Hollows Foundation	**Australia-Cambodia avoidable blindness & visual impairment project**				
	In Country Support	281,518	280,191		(1,327)
	Research	65,635	65,134		(501)
	Human Resources Development	387,026	356,420		(30,606)
	Infrastructure & Development:	1,456,858	1,534,739		77,881
	Disease Control	542,546	491,267		(51,279)
	National PBL Capacity Development	40,882	49,127		8,245
	Project Management	80,923	78,510		(2,413)
		2,855,388	**2,855,388**	**-**	**0**
ICEE	**Refractive error service development & capacity building to provide equitable access to eye care**				
	Estimated Interest earned		(11,202)		(11,202)
	In Australia Support	166,667	95,066		(71,601)
	In Country Support	76,866	67,209		(9,657)
	Activity: 1 Refurbishement of Existing Eye units	3,882	3,948		66
	Activity: 2 Establishment of refractive error services	264,684	262,573		(2,111)
	Activity: 3 Human resource development	68,808	126,078		57,270
	Activity: 4. Outreach screening	29,351	34,763		5,412
	Activity: 5 Advocacy	4,657	36,480		31,823
		614,915	**614,915**	**-**	**- 0**
Timor Leste					
RACS	**Expanding eye care services, capability & rehabilitation into rural East Timor**				
	In Australia Support	15,900	39,266		23,366
	In Country Support	45,869	22,239		(23,630)
	Infrastructure development by equipping various referral hospitals	128,526	144,079		15,553
	Identification and training of a second Timorese ophthalmologist	42,167	-		(42,167)
	Training and upskilling of Theatre nurses in Ophthalmology	43,800	52,896		9,096
	Support of Outreach Visits by Resident Ophthalmology Team	95,600	33,484		(62,116)
	Scoping - Needs analysis of low vision services in Timor Leste	11,681	2,061		(9,620)
	Develop O&M Curriculum		3,845		3,845
	Provision / support of O&M Training and Services		65,581		65,581
	Developing Regional Partnerships		10,180		10,180
	Provision of O&M equipment		6,775		6,775
	Vision Health Education		1,340		1,340
	Long Term Ophthalmologist		44,530		44,530

Implementing Party	Program	Approved 2 Year Budget	Updated budget 2011	Allocation from Interest Earned Funds	Variance
	Train the Trainers in vision Health Education	17,437	-		(17,437)
	Expanding eye care services, capability and rehabilitation	25,295	-		(25,295)
		426,275	**426,275**	**-**	**0**
Fiji					
RIDBC	**Fiji National Plan for Vision Impaired Children**				
	In Australia Support	15,000	13,068	5,000	3,068
	In Country Support	2,000	-		(2,000)
	ECCE(VI & MDVI) human resource development Suva & remote Fiji islands	54,360	57,725		3,365
	ECCE(VI) capacity building: RIDBC ToT & Fiji mentor program	6,400	6,967		567
		77,760	**77,760**	**5,000**	**5,000**
Papua New Guinea					
ICEE	**Strengthening eye care services in PNG; Targeting the most vulnerable and needy in the community**				
	Estimated Interest earned		(33,217)		(33,217)
	In Australia Support	217,506	228,741		11,235
	In Country Support	559,838	399,701		(160,137)
	HR Development - Select & Recruit 6 Vision Centre Personnel	7,900	83,264		75,364
	HR Development - Training & Monitoring VC Personnel	152,940	203,247		50,307
	HR Development Instrument Maintenance Training	7,350	19,405		12,055
	Establish Infrastructure for 3 VC's	320,295	306,508		(13,787)
	Outreach Service Delivery RACS	137,728	141,168		3,440
	Create NSSS Coordinating Capacity	98,590	108,721		10,131
	Establish & Equip 6 spectacle Supply Units for NSSS	78,780	102,388		23,608
	Support establishment of PBL and health systems strengthening		21,000		21,000
	Low Vision Study			48,193	48,193
		1,580,927	**1,580,927**	**48,193**	**48,193**
Samoa					
RIDBC	**Continuation of Pilot Project - Develop eye health services and capacity in Samoa**				
	In Australia Support	39,010	27,487	5,000	(6,523)
	In Country Support	18,800	5,530		(13,270)
	Activity 1: Vision Centre Set up	65,220	71,218	9,000	14,998
	Activity 2 Recruitment & Training	47,280	44,670		(2,610)
	Activity 3: Vision Training	14,800	36,205		21,405
		185,110	**185,110**	**14,000**	**14,000**
Solomon Islands					
Foresight	**National Vision Centres Upgrade**				
	In Australia Support	238,732	139,801		(98,931)
	In Country Support	216,583	191,491		(25,092)
	Eye clinic Upgrade	274,265	313,617	28,400	67,752
	Surgical Capacity Upgrade	186,915	196,229		9,314
	Upgrading of Refraction Services	34,935	53,885		18,950
	Spectacle supply & management	45,090	123,747		78,657
	Vision Screening Programme	101,480	68,830		(32,650)
	RAAB Training	500	10,900		10,400
		1,098,500	**1,098,501**	**28,400**	**28,401**
Vietnam					
CBM	**Strengthening Gender & disability inclusive approaches to community eye health to reduce avoidable blindness.**				
	In Australia Support	82,000	82,004		4
	In Country Support	97,984	108,401		10,417
	Gender and Disability Inclusive CEH Development and Implementation	10,660	2,720		(7,940)
	Strengthen the capacity of the Nghe An and Son La Provincial Eye Referral Hospitals	323,963	331,109		7,146

Implementing Party	Program	Approved 2 Year Budget	Updated budget 2011	Allocation from Interest Earned Funds	Variance
	Improve Access - Diagnosis - treatment - reintegration - rehabilitation in Nghe An and Son La Provinces	347,540	419,845		72,305
	Project Management Cycle	133,656	68,719		(64,937)
	Operation Research & Evaluation	107,568	90,573		(16,995)
		1,103,371	**1,103,371**	**-**	**0**
The Fred Hollows Foundation	**Australia-Vietnam Avoidable Blindness & Visual Impairment Project**				
	In Country Support	238,665	230,234		(8,431)
	Human Resources Development	249,584	248,619		(965)
	Infrastructure & Development:	1,375,570	1,547,995		172,425
	Disease Control	420,005	324,377		(95,628)
	Operational Research	45,488	40,680		(4,808)
	Advocacy & Communications	280,112	206,117		(73,995)
	Coordination & Review	78,485	75,609		(2,876)
	Monitoring & Evaluation	160,673	174,950		14,277
		2,848,582	**2,848,581**	**-**	**(1)**
ICEE	**Refractive Error Services, Refraction and spectacle Technician Capacity Building Vietnam**				
	Estimated Interest earned		(25,215)		(25,215)
	In Australia Support	293,188	216,762		(76,426)
	In Country Support	58,090	48,074		(10,016)
	Refraction Training and Equipment	649,900	700,576		50,676
	2 Spectacle Technician Training and Equipment	277,685	234,520		(43,165)
	Training of Trainers in refraction and spec tech	33,212	25,847		(7,365)
	Mentoring of Refractionists	90,646	88,469		(2,177)
	National Refraction Coordination	45,920	90,359		44,439
	Optometry Scholarships	22,586	58,655		36,069
	Regional Refractive Error Workshops	29,373	78,859		49,486
	Capacity Building for Local Trainers	76,202	65,150		(11,052)
	National Refraction Training Workshop	20,816	15,562		(5,254)
		1,597,618	**1,597,617**	**-**	**(1)**
The Fred Hollows Foundation	**Vietnam Australia Vision Support Program (VAVSP)**				
	Phase 1 Planning	**100,000**	**100,000**		
Training & Research					
CERA	**Regional Training Resource**				
	Situation Analysis	70,835	80,905		10,070
	Development of Priorties	79,200	69,130		(10,070)
	Cross Cutting Issues	49,965	49,965		0
	M&E Guidelines			16,000	16,000
		200,000	**200,000**	**16,000**	**16,000**
Regional Capacity Building					
CBM	**Region - Strengthening Western Pacific Regional coordination**				
	In Australia Support	205,000	213,830		8,830
	To improve communcations, information-sharing, coordination and partnership-building with all relevant stakeholders	100,000	95,878		(4,122)
	To build capacity of key local stakeholders to achieve VISION 2020 goals through a program of workshops	85,000	80,292		(4,708)
	To ensure that majority of countries in WPR have begun development of implementation of VISION 2020 plans	20,000	20,000		0
	To promote an effective eye health information management system in WPR	10,000	10,000		0
		420,000	**420,000**	**-**	**0**
Consortium Management					
Vision 2020 Australia	**Program Monitoring & Evaluation**				
	Program Development & Design	6,800	6,800		0
	M&E Reporting	164,150	164,150	58,800	58,800

Implementing Party	Program	Approved 2 Year Budget	Updated budget 2011	Allocation from Interest Earned Funds	Variance
	Annual Reflections workshop			129,607	129,607
		170,950	**170,950**	**188,407**	**188,407**
Vision 2020 Australia	**Consortium Management**	**1,203,527**	**1,203,529**		**2**
Vision 2020 Australia	**Phase Two Planning**	**-**		190,000	**190,000**
	Total Spend	**15,100,000**	**15,100,000**	**490,000**	**490,000**

Notes

1) This budget update should be read in conjunction with the Change Frame provided in Annex E as explanations of variances are provided.

2) ICEE were provided with funding 6 months in early 2010 on the basis that they were going to purchase equipment in bulk to achieve a better per unit price. They were able to achieve this without providing upfront payment therefore they were holding excess cash in the short term on which interest has been earned.

3) The Foresight budget involved 36% of their expenditure in the 1st quarter and the PCH advance $398k for this. The program was delayed in the early stages and these funds were not spent. Interest therefore accrued on these funds.

4) The above table includes the $100,000 advanced against the VAVSP funding order 37908/11

5) Over the term of the program the PCH on behalf of the Consortium has invested funds not immediately required for programs. Interest earned on these funds is expected to be $490,000 and these have been allocated to programs as advised.

6) CBM has advised they would seek an extension of the project period to end June 2012 if it becomes available. No other program has indicated an extension is required.

An Australian partnership working to eliminate avoidable blindness and reduce the impact of vision loss in our region