

Executive summary



Project name: INSPIRE (Improving National Systems in Pakistan for Integrated Action on Refractive Error)

Evaluation type: Mid-Term Evaluation

Evaluator: Sumayya Sajjad (independent consultant)

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Background information

Uncorrected refractive error (URE) remains a critical public health issue in Pakistan. Limited screening and spectacle coverage exacerbate challenges for rural and underserved communities, where reliance on private-sector eyeglass provision restricts access and affordability.

Description of project

Improving National Systems in Pakistan for Integrated Action on Refractive Error (INSPIRE) project aims to bridge these gaps by promoting sustainable and equitable refractive and optical services in the Multan and Sheikhpura districts, targeting women, children, the elderly, and persons with disabilities. Key interventions include capacity building for health workers, public-private partnerships, awareness campaigns, and the establishment of optical outlets, an accredited opticianry course, a refractive error task force, and strategy. The project aligns with Pakistan's National Health Vision 2016-2025 and the Sustainable Development Goals (SDGs), emphasising enhanced primary healthcare systems and inclusive eye care services.

Purpose of review

The mid-term review (MTR) assessed the project's progress against its objectives, relevance, collaboration with stakeholders, and potential for sustainability. It also generated learning to inform future strategies for scaling up refractive services in Pakistan and beyond.

Approach and methodology

The MTR employed both quantitative and qualitative methods, including desk reviews, 40 key informant interviews (KIIs), seven focus group discussions (FGDs), four surveys

including 253 service users, nine students, and eight faculty members, and field observations. Further to this, the online workshop was also conducted with Sightsavers and the project partner i.e., College of Ophthalmology and Allied Vision Sciences (COAVS), to validate the findings before submission of the report.

Main findings and conclusions

The project has made significant strides in improving access to refractive and optical services at the rural health centres (RHC) level. Key achievements include the deployment of optometrists, capacity building of health workers, the development of a Refractive Error (RE) strategy; notification of the RE task force; and accreditation of dispensing optometry course.

However, challenges remain in social and behavioural change communication (SBCC), securing adequate resources, strengthening advocacy efforts, and ensuring the long-term viability of public-private partnerships (PPP). Gaps in strategic planning and coordination are evident, particularly due to the absence of the optometry clinic in the updated structure design with accessibility, no refresher training for Lady Health Workers (LHWs)/Lady Health Supervisors (LHS) and school health and nutrition staff (SH&NS), and URE data integration.

While public-private partnerships show promise, concerns about sustainability persist, particularly for private shop owners. Advocacy efforts led to the establishment of a National Refractive Error Task Force, but stronger provincial-level strategies, frameworks, and implementation mechanisms are needed. Additionally, the lower enrolment in the optometry course is attributed to the strict merit regulations set by the Punjab Medical Faculty (PMF) and limited flexibility in incorporating accessibility and gender considerations.

Learnings

Key learnings from the project highlight the importance of coordination, infrastructure accessibility, advocacy, capacity building, and financial flexibility. Effective multi-stakeholder collaboration significantly accelerated project milestones, underscoring the need to disseminate learnings within the RE task force while widely sharing the RE strategy and opticianry course to encourage replication and broader buy-in.

Strengthening advocacy efforts remains crucial to securing political and financial commitments for long-term sustainability. Infrastructure gaps, particularly in physical accessibility and space allocation, continue to hinder equitable service delivery. Although structures were constructed, subsequent revamping led to their demolition, necessitating closer government engagement to ensure disability-inclusive health facilities. Government buy-in is also essential for sustaining services beyond the project's duration, particularly for ensuring the deployment of optometrists during its implementation.

Challenges with optical shop owners revealed critical gaps in business skills and waste management training, highlighting the need for targeted capacity-building efforts to enhance sustainability. Training on inventory record-keeping, stock management, and financial tracking emerged as essential for business continuity, especially since many optical shop workers had little to no formal education. This necessitates a hands-on, practical approach to training. Additionally, price constraints led optical shops to provide glass materials of

potentially harmful quality, indicating the need for awareness and training on the adverse effects of such materials and the benefits of using plastic lenses.

Another key learning is the limited systematic knowledge-sharing between the two project districts. Establishing learning logs, and continuing to conduct joint reviews, could facilitate cross-learning, promote best practices, and enhance stakeholder engagement at the provincial level.

Furthermore, financial flexibility was identified as an important aspect of project management. Budget shifting between budget lines is currently done on a monthly basis by the finance team, but periodic reviews involving the Programme, Finance, and MEL teams at Sightsavers Pakistan are necessary to assess underspending and ensure better alignment between project activity phasing and quarterly budget allocations.

Recommendations

The key recommendations emphasise the continuation of the Refractive Error services at the RHC level, ensuring equitable access through accessible infrastructure such as ramps, accessible restrooms, and solar-powered facilities. Sustainability of the optometry clinics should be prioritised alongside gender-sensitive and disability-inclusive training for healthcare providers. Additionally, ongoing engagement with health authorities and Punjab Medical Faculty (PMF) is essential to facilitate the implementation of the Refractive Error strategy and Integrated People-Centred Eye Care (IPEC) plans for sustained RE services at the rural health centres.

Building on insights from the mid-term review, revising the Theory of Change is recommended by developing targeted advocacy strategies and culturally relevant Information Education Communication (IEC) materials that align with evolving needs and priorities. Strengthening the advocacy plan is also crucial, incorporating updated stakeholder mapping and fostering collaborative dialogues with key actors such as blindness control programme coordinators and Punjab's Secretary of Health. This approach will support scaling the National Refractive Error strategy initiatives, including women-only mobile eye camps, disability-friendly materials for school screenings, and structured IEC dissemination strategies with professional training for healthcare providers to improve community engagement and eye health literacy.

To ensure long-term sustainability, it is recommended to institutionalise the RHC-level optometry initiatives into government development plans (PC-1), and establish financial linkages with Pakistan's social safety net and poverty alleviation programmes in Pakistan such as the Ehsaas programme, Bait-ul-Mal etc. Additionally, consistent representation and involvement of key stakeholders including the Pakistan Optometry Council, will help strengthen the National Refractive Error Task Force (NRETF) to ensure lasting impact.