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GLOBAL CONSORTIUM

Vision 2020 Australia Global Consortium

East Asia Vision Program

Combined Year Three Annual and Completion report

for the Australian Government's Avoidable Blindness Initiative
Implementation period: 2013 – 2016 (three years)

May 2016

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

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1 Executive summary

The East Asia Vision Program (EAVP) is a key component of the Australian Government's East Asia Avoidable Blindness Initiative (ABI). The Department of Foreign Affairs and Trade (DFAT) invited the Vision 2020 Australia Global Consortium (the Consortium) to prepare a three-year program of activities in Cambodia, Timor-Leste and Vietnam from 2013-2015. Building on the achievements of previous ABI supported Consortium programs, the EAVP worked with national partners to strengthen capacity to train and build an effective eye health workforce in line with national plans and priorities. The EAVP was allocated a budget of $AU 7.6 million.

Established in 2009, the Consortium brings together a group of seven Australian eye health and vision care organisations with significant experience in delivering quality eye health programs in Asia and the Pacific. The Consortium member agencies work in partnership with governments, local health services and civil society organisations. By working collaboratively Consortium members are able to pool resources and technical specialties to deliver better aid outcomes on the ground. Members also work together with the International Agency for the Prevention of Blindness (IAPB) and the World Health Organization (WHO).

The Consortium members who implemented the EAVP are:

- Brien Holden Vision Institute (BHVI)
- CBM Australia
- The Fred Hollows Foundation (TFHF)
- The Royal Australasian College of Surgeons (RACS)
- The Royal Australian and New Zealand College of Ophthalmologists (RANZCO).

TFHF is also the Consortium Prime Contract Holder. On behalf of the Consortium they are the signatory to grant agreements and the recipient of grant funds from the Australian Government. Consortium programs are managed by the Consortium Program Manager employed by Vision 2020 Australia and who leads the Consortium Secretariat (Program Manager, Program Accountant (housed at TFHF) and Monitoring and Evaluation (M&E) Adviser).

The EAVP program was designed to align with identified eye health priorities in Cambodia, Timor-Leste and Vietnam and the Australian Government aid program. The planning stage included extensive in-country engagement to contextualise the approach for each country and ensure it aligned with government identified priorities. Although the broad areas of engagement are the same, how this translates into specific needs was different for each country as each is at a different stage on the continuum of health and eye health development. The EAVP took an inclusive approach to ensure vulnerable populations and those most in need, including women, people with disabilities and children were considered in program design, implementation and service delivery, the approach also promoted the participation of women and people with a disability in planning, decision-making and training opportunities. The annual global cost of lost productivity due to vision impairment was estimated at USD$42 billion in 2000 and projected to increase to US$110 billion annually by 2020.[1] With over 80 per cent of vision loss globally known to be preventable or treatable, addressing this will have a correlating potential impact on reducing poverty in the EAVP areas.

[1] World Health Organisation (2014). Towards Universal Eye Health: A Regional Action Plan for the Western Pacific (2014-2019), World Health Organisation.

1.1 Summary of key results

The Consortium EAVP has been assessed by an external evaluator as meeting the expected outcomes for eye health workforce development in all three countries. The Global Consortium partnership with DFAT was also assessed by DFAT in the 2016 Partnership Performance Assessment (PPA) as being effective.

Workforce development was identified as the primary focus of the program design in order to build foundations for long term sustainable change in the eye health sector. A health systems strengthening approach was the governing principle of the program and activities addressed needs within the six building blocks of health system strengthening; leadership /governance, financing, workforce, medical products/technologies, information and research and service delivery. The EAVP emphasis on aligning policies, structures, curricula and cadre development with local government policies, structures and systems has been recognised as bringing the eye health sector into closer alignment with the broader health sector.

Some of the key results of the EAVP are highlighted below:

- **81,041 people screened** and **29,917 treatments** provided in Timor-Leste and Vietnam
- **398 new eye health personnel were trained** through the EAVP and **4,608 participants**[2] **benefited from training events** were held to increase the capacity of existing eye health and non-eye health personnel; half of those trained were women.
- Capacity has been increased in all three countries through upgrading and equipping training institutions and developing the skills of ophthalmic faculty, including in contemporary teaching and assessment methodology.
- **Seven existing curricula and four existing training modules have been reviewed** and modified. **Seven new curricula and six new training modules have been developed**, piloted and adopted and **six training modules upgraded**.
- New academic training programs developed and introduced in all three countries. These include the Postgraduate Diploma of Ophthalmology (PGDO) in Timor-Leste (which has tripled the number of senior ophthalmic registrars able to perform cataract surgery); Local Anaesthesia curricula in Cambodia; and the first Bachelor of Optometry and Vision Science training program in Vietnam.
- A national level low vision (LV) centre and two provincial level referral centres established and equipped in Vietnam and orientation and mobility (O&M) training for people who are blind or vision impaired in Timor-Leste.
- Successful task shifting of training and clinical care to mid-level cadres which reduces the workload and backlog at tertiary and secondary levels.
- National School Health (inclusive of eye health) policy in Cambodia that incorporates guidelines for school screening implementation developed and endorsed.
- Research capacity developed and seven research projects completed to inform future eye health planning.
- Continuing professional education via workshops and seminars and the first formalised Continuing professional development (CPD) system in the Cambodian health sector developed by Cambodia Ophthalmology Society (COS).

[2] Note that EAVP monitoring systems captured number of participants at each event. As some participants may have attended/engaged in more than one capacity building event or activity this figure does not represent a total number of people who accessed training or capacity building support.

- Consortium members have contributed to new national plans and strategies for eye health that will soon be finalised in Cambodia, Timor-Leste and Vietnam.

1.2 Efficiencies and effectiveness

By working together within the region, Consortium members were able to combine their strengths to establish a flexible, multi-country framework for health workforce development and systems strengthening in Vietnam, Cambodia and Timor-Leste that was contextualised to each country. Country partners and stakeholders were closely engaged in the development of the framework and planning, and it was informed by WHO IAPB "Technical Support for the Prevention of Blindness and Visual Impairment in the Western Pacific Region work plan 2013-2015".

The regional consortium approach resulted in program efficiencies by leveraging existing expertise and partnerships of members which led to reduced duplication; shared educational and training resources; facilitated in-country partner project agreements and simplified implementation.

Consortium support structures and in-country program implementation teams enabled the program to learn and adapt to changing in-country circumstances and adapt plans and budgets to maximise efficiencies. For example identified cost savings were able to be reallocated among Consortium members to support complementary activities that contributed to achieving the program outcomes. With different systems and capacities among the Consortium members, having a consistent Program Accountant based at the Prime Contract Holder (TFHF) facilitated an efficient financial management process. A centralised secretariat and program management structure similarly ensured consistent approaches to planning, budgeting, monitoring and reporting. These factors have contributed to the successful management of the overall budget, and the program acquitting 100 per cent of allocated Australian Government funding.

The EAVP did not start from ground zero, the interventions support a continuum of sector strengthening that builds on previous work under the ABI and other individual agency and government initiatives. The EAVP was designed to lay solid foundations that would allow for ongoing consolidation and expansion by in-country stakeholders. As the EAVP was a capacity strengthening initiative, long-term effectiveness can only be measured by the extent to which improvements and progress made under the EAVP program are maintained over time.

As confirmed by the EAVP's Eye Health Workforce Development and Training Evaluative review (Evaluative review), in all three countries the program contributed to the expansion of eye health personnel numbers and strengthening skills of existing personnel. Supporting internal management, infrastructure and training institution faculty has already resulted in improved quality of training, and the enhanced reputation of eye health workforce training courses, in all three countries. The EAVP has successfully supported the institutionalisation of training and support programs that are expected to be a significant contribution to the long term reduction of avoidable blindness and vision impairment in Cambodia, Timor-Leste and Vietnam. Over the course of the EAVP it was demonstrated that when Consortium members are aligned, consultation processes are more efficient, more valuable and easier for decision-makers to manage. In advocacy and policy dialogue, speaking with one voice can simplify messaging and improve access to governments and key influencers. Maintaining alliances needs to be an ongoing focus across the region to ensure competition and duplication is reduced and available resources and technical skills are maximised.

1.3 Future of the Consortium beyond the EAVP

With no further funding for direct programming through the Consortium, Vision 2020 Australia members and the IAPB have committed to working together to enable facilitated coordination and collaboration in three priority countries; Cambodia, Papua New Guinea and Vietnam. Consortium members determined that the eye health and vision care sector should work in partnership to facilitate national priority setting workshops to enable in-country stakeholders to identify opportunities for collaboration. This work has already begun to demonstrate results in Papua New Guinea, where the first priority setting workshop was held and clear opportunities for sector collaboration to address issues impeding eye health development were identified. Cambodia and Vietnam were also identified as priority countries and collaboration priority setting workshops will take place in August 2016. In late 2015, DFAT recognised the value of the shift in Consortium approach from direct service delivery to sector coordination and allocated $204,000 to Vision 2020 Australia to implement these plans over a 12 month period.

Orientation and Mobility training in Dili, Timor-Leste
Photo credit: The Royal Australasian College of Surgeons

2 Program summary and key results

The EAVP goal aligns with the overall East Asia Avoidable Blindness Initiative goal: "To reduce avoidable blindness and low vision amongst the poor, the vulnerable, and people with disabilities in East Asia." Building on previous phases, the EAVP has continued ABI investment in three countries that are at different stages of eye health sector development.

The 2010 Independent Progress Review (IPR) of the ABI recommended future programs use a planning framework that is focused on: supporting eye health and vision care policy and planning; developing eye care systems and putting partner government systems and processes at the centre of the program. The four key components it identified to achieve this change are:

1. Governance and policy at a national and sub-national level
2. Health workforce
3. Service delivery models and standards
4. Information and data on needs and services.

The design concept developed for the EAVP identified the need to increase the focus on the integration of eye health and vision care services into the health system. Based on the IPR recommendations and design consultations, the EAVP's purpose was re-framed: To build the capacity and commitment of partner governments to provide integrated, equitable and sustainable eye health care. As a result, the EAVP design targeted investments in interventions that would enable in-country partners to scale up provision and access to services over the longer term.

The EAVP sought to move the beneficiaries along a continuum of improved internal capacity to develop and manage effective systems for delivery of services, health workforce development and evidence based planning. In the same way that a 'life-long learning' approach is promulgated for clinicians and lecturers, capacity development is not a static process and will continue beyond the EAVP with in-country beneficiaries continuing to build upon the strengthened support structures and systems that were introduced. The EAVP has contributed to the development of national plans, strategies and guidelines, and improved the quality of pre-service and in-service training across almost all eye health cadres from ophthalmologist to community worker.

The program took a whole of systems approach; within government and university structures and required consistent stakeholder engagement before changes could be approved and action implemented. It would not be realistic to expect a three year consultative program to result in a fully-fledged perfectly functioning system; however, foundations have been improved for planning, management, delivery and review.

The Consortium approach simplified access to relevant ministerial departments and key decision makers through a collective approach to discuss relevant program issues. Centralisation of planning meant that activities could leverage off each other, for example a planned outreach could become a practical training session for LV trainees or Post Graduate Diploma in Ophthalmology (PGDO) trainees, monitoring visits could be linked to mentoring. Closer consultation between partners also facilitated sharing of expertise, such as the collaborative efforts of the TFHF and BHVI to drive development and adoption of school health policy and school screening guidelines.

2.1 Key achievements

The EAVP has strengthened management capacity of partners to develop national plans; plan and implement service development programs and improve the quality of pre-service and in-service training across almost all eye health cadres from ophthalmologist to community worker.

- **Eye health workforce**: Building on previous work under the ABI, the EAVP has enhanced and expanded the eye health workforce across Cambodia, Timor-Leste and Vietnam through the training of ophthalmologists, eye doctors, ophthalmic surgeons, optometrists, ONs, refractionists, spectacle technicians, district eye care workers (ECW), O&M trainers, community health workers and volunteers. In addition, school health staff and teachers have been trained in vision screening for refractive error and referrals. 398 new eye health personnel were trained through the EAVP and there were 4,608 participants in EAVP supported training events were held to increase the capacity of existing eye health and non-eye health personnel; half of those trained were women.
- **Eye health training capacity**: Capacity has been increased in all three countries through upgrading and equipping training institutions and developing the skills of ophthalmic faculty, including in contemporary teaching and assessment methodology. 11 existing curricula and training modules have been reviewed, modified and approved and 13 new curricula and training modules developed, piloted and adopted.
- **New academic training programs:** Programs have been developed and introduced in all three countries: PGDO in Timor-Leste (which has tripled the number of senior ophthalmic registrars able perform cataract surgery), local anaesthesia training in Cambodia, and the first accredited Bachelor of Optometry and Vision Science training program in Vietnam. In the central and northern regions of Vietnam, Thai Binh and Hue Medical Universities now have well recognised reputations as quality training institutions for eye health workforce development.
- **New services established**: A national level LV centre and two provincial level referral centres established and equipped in Vietnam. The services are modelling a disability inclusive approach including conducting staff training on disability inclusion and carrying out accessibility audits on buildings. Some modifications to buildings have been carried out to accommodate people with a disability.
- **Task Shifting**: Successful task shifting of training and clinical care to mid-level cadres which reduces the workload and backlog at tertiary and secondary levels.
- **Research capacity**: The EAVP promoted the development of research skills among ophthalmic personnel in Cambodia and Vietnam. Researchers have delivered presentations on their work at international conferences and written articles for medical journals.
- **Continuing professional education**: An online continuing professional development (CPD) program for eye health workers has been developed and introduced under the auspices of the Cambodian Ophthalmological Society (COS) - the first formalised CPD system in the Cambodian health sector.
- **National eye health strategies and planning**: Each of the three countries will soon finalise national strategies for eye health. Consortium members have been actively participating in these consultations through working groups and advocacy and formal consultations. These strategies are key to coordinating inputs, mobilising resources and integrating with the health system in each country.

3 Financial summary

The EAVP (funding order 37908/18) commenced in March 2013 and concluded in February 2016. DFAT provided funding of AU$7,600,000 and approved a carryover of AU$42,706 from funding order 37908/14. During the term of the EAVP, the Consortium and Consortium agency members have been able to invest funds held against future activities in a secure term deposit and the interest has been reinvested into programs in accordance with the Consortium policies and approval from DFAT when required.

EAVP 2013-15	
Sources of Funds	
DFAT Funding EAVP - 2013	$2,300,000
DFAT Funding EAVP - 2014	$2,700,000
DFAT Funding EAVP - 2015	$2,600,000
Funds Carried Over EAVP 2012	$42,706
Interest Received - Consortium	$107,423
Interest Received - Members	$29,827
Member Supported Activity	$10,724
Total Income	**$7,790,679**
Application of funds	
Cambodia	$2,419,037
Vietnam	$2,481,981
Timor Leste	$1,794,833
Consortium Management	$717,057
M&E	$377,772
Total Expenditure	**$7,790,679**
Surplus\(Deficit)	**$0**

The table (above) provides a high level summary of the sources and application of funds totalling AU$7,790,679.

The table below provides a summary of the actual expenditure compared to funding received from DFAT over the three funding periods. During the program period there was better than projected interested received which was incorporated into program annual budgets. However the negative impact of exchange rate variance, particularly in the Cambodia program, offset the interest gains and some activity underspend/savings. The total variance was AU$31,380. This has been taken up by the Consortium members.

Vision 2020 Australia Global Consortium
Income & Expenditure Statement
January 2013 through February 2016

	Actual	Budget	$ Variance	%Variance
EAVP 2013-15				
Income				
DFAT Funding EAVP - 2013	$2,300,000	$2,300,000	$0	0.0%
DFAT Funding EAVP - 2014	$2,700,000	$2,700,000	$0	0.0%
DFAT Funding EAVP - 2015	$2,600,000	$2,600,000	$0	0.0%
Funds Carried Over EAVP 2012	$42,706	$42,706	($0)	(0.0%)
Interest Received - Consortium	$107,423	$99,906	$7,517	7.5%
Interest Received - Members	$29,827	$16,688	$13,139	78.7%
Member Supported Activity	$10,724		$10,724	100.0%
Total Income	**$7,790,679**	**$7,759,299**	**$31,380**	**0.4%**
Cambodia	$2,419,037	$2,368,472	$50,565	2.1%
Vietnam	$2,481,981	$2,494,942	($12,961)	(0.5%)
Timor Leste	$1,794,833	$1,798,847	($4,015)	(0.2%)
Consortium Management	$717,057	$704,686	$12,371	1.8%
M&E	$377,772	$392,352	($14,581)	(3.7%)
Total Costs	**$7,790,679**	**$7,759,299**	**$31,380**	**0.4%**
Funds Carried Forward	**$0**	**$0**	**$0**	

A detailed report and acquittal of expenditure for the program overall and for each individual country are included in Annex 3.

3.1 Year Three expenditure and acquittal (14 Months ending 29 February 2016)

The Income and Expenditure Statement below provides an acquittal of expenditure for the 14 months ending 29 February 2016. Expenditure on all programs in this period totalled AU$3,683,802 compared to the full year budget of AU$3,652,422.

The funding received from DFAT in Year Three was AU$2,600,000 and the Consortium carried over AU$984,866 from Year Two. Interest earned by the Consortium and Members exceeded budget expectations for the year and has been used to fund programs (including managing impact of exchange losses, DFAT approved new or changed activities). Overall the program overspent by AU$10,724 in Year Three and this amount has been taken up as Member supported activities.

Vision 2020 Australia Global Consortium
Income & Expenditure Statement
January 2015 through February 2016

	Actual	Budget	$ Variance	% Variance
EAVP 2013-15				
Income				
Funding Carried over - 2014	$984,866	$984,866	$0	0.0%
DFAT Funding EAVP - 2015	$2,600,000	$2,600,000	$0	0.0%
Funds Carried Over EAVP 2012	$42,706	$42,706	$0	0.0%
Interest Received - Consortium	$32,367	$24,850	$7,517	30.2%
Interest Received - Members	$13,139		$13,139	100.0%
Member Supported Activity	$10,724		$10,724	100.0%
Total Income	**$3,683,802**	**$3,652,422**	**$31,379**	**0.9%**
Expenditure				
Cambodia	$1,288,756	$1,238,191	$50,565	4.1%
Vietnam	$1,130,164	$1,143,125	($12,961)	(1.1%)
Timor Leste	$762,936	$766,951	($4,015)	(0.5%)
Consortium Management	$318,682	$306,311	$12,371	4.0%
M&E	$183,264	$197,844	($14,581)	(7.4%)
Total Costs	**$3,683,802**	**$3,652,422**	**$31,380**	**0.9%**
Funds Carried Forward	**$0**	**$0**	**($0)**	

Full details of the Year Three financial report and acquittal are included as Annex 3 and the audit report at Annex 11.

4 Progress against end of program outcomes

The program took a whole of system approach toward strengthening the eye health sector in each country. Working within government structures and the bureaucracy of training institutions is a slow process with extensive stakeholder engagement required before changes can be approved and action implemented. With this approach, the program has been effective in enabling changes and capacities that have laid the foundations for ongoing development within the eye health and vision care sector.

End of program (EoP) outcomes are measured against the objectives of the four key program components.

Component 1: Governance, Policy and Coordination

Objective: Improved capacity of national and sub-national level health agencies to provide strategic and policy guidance, coordination and integration of eye health and vision care services.

Component 2: Workforce Development

Objective: Increased quality and capacity of training institutions to provide qualified eye care workers.

Component 3: Service Delivery

Objective: Improved standards and policy framework for delivery of quality of eye health and vision care services through national health systems.

Component 4: Data and Research

Objective: Improved capacity to identify data needs, undertake surveys, collect and analyse data.

A fifth component for Program Management was used to support management of the Consortium to coordinate their efforts and work efficiently and effectively as a collective. Details of Program Management are included in Section 8 of this report.

The EAVP logic model works on the progression from inputs to outputs in support of component outcomes. Each component outcome supports the overall end of program outcomes; building toward long term sustainability and ultimately a reduction of vision impairment and avoidable blindness in Cambodia, Timor-Leste and Vietnam. The EAVP logic model is included as Annex 6. The assumptions and dependencies made as part of the design process are discussed in more detail in Section 12.

The activities to achieve the component objectives for each country were tailored to reflect the context, gaps and needs in each country. Expected outcomes were developed for each country that are reflective of the different eye health contexts. Based on the comprehensive qualitative and quantitative data collected under the performance assessment tool, progress reports, the 2014 stakeholder reflections workshop, the end of program learning workshop and the evaluative review, the overall end of program outcomes were met, with a few minor exceptions.

The following tables use a traffic light system to demonstrate each country's progress against the end of program outcomes described in the EAVP Design Document. A short description of the achievements made toward these outcomes is provided.

Traffic light key

Outcome achieved	Outcome significantly but not completely achieved	Outcome not achieved
		

Vietnam

By the end of the EAVP program all of the outcomes from the design were achieved. The following examples demonstrate how the EAVP contributed to achieving the component outcomes identified for their country.

Component 1 Improved leadership, coordination and management of provincial level Prevention of Blindness (PBL) committees in selected provinces	

- New national strategy for the prevention of blindness 2016-2020 with a vision to 2030 developed and awaiting final government approval, the EAVP partners were involved in supporting the development of this strategy.
- Increased capacity of provincial level PBL committees was identified early on as an area that was critical to improve the delivery of eye care services. At the start of the program, the PBL committees in Nghe An & Son La were active, but were challenged by the limited government budget for coordinated activity. With support from the EAVP, the PBL committee now holds regular meetings and workshops with sector partners (such as provincial, district and commune health centre staff) that address key issues such as referral pathways, technical and clinical issues and mainstreaming of gender and disability. The PBL committee has established agreed and understood referral pathways in the provinces and established coordinated data collection that is supporting quarterly planning.
- The government has allocated funding for a provincial eye health coordinator to support PBL activities at provincial level, and specifically for Nghe An and Son La provinces.

Component 2 Increased numbers of trained eye health personnel and strengthened capacity existing eye cadres including: optometrists, basic eye doctors (BEDs), cataract surgeons, ophthalmic nurses (ONs), refractionists & ophthalmologists	
Eye care training capacity: Improved quality and capacity of eye care teaching in two regional training institutes	

- Introduction of the first ever optometry training program at Pham Ngoc Thach Medical University (later changed to University of Medicine Pham Ngoc Thach – UPNT) and Hanoi Medical University with the endorsement of the Ministry of Education and Training. The cadre of optometrist doesn't currently exist in the public health system in Vietnam and advocacy for the creation of the post has been part of the process. To support the creation of local faculty, scholarships were provided for optometrists to undergo the relevant training in Malaysia and Australia.

  Click on this link to read a case study about Optometry educator Mr Tran Hoai Long.
- Thai Binh and Hue Medical Universities have significantly strengthened their networks with other medical universities in Vietnam for sharing of pedagogical learning and knowledge.
- Enhanced eye health training quality and capacity at regional Medical Universities of Thai Binh and Hue, through new and improved training infrastructure, equipment and technologies and active teaching methodologies that allow hands-on and real-life training practice to students.
- Increased eye health workforce service delivery and training capacity at different levels: ophthalmology sub-specialties, optometry, cataract surgery, ophthalmic nursing, refraction, LV and integration of eye health across various other curricula in the general health and medical sector.
- A total of **123 people were/are currently being trained as new cadres** (against a target of ten) of which 67 per cent were women and 33 per cent were men. Note the initial new cadre training target did not include optometry students who are now enrolled in the new degree.
- Capacity strengthening activities via in-service training, workshops, mentoring, etcetera were the key mechanism toward achieving end of program outcomes. **There were1,349 participants in capacity training events** over the three years. Disaggregated data is available for 1,084 of these participants and shows that participation rates were 62 per cent women and 38.5 per cent for men. Targets were met or exceeded among all cadre categories bar managers, administrators and tertiary educators.

Component 3 Improved availability, quality and standards for LV services through Vietnam National Institute of Ophthalmology (VNIO) LV centres and in target areas	
• Introduction of LV services into the government health system within a comprehensive framework, that includes the creation of a LV team, establishment of the first LV unit at VNIO. A training curriculum has been developed and approved and the VNIO team members have been trained as trainers in LV rehabilitation to increase their awareness about LV and support expansion of LV services to two neighbouring provinces. The model is promoting a disability inclusive approach, strengthening of LV services in selected provinces. • Service delivery activities in Vietnam were focused on the introduction of LV services with some support for eye care services in selected provinces. **37,143 people were screened** and **8,048 treatment services** were provided in Vietnam.	

Component 4 Operational research – to obtain comprehensive and reliable data as basis for recommendations	
Improved research capacity to international standards and the ability to share research results internationally for ophthalmologists in Vietnam	
• To support evidence based planning, the EAVP supported the development of research skills among ophthalmic personnel. Ophthalmologists from Ho Chi Minh City Eye Hospital (HCMCEH) and staff from VNIO were trained in research methodologies and design and supported to undertake academic research projects. Researchers have delivered presentations on their work at international conferences and written articles for medical journals. One of the objectives of strengthening in-country research capacity is to provide future evidence to inform program planning and implementation. In line with this objective, the operational research on the use of spectacles and vision rehabilitation devices shared its findings with the national PBL committee to inform LV service planning.	

Cambodia

By the end of the EAVP program all of component outcomes were achieved within the program scope. The EAVP focused on increasing the eye health workforce via the training of ophthalmologists, ONs and refractionists; improving the quality of pre-service and in-service training by identifying, developing and delivering needed training modules. Training capacity increased via strengthening the UHS and teaching hospitals to deliver higher quality training, upgrading training infrastructure and providing training equipment. This included the establishment of a skills lab at UHS, upgrading teaching equipment at two national teaching hospitals and installation of information resource centres at two training hospitals.

Component 1 Effective leadership, coordination and management at National Program for Eye Health (NPEH) to manage and coordinate resources	

This component was not a focus of the EAVP and only one specific activity was planned to directly affect progress towards this component outcome. The inclusion of the NPEH in a number of planning workshops and activities also contributed to strengthening of management capacity and ensuring that the objectives for Cambodia were met, for example:

- In Year One and Two, the EAVP supported the process to develop a National Eye Health Roadmap. The roadmap, together with other documents produced by WHO and IAPB with Australian Government funding such as the Eye Care Systems Assessment and an assessment of integration opportunities in 2013, contributed to the development of the formal strategic plan in Year Three of the program. This was led by NPEH and conducted alongside work to develop Cambodia's third Health Strategic Plan (HSP3). The strategic plan for eye health is still being drafted, with consultations and approval by the MoH expected in 2016.
- Progress toward greater integration of the eye health sector within the health and education sector occurred via the inclusion of eye health within the school health policy framework and inclusion of two eye health indicators in the Ministry of HSP3.
- An outcome of the development of the plan and effective advocacy by NPEH is that the MoH approved provincial coordinators in selected provinces to coordinate eye health services. This was not a direct outcome of the EAVP but EAVP consortium members were active in supporting this advocacy effort by the NPEH.
- Cambodia MoH can now report against the WHO Global Action Plan (GAP) for Universal Eye Health as the indicators in the HSP3 align to GAP indicators.
- An inter-sectoral working group to drive development of a national policy on school health (inclusive of eye health) was established and supported by the EAVP with TFHF and BHVI providing technical advice on planning, logistics, resourcing and implementation of a School Health program. From 2016 onwards The MoH and Ministry of Education Youth and Sport (MoEYS) will provide instruction to its officials at sub-national level to collaborate on child eye health service delivery, representing a deeper collaboration between the ministries for a common goal, which is a new approach to eye health and education interventions in Cambodia.
- While there is evidence of the increased leadership role and actions taken to strengthen national eye health coordination within the relevant health structures in Cambodia, there are structural limitations in how the NPEH can expand their coordination role with existing staff and while managed through the Khmer Soviet Friendship Hospital.

Component 2 Increased numbers of trained eye health personnel and strengthened capacity existing eye cadres including: ophthalmology residents, ophthalmologists, refraction nurses, ONs and ophthalmology sub-specialists	
Increased quality and capacity to deliver eye care training in three institutions	
A comprehensive and contemporary continuing medical education system for ophthalmologists developed	

- Enhanced eye health training capacity via improved training infrastructure, materials and teaching methodology at University of Health Sciences (UHS) and national training hospitals. This includes improved assessment tools, skills and methodology.
- Ophthalmic Nurse Training (ONT) curriculum developed and approved by the MoH and training program introduced at UHS and is currently run as a regular course for public and fee paying students. The ability of the course to attract fee paying students was a positive unintended outcome as it contributes to the sustainability of the course.
- Review and strengthening of curricula for Ophthalmology Residency Training (ORT) and National Refraction Training (NRT), including new assessment methodology for the ORT program.
- Ophthalmology faculty (ORT, ONT and NRT) upskilled in new teaching pedagogy that aligns with internationally recognised best clinical teaching practise standards.
- The first continuing professional development (CPD) program in the health sector introduced under the auspices of the Cambodian Ophthalmological Society (COS).
- Enhanced ophthalmic workforce: new ophthalmologists and refractionists trained and the first cohort of ophthalmic nurses to graduate in 2016. Cambodia does not have optometry in the public health sector so most refraction is by ophthalmologist and refractionists.
- Progress toward gender equity with increased numbers of trainee women ophthalmologists from 2013-2015. In the first cohort, only three out of the ten ORT graduates were women. By 2016, eight out of the 21 new enrolling residents were women. Proactive recruiting and the introduction of quotas has had a positive outcome. A Gender and Ophthalmology Workshop held with the COS resulted in a statement of intent outlining the need to be aware of and understand gender difference in ophthalmology while working towards equity. It also identified the need to support women in ophthalmology leadership roles.
- At the end of the EAVP a total of **188 people have been / are currently being trained as new cadres** (against a target of 71) in Cambodia, of which approximately 33 per cent are women and 67 per cent are men. A total of **2,766 participants in EAVP training events** to upskill existing personnel. Based on available disaggregated data for Year Two and Year Three (2,491 events) men represented 59 per cent of attendees and women 41 per cent.

Component 3

Improved standard treatment guidelines and protocols developed, taught and utilised

- School eye health and screening guidelines developed as part of a comprehensive school health policy and implementation plan.
- A five-month cross-sectional study was conducted to test the guideline on treatment outcomes of clinical microbial keratitis. Six ophthalmologists participated in the study. The resulting guideline was modified by NPEH in December 2014, and included guidance for clinical management for eye health care professionals at all levels (primary, secondary and tertiary levels). Quality of service delivery was strengthened through the development and testing of guidelines and resources for the standardisation of clinical practice. This included translation of ophthalmic text books into Khmer.

Component 4

Improved research capacity to international standards and the ability to share research results internationally for ophthalmologists in Cambodia

- The EAVP took a practical approach to achieving this outcome by linking research training to development, implementation and reporting of actual research projects. The approach included a general call for research ideas and a workshop was held to revise and strengthen research study design and protocols. From this, four studies were selected and in Year Two each researcher was paired with an international research mentor and research commenced.
- Through the researcher mentoring process it was identified that a refresher workshop was needed and this was held in Year Three. Although researcher/mentor relationships were established there was an identified need for more access to mentoring opportunities to practise what they had learnt.
- All research projects are due for completion in 2016. The plan is to submit completed studies for publication and presentation at the national conference however this will happen following the completion of the EAVP program.

Timor-Leste

All expected outcomes were achieved with the exception of component one; rated as partially achieved due to delays in the NEHS receiving formal approval from the MoH. As acknowledged by both donors and development stakeholders, the health sector in Timor-Leste is fragile and faces multiple challenges. Resources are incredibly stretched. There were major restructures to the MoH and Ministry of Education (MoE) during the course of the EAVP, which included ministerial changes in both ministries. There is a current freeze on recognition of new health workforce cadres and an embargo placed by the MoE on certifying new post-graduate courses across Timor-Leste at both government and private universities; a significant challenge for the EAVP and Consortium members and partners. Despite these challenges significant improvements that will have considerable impact on the future of eye care in Timor-Leste have been achieved.

Component 1 Eye care management and leadership structures established and operating as part of the broader health system in alignment with the National Eye Health Strategy (NEHS) 2013-2017	

- NEHS drafted for consideration by MoH. This is given an orange indicator as, whilst in-country EAVP agencies are confident it will happen and will continue to advocate for it to happen, it did not take place within the timeframe of the EAVP program. The progression of other key EoP targets such as the formation of a national PBL committee were dependent on this being formally approved by the MoH.
- An active eye stakeholder working group was formed as a prelude to a formal national PBL committee being established once the NEHS is adopted. This has been functioning as a proxy PBL committee and holds regular planning meetings. Although the NEHS hasn't been formally approved, the informal approval has enabled the sector to use it as an operational plan and make progress toward achieving its objectives.
- In-country planning and implementation of services is following the draft plan and progress against the draft plan is being recognised by the MoH. With the handover of the NEC to the Hospital Nacional Guido Valadares (HNGV) the Hospital Director is now much more actively engaged in national level advocacy including to support the formal approval of the NEHS.
- In addition to the NEHS, a sustainability plan was drafted in 2014, in consultation with MoH and other stakeholders, in which MoH will gradually increase their involvement in and management of the eye care sector. This plan formed the basis for the National Eye Centre (NEC) handover from Non-government organisation (NGO) management to the HNGV/MoH.

Component 2 Building the capacity of national training institutions to deliver quality pre and in- service training for eye care workers (ECWs)	
Increased numbers of trained eye health personnel and strengthened capacity of existing eye cadres including: specialist doctors, mid-level eye care workforce, and vision rehabilitation workforce	

- Suite of training curricula/modules developed or reviewed/updated
- The PGDO training program was developed with broad consultation involving the Universidade Nacional Timor Lorosa'e (UNTL), MoH and NEC and approved in principal but is still awaiting final endorsement by the university. In October 2015, three PGDO trainees successfully passed the Diploma and are now eligible for graduation. Once the embargo has been lifted and the PGDO approved, the three candidates will be eligible for graduation. It is currently expected that the formal recognition will be granted in, and graduation will take place in 2016. In the meantime the candidate's new skills are recognised and being utilised as senior registrars within the department of ophthalmology at the HNGV. They are also contributing to the training of junior doctors. From this course the number of clinicians able to perform cataract surgery in the country has tripled.
- The post-graduate diploma in eye care (PGDEC) training program was developed and submitted for endorsement by the MoH. The MoH and the UNTL need to negotiate a settlement about the qualification required to undertake PGDEC. During the time of the EAVP program, the Consortium members advocated heavily to both parties in hopes of reaching a settlement. In the meantime, as an alternative, a Primary Eye Care (PEC) training program was developed which offers a three day short course that Eye Care Workers (who have been trained in refraction and basic essential eye care), and the NEC trainee Ophthalmologists can deliver to provincial/district health workers, including doctors. This PEC course was handed over to the INS (Instituto Nacional de Saude; the in-service training provider for the MoH) to roll out.
- Strengthened eye health training capacity including human resources, infrastructure, equipment and training materials.
- Increased eye health workforce service delivery and training capacity at different levels: ophthalmology, ophthalmic nursing, eye care technicians, refraction and O&M.
- Five O&M Train the Trainer (ToT) courses have been run with 22 participants and six trainers have graduated to date. Local vision rehabilitation and disability community organisations participated in tailored business management training to consider business models for sustainable operations. Advocacy skills of the vision rehabilitation sector were also strengthened with an Advocacy workshop in early 2015.
- Two training modules, certificate in refraction and certificate in essential eye care were approved. A primary eye care module was developed in 2015 with a view to eventually being rolled out to doctors, nurses and ECW at clinic level nationally, it has been handed over as part of the transition process and it is expected that it will be institutionalised within the INS in 2016 to be rolled out at MoH request.

Component 3 To attain improved coverage and quality of eye health services in alignment with the National Health Sector Strategic Plan (NHSSP) timeframes	
Preparation for handover of NEC to MoH ownership through development of service standards and guidelines	
• Eye care services delivered to all districts through outreach program, with a total **of 43,898 people screened**, and **21,869 treatments** delivered. • PGDO trainees provided additional ophthalmic surgeries and treatments for outreach programs. • MoH agreed to cover a greater percentage of procurement of consumables for district clinics. • NEC formally handed over from NGO management to government management in December 2015. NEC now sits within Hospital Nacional Guido Valadares.	

Component 4 Strengthened data collection systems to inform policy development and implementation of eye health and vision care policy and plans	
• The NEC in Timor-Leste has moved from a paper based system to a networked system purpose built to capture data required by key stakeholders, (MoH, WHO, Vision 2020 Australia, TFHF, The Fred Hollows Foundation New Zealand (TFHFNZ), RACS, and Fo Naroman Timor-Leste). The system delivers disaggregated data on a weekly basis to inform planning, policy and service provision.	

5 EAVPs contribution to health systems strengthening

The EAVP program approach was consistent with the report of the 2010 IPR of the ABI; it recommended future programs use a planning framework that is focused on:

- Supporting eye health and vision care policy and planning
- Developing eye care systems
- Putting partner government systems and processes at the centre of the program.

Eye testing in Timor-Leste, 2013. Photo Credit: Royal Australasian College of Surgeons

These focal areas speak to the six building blocks of health system strengthening; leadership /governance, financing, workforce, medical products/technologies, information and research, service delivery, and therefore a health systems strengthening approach was the governing principle of the program. Typically eye health programs have functioned as vertical programs. An inherent weakness of vertical systems is that they are implemented in isolation of other health practises, policies and financing. For example, resources may be put into creating training courses /cadres that are not recognised by government, government financing systems are difficult to access as programs don't align with national strategies and indicators, and commitment to institutionalise training or service delivery can be weak due to a top down approach. The eye health and vision care sector recognised these inherent weaknesses and the need to transition to an integrated model. The EAVP emphasis on aligning policies, structures, curricula and cadre development with local government policies, structures and systems has helped bring eye health and vision care initiatives into closer alignment with the broader health sector.

At the start of the program, each country varied in the extent of the development of both the health system and eye health within it, and there were some key assumptions and dependencies (discussed in Section 12) that would also influence the extent to which overall capacity could be improved. The EAVP recognised this and, in consultation with key in-country partners and stakeholders, developed targeted country approaches. The EAVP did not start from ground zero, the interventions support a continuum of capacity development that builds on previous work under the ABI and other individual agency and government initiatives. The EAVP focus on eye health workforce development has helped to lay solid foundations that allow for ongoing consolidation and expansion by in-country stakeholders.

The country sections speak to specific examples of how the country program has directly contributed to health systems strengthening in that country, but some overview examples are:

Leadership and Governance

The program has provided inputs to strengthen the leadership capacity of relevant government ministries and personnel, at both a national level in Timor-Leste and a provincial level in Vietnam to plan, manage and monitor programs and services. Courses, workshops and informal mentoring and assistance supported strategic and program planning, advocacy, financial management, project management and health information systems. Leaders in key training institutions have also been included in relevant development events. Leadership and Governance was not a focus of the EAVP. Instead the EAVP complemented and worked in conjunction with the IAPB's Australian Government funded program that did focus on strengthening key aspects of leadership and governance of the eye health sector.

Financing

Government ministries and training institutions have to manage scarce resources, however the EAVP has had some success in increasing understanding of the value in funding specific interventions for eye health such as the equipment of clinics, creation of provincial coordination posts and creation of new training courses. Training institutions have developed resource mobilisation/sustainability plans with Consortium member support and in Vietnam, Thai Binh and Hue Medical Universities have expressed commitment towards their resource mobilisation/ sustainability plans.

The development of national strategic eye health plans that align with MoH strategic health plans is key to funding allocation in the future. The inclusion of eye health indicators in national health plans is fundamental when advocating for budget allocations as Ministries report against these indicators to the WHO. There are still bureaucratic challenges in releasing allocated funding in a timely fashion. The location of the NPEH and the NEC in Timor-Leste within a hospital management system means ministry funds allocated to eye health are requested through the hospital finance system, adding an additional layer of complexity and delay to the process. In a positive broader sector development, greater integration with the health system also means that more funds flow indirectly to eye health, from voucher schemes, community-based/national health insurance and Health Equity Funds.

Workforce

A well trained and resourced health workforce is a key building block and the EAVP focused on strengthening quality standards for both pre-service and in-service training. This was multi-faceted and included not just clinical training but also management training to strengthen planning, resource management and advocacy skills. The interventions focused on reviewing current curricula and teaching methodology and, where needed, assisting institutions to revise or introduce new curricula, introducing current best practise teaching and assessment methods, and providing relevant training equipment, (particularly important in the teaching of clinical courses).

Cascade mentoring systems from international faculty, to senior in-country staff to more junior personnel were introduced. Peer to peer mentoring systems were also developed. Curricula were revised or developed in line with relevant government bodies to ensure alignment with standard employment codes. Details of activities are provided in the program analysis section and country summary Annex 10.

As part of the Evaluative review, the program objectives and results were considered in the context of the WHO Human Resources for Health Action Framework (HRH Action Framework)[3]. This analysed the extent to which the EAVP eye health workforce development and training interventions align with accepted global good practice (see Annex 9). The approaches to workforce development adopted by Consortium members and their partners within the EAVP are clearly aligned with the HRH Action Framework and EAVP interventions are addressing each of the key framework action fields.

Gender issues related to workforce, training and management were addressed in a training workshop for the ORT faculty in Cambodia, and also in the Regional Learning Forum on Eye Health for Women and Girls, organised by IAPB and TFHF in Phnom Penh in October 2015 with funding from the Australian Government. In addition many curricula were adapted to include gender and disability focused modules.

[3] [3] http://www.who.int/workforcealliance/knowledge/resources/haf/en/

Medical products / technology

The EAVP has linked the eye health and vision care sector to workforce development and leadership and governance, by ensuring that training institutions have the equipment required to ensure adequate clinical training of personnel. It was identified that some training institutions did not have enough equipment for the number of students they were training. Due to popularity, class sizes had been increased without a consequent increase in clinical lab space and equipment, resulting in reduced desired clinical proficiency in students. Similarly, it is important to ensure that relevant management personnel in government and training institutions have the necessary technology and software, statistical and financial management software, otherwise this can become a barrier to the efficient application of new methods and systems learnt in management training courses. Long term maintenance and equipment management concerns were discussed with partners and maintenance plans included in the plans and budgets.

Information and research

The EAVP built research capacity in two countries, and implemented seven research projects. Health information management systems were strengthened in Timor-Leste and Vietnam. Previously, Timor-Leste used a paper based system and mainly relied on Non-Government Organisations (NGOs) to provide data. In Vietnam VNIO had a system in place, however data was not collected or entered regularly and it was not linked to the Health Information System (HIS). This resulted in difficulties accessing LV patient reports and information and data was not available for reporting and planning. Under the EAVP, Timor-Leste now has a networked data system at the NEC. In Vietnam database software was developed and staff trained so that LV patient reports were provided on a weekly basis to inform planning meetings.

Service delivery

In all countries the Consortium focus on closer collaboration between all stakeholders through increased meetings, workshops and monitoring visits, fostered sharing of information and challenges which had positive flow on effects for financing, workforce development and service delivery. All countries identified that increased inter-sectoral collaboration with government ministries was a key outcome of EAVP activities and fostered positive collaborative relationships.

In line with post ABI recommendations, direct service delivery was a reduced component of the EAVP, instead the focus was on strengthening the components required for effective delivery, including:

- Relieving pressure on provincial and national level institutions by expanding eye care services including cataract surgery, refraction services, spectacle provision and LV services to lower levels of the eye health system.
- Referral pathways established to respond to early identification of children with vision impairment.
- Coordination with other health departments such as diabetes clinics to increase early detection and treatment of eye health issues.
- Development or standardisation of policies and guidelines.
- Service delivery supported capacity building for workforce development by allowing trainees to practise clinical skills under qualified supervision. This was particularly important in clinical training and outreaches in Timor-Leste, providing senior ophthalmic registrars sufficient opportunity to perform cataract surgeries (under expert supervision) to qualify to perform cataract surgery.

Some direct service delivery did still occur and overall a total of 81,041 patients were reached in Vietnam and Timor-Leste. (See program analysis section of the report for more detail).

6 Program results

The EAVP performance assessment framework (PAF) was developed and the Consortium members agreed to a set of proxy indicators that could be used for all projects across the three countries of the program. These indicators were grouped under five components that represented the focal areas of the different program interventions. As the PAF was the central, annual reporting tool the results presented below are drawn from the component sections of the PAF, supported by the combined annual progress reports (Annex 4), the 2014 Connect (reflections) workshop, 2015 end of program workshops and the 2015 Evaluative review.

6.1 Component 1: Governance, policy and coordination

Subnational Eye health plans or policies/ guidelines for sub/national eye health committees

The Evaluative review confirmed that the EAVP aligned itself with national government structures and policies. The program worked closely with local stakeholders to ensure alignment with national eye health policy in each of the three countries and to create local ownership of program activities. The Consortium members were able to draw on their considerable expertise, resources and long established networks to advance the EAVP, consolidating and building upon previous investments. The eye health and vision care sector is at different stages of development in the three EAVP countries and each country is facing its own set of challenges, and the interventions reflect this.

In **Year One**, Members supported the development of the revised national eye health plan in Vietnam. In Timor-Leste in **Year One** they supported the finalisation of the second national strategic eye health plan (NEHS). In **Year Two** the NEHS was re-formatted during 2014 to meet MoH requirements, program planning was aligned with the objectives and priority areas of the draft plan. In **Year Three** the Timor-Leste working group was able to demonstrate progress against key areas to the MOH and this supported ongoing advocacy with Timorese MoH to get the plan formally approved.

Example 1 - Cambodia: The development of the National Strategic Plan for Blindness Prevention and Control

Baseline: The National Strategic Plan for Blindness Prevention and Control (NSPB) 2008-2015 was approved by the MoH in 2012, but it did not include some important content, such as NPEH plans for a centre of excellence for tertiary level and research academics.

Year Two: TFHF supported the NPEH to develop a 'roadmap' as one step in the development of the MoH NSPB 2016-2020. The roadmap was developed in November 2014 and provided a resource to inform the development of Cambodia's national plan for eye health, in line with the National Health Strategic Plan (2016-2020). This work was led by NPEH with funds from the Australian Government through the IAPB. Additional inputs, including two assessments conducted by the WHO with Australian Government funding, also contributed to the plan draft.

Year Three: Two eye care indicators successfully integrated into the National Strategic Health Plan; 1. To reduce or maintain the prevalence of blindness of 0.38 per cent by 2020 and 2. To increase the cataract surgical rate up to 3000 per million population per year by 2020.

The roadmap and workforce development activities contributed to the ongoing development of the new NSBP 2016-2020. In line with the new draft strategic plan, the workforce development outputs from the EAVP enabled the NPEH to expand eye health services to district level to improve accessibility and equity of eye health care. For example, NPEH have set targets to expand eye units in three more provinces and expand vision centres to district levels to increase accessibility and coverage and to develop a centre of excellence for sub-specialty ophthalmological services in the next five years.

Example 2 – Cambodia: Development of a National School Health Policy (inclusive of eye health)

Year Three: BHVI conducted a situational analysis through consultations and meetings with MoEYS/School Health Department, MoH/National Program for Eye Health and development partners such as United Nations Educational, Scientific and Cultural Organisation (UNESCO), and other NGOs in country. The scope of work was identified and the review of the School Health Policy, via workshops, began. Stakeholders who participated included: MoEYS, MoRD, MoH, NPEH, UNESCO, WHO, UNICEF, WFP, BHVI and TFHF. Key outcomes from the workshop included identifying key thematic areas to include in the new policy, agreed upon responsibilities and next steps, the draft vision, goals and objectives of the new policy to fit into the new policy format of the ministry. Through consequent workshops, it was understood that the policy would be upgraded to be approved through multi-government departments. The new revised policy was finalised amongst stakeholders in the March 2016 workshop. Post EAVP it is now undergoing legal review and consultation with other government departments to align with the approved format of the Government of Cambodia. Formal approval is expected later in 2016.

Coordination, leadership and management of sub/national eye health committees

Vietnam

In **Year One** the Consortium developed a model to strengthen planning and coordination at the sub-national level. The remote regions of Son La and Nghe An Provinces were chosen. In **Year Two** biannual workshops were held to improve coordination between commune health stations, district hospitals and Project Management Unit (PMU) and to collectively review current disease

treatment processes, referral systems and data management; resulting in a data reporting system being developed. In **Year Three** increased training and coordination workshops resulted in a referral network set up in four districts (providing a model that can be extended to other provinces) and coordinated health promotion programs to raise awareness. The strengthened capacity at provincial/district level is demonstrated by the fact that although the EAVP didn't support outreach activities in 2015 they continued to achieve similar screening numbers and patients as in **Year One and Year Two** when they were supported. A key achievement is successful advocacy by Son La PBL to have SDC established as an eye hospital. This was approved in **Year Three**.

Cambodia

In **Year One** the NPEH formed a technical working group (TWG) who were assigned roles and responsibilities to develop guidelines, curricula and modules for three courses:

1. Guideline for school vision screening
2. Curriculum for Refresher course of ophthalmic local anaesthesia
3. Module of Dacryocystorhinostomy (DCR).

From these activities, NPEH delegated and motivated its members to run courses. For example in 2013 the DCR course was led and delivered by Dr Pok Thorn, who is employed at Ang Doung hospital, but also a senior trainer of ORT and a member of NPEH in Kampong Speu and Kandal Province. Another NPEH member led and delivered a local anaesthesia refresher course for ophthalmic staff in Siem Reap in August 2013. Additionally, RANZCO ran a scoping study and recommendations for the development of a National accreditation system of training institutions.

In **Year Two** the EAVP continued to support developing junior staff capacity. Junior staff continued to be active trainers and the EAVP facilitated NPEH engagement with the two teaching hospitals to start development of agreed accreditation standards.

In **Year Three**, no formal agreement on standards was reached and NPEH recognised the need to support the teaching hospitals to take the lead in a concerted effort to achieve this. In Cambodia planning capacity has also been built at a sub-national level through the primary provincial eye health coordinator training and development. This has been very effective; as a result training numbers were increased in **Year Three**. The provincial health departments and coordinators have gained a deeper understanding of the need to prioritise eye health into the annual operational health plans. The stronger the expertise of the provincial health coordinators is in eye health, the stronger their ability is to plan properly for the needs of the community in terms of eye care. This capacity has been strengthened through the EAVP, particularly with the implementation of Primary Eye Care (PEC) training for coordinators. It is anticipated that this will enable more effective planning for eye care and as a result, inclusion of eye care in the provincial annual operational plans and budgets. This increased understanding and capacity of the provincial coordinators is also expected to result in improved coordination/communication channels between the National Program for Eye Health and the provincial levels.

Timor-Leste

In **Year One** the EAVP supported the establishment of a proxy PBL committee under the NEC. A formal PBL committee could not be established until the endorsement of the NEHS. Draft guidelines for the anticipated PBL committee were developed. Regular meetings continued in **Year Two** and the Committee worked to support the advocacy efforts of EAVP members to get the NEHS approved and the PGDO and PGDEC courses recognised. In **Year Three** a working group was formed to manage the transition of the NEC to be part of the HNGV, culminating in the formal handover in December 2015.

6.2 Component 2: Workforce development

In the three EAVP countries, the objective of 'increase quality and capacity of training institutions' under Component Two was refined to reflect national eye health policy and priorities in each context. The evidence gathered through the Evaluative review found that the EAVP has delivered improvements in eye care workforce development in each country and that the overall component objective can be assessed as having been achieved.

The EAVP has enhanced and expanded the eye health workforce across Cambodia, Timor-Leste and Vietnam through the training of ophthalmologists, eye doctors, cataract surgeons, optometrists, ophthalmic nurses, refractionists, spectacle technicians, district eye care workers, orientation and mobility trainers, community health workers and volunteers. In addition, school health staff and teachers and braille teachers, were trained in vision screening for refractive error and referrals.

A total of **398 new eye health personnel were trained** through the EAVP, disaggregated data is only available for Year Two and Year Three but for those two years just under half of the beneficiaries are women (49 per cent) and **4,608 different training events were held** to increase the capacity of existing eye health and non-eye health personnel, women representing 47 per cent of attendance.

The program proactively set mechanisms to encourage women to participate in training opportunities and this is generally reflected in the gender breakdown of participation – noting that gender disaggregated data is only available for **Year Two and Year Three.**[4] Progress has been made with increased numbers of women working as ophthalmologists in Cambodia. Initially, of the ORT graduates from 2013-2015, three of the ten ORT graduates were women. In 2016, eight out of the 21 new residents enrolling are women. Proactive recruiting and the introduction of quotas whereby, if candidates have the same exam score, women are given priority over men for entry to ORT, ONT and NRT training courses has had a positive outcome.

Eye health training capacity has been increased in all three countries through upgrading and equipping training institutions and developing the skills of the ophthalmic faculty, including in contemporary teaching and assessment methodology. 11 existing curricula and training modules were reviewed, modified and approved and 13 new curricula and training modules developed, piloted and adopted.

Students at Vietnam Optometry School, 2014.
Photo Credit: The Brien Holden Vision Institute

Recognition of new eye care cadres within the government health system is essential. In Vietnam, discussions were held from the start of the program to have the Bachelor of Optometry and Vision Science awarded a training code, which happened in **Year One** and the first students were enrolled in **Year Two**. Once the training code was granted, advocacy started to have optometry included in the public health system and for optometry to be granted an employment code. These discussions are positive and ongoing. The expectation is that the optometry code will be granted by the time the first students are ready to graduate and start clinical practise (after the conclusion of the EAVP).

In Timor-Leste, the training modules for the cadre of ECWs was not formally endorsed by the MoH and the cadre not able to be aligned with the MoH career regime. Despite ongoing advocacy

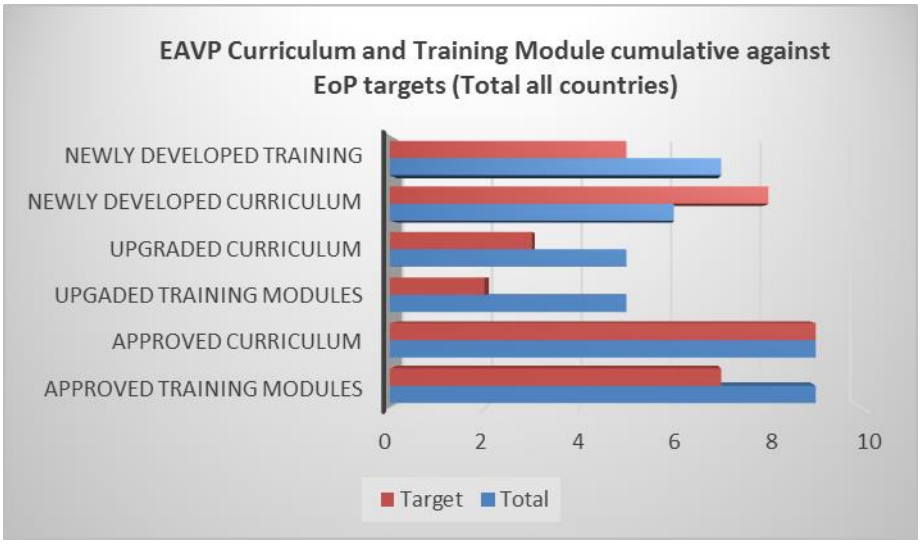
[4] See M&E section 7.1 for detailed explanation

to get modules endorsed and the cadre formally recognised this is still not finalised. Ongoing refresher courses were provided to ECWs to ensure their skills would be maintained. This had a significant impact on achieving workforce training targets in Timor-Leste as training was scaled back and funding diverted to increase O&M training, provision of LV kits and mobility aids and management and business and advocacy training to build institutional capacity. In addition to accreditation issues, a general challenge in Timor-Leste is the lack of local, qualified eye care specialists who are able to deliver ECW training. The EAVP supported ongoing outreach training and mentoring of ECWs through TFHF's Workforce Development and Education Teams based at the NEC. While ECW training was implemented effectively, the district health services (DHS) did not adequately support the ECWs to use their skills. Earlier EAVP planning identified the Instituto Nacional de Saude (Institute of In-service Training (INS)) as an institution that could assume responsibility for this training, but this has not occurred due to a lack of capacity to deliver effective training. TFHF has been building local staff capacity to conduct and coordinate this training, and to deliver the training together with INS. There is most likely no short or medium term solution for the training of ECWs.

A major challenge is the current freeze on recognition of new health workforce cadres and the embargo on certifying any new post-graduate courses in the country, resulting in the first cohort of PGDO trainees' still awaiting recognition of their qualifications, despite completing exams in October 2015, and the PGDEC course cannot commence. Consortium members expect that the PGDO course will be recognised in 2016 but the future of PGDEC is still uncertain.

Curriculums and training modules

The program has exceeded its targets for curricula and training module development. 13 curricula /training modules were newly developed and 11 existing curricula/modules were upgraded.



The workforce development component in the EAVP design involves training eye care personnel, and efforts to standardise high quality training. This involved developing new curriculums or new training modules where there is a gap in training materials needed; upgrading and adapting training tools to the local context, to meet international standards or including additional or updated content required. The eye health and vision care sector is at different stages of development in the three EAVP countries and each country is facing its own set of challenges, but there are commonalities. For example, faculty numbers and resources are limited, putting constraints in training institutions abilities to meet increasing demands for training. Given that much of the training requires a strong clinical component, ensuring adequate access to equipment and supervisors for students was factored into initial course planning and design. However in some instances, such as the optometry course in Vietnam, student numbers were increased without the requisite increase in equipment and supervisors. BHVI was able to intervene to mitigate this but it is still higher than ideal numbers. However, in all countries clinical trainees identified that they wanted more opportunities for

clinical practise as part of their training courses and this is being communicated with the relevant training institutions.

Table 1 Curricula and training modules newly developed or reviewed and adapted during the EAVP

Curricula	Vietnam	Cambodia	Timor-Leste
Year One	Optometry and Vision Science approved in Year Two Ophthalmology Level one (formerly called "basic eye doctor curriculum") approved in Year Two Ophthalmic nurse approved in Year Two	ORT curriculum Local anaesthesia curriculum	PDGO
Year Two	ToT in LV Basic eye doctor 12 modules of optometry and vision science translated to Vietnamese	Diploma Specialist of ON in Cambodia	Post Graduate Diploma in eye care (formerly called eye care nurse specialisation)
Year Three	Basic LV training for provincial eye care staff Basic Eye Doctor upgraded 11 modules of optometry and vision science translated to Vietnamese		
Training modules			
Year One	Preventative medicine (approved Yr 2) General practitioner (approved Year Two) (formerly called "Ophthalmology training for general doctor training")	DCO module	Certificate three in essential eye care Certificate four in refraction
Year Two		Paediatric refraction training module	
Year Three	Community ophthalmology Resident Doctor	Social responsibility module on cross cutting issues	Primary eye care

Train the Trainer

The EAVP conducted ToT activities for several cadres of eye health personnel. ToT is a relatively quick way to increase in-country training capacity and therefore a trained workforce. These activities were designed to strengthen the long-term capacity of health systems to continue to increase the eye health workforce and ensure ongoing high quality care. Mentoring is discussed further on, but junior graduates were trained to be mentors for new cohorts of students in Cambodia (ORT and National Refraction Training Centre (NRTC)) and in Timor-Leste (PGDO).

The EAVP supported **26 training courses/workshops**, which strengthened the training capacity of trainers. Training covered a wide range of topics and participants; from training in refraction, spectacle dispensing, LV examinations and rehabilitation and referral of patients in Vietnam, through to workshops for tertiary educators in areas such as designing assessment tools, active training methodology, refraction, a ToT for a Phacoemulsification (PHACO) cataract surgeon and training people who are blind or vision impaired in Timor-Leste to become O&M trainers. In **Year Three**, in **Vietnam,** 32 refraction trainers were up-skilled in teaching paediatric refraction and dispensing to children, 22 tertiary educators were trained in use of research analysis tools such as SPSS and STATA, and 20 in research plan development, ten LV workers and educators were also trained in developing appropriate LV training courses.

In **Cambodia** 13 nurse refractionists' were upskilled on paediatric refraction, 16 ophthalmology trainers and university administrators' were upskilled to use work based assessment tools and clinical assessment tools and 17 ophthalmology trainers were trained in the effective use of a skills lab when teaching students.

In **Timor-Leste** five O&M Train the Trainer (ToT) modular courses have been run with 22 participants. Six participants completed all TOT modules and have graduated as O&M trainers.

Click on this link to see a case study on the O&M training in Timor-Leste.

Trainees and graduates

Training people to work in eye health is the central feature of the EAVP's design and approach to supporting health systems strengthening in the three target countries. This training has been categorised into two main types: short term capacity strengthening activities to upgraded skills of existing eye health personnel (often with existing formal qualifications); and to train new eye health personnel. In each country it was identified that different cadres within the sector could benefit from refresher or up-skill training or mentoring. In consultation with stakeholders, it was identified what were the key technical and clinical needs and which cadres should be targeted in each country. The tables below show the overall numbers of new cadres trained and the number of capacity training activities held.

In **Vietnam** the higher percentage of women trained reflects that the bulk of the training activities were with mid-level cadres such as nurse refractionists, primary health workers, school teachers and community workers, where the workforce is predominantly female. In **Cambodia** the large number of activities with ophthalmologists (predominantly male) impacted the gender balance. The large increase in manager/administrator training activities was due to the success of the provincial coordinator training so this was expanded in **Year Two** and **Year Three**.

The challenges of course recognition and accreditation in **Timor-Leste** are reflected in the training outcomes against targets. This is in particular regards to the Post Graduate Diploma in eye care and training ECW's in general. For example, less allied ophthalmic personnel were trained, and training resources diverted to more capacity development activities for other health associates such as O&M ToT for people who are blind or vision impaired, training teachers in school screening, volunteer community health workers training and the introduction of a new course in 2015 to teach business management and advocacy to staff from rehabilitation organisations.

Training people to assume new roles (cadres)

In each country it was identified that there were key skills gaps in the existing workforce and there was a need to increase or introduce training to fill these gaps. In Vietnam and Cambodia support was given to increase the number of ophthalmologists and basic eye doctors trained, and three new cadres were introduced into the health workforce in Vietnam (optometry), Cambodia (ON) and Timor-Leste (senior ophthalmic registrars (PGDO)). In addition a total of six people who were blind or vision impaired graduated as O&M trainers in Timor-Leste.

Table 2 Training people to assume new roles (Cadres) - disaggregated data

	Total	Target	Disaggregated data Year Two and Three only[5]			Percentage	
			Men	*Women*	*Total*	*%Men*	*%Women*
Vietnam	123	10	41	82	123	33%	67%
Cambodia	188	71	121	59	180	67%	33%
Timor-Leste	87	58	35	46	81	43%	57%
TOTAL	**398**	**139**	**197**	**187**	**384**	**51%**	**49%**

[5] The disaggregated data is available for year 2 & 3 only. Total data is for the three years of the program. Total figures (column one) and total of the disaggregated figures will not necessarily match as they are missing year one data.

Table 3 Training people to assume new roles by individual cadre

	Cambodia				Timor-Leste				Vietnam				All counties combined			
Training personnel to assume new roles	*Year 1 and Year 2*	*Year 3*	*Total*	*Target*	*Year 1 and Year 2*	*Year 3*	*Total*	*Target*	*Year 1 and Year 2*	*Year 3*	*Total*	*Target*	*Year 1 and Year 2*	*Year 3*	*Total*	*Target*
Ophthalmology residents	19	13	32	9	4	5	9	3	2	3	5	0	25	21	46	12
Optometry students	0	0	0	0	0	0	0	0	16	93	109	3	16	93	109	3
Allied personnel	69	87	156	62	11	3	14	9	3	5	8	6	83	95	178	77
Other health associates	0	0	0	0	14	4	18	6	0	0	0	0	14	4	18	6
Non Health working in eye health (teachers)	0	0	0	0	25	21	46	40	0	0	0	0	25	21	46	40
Managers / Administrators	0	0	0	0	0	0	0	0	1	0	1	1	1	0	1	1
TOTAL	**88**	**100**	**188**	**71**	**54**	**33**	**87**	**58**	**22**	**101**	**123**	**10**	**164**	**234**	**398**	**139**

As outlined, in each country it was identified that different cadres within the sector could benefit from refresher or upskilling training or mentoring. In consultation with stakeholders it was identified what were the key technical and clinical needs and which cadres should be targeted in each country. Table 3 and 4 below show the overall numbers of new cadres trained and the number of capacity training activities held.

Table 4 Capacity development activities for existing personnel – disaggregated data

	Total[6]	Men	Women	Total disaggregated data[7]	% Men	% Women
Vietnam	1,349	411	673	1,084	38%	62%
Cambodia	2,766	1,474	1,017	2,491	59%	41%
Timor-Leste	493	176	164	340	52%	48%
TOTAL	**4,608**	**2,005**	**1,809**	**3,915**	**52%**	**48%**

The scope of training activities was diverse across the program and within each country, they reflect the fact that a health systems strengthening approach needs to focus on both the clinical and the system side and needs to support community level and primary care interventions through to tertiary sub-specialties. It is apparent from the broad cadre groupings that the EAVP was inclusive in its approach.

[6] The disaggregated data is for year 2 & 3 only whereas total data is for the three years of the program, so the Total will not match Total disaggregated
[7] Year 2 & 3 data only.

Table 5 Capacity development participants broken out by cadre

	Cambodia				Timor-Leste				Vietnam				All counties combined			
Upskilling of existing personnel	*Year 1 and Year 2*	*Year 3*	*Total*	*Target*	*Year 1 and Year 2*	*Year 3*	*Total*	*Target*	*Year 1 and Year 2*	*Year 3*	*Total*	*Target*	*Year 1 and Year 2*	*Year 3*	*Total*	*Target*
Ophthalmologist	331	283	614	398	0	0	0	0	72	35	107	101	403	318	721	499
Optometry	0	0	0	0	0	0	0	0	8	12	20	12	8	12	20	12
Allied personnel	586	356	942	551	69	15	84	153	146	94	240	170	801	465	1,266	874
Other health associates	0	1,084	1,084	0	230	143	373	250	194	122	316	278	424	1349	1,773	528
School teachers	0	0	0	0	0	0	0	0	315	170	485	439	315	170	485	439
Managers / Admin/ Tertiary Educators[8]	78	48	126	60	1	35	36	10	115	66	181	183	194	149	343	233
TOTAL	**995**	**1,771**	**2,766**	**1,009**	**300**	**193**	**493**	**403**	**850**	**499**	**1,349**	**1,173**	**2,145**	**2,463**	**4,608**	**2,585**

[8] Includes RACS Advocacy and Business management training to ETBU, FN, HDMTL in Timor-Leste

Retention and use of newly acquired knowledge by trainees

Building the capacity of the eye care workforce in a sustainable way requires on-going monitoring, mentoring and support for trainees in order to verify training effectiveness; level of retention and acceptable application of newly acquired knowledge and skills; if further training is needed; and if barriers to applying the knowledge/skills exist and can be managed.

Monitoring and mentoring programs were introduced for the majority of personnel trained in new skills and particularly during the actual training process of ophthalmology residents. For example in Cambodia and Timor-Leste there are feedback loops between Consortium members, national partners and visiting lecturers to gather third party analysis of trainer and trainee capacities that is then fed into the design of future training activities. CPD workshops in Cambodia are designed to address knowledge gaps identified during trainee monitoring visits; also in Cambodia, refresher trainings are informed by trainee monitoring assessments and identification of skills gaps; and in Vietnam there is close follow up of ophthalmologists and optometrists when they return from overseas fellowships to ensure they are able to put their new skills into practice and disseminate their new knowledge.

Click on this link for a case study on the ORT and CPD in Cambodia.

The EAVP Country Working Groups used progress reporting as a platform for querying the qualitative aspects of the program and how findings are impacting program planning and adaptation as required. While there are certainly gaps in monitoring how trainees are putting skills into practice, as demonstrated above there are many examples of where it is taking place and the value of this process being recognised by trainers, managers and trainees.

Initially monitoring and mentoring was dependent on visiting expatriate staff. However as more in-country staff were trained, in **Year Two and Three** the program has been able to introduce peer to peer mentoring models where the previous year's cohort helps mentor the new trainees. This has been evident in Cambodia with the ORT and NRTC, in Vietnam with the optometry tertiary program and EyeTeach training; and in Timor-Leste the PGDO graduates from **Year One and Two** who now support the next trainee cohort. This supports overall sustainability of training and local ownership of and commitment to producing quality workforce and has the added benefit of organically developing increased networking and communication within the eye health sector.

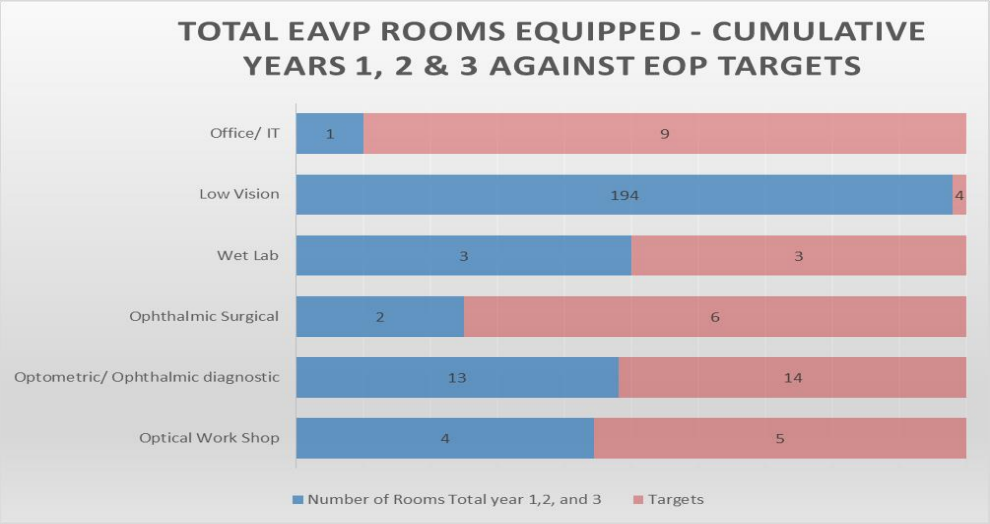
There can be a tendency to focus on output numbers rather than quality of training and in some instances this has had a negative effect, for example some refraction trainees were recruited by the training institution without ensuring that all trainees have the equipment required to practise sufficiently during training or when they return to their clinics. At the end of **Year Two** it was recommended that access to required equipment be a criteria for participant selection for many of the courses, however this is still dependent on individual hospitals/department managers to make equipment available. Consortium partners have worked with training institutions to strengthen understanding that clinical training needs a higher ratio of tutors/supervisors compared to purely academic subjects, and that there must be enough equipment available for students to practise clinical techniques.

Monitoring and mentoring ongoing development needs to be stronger, but the EAVP has achieved considerable progress from **Year One** when formal mentoring systems were not in place for the majority of training courses in the three countries. Mentoring is now included as standard in PGDO, primary eye care and village health worker training in Timor-Leste, ORT in Cambodia, tertiary educators, nurse refractionists, and LV workers in Vietnam, to name a few.

Number and type of rooms equipped

The EAVP provided equipment to support the training, service delivery and research/data/ collection components of the program. This recognised that lack of appropriate equipment is a barrier to clinical staff being able to apply newly learnt skills and to the provision of eye care services in all three countries. This applies to both clinical equipment in service facilities, appropriate teaching equipment, space and office equipment that allows for more effective management of services. The provision of equipment continued to build on a similar activity in ABI Phase 1, but formed a much smaller proportion of the EAVP. Previously, the ongoing costs of maintaining specialist eye equipment was not always considered in eye care interventions, hospitals do not always have a local maintenance contract or in-house technicians, or if they do, the technicians are frequently not familiar with the delicate eye instrumentation. This issue was factored into the equipment planning and country/institution specific plans were implemented. These plans involve training of hospital personnel as equipment technicians (Timor-Leste), ensuring equipment warranties include ongoing maintenance support and where appropriate recipient organisations have budget allocated to support management and maintenance of equipment. TFHF in Vietnam also conducts post-handover visits up to three years after completion of their programs.

The figure below shows the cumulative number of each room type equipped during **Year One** and **Year Two** against the EoP target for each room type. Due to the delay in approval of the PGDEC, equipment funds were diverted to LV screening and assessment kits in Timor-Leste, even though they are represented below as 'a room' in actuality they reflect provision of equipment to support LV services in **Timor-Leste**.



6.3 Component 3: Service delivery

Eye care guidelines and models

The EAVP design, component three: service delivery, focuses on increased capacity for direct treatment of patients and on improving the quality of this treatment via development of eye health and vision care technical guidance.

Example - Vietnam: Disability inclusive eye care

An inclusive eye care model was implemented by the Son La Social Disease Control (SDC) eye centre and Nghe An Eye Hospital, with the support of CBM, to provide inclusive eye care services with a focus on poor women, children and people with disability. The system developed in the project districts has improved physical accessibility to centres, trained staff in understanding of and provision of inclusive services, capture data for patients by gender, disability and improve physical accessibility for patients. In **Year Two**, due to capacity issues, a variation was requested (and approved by DFAT) to focus implementation in two districts (reduced from the original target of four districts) and Son La city in order to strengthen the model and demonstrate its effectiveness. During **Year Two and Three** the focus was on new approaches and practises, including improvements made to outreach activity and the way surgeries are conducted in remote areas to improve access to services for the poor and people with disability. Disability inclusive management of two optical shops in Son La city and Moc Chau district was also a key focus in the revised implementation plan. Some notable successes of this are:

- The inclusive eye care model is integrated within the existing health system in the province.
- Refresher training on PEC and disability inclusive approaches to child eye health (DIACEH) was provided in **Year Two** for all commune health stations.
- A reporting template for patient data which includes data of persons with disability is also required to be integrated into the existing reporting system by PMU.
- A child protection policy was developed in both Nghe An and Son La Provinces, agreed and signed by all PMU's staff and encouraged to apply in project district hospitals.
- Disability accessibility is now a mandate for NAEH for its building.
- The first LV manual for Vietnam was approved by MoH and is being printed and distributed to all provinces for implementation and reference. The manual is an attempt to provide those individuals at hospitals, training schools, and other settings with the knowledge and understanding of implementing LV within a global framework.
- Information booklets for parents and classroom teachers adapted for use in Vietnam and being used in Hanoi Nguyen Dinh Chieu School (NDC) and shared with other related agencies Vietnam Institute of Educational Science (VNIES) and Nhat Hong Centre).
- Guidelines on use of magnifying spectacles, which are being used at the VNIO LV clinic and shared with LV unit in HCM Eye hospital and other relevant and interested hospitals.

Ha Anh studying at Hanoi Nguyen Dinh Chieu Secondary School, 2014.
Photo credit: CBM

In Cambodia a key focus was on strengthening and standardising or harmonising clinical practises in ophthalmology. In 2004 it was identified that the WHO standard clinical guideline; "Guideline for the Management of Corneal Ulcer at Primary, Secondary & Tertiary Eye Health Facilities in South-East Asia Region" was not suitable for the local context as the condition presented with different causes in Cambodia. As a result, in 2012 the NPEH and COS drafted a "National Guideline for the Management of Clinical Infective Keratitis," as an adaptation of the WHO guidelines. In **Year Two**, with the support of the EAVP, the NPEH and three teaching hospitals tested the guideline using a prospective cross-sectional study. The result of the guideline testing showed the effectiveness of revised management protocols for treating microbial keratitis. The guideline was modified by the NPEH to include appropriate clinical management for eye health care professionals at all levels (primary, secondary and tertiary level) in order to minimise the rate of vison loss due to infectious keratitis, and facilitate correct diagnosis, appropriate treatment, and timely referral before extensive damage to the cornea occurs. From **Year Three** onward the guideline is being implemented with relevant teaching and clinical facilities alongside health education materials on ways to avoid infection.

Cambodia also saw a significant step forward for ensuring access to eye care for school children. Refractive error rates are reasonably high 8.4 per cent (2005) study and 13.7 per cent among 12-14 year olds in Phenom Penh (2010), which can impact negatively on educational outcomes and quality of life. However there was no national child eye health plan (CEH). In **Year Two** a technical working group was established, led by the MoEYS, and included representatives from TFHF, BHVI, WHO, and key personnel from NPEH and MoH to develop the new Guideline for Vision Acuity Assessment in Schools. The MoEYS and the MoH have officially agreed to collaborate. The guidelines were launched at the end of **Year Three.** The MoEYS plans to coordinate implementation of the guideline within school health programs.

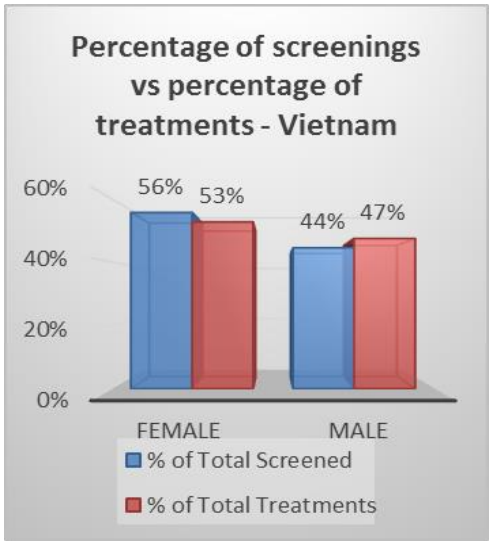
Please refer to the case study at Annex 2 describing how the EAVP contributed to the School Health Policy and implementation guidelines in Cambodia

In **Timor-Leste**, via the development of the PGDO, a set of accepted national guidelines for clinical teaching and assessment standards have been adopted at a practical level by the training hospital. In addition O&M ToT is now included in the training systems of the three rehabilitation centres in Timor-Leste. Consortium partners recognised the need for eye care training modules to not be stand-alone models, but to align with MoH regimes and have ensured that all curricula and training modules developed in consultation with National Labour for Institution Development (INDMO), Secretariat of State for Employment and Training (SEFOPE), Department of Non-Communicable Diseases and Policy and Planning, MoH with Country Manager, Program Manager, Education Manager and Work Force Development Manager – TFHFNZ. Submission of modules was in line with the Timor-Leste National Qualifications Framework (TLNQF), as instructed by the above government organisations.

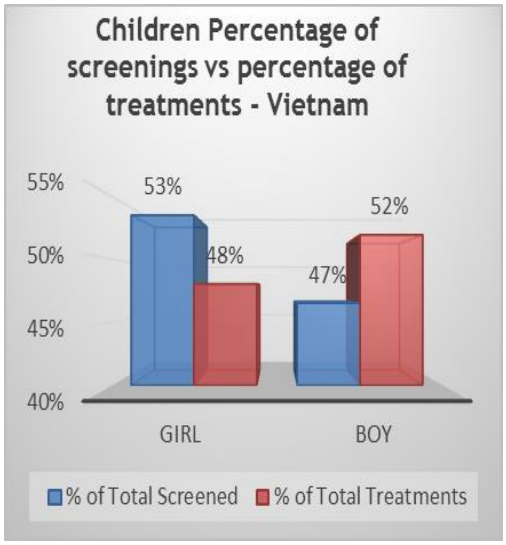
Screening and treatment of patients

The EAVP was a shift away from the level of service delivery implemented in ABI Phase One, towards health systems strengthening, particularly workforce development, to support long-term sustainable service delivery by locally trained staff. The design acknowledged, however, that external support for service delivery was still needed in certain target areas. These service delivery activities provided valuable training opportunities for clinical staff to increase their competencies and also understand the requirements and challenges of providing services in rural/remote areas.

There were a total of **81,041 people screened** (43,898 in Timor-Leste and 37,143 in Vietnam) and there were **29,917 treatments** (21,869 in Timor-Leste and 8,048 in Vietnam).[9] It was identified in Year One and Year Two that although typically more women were presenting for screening they were under-represented in following up for treatment. Strategies were put in place to try and redress this and by Year Three in Timor-Leste women represented 48 per cent of those screened and 48 per cent of those treated. In Vietnam at Year Three women represented 56 per cent of people screened and 53 per cent of people treated.

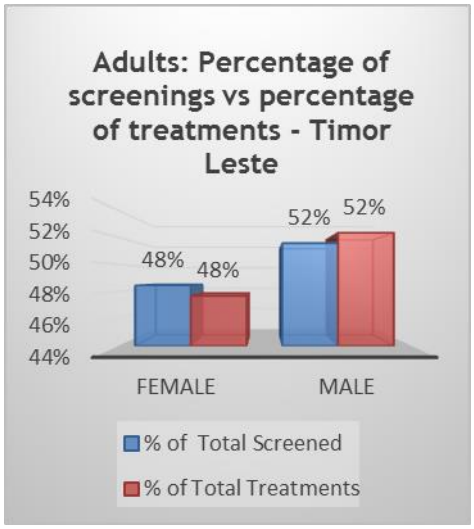


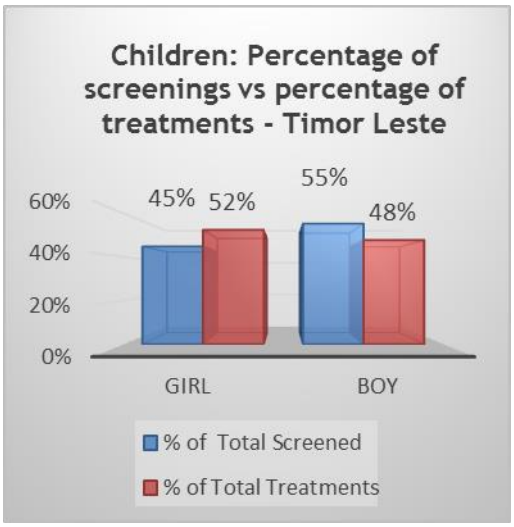
Adults accessing services, Vietnam



Children accessing services, Vietnam

In Timor, the ratio between screening and treatment is balanced, but slightly fewer women are accessing services.





Child screening is showing a reversal with girls and representing 45 per cent of screening but 52 per cent of treatment.

An outcome of the PGDO program in Timor-Leste is to increase the number of surgeons performing cataract surgery in the country, and all of the PGDO registrars are doing surgery. One area of potential concern is that more men than women are being treated for cataract surgery; in developing countries we know that women bear the burden of blindness with

[9] Note that treatment numbers are not per person but per treatment. People may have received more than one treatment.

approximately 64 per cent of women blind versus 36 per cent of men.[10] In Timor-Leste in 2014, 59 per cent of cataract surgeries were on men and 41 per cent on women, and in 2015, the disparity increased, with 61 per cent of surgeries on male patients and only 39 per cent on women. At the 2015 EOP workshop it was identified that targeted communications to women were required, a review of the barriers to women receiving treatment seems warranted.

In **Year Two and Three**, CBM supported the screening and treatment of patients (LV assessments) in Vietnam and also supported eye health and vision care centres which provided a range of treatments.[11] Disaggregated data on the number of disabled people being reached in Vietnam is available for these two years only. Disaggregated disability data is not available for Timor-Leste. In Vietnam the number of people with a disability accessing vision screening and treatment, as a percentage of total people being screened was quite low in **Year Two**, only 1.7 per cent of total screened, however one year later this had increased to 2.5 per cent. Overall for the two years, 698 people were screened and 588 LV treatments occurred (note people may receive more than one treatment.

Table 6 People with disability accessing vision services - Vietnam

	Total patients screened[12] (Year Two and Three only)	*Total patients with Disability screened*	*Percentage*
2014	13,171	222	1.7%
2015	19,360	476	2.5%
TOTAL	**32,531**	**698**	**2.2%**

Table 7 People with disability receiving eye care treatment - Vietnam

	Total treatments (Year Two and Three only)	*Total patients people with disability*	*Percentage*
2014	447	32	7.1%
2015	7,189	556	7.8%
TOTAL	**7,636**	**588**	**7.8%**

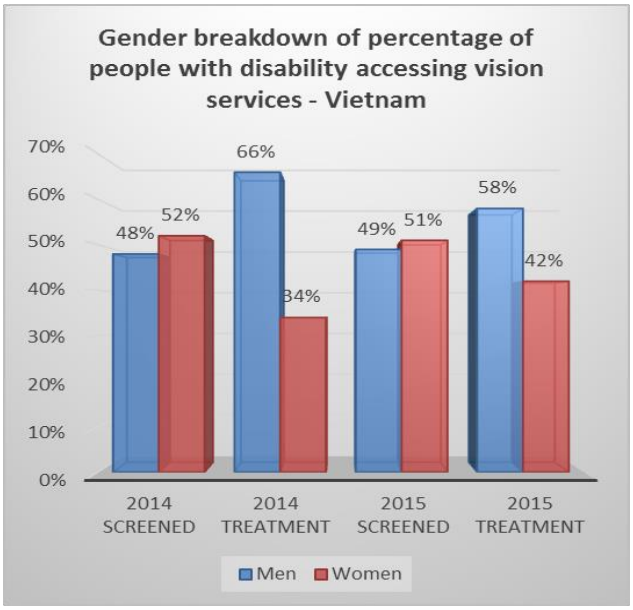
As it is across the whole program, it is also important to monitor gender equity in accessing services among people with disability. In 2014 there was a definite imbalance between men and women in terms of numbers accessing services versus receiving treatment. This showed improvement in **Year Three** but is still disproportionately skewed toward men receiving treatment.

[10] http://apps.who.int/iris/bitstream/10665/68885/1/a85574.pdf

[11] Through the EAVP, CBM supports the eye health and vision care centres but does not directly fund the treatment delivery, which is funded by the MoH. While the treatment data was not presented in **Year One**, it was decided to include the data in **Year Two** to demonstrate a significant indirect outcome of supporting the centres. This data however is presented separately in the country annex as it is not directly funded by EAVP.

[12] Note that disability disaggregated data was only available in Year Two and Three so figures used here are from these years only.

The figure below represents the gender breakdown of percentage of people with disability accessing vision services in Vietnam.



Referral pathways to disability support services

In Vietnam and Timor-Leste, the EAVP supported efforts to improve referral pathways for people with vision impairments to and from LV centres, rehabilitation units, hospitals and disability support services.

Example – Vietnam: Disability support services

In Vietnam, CBM is focused on improving disability data management within the provincial eye health system and strengthening of referral systems to disability support services, with a primary focus on people with LV. Establishing comprehensive referral pathways to disability support services for all types of disability is not possible under EAVP, but where opportunity exists, CBM is working to develop linkages and systems within and between government and civil society structures.

- **Year One**: The LV clinic established at the VNIO in Hanoi is operating effectively. Client numbers are not as high as predicted, so more work is needed to raise the profile of the clinic within the institute and with other medical providers, in order to increase referrals.
- **Year One and Two**: Data collection systems are set up, and data recorded adequately by the Clinic Administrator (a person with LV) to monitor progress and track clients and their follow up. Data shows increases in patient numbers, referrals and follow up since the clinic began in March 2013 and patients accessing the service come from a wide catchment area, only 35 per cent of all patients come from Hanoi city.
- The Evaluative review found the links between the NDC School in Hanoi and the VNIO LV centre were strong and commendable, with staff from the school linking with clinic staff for training and support to the provincial centres. Referrals were also strong between LV students at the school and the clinic.
- The only category which was the same over the three years was 'referral from other hospitals (not VNIO)'. This increased from five per cent (13 of 270 clients) in **Year One** to 15 per cent (44 of 302 clients) in **Year Three**, but absolute numbers are still very low.

In **Timor-Leste** at **Year One** they were starting from scratch where it was identified that the NEC clinical and administrative staff had no knowledge of referral pathways to disability support services, or the data collection system to track this.

Year Two NEC clinical and administrative staff received training on referral pathways to disability support organisations. Following this visit, five patients were referred from the NEC to a national disability support organisation for support and braille training services.

In **Year Three** they had increased to an estimated 15 -20 patients, (most referrals came via telephone). Although numbers are very low overall, this is an indication of improvement. Those patients that could not be treated medically were referred for alternative rehabilitation treatment.

While initial progress has been made, in both countries stronger linkages need to be made between referral sites for greater promotion of available services.

6.4 Component 4: Research and data

Research workshops

The target was achieved with some delays in final completion. To support in-country evidence based planning, the EAVP program implemented training workshops, mentoring as well as clinical research in Cambodia and Vietnam. In **Year Two** workshops were conducted by BHVI and the Centre for Eye Research Australia (CERA) in both Cambodia and Vietnam. Pre-assessment indicated that existing skills were fairly weak, the workshops taught aspects of conducting research such as study design, data collection, analysis plans and writing scientific papers. Participants were selected based on their knowledge, research experience and a proposal for research that they submitted. In **Vietnam**, there were 15 participants (11 female) from VNIO and HCMCEH, both ophthalmologists and an optometrist. In **Cambodia**, there were 16 ophthalmology residents (four female) from 11 provinces. The lower number of female participants is reflective of the high proportion of male ophthalmologists in Cambodia. Only seven research projects were chosen to go forward. In **Year Three** a refresher workshop was identified as needed and held in Cambodia.

Mentoring of researchers and potential contribution of research projects

At the conclusion of the research workshops, three research proposals in Vietnam and four in Cambodia were selected for funding and implementation for one year from the last quarter of 2014 to the end of 2015. Researchers were paired with a mentor in late 2014. In **Vietnam** the researchers have all completed their fieldwork/data collection; one is still drafting their final report. In **Year Three** Dr Ngan Ha and Ms Tran Min Anh from Vietnam completed their research and presented at the 2015 ASEAN Ophthalmology conference in Hanoi, Vietnam.

In **Cambodia** two researchers have experienced considerable delays in data collection however data collection is now complete and it is anticipated that the Cambodian projects will be finished in 2016 and be presented at the Cambodian Ophthalmological Society Annual Meeting in December 2016.

A brief description of each research project and its potential contribution to policy and practice is outlined in Table 8 below.

Table 8 Summary of EAVP supported research projects

Project Name	Project Description	Potential Contribution to Policy and Practice
Vietnam		
1. Correlation of distance reading performance and vision acuity in school children	To ascertain the level of vision acuity at which a child can read hand-written lecture notes on the blackboard from any seating location in his/her classroom	The cut off vision acuity for referral in Vietnam is different to WHO recommendations. The study findings would help to inform refinement of the school screening policy. If a higher cut off is confirmed as appropriate, this could save significant resources due to over referrals. If the current cut off is found to be appropriate, the study would provide an evidence base for this practice.
2. The assessment of glaucoma services at the big eye care centres in the north of Vietnam	To assess the hospital services available for glaucoma management in the north of Vietnam including: number of eye care staff and instruments; and glaucoma management protocols	Glaucoma is the second most common cause of blindness and the foremost cause of irreversible blindness worldwide and in Vietnam. Very little information is available on current glaucoma services and management in the north of Vietnam. This study would provide baseline data and identify deficiencies in eye services to inform future planning and service improvements.
3. To evaluate the impact of rigid contact lens wear on the quality of life of patients with keratoconus in Vietnam.	Rigid gas permeable (RGP) contact lenses have only become recently available in Vietnam. These contact lenses offers an alternative for the management of patients with early keratoconus. The aim of this study is to evaluate the impact of rigid contact lens wear on the quality of life of patients with keratoconus in Vietnam.	The field of RGP lens fitting in Vietnam is relatively new, with this type of lenses only available on a limited basis in the past two years. Prior to the return of the first four year trained optometrist from India in mid-2012, the option of restoring vision for patients with early keratoconus did not exist. This study would demonstrate to health care practitioners a 'new' option available for their patients and also showcase what an optometrist can do. With the future introduction of this new care into eye and health care, other health care practitioners need to understand their skill set and what they can contribute. This has potential implications on the acceptance of the new cadre which has a set of unique contributions to make. With optometry being introduced into Vietnam, this type of service would become available to more people as optometrists are deployed into rural areas. As the demand for this type of lenses and service increase, the supply chain would be improved and prices reduced making them more accessible to those in need.

Project Name	Project Description	Potential Contribution to Policy and Practice
Cambodia		
1. The frequency of bacteria and antibiotic sensitivity for bacterial keratitis in adults not using contact lenses in Phnom Penh	To identify which bacteria are the most common cause of bacterial keratitis and which antibiotics are sensitive to these microbes. The study was carried out among adults at two hospitals.	In Cambodia, one-third of microbial keratitis cases are due to bacterial infection. Understanding the type of bacteria causing keratitis and the drug sensitivity of these bacteria could potentially lead to more effective treatment of bacterial keratitis. An improved treatment regimen for bacterial keratitis could potentially lead to a reduction in blindness.
2. Retrospective study on the causes of evisceration in Takeo Eye Hospital	To identify and analyse the major causes and indications for evisceration (removal of the eyeball's contents in a blind eye) in Takeo Eye Hospital. This was be a retrospective study of patient records spanning a four-year period.	No previous studies were reported about indications of evisceration in Cambodia. This study would inform the major causes and indications for evisceration as well as changing trends so that appropriate strategies can be undertaken to prevent some causes (such as injury prevention through health education in the media).
3. Outcome of trabeculectomy compared to medical treatment in Takeo Eye Hospital	To compare the effectiveness of trabeculectomy (surgery to reduce intraocular pressure in the eye) and medical management of glaucoma in Cambodia and whether IOP is a risk factor for visual field regression. This is a retrospective three-year review of patient records, which will look at different patient demographics which could affect outcomes.	No previous studies were conducted on glaucoma in Cambodia. This study will build an evidence base on the effectiveness of medical versus surgical treatment for glaucoma. This has the potential to improve the treatment protocols for patients with glaucoma in Cambodia
4. The prevalence of endophthalmitis in post small-incision cataract surgery at Takeo Eye Hospital	To determine the frequency of endophthalmitis (inflammation of the internal layers of the eye) after small incision-cataract surgery at Takeo Eye Hospital and the risk factors associated with it. This will be a retrospective study of patient records over a one-year period.	Endophthalmitis is a complication of cataract surgery that can result in loss of sight. Understanding the prevalence and risk factors for development of endophthalmitis after cataract surgery and putting into place preventive measures to reduce these risks has the potential to improve vision outcomes for patients undergoing this common surgery.

The purpose of including research capacity in the EAVP was to build in-country capacity to investigate key issues within eye health in the local context.

Databases for eye care services

The EAVP design recognised that having capacity to collect and analyse data related to the utilisation and quality of eye health and vision care services is a key enabler to the effective scale up of eye care and an important component in strengthening the planning and management of a health system. In **Vietnam** in **Year Two** the national database was modified to include LV patient data capture at the VINO LV Centre, also in **Timor-Leste** in Year Two a database for eye care was developed from scratch as it did not previously exist. This sits within the NEC, data is collected at district and national level and data is provided to the HMIS to inform planning, allocation of resources and policy.

7 Alignment with priorities

7.1 Alignment with country priorities

The EAVP brought a common understanding and framework approach to capacity development and workforce development for eye health and vision care, however the planning stage included extensive in-country engagement to contextualise the approach for each country and ensure it aligned with government identified priorities. Although the broad areas of engagement are the same, how this translates into specific needs was different for each country as each is at a different stage on the continuum of health and eye health development.

7.1.1 Vietnam

Ophthalmologist fellowship: The fellowship priorities of retina, paediatric, ophthalmology and cornea were identified by VNIO and HCMCEH and are aligned with the training objectives in the Vietnam National Plan for Prevention of Blindness and Eye Care.

MU training: As a result of consultations during 2014, some of the MU training activities were modified to take into account the workforce capacity needs expressed by local employers and health authorities.

Refractive errors in children: This was and still is a priority of the Vietnam National Plan for Prevention of Blindness and Eye Care. The Paediatric Placement Program was designed to help address this priority by upskilling two of the optometrists/refraction trainers so that they could train others to improve the level of paediatric refractions offered in Vietnam. Paediatric refraction module has been added to national refraction training course.

LV services and training: LV services and training modules developed in partnership with VINO to address the national lack of LV services and training capacity.

Development of the School of Optometry and Vision Sciences: this was included in the previous NEC plan and the current plan, so has been part of Vietnam's long term planning focus for some years.

Research activities: The research workshop course structure and selection of the mentored research projects was done in consultation with VNIO to ensure relevance to Vietnam and research priorities of the eye care program.

Provincial capacity: In 2014, as a result of a review by partners, CBM medical advisors and project managers, a significant revision was made to the Son La project to focus more on refraction and reduce the number of supported districts in line with provincial capacity. Meanwhile in Nghe An, additional training on glaucoma and diabetic retinopathy was provided based upon the needs of medical staff at district hospitals.

7.1.2 Cambodia

Ophthalmic nurse training: Supporting ONT was one of the three workforce development priorities in the National Strategic Plan for Prevention of Blindness 2008-2015 (NSPB). EAVP supported a TWG of eye training institutions to revise an existing curriculum for ONT, which was officially endorsed by the MoH in December 2014, and can be used in all public training institutions including the UHS and regional nursing training institutions.

Research activities: The research workshop course structure and selection of the mentored research projects was done in consultation with the NPEH to ensure relevance to Cambodia and research priorities of the eye care program.

Ophthalmology Residency Training curricula and assessment: Best practice and ToT workshops on reviewing and implementing the ORT curriculum and assessments involved local lecturers and residents. This addressed a need to build local capacity in these areas, reduce reliance on international lecturers and meet an UHS strategic objective to review curricula and strengthen the quality of clinical training for the ORT program. These activities also align with one of the key strategies in the NSPB.

CPD system: The development of this system addresses key strategies in the NSPB to ensure quality continuing education and set standards to improve quality of training.

School health policy and guidelines: School Health/eye health policy and guidelines aligns with the draft national plan to develop eye care services for children.

7.1.3 Timor-Leste

PGDO: In 2013 there was only one national ophthalmologist in Timor-Leste, signifying the importance of workforce development through the PGDO. Training a national workforce of medical and surgical ophthalmologists would dramatically increase the scope, availability and reach of eye care services to the Timorese population. By the end of the EAVP the number of clinicians performing cataract surgery in Timor-Leste has trebled.

Dr Valerio Andrade, 2014.
Photo Credit:
Royal Australasian College of Surgeons

Please refer to the case study of Dr Valerio Andrade who participated in the PGDO at Annex 2.

Strengthening the vision rehabilitation sector: A modular O&M course (including Braille) was developed and six trainers graduated and are now able to provide O&M services and training to clients.

National Eye Health Strategy: The approval and implementation of a NEH strategy and creation of an official PBL committee were identified as key priorities for sector engagement with the MoH and overall development of eye care in the country. EAVP members and partners advocated strongly for support of this throughout the program but the strategy still has not been endorsed and no formal committee established. A proxy PBL working group was formed in 2013 and has been instrumental in advocacy and planning and in 2014 a sustainability working group was established by the partners and the consortium to plan and oversee the transition to post EAVP.

7.2 Australian Government priorities

In 2014, the Australian Government released its new development policy 'Australian aid: promoting prosperity, reducing poverty, enhancing stability and performance framework Making Performance Count.' The following are examples of ways in which the EAVP aligns with the priorities in these documents:

Reducing poverty: The EAVP is taking an inclusive eye care approach in many activities to ensure vulnerable populations, such as women, the poor and people with disability, have access to services. This approach also promotes the participation of women and people with a disability in planning, decision-making and training opportunities. The cost of lost productivity due to

vision impairment is estimated at USD$202 billion annually,[13] based on this correcting vision impairment will have an economic flow on effect. In addition poor vision can have a negative impact on a child's educational attainment and therefore future economic prospects, the EAVPs focus on child eye health will help remove one barrier to children receiving a good education.

Empowering women and girls: The EAVP took a proactive approach to recruiting women for capacity development and training; the results show that in many activities, women and men are equally participating in training and access to services, including females with a disability. Gender equality is being addressed through clinical guidelines and curricula modules and women are participating in decision-making processes. Further ways that the EAVP is addressing this priority can be found in section 9 under Gender equality.

Disability inclusiveness: The EAVP had a disability inclusive focus and worked to create awareness and understanding of the need for disability inclusive services among managers, clinicians, health workers and trainers. Vietnam and Timor-Leste included disability focused programing via the introduction of dedicated LV services in Vietnam and capacity development of rehabilitation services in Timor-Leste.

Focusing on the Indo-Pacific: The EAVP's geographic scope is in line with this priority.

Delivering on commitments: As described in this report, the EAVPs government and NGO partners often led on EAVP-supported activities. Training to support management capacity resulted in increased local management of activities and absorption of financial responsibility for activities in transition.

Value-for-money: Management of program expenditure is monitored at the country and partner level; and overseen by the Consortium Secretariat. Work plan budgets are peer reviewed by the Consortium Program Committee (CPC) as part of the consultative work plan process. This way, efforts to ensure value for money, are transparent across EAVP partners. At a micro level, activities such as cataract surgery have been proven to be highly cost effective and can significantly improve a person's quality of life and their ability to work and make a productive contribution to society. At a macro level the project is designed to invest in the institutions responsible for providing ongoing eye health care in Cambodia, Timor-Leste and Vietnam. By strategically building internal capacity to research, plan for and deliver eye health services and workforce training, the program supported long term social gain and value for money.

7.3 Global priorities

The EAVP aligns with global eye health priorities outlined in the GAP (endorsed by the World Health Assembly in 2013) and the WHO Health Workforce Development Strategy.[14] The GAP reiterates key global trends to promote universal health coverage and health systems strengthening and contextualises priorities for eye health.

WHO-IAPB's "Technical Support for the Prevention of Blindness and Visual Impairment in the Western Pacific Region work plan 2013-2015"[15] was funded by Australian Aid to promote implementation of the GAP in the Western Pacific and was developed together with the EAVP. Consortium members collaborated with IAPB in support of the development of the next plan for eye health in Cambodia and to draft the new eye health strategy for Vietnam. This included two

[13] Smith T, Frick K, Holden B, Fricke T, Naidoo K. Potential lost productivity resulting from the global burden of uncorrected refractive error. Bulletin of the World Health Organization [Internet]. 9 April 2009; 87. Available from: http://www.who.int/bulletin/volumes/87/08-055673.pdf.

[14] Annex 9

[15] http://www.who.int/bulletin/volumes/87/08-055673.pdf.

eye health indicators in the national strategic health plan, which aligns with GAP indicators. EAVP representatives took part in a WHO workshop in Phnom Penh in September 2013 to conduct an eye health systems assessment and review integration opportunities. EAVP representatives also took part in IAPBs Policy Priorities Workshops in Hanoi (in July 2014) and Phnom Penh (in January 2015), which focused mainly on domestic resource mobilisation and policy gaps in the national context. With support from Australian Aid, IAPB also conducted a regional training workshop on eye health and health systems (in Hanoi in June 2015) and a regional learning forum on eye health for women and girls (in Phnom Penh in September 2015). Both activities engaged EAVP representatives, allowed EAVP components to be showcased and discussed, and looked at opportunities for eye health in the context of the Sustainable Development Goals (SDGs) and ongoing health reform. To promote disability inclusion, CBM and IAPB partnered in March 2016 to conduct inclusive eye care workshops for national decision-makers in Vietnam and Cambodia. These workshops were funded with support from Australian Aid and also linked to EAVP activities in **Year Three.**

8 Program management

8.1 Monitoring and evaluation

The EAVP's intensified focus on engagement of the eye health and vision care program with the health system required a change in approach to M&E. The focus of M&E in previous ABI funded Consortium programs was on the activities and outputs, however a balance between measuring progress and results with measuring outcomes in system changes and capacity to deliver quality eye health and vision care was required for the EAVP. A list of the key M&E tools used is included at Table 9. The process of developing a multi-country, multi-partner monitoring and assessment framework was presented at the 2014 Australasian Evaluation Society Conference and published in the Evaluation Journal of Australasia.[16]

EAVP M&E framework

The design of the EAVP included summary level implementation plans from which detailed annual country level work plans were developed. These plans reflected the specific circumstances of each country, and the level of readiness and capacity within each health system to increase the HSS focus of EAVP. The M&E indicators needed to reflect this approach and a detailed spreadsheet of quantitative and qualitative indicators (based on the PAF used under ABI) was developed. The indicators needed to track progress against outputs and outcomes at country level whilst also providing relevant data to monitor the overall progress of the EAVP toward achieving the stated outcomes. Indicators included disaggregation by gender, location, and disability wherever possible and relevant.

Activity output and results monitoring

The EAVP monitoring process has– via quarterly reporting, annual reflections and learning workshops and the Evaluative review of the workforce development –enabled partners to determine what is working well, what needs to be improved and to make adjustments to training curricula and mentoring programs and to identify key areas that still need to be strengthened going forward.

[16] Dinh, Kathryn; Keys, Tricia and Thomson, Naomi. Finding the common thread: The charms and challenges of evaluation for a consortium-run international development program [online]. Evaluation Journal of Australasia, Vol. 15, No. 2, Jun 2015: 4-11. Available from: <http://search.informit.com.au/documentSummary;dn=183296668682644;res=IELBUS> [cited 17 May 16].

The Annual work plan M&E reporting covered the component level outcomes and activity level outputs and was reviewed on a quarterly basis. The annual reporting informed the design of the next year's work plan, including potential variances, risks and dependencies. Quarterly reviews of progress, risks and expenditure were conducted as a Consortium through minuted country Working Group meetings and the CPC meetings. Facilitated and supported by the Consortium Secretariat and M&E Adviser these meetings were opportunities for members to discuss issues, highlight progress, identify solutions to challenges and identify potential collaboration opportunities. For example when one member was unable to continue with a particular training program, the other members identified similar training that could be supported in pursuit of the same expected outcome.

Mid-project reflections and learning 'Connect workshops' were held during August 2014 and end of program workshops (EOP) in November 2015. The mid-project workshops played a key role in assessing progress to date and determining areas to be strengthened, the inclusion of key in-country partners, including ministries, in these workshops was very positive in re-affirming and increasing commitment to the program for 2014/2015

Outcomes monitoring

Ideally any health systems strengthening interventions should be part of a continuous quality improvement process that leads to steadily improving quality outcomes. Measuring outcomes at a system level, introduces more assumptions and dependencies into the program logic. These underpin the connections between the program contributions and expected outcomes. These assumptions and dependencies are discussed in more detail further on.

The PAF was completed by members annually and has enabled the program to pilot measuring system changes to capacity using identified proxy indicators. The PAF was originally collected quarterly but this proved to be overly resource intensive and was adjusted to annually in **Year Two.**

Cambodia Connect Workshop, 2014.
Photo Credit: Vision 2020 Australia

Table 9 Monitoring and evaluation tools

M&E Tool	Description
Performance Assessment framework (PAF) (Completed annually)	A detailed spread sheet to track progress against program output and outcomes. Data collected for primarily quantitative indicators and some qualitative indicators to capture issues around health systems strengthening, cross-cutting issues. The PAF provides a comprehensive, centralised data base of all data collected against indicators in the course of the program.
Annual and completion reports	Summary of progress against annual work plans in each country. Annual reporting and analysis allowed for review of potential opportunities, variations or risks in achieving the program expected outcomes.
Quarterly progress report	Tracked regular progress against activity targets and indicators. Provided a comprehensive overview of each agency and each countries progress on a regular basis.
Quarterly financial report	To monitor budget expenditure and to correlate against activities in the progress reports.
Quarterly update of risks register	Narrative report of risk management and review/update to risk management framework.
Connect workshops 2013 and 2014	Two day workshop to reflect on achievements and challenges in 2013 and 2014 and to collectively identify areas of success, barriers and challenges to be addressed in the final year of the program. Participants involved in-country partners, DFAT representatives, in-country program staff, and secretariat program manager
EOP learnings workshop 2015	Two day workshop to update everyone on progress and achievements, to identify areas still to be strengthened. Participants involved in-country partners DFAT representatives, in-country program staff, and secretariat program manager. The workshop provided a set of recommendations that also informed the recommendations from the evaluative review.
Evaluative Review of workforce development component	Comprehensive evaluative review (both desk based and in-country) to identify progress against EAVP workforce development outcome targets. The review also identified recommendations to inform program approaches for members and partners post EAVP.

Limitations and challenges

Developing the evaluation framework and tools for the EAVP was a challenging task that involved many stakeholders. As a result some of the challenges to monitoring and evaluation have involved:

- **Establishment of baseline**: The intention was that baseline data would be drawn from the previous ABI program. However the detailed M&E framework for the EAVP was further refined after implementation began as it became apparent there were some significant inconsistencies between partners on how certain terminology and indicators were defined. This impacted on both the baseline data and the **Year One** data. As a result the EAVP used standardised **Year One** data as a benchmark for progress rather than the baseline data presented in the **Year One** Annual Report. For this reason reliable disaggregated data is only available for **Year Two and Three** and this is indicated in any data tables showing disaggregated results.

- **Assumption of common capacity across stakeholders**: There were varying degrees of capacity both within the in-country program teams and with the implementing partners, meaning that, initially the reporting against indicators were not always uniform which was identified during **Year One** and relevant support given to ensure future consistency.
- **Agreement of standard indicators across three countries and all members and partners**: It was agreed that indicators needed to be standardised where possible but still be flexible enough to fit some quite different interventions across the three countries. Agreement had to be gained from program staff from five different agencies and, in some cases, the training institutions and service delivery teams' in-country. This was a time consuming process and resulted in a need to maintain ongoing clear communication about definitions of indicators and data required to monitor them.
- **Balance of measuring outputs and outcomes**: The monitoring data needed interlinking indicators that would match outputs with either quantitative or qualitative indications of improved outcomes. The initial emphasis in the early stages of the program seemed to be more output focussed, which is understandable in the early stages of getting a program started, but during 2014 and 2015 the program manager moved toward placing greater emphasis on outcome analysis. The EAVP Evaluative review indicated areas where further strengthening in intervention design would have resulted in stronger quality outcomes and this will be discussed further in lessons learnt. Examples of how the program has attempted to capture the shift form output to outcomes monitoring is tracking the number of management training courses being held for national and sub-national eye care management personnel. Not only is the number of training measured but members are also required to track improved confidence of managers and subsequent improvements in the planning and running services or of a facility.
- **Staff turnover**: There have also been a number of staff changes over the life of the program, both at the Consortium Secretariat, CPC and Working Group level which has sometimes presented challenges in continuity of program knowledge and of reporting requirements.

8.2 Consortium management and coordination

Consortium governance structures

The Global Consortium structures were designed to ensure joint accountability and responsibility of members for coordinated programs and outcomes in the Asia and Pacific region. A Deed of Agreement was developed when the Consortium was formed in 2009 in order to guide governance of the Consortium and joint programs. Within the Deed of Agreement TFHF is identified as the Prime Contract Holder with the Australian Government for Consortium programs. This means that they sign grant agreement and received the program funds from the Australian Government but the Consortium Secretariat led by the Vision 2020 Australia Global Consortium Program Manager is responsible for overall program management. Governance structures involved Country Working Groups that engaged members close to implementation to develop and review risk management framework and program work plans, coordinate, share information and provide support; the CPC involved participation of mid-management staff from the Australian based members and is responsible for overall program guidance, risk review and technical input. The Regional Plan Steering Committee (RPSC) is responsible for overall strategic direction and governance of the Consortium and is attended by Chief Executive Officers and other senior executive/manager representatives of the accredited consortium members. All meetings were held according to the governance requirements in **Year Three.**

Benefits of the Consortium

Regular consultation during the program has enabled activities to be responsive to emerging needs. Consortium members have also been actively engaged in national eye health sector NGO coordination groups (for example the sub-sectoral Working Group in Cambodia and the Eye Care Working Group in Vietnam).The consultative nature of the program and Consortium has helped ensure that the EAVP has been successful.

Members have consistently recognised the value of the Global Consortium indicating through reviews, reporting and interviews that it has helped enhance coordination and collaboration as by leveraging different areas of expertise each agency brings and facilitates a strong network of sharing and learning among eye care NGOs in each country and the region in order to improve the quality interventions and activities. As mentioned in section five of the report, examples of this include:

- In Vietnam, CBM produced inclusive eye care for people with disabilities hand books which were a useful resource for other members to share with their training institution partners.
- In Cambodia, Consortium agencies contributed different skills and resources which could be used to complement one another in effectively and efficiently supporting local partners to build capacity in workforce development. This is highlighted in the strengthened quality standards and methodology for training eye care worker cadres of ophthalmologists, refractionists and ophthalmic nurses.

All members were able to identify that the coordination and collaboration of the Consortium program has helped to influence positive outcomes in the eye health sectors in all three countries. For example, the Consortium provided a strong voice to advocate for the inclusion of human resources (HR) development in RE services (optometry) in the **Vietnam** National Eye Health Plan in the period of 2009 -2014 and 2016-2020. In **Cambodia**, Consortium members have been involved in the development of national strategic planning by the MoH, allowing the members to assist in development of national guidelines and creation of continuing professional development/CME system for eye care. A very common example that demonstrated the opportunities and benefits of the Consortium are the Connect and Review workshops that took place in **Year Two** and **Year Three.** These workshops engaged both members and partners and jointly reviewed what had been achieved and what collaborative priorities and opportunities could inform future planning and implementation.

Externally, the Global Consortium is seen to be very effective at a policy/advocacy level. At the conclusion of the EAVP, although there is no continued shared programming under the Consortium umbrella, members see ongoing opportunities for collective advocacy on priority issues. With reduced resources available for Consortium direct programming, Consortium members identified collaborative and strategic workshops as priorities for the ongoing partnership between Vision 2020 Australia and the IAPB post completion of the EAVP.

The Consortium model lessons learned

While overall the Consortium is seen as a successful model there are some key lessons and difficulties that were faced. Working with so many stakeholders has meant managing communications across organisations, countries and partnerships, this can be time consuming and problematic. As noted in earlier sections of the report some of the difficulties faced include resource intensive processes for monitoring and reporting, balancing and providing appropriate support for members of different capacities, and difficulties related to staff turnover. Some members also felt that the potential of Consortium governance structures was not maximised. This was specifically raised in regards to balancing responsibilities between the Working Groups and CPC for individual country projects and activity management compared with overall program and sector collaboration work.

Should a Consortium program be funded in the future some of the recommendations from the members include:

- Ensure the development of a detailed M&E framework is integrated into the design process with donor and partners before program implementation.
- The Consortium Secretariat to engage more directly with in-country monitoring and evaluation
- Increased visibility of the Consortium in country with members and Vision 2020 Australia helping facilitate collaborative opportunities and a coordinated relationship with DFAT and government partners.

8.3 Program efficiency

The EAVP has been an efficient program despite some activity delays affecting planned activity schedules. The program implementation teams and Consortium support structures have enabled the program to learn and adapt to changing circumstances while maintaining progress against the program's overall expected outcomes. The EAVP has met all its management requirements including submission and approval of Annual Work Plans, reports, acquittals and requests for DFAT approval for activity variances. In 2016 the DFAT PPA assessed their partnership with the Consortium for the EAVP as effective against all criteria.

Leverage of expertise and partnership: The Global Consortium as an implementation mechanism has been designed to leverage the expertise and partnership across the members. This has enabled efficiencies when plans have changed, and the Consortium members are able to discuss and determine an agreeable alternative in line with the program expected outcomes. In this way the members have released funds originally allocated to their organisation but since identified as savings to enable other members to implement activities of benefit to the program outcomes.

Equipment procurement: Procurement of equipment and renovations of clinics have all been guided by member's procurement guidelines. In all cases, equipment and infrastructure handover arrangements were discussed and agreed with the recipient partners. These agreements include allocation of responsibility for ongoing management and maintenance and what degree of post-program monitoring of equipment use and quality will take place.

Financial management efficiencies: The EAVP has been able to leverage the benefits of working as a Consortium to maximise efficiencies of budget allocations and achievements of expected outcomes. This includes reallocation of available budget and savings between Consortium members in support of complementary activities towards achieving program outcomes. With different systems and capacities among the Consortium members, having a consistent Program Accountant based at the Prime Contract Holder (The TFHF) has also supported facilitation of an efficient financial management process.

Activity implementation progress: The initial delay experienced in signing the grant agreement did impact on how the program aligned with tertiary teaching periods and this resulted in rescheduling of some activities. However these delays have not overall negatively impacted the program outcomes. Delays in country to recognising new or revised curricula have impacted the rate of implementation. In Timor-Leste in particular the embargo that was placed on approving any new post graduate training programs has resulted in delays to the PGDO trainees being able to formally graduate with a qualification. It is expected this will take place in 2016. Until then the program and its partners were able to ensure the newly trained clinical staff with essential eye care skills are being utilised within the hospital system as senior registrars. This alone triples the number of Timorese practitioners able to do SICS in Timor-Leste.

Achievements of outputs toward outcomes: In terms of short term outputs the EAVP can demonstrate considerable results across three countries. These include over 4,000 participants in training events, 81,041 people screened, 29,917 treatment services provided , 11 curricula and training modules have been reviewed and modified and 13 new training curriculum/training modules have been developed, piloted and adopted. As confirmed by the EAVP Evaluative review, in all three countries eye health personnel were expanded and strengthened through the program. By working to strengthen training capacity and capacity of training institutions themselves the ongoing benefits and impact of the program will be experienced for years to come. Examples of how the training outputs have contributed to long term outcomes including the training of optometrists to fill a needed role as a newly established profession in Vietnam; Strengthening Cambodia leadership for Continuing Professional Development through the Cambodian Ophthalmology Society, and handover of the National Eye Centre from NGO management to the HNGV in Timor-Leste.

9 Cross-cutting issues

The EAVP was designed to contribute toward the development of a quality, sustainable and equitable eye health service in Cambodia, Timor-Leste and Vietnam. Under the EAVP design, equity refers to both patients accessing services and also people entering the eye health workforce, either in a clinical or non-clinical capacity. The EAVP design document and annual work-plans factored this into the program planning including analysis of policy and existing systems and practises which then influenced recommendations for training modules, policy changes, networking and awareness activities.

As such the program attempted to embed consideration of gender equality and disability inclusion in workforce development activities across all countries and took a duel approach of including modules covering gender equity, disability inclusiveness and environment as well as child protection into some pre-service training courses, for example as part of the four year Bachelor of optometry education curriculum, modules were developed addressing the issues of child protection, gender equality and disability inclusiveness. The section on working with children and gender equity is part of the training curriculum and the disability inclusiveness training course is delivered to all students in the first year of study. By embedding the modules within standard curricula you ensure that all future personnel will be educated on the issues, as opposed to dependency on ad hoc workshops, funding availability and management commitment to support training.

In addition in-service training workshops on gender, disability inclusion and child protection were conducted with different stakeholders in all three countries. There is a reported increase in awareness of these issues among partners and Global Consortium staff. As a general note, the Evaluative review found that the majority of ophthalmic faculty members who were and will continue to teach these modules had little or no training in these areas themselves and this needs to be addressed before they can be expected to provide guidance to others.[17] Addressing complex issues of social inclusion requires a whole-of-health system approach, collaboration with other sectors and relevant civil society organisations, particularly women and disabled person's organisations. Generally:

[17] A workshop on gender was held with ORT faculty members in Cambodia in January 2016 and a 'Gender Statement of Intent' developed to guide ophthalmic faculty on consideration of gender equality moving forward

- Trainings and workshops on cross-cutting issues have been conducted across the program and there is increased awareness among partners and Global Consortium staff
- Partners have developed child protection policies
- Infrastructure has been upgraded in some locations to ensure buildings are accessible
- More women are being encouraged to participate in training and research activities
- Health promotion materials tailored to women have been developed and dissemination coordinated with the Women's Union
- Collaboration with other organisations is required, especially with disabled people's organisations and women's organisations
- Hospital directors and management units need to demonstrate leadership in these areas to effect real change.

9.1 Gender

Through the EAVP, more women are being encouraged to participate in training and research activities. Efforts were made to promote gender balance among trainees where feasible. However, historically women have been under-represented in the sciences at secondary level education, which is typically a prerequisite for studying clinical courses at Tertiary level and therefore impacts the number of women who are eligible for training opportunities, especially at post-graduate level. The EAVP has proactively encouraged women managers, administrators, clinicians and community workers to participate in workforce development activities. Cambodia introduced a proactive recruiting process that is showing progress toward gender equity. Increased numbers of women are training as ophthalmologists in Cambodia, initially there were only three women out of ten ORT residents that graduated between 2013 and 2015, the new enrolment for 2016 included eight women of the total 21 enrolled residents. Also in Cambodia, ORT and ONT class management teams must have at least one woman in their structure.

During the period of the EAVP, RANZCO undertook a survey in Australia and New Zealand regarding bullying and harassment in the workplace and is in the process of developing an appropriate response, and also exploring processes for the advancement of women in ophthalmology. With the support of a gender expert they developed and held a training workshop for the ORT faculty in Cambodia. The ophthalmic faculty members who attended were very engaged. The outcome of that workshop was a gender 'statement of intent' that demonstrated leadership within the ORT faculty and guides the way forward.

A regional learning forum on eye health for women and girls was hosted by TFHF and the IAPB in Phnom Penh, **Cambodia** in 2015. With funding from the Australian Government, the forum enabled EAVP work to be showcased. EAVP representatives contributed to discussions which will help document good practice guidelines for use in different contexts. In **Timor-Leste**, there were twice as many women PGDO trainees as men and in **Vietnam**, there were almost twice as many women as men enrolled in the Bachelor of Optometry and Vision Science.

Senior eye care management staff within MoH training institutions are often drawn from ophthalmology, so increasing the participation of women in ophthalmology may result in increased participation of women in senior management. In other cadres such as nursing and community health care workers, personnel are typically female, so we see a higher number of women participating in training such as refraction, primary eye care for example. The table below indicates the ratios of women to men in the various capacity training focal areas for each country. (Note data is disaggregated for Year Two and Year Three only).

Table 10 Gender Participation in capacity strengthening training activities

Type of training	Vietnam		Cambodia		Timor-Leste	
	Female	*Male*	*Female*	*Male*	*Female*	*Male*
Clinical/Technical (including sub-specialty training)	61%	39%	42%	58%	49%	51%
Clinical Strengthening in Training (ToT)	71%	29%	30%	70%	0%	0%
Management, Leadership, Communications	55%	45%	0%	100%[18]	30%	70%
TOTAL*	**47%**	**53%**	**48%**	**52%**	**51%**	**49%**

** As this is percentages per each type of training, the total will not add up to 100%*

Gender equity in patient access to services

Ultimately the delivery of quality services to more patients is the end goal of the EAVP capacity development focus. Ensuring equitable access to services at the patient level is important and the gender and disability workshops with provincial and community level eye health workers and management was designed to support this. Service delivery was not the key focus of the EAVP, but was part of the program in Vietnam and Timor-Leste. In **Vietnam** we see a slight imbalance in adults accessing services with women making up 56 per cent of those accessing screening but only 53 per cent of those accessing treatment services, a gap of 3 per cent. In children this gap increases to 5 per cent, with proportionally more boys accessing treatment after screening than girls. CBM continues to explore the current, local reasons for these differences with partners. Barriers identified in RAAB (Rapid Assessment of Avoidable Blindness) and KAP (knowledge, attitude and practice) surveys conducted in a previous phase of ABI suggest that at that time, women had higher rates of avoidable blindness but were less likely than men to seek treatment due to a range of reported barriers such as not having someone to accompany them, not knowing about treatment, services being unavailable or too far or not feeling the need due to old age. For children, parents were more likely to seek medical services for eye health concerns in male children and to consult traditional healers or magicians with female children.

In **Vietnam**, to address the gender disparity, gender training was provided to partners to improve awareness and to mainstream gender into IEC materials (for example using more photos of women in IEC materials). However, final data on patients with LV accessing services after three years continues to show gender gaps; although equal numbers of men and women are accessing screening, men represent 58 per cent of treatments, and women only 42 per cent, however this figure has improved as in 2014 women represented only 34 per cent of treatments. These are important long term issues that will continue to be explored and addressed by CBM and its partners in Vietnam. Provincial coordinators are advised to continue to monitor this to ensure there is on-going equitable access to treatment.

In **Timor-Leste** disability disaggregated data is not available but in the general population the ratio between screening and treatment is balanced, but slightly fewer women are being seen than men. Child screening is showing a reversal with girls representing 45 per cent of screening 52 per cent of treatment.

[18] Note that this is 100 per cent of a total one person trained.

An interesting initiative being launched this year is the Regional Gender and Eye Health Network. This informal network will promote collaboration among NGOs, including Global Consortium members, and is an opportunity for NGOs and their partners to develop a common vision and strategy to advance gender equality in eye health programming.

9.2 Disability inclusive approaches

Disability inclusiveness is at varying stages in each country but at the start of the program was generally very poorly linked to program design and implementation. In the countries there were inherent weaknesses in intra-sectoral networking and collaboration which impacted upon capacity to effectively link and integrate with the disability sector. In Vietnam disability inclusion was still a very new concept to the MoH and within the health system at provincial level. However, under the EAVP, CBM made positive progress toward a more inclusive system via the development of a LV program that established and strengthened linkages to disability focused institutions and referral sites, including community and village health workers in four project districts and Son La city. Part of this process was a site analysis of three hospitals and of optical shops in the project area to determine how accessible they were to people with disability. Supporting inclusive education for LV students within the standard government education system was also an important focus with training given to schools, teachers and parents on supporting low vision students.

A case study of student La Ha Anh outlines how LV support has enabled Ha Anh to participate in mainstream education. Please refer to Annex 2.

BHVI worked with CBM on the analysis of optical shops. Nghe An Eye hospital moved to a new building and renovated the building to increase disability accessibility, for example a ramp, wider door, a reception desk for persons with disability.

A disability inclusion approach has been implemented in all projects and in March 2016 in **Vietnam**, the MoH organised a workshop on Disability Inclusion in Eye Health to learn from the experiences of the project. Participants in the workshop were policy makers at MoH, provincial Hospitals, DPOs and international NGOs. Partners from VNIO and Son La shared their achievements, challenges and recommendations with the workshop organisers.

In **Timor-Leste** funding for vision rehabilitation is limited so a local Timorese NGO, Empreza Diak, was engaged to deliver a business management training workshop to the three vision rehabilitation organisations. Empreza Diak had never delivered training to vision impaired clients before and so observed a workshop to better understand the requirements of working with people who are are blind or vision impaired. Subsequently, the NGO made efforts to learn new skills and techniques and to modify approaches in delivering training to a diverse group of participants with different vision needs. This is instrumental as Empreza Diak's own capacity in inclusive education and training was developed as part of the activity. This will also help Empreza Diak with future clients who may also have vision impaired needs. **Timor-Leste** also delivered an O&M ToT course whereby the participants were blind or vision impaired. They were taught advanced O&M techniques and trainer skills to enable them to then up-skill fellow people who were blind or vision impaired in navigating everyday life.

Orientation and mobility training in Timor-Leste, 2013. Photo credit: Royal Australasian College of Surgeons

The first national level LV unit has been established in **Vietnam** and the program has strengthened the LV workforce in all three countries. But across the three countries of the program there is still a lot of work to be done to embed LV services into the system, beyond discrete projects. The number of people with disabilities accessing eye health services is still low - and when they do, the number of specialist services available is limited.

Regional Disability Inclusion Workshops were held in Phnom Penh and Hanoi in March 2016, and organised by CBM Australia. The workshops formed part of the WHO-IAPB work plan, with funding from the Australian Government. The audience included government officials, and the workshops combined both training and discussion. Opportunities around health insurance, infrastructure upgrades and developing more sensitive personnel were among the recommendations that were developed as outcome.

Access to services for people with disability

People with disability are often the most marginalised community in terms of accessing health services and eye health in particular due to historically limited facilities and services, often requiring long distances to be travelled to access services. The EAVP program recognised this in **Vietnam** and in the four project sites focused on improving linkages and accessibility of services for people with disability. The data shows progress is being made, in **Year Two** patients with disability represented 1.7 per cent of all patients screened but 7.1 per cent of all patients treated, this reflected the increased focus on provision of LV services in the project. In **Year Three** this increased slightly with patients with disability representing 2.5 per cent of patients screened and 7.8 per cent of all patients treated, demonstrating a positive upward trend.

9.3 Child protection

The EAVP program design requires that all Global Consortium members implementing projects in country are signatories to the Australian Council for International Development (ACFID) Code of Conduct, and as such are committed to the safety, best interests of, and to minimising the risk of abuse to all children associated in any way with the programs they support. All Global Consortium members have a child protection policy in place, requiring all staff, contractors and volunteers to abide by the conditions of the policy and to be proactive in ensuring children are protected.

Agencies have taken action to improve understanding and systems for child protection in implementing countries and with partner organisations through the delivery of ongoing training, workshops and supporting the implementation of child protection policies and adequate reporting mechanisms. In **Vietnam**, a Child Protection Committee was established in Son La. This committee requires regular reporting during project management meetings. The Committee also established a review and follow-up system to ensure timely action if concerns or cases of abuse are reported. In **Cambodia** a lack of resources available in Khmer language was cited as a barrier to implementing better child protection practices amongst eye health personnel. To resolve this, child protection training components were provided in Khmer language. Child protection was included in risk management matrix and across the life of the EAVP no incidents of child abuse were reported.

9.4 Private sector

The EAVP was not designed to focus on building links with the private sector but to build capacity of the public sector to train, plan and support a developing eye health workforce. However over the course of the EAVP some links with the private sector were explored including:

- Courses that previously had only be open to public sector trainees/candidates began accepting private sector students (Cambodia). This enhances the training institutions capacity to raise revenue from fee paying students but also increases the training opportunities within **Cambodia** for the private sector workforce.
- EAVP working with training institutions to develop sustainability plans that address sources of income to support operational and ongoing training costs. One of the difficulties faced in all three countries was maintaining an adequate balance of recommended student/teacher/equipment ratio with pressure to bring in student fees as income.
- Trainees who have developed relationships with Australian researchers and experts through mentor programs have elected to continue their fee paying studies with Australian tertiary institutions based on the experience, support and demonstration of expertise.
- Post EAVP, Vision 2020 Australia's work with Consortium members and the broader sector includes promoting possibilities of private sector partnerships. For example Novartis/Alcon has been involved in the Vision 2020 Australia Global Committee and the Vietnam Eye Care Working Group. Both groups involve exploring opportunities for coordination and collaboration to develop eye care and health sectors.

10 Unintended outcomes

The EAVP put in place an annual process to capture information and analysis of a range of unintended outcomes linked to Consortium programs that may not have been captured through the M&E framework. These included discussions about the ongoing influence of previous ABI Consortium programs. Significant unintended outcomes were included in Annual reports and discussed as Working Groups.

A summary of key unintended outcomes and their impact beyond the original design/work plans of the EAVP that occurred in **Year Three** are included below.

Table 11 Unintended outcomes

Year	Country	Unintended outcome	Flow on effects and impact
Year Two-Three	Cambodia	Appointment of provincial Eye Health Coordinators in 2013 as a result of EAVP and other sector stakeholder advocacy.	Although the provincial Eye Health Coordinators were appointed in 2013, they were not allocated adequate resources to implement key activities and so the roles and responsibilities of the provincial coordinators were not clarified. In provinces where the eye health provincial coordinator had more expertise in eye health, their impact was stronger (for example in Kandal and Kampong Chhnang). To address this TFHF invited the provincial eye health coordinators and other health promotion staff from three provinces to attend a ToT for primary eye care training (Dec 2015). With improved knowledge of eye health and care needs the coordinators are expected to be able to prioritise eye care into annual planning and budgeting. As the training was delivered in December 2015 its impact cannot yet be measured and TFHF will continue to follow up the effectiveness of provincial eye health coordinators.

Year	Country	Unintended outcome	Flow on effects and impact
Year Three	Cambodia	The Ministry level School health policy (including child eye health) at ministry level was upgraded to be "National Policy on School Health" and will be signed off by the Prime Minister	Elevation to a National policy is a significant unintended outcome. It raises the level of responsibility across ministries and extends the scope of work covered. Inclusion of child eye health in this policy is an important development as it will influence and support early screening, eye health awareness and referral pathways for school children, teachers and community.
Year Three	Timor-Leste	The program organised for Empreza Diak, a Timorese NGO, to deliver a business management training workshop to the three vision rehabilitation organisations. Empreza Diak had never delivered training to vision impaired clients before. Subsequently, the NGO made efforts to learn new skills and techniques and to modify approaches in delivering training to a diverse group of participants with different vision needs.	This is instrumental as Empreza Diak's own capacity in inclusive education and training was developed as part of the activity. This will also help Empreza Diak with future clients who may also have vision impaired needs.
Year One-Year Three	Timor-Leste	Since 2013 the embargo of UNTL accreditation of all new post graduate training in Timor-Leste has resulted in the unintended negative outcome of the PGDO not being formally accredited by project end. Until the embargo is lifted by the MoE, UNTL is unable to formally accredit the PGDO and the PGDO trainees.	The three PGDO trainees from the first cohort passed their final exams in October 2015 and are now eligible for graduation. However, until the embargo is lifted and the trainees are allowed to register, they cannot graduate. The program has recently met with the UNTL Rector and Clinical Dean who advised that the embargo is almost ready to be lifted and that graduation will now take place in November 2016. In the meantime the completed trainees are being recognised as senior registrars and utilising their skills and supporting/assisting in training and mentoring current PGDO trainees.

Year	Country	Unintended outcome	Flow on effects and impact
Year Three	Timor-Leste	A faster transition of the NEC to the HNGV and the MoH took place in 2015 than previously anticipated.	The Ministry has secured funding to maintain eye care services at the NEC and allocated responsibility for managing the NEC to the HNGV. The NEC also demonstrated good results for outreach and centre based services in the months post transition. TFHFNZ has identified funding to continue providing remote and periodic technical support visits to the NEC that will be done in accordance to their support requests.
Year Three	Timor-Leste	Despite formal accreditation of the PGDEC being delayed due to lack of agreement between the MoH, MoE and UNTL about requirements for trainee previous experience/training and the post graduate training embargo, the INS have adapted modules of the newly developed Primary Eye Care Manual to train all doctors and nurses working in health and health centres in Timor-Leste.	The PEC training can be done nationwide for all staff as needed in three years' time. The content delivery can be done via district level courses, but can also be done via centralised training in Dili at NEC or INS. The PEC course is not officially recognised, but the INS is encouraged to institutionalise it nationally.
Year Three	Vietnam	Vietnam Institute of Ophthalmology requested and has been in discussion with BHVI about the vision centre model piloted during the VAVSP. They are expecting to promote it for widespread adoption at the provincial and district level	Refractive error services are now available at the district level in provinces other than those involved in VAVSP. BHVI was invited to deliver a short training course on vision centre management for provinces including Binh Duong, Dong Thap; Soc Trang in the South and Quoc Oai district (Hanoi) in the North.

11 Risk management

A structured and systematic risk management process contributed to effective management of the Global Consortium itself and country level EAVP implementation. This framework enabled the Consortium Secretariat and its members to demonstrate joint accountability; that the program can be responsive to change; demonstrate clear efforts to mitigate and manage potential risks; and has been capable of continuous improvement. The risk management process used for the EAVP was based on tiered responsibilities within the Consortium governance structure regular review of active risk management frameworks. The EAVP design identified key risks were then used in annual risk management frameworks and updated as part of the annual planning process. Risk management frameworks were then reviewed by the Country Working Groups and the CPC on a quarterly basis. Some of the key risks and how they were managed are described here:

Program and financial management

The Consortium Secretariat provides overall program management function for the Consortium programs. Program management is conducted based on country Working Groups and the CPC engagement and oversight. The Prime Contract Holder holds contractual and financial reporting responsibility and is a key member in the Consortium Secretariat.

The program design identified two high level risks for the Consortium Program Management:

1. Member agencies or partner organisations (including governments) unable to absorb funds within the set timeframe and

2. Individual country program failure.

These two identified risks did not transpire and benefited from the risk and project management process the Consortium has in place. Robust program design processes combined with internal reporting processes and proactive responses from the Global Consortium Secretariat ensured strong and sound program management throughout the life of the EAVP.

To minimise risk of fraud and enable effective management of program funds, annual budgets were developed and program expenditure is reviewed against monthly projections and the overall annual budget to monitor progress. The Secretariat queried variances and discussed these with members on a regular basis where relevant. Regular review of expenditure and ongoing discussion about activity options that can absorb identified savings have helped ensure timely reallocation of program funds in support of the program objectives. A list of variations is included in Annex 5. All agencies engaged in procurement of equipment have undergone accreditation with DFAT and their processes and procedures have passed this process.

Equipment procurement, management and handover to partners

Major procurement was undertaken or contractually managed by DFAT accredited Consortium members. Risk of fraud in procurement processes was managed through open tender processes, or multiple quotes depending on the nature or value of the procurement. In order to mitigate delays in equipment procurement, purchases occurred within early stages of the project life and project partners were engaged in a timely manner to assist in the release of equipment. Despite the implementation of risk management process some delays were experienced in the procurement of equipment. In **Cambodia** limitations in equipment for lab and consumable needs for training were identified in a scoping visit in December, TFHF agreed to supply the additional equipment required.

Strengthening local capacity to maintain and fix equipment was facilitated through the delivery of long term planning support, the provision of comprehensive instructions and manuals, conducting equipment surveys and the delivery of training for eye health personnel in the use,

care and maintenance of equipment to local partners. Selection criteria for equipment purchases prioritise those with warranty provisions that include servicing and maintenance arrangements. Partners including TFHF in **Vietnam** include clauses in partnership agreements that allow for ongoing site visits to monitor use of equipment beyond the life of the funded program.

Context or environmental change

At a country level, context or environmental risks were identified that relate to country specific circumstances. Environmental high risks that did not eventuate include concerns about the ongoing conflict near the Thai-Cambodia border and the possibility of demonstrations and insecurity impacting as a potential threat to program delivery. In **Timor-Leste** an identified risk of emerging circumstances such as natural disasters or renewed conflict were also identified but did not eventuate. Regular updates on context changes were conducted by the country Working Groups to ensure these were being monitored closely.

Risk management strategies were implemented in **Cambodia** and **Timor-Leste** to mitigate disruptions to program implementation due to reforms and leadership changes in government, especially in the MoH. In December 2015, the long-anticipated new Director of the Vietnam National Institute of Ophthalmology (VNIO) was appointed. As part of a risk management approach the new director was briefed by implementing partners regarding EAVP activities including the LV program, he was also involved in the EAVP end-of-program evaluation workshop to ensure ongoing commitment to the preventable blindness and the program.

Engagement with partners and program stakeholders

The Consortium and Country Level Risk Management Framework identified 'lack of strategic involvement with national governments and regional/global ABI partners' as a high risk to be mitigated through proactive and collaborative partnership and planning processes, adherence to international development standards and inclusion of national government partners in the design process. As acknowledged in the 2015/16 review of the EAVP approach to eye health workforce development there has been significant engagement with government partner eye health service providers and training institutions. Further work needs to be done to build on inroads made with the broader departments/ministries of health. Where specific partner engagements were identified as problematic these were included in the risk matrix to ensure regular follow up. One example is the partnership with Hue Medical University (Hue MU). Hue MU activities were met with delays and a lack of teaching staff time to support agreed activities. These issues were moderated with regular and direct communication among Project Management Board and other stakeholders.

In **Cambodia** gaining final approval of the School Health Policy was identified as high. Regular communication and consultation with the MoEYS and stakeholder partners resulted in the approval being on track for early/mid 2016. However, in late 2015 the policy was elevated beyond the MoEYS as a national policy (multiple ministry responsibility) with sign off by the Prime Minister. This development is exciting but has meant further revisions are required. Prime Ministerial approval is expected by the end of 2016. EAVP members are engaged in the ongoing follow up for final approval.

In **Timor-Leste** efforts to meet the pre-conditions for handover of the NEC from TFHF to the government of Timor-Leste management had experienced significant delays. TFHF will support TFHFNZ to provide ongoing transition support, training and infrastructure to help facilitate the handover. RACS is also maintaining a presence for ongoing support and transition. A review of the transition progression will take place three to four months into the transition. The review recommendations can then be adapted for future inputs.

Delays in receiving official approvals

- **Training and curricula approval delays (all countries):** Delays in gaining approval and official endorsement of curricula and training programs has been a consistent theme across all three countries. In **Timor-Leste** although the PGDO is being used to train doctors in ophthalmology skills the curriculum has not yet been formally endorsed by the Universidade Nacional Timor Lorosa's (UNTL) largely due to a ban on approving all post-graduate courses in Timor-Leste, at both private and government universities. The PGDEC curriculum has also not been formally accepted by the UNTL, but to ensure training modules are being used they were adopted by the INS for certified in-service training. In **Vietnam**, although delays and changes in Son La have impacted on activities, these were communicated with DFAT regularly through annual plan and reporting processes. The Vietnam Optometry program and the Cambodian Ophthalmic Nurse training programs also experienced approval delays. However revisions to plans have meant that overall outcomes of key eye health workforce development activities were minimised.
- **Provincial approval for Son La Eye Hospital (Vietnam):** The Son La 2014 plan outlined the main variances resulting from these changes. CBM continued their work with partners to follow up and support efforts to have the Son La SDC endorsed as an Eye Centre. As a result the Son La Eye Hospital was approved in early 2016.
- **National eye health strategy approval (Timor-Leste):** While the NEHS also faced delays in gaining official MoH endorsement, it proved to be a useful operation document for the eye health sector broadly. Throughout the EAVP efforts were made to meet with relevant decision makers to revise the strategy and to encourage the official endorsement of the strategy, albeit unsuccessfully. As a result the PBL Committee is not yet established as it is dependent on the endorsement and implementation of the NEHS.

Impacts on Australian Government funding

With the end of the EAVP the Consortium members and partners have expressed their interest in ensuring support for facilitated coordination and collaboration is continued. As described within the report this commitment is being realised by building on the recognition of the positive benefits of collaboration and coordination demonstrated through the Consortium. Vision 2020 Australia, working in partnership with the IAPB, will use combined efforts to strengthen eye health sectors in the region, encourage further integration within the broader health systems, and support in-country sector stakeholders to lead and achieve collaborative outcomes. Many of the Vision 2020 Australia members received Australian NGO Cooperation Program (ANCP) funding for eye care programs in the region. It can only be assumed that the new direction of facilitated cooperation and collaboration supported by Vision 2020 Australia, Vision 2020 Australia members and the IAPB will benefit eye health and development activities funded through the ANCP and other sources.

12 Analysis of assumptions and dependencies

The initial program design document identified some significant dependencies and assumptions that it was considered would influence the extent to which the program contributions would achieve the expected outcomes and contribute to the overall goal.

Table 12 Analysis of assumptions and dependencies from the design document

Design assumptions and dependencies	
The commitment of the national governments to allocate domestic resources for eye health and vision care services, and to provide a supportive policy framework to enable scale up of eye health and vision care services through the health system	Health systems are generally under-resourced with competing demands for funding from different health sectors. Ministries report against global WHO indicators and align with national and global priorities. Eye health is generally not perceived as a high priority vis-à-vis other health issues. As eye health becomes more integrated with the health system, we are seeing greater funding flows for surgeries and other eye health treatments, through health insurance and other financing initiatives. The EAVP has supported the strengthening of the eye health policy framework in each country and whilst there is still a long way to go, there have been some notable successes. All three countries have a national eye health strategy either approved or in the final approval stages with detailed budget requirements and associated policy and implementation frameworks. In Vietnam, recognition and support for LV services has been achieved as well as support from MoH and MoE for the new training curricula of optometry and vision science. In Cambodia the government has supported and adopted a national school health and eye health policy, and in Timor-Leste the MoH was involved in the development of a sustainability plan in which they will gradually assume management of the eye health and vision care sector. This plan formed the basis for the NEC handover from NGO management to the HNGV/MoH.
National, and where appropriate sub-national, eye program technical leaders and health system managers have the interest and skills to engage in building leadership, communication and management structures and in their function.	Across EAVP, national and sub-national eye care leaders have demonstrated a commitment to building capacity within their teams and with provincial and district management and coordination structures. Meetings are being held more regularly, new HIS data is being used to monitor and inform service planning and delivery, capacity training activities have been undertaken by managers, coordinators and administrators, and committees are strengthening inter-stakeholder engagement with training institutions, hospitals, rehabilitation sites, provincial health coordinators and ministries of health and education. An ongoing challenge is the fact that senior management often wear several hats, lecturing, treating patients, managing committees, professional bodies etc which can ultimately limit progress. The NPEH in Cambodia in particular is facing this challenge and have focused on capacity development of more junior staff. Timor-Leste is still heavily dependent on external resources but there is a move toward local management and coordination of these, starting with the handover of the NEC to the MoH.

Design assumptions and dependencies	
Trained eye health and vision care personnel can be deployed to work in adequate facilities, with appropriate equipment and supplies, and supportive supervision; and are willing to work in more remote and disadvantaged locations.	Several different partners/institutions are involved and each may have competing priorities. Provision of training lies with the Institution, provision of equipment lies with the hospital budget and deployment of the personnel within the hospital lies with hospital managers/head nurses etc. EAVP has supported the upgrading of facilities and provision of equipment in both hospitals and training institutions however there are still some deficiencies, for example refraction nurses may not be provided with a full complement of equipment or equipment is available but the nurse is re-deployed to a competing health priority such as MCH. Additionally some ophthalmologists have also been hampered by equipment limitations. EAVP worked with its partners to try to find solutions to address this but more work needs to be done. Supportive supervision has been fostered across the EAVP with supervisors and trainers from every cadre being trained in processes, communication techniques that enable them to support the trainees. The eye health workforce in all three countries is still quite centralised, or localised to provincial capitals – it hasn't really gone down to the grassroots level in many places and there are a number of reasons for that: the health workforce faces this issue globally across all sectors, eye health systems are still developing in all three countries. EAVP has done a good job in engaging with eye health planners and managers and in national level policy development. Linking clinical training to outreach in rural areas has provided clinicians with exposure to the level of need in rural areas, and is one way of using scarce resources as efficiently as possible, however remote areas, such as Son La in Vietnam still experience shortages of personnel. There is still work to do before eye health services are going to be appropriately decentralised in each country but foundations have been laid through EAVP.
Service models and standards developed through pilot programs, directly supported by INGOs can be replicated and scaled up to other locations within the national health system framework and with domestic funding.	Service models and standards developed through the EAVP are demonstrably being scaled up in all three countries via improved training of clinical staff at national and provincial level and capacity strengthening of eye health planners and managers. The ToT training model adopted by the EAVP has developed national capacity to continue the training and mentoring of personnel, so standards can be maintained and hopefully continuously improved. Cambodia did significant work in developing standards guidelines that are now being used at a practical level within the training hospitals. Embedding and institutionalising systems will take time as negotiating within government structures can take significant commitment of time and resources, for example, the delays the NPEH in Cambodia experience in accessing budgeted funds severely hampers their capacity to deliver services consistently and to scale up. The challenges experienced with rolling out LV services and inclusive eye care model in four districts in Vietnam demonstrate this, hence the scaling back to two sites. However the provincial health department recognises the improved services achievable under the inclusive model and is advocating for more resources to consolidate and expand the service. At a national level, the MoH has approved funding for more provincial health coordinators to be include eye care in their portfolio, to facilitate implementation of service delivery models at provincial and district level. EAVP has succeeded in laying the foundations for new services and practices but it is important to acknowledge that the roll-out and scale up of these models will not happen at the same pace without additional external support.

Design assumptions and dependencies	
Providing training in best practise models, whether clinical training or project management etc, leads to overall improvements in systems, process and standards, and ultimately in quality of care provided to beneficiaries.	Quantitative and qualitative assessments have demonstrated that systems of clinical training and assessment have improved; communication between hospital clinical supervisors and course lecturers has improved and hospitals and universities are collaborating to support best practise systems of training. Thai Binh and Hue Medical Universities have significantly enhanced eye health training quality and capacity at regional level via new and improved training infrastructure, equipment and technologies and active teaching methodologies that allow hands-on, real-life training practice to students. This is also the case in the ORT training in Cambodia and the PGDO in Timor-Leste. The introduction of CPD in Cambodia potentially contributes to quality improvement in patient care by exposing practitioners to current techniques in diagnosis and treatment. However the EAVP was not designed to measure quality of outcomes of clinical interventions, so a definite link from improved training to improved patient outcomes cannot be definitively established.

13 Looking forward - expected long-term benefits and sustainability

The EAVP program has strengthened intra and inter country collaboration and planning over the life of the program. As a result there is increased internal capacity within local partners to effectively plan and implement both training courses and service delivery. Advocacy capacity for both policy change and increased resourcing has been strengthened with partners seeing the value of speaking with a collective voice to achieve change.

As the Evaluative review identified, in all three countries there are still challenges with mainstreaming the sector into the broader health system and engagement with the wider MoH is still limited. The Evaluative review found that while sustainable capacity has been built in many areas, particularly under capacity development of managers, administrators and trainers, there are challenges to be addressed in sustaining some areas of the achievements made under the EAVP. This was also a key topic of discussion at the end of program workshops held in each country.[19] National partners and Global Consortium members identified some opportunities for ongoing collaboration as well as potential avenues for resource mobilisation to build upon the gains that have been made through the EAVP, however concrete resource mobilisation strategies need to be further developed by national partners with the support of their diverse stakeholders. Sustainability plans should consider the following:

National eye health strategies and planning: Each of the three EAVP countries will soon finalise national strategies for eye health and the prevention of blindness in 2016. Global Consortium members have participated in these consultations through working groups and advocacy and will continue to do so. These strategies are key to providing a coordinated framework for programs and services, aligning with national health plans and encouraging greater integration and the mobilisation of funds.

Mobilising resources: Partners will collaborate with Global Consortium members and the broader eye care sector to advocate for and identify resources to continue eye health sector

[19] The EAVP Evaluative review of Eye Health Workforce Development and End of Program workshop reports are available on request.

development initiatives, including from government sources, health insurance where it exists, and through private sector and public private partnerships.

Sector coordination and collaboration: Consortium members are also members of the national eye health sector coordination groups in the region (including Eye Health Sub Sectoral Working Group in Cambodia and the Eye Care Working Group in Vietnam). The Vision 2020 Australia Global Committee in partnership with the IAPB are working with these groups to identify collaboration priorities and work together to achieve joint outcomes. In 2016, DFAT allocated AU$204,000 to support this ongoing work in the region.

Professional recognition for new eye health cadres: New eye health cadres joining the eye health workforce need a recognised place in the health and human resources structure with defined employment conditions. This was recognised in **Timor-Leste** with all new curricula and training modules being developed in consultation with appropriate government regulatory bodies. The freeze on recognition of new posts and post-graduate courses is however a continuing risk to workforce development of key cadres. In **Vietnam**, advocacy for the employment code for optometry commenced in earnest after the training code for optometry was secured in **Year One**. This process, anticipated to take two-three years was slightly delayed by a change in the ministerial process which was finalised in **Year Three**. This change simplifies the application process and the employment code is expected to be secured before the first batch of optometrists graduate. **Year One** in **Cambodia**, ophthalmic nurses and refractionists are not yet recognised as sub-speciality workforce cadres in the health personnel structure of the MoH, so they receive same benefits as general nurses, this might decrease interest in applying for the ONT course. On-going advocacy has been done by NPEH and UHS to MoH to recognise the title of specialist ONs within their employment structure. Advocacy is ongoing in all countries to achieve the appropriate approvals and endorsements.

Ongoing technical support needs: Global Consortium members will continue to provide technical and some financial support for the ongoing implementation of the PGDO in **Timor-Leste** and the optometry training program in **Vietnam** to get them fully established. Support plans have already been developed for this. RANZCO, with funding from TFHF will continue to support the ORT with funding of fellowships and will provide technical support for CPD. BHVI will continue to support the implementation of the school health policy in **Cambodia** and CBM will continue to support the inclusion of LV services in **Vietnam**.

Financial sustainability for training institutions: Training institutions in all countries are working to develop resource mobilisation plans and several Consortium agencies are supporting their respective partners on developing these. Student training fees are a key component to be considered, particularly in **Cambodia** and **Vietnam** but needs to be balanced with the increased clinical supervisor and equipment needs that are required for increased student numbers.

Professional societies for eye health workers: As key stakeholders, professional societies such as COS, can be drivers of clinical standards and advocacy but need to be financially sustainable. Consortium agencies are supporting them to develop resource mobilisation plans and to network with relevant organisations to seek sponsorships. Two initial targets are increasing members and looking at the fee structures for members and CME events. COS has independently identified the need for, and developed an organisational strategic plan.

Research development: Mentoring support to EAVP researchers will continue in terms of analysis, promotion and presentation of results.

13.1 Factors supporting successful transition

As stated earlier in the report, each country in the program represented a different stage of eye health sector development. The EAVP was designed to build capacity to support ongoing progression of eye health along a continuum of eye health sector development. All countries continue to face challenges in terms of insufficient workforce, however the program has made real progress in along the eye health development continuum through:

- Transitioning from dependence on international faculty and expertise to local faculty and leadership. In Cambodia the University of Health Sciences is now capable of delivering courses with reduced their reliance on international technical expertise. In **Vietnam** the MoH is now more engaged in the sector and considering themselves as a key stakeholder whereas previously eye care was more the domain of the NGO sector.
- Strengthening eye health training programs for a range of cadres that continue to be used to train future cohorts and beyond the life of the program.
- Introduction of continuing professional development via COS in **Cambodia** is driving improvement of standards, not just for eye health but potentially the broader sector if the MoH adopts the model.
- Introduction of the local anaesthesia course for nurses and paediatric refraction for refraction nurses are examples of task shifting from specialist to mid-level cadres, reducing the burden and backlog at the secondary and tertiary levels.
- ToT activities have increased the number of in-country trainers for multiple cadres. Training has now been institutionalised within the NPEH in **Cambodia** in the introduction of cascade mentoring from International staff to senior in-country staff and clinicians, to more junior staff and clinicians.
- National and regional peer to peer mentoring networks have developed and this supports local ownership, engagement with and commitment to the sector.
- Steps have been made to provide long-term support and services to the most marginalised communities via the introduction of LV training and service delivery in Vietnam and implementing O&M training in Timor-Leste and supporting rehabilitation organisations in developing sustainable business models.
- In **Timor-Leste**, in addition to strengthening the NEHS, a sustainability plan was drafted in 2014, in consultation with MoH and other stakeholders. This plan outlined MoH involvement in and management of the eye health and vision care sector will gradually increase as capacities develop. This plan formed the basis for the NEC handover from NGO management to the HNGV/MoH.
- The Consortium members and members of the Vision 2020 Australia Global Committee have recognised the significant results that facilitated coordination can achieve. With this in mind, Vision 2020 Australia members have identified that while there is currently no funding for Consortium program delivery, Vision 2020 Australia together with the IAPB have a critical role to play supporting regional eye health sector collaboration and coordination. To maximise potential impact, three priority countries have been identified; Cambodia, Papua New Guinea and Vietnam. In these three countries Vision 2020 Australia and IAPB partnership will facilitate opportunities to map inputs and resources for eye health, identify opportunities for collaboration, develop coordinated action plans and explore new or different partnerships with existing/new eye health sector stakeholders. DFAT has allocated $204,000 over 12 months to support these efforts. Additional support from the IAPB and other members has been pledged to extend this work.

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

VISION 2020
THE RIGHT TO SIGHT
AUSTRALIA
GLOBAL CONSORTIUM

Vision 2020 Australia Global Consortium

East Asia Vision Program

Annexes - Combined Year Three Annual and Completion report

May 2016

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

Contents

Annex 1: Acronym list

ABI	Avoidable Blindness Initiative
ANCP	Australian NGO Cooperation Program
BED	Basic Eye Doctor
BHVI	Brien Holden Vision Institute
CEH	Community eye health
CERA	Centre for Eye Research Australia
CHW	Community health workers
COS	Cambodian Ophthalmology Society
CONS	Cambodian Ophthalmic Nurse Society
CME	Continuing medical education
CPC	Consortium Program Committee
CPD	Continuing professional development
CREW	Cambodian refractive error workshop
DCR	Dacryocystorhinostomy
DFAT	Department of Foreign Affairs and Trade
DHS	District Health Services
DIACEH	Disability inclusive approaches to child eye health
DPO	Disabled people's organisation
EAVP	East Asia Vision Program
ECW	Eye care worker
EoP	End of program
ETBU	Timor-Leste Blind Union
GAP	Global Action Plan for Universal Eye Health
HNGV	Hospital Nacional Guido Valadares
FN	Fuan Nabilan
FNTL	Fo Naroman Timor-Leste
HCMC	Ho Chi Minh City
HCMCEH	Ho Chi Minh City Eye Hospital
HDMTL	Hallibur Dificiente Matan Timor-Leste
HIS	Health Information System

HMU	Hue Medical University
HNGV	Hospital Nacional Guido Valadares
HRH	Human Resources for Health
HSP	Health Strategic Plan
IAPB	International Agency for the Prevention of Blindness
IAPB WPR	International Agency for the Prevention of Blindness Western Pacific Region
IEC	Information, Education and Communication
INDMO	National Labour for Institution Development (INDMO),
INS	Instituto Nacional de Saude
IOP	Intraocular pressure
IPR	Independent Progress Review
KAP	Knowledge, Attitudes and Practices
LV	Low vision
M&E	Monitoring and evaluation
MCC	Medical Council of Cambodia
MoH	Ministry of Health
MoE	Ministry of Education
MoET	Ministry of Education and Training
MoEYS	Ministry of Education, Youth and Sport
MoH	Ministry of Health
MoRD	Ministry of Rural Development
MU	Medical University
NEC	National Eye Centre
NEHS	National Eye Health Strategy
NGO	Non-governmental organisation
NHSSP	National Health Sector Strategic Plan
NPEH	National Program for Eye Health
NRT	National refraction training
NRTC	National refraction training centre
NSPB	National Strategic Plan for Blindness Prevention and Control
O&M	Orientation and mobility
OSC	Optometrists' Society of Cambodia
ON	Ophthalmic nurse

ONT	Ophthalmic nurse training
ORT	Ophthalmology resident training
PAF	Performance Assessment Framework
PBL	Prevention of blindness
PEC	Primary eye care
PGDO	Post Graduate Diploma of Ophthalmology
PGDEC	Post Graduate Diploma of Eye Care
PHACO	Phacoemulsification
PMU	Project management unit
PPA	Partnership Performance Assessment
RACS	Royal Australasian College of Surgeons
RANZCO	Royal Australian and New Zealand College of ophthalmologists
RE	Refractive error
RGP	Rigid permeable (contact lenses)
RPSC	Regional Program Steering Committee
SDC	Social Disease Control
SDGs	Sustainable Development Goals
SEFOPE	Secretariat of State for Employment and Training
TBMU	Thai Binh Medical University
TFHF	The Fred Hollows Foundation
TFHFNZ	The Fred Hollows Foundation New Zealand
TLNQF	Timor-Leste National Qualifications Framework
TOT	Training of Trainers
TWG	Technical Working Group
UHS	University of Health Sciences
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNICEF	United Nations Children's Fund
UPNT	University of Medicine Pham Ngoc Thach
UNTL	Universidade Nacional Timor Lorosa'e
VNIO	Vietnam National Institute of Ophthalmology
WFP	World Food Programme
WHO	World Health Organisation

Annex 2a: East Asia Vision Program - Cambodia Case Study

School visual acuity assessment guideline and school health policy redevelopment

Program component: Service Delivery
Implementing agency: Brien Holden Vision Institute and The Fred Hollows Foundation

Participants at the first School Policy Workshop Photo credit: The Brien Holden Vision Institute

A School Health Policy was first introduced in Cambodia in 2006 and led to improvements in areas such as de-worming, vaccination, nutrition, health and hygiene education and the provision of basic health care. It was identified that the policy was due to be revised in light of changing national and population needs.

Screening for childhood eye disease and ensuring access to early intervention services is critical as damage to children's eyes can have lifelong impacts. Nearly half of childhood vision loss in low and middle income countries is preventable or treatable if detected early enough[1].

A 2010 survey in Cambodia conducted by The Fred Hollows Foundation (TFHF) found that more than 90 per cent of visual impairment among school children aged 12 to 14 in Phnom Penh and Kandal Province was due to refractive error. In addition to this, the vast majority of children surveyed who required spectacles had not received any early intervention services. Refractive error, if not corrected, can lead to vision impairment which can impact child engagement and learning at school.

The survey results demonstrated the need for eye health stakeholders such as the TFHF and the Brien Holden Vision Institute (BHVI) to work with government partners to find innovative ways to strengthen childhood eye health services and increase access to early intervention.

Since 2010, the Cambodian Ministry of Education, Youth and Sport (MoEYS), in collaboration with TFHF and Department of Foreign Affairs and Trade (DFAT), have successfully implemented eye

[1] WHO, Vision 2020 The Right To Sight: Global Initiative for the Elimination of Avoidable Blindness Action Plan 2006-2011 (pg.21) http://www.who.int/blindness/Vision2020_report.pdf

health care education programs for students at primary schools in five provinces. BHVI has also been working in partnership with MoEYS and local non-government organisations (NGOs) to provide eye care services to primary and high school students throughout Phnom Penh since 2009.

Although these have been implemented as individual programs, integration of eye health within the new comprehensive School Health Policy will ensure national coverage of screening and early intervention services.

To better understand Cambodia's changing child health needs in relation to eye health, the MoEYS, in partnership with BHVI, organised two workshops in 2015 with the participation of stakeholders from government bodies and development organisations, including TFHF, BHVI and the World Health Organisation. These workshops formed the basis for drafting the eye health content for the revised School health Policy.

Visual Acuity Assessment Guidelines were also developed by the key stakeholders and incorporated into the revised policy.

The revised comprehensive School Health Policy including eye health as a child health priority and incorporating the Visual Acuity Assessment Guidelines will result in school-aged children with vision problems having access to eye care and early intervention services enabling them to make full use of the educational opportunities available to them.

The new School Health Policy

H.E Secretary of State from the Cambodian Ministry of Education, Youth and Sport addresses the second workshop
Photo credit: The Brien Holden Vision Institute

The new School Health Policy describes the objectives and action plan to achieve a well-educated and healthy generation of learners contributing to the future of Cambodia. The Policy has been reviewed and re-developed in alignment with education law, strategic plans of the government and the national strategic development plan - and it also aligns with key policies developed by WHO and The United Nations Educational, Scientific and Cultural Organization (UNESCO) in order to best fit into the Cambodian context.

Drawing form best practices and lessons from other countries, the draft policy for the first time helped clearly determine responsibilities of all actors as well as resources necessary for successful implementation. The process of reviewing the policy helped decision makers better recognise its importance and a decision was made by the government to upgrade the policy to a multi-cabinet level that will be endorsed by the Prime Minister. With this upgrade, the new policy will ensure the availability of needed resources for its implementation as more ministries

and stakeholders at all levels will be involved and responsible for achieving its expected outcomes.

BHVI has been working closely with the MoEYS and other NGOs so that the new policy can be finalised, receive ministerial endorsement and launched by end of 2016. The new policy will provide a strategy to reach out to the maximum number of school children, provide basic health services and help them develop as health ambassadors - creating wide-spread awareness about healthy living among members of their families and communities. The policy, along with health programs at schools, will aim to not only improve the general health among students but also help improve their educational performance and extra-curricular activities at schools. The quality of a child's health can determine the quality of school life, which in turn determines their success in future academic and professional life.

The Cambodian Ministry of Education, Youth and Sport, National Program for Eye Health, The Fred Hollows Foundation and the Brien Holden Vision Institute developed the draft vision guidelines.
Photo credit: The Fred Hollows Foundation

Visual Acuity Assessment Guidelines for school age children

A technical working group was established, led by the MoEYS and including representatives from TFHF, BHVI, WHO, and key personnel from the National Program for Eye Health (NPEH) to develop Visual Acuity Assessment Guidelines to be incorporated into the new School Health Policy. Visual acuity assessment is a commonly used method to test vision that requires only basic levels of knowledge and simple equipment. The Guidelines incorporate this technique, which is expected to be cost-effective, simple and applicable for any trained practitioner.

As part of the technical working group, FHF, BHVI, and the NPEH played a key role in providing technical expertise. The guidelines were reviewed by the MoEYS and all relevant stakeholders and will be finalized and launched on 19 February 2016. The launch shall mark a new chapter of eye care for school-aged children in Cambodia.

The guidelines will require school directors to assess all students' visual acuity each school year. The school director will then report the results to parents or caretakers, with a referral to a health center or hospital with eye care services for management of any impairment. All results will also be reported to the local Education, Youth and Sport office, which will compile reports and provide them to the provincial education department.

The MoEYS and the Ministry of Health (MoH) have officially agreed to collaborate. The MoH will instruct their health services units to provide eye care services to referred students, as well as give clinical inputs and support across the country.

Through the implementation of both the new School Health Policy and the School Vision Assessment Guideline it is hoped that no child in Cambodia will suffer needlessly from undiagnosed visual impairment, and that no treatable visual impairment will keep a child from reaching their full potential.

Annex 2b: East Asia Vision Program – Timor-Leste Case Study

Post Graduate Diploma of Ophthalmology trainee

Program component: Eye Health Workforce Development
Implementing agency: Royal Australasian College of Surgeons

In October 2015, Dr Valerio Andrade was one of the first Timorese trainees to complete the Post Graduate Diploma of Ophthalmology (PGDO) training program. The PGDO is an 18-month training program developed with support from the Australian Government delivered at the National Eye Centre (NEC) in Dili, Timor-Leste in partnership with the Timorese Ministry of Health (MoH) and the National University of Timor-Leste and is led by the Royal Australasian College of Surgeons (RACS).

The aim of this training program is to build the capacity of the Timorese eye health workforce to independently provide eye health services to the Timorese community in the years to come. Dr Valerio is a young Timorese doctor who completed his undergraduate medical degree in 2011 through the Cuban medical system. Dr Valerio is passionate about eye health and has thoroughly enjoyed undertaking the PGDO. His achievement in completing the training program signifies the continued development and strengthening of the Timorese health workforce, bringing it one step closer to autonomy.

Dr Valerio examining a patient under local anaesthetic in the operation theatre at the National Eye Centre in Dili

Photo Credit: The Royal Australasian College of Surgeons

The PGDO involves both theoretical and hands-on training in outpatient clinic, operation theatre as well as an overseas training attachment. Over the past 18 months Dr Valerio attended two weekly lectures, participated in problem-based clinical case presentations, and undertook practical diagnostic and surgical training.

He was also supported to undertake an intensive English language course in Darwin which significantly helped to improve his English language proficiency skills and contributed to an increase in his performance in the PGDO. In addition, Dr Valerio completed a two-month training course at a high volume eye hospital in Nepal focusing on improving his surgical skills in small incision cataract surgery (SICS)[1]. Dr Valerio now has the clinical skills and knowledge to

[1] The Nepal training activities were funded by Lions SightFirst Program.

independently perform SICS, and the ability to effectively diagnose, treat and manage various eye health conditions.

Dr Valerio has built up his confidence and finds restoring patients' eyesight to be very rewarding. Dr Valerio says:

"For me helping other people to see again is a unique reward. I like to do cataract surgery a lot because as a doctor I will be very happy if I can see people who I help, gain what they want after the surgery. Before I was unable to do those things by myself but now I understand more and more and I can do it confidently".

Dr Valerio performing tarsoraphy on a patient at the National Eye Centre in Dili. Photo Credit: The Royal Australasian College of Surgeons

Dr Manoj Sharma, the Vision2020 funded RACS Ophthalmologist based at the NEC and main coordinator of the PGDO training program, has seen significant improvement in Dr Valerio's clinical knowledge and skills over the 18-month training program.

He initially had very little knowledge of eye health conditions and limited surgical skills, but he is now able to effectively treat a wide variety of cases.

Dr Manoj says: *"Dr Valerio now understands the subject well and is able to manage independently any eye cases compared to the first year. Particularly when he got back in the country after the (SICS0 training he has more self-confidence. He has also developed good communication skills with patients and with other registrars".*

For Dr Valerio, language was the biggest challenge he faced during the training program as his previous studies had been in Tetun, Spanish and Bahasa Indonesia, while the PGDO is delivered in English. However, he studied hard and now he can communicate well in English.

The most common cases that Dr Valerio sees at the NEC are cataracts, trauma, refractive errors and Vitamin A deficiencies. He advised those cases are common because they are part of ageing, due to unnecessary accidents and limited availability of fresh produce.

To increase the number of patients at the NEC, Dr Valerio suggests that the NEC should do more health promotional work, continue to train eye health personnel, and source additional equipment. By doing this, he believes that in the next five years the NEC will become one of the most advanced eye centers in the region.

Dr Manoj supported this notion and said: *"In the next five years the NEC will be able to manage more or less the manageable cases of all sub specialties, not only cataract and glaucoma, but also trauma orbit, paediatrics, neuro ophthalmology etc. The NEC will be a tertiary eye centre which will compete with other centres in the world."*

Dr Valerio is now a senior registrar at the NEC, contributing to the teaching of new junior trainees undertaking the PGDO training program. He is now waiting to hear from the MoH on whether he will stay and work at the NEC in Dili, or if he will be posted to another district to provide eye health services to the rural population.

Dr Valerio stated that the training program has changed his life. He now understands how important eye health is for his life and for the life of others and he is determined to study further in order to help more Timorese people.

Annex 2c: East Asia Vision Program – Vietnam Case Study
La Ha Anh, a student with low vision

Program component: Service Delivery
Implementing agency: CBM

Ha Anh is 12 years old and was born with a cataract. Fortunately this was detected fairly early and Ha Anh received an artificial lens which was able to improve her vision to more functional levels. Ha Anh is also fortunate enough to have access to low vision services. Her mother has been very supportive and joined an Australian Government supported training program on how to assist visually impaired children in their daily activities.

Ha Anh started secondary school in 2016 at Hanoi Nguyen Dinh Chieu Secondary School. In entering this new phase of her life, Ha Anh and her parents were anxious about how she would cope. They were concerned about the level of pressure and expectation placed on students at the Secondary level, as well as the increased volume of reading and writing. Her new teachers were apprehensive about their inexperience in teaching visually impaired students.

In order to ease her concerns Ha Anh visited the Low Vision Centre and received appropriate low vision aids to assist her in reading and writing in class. Additionally, her teachers and parents were provided with up to date information about her vision in order to better support her. For example, Ha Anh's teachers ensure that she is seated at the very front of the classroom and next to a student who is willing and able to assist her. Her teachers also remind her to use spectacles and encourage her to use her reading light. Ha Anh's low vision assistive devices have helped her to become more active in class and she is now comfortable reading and writing and participating in class activities.

Ha Anh said, "I really enjoy grade six. I have many teachers so the sessions are interesting and amazing. Besides, I have a close friend who is also my tablemate, her name is Khanh Linh. She often helps me to read text on board and do exercise in class. Khanh Linh is always willing to help me when I am in need. At home, in my spare time, I like watching TV and sometimes playing games on computer."

Khanh Linh also likes her new friend, Ha Anh. "Ha Anh is sociable, she knows how to listen and I often play with her during school break."

Ha Anh's family were able to help her adjust by putting in place new systems. For example, keeping her desk tidy, helping her prepare for class and encouraging her to study with her older brother. Ha Anh's parents encourage her to join outdoor activities, and spend time with her classmates.

After three years of support provided by the low vision programme, Ha Anh's parents have changed their attitude towards their daughter's eye condition. With the knowledge gained from training and home consultations, her parents are confident in taking care of their daughter. They see their daughter's personal development; she is now self-confident, happy and sociable. Her school is inclusive and with the use of her visual aids she is able to read and write like her peers.

Annex 3: EAVP financial report and acquittal

1.1 Overview

The EAVP, funding order 37908/18, commenced in March 2013 and concluded in February 2016. DFAT provided funding of AU$7,600,000 and approved a carryover of $42,706 from funding order 37908/14, the 2012 East Asia Work Plan. The program has been implemented in three countries: Cambodia, Timor-Leste and Vietnam.

During the term of this funding order the Consortium and Consortium agency members have been able to invest funds held against future activities in secure term deposit and the interest has been reinvested into programs in accordance with the Consortium policies. The table below provides a high level summary of the sources and application of funds totalling $7,790,679.

EAVP 2013-15	
Sources of Funds	
DFAT Funding EAVP - 2013	$2,300,000
DFAT Funding EAVP - 2014	$2,700,000
DFAT Funding EAVP - 2015	$2,600,000
Funds Carried Over EAVP 2012	$42,706
Interest Received - Consortium	$107,423
Interest Received - Members	$29,827
Member Supported Activity	$10,724
Total Income	**$7,790,679**
Application of funds	
Cambodia	$2,419,037
Vietnam	$2,481,981
Timor Leste	$1,794,833
Consortium Management	$717,057
M&E	$377,772
Total Expenditure	**$7,790,679**
Surplus\(Deficit)	**$0**

Please note that the detailed Year Three Acquittal has been removed from this version of the report. Please contact Vision 2020 Australia for further details if required.

Contact email: info@vision2020Australia.org.au

Annex 4a: EAVP Cambodia Activity Target Progress (Year Three Annual and All Years)

Objective	Activities	Targets for Year 3	Cumulative targets Year 1-3	Lead Agency	Progress against Y3 activity targets	Progress against cumulative all year activity targets
Component 1: Governance Policy and Coordination						
Sub-component 1.1 Increased NPEH organisational capcity						
1.1.1 Improved capacity of national eye health leadership and management structures to plan and develop policies and coordinate stakeholders	**1.1.1** Assist NPEH with development of the next National Strategic Plan for Blindness Prevention and Control (NSPB) 2015-2020 (working with IAPB) [*note reworded in Y2: Assist NPEH with development of annual action plan for prevention of blindness (working collaboratively with IAPB)*]	N/A	NSPB 2015-2020 developed and endorsed by MoH	FHF/NPEH	Not a Y3 target	**Delayed to Y2**. The National Assembly Election (27 July 2013) campaign and contested results caused delay in contracting the consultants to develop the roadmap for the NSPB until November. The NSPB is currently in process development and expected to finished and endorsed by 2016).
	1.1To support NPEH to develop an official refresher training course on local anaesthesia for existing ONs /eye nurses (including 4 trainees per course per year and rotated 2 trainers.)	N/A	Refresher local anaesthesia course designed and endorsed by MoH		Not a Y3 target	**Completed**. Six ONs (three females and three males) attended the refresher course on Ophthalmic Local Anaesthesia from 14 to 21 August 2013. LA course was endorsed by the NPEH.
	1.1.2 NPEH to plan and undertake monitoring and evaluation of training facilities and eye care services in-country each year	N/A	Technical support provided to the NPEH to develop a monitoring tool to evaluate eye health training institutions and trainers. Monitoring visits conducted to Siem Reap and Khmer –Soviet, Preah Ang Doung and Takeo.		Not a Y3 target	**Completed (Y2).** Cost of monitoring is shared amongst eye health NGOs in Cambodia to facilitate NPEH to provide monitoring, coordination and administration support to Eye Unit facilities with their Provincial Health Department and MoH. All over support for NPEH to Eye Units to support skills development needs, disease control and subsidies etc.
		N/A	Annual Action Plan for NPEH produced		Not a Y3 target	**Completed with variance.** As 2015 was the final year of the current National Strategic Plan, the planned Annual Action Plan was expanded and retitled to be a 'Roadmap to the National Strategic Plan 2016-2020), as well as the MoHs Strategic Plan 2016-2020 which is being developed in Q3 of Y3. This Roadmap will assist NPEH to advocate MoH to prioritise eye activities into their next five year plan.
		N/A	Two NPEH members involved in planning process		Not a Y3 target	**Completed (Y2)**. Two NPEH members were involved in planning.
	1.1.1.3 NPEH Monitoring and Coordination (M&C) trips to eye units: share cost of M&C with other Eye NGOs based in Cambodia	N/A	One sixth of total annual costing of nationwide monitoring and coordination for NPEH to whole eye health program	FHF/NPEH	Not a Y3 target	**Completed (Y2).** One sixth of total annual costing of Nationwide monitoring and coordination for NPEH to whole eye health program
Sub-component 1.2 NPEH has oversight of accreditation of eye health training and workshops						
1.2. NPEH has oversight of accreditation of eye health training and workshops 1.2.1 Strengthen training capacity and improve national standards	**1.2.1 [1.2.1.1.in Y2 &3]** Develop the role of NPEH in the accreditation process of eye health training institutions and trainers, and support NPEH to develop common local accreditation standard	Report Accreditation Standards Framework developed National accreditation standard agreed and signed off by UHS/NPEH/MoH	Combined understanding of current processes for standard setting Accreditation Standards Framework developed National accreditation standard agreed and signed off by UHS/NPEH/MoH	RANZCO	**Target not met.** During an April visit to Phnom Penh the recommendations from the 2014 Accreditation report on minimum standards were discussed again with UHS. It was agreed that an independent WG needs to oversee the minimum standards, and a document outlining the minimum standards needs to be agreed between the training hospitals. UHS is best placed to facilitate this WG. Politics between the relevant stakeholders has prevented progress of this target. However, as discussed with DFAT in 2015, while the process of getting the two teaching hospitals to start documenting formal minimum standards is slow, in practice both teaching hospitals have been adopting improved standards of operating and teaching as a result of the program support (for example technical briefings, assessment standards etc.). These improvements are becoming a standard way of working - hence acting as minimum standards without formally being documented as such. RANZCO CEO briefed stakeholders on the need for setting standards and he also presented at the UHS in Phnom Penh to a stakeholder meeting, that included international training institutions, at the invitation of the sector. Despite their best intentions it is now evident that the NPEH has little influence and probably no role in accreditation. The UHS leadership appears to have taken more control of the training program (more educational rigour) with less influence from the NPEH. **Target not met.** As above.	**Target not met.** The NPEH is keen to have some formalised standards but there are sensitivities between the two teaching hospitals about actually doing this. While the process of getting the two teaching hospitals to start documenting the formal minimum standards is slow, in practice both teaching hospitals have been adopting improved standards of operating and teaching as a result of the program support (for example technical briefings, assessment standards etc.). These improvements are becoming a standard way of working - hence acting as minimum standards without formally being documented as such. RANZCO will continue follow up to try and move the process of documenting the minimum standards forward. The NPEH have acknowledged the need to set up/facilitate an intensive WG meeting to facilitate/orchestrate agreed and documented accreditation standards/policy but this is now outside the possible scope of the EAVP. **Target not met.** As above.
	1.2.1.2 Prepare and disseminate technical briefs for seven visiting lecturers based on ORT curriculum (Monitor and analyse trainee and lecturer evaluations)	Technical briefs provided to all RANZCO visiting lecturers (FHF to supply names)	Technical briefs provided to all RANZCO visiting lecturers (FHF to supply names)		**Completed:** Technical briefs provided to 12 lecturers in accordance with ORT curriculum.	**Completed:** Technical briefs provided to 12 lecturers in accordance with ORT curriculum.
	1.2.1.2 Provide visiting lecturers with technical briefs and develop and implement trainee and lecturer evaluation	Visiting lecturers have increased awareness of ORT curriculum	Visiting lecturers have increased awareness of ORT curriculum		**Completed:** 11 teaching visits (one cancelled due to unforeseen circumstances). Reports/feedback received from ten visiting lecturers.	**Completed:** There is evidence of alignment of teaching to curriculum. Trainees have become much more engaged. We have been able to model good educational practice. Visiting lecturers are provided with the Curriculum and teaching/technical brief approximately 2 months prior to their visit to enable their teaching visit preparation to incorporate curriculum content/modules. Positive reports (through post teaching visit feedback mechanisms) have been received that indicate an increase awareness and utilisation of curriculum.

Annex 4a: EAVP Cambodia Activity Target Progress (Year Three Annual and All Years)

Objective	Activities	Targets for Year 3	Cumulative targets Year 1-3	Lead Agency	Progress against Y3 activity targets	Progress against cumulative all year activity targets
		Lecturer & trainee evaluation provided to all visiting lecturers	Lecturer & trainee evaluation provided to all visiting lecturers	RANZCO	**Completed.** In Q3 a total of 13 respondents rated the visiting lecturer good/very good and almost all rated the visit as engaging and entirely relevant to both curriculum and practice. In Q4, over 90 per cent of respondents (n=11) rated the visiting lecturer good/very good, and rated the visit as engaging and entirely relevant to both curriculum and practice 100 per cent of respondents were somewhat (n=6) or very satisfied (n=5) with the classroom sessions. 100 per cent of respondents reported that the lecturer defined the discussion topics, kept the discussion on track and encouraged the residents to ask questions	**Completed (Y3).** Visiting Lecturer Trainee feedback reports were used to measure performance. Please refer to Y3 report for detail.
		70% of lecturers and trainees provide feedback on specialty training	70% of lecturers and trainees provide feedback on specialty training		**Completed:**100% of respondents (n=13) rated the visiting lecturer good/very good, and almost all rated the visit as engaging and entirely relevant to both curriculum and practice. 100% respondents were somewhat (2) or very satisfied (11) with the module. Visiting lecturers expressed a keen interest/willingness to return for teaching visits next year.	**Completed Y1-3**: Trainees and Lecturers (all but one lecturer) provided feedback.
	1.2.1.3 Accreditation working group meeting including RANZCO Fellows and NPEH	Holding and attending accreditation working group meeting	NPEH, local and RANZCO working group members attend working group meeting	RANZCO	Refer to report against 1.2.1.1	**Target not met.**Refer to report against 1.2.1.1
		70% invitees attend	70% invitees attend		Refer to report against 1.2.1.1	**Target not met.**Refer to report against 1.2.1.1
Component 2: Workforce development						
Sub-component 2.1 Strategic document outlining a phased development of the eye health workforce developed						
2.1 Strategic document outlining a phased development of the eye care workforce developed.	**2.1.1** Develop strategic document outlining phased development of the eye workforce (collective) including new sub-specialty training activities	Preliminary draft of strategic document outlining phased development of the eye workforce	Preliminary draft of strategic document outlining phased development of the eye workforce	FHF	Note: A draft strategic document on the eye care workforce has been developed and shared.	**Completed (Y3).** A draft strategic document on the eye care workforce has been developed.
2.2 Curriculum reviewed and adopted for core training activities	**2.2.1** Roll out of Ophthalmology Residency Training Program (ORT) including organising local lecturers, examiner and overseas internship.	13 residents enrolled in 2015	33 residents enrolled in ORT (ten in Y1, ten in Y2 and 13 in Y3)		**Completed**: FHF confirmed that all 13 residents are on track to meet all service targets listed in the indicators. Note that the budget will be spent within the Year 2015.	**Completed (Y1-3).** ORT residents enrolled: Ten in Y1, 12 in Y2 and 13 in Y3 (total five female). As a result of the ORT, the capacity of local partners to deliver equitable, high quality training in the long term has improved, with five local senior lectures and eight junior mentors to be a future trainers now better equipped through co-teaching with seven visiting lecturers. Prior to this ORT heavily depended on visiting lecturers. While numbers of senior lecturers are small with multi task of clinical and management, it was inadequate to provide close supervision to all residents at two main teaching hospital in Phnom Penh. Engaging the junior ophthalmologists who graduated from ORT reduced the burden of the senior ophthalmologists and was also an opportunity to prepare those junior to be new trainers in a future. Through observation, the number of consultations and surgery's differentiate the levels of ability of the residents. Y3 and Y2 are at a higher capacity in terms of providing quality and correct diagnosis.
Sub-component 2.2 Training institutions provide equitable training using high quality standardised methodology and material						
2.2.1: Training institutions provide equitable training using high quality standardised methodology and materials	**2.2.1.1** Roll out of Ophthalmology Residency Training Program (ORT) including organising local lecturers, local examiners and two month internship in Nepal.	100 consultations undertaken by Y1 residents	100 consultations undertaken by Y1 ORT residents		**Exceeded target:** 4,646 eye consultation and 509 cases of external eye diseases were performed by five residents of Y1.	**Exceeded target (Y3).** Refer Y3 report.
		200 consultations undertaken by Y2 residents	Resident consultations each year: 100 for Y1 residents; 200 for Y2 residents and 300 for Y3 residents		**Exceeded target:** 8,985 cases of eye consultation by five Y2 residents	**Exceeded target (Y3).** Refer Y3 report.
		300 consultations by Y3 residents	Resident consultations each year: 100 for Y1 residents; 200 for Y2 residents and 300 for Y3 residents		**Exceeded target::** So far, 8,435 cases of consultation by Y3 residents	**Exceeded target (Y3).** Refer Y3 report.
		30 surgeries performed by Y2 residents	30 surgeries performed by Y2 residents		**Exceeded target:**1,455 cases of eye surgeries were performed by five residents of Y2.	**Exceeded target (Y3).** Refer to Y3 report.
		40 surgeries performed by Y3 residents	40 surgeries performed by Y3 residents		**Exceeded target:** 1,350 cases of different type of eye surgeries were completed by the three residents of Y3.	**Exceeded target (Y3).** Refer to Y3 report.
		92% of total residents pass quarterly English exam	92% of total residents pass quarterly English exam		**Completed.** Ten out of 11 who enrolled in the English classes passed the exam (90% pass rate)	**Completed.** Refer to Y3 report.
		Six local senior lecturers and six local junior mentees co-facilitate lectures	Six local senior lecturers and six local junior mentees co-facilitate lectures		**Completed (exceeded # of junior mentees).** Six local senior lecturers and eight local junior mentees co-facilitate in teaching	**Exceed target (Y2-3)**. Four Junior ophthalmologists were engaged to support delivery of the ORT in 2014 with Senior lecturers to build local capacity and share senior trainer workload. This resulted in a higher number of local lecturers.
		Six local lectures co-facilitate lectures with visiting lecturers	Six local lectures co-facilitate lectures with visiting lecturers		**Completed (exceeded # junior mentees).** 6 local senior lecturers and 8 local junior mentees co-facilitate in teaching	**Exceed target (Y2-3)**. Four Junior ophthalmologists were engaged to support delivery of the ORT in 2014 with Senior lecturers to build local capacity and share senior trainer workload. And in 2015, eight local junior ophthalmologists were involved to support the senior lecturers to delivery the ORT. This resulted in a higher number of local lecturers.
		20 hours of lectures and 100 hours of clinical practice (both consultant and operating theatre room)	20 hours of lectures and 100 hours of clinical practice (both consultant and operating theatre room)		**Completed (exceeded # of teaching hour)** 467 hours of theories lecturers provided by seven local and nine visiting lecturers. 948 hours of clinical practice(OPD and Surgery)	**Completed (Y1-3).** Total three years: 1,239 hours of theories lecturers and 2,812 hours of OPD and surgeries session delivered by both local and visiting lecturers

Annex 4a: EAVP Cambodia Activity Target Progress (Year Three Annual and All Years)

Objective	Activities	Targets for Year 3	Cumulative targets Year 1-3	Lead Agency	Progress against Y3 activity targets	Progress against cumulative all year activity targets
		Nine visiting lecturers	Nine visiting lecturers	FHF	**Completed.** 9 visiting lecturers (Neuro-ophthalmology, Retina, Cornea and external disease, Glaucoma, and Ocuplastry	**Completed (Y3).** Refer Y3 report.
		30 cases of discussed in practical session, consultation and surgery together with residents and co-lecturers (senior/junior local lecturers)	30 cases of discussed in practical session, consultation and surgery together with residents and co-lecturers (senior/junior local lecturers)		**completed:** Both senior and junior local lecturers work together with residents everyday. Based on the resident logbooks, more than 30 cases have been discussed among of them. .	**Completed (Y3)**. Refer to Y3 report.
		90% of residents passed exam provided each visiting lecturer	90% of residents passed exam provided each visiting lecturer		**Target not met:** Seven out of nine visiting lecturers conducted the exam on each visit. Only 30% of the total residents passed the retina exam.	**Target not met (Y3):** Seven out of nine visiting's lecturer conducted the exam. Only 30% of the total residents passed the retina exam. The residents were advised to provide additional support from both local and visiting lecturers on retina topics in 2016. With limited resource on retina specialists in the country, two visiting retina specialists were invited in 2016 to provide additional support on this topic.
		Six of local lecturers attend the meeting to prepare the exam	Six of local lecturers attend the meeting to prepare the exam		**Completed.** Six local lecturers prepared the OSCE exam	**Completed.** Refer to Y3 report
		90% of the Y1 and Y2 residents passed the final exam of UHS	90% of the Y1 and Y2 residents passed the final exam of UHS		**Exceeded target.** 100% of Y1 and Y2 residents passed the final UHS exam	**Exceeded target**. Refer to Y3 report
		90% of Y3 residents passed the exit exam	90% of Y3 residents passed the exit exam		**Exceeded target.** 100% of Y3 residents passed the final UHS exam	**Exceeded target**. Refer to Y3 report
		Four residents complete internship in Nepal	Four residents complete internship in Nepal		**Completed with approved variance**. Three out of four ORT graduates have completed the two month internship as planned. Two completed the internship in Nepal in August 2015, and following the earthquake in Nepal, DFAT approved a variation to the activity to send one graduate to Thailand to do a two month internship (5 Sept- 5 Nov 2015). Note that there is a confirmed saving of internship activity approximately USD 8,000 for this budget line. 1) The cost of sending the resident to Thailand was cheaper than what was allocated to send them to Nepal. This has resulted in a permanent saving of $USD2,200 as the training fee for the Thai internship is free of charge, and transport and accommodation is cheaper than Nepal. 2) The costs for the last planned graduate is a permanent underspend of $USD5800 After the cancellation of the Nepal internships, the last planned graduate will e supported by this activity instead received support from the Cambodian Ophthalmological Society and Thamasath University to do a one year retina fellowship in Thailand (Sept 2015- Sept 2016) (not supported financially by EAVP),	**Completed with variance (Y1-3)**. Four residents (one female) completed internships in Nepal and one in Thailand (change due to earthquake in Nepal in 2015). One residency in Nepal was cancelled in 2015 after the earthquake. This change was approved by DFAT.
	2.2.1.2 Delivery of third six-month refraction course by the local National Refraction Training Centres in Phnom Penh and Siem Reap (Khmer-Soviet Training Centre, clinical practice at Preah Ang Doung Hospital, Phnom Penh Municipality Hospital and Siem Reap for dispensing spectacles). *(Note activity number changed from 2.2.2.1 in Y2)*	One course delivered	One sixth month course delivered		**Completed.** Six month NRT course commenced on 1st May 2015. There was a delayed start for the course (May rather than March) and a higher than expected level of stakeholder coordination required (between NGO partners, private sector and government) to meet the increase demand for the course. 16 trainees completed the course, with co-funding being provided from NGO partners (12 government trainees) and private sector (3 private sector trainees).	**Exceeded target (Y2-3)**. A total of 38 trainees graduated from the 6 month NRTC (22 trainees (8F) in Y2 and 16 in Y3 (4 female). There was an increased demand from fee paying students which was higher than expected in Y3 and three fee paying students joined the course. The original target was for 10 trainees in Y3 but NPEH demanded that this increase to 16 trainees. BHVI is in discussion with the NPEH about the possible impact of enrolling too many trainees into a course so this can be taken into account for future workforce training planning.
		10 participants attend 6-month course;	Participants in refraction 6 month courses (20 in Y2, 10 in Y3)	FHF/BHVI	**Completed.** Lecturing is held at the NPEH/KSFH, and practical refraction is taking place at KSFH, PAD, and PPVC of BHVI while there is additional practical sessions in SR province for Spec Tech component. In Q3 BHVI supported an international trainer to support the course and also upskill & strengthen capacity of local trainers (David Wilson, Spec Tech Trainer).	**Completed:** refer above.
		90% of participants passed final examination	90% of participants passed final examination		**Completed.** BHVI sent an International expert trainers to support the Paediatric Content and final assessment of the course - to ensure quality of course is maintained. 100% trainees passed the final exam.	**Completed (Y2-3).** Year 2 had 22 graduates and Y3 had 16 graduates . All 38 (100%) met the technical committee & criteria/education standards approved by the MoH in Refractionist Nurse Training curriculum and have successfully graduated.
		90% of participants passed confident level of final exam.	Increase in level of confidence of trainees as demonstrated through 90% participants pass confident level of final exam in Y2 and Y3.		**Completed.** All trainees passed theorical exam however only 60% of trainees passed the practical exam. The trainees then passed the Re-test for practical exam.	**Completed (Y2-3).** A total of 38 trainees passed the final exam (22 trainees (8F) in Y2 and 16 in Y3 (4F).
		Six participants attended refresher spectacle dispensing	Six participants attended refresher spectacle dispensing		**Completed.** Six existing refractionists attended refresher spectacle dispensing course.	**Completed (Y3).** Refer to Y3 report.
		25% of knowledge increased (post test)	25% of knowledge increased (post test)		**Completed.** Knowledge increased between 31%-44% as indicated by pre and post test assessments on theoretical and practical competency.	**Completed (Y3).** Refer to Y3 report.
		N/A	Minimum of 35 patients seen and reviewed by supervisor per trainee		Not a Y3 target.	**Completed (Y2).** Average 30 to 40 patients seen and reviewed per trainee under supervision of the trainers. The trainees were provided more opportunity to practice with real patients in three teaching hospitals, BHVI centre and 4 visits of outreach screenings.
	2.2.1.3 Review of current NRTC practical training and community outreach modules	One revised NRTC practical training and community outreach module developed	One revised NRTC practical training and community outreach module developed	BHVI	**Completed.** Practical Training and Outreach review was conducted - expected to share to NPEH & NRT technical & management committee in 2016. It outlines the current practical training activities, a review of their implementation and content, and recommendations for revisions.	**Completed (Y3)**. Refer to Y3 report.

Annex 4a: EAVP Cambodia Activity Target Progress (Year Three Annual and All Years)

Objective	Activities	Targets for Year 3	Cumulative targets Year 1-3	Lead Agency	Progress against Y3 activity targets	Progress against cumulative all year activity targets
	2.2.1.4 Establishment of Ophthalmic Nurse Training (ONT): curriculum development, roll out of new course with field practice, upgrade skill-lab, refresher ToT, Ophthalmic Refresher course for trainers and course monitoring (This activity was funded from 2.2.1.1 equipment, as per DFAT approved variation dated April 2013)	N/A	ONT curriculum finalised, approved and MoU signed.	FHF	Not a Y3 target.	**Completed (Y2).** Curriculum completed and MoU was signed in Y2.
		40 general nurses enrolled in the course (Y2-3)	40 general nurses enrolled in the ONT course		**Completed.** 39 general nurses (17 Female and 22 male) enrolled for ONT course which had a delayed start in early June 2015. Course is due to complete by 30th May 2016. UHS has indicated that they will cover the cost of training between Jan-May 2016 (due to the delay and need for the program to run beyond the EAVP implementation period). Checklists have been developed by ONT trainers to assess the level of confidence and competency of the trainees during their clinical placement at teaching hospital and field practice. The schedules for the field practice have been set by trainers at teaching hospitals to ensure the level of competency of the trainees by conducting the field practice under their supervision. Trainers led the trainees field practice at community in Kandal and Thbong khmob-33 trainees (11 Female) attended these field practices, 285 people (177 Female) were examined by the trainees under close supervision of their trainers and 61 cases (35 females) were referred for treatment at respected eye units.	**Completed (Y1-3).** Five ON were trained in Y1 in the existing curriculum. In Y2, 39 nurses enrolled in the revised ONT program. There turned out to be a higher than expected demand for enrolments in the course from fee paying and government scholarship students. Five trainees did not complete the attendance requirements in 2015 and 2 more in Term 3. Based on Term 3 exam results the remaining 32 trainees are expected to successfully complete their exit exams and graduate in June 2016. Although outside the scope of the program the UHS is now running the program to train a second cohort of ON trainees starting in Jan 2016 (31 new trainees 7 females)
		50% of trainees passed confident level of final exam.	50% of ON trainees passed confident level of final exam.		**Completed.** the final examination was postponed from late May to late June 2016. 32 of the 34 trainees will sit the exit exam and based on recent results from Term 3 they are expected to graduate. The remaining two trainees who are not eligible to do the exit exam due to high absences will need to redo the final courses.	**Completed (Y3).** the final examination was postponed from late May to late June 2016. 32 of the 34 trainees will sit the exit exam and based on recent results from Term 3 they are expected to graduate. The remaining two trainees who are not eligible to do the exit exam due to high absences will need to redo the final courses.
		20 local Trainers refreshed teaching methodology	20 local Trainers refreshed teaching methodology		**Completed.** 22 Ophthalmic Nurse Trainers attended the Refresher TOT and Annual ONT review workshop from 1-3 Dec 2015, in Siem Reap, which was organised by UHS. The trainers were refreshed on the clinical teaching methodology, tools for clinical evaluation (checklist/ clinical guideline). The Trainers also provided feedback and shared UHS/TSMC challenges during the last two terms in delivery of the ONT. More challenges were raised relating to the clinical practical placement of the trainees at the teaching hospitals, for example there were no official letters from UHS to the teaching Hospitals to formally inform them about who are the official trainers to supervise and monitor the trainees during their placement. To resolve this, the Director of TSCM agreed to issue the official letters to the respected hospitals in early 2016 onward.	**Completed (Y3**). 22 Ophthalmic Nurse Trainers attended the Refresher TOT and Annual ONT review workshop. Project Technical Meetings were conducted, consisting of ONT trainers and representatives of TSMC and UHS. They mainly discussed the method of teaching and developing the tools to evaluate the students' performance. The PTM also raised challenges during the delivery of term 1 and term 2 of ONT. Suggestions and recommendations were provided among the members to resolve the current challenges.
		90% of trainers can develop lesson plan with improved methodology	90% of trainers can develop lesson plan with improved methodology		**Completed:** monitoring visits were conducted by UHS/TSCM staff to three teaching hospitals. Some findings were raised such as number of trainers in each hospital is limited which makes it difficult to provide close monitoring/supervision to the large number of trainees. Other issues included: the trainees were restricted from accessing equipment at the hospitals, the trainees don't always arrive at hospitals punctually, and the OT practice at the hospitals usually finishes around 1 PM which overlaps with theories session at UHS (starts from 1 PM-5 PM)	**Completed (Y3).** In 2014, 24 Trainees (nine female) completed three week training on pedagogy (Foundation course of Teaching-learning in health professions education). Training was held and organised by UHS and three trainers (1F) were from Technical School for Medical Care in PnP. As above, training numbers were increased at request of UHS and NPEH. Data is not available to address the target of '90% of trainers can develop lesson plan with improved methodology.' However, there is an assumption that they are using the new teaching method as it is offically required by UHS for each teacher to develop a lesson plan following the teaching program (ONT curriculum) and submit the lesson plan to a training coordinator before they deliver lecturers. There are also regularly monitored by the training coordinator of UHS at classroom and clinical placement on how the trainers conducts their teachings.
		90% of trainees pass final exam	90% of trainees pass knowledge test after training/final exam; 60% of trainees confident/very confident after training ; 60% improve confidence levels or maintain high levels of confidence after training		**Completed/results delayed:** 32 of 39 trainees have completed the course (7 not completed due to high level of absences). Exit exams were scheduled for 23-27 May but were delayed by the University until late June. Term 3 exam results indicate the 32 trainees should have no problem with the exit exams. Term 3 results averaged 80% for knowledge/theory and practical.	**Completed/results delayed (Y3).** Refer to Y3 report.
2.2.2 Training institutions review and customise the ORT curriculum	**2.2.2.1** Translation of curriculum	Document translated into Khmer	Document translated into Khmer	RANZCO	**Completed.** Translation of ORT curriculum preface is complete. The UHS funded this themselves. Local stakeholders have decided that as the ORT is taught in English and medical terminology is not possible to translate that translation of the preface is adequate and suitable for the books curriculum purposes.	**Completed (Y2-3)**: Translation of ORT curriculum preface and curriculum objectives (of each chapter)
	2.2.2.1 One Training of Trainers workshop involving 12 local stakeholders and 2 educators to support implementation of the revised ORT curriculum.	1 workshop delivered and attended by 6 ORT TC members, 2 UHS representatives, 4 young ophthalmologists	TOT workshops to support implementation of revised ORT curriculum (attended by mix of ORT trainers, UHS staff, graduates: 10pp in Y2 and 12pp in Y3	RANZCO	**Completed.** Completed. Workshop attended by ORT training coordinators, UHS representatives and junior ophthalmologists	**Completed (Y2-3).** Two workshops held in Y2 and one in Y3. Workshops focused on topics including 'Formative assessment' (8 participants) and 'Assessment tools' (17 participants) and Effective Clinical teaching (31 participants) - the aim of the workshop was to share and learn from the experience of colleagues how to improve teaching effectiveness in the clinical setting e.g. planning teaching and giving feedback, outpatient clinic and operating theatre.
	2.2.2.2 Two training of trainers workshops to support implementation of the reviewed and customised ORT curriculum	90% ophthalmologists are familiar with and confident to teach revised curriculum	90% ophthalmologists are familiar with and confident to teach revised curriculum		**Completed.** Training with the new curriculum began in 2015 with new ORT trainees. Anecdotal evidence indicates trainers are confident and using the revised ORT curriculum. No specific survey/questionnaire questions were asked post training about confidence to teach with new curriculum.	**Completed (Y3).** Refer to Y3 report.
		N/A	Improved alignment of teaching with curriculum		Not a Y3 target.	**Completed (Y2).**
		N/A	Trainer workshop evaluations are completed by 90% trainers who completed training		Not a Y3 target.	**Completed (Y2).** 94% of the 17 participants completed the workshop evaluation

Annex 4a: EAVP Cambodia Activity Target Progress (Year Three Annual and All Years)

Objective	Activities	Targets for Year 3	Cumulative targets Year 1-3	Lead Agency	Progress against Y3 activity targets	Progress against cumulative all year activity targets
		N/A	60% trainees confident/very confident after training and 60% improve their confidence levels or maintain high levels of confidence after training		Not a Y3 target.	**Completed (Y2).** Overall, satisfaction with the workshop was high: between 88 and 94 per cent of respondents either 'agreed' or 'strongly agreed' that the workshop aims and format were well devised, and the conduct of the workshop well executed. Between 81 and 100 per cent of respondents 'agreed' or 'strongly agreed' that the workshop achieved its aims with regards to understanding workplace-based assessment, and choosing and planning for the incorporation of new assessment methods into the ORT program. Participants did feel that training could be improved by providing. more time and support in understanding the concepts and exploring the options for assessment, and how formative and summative assessment can be used to help them attain the competencies described in the curriculum.
	2.2.3 Review and customise the ORT curriculum in consultation with UHS, NPEH and relevant stakeholders (Y1)	N/A	Reviewed and customised ORT curriculum ready for implementation at end of Year two.		Not a Y3 target.	**Completed (Y1-2).**
	2.2.2.3 'Best practice' workshop series on higher education teaching methods and assessment 12 local participants x 2 one day workshops (ORT technical committee, NPEH representatives, UHS representatives and recent graduates) and three international participants) (Y2-3)	Effective Clinical Teaching Workshop held	2 best practice workshops are attended by 12 local participants	RANZCO	**Completed.** Best practice workshops are completed. They focused on effective clinical teaching - turning curriculum into engaging live teaching documents.	**Completed (Y2-3).** Two Best practice workshops held. The Curriculum and Assessment workshop was facilitated by three international ophthalmologists. Nine participants finalised curriculum review process and discussed next steps for assessment standardisation process. The Effective Clinical Teaching Workshop in Y3 focused on turning curriculum into engaging live teaching/learning documents.
	2.2.2.4 Obtain final sign off from UHS/NPEH	Sign off and endorsement of ORT curriculum	Sign off and endorsement of ORT curriculum	RANZCO	**Completed.** RANZCO engaged stakeholders in Cambodia in June to explore development of other activities. As stakeholders have limited human resourcing it was agreed not to pursue new activities. RANZCO also ran an additional activity utilising underspend and in response to partner request. This activity was a session on Professional Standards of practice, gender and ophthalmic practice for ORT - bringing more light to the issue of minimum standards and addressing cross cutting issues (gender). The Professional Standards of Practice session received positive engagement from both UHS Prof Youttiroung and COS during the August planning meeting and third engagement in the session itself.	**Completed (Y2-3).** Sign off received. Some underspend was used to run a Professional Standards of practice, gender and ophthalmic practice for ORT - bringing more light to issue of minimum standards and addressing cross cutting issues (gender).
	2.2.2.5 Stakeholder education workshop and launch of revised curriculum	Educate key trainers and institutions about ORT curriculum review and launch curriculum	Educate key trainers and institutions about ORT curriculum review and launch curriculum	RANZCO	**Completed.**	**Completed.** Refer above.
2.2.3 Support UHS to standardise ORT assessment methodology	2.2.3 Review and customise the ORT curriculum in consultation with UHS, NPEH and relevant stakeholders		Review and customise the ORT curriculum in consultation with UHS, NPEH and relevant stakeholders	RANZCO	Not a Y3 Activity	**Completed (Y1-2)**. The Review of the ORT Curriculum was completed in Y2.
	2.2.3.1 Develop guidelines/templates for assessment documentation and support submission of assessment guidelines and revised templates to endorsing body and support implementation	Guidelines and templates submitted to endorsing body	Guidelines and templates submitted to endorsing body	RANZCO	**Completed.** These were submitted to UHS and the ORT TC in 2014. Assessment templates available (OSCE process recorded and guidelines included) in Y3.	**Completed (Y2-3).** Assessment guidelines were developed and submitted to the UHS and ORT TC. The ORT faculty and trainees have a good understanding of what is required and with written processes in place should be able to do this exam without external support.
		Assessment/guidelines template developed	Assessment data recording documentation reviewed and developed, signed off and endorsement of ORT assessment		As above	**Completed (Y2-3).** As above.
	2.2.3.2 Review and develop official assessment documentation to be used to record data	Implementation in ORT program, across teaching hospitals	Implementation in ORT program, across teaching hospitals		**Completed (and ongoing).** Guidelines and templates were disseminated to ORT residents for use in Q1 and follow up monitoring indicates that these are being used as part of daily practice.	**Completed (Y2-3)**. Guidelines and templates were developed and are being used in daily work. For example logbooks are very likely to be used post program as they are becoming standard systems for working and monitoring. All participants in the most recent follow up visit reported that they used the logbook during clinical sessions. Ophthalmology Residents also report that Journal clubs are happening every other Friday or so, however feedback on the templates has been difficult to get. RANZCO requested and received scanned logbooks from residents sent as evidence of logbooks used in Q2 and provided feedback to residents.
	2.2.3.3 Official sign off from UHS *[Develop guidelines for 'major review' and 'journal club' & develop guidelines/templates for ORT resident feedback to be provided for exams, journal club, major review and performance in OR and OPD]*	Guidelines for major reviews and journal club developed and signoff. Carried over into Y3	Guidelines for major reviews and journal club developed and signoff.		**Completed Y3**. Guidelines for major reviews and journal club developed. Signoff not provided.	**Completed (Y2-3)**. As Above. Although official signoff has not yet been received, there is evidence that the tools and guidelines are now being used in day to day practice.
		N/A	ORT resident feedback guidelines/templates developed and signoff		Not a Y3 target.	**Completed (Y2)**.

Annex 4a: EAVP Cambodia Activity Target Progress (Year Three Annual and All Years)

Objective	Activities	Targets for Year 3	Cumulative targets Year 1-3	Lead Agency	Progress against Y3 activity targets	Progress against cumulative all year activity targets
	2.2.3.4 2 x external RANZO examiners to attend Cambodian exams to support and inform the clinical component of the examinations	Year 2 recommendations from external examiners are implemented	Year 2 recommendations from external examiners are implemented		**Completed.** Feedback from ORT visiting lecturers and from the Effective Clinical Teaching workshop show that logbooks are being used more regularly and have provided further recommendations for implementation. Monitoring of these tools has been integrated into the ORT visiting lecturer evaluations, co-lecturer evaluations and resident evaluations.	**Completed (Y2-3).** Feedback loop is always followed through with the dissemination of reports to UHS via FHF, and in turn to visiting lecturers. Use of logbooks for daily clinical record keeping is one example of this.
	2.2.3.4 Facilitate two external RANZCO examiners to participate in ORT exams to support standardization of assessment process	Robust and fair examination process	Robust and fair examination process	RANZCO	**Completed.**The ORT Committee acknowledged the marked improvement in the final assessment processes and standards. Drs. Mark Renehan and Neil Murray congratulated the UHS and the ORT Committee and further emphasised the importance of preparation, blueprinting the examination to the curriculum standards, evaluation, and active participation of each committee member.	**Completed (Y3)**. Refer to Y3 report.
2.2.4 Strengthened capacity of local examiners and UHS to develop ORT exam questions and develop an exam question data bank for the ORT Program.	**2.2.4** Support UHS to standardise ORT assessment methodology **2.2.4.1** In-country workshop to develop capacity to develop exam questions and develop exam question data bank	**N/A** 50 MCQs developed	Standardised process for assessment 50 MCQs developed	RANZCO	Not a Y3 target. **Complete:** 23 participants attended the MCQ workshop facilitated by RANZCO Fellows. These included participants from UHS, PADH, KSFH, Calmett Hospital, Takeo Eye Hospital and three Ophthalmic Nurse Trainers. The workshop was considered successful with good engagement (Fellows subsequently reviewed questions). A follow up MCQ workshop was conducted in Q5. The workshop survey results report: • 25.25% increased confidence in developing MCQs • 24% increased confidence in developing EMQs • 10.75% increased understanding in how a questions bank is developed for use in exams.	Scoping study was conducted in Y1. Refer to 2.2.3.1 and 2.2.3.2 **Completed/Exceeded target (Y3)**. Over 100 MCQ questions developed on Peerwise. Refer to Y3 report for further detail. A total of 107 MCQ questions available on on-line question database. It was recommended that responsibility for the question bank be allocated to one person. The UHS system is now that each lecturer has to supply 10 questions on their topic after they have given their lecture. A lecturer may give 6 or 7 lectures each on a different topic and this requires them to submit 10 questions per topic. This will assist development and expansion of the question bank.
		Local examiners are confident to develop exam questions	Local examiners are confident to develop exam questions		**Completed.** During the December exam period the ORT faculty endorsed MCQ area, components and marking, including review and fine tuning of questions.	**Completed (Y3).** Refer to Y3 report.
		Exam question data bank developed	Exam question data bank developed		**Completed.** MCQ database through on-line software: Peerwise.	**Completed (Y3).** Refer to Y3 report.
2.2.5 Capacity developed for delivery of Objective Structured Clinical Exams (OSCE)	**2.2.5.1** Develop capacity of UHS to run a mock OSCE and real OSCE	1 mock OSCE	1 mock OSCE	RANZCO	**Completed.** Overall, the mock OSCE ran smoothly and recommendations made for real OSCE	**Completed (Y3)**. Refer to Y3 report.
		1 real OSCE	1 real OSCE		**Completed.** The OSCE ran smoothly and some issues during the mock OSCE were addressed including: ensuring all mobile phones were on silent and patient's companions were asked to wait outside of the simulation centre, clear signage for the examination stations and waiting areas, use of a timer to ensure equal time with each patient and ensuring all candidates displayed a name badge including their candidate number.	**Completed (Y3)**. Refer to Y3 report.
2.2.6 Capacity built at UHS to run /train in Ophthalmology skills lab	**2.2.6.1** Ophthalmology skills lab training	UHS confident to run and train others in the skills lab	UHS confident to run and train others in the skills lab	RANZCO	**Completed:** Scoping visit completed and workshop outlined. Scoping visit identified additional resources, which FHF have agreed to supply. TOT workshop was conducted in Q5. All participants reported the workshop to be helpful in improving skills lab training knowledge. A 13.4% increase in confidence in delivering a skills lab workshop was reported, with positive comments received about the workshop: "the overall workshop was very good for trainer to know the way how to train the trainee", and "can observe the skills of the trainee in skill practice before going to operation theatre." Further comments noted that advanced training in the areas of phaco and cataract simulation would also be useful.	**Completed (Y3).** Refer to Y3 report.
		Two rooms of skill-lab (dry and wet lab) are upgraded at UHS;	Two rooms of skill-lab (dry and wet lab) are upgraded at UHS;	FHF	**Completed.** Procurement took place in Q1 and delivery in Q2. **Maintenance plan:** the installation is conducted in July along with the manual/ maintaining training from suppliers to UHS staff (skill lab staff). The supplies provide one year warranty on hard-ware and two year maintenance on service. In addition, the donation letter addressed that after period of warranty, UHS is responsible for all cost associated with maintenance. FHF reserves rights to conduct an every two year monitoring on equipment at UHS. The local suppliers provided training and instruction on the heavy equipment's to three persons in charge of the skill-lab and the ONT Trainers and trainees.	**Completed (Y3)**. Procurement completed and equipment handover and maintenance plans are in place.
		At least 200 of Ophthalmic Nurses, Medical students and residents utilised equipment at skill-lab	At least 200 of Ophthalmic Nurses, Medical students and residents utilised equipment at skill-lab	FHF	**Completed.** 45 Medical students and their trainers accessed the skill-lab. Monthly reports from the lap records report on the equipment use.	**Completed (Y3) exceed target:** 751 (62 females) of Ophthalmic nurses, medical students and residents have accessed the skill lab since delivery equipment until Q5 of EAVP.
2.3.1: Training institutions have appropriate resources (including equipment, human resources) to conduct quality training and meet national accreditation standards	**2.3.1** Purchase and install ophthalmic equipment (for Low vision instrument and device) for quality teaching facility of ORT	N/A	Ophthalmic equipment purchased and installed for OPD and paediatric quality teaching facility of ORT at Khmer Soviet Friendship Hospital (2.3.1year 1)		Not a Y3 target.	**Completed (Y2-3)**. Refer to report below.
	2.3.1.1 Purchase and install ophthalmic equipment for quality teaching facility of ORT	N/A	Two rooms equipped with Ophthalmic equipment for OPD and glaucoma purchased	FHF	Not a Y3 target.	**Completed (Y2)**. Two rooms equipped at Khmer Soviet Friendship Hospital.
		List of low vision instrument registered at Khmer Soviet Friendship and Preah Ang Doung Hospital	List of ophthalmic equipment registered at Khmer Soviet Friendship Hospital and Preah Ang Doung Hospital (Y2-3)		**Completed.** Refer to report below and asset register.	**Completed (Y2-3).** Refer to asset register in Annex 7 of completion report.

Annex 4a: EAVP Cambodia Activity Target Progress (Year Three Annual and All Years)

Objective	Activities	Targets for Year 3	Cumulative targets Year 1-3	Lead Agency	Progress against Y3 activity targets	Progress against cumulative all year activity targets
		Two rooms equipped with Low vision instrument and device purchased	Two rooms equipped with Low vision instrument and device purchased (2.3.1 Y3)		**Completed.** Instruments were delivered to the teaching hospitals (Preah Ang Doung and Khmer Soveit Friendship Hospitals). Maintenance plan: the installation is conducted in July along with the manual/ maintaining training from suppliers to teaching hospitals (residents and Trainers). The suppliers provide one year warranty on hard-ware and two year maintenance on service. In addition, the donation letters emphasise that after the period of warranty, the teaching hospitals are responsible for all costs associated with maintenance. FHF also reserves the right to conduct monitoring every two years.	**Completed.** Equipment and instruments were delivered to the teaching hospitals (Preah Ang Doung and Khmer Soveit Friendship Hospitals). Maintenance plan: the installation is conducted in July along with the manual/maintaining training from suppliers to teaching hospitals (residents and trainers). The suppliers provide one year warranty on hard-ware and two year maintenance on service. In addition, the donation letters emphasise that after period of warranty, the teaching hospitals are responsible for all cost associated with maintenance. FHF also reserves rights to conduct monitoring every two years.
	2.3.1.2 Purchase and install teaching refraction equipment for refraction practice and training facility of NRT [Note this was 2.3.2.3 in Y2]	N/A	Three rooms equipped with equipment (2.3.1.2 Year 2)	FHF	Not a Y3 target.	**Completed (Y1-2). 3 ROOMS (NRT).** Note maintenance plan and practice outlined above. In Y1 program renovated room at KSFH and partially equipped the rooms, rooms were fully equipped in Y2 including NRT being fully equipped with teaching instruments.
		N/A	One list of equipment installed (2.3.1.2 Y2)	FHF	Not a Y3 target.	**Completed (Y2).** Note maintenance plan and practice outlined above.
		N/A	List of ophthalmic equipment registered at NPEH (2.3.1.2 Y2)	FHF	Not a Y3 target.	**Completed (Y2).** Note maintenance plan and practice outlined above.
	2.3.2.2 Spectacle technician refresher for new and existing NRT (3 days PnP or Siem Reap)	N/A	Four trainers upskilled (Y2)	BHVI	Not a Y3 target.	**Exceeded target (Y2).** Five trainers upskilled against target of four.
		N/A	60% of trainees confident/very confident after training (Y2)	BHVI	Not a Y3 target.	**Target not measured (Y2).** As attendees had previously attended a TOT refraction course covering teaching principles, the focus of this course was predominately on Spec Tech/Dispensing content and deliver of components. No pre/post training assessments were used for this training.
		N/A	60% improve confidence levels or maintain high levels of confidence after training (Y2)	BHVI	Not a Y3 target.	**Target not measured (Y2).** Refer above.
		N/A	85% rating as good or excellent (Y2)	BHVI	Not a Y3 target.	**Target not measured (Y2).** Refer above.
	2.3.2.1 New and existing NRT attend EyeTeach course	N/A	New and existing National Refraction Trainers gain skills and knowledge to confidently teach others (Y1)	BHVI	Not a Y3 target.	**Complete (Y1-2).** The week long EyeTeach course was conducted in Aug/Sep 2013. The attendees included four new trainers and eight existing trainers. At the NRT course in 2014, all trainers were able to use their new skills by pairing up one new trainer & one experienced trainer. For subsequent NRT courses they taught independently.
	2.3.2.2 Refraction and Spectacle Technician refresher for new and existing trainers	N/A	New and existing National Refraction Trainers have enhanced refraction and spectacle making skills and knowledge (Y1)	BHVI	Not a Y3 target.	**Completed (Y1-Y2).** Eight existing trainers and four new trainers participated in the Eyeteach training course. The course was introduced and lectured by the International Trainer of the Institute in collaboration with the National program for Eye Health, in Aug/Sep 2013. The course is about training of Trainers/ToT, which includes teaching and learning activities plan, teaching methodology, learning principles, giving feedback. In addition, courses on refractions & dispensing were reviewed and refreshed. All trainers were guided to go through and reviewed the new revised Refraction material/curriculum. Additionally, to subplement this, the BHVI included a refresher section within the Paediatric Refraction Training to trainers in Y3.
		N/A	New and existing National Refraction trainers are confident teaching and using new refraction training materials (Y1)	BHVI	Not a Y3 target.	**Completed (Y1-Y2):** As above
	2.3.2.3 International paediatric refraction placement for NRTC trainers	N/A	New refraction material reviewed with local adaptation (Y1)	BHVI	Not a Y3 target.	**Completed (Y1-Y2):** As above
		N/A	Two NRTC trainers attend (Y2)	BHVI	Not a Y3 target.	**Completed (Y2).** Two NRT trainers enrolled in the International Paediatric Refraction placement in Sept 2014. The placement exposed them to an advanced level of Paediatric Refraction.
		N/A	Two participants implementing new skills and knowledge (Y2)	BHVI	Not a Y3 target.	**Completed (Y2-3).** The two trainers have demonstrated increased capacity and confidence through progress of the Paediatric area in Y3. The trainers were also enrolled in the Online Mentoring platform.
		N/A	Two participants presenting at CREW (Y2)	BHVI	Not a Y3 target.	**Completed (Y2-3).** The two trainers now co-facilitate Paediatric content training with International Paediatric Specialist in the NRT course. They also co-facilitated relevant topics as part of the Continuing Refraction Education workshop (CREW) in 2015.
Sub-component 2.4 New sub specialty training program developed						
2.4.1: To develop new capacity for service provision in priority areas	**2.4.1.1** (Y1) Identify priority areas and begin developing capacity on sub specialty areas; including paediatric ophthalmology and Oculoplasty	N/A	Key priorities identified and two ophthalmologists attend sub specialty trainings	FHF	Not a Y3 target.	**Complete.** One senior ophthalmologist (male) attended a one month short course on Oculoplastry sub-specialty at the TIO, Nepal, in April 2013. One junior Ophthalmologist (female) attended a two month short course on paediatric sub-specialty at the TIO in Nepal, from April-May 2013.
	2.4.1.1 (Y1 -3) Operating Theatre Ophthalmic Nurses Management workshops *[note: in Y1 this was activity 2.4.1.2 Operation Theatre Ophthalmic Nurse 3 day workshop for 20 Ons in Cambodia (Siam Reap)]*	20 Ophthalmic Nurses attend Workshop	20 Ophthalmic Nurses attend Workshop per year (total 60 ON)	FHF	**Completed.** There was a 20% improvement for trainees based on comparison of pre/post test results. 16 people were trained (including five women). In Q3 when comparing pre- and post test scores, post test results were on average 20% higher than pre test results. The training report is still being finalised and can be made available in November.	**Completed (Y2-3).** Total of 36 ON attend an OT workshop (Y2=20, Y3=16).

Annex 4a: EAVP Cambodia Activity Target Progress (Year Three Annual and All Years)

Objective	Activities	Targets for Year 3	Cumulative targets Year 1-3	Lead Agency	Progress against Y3 activity targets	Progress against cumulative all year activity targets
		20%-30% of management theatres improved	20%-30% of management theatres improved		**Completed.** Refer above	**Completed (Y2-3).** As a result of this additional training for ophthalmic nurses, the Kampong Change Eye unit Chief observed that his ophthalmic nurses who attended the workshop have performed and managed their tasks (both OPD and OT) with higher levels of confidence, with greater time efficiency in the operating room resulting in greater surgery performance of his eye unit.
		75% of participants satisfied	75% of participants satisfied		**Completed.**	**Target met**. 73% of participants found the Y3 workshop useful. They suggested to continue this workshop at least once a year to refresh and update knowledge and skills for existing ophthalmic nurses who graduated long time ago. They also suggested the courses should be extended to have more practice at hospitals rather than just practice at the workshop venues.
	2.4.1.2 To support NPEH to deliver an official refresher training on LA for existing ophthalmic nurses/eye nurses	Eight ophthalmic nurses attended LA course	Total 14 trainees complete LA training (Six trainees attended LA refresher in Y2 and eight LA training in Y3)	FHF	**Completed.** Eight trainees completed LA course (including two women). Improvements measured were 19.21% improvement in theory and 21.62% improvement in practice. Post test results were on average 20% higher than pre test results. Training report is available on request.	**Completed (Y2-3).** Total of 16 trainees completed LA training. Eight trainees completed a refresher course on Ophthalmic LA in Y2 (4 female), and Eight trainees completed an LA course in Y3 (two female).
		20% of knowledge improved	20% of knowledge improved		**Completed.** Post test results were on average 20% higher than pre test results. The training report is still being finalised and can be made available in November.	**Completed (Y3).** Refer to Y3 report.
		N/A	84% of participants able to apply LA skills competently at back-home work		Not a Y3 target.	**Completed (Y2)**. Eight trainees completed a refresher course on Ophthalmic LA in Y2 (four female). The competency of the trainees on the Local Anaesthesia performance were assessed through theory and practice written and performance tests with patients; each trainee was able to demonstrate they could perform local anaesthesia on more than 10 cases safety and effectively during training. Final training evaluation indicated that more than 97% could perform local anaesthesia with patient safety and effectively. The result of post test were on average 25% higher than the pre-test result. Data of post-training was not available by time of reporting. Due to time constraints a follow up could not be scheduled. However, it is an assumption that they are able to applytheir skills and knowledge as they are assigned to rotate in both OPD and Operation rooms.
	2.4.1.3 To deliver ophthalmic short courses, and provide equipment to ensure requirements are in place for trainees to implement skills developed through training	Two SICS courses organised in the country	Two SICS courses organised in the country	FHF	**Completed.** NPEH finalised the date of the training and got official approval from MoH, the first course took place on 20 April- 4 June and second course from 15 June-30 July. Both SICS courses are now completed.	**Completed (Y3).** Two SICS courses completed. Refer to Y3 report for further detail.
		Four junior ophthalmologists graduated	Four junior ophthalmologists graduated		**Completed.** Four junior ophthalmologists (1 female) graduated from SICS training.	**Completed (Y3).** Refer to Y3 report.
		40 treatments performed by trainees during training	40 treatments performed by trainees during training		**Completed.** Each trainee performed on average 50 cases of cataract surgeries during the trainings.	**Completed/exceeded target (Y3).** Refer to Y3 report.
	(refer to Plan on a Page as Annex to the Year 3 Annual work plan for more information)	Knowledge increased up to 35% in SICS surgical skill after training	Knowledge increased up to 35 % in SICS surgical skill after training		**Completed.** Post test indicates that on average there has been a knowledge improvement of 32%. Each trainee has conducted over 50 cases to reach level of competency in procedure.	**Completed (Y3).** Refer to Y3 report.
		Four trainees receive post-mentoring and report complicated cases	Four trainees receive post-mentoring and report complicated cases		**Completed.** Four trainees received post monitoring visit.	**Completed (Y3).** Refer to Y3 report.
		35 cases of successful cataract surgery conducted by each graduated trainees 5 months after completion	35 cases of successful cataract surgery conducted by each graduated trainees 5 months after completion		**Completed.** Mentoring was conducted to follow the graduated trainees. Average 50 cases were performed by each trainee at their teaching hospitals and mobile eye camps.	**Completed (Y3).** Refer to Y3 report.
		Eight surgical instrument kits provided to eight Eye Units	Eight surgical instrument kits provided to eight Eye Units		**Completed.** Surgical instrument kits delivered to eight Eye Unit	**Completed (Y3):** Refer to Y3 report.
		1,200 sight restoration cataract surgeries (treatments), performed in eight eye units after delivery of instruments and consumables	1,200 sight restoration cataract surgeries (treatments), performed in eight eye units after delivery of instruments and consumables		**Completed Q4**: 1,684 cases of cataract surgeries (988 female) performed at eye units after delivery of instrument and consumables.	**Completed/exceeded target (Y3). Refer to Y3 report.**
	2.4.1.4 Building capacity of NRTC subspecialty areas through provision of paediatric training and support for existing subspecialty paediatric NRTC trainers.	Four NRTC trainers increase subspecialty knowledge and skills (paediatrics)	Four NRTC trainers increase subspecialty knowledge and skills (paediatrics)	BHVI	**Completed.** Online mentoring program was developed in Q1 and commenced in April 2015. The Paediatric Online Mentoring was completed by two NRT trainers in Cambodia (April - July). It provided a follow-up after fellowship program in Australia and build on the skill of binocular vision assessment and care for children. The course introduced a series of case studies, an opportunity to discuss some examples of real practices, provided learning resources, reflection and social responsibility with an action plan. BHVI did work with NPEH to ensure no overlap with SFA work in paediatric ophthalmology capacity building. More follow up to take place.	**Completed**. Four NRT trainers attended in Advance Paediatric refraction & Binocular Vision program, where they are increasing new subspecialty skill.
	(See Plan on a Page at Annex 5 for more information)				The NRTC course schedule was prepared to include the two x trainers helping to co-facilitate the paediatric modules. 4 NTR attended in "Paediatric Refraction and Binocular Vision Placement Program" in Australia. Two trainers were in Sep 2014 & the other two in Sep 2015.	
	2.4.1.5 Building capacity of NRTC sub specialty areas through Paediatric workshop for existing NRTC graduates	Ten NRTC Trainers enrolled	Ten NRTC Trainers enrolled	BHVI	**Completed (Q2+3):**The Paediatric Refraction course was held from 8-17 June 2015, at the National Program for Eye Health/KSFH. Nine NRT trainers participated and two NRT trainers co-facilitated. Clinical practice, case presentation, and assessment were included.	**Completed.** Nine NRT trainers participated and two NRT trainers co-facilitated. Clinical practice, case presentation and assessment were included. Trainers are allocated into teaching sessions of the Paediatric Content in NRT course, where they are able to immediately apply new skills with trainees. Trainers found to be weak in this area were paired up and supported by senior trainers who were confidence with advanced Paid Refraction. In this way, they were able to learn from each other and from real practical teaching experience. Additionally, they are able to apply their skills at the workplace at their respective hospitals. Moreover, professional networks have been established and the local trainers discuss difficult cases when support is needed.
	(See Plan on a Page at Annex 4 for more information)	90% pass rate	90% pass rate		**Completed.** The pass rate is 100% (all trainers passed)	**Completed (exceeded target) (Y3).** Refer to Y3 report.

Annex 4a: EAVP Cambodia Activity Target Progress (Year Three Annual and All Years)

Objective	Activities	Targets for Year 3	Cumulative targets Year 1-3	Lead Agency	Progress against Y3 activity targets	Progress against cumulative all year activity targets
		Improved confidence levels for 100% of trainers	Improved confidence levels for 100% of trainers		**Completed.** Post test assessments indicate trainer confidence level increased by an average of 22% for all trainers.	**Completed (exceeded target) (Y3).** Refer to Y3 report.
		85% rating as good or excellent	85% rating as good or excellent		**Completed.**	**Completed:** Refer to Y3 report.
	2.4.2 Assess evidence base and develop strategies for identified priority specialty area training in consultation with NPEH, COS, relevant NGOs and ophthalmologists, LV Prasad and other training institutions	N/A	Established priorities and strategy for implementation of specialty area. Fellowships in 2014 and 2015 (estimated at two per year of three month duration at LV Prasad Eye Institute)	RANZCO	Not a Y3 target.	**Withdrawn activity with DFAT approval in Y2.** CERA assessed the evidence base to justify the fellowship activity and The LV Prasad Eye Institute was engaged to host the selected fellows. Cornea and retina were identified by the NPEH and COS as priority specialty areas. Candidates have been identified for 15 month fellowships to LV Prasad Eye Institute commencing in June 2014. However the fellowships were later cancelled as an activity in Y2. Reasons for cancellation are provided below.
	2.4.2.1 Select and recruit candidates for retina and cornea 15 month Fellowships	N/A	Withdrawn	RANZCO	Withdrawn activity	**Withdrawn activity with DFAT approval in Y2.** Activities withdrawn for the following reasons: 1) selected candidates failed to sit for interviews as scheduled with LVPEI (without prior notice); ii) NPEH/hospitals could not commit to developing services required for return to work; iii) no alternative candidates are available; iv) remaining lead time insufficient to organise alternative fellowships. RANZCO has commenced engagement with stakeholders on alternative options.
	2.4.2.2 Implementation of two x 15 month fellowships	N/A	Withdrawn		Withdrawn activity	**Withdrawn activity with DFAT approval in Y2.** As above.
	2.4.2.3 Assess workplace to facilitate return to work and report	N/A	Withdrawn		Withdrawn activity	**Withdrawn activity with DFAT approval in Y2.** As above.
Sub-component 2.5 Ongoing professional development and support for professionals in the workforce						
2.5.1: Eye health professionals in Cambodia have access to support and mentoring in the workplace and to a comprehensive and contemporary Continuing Medical Education (CME) system	**2.5.1.1** Ongoing professional development and support for eye care professionals through CME workshops, Ophthalmic Mentoring and ophthalmic information, magazines and journals	Two conferences held	Two CME workshops held in each year	FHF	**Completed.** Two CME workshops were held in Y3.	**Completed.** Two CME were held each year (Total six)
	2.5.1.1 To conduct CME workshop	170 participants attend each conference	150 participants in Y1 workshops 150 participants in Y2 workshops and 170 participants in Y3 workshops.		**Completed.** First CME was conducted in Siem Reap. 125 participants attended the first CME (including 38 women). Second CME also involved the Cambodian Ophthalmic Nurse Society (including the addition of new members (39 ON trainees) and was held on 4-5 Dec in Phnom Penh. 238 participants attended the second CME (including 84 women)	**Completed.** 204 people participated in CME events in Y1, 189 people in Y2 and 363 in Y3.
	2.5.1.1 To conduct Continuing Medical Education (conference)	12 topics regarding eye diseases shared at each conference	# topics presented at CME conferences (estimated 10 per conference (target of 12 in Y3)		**Completed.** 26 topics were presented by both local and international speakers at the first CME in 2015. 28 topics were presented by local and international speakers at the second CME workshop 2015. At the second workshop, the result of the mini-survey of future direction of COS, future planning and direction of COS were also presented to the COS members to inform that transition period that NGOs are going to cease funding after 2015. The COS members agreed to increase their annual membership up from 10 USD to 50 USD and to pursue corporate sponsorship options. They also agreed to reduce costs by planning for a CME workshop only once a year instead of two times a year. The election of new COS president was also conducted and Dr Pok Thorn was successful selected to be a COS presidents again (2016-2017) he was a COS president from (2014-2015). COS management committee also decided to develop their five year strategic plan for clear direction from 2016-2020, which is the first ever strategic plan they have had. The plan is currently still in draft from and will be able to finalise before June 2016.	**Completed (Y2-3).** 13 topics presented in Dec CME workshop and 32 topics at the first CME workshop in 2014. 26 topics were presented both local and international speakers at the first CME in 2015. 28 topics were presented by local and international speakers at the second CME workshop 2015.
		% participants satisfied	% participants satisfied		**Completed.** COS reported that the continuing medical education has been a beneficial network for improving their professional skills. The COS semi survey conducted in June showed that participants were satisfied with the conference. 84.62% of participants experienced improvements and new updated knowledge, 88.77% were able to share their experiences, 36% thought it was well organised and well promoted - well organized and good promotion (36%) Ability to communicate with each others (46%). Of the 52 respondents, 84.62% had improved and gained updated knowledge and skills, 88.46% mentioned they shared experience/discussion, 53.85% said that it had benefited everyone, 38.46% had communicated with each other and made a friend, 38.46% advised the continuing medical education had improved their professional development. (Please note, the report of the survey is available)	**Completed (Y2-3).** In Y2 97% of CME participants stated they were satisfied with the CME workshop. COS reported that the Continuing Medical Education workshops have been a beneficial network for improving members professional skills. Through COS semi survey in June, members indicated they were satisfied with COS membership due to their improvement and access to new updated knowledge (84.62%); opportunity to share experiences (88.77%); well organized and good promotion (36%). Benefit to everyone and communicate with each other is 46%. Of the 52 respondents, 84.62% informed that they improved and gained new updated knowledge and learning among peers, 88.46% of them mentioned they shared experience/discussion and 53.85% said that there were benefits for everyone.
	2.5.1.2 Mentoring visits to local Ophthalmologists/Eye doctors and Ophthalmic Nurses	6 eye doctors received mentoring from local mentors	10 doctors (ophthalmologists/BEDs) receive mentoring, including number mentored by local mentors and number by external mentors (Y2 and Y3)		**Completed.** 14 Basic Eye Doctors and Ophthalmologists (2 females) at Khmer-Soviet Friendship Hospital, Neak Loeung, Kandal, Phnom Penh Municipal Referral, and Kampong Chhnang received a clinical mentoring visit from local senior ophthalmologists and an international mentor (Dr. Reeta Gurung, Nepalese Ophthalmologist) on the AB scan, general ophthalmology, Cornea Management and Humphrey performance, Visual field analysis and Glaucoma management. This knowledge enables local ophthalmologists to improve their clinical management and surgical skills and to build their overall clinical management, surgical confidence in cataract and other sight restoration surgeries, and improve the quality of eye care service delivery. People benefited from mentoring opportunities in 2015, in total up to 200 patients received eye examination and at least 40 patient received sight restored during the mentoring support visits.	**Completed (Y3).** Refer to Y3 report.

Annex 4a: EAVP Cambodia Activity Target Progress (Year Three Annual and All Years)

Objective	Activities	Targets for Year 3	Cumulative targets Year 1-3	Lead Agency	Progress against Y3 activity targets	Progress against cumulative all year activity targets
		75% followed correct procedure in applying DCR	75% followed correct procedure in applying DCR	FHF	**Completed (Y3):** 40 eye consultations were provided during DRC mentoring. As DCR patients are very rare cases to find, eight cases were performed during the mentoring. Dr Pok Thorn, reported that during the working day they observed, all the trainees were willing to learn and they had discussions together about the patient barrier and facilities, etc. In this time each trainee performed two cases, they started and finished their cases by themselves. There were only a few times in which they required guidance from their trainer. in conclusion, the trainees were able to perform DCR and OPD patient's managements independently. The trainees need to perform more and more cases to improve confidence and the speed of operation.	**Completed (Y2-Y3).** Refer to Y3 report.
		Four ophthalmologists received mentoring from external mentors			**Completed.** Four junior ophthalmologists (one female) received mentoring on the Dacryocystorhinotomy (DCR) technique in Kampong Speu Eye Unit which was organised by NPEH. The mentoring visit was led by Dr. Pok Thorn, a senior ophthalmologist, who specialises in Oculoplastic and Cornea.	**Completed (Y3).** Refer to Y3 report.
		75% can manage complicated cases satisfactorily using SICS technique	75% can manage complicated cases satisfactorily using SICS technique		**Completed (Y3):** Report from the external mentor, Dr Reeta Gurung, a director of Tilganga Ophthalmology Institute, Nepal, indicates the high level of competency of Cambodian eye surgeon in using SICS technique. She also mentioned the extra training in Tilganga as well as the SICS training conducted in the country has had a very positive impact on the competency of doing SICS. For example, she reported that the SICS performed by Dr Kim Borarith at Municipal Referral hospital was impressive. He not only performed well but he also improved on the technique learnt in Tilganga, demonstrating his high skill. She also reported that Dr. Sea Meanvisith's SICS capability (kandal Eye Unit) improved significantly and he can now operate all uncomplicated cataracts without any problem. Dr. Im Tov (Neak Loung) was assessed to be very capable of doing SICS. His level of performing SICS is one of the best.	**Target met (Y1-Y2-Y3).** 13 (Two females) junior ophthalmologists in Y1. Eight ophthalmologists (zero female) received mentoring in Y2. And 18 (three female) received general mentoring including SICS mentoring and DCR mentoring. The mentors also recommended that the Mentoring should keep talking and primarily be organised for the places where young doctors are working and where help is needed. Young surgeons will need some level of ongoing mentoring support for a few years to come.
		15 nurses receive mentoring visit	40 ophthalmic nurses receive mentoring		**On Track Q3:** 13 out of 15 ophthalmic nurses received mentoring on ophthalmic operating theatre management. The mentoring focused on topic A and B scan skills. This is one of the most significant challenges experienced by ophthalmic nurses when assisting doctors to improve the quality of cataract surgery outcome. The last two will be completed this quarter.	**Completed (Y2-Y3).** In total 41 ophthalmic nurses received mentoring support throughout the program Y2: 25 (eight female) and Y3:16 (3 females) ophthalmic nurses.
		Two cases complicated/ interested identified and solution are discussed	Two complicated/interesting cases are identified annual (from Y2) for peer discussion and consultation		**Completed.** During the mentoring visit a few complicated cases were discussed including a case of pseudophakic bullous keratopathy in one eye with no potential for vision and a mature cataract in the second eye. As the patient only wanted to address the cataract once the pain in her blind eye was resolved, the mentor showed Dr. Meanvisith how to do Gunderson's flap to cover the cornea of the painful blind eye. This is the procedure needed in places where spare cornea is not available for painful blind eyes. In Kampong Chhnang, a young patient who had been operated for cataract and had vitreous loss was in the clinic. He had virteous coming from the pupil and vitreous tags were attached to the cornea. The group talked about the possibility of CME, Retinal detachment etc. Yag laser to cut the strands was thought to be the best.	**Completed (Y3).** Refer to Y3 report.
	2.5.1.3 To support the Information Resource Centres (IRC) in 2 teaching hospitals: at Khmer Soviet Friendship Hospital and Siem Reap Regional Eye Hospital	20 books input into three Information and Resource Centres	20 books input into three Information and Resource Centres	FHF	**Completed:** 24 ophthalmic books delivered to IRC	**Completed (Y3).** Refer to Y3 report.
		100 visits of participants to each IRC annually	# visits to the IRC per year (note target revised down in Y3 due to understanding of realistic number residents rotated)		**Completed (exceeded target).** 324 visits to all IRCs	**Completed (exceeded target) (Y3).** 324 visits to all IRCs
		30 times of book borrowing at each IRC annually	30 times of book borrowing at each IRC annually		**Completed (target not met):** While borrowing incidences are less than targeted with books being borrowed 10 times, this does not reflect a lack of use. Library logbooks demonstrate that trainees are regularly using the purchased books as reference books at the library and accessing electronic resources from home.	**Completed/target not met (Y3):** While borrowing incidences are less than targeted with books being borrowed 10 times, this does not reflect a lack of use. Library logbooks demonstrate that trainees are regularly using the purchased books as reference books at the library and accessing electronic resources from home.
	2.5.1.4 Organise annual Continuing Refraction Education Workshop (CREW) for all refraction personnel in Cambodia, and conduct refraction mentoring visits to the graduated refractionists	70 optometrists/refractionists attended CREW	60 to 70 optometrist/refraction staff attend CREW each year		**Completed (exceeded target):** 94 participants (28 females) in CREW	**Completed (Y2-3).** There was improved representation of women at CREW organisers (38% in year 2015 comparing to 28% in year 2014) and female speakers (33% in year 2015 comparing to 20% in year 2014). In 2015 Gender, Child protection and People with disability topics were presented at CREW. Results of a mini survey of 72 CREW participants showed that 93% found the CREW organization "good and very good." 94% of participants responded they will attend CREW if OSC doesn't have to fund their travel cost and perdiem. 82% of participants will be willing to pay USD 20 for the membership fee.

Annex 4a: EAVP Cambodia Activity Target Progress (Year Three Annual and All Years)

Objective	Activities	Targets for Year 3	Cumulative targets Year 1-3	Lead Agency	Progress against Y3 activity targets	Progress against cumulative all year activity targets
		85% rating as good or excellent	85% rating as good or excellent (Year 1)	FHF	Refer to all years report.	**Completed (Y1-3).** 15 topics shared in Y1 (in conjunction with CME of COS and CONS). 15 topics shared and two sessions of the group discussion and practice in Y2. 11 topics shared and three sessions of the group discussion and practice in Y3. From the experience of organizing CREW 2015 and 2014, the senior management of OSC and members have learnt that there are benefits in organising the CREW and annual optometrist society workshop separately from the CME of COS and CON. OSC is now independently hosting and organising CREW (not dependent on COS organiser to organise the CREW anymore) and having two day workshops allows more time and opportunity for participants to learn, ask questions, share experiences and practice their skills. There were group discussions and practices in terms of a standard blur function and modifier blur function techniques with a demonstration and role play from experienced speakers. Ophthalmologists were invited to share an interesting topic of Red Eye and its management and treatment. International optometrists were invited to present. Private optical shop representatives were allowed to attend the workshop. Topics related to quality were discussed in response to the current eye health services situation in Cambodia. Future CREW will both seek support from NGOs for operational costs but also increase costs for private sector participation to help balance and diversify resource inputs. The CREW may also be used to look into the possibility of develop a continuing professional education (CPE) or continuing professional development (CPD) for refractionists/optometrists.
			90% of participants report enhanced skills, knowledge and professional networks (Year 1)			
		Eight topics of refraction are shared;	Eight topics of refraction are shared at CREWs		**Completed.** 11 topics were presented and three sessions of group discussion and practice were conducted at CREW 2015. The CREW senior management also presented their future plans and preparation for when the NGOs cease paying.	**Completed (Y2-3).** 15 topics shared in Y1 (in conjunction with CME of COS and CONS). 15 topics shared and two sessions of the group discussion and practice in Y2. 11 topics shared and three sessions of the group discussion and practice in Y3.
		Six topics of dispensing are shared	Six topics of dispensing are shared at the dispensing refresher course		**Completed (Y3 only).** Nine topics were delivered at Dispensing Refresher course. Three topics were delivered as theory lectures, and six other topics were mainly focusing on practical sessions. As a result, six existing refractionists completed the refresher course with the average post-test result 23 % higher than pre-testing.	**Completed (Y3).** Nine topics were delivered at Dispensing Refresher course.
		Ten junior refractionists received mentoring visit	Junior refractionists received mentoring visit (ten in Y1 and ten in Y2)		**Completed. T**en junior refractionists (ten females) received mentoring from the NRT trainers.	**Completed (Y1-3). Ten** Junior refractionists received mentoring in Y1, Y2 and Y3. In Y3 two of the ten refractionists were female.
		At least 70 cases seen by a junior Refractionist	At least 70 cases seen by a junior Refractionist		Interviews with the graduated trainees working at public hospitals showed that on average they see 10-20 patients per day after training for 3-4 months. This was almost never for the private trainees, as they didn't have equipment to practice or patients. The NRT mentoring reports from 2015 & 2016 (for batch two and three) indicate there nine out of ten (batch 2) are competent in refraction skills. One private trainee didn't receive mentoring as he was not in the country during this time. 15 are competent and one proficient (batch 3) were assessed in Q5 of EAVP. (Note: PROFICIENT is defined as "Able to perform refraction unsupervised, can deal with complications" and COMPETENT as "does not usually require supervision, but may need help occasionally. Needs more work on one/or two specific skill area/s only")	**Completed (Y2-3).** Public sector junior refractionists are estimated to have seen above the targeted cases but private sector junior refractionists had less access to equipment and may not have met the target. Follow up with trained junior refractionists indicates that nine out of ten Y2 trainees are competent and 15 of the Y3 cohort are component.
			85% of trained nurses applying skills and knowledge correctly		Completed. As above	**Completed.** As above
		One case of demonstration by a junior Refractionist to compare confidence level with final exam	One case of demonstration by a junior Refractionist to compare confidence level with final exam	BHVI	**Completed.** Annual CREW was organised and conducted to engage all Refractionist personnel to come together for networking, learning and sharing experiences. BHVI, FHF, Optometry Society of Cambodia and National Program for Eye Health played an important role to lead the event. The Institute technically shared, lectured and demonstrated on topics of refraction and dispensing in CREW such as paediatric refraction /standard blur function & practice, myopic control, bi-focal lenses dispensing and social responsibility. The case demonstration target was successful;. For example, after lecturing standard blur function, participants were invited to practice under the supervision of trainers. As a result confidence levels were improved.	**Completed (Y3).** Refer to Y3 report.
	2.5.1.5 Review of updated NRTC mentoring program	Mentees	Revised mentoring program complete	BHVI	**Completed.** In total nine mentees/refractionists were mentored at the sites by six mentors using new revised-tools. A workshop was conducted with NRT trainers & mentees and NPEH during Q1 to finish the review. New revised-mentoring framework and tools were finalised and introduced among NPEH and all NRT trainers/mentors in June 2015. During Q3 new revised NRT mentoring framework and tools were developed through a number of consultations & discussions among mentors & partners. They were introduced among NPEH & all NRT trainers/mentors in a workshop in June 2015. During July 2015, six mentors went to the provincial sites/eye unit to conduct a mentoring support program with newly graduated refractionists using the revised tools & framework.	**Completed (Y2-3).** NRT Mentoring program was reviewed through a number of consultations among NRT trainers, Mentors, NPEH, partners and Institute Education team. The new mentoring framework and tools were developed with clear mentoring processes and reporting systems and introduced to all NRT trainers/mentors & NPEH. The revised/new NRT mentoring framework and tools are now used by mentors and the NPEH.
	2.5.2.2 Review of current NRTC mentoring program	Mentors	# and outcome feedback of mentees and mentors	BHVI	**Completed.** During and after mentoring, the mentors provided feedback and shared reports with refractionists, their respective manager and National Program for Eye Health to follow-up.	**Completed (Y3).** The tools were revised during the July 2015 mentoring trip and received positive feedback from mentors.
		NRTC mentoring evaluation report	NRTC mentoring evaluation report		**Completed.** Review was completed. Recommendations informed the reviewed and newly developed package of NRT mentoring framework & tools. The new revised tools will be used at the National program as whole mentoring program in country for not only to EAVP supported sites. The new tools describe a clear process for what mentors need to prepare (pre, during and post mentoring), roles & responsibilities, standard report formats for every mentor, and involvement required from hospital/NPEH or Refractionist. NPEH & BHVI will continue to observe and request feedback from mentors about using the new mentoring tools.	**Completed (Y3).** Review was completed.

Annex 4a: EAVP Cambodia Activity Target Progress (Year Three Annual and All Years)

Objective	Activities	Targets for Year 3	Cumulative targets Year 1-3	Lead Agency	Progress against Y3 activity targets	Progress against cumulative all year activity targets
	2.5.1.6 Refraction refresher courses for NRTC graduates	Up to 30 (15 x 2) attendees	Up to 30 attendees (15pp x2 workshops)	BHVI	**On track.** One Refraction Refresher Training was conducted in April 20-24, 2015, at KSFH with ten graduate Refractionist. The course was organised and lead by the local trainers, with overall coordination from NPEH. A second Refraction Refresher course was held in Aug 2015. A total of 20 (F:9) graduate Refractionists attended.	**Completed (Y3).** Graduate refractionists participated in refresher training.
		Improved confidence levels for 100% of trainees	Improved confidence levels for 60% of trainees in Y2 and 100% of trainees in Y3		**Completed.** Confidence levels improved by an average of 41% for all trainees.	**Completed (Y3).**
		85% rating as good or excellent	85% rating as good or excellent		**Completed.** Post course evaluation showed that all trainees rate overall course as "GOOD"	**Completed (Y3).**
		N/A	90% of participants self-report enhanced skills and knowledge		Not a Y3 target.	**Completed (Y2).** Post cost evaluation of refraction refresher training showed that their confidence levels are improved for all trainees (100%), meaning they feel their skills and knowledge are enhanced.
2.5.2 Support the COS and NPEH to develop and put in place a national CME system for eye doctors and ophthalmologists	**2.5.2.1** Organise annual Continuing Refraction Education Workshop (CREW) for all refraction personnel in Cambodia	Enhanced skills, Knowledge and professional networks among refraction service providers in Cambodia	Enhanced skills, knowledge and professional networks among refraction service providers in Cambodia	BHVI	**Completed.** The CREW 2015 conducted in Sihanouk vile from 6-7 Nov 2015, had 100 participants attended. The costs were covered under EAVP funding, the lead organiser was Optometry Society of Cambodia. BHVI was involved provided technical support and part financial support. Five staff (May Ho, Neath, Seila, Sothea, Vutha) were at the event and one intern (Clair Enthoven). May delivered a presentation on Myopic control, Seila presented on paediatric refraction - standard blur function & practice, Cliar Enthoven presented on access to eyecare (HEF research), while Neath presented on social responsibilities.	**Complete (Y1 &3).** 62 refractionists/optometrists (14F) attended a CREW in Dec 2013 and about 100 in Nov 2015. Many different topics in Refraction were shared and practiced at the CREW 2015 workshop. Refractionists from all over the country, private optical shop owners, supplier companies learned and networked with each other. The CREW is a well-established learning environment for everyone.
	2.5.2.1 IT component of CPD system	Online CPD system	Online CPD system	RANZCO	**Completed (Y3).** IT component of CPD system piloted and now in use.	**Completed (Y2, Y3).** IT component of CPD system completed and available online. Overall website audit conducted in Q5. While CPD component is operational, the overall website and advocacy needs have outgrown the existing web platform. Updates/changes are also too reliant on web service provider rather than enabling/empowering COS website committee members. The COS is aware of this and its needs to be addressed in moving forward.
	2.5.2.1 Support COS to develop administrative system for CPD e.g. committee structure	N/A	Committee structure established		Not a Y3 target.	**Completed (Y2).** Refer to Y2 update.
		COS members introduced and start to use online CPD system	COS members introduced and start to use online CPD system		**Completed (Y3)** COS/CPD online promotion/final follow up conducted in Q5. COS IT survey conducted during CME meeting. RANZCO CPD survey conducted.	**Completed (Y2-Y3).** CPD piloted and now in use. There appears to be a low uptake of the online CPD portal. The practice shift from volunteer to professional requirement to engage in and log CPD activities needs to come from the Medical Council of Cambodia (MCC) and advocacy to do this is underway. COS IT survey conducted during December CME meeting. Response rates were low (only 10 responses received from +50 attendance). Nonetheless the survey results, reflection on earlier COS membership survey results and engagement with key stakeholders indicate the COS will need to: - Increase awareness and knowledge of available CPD activities - Build on COS engagement survey results, members considered are interested in CPD for improving practice, but increased advocacy about the benefits of CPD and the resulting change in practice will be required - Promote/provide available CME opportunities and information online or in via email/news updates for members - Encourage/advocate for CME providers to register their CPD opportunities (and allocated CPD points) - Follow up with CPD audits; and provide members with information regarding audit and audit requirements (including surgical audits) - Consider planning for CPD member updates to be made through smartphone in future
	2.5.2.2 Support COS to develop processes and documentation to record and assess CPD activities and events	Agreed and documented audit requirements and processes	Agreed and documented audit requirements and processes	RANZCO	**Completed.** Every CPD submission is checked then approved or rejected. We have agreed with the COS CPD committee that as individuals uptake membership via phone calls, emails, hosting CPD info sessions is essential to ensure uptake. This was required as a preliminary audit during the pilot phase and revealed that not many COS members have engaged with the CPD program.	**Completed (Y3):** RANZCO shared audit documentation with COS (CPD guide to preparing for a CPD Verification audit detailing rationale for audits, process, listing documentation and evidence of CPD activities).
	2.5.2.3 Support COS to develop processes and documentation to record and assess CPD activities and events	Comprehensive CME program/system	Comprehensive CME program/system	RANZCO	**Completed.** CPD Framework finalised and implemented.	**Completed (Y3).** CPD website operations to record and assess CPD activates and events.
	a)Support COS to create CPD program Handbook for participants	N/A	CPD handbook signed off		Not a Y3 target.	**Completed (Y3).** CPD admin user guide, CPD member user guide, application forms and guidelines
	b) identify providers	N/A	Accreditation process developed		Not a Y3 target.	**Completed (Y2)**
	c) Support COS to design accreditation process for CPD events	N/A	Provider application forms and guidelines developed		Not a Y3 target.	**Completed (Y2)**
	d) Create provider application form and guidelines	N/A	CPD accreditation process agreed and documents developed		Not a Y3 target.	**Completed (Y2)**
	e) Support COS to determine quality assurance mechanisms for CPD events e.g. participant surveys	Agreed and documented quality assurance mechanisms for CME	Agreed and documented quality assurance mechanisms for CME		**Completed.** For example the CPD Applicationfor Acknowledgement and CPD Activity Evaluation form initiated.	**Completed (Y3) .**
	f) Support COS to determine and document audit requirements and process for individual records	Agreed and documented audit requirements and processes	Agreed and documented audit requirements and processes		**Completed.** CPD verification audit guides together with verification audit assessment templates and audit completion/notification templates have been discussed and are available for the COS. Current processes mean that COS can audit 100% of members who register CPD, but this will need to change as practitioners who engage in CPD increases.	**Completed (Y2-3)** Refer to Y3 report. Highest numbers of CPD registrations are from Ophthalmologists and sub-specialty Ophthalmologists. While other cadres have registered they have not logged CPD activity. Ongoing work is required to encourage their active uptake to record CPD.

Annex 4a: EAVP Cambodia Activity Target Progress (Year Three Annual and All Years)

Objective	Activities	Targets for Year 3	Cumulative targets Year 1-3	Lead Agency	Progress against Y3 activity targets	Progress against cumulative all year activity targets
	g) Develop certification documentation for participants	N/A	Certification documents developed		Not a Y3 target.	**Completed (Y2)**
	h) Translation of documentation	N/A	Documents translated (English and Khmer)		Not a Y3 target.	**Completed (Y2)**
	I) Explore IT service providers	N/A	IT service providers engaged		Not a Y3 target.	**Completed (Y2).**
	2.5.2.2 Support COS leadership capacity building for effective leadership of CPD system [Support involves: WOC conference attendance in April 2015; RANZCO consultant support for COS presentation at WOC; RANZCO consultant support CME June and December presentations]	Increased COS leadership capacity	Increased COS leadership capacity	RANZCO	**Completed.** CPD advocacy at two CME meetings.	**Completed (Y2, Y3)**.COS CPD Committee Chair was supported to lead the education of members and external stakeholders about development and use of CPD system in Cambodia.
	2.5.2.3 Support implementation of CPD content	Increased capacity of COS to administer CPD events demonstrated through the process	Increased capacity of COS to administer CPD events demonstrated through the process	RANZCO	**Completed.** Several meetings held with COS over Nov-Jan period. COS developed substantial strategies/changes and shared with members during CME Dec 2015 which in turn worked to support CPD implementation/activities. Following pilot CPD phase CPD activity/uptake is still considered slow (with low numbers).	**Completed (Y3).** CPD Chair led 2 CME meetings in Cambodia and presented on the development of CPD in Cambodia at the World Ophthalmology Conference.
		Adherence to agreed guidelines	Adherence to agreed guidelines		**Completed**. Successful engagement of Fellows at CME meeting. Fellows also presented on minimum standards and provided on-side mentoring. CPD meeting also held with CPD committee to discuss steps forward. In particular regarding licensing/making cpd compulsory with support of the Medical Council of Cambodia (MCC).	**Completed (Y3).** Refer Y3 report.
	2.5.2.4 In-country training of CPD administrators	One in-country training attended by eight local participants	Two in-country trainings attended by eight local participants (Y1 and Y2)	RANZCO	**Completed.** Various meetings with CPD committee members held. Website and CPD diary presentation to COS Members. Three additional training Workshops held on how to register CPD account; edit profile account and change Q&A sessions.	**Completed (Y2-Y3).** One workshop held in Y2 and three additional training workshops held in Y3 as were various other sessions to promote its use.
	a) Training workshop	CPD administrators understand the CPD system and have the confidence to administer as planned	CPD administrators understand the CPD system and have the confidence to administer as planned		**Completed.** As above.	**Completed (Y2-Y3).** As above. CPD Administrators understand the CPD system and have confidence to administer as planned. This is displayed through their eagerness and willingness to run a number of local CPD workshops. They are also supported through the use of the CPD Admin user guide and availability of RANZCO CPD Coordinator for Q&A.
	b) Design training and preparation of training material	Ophthalmologists understand and are engaged with CPD system	Ophthalmologists understand and are engaged with CPD system		**Completed.** CME workshops, mini workshops and individual follow up have been used to inform people about CPD and how to use it. As of February 2016, the number of members registerd with COS: 92, Number of members registerd with CPD: 74, and number of members registered CPD activity: 20 (predominately Opthalmoligst sub-specialty and Opthalmologists have recorded CPD activity). Further work is needed to encourage further uptake of registering CPD activity among COS members, particularly given the positive feedback about there being a CPD system.	**Completed.** 100% of the ophthalmologist signed up to register for CPD. Ophthalmologists are engaging with the system but uptake of the volunteer CPD system is estimated to be 43% in 2015 despite positive feedback about COS membership, learning opportunities and networking. The COS has discussed options for making CPD a professional requirement with the MCC. This long-term advocacy strategy will continue to need follow up.
	c) Delivery of training				**Sub-activity completed.**	**Completed (Y3).**
	d) Introduction of new CPD system to ophthalmologists and trainees at CME workshop				**Sub-activity completed.**	**Completed (Y3).**
	e) Support COS to develop material to introduce the new CPD system				**Sub-activity completed.** Materials developed include the CPD User guide and CPD Admin User guide. Support also for provided fo dellivery of CPD information through presentations by RANZCO staff at CME meetings and CPD workshops	**Completed (Y3).**
Component 3: Service delivery						
Sub-component 3.1 Standardised diagnostic and treatment guidelines developed and approved including access to health equity funds for use at different service delivery levels)to improve standards of care and sustainability of service)						
3.1.1: Technical Working Group (TWG) and key stakeholders develop and monitor standard treatment guidelines and protocols.	**3.1.1** Technical Working Group (TWG) for development of clinical and operational guidelines	At least four meetings among TWG	Continued support to the TWG in reviewing/developing standard treatment guidelines/protocols (including four meetings per year in Y3)	FHF	**Completed**	**Completed (Y2).** Support to the TWG in reviewing the cornea treatment gudieline was completed in Y2.
	3.1.1.1 To support Technical Working Group (TWG) to develop operational guidelines on school vision screening	N/A	Ophthalmological text books in local language for Health Centre staff, ophthalmic nursing and medical students	FHF	**Completed.** FHF and BHVI provided inputs to finalise the guideline.	**Completed (Y2).** Refer to Y2 update.
		School vision guideline endorsed by Ministry of Health and Ministry of Education Youth and Sport	School vision guideline endorsed by Ministry of Health and Ministry of Education Youth and Sport		**Ongoing.** This is the final stage of development. The guideline has been developed and endorsed by the Ministry of Education Youth and Sport. The outstanding activity is to conduct the dissemination workshop and print the guidelines. Due to the time constraint of TWG members, the finalisation of the guideline was rescheduled to Jan and the workshop for dissimilation to be taken place in the second week of February .	**Ongoing**. Refer to Y3 update.
		50 participants from Provincial school department and provincial Eye Units attend the workshop	50 participants from Provincial school department and provincial Eye Units attend the workshop		**Completed:** The workshop was held on 19 Feb 2016 with 88 (30 female) participants under the presidency of Minister of Education Sport and Youth and Presentative of Ministry of Health. 3100 copies of School Vision Testing Guideline were printed and disseminated.	**Completed.** The guideline has been developed and endorsed by the Ministry of Education Youth and Sport in 2015. The Ministry of Health also responded to the agreement on the inter-ministry collaboration in implementing the guideline. The workshop was held on 19 Feb 2016 with 88 (30 female) participants under the presidency of Minister of Education Sport and Youth and Presentative of Ministry of Health. 3100 copies of School Vision Testing Guideline were printed and disseminated.

Annex 4a: EAVP Cambodia Activity Target Progress (Year Three Annual and All Years)

Objective	Activities	Targets for Year 3	Cumulative targets Year 1-3	Lead Agency	Progress against Y3 activity targets	Progress against cumulative all year activity targets
	3.1.2 Field testing, managing and monitoring related to the introduction of new clinical and operational guidelines from national to provincial/lower levels - as well as distribution and education of guidelines	N/A	Total of 2 operational guidelines field tested	FHF	Not a Y3 target.	**Completed (Y2).** One guideline was tested/modified for cornea testing. Guideline was tested over 5 months by 6 ophthalmologists at Takeo Eye Hospital, Khmer Society Friendship Hospital and Preah Ang Duong Hospital. Guideline testing involved over 47 participants (23F).
	3.1.1.2 To conduct field testing of existing and new developed operational guidelines	N/A	90% of participants can describe and apply the developed guidelines		Not a Y3 target.	**Completed Y2.** Participants cant descirbe and apply the developed cornea treatment guidelines.
	3.1.1.2 To support Technical Working Group (TWG) to standardise operational guidelines on eye disease diagnosis, eye screening and patient referral at community level **(See Plan on a Page at Annex 4 for more information)**	At least five meetings conducted by TWG	At least five meetings conducted by TWG		**Completed.** Ten meetings were held to develop these guidelines.	**Completed (Y3).** Refer to Y3 report.
		Operational manual including curricula, guideline on eye disease diagnosis, eye screening and patient referral (Khmer language version) including tools for project monitoring and visual aid and training material	Operational manual including curricula, guideline on eye disease diagnosis, eye screening and patient referral (Khmer language version) including tools for project monitoring and visual aid and training material		**Delayed:** The finalization of this guideline was delayed by 3 months from July to October, due to the inability of the TWG to meet prior to this. TWG did meet and endorse the guidelines which were printed in early 2016. The group also gave permission for the TOT materials to be used prior to printing of the guidelines which meant the training program could begin.	**Completed (Y3).**
		Training of Trainer module developed	Training of Trainer module developed		**Completed.** TOT module developed and training plan implemented.	**Completed (Y3).** Refer to Y3 report.
		1500 kits of training necessary: curricula, guideline, patient registers, monitoring tool and visual aid training material for Health Centre Staff and VHVs	1500 kits of training necessary: curricula, guideline, patient registers, monitoring tool and visual aid training material for Health Centre Staff and VHVs		**Completed.** The EAVP budget supported Training material and practice such handout, master PowerPoint, basic examination kits E-chart, Loupe, torch that were provided to 160 Health Centres during the training. The FHF provided funding to support: 600 copies of Primary Eye Care for Health Centre Staff (Trainer books); 2,000 copies of Primary Eye Care for Health Centre Staff (Handout for trainees); 600 copies of Primary Eye Care for Village Health Volunteer (Trainer books); 2,000 copies of Primary Eye Care for Village Health Volunteer (Handout for trainees).	**Completed (Y3).** 5200 copies of PEC guidelines (Health Centre Staff and Village Health Volunteer) were disseminated to health centre facilities in the three provinces (kandal, Kampong Chhnang and Preah Sihanouk) where Health Centre staff and Village Health Support Group were trained in 2015. 160 Health Centres (2015+2016) were equipped by E-chart and basic eye examination kits.
		50 participants from Provincial school department and provincial Eye Units attend the workshop	50 participants from Provincial school department and provincial Eye Units attend the workshop		**Not completed.** This was not completed due to the delays in developing the guidelines. The document were disseminated in early 2016 to three provinces whose Health Centre Staff and Village Health Volunteer were invited to attend the training.	**No completed.** Please refer to Y3 report.
	3.1.1.3 To support the roll out of operational guidelines on eye disease diagnosis, eye screening and patient referral at community level, through training & monitoring (for more details refer to the Plan on a Page at Annex 4)	At least 12 new PEC trainers produced through the ten day PEC ToT	At least 12 new PEC trainers produced through the ten day PEC ToT		**Completed Q3:**Despite the guidelines not being finalised, 12 new PEC trainers (five females) were able to commence and completed the training.	**Completed.** 12 new PEC trainers (five females) was able to commence and complete the training.
		90% of trainer trainees confident in delivery upon their return	90% of trainer trainees confident in delivery upon their return		**Completed.** Teaching competency level is being followed up during the process of training. Observation from FHF staff reported that 12 new PEC trainers were able to deliver the training to the Health Centre Staff and Village Health Volunteers but they still need some support from the existing PEC trainers. The skills and knowledge of the trainers have also gradually increased as the number of trainings are delivered. Trainers can now prepare lessons plan, pre and post test for HCS and VHV trainings without depending on the senior trainers.	**Completed (Y3).** Refer to Y3 report.
		At least 25 provincial eye team members attend the guideline training	At least 25 provincial eye team members attend the guideline training		**Completed Q3**:25 (12 females) PEC trainers received training on the new topics of eye diseases in the draft PEC new document.	**Completed (Y3).** Refer to Y3 report.
		90% of trainer trainees confident in delivery of the guideline upon their return	90% of trainer trainees confident in delivery of the guideline upon their return		**Completed.** 13 out of 25 PEC trainers had prior training as PEC trainers and were already proficient. 12 new trainers are more confident to deliver the trainings after co-teaching with existing trainers a few times.	**Completed (Y3).** Refer to Y3 report.
		230 Health Centre staff attend two day training	230 Health Centre staff attend two day training		**Completed.** 320 (141 females) Health Centre Staff attended a two day training on PEC guidelines. There were cost savings from trainee accommodation and transport. The actual cost of each training was lower than originally planned. The trainers conducted the trainings at the nearest health facilities among Health Centres in each district level, the original plan was to conduct the training at the central town of each province. These savings meant that the budget could cover a larger number of health centre staff than planned. The Provincial Health Department requested to extend the Primary Eye Care service to remote and rural Health Centres.	**Completed/exceeded target (Y3).** Refer to Y3 report.
		30% of HC staff 's knowledge increased (pre and post test)	30% of HC staff 's knowledge increased (pre and post test)		**Completed.** Result of pre-testing was average 34.43% higher pre-test results. The trainees were given 30 questions including VA taking skills for pre and post tests.	**Completed (Y3).** Refer to Y3 report.

Annex 4a: EAVP Cambodia Activity Target Progress (Year Three Annual and All Years)

Objective	Activities	Targets for Year 3	Cumulative targets Year 1-3	Lead Agency	Progress against Y3 activity targets	Progress against cumulative all year activity targets
		144 Health Centres installed standardised E-chart set up at	144 Health Centres installed standardised E-chart set up at	FHF	**Completed.** E-chart printed and installed by NPEH and three Provincial Health Departments for all health centre facilities in three provinces. 160 Health Centres and health Posts (100% of health Centre facilities) in three provinces (Kandal, Kampong Chhnang and Sihanouk Village) were equipped with the standalise six meter E-chart recommended in the guideline. The number of total health centres were increased from 144 health Centres (MoH report 2013) to 160 health centres (actual number in year 2015)	**Completed (Y3).** Refer to Y3 report.
		5,000 of people were taken VA at 144 health centres by Feb 2016	5,000 of people were taken VA at 144 health centres by Feb 2016		**Data not available at time of reporting**. Data will be available until June 2016. The only data collected to date is from Kandal province. These results indicate 913 (135 female) patient received eye consultation at ten Health Centres after the training.	**Data not available at time of reporting.** Refer to Y3 report
		450 VHVs attend one day training	450 VHVs attend one day training		**Completed with exceed target.** 727 (404 females) VHVs attended a one day training on the eye disease guideline (PEC). As with HC staff, there were savings identified that allowed for additional VHV to be trained.	**Completed (Y3).** Refer to Y3 report.
		15% of VHVs 'knowledge increase (pre and post test)	15% of VHVs 'knowledge increase (pre and post test)		**Completed.** Result of pre-testing was on average 27.4% higher than pre-test results. The trainees were given 30 questions including VA taking skills for pre and post tests.	**Completed (Y3).** Refer to Y3 report.
		An issue of referral pathway from community to eye health service are clarified between service deliverers and VHVs	An issue of referral pathway from community to eye health service are clarified between service deliverers and VHVs		**Completed.** During training, the eye unit team (ophthalmologists or ophthalmic nurses) were also invited to participate as trainers and resource personal. The eye unit team provided information on availability of their services, working hours/days at their own facilities so that VHVs had clear information to share with the people within their community and are easily able to facilitate any referral case in the future. The eye team were also informed that poor patients with a "poverty ID card" are covered by the equity fund and that even if they are poor but don't carry a "poverty card" they can still access eye health services with hospital cost exemptions. It is noted that transportation and other outlying costs are still challenging for the poor to access even free services and treatment.	**Completed (Y3).** Refer to Y3 report.
		At least three trips to three provinces	At least three trips to three provinces		**Completed.** Three monitoring visits were conducted by FHF and NPEH to three provinces. It was observed that the newly trained PEC trainers are confident in conducting the trainings but still need some support from the existing trainers from time to time. The skill and knowledge is expected to gradually increase after running several training programs HCS and VHVs. The training reports were produced by the trainers and were very strong. reports consisted of pre and post test results and clear objectives of training and lesson plans. The master PowerPoint for the TOT was reported to be very useful to conduct the training, especially for new trainers. In addition, trainers received trainers books and student handout to assist them in future trainings.	**Completed (Y3).** Refer to Y3 report.
		30 trips to Health Centre	30 trips to Health Centre		**Completed.** Post training monitoring was conducted by trainers in early 2016 with support of both EAVP and FHF budget. Due to time constraints and limited budget, only 63 out 160 health Centres received post training monitoring visits from their trainers. This is however over the annual target for Y3.	**Completed (Y3).** Common findings from follow up visits and monitoring at Health Centres post training were: - PEC knowledge was retained by Health Centre staff three months post training. - eye examination kits were well maintained - Increase in data of eye consultations being recorded at the health facility records compared to pre training - Some eye drops and other commodities for PEC are available at health Centres - Data of eye patients is compiled into monthly and quarterly reports of the HC report and sent to OD and to PHD - Common eye treatments and management are also recorded into the logbook. Other challenges found: - Health Centre Staff have many tasks and cannot dedicate much time for eye health service - Some Health Centres haven't recorded the data of eye consultations properly into their logbook. They usually provide a verbal referral for patients (especially cases with eye injuries) to eye units - Additional training was requested for new Health Centre staff and Village Health Support Groups. Refresher course for Health Centre were also requested to be conducted at least every two years.
	3.1.1.4 To support the development of a revised School Health Policy and Guidelines for Implementation of the Policy of School Health	Translated and printed School Health Policy	Translated and printed School Health Policy	BHVI	**Changed activity.** Broad consultations have taken place with stakeholders including the Ministry of Education Youth and Sport (MoEYS)/school health department, MoH/National Program for Eye Health and development partners such as UNESCO, FHF Cambodia, WHO, UNICEF, WFP, GiZ, among others. The drafted policy is very much based on outcomes from stakeholder workshops, situational analysis, current capacity & resources of ministry, adaptation of global and local perspectives, and especially in alignment with approved format of the Government of Cambodia. During the drafting process the MOEYS and development partners undertook a formal visit to South Korea to see and learn about School Health Implementation. After reviewing the existing draft policy, and looking at future direction of school health in Cambodia, and the educational reform period of the Ministry, the top leader/policy maker level of ministry decided to upgrade the school health policy at to be National School Health Policy which will include responsibilities for across multiple ministries.	**Changed activity.** The School Health Policy was originally planned to be at Ministry level and responsibility but during 2015 it was upgraded to be a National School Health Policy that will be endorsed by all Ministries once finalised. This is due to the educational reform period, lessons learnt from a high level exposure visit to Korea and alignment to the future direction of the School health in Cambodia of the Ministry. Revisions are now required to the existing draft policy to fit with National policy level requirements along with further consultation at the National level. This is a very positive outcome but has meant that the policy won't be approved and printed until later in 2016. Additional funds to support ongoing work to review and revise the policy to maintain momentum towards its approval were provided in the final months of the EAVP from identified program budget savings.
	(See Plan on a Page at Annex 4 for more information)	Translated and printed Guidelines for Implementation of School Health	Translated and printed Guidelines for Implementation of School Health		**Incomplete/changed activity.** Since the School Health Policy at Ministry level has been upgraded to be "National Policy on School Health' the development of its guideline/action plan to implement the policy will also follow accordingly. It is expected to be launched towards the end of 2016.	**Incomplete/changed activity.** Refer to Y3 report.

Annex 4a: EAVP Cambodia Activity Target Progress (Year Three Annual and All Years)

Objective	Activities	Targets for Year 3	Cumulative targets Year 1-3	Lead Agency	Progress against Y3 activity targets	Progress against cumulative all year activity targets
3.2 Work with NPEH and relevant bodies to ensure requirements are in place for trainees to implement skills developed through training (3.2.1)	**3.2** Ensure commitments are in place to meet needs of personnel upon completion of training to implement skills learned, including equipment, consumables, infrastructure and facilities	N/A	Partnership Agreement signed to ensure the equipment and consumable, facilities are used properly.	FHF	Not a Y3 target	**Completed (Y2).**
	3.2.1.1 NPEH conducts supervision of provincial eye units to ensure commitments in place to meet needs of personnel upon completion of training	N/A	Four eye units with newly completed trainees (NRT, ORT and LA) and supervised by NPEH		Not a Y3 target	**Completed (Y2).**
	3.2.1.1 NPEH Monitoring and Coordination (M&C) trips to graduated trainees and their working place to assess need (include new skills, facility) to ensure they will retain at public health facility to provide service to the people in community.	Six visits of Monitor to province conducted by NPEH	Six visits of Monitor to province conducted by NPEH		**Completed.** In 2015 the total visits by the NPEH were six to six provinces (Kampong Change, Kampot, Kampong Speu, Kandal, Sihanouk ville and Svay Reing)	**Completed (Y3).** Refer to Y3 report.
		Report and recommendation produced	Report and recommendation produced		**Completed (Y3).** Overall observation of NPEH over four provinces (Kandal, Kampong Chhnang, Kampot, Kampong Speu,) were: - Ophthalmologists can perform cataract surgery as well as other surgical skill (including lid correct, glaucoma and pterygium) with high confidence levels. Skills regarding diagnosis and treatment of cornea and retina conditions are still limited for provincial doctors. - Average eye consultations at eye units in 2015 was not less than 20,000 cases - Cataract and other surgical outputs were between 800 cases to 1,300 cases. However, only between ten to 15% were paying-patients. The rest were subsidised by NGOs, equity fund and hospital exemption. - Refraction services at Kandal and kampong Chhnang eye unit are running well with average sales of about 50 to 60 pairs of spectacle per month and their revolving funds are running smoothly. In Kampong Speu and Kampot they make only ten to 15 pairs per month as they mentioned patients could not afford the glasses. - Three out of four provinces requested the NPEH to provide more ophthalmologist and ophthalmic nurse to work in their clinics as there are not enough staff to run eye units at full capacity. In addition, some of the current ophthalmologists and nurses will retire in the coming years. Early preparation needs to start from now for this upcoming situation.	**Completed (Y3).** Refer to Y3 report.
					Additional observations of the NPEH in two additional provinces of Svay Rieng and Sihanoukville were: - Svay Reing: one Refractionist graduated from NRT 2014 and is currently working at ROMEAS HEK referral hospital (district level). He hasn't had the equipment and facility to deliver refraction services as well as basic eye consultation. There were concerns that the trainee would lose their knowledge and skills and would likely be assigned to do other medical tasks at hospital if NPEH delayed providing the equipment. To resolve this problem, NPEH finally delivered the refraction equipment to Romeas Hek Referral Hospital of Svay Rieng province in early 2016. - Sihanoukville: The two refractionists who graduated from (NRT one and two) are currently working in this eye unit. They are able to apply their skills and rotate with one another to provide refraction services while the other one assisting OPD or in OT with the ophthalmologist. Strong well rounded clinical workforce and strong support from the senior management (good governance and leadership) at PHD and hospital level will enable the Sihanoukville eye unit to run their own service without support from NGOs in the future. The hospital has included eye health service in the hospital equity fund and exemption scheme for the poor and vulnerable patients who seeks for eye health service.	
Component 4: Data research						
Sub-component 4.1 Assessment of refraction training program						
4.1 Assessment of refraction training program	**4.1.1** Development of research protocol and ethics application	N/A	Research protocol and ethics application developed	BHVI	Not a Y3 target	**Completed (Y1-2).** Research protocol and ethics application experienced delays but were completed in Y2.
4.1.1: To conduct operational research on the effectiveness of the NRTC training (with data disaggregated by age, gender and disability)	**4.1.1.1** Development and implementation of refraction and spectacles output data collection system in conjunction with graduate workplaces (Originally 4.1.2 in Y1)	Quality and timely data received from graduate workplaces	Quality and timely data received from graduate workplaces		**On track (Q1 +Q3):** The protocol was prepared in Q1 and ethics application was submitted (including responding to ethics committee feedback) in Q2 (April 2015). Ethic approval was granted, and followed by data collection in July in conjunction with Mentoring program. Data from mentoring conducted by mentors will be analysed. Research data collection results are expected to be complete in Q4 followed by report writing.	**Completed (Y2-3)** A review and investigation of study suitability was completed and research protocols developed to support evaluation of trained refractionists in Cambodia. Ethics approvals were granted for research projects and graduate workplace data collection and the evaluation of trained refractionists was completed in Y3.
	4.1.1.1 Evaluate the effectiveness of NRTC training and impact of NRTC trained eye care cadre				**Completed.** The evaluation was done in conjunction with Health Equity Fund Research. Primary findings showed that Retinoscopy is as the most useful subject for refraction. An interesting finding to address is that Nurse refractionists rarely used their skills due to lack of access to necessary equipment.	**Completed (Y3).** Nurse Refractionists were happy with mentoring program, they particularly valued the retinoscopy training , but having limited or no equipment restricted their ability to practice and maintain their skills.

Annex 4a: EAVP Cambodia Activity Target Progress (Year Three Annual and All Years)

Objective	Activities	Targets for Year 3	Cumulative targets Year 1-3	Lead Agency	Progress against Y3 activity targets	Progress against cumulative all year activity targets
Sub-component 4.2 Evidence based guidelines for service delivery						
4.2 Evidence-based guidelines for service delivery	**4.2.1** Develop guidelines, based on the evidence available, that are feasible to be applied in the appropriate levels of eye care in Cambodia **4.2.1.1** Local emerging and experience researchers attend the Research Writing and Recap Workshop	Up to 20 workshop participants 	Up to 20 workshop participants Local researchers attend research training workshops in year 2 and 3 (# participants by gender, and identity of facilitators (into or Khmer)) NOTE: Target from Y1 was cancelled and replaced by alternative in Y2)	BHVI	**Completed** a. Two workshops were organised, with 16 eyecare personnel. Original workshop in 2014 and refresher research workshop (on Research Recap & Writing) was organised in July 2015, with 13/F:2 participants from workshop in 2014 attending (few were on a overseas mission and hospital commitment). The focus was much more on data collection techniques & tools, statistical analysis, and reporting of data. b. Eyecare personnel's improved their research skills and knowledge, where they are not only able to prepare research/thesis for their degree, but also general research in public health. c. 15 residents showed improved knowledge by submitting the research proposal to BHVI and seeking support. d. four research proposals were selected and support in financial & supervision.	**Completed (Y1-3).** The initial research skills training was conducted with 16 local eye care personnel/opht residents and focussed on basic research methodology and analysis skills. This was followed by a research skills refresher workshop, which focused on strengthening skills in analysis and writing up research reports. As a result of this support 15 participants were able to write and submit research proposals to BHVI seeking support. BHVI selected and supported four research projects from the 15 submitted based on their quality, selection criteria and available budget.
4.2.1: To build the capacity of local researchers, such as ophthalmology residents, to conduct high quality research and publish in international journals	**4.2.1.2** Emerging researchers continue working on select research project with the support of mentors.	Up to three local research projects	Up to three local researchers commence work on three year projects with support of local and international mentors	BHVI	**Completed.** Four research projects were closely monitored by supervisors from BHVI & CERA, on current implementation of data collection stage. International supervisors planned to consult face-to-face with the four research mentees in July 2015, in conjunction with Refresher Research workshop. During Q3 the 04 research mentees were closely monitored by supervisors from both BHVI local & international & CERA, on their current implementation. In July 2015, International Supervisors (BHVI/Judith & CERA/Robert) visited Cambodia research mentees and face-to-face discussion on research proposal implementation & progress. Currently research is at the data collection stage for most and one is getting to the stage of analysis/statistic analysis and writing research report. Final results/findings are expected to be shared or presented at the national CME workshop (expected in Q4, December 2015 or possibly in 2016). BHVI is planning to facilitate and assist the research paper to submit to a scientific journal.	**Completed (Y3).** Four research projects were undertaken. A BHVI supervisor will continue to support the researcher mentees to finish their research projects. The status of the researchers and their projects are outlined below: 1. Dr. Marina: He reached to the final stage. After Completion of data collection and completed data analysis, he is now on writing up a draft of interpretation & Final Report Findings. Close monitor by supervisor (Judith), and feedback was made and in progress. Dr. Marine is expected to present his findings at the next CME meeting in 2016. 2. Dr. Po Lindara: in data collection stage (only 20 cases more required), he has begun conducting data analysis and writing a draft report of the findings. 3. Dr. Raksmey: has finished the data collection. and he is now conducting data analysis and writing a draft report of the findings. 4. Dr. Vichhey: is still in data collection stage. His topic and patients cases have been difficult to find.
		Three research papers	Three research papers		Research key findings will be applied to be presented at Cambodia Opthalmology Society (COC) and ASEAN Ophthalmology Society (AOS) 2016 annual conferences.	**On Track.** After data collection, one research mentee is in process of writing up draft research findings, while the other three are in process of data collection & analysis. Research papers will be finalised after the EAVP completion.
		N/A	Up to three case studies collected		Not a Y3 target	**On Track.** After data collection, one research mentee is in process of writing up draft research findings as final report, while the other three are in process of data collection & analysis.
		N/A	100% of researchers report application of new skills and knowledge		Not a Y3 target	**Completed.** The researchers selected to lead the four research projects have demonstrated application of new skills and knowledge.

Annex 4b: EAVP Timor Leste Activity Target Progress (Year Three Annual and All Years)

Objectives	Activities	Y3 Output targets	Combined Year 1-3 outputs targets	Lead agency	Progress against Y3 activity targets	Progress against cumulative all year activity targets
Component 1: Governance, Policy and Coordination						
Sub-component 1.1 To establish management structures for eye care within the broader health system in alignment with the National Eye Health Strategy 2013-2017						
Improved capacity of national and sub-national level lead health agencies to provide strategic and policy guidance, coordination and integration of eye health and vision services	**1.1.1** Support for set up and running of the National PBL committee to facilitate coordination at district and sub-district level	National PBL Committee established by MoH.	National PBL Committee established by MoH.	FHF	**Target not achieved**. PBL committee not established as it is dependent on the endorsement and implementation of the National Eye Health Strategy. A workshop was organized for the end of July, with MOH to develop a more rapid transition than the one previous drafted in March 2015 for the National Eye Health Strategy (NEHS). MOH cancelled due to other commitments and agreed to re schedule however, this did not eventuate. In a meeting on 1 October, the Vice Minister said she would follow up with the Minister to have it signed. On the 3 December an official hand-over ceremony for the NEC was organised by the MOH in which NCD Director Dr Herculano mentioned that the further transitioning of the NEC and the eye care program will be carried in accordance with the NEHS, which is a phased approach during 2016.	**Target not achieved**. PBL committee not established as it is dependent on the endorsement and implementation of the National Eye Health Strategy. At the official hand-over ceremony for the NEC organised by the MOH the NCD Director Dr Herculano mentioned that the further transitioning of the NEC and the eye care program will be carried in accordance with the NEHS, which is a phased approach during 2016. In essence the NESH is being followed without the official endorsement. Ongoing advocacy and follow up beyond the EAVP will take place to encourage the progression of the official endorsement. In late Q1 2016 a joint meeting of RACS and FHF NZ is planned to support this strategy.
		Meetings occur quarterly and are attended by key MoH counterparts	Meetings occur quarterly and are attended by key MoH counterparts	FHF	MOH has the NEHS developed and is to be submitted to Minister for her signature following approval. Once signed the MOH will move forward with establishing the PBL committee. Prior to the FHFNZ program managers first quarterly visit post transition of the NEC, a TOR will be drafted with the key objectives for the purpose of this visit. Initiate a meeting with the key stakeholders (members of the Prevention of Blindness Committee) to discuss a plan of action on how to get the Minister to endorse the NEHS will be a key priority.	**Target not achieved.** PBL committee was not established to due the need for formal approval of the NEHS to do this. Meetings of key stakeholders who are intended to make up the PBL committee did take place and were involved in NEC transition planning.
	1.1.2 Strategy agreed with MoH for method to qualify new ECWs		MoU/ strategy developed for accreditation of ECW training and signed	FHF	Not a Y3 target	**Target not achieved**. Despite continual advocacy with the MoH and UNTL approvals of the post graduate programs have not been forthcoming. This is largely due to a broader embargo on approval of new graduate courses. There are also several bureaucratic issues in recognising trainees prior experience/ qualifications that continue to be negotiated.
	1.1.1 Coordination of PBL activities at district and subdistrict level		Same as above	FHF	Not a Y3 target	Refer to report above.
Component 2: Workforce Development						
Sub-component 2.1 To align human resource training in eye health with MoH career regime						
2.1 Pre-service training: increasing the number of skilled ECWs and trainee ophthalmologists at national and district level	**2.1.1** Adapting available curricula and development of module for training eye health personnel in alignment with career regime	Module for training in eye care endorsed	Module developed in line with career regime and is ready for endorsement.	FHF	**Target partially met.** Training module completed but not formally endorsed. Many meetings were held between the Ministry of Education, UNTL and FHFNZ but no progress was made on the final endorsement. The PGDEC curriculum is based on the curriculum that is being taught at the universities in Fiji and PNG, but has been revised for the TL context. With long delays to endorse the modules, FHFNZ continued providing refresher courses for ECWs to ensure their skills and knowledge would be maintained. These in service courses consist of modules taken from the PGDEC curriculum (Essential Eye Care, Refraction). The modules have been accepted by and handed over to INS to continue to conduct in service training for MOH personnel. Pre service training is still an ongoing issue. Government is meeting with University of Fiji and PNG to ascertain their agreement to recognise and endorse qualifications. This works well for FHF as the Universities in both countries use the curriculum developed by FHF.	**Target partially met (Y1-Y3).** Training module completed but not formally endorsed. Many meetings were held between the Ministry of Education, UNTL and FHFNZ but no progress was made on the final endorsement. The PGDEC curriculum is based on the curriculum that is being taught at the universities in Fiji and PNG, but has been revised for the TL context. With long delays to endorse the modules, FHFNZ continued providing refresher courses for ECWs to ensure their skills and knowledge would be maintained. These in service courses consist of modules taken from the PGDEC curriculum (Essential Eye Care, Refraction). The modules have been accepted by and handed over to INS to continue to conduct in service training for MOH personnel. Pre service training is still an ongoing issue. Government is meeting with University of Fiji and PNG to ascertain their agreement to recognise and endorse qualifications. This works well for FHF as the Universities in both countries use the curriculum developed by FHF.
			Curriculum endorsed by GoTL (MoH, UNTL, Ministry of Education)		Not a Y3 target	**Target not met (Y2).** Despite ongoing advocacy with the MoH and UNTL, approvals of the post graduate programs have not been forthcoming. This is largely due to a Ministry of Education embargo on approval of all post graduate graduate courses (so not just post graduate medical training courses). Despite formal approval not being forthcoming from the UHS, the INS has adopted and certifies trainees who are trained in modules taken from the PGDEC

Annex 4b: EAVP Timor Leste Activity Target Progress (Year Three Annual and All Years)

Objectives	Activities	Y3 Output targets	Combined Year 1-3 outputs targets	Lead agency	Progress against Y3 activity targets	Progress against cumulative all year activity targets
			Increasing skill levels of ECWs and ophthalmology trainees as assessed by clinicians/teaching team		Not a Y3 target	**Target met (Y2).** MoH announced in June 2013 that after a significant restructure the Institute of Health Sciences (INS), would be functional again in late 2013. This has enabled in-service training conducted by FHFNZ to once again be facilitated through the MoH/INS. Final in-service training for ECWs (in November 2013) was in collaboration with INS. Skills of ECWs and ophthalmology trainees increased via training and mentoring as per 2.1.3 and 2.3.3
	2.1.2 Mentoring and training of ophthalmology candidates in the NEC	Four ophthalmology candidates in training for PGDO in preparation for MMed in Ophthalmology. Of these four, two will graduate in 2015 and two in will graduate in 2016	Four ophthalmology candidates in training for PGDO in preparation for Mmed in Ophthalmology. Of these four, two will graduate in 2015 and two in will graduate in 2016		**Target partially met:** Four Ophthalmology candidates undertook the PGDO training program in 2015; Three trainees completed the program, and one trainee withdrew from the program in December 2015 as he was offered a scholarship to study at the Pacific Eye Institute (PEI) in Fiji. An additional two trainees began pre-diploma training in July 2015 and formally commenced the PGDO in January 2016.	**Target partially met**. Three Post Graduate Diploma of Ophthalmology candidates completed the training program in 2015. Pending lifting of the embargo on approving new post graduate courses it is expected they will officially graduate in late 2016. One trainee has been offered a scholarship to pursue the remainder of his studies at the PEI. Despite the delays to the official graduation, the three trainees who completed the PGDO are now utilising and continuing to build their skills in their day to day work at the NEC/HNGV - assisting with teaching junior trainees, provision of various eye health services and SICS and other minor surgeries.
			Trainee baseline assessments undertaken, comparative improvement from baseline in skills/knowledge evaluated for every trainee after completion of training, mentoring, capacity building interventions	RACS	**Completed.** Dr Sharma delivered the PGDO program throughout the EAVP and closely mentored the development of the PGDO trainees. FHFNZ/PEI Ophthalmologist Dr Roger Dethlefs conducted five visits in 2015. He provided support to Dr Sharma (RACS) in the delivery of the PGDO program. During each visit he gave the registrars written assignments in order to assess their progress over the course of the year. A visiting teaching faculty also delivered sub-speciality training as per the curriculum (alternate funding source). All registrars made improvements on both their clinical skills as well as their theoretical knowledge, which was also demonstrated in their fortnightly tests and Case Presentations. An external examiner from the RANZCO conducted final year exams in October 2015, and three trainees sat and passed the theoretical and practical exams.	**Completed.** Trainee baseline assessments were undertaken through the structured assessment and assignment requirements.
			Ophthalmology candidate attends international ophthalmology events/conferences	FHF	**Completed.** One Ophthalmology registrar attended PacEYES conference in Fiji in June 2015	**Completed.** Ophthalmology registrars attended PacEYES conference in Fiji: One in 2014 and one in 2015
	2.1.3 Delivery of training module for ECWs	Clinical training for district ECWs: One Annual ECW training course held at NEC through INS for recent medical and nursing graduates and to eye care nurses/technicians who are posted at sub-district level (20 participants over training session)	Clinical training for district ECWs (Y2&Y3)		Completed. Annual ECW workshop held/in-service training, clinical attachments at the NEC, and WFD visits conducted.	**Completed (Y2-Y3).**The original training schedule for ECWs in 2014 of two-three training events per year was overly ambitious. The revised schedule included one in-service training during the remainder of the year. One in-service training was held for 19 ECWs (11 female, eight male) from district clinics and hospitals at the NEC. Part-time training for nine ECWs (Six female, Two male) in the Certificate 3 Essential Eye Care is also on track and was completed in Y3. In Y3 an Annual ECW workshop was held in conjunction with clinical attachments at the NEC and workforce development support visits.
			Work Force Development (WFD) and Education team support visits to the eye clinics in districts (Y2)	FHF	Not a Y3 target	
			WFD supporting ECWs to do local outreach in their districts (likely one month) (Y2)		Not a Y3 target	FHF supported RACS with mentoring and training of ophthalmology registrars at the NEC.
			One Annual ECW training course held at NEC through INS for recent medical and nursing graduates and to eye care nurses/technicians who are posted at sub-district level (20 participants over training session) (Y3)		**Completed.** In Y3 an Annual ECW workshop was held in conjunction with clinical attachments at the NEC and workforce development support visits.	**Completed.** In Y3 an Annual ECW workshop was held in conjunction with clinical attachments at the NEC and workforce development support visits.

Annex 4b: EAVP Timor Leste Activity Target Progress (Year Three Annual and All Years)

Objectives	Activities	Y3 Output targets	Combined Year 1-3 outputs targets	Lead agency	Progress against Y3 activity targets	Progress against cumulative all year activity targets
	2.1.4 Developing Curricula and commencing Post Graduate training program in Ophthalmology for Junior Doctors	Curriculum approved by MoH and UNTL	Approval of curriculum by MoH and UNTL	RACS/FHF	**Target not met.** The RACS Expatriate Ophthalmologist had several meetings with the Rector and Clinical Dean at the UNTL throughout 2015 advocating for the re-establishment of course registration for all post graduate courses at UNTL. In January 2016, the Rector advised that the embargo will be lifted in the coming months and registrations will be open.	**Target not met.** Although the PGDO was developed in close collaboration with key stakeholders there have been ongoing delays in gaining formal endorsement from the UNTL. Since September 2013, there has been an embargo on the registration of all post graduate courses at UNTL. The new Minister of Health is committed to re-opening registration and it is hoped that the PGDO will be registered with the UNTL in time for the trainees to formally graduate in late 2016. The UNTL has assured the RACS that the PGDO will be retrospectively recognised.
	Development of curriculum in line with international standards for training program in ophthalmic medicine and surgery for junior doctors	First cohort of ophthalmology trainee participants undertake training program	# Ophthalmology trainees who commence and complete training program		Not a Y3 target	**Completed (Y2-3).** The PGDO curriculum was developed in line with international standards using the University of Papua New Guinea and the University of India ophthalmology curriculums as a guide. Two cohort of trainees have commenced the program (with the first cohort finishing in October 2016) and a third cohort began in January 2016. The three trainees who passed the final PGDO exams in October 2015 will not be awarded an official diploma from UNTL until the PGDO is officially registered and the students registered with UNTL. The fourth PGDO trainee has been awarded a scholarship from FHF to continue his studies at the PEI in 2016.
Sub-component 2.2 To build capacity of health personnel in Timor-Leste to enable them to deliver effective, high quality eye care in an efficient manner						
2.2 To strengthen the skills an capacity of eye care personnel to deliver quality eye care and vision rehabilitation services in Timor Leste	**2.2.1** Delivery of an O&M Train the Trainer Program to local vision rehabilitation NGOs	A further three Timorese trainers are appropriately qualified and skilled to deliver O&M training for local rehabilitation NGOs	Nine Timorese trainers are appropriately qualified and skilled to deliver O&M training for local rehabilitation NGOs	RACS	**Completed.** The final module of training was delivered in November 2015, and at the completion of this training period, three trainees graduated from the O&M Train-the-Trainer program. To recognise this achievement, a graduation ceremony was held at the completion of the training program. Subsequently, the Y3 target was met.	**Completed.** The final module of training to cohort two was delivered in November 2015, and an additional three trainees graduated from the program. There is now a total of six qualified O&M trainers in Timor-Leste, with two trainers from each national vision rehabilitation organisation (ETBU, HDMTL and FN). ETBU is providing O&M training to its members in April 2016, and it will be delivered by one of the newly qualified blind O&M trainers. It is expected that six national O&M trainers is enough to meet the current demand of training required in Timor-Leste, and this service can now be provided sustainably post EAVP. Savings from this budget line were approved to be used for the purchase of vision rehabilitation equipment, including canes and tips. 77 canes were purchased in November 2015, and 108 canes and 80 tips were purchased in March 2016.
	2.2.2 Delivery of a vocational training program for young adults with vision impairment	At least five young adults with vision impairments have new vocational skills	Note: target amended in Y3. Vocational training was removed from targets through formal variation approved by DFAT.	RACS	**Activity variation approved/original activity cancelled**. Scoping and discussion undertaken with Empreza Di'ak, a Timorese NGO that conducts business and marketing training. Training for three vision rehabilitation NGOs occurred in February 2016. Working with the Timorese NGO will allow for ongoing linkages after the completion of the EAVP.	**Completion of new target (Y3).** A business management workshop was successfully delivered to 20 participants from ETBU, HDMTL and FN in mid February 2016. The workshop was delivered by Empreza Diak, a Timorese NGO specialising in small business livelihoods training.
	2.2.3 Delivery of a Braille training program for primary school teachers	20 primary/secondary school teachers able to teach Braille to vision impaired students in selected districts	20 primary/secondary school teachers able to teach Braille to vision impaired students in selected districts	RACS	**Completed:** Braille literacy training was delivered to 21 (Eight F, 13M) pre-secondary and secondary teachers in Same in June 2015. $4,266 remaining from Y2 carry over. RACS is exploring if another trip could be arranged using the remaining funds. Carry over funds were put towards a new activity (Activity 2.2.9) focusing on inclusive education and advocacy skills to provide the Timorese vision rehabilitation sector with the necessary tools to advocate for a more inclusive national education system.	**Exceeded target.** 25 primary school teachers (13F) in Y2 undertook training in inclusive education teaching methods, curriculum modifications for students with visual impairment, and Braille mathematics. In Y3 21 (EightF, 13M) pre-secondary and secondary teachers in participated in a Braille literacy training. Overall 46 primary and secondary school teachers in the rural district of Same were trained in Braille literacy and inclusive education techniques to make their classrooms more accommodating and inclusive to children with a vision impairment. The Same Minister of Education attended the opening of the training in June 2015 and supported the training.
		Two pre school aged children able to understand Braille literacy	Two pre school aged children able to understand Braille literacy (note target changed from 10 to two in Y3 DFAT approved variance)		**Variation approved.** Braille literacy training was delivered to two children (2F) in June 2015. The trainers also worked with the students' teachers on inclusive education techniques. The RACS indicated that the target of 10 students will not be met. Similar to comment above there is less need than foreseen and partner priorities are on other activities. RA variation to support community identified need for support as part of the rehabilitation review was approved by DFAT.	**Variation approved/Target met.** Braille literacy training was delivered to two children (Two F) in June 2015. The trainers also worked with the students' teachers on inclusive education techniques. The two children that received Braille literacy training greatly benefitted from this one to one support and the volunteer trainers noted distinct improvements in classroom participation during the training. The RACS indicated that the target of 10 students will not be met. As advised, there is less need than foreseen and partner priorities are on other activities. RA variation to support community identified need for support as part of the rehabilitation review was approved by DFAT.

Annex 4b: EAVP Timor Leste Activity Target Progress (Year Three Annual and All Years)

Objectives	Activities	Y3 Output targets	Combined Year 1-3 outputs targets	Lead agency	Progress against Y3 activity targets	Progress against cumulative all year activity targets
	2.2.4 Placement of an expatriate ophthalmologist to mentor and support sole Timorese Ophthalmologist and Ophthalmology trainees	Four current trainees continue PG training	Six trainees complete PG training		**Ongoing.** Dr Sharma continued to deliver the PGDO curriculum in 2015, concurrently mentoring the medical and surgical skill development of the PGDO trainees. Four trainees progressed through the PGDO in 2015 - Three PGDO graduates (now senior registrars) completed the training program in October 2015 and one trainee withdrew from the program in late 2015. Dr Sharma attended the RANZCO ASC in October 2015 to feed new techniques and technologies into the PGDO program and attended an ETEP strategic planning meeting with Dr Marcelino Correia, Timor's only ophthalmologist.	**Completed/partially met**. Three PGDO trainees (now senior registrars) completed the training program in October 2015 after passing their final exams administered by an external examiner (RANZCO Fellow), demonstrating their ability to diagnose, treat and manage a range of eye health conditions. The fourth trainee has been awarded a scholarship to continue and complete his studies at the PEI.
		A further two trainees continue PG training	Two new cohort trainees for PG training.		Completed: An additional two trainees started pre-PGDO training in July 2015, and formally commenced the PGDO in January 2016.	**Completed:** two new trainees began the PGDO in January 2016, comprising the third cohort of the PGDO.
		Selection/assessment established for future cohorts	Selection/assessment established for future cohorts		**Completed:** The two new pre-PGDO trainees were selected according to the results of merit based selection exams and interviews. This selection process was established in Y2 of EAVP.	**Completed:** The two new pre-PGDO trainees were selected according to the results of merit based selection exams and interviews. This selection process was established in Y2 of EAVP.
		Approx. 11000 people screened and 400 sight restoring surgical procedures performed each year	45,000 people screened, and 24,000 people treated by end of program		**Completed.** Refer to FHF/RACS combined data reported at activity 3.1	**Completed.** Refer to FHF/RACS combined data reported at activity 3.1
		Increased independence of Timorese eye care workers	Increased independence of Timorese eye care workers	RACS	**Completed.** Dr Sharma continued to train the two pre-diploma trainees currently undertaking the PGDO and to train and mentor the three trainees who have now completed the PGDO (now senior registrars). Dr Sharma is closely monitoring the PGDO trainees' clinical caseload, including surgical procedures. The following statistics were recorded from March 2014 to January 2016: **Senior registrar #1** Surgeries performed with assistance: - SICS: 140 - Phaco: 30 - Pterygium: 17 - Corneal transplant: 5 Surgeries performed independently: - SICS: 60 - Evisceration: 8 - Pterygium: 15 - Others: 30 including eye Block Anaesthesia. **Senior registrar #2** Surgeries performed with assistance: - SICS:195 - Other: <45 Surgeries performed independently: - SICS: 55 - Other: 40 cases, including eye block anaesthesia	**Completed.** The increased independence by the Timorese trainees is measured through various avenues including clinical log books, monthly reports and visiting faculty observations. Dr Sharma also keenly observes the progress of the trainees, and advised that he is satisfied with their level of progress including the development of their interpersonal communication skills when working with patients. Initially the trainees would seek assistance in the diagnosis, management and treatment phases of consultations, and now they undertake these steps independently, requesting advice only when needed. This is a significant development, including their ability to perform SICS independently.
	2.2.5 Sole Timorese Ophthalmologist receives one-on-one mentoring from expatriate Ophthalmologist	Contribution to training program by Timorese ophthalmologist	Contribution to training program by Timorese ophthalmologist	RACS	Completed. Dr Correira continued to contribute to the PGDO teaching program in Y3. He actively contributed to the mid-term exams and tests, and provided feedback to the trainees during Case Presentations. Dr Correira also supported the NEC and advocated to the UNTL to lift the embargo. Dr Correira will also take on a more active role in outreach/clinical duties moving forward due to the handover from the FHFNZ to the MoH.	Completed (Y2-3). Dr Correira continued to contribute to the PGDO teaching program in year 3. He actively contributed to the mid-term exams and tests, and provided feedback to the trainees during Case Presentations. Dr Correira also supported the NEC and advocated to the UNTL to open new program registrations. It also appears that Dr Correira will take a more active role in outreach/clinical duties moving forward due to the handover from the FHFNZ to the MoH.

Annex 4b: EAVP Timor Leste Activity Target Progress (Year Three Annual and All Years)

Objectives	Activities	Y3 Output targets	Combined Year 1-3 outputs targets	Lead agency	Progress against Y3 activity targets	Progress against cumulative all year activity targets
		Observed improvements in competent levels of skills and knowledge and confidence of mentee	Observed improvements in competent levels of skills and knowledge and confidence of mentee		**Completed.** Dr Sharma is continuing to mentor Dr Correia, national ophthalmologist as well as the senior registrars who completed the PGDO in November 2015. Dr Correira advised that Dr Sharma's mentorship has been beneficial for knowledge sharing and learning, and the overall advancement of eye health in Timor-Leste. "As a colleague, working in NEC sharing to each other for the better service of eye clinic and whole country".	**Completed (Y1-Y3).** Dr Sharma is continuing to mentor Dr Correia, national ophthalmologist as well as the senior registrars who completed the PGDO in November 2015. Dr Correira advised that Dr Sharma's mentorship has been beneficial for knowledge sharing and learning, and the overall advancement of eye health in Timor-Leste. "As a colleague, working in NEC sharing to each other for the better service of eye clinic and whole country".
	2.2.6 Delivery of training for NEC clinical and outreach staff in promotion and referral for vision rehabilitation services	N/A	10-15 staff at NEC trained in promotion and referral for vision rehabilitation services	RACS	Not a Y3 target. However in 2015 the Vision Rehabilitation Review looked at how referrals are taking place. NEC has a good working relationship with vision rehabilitation organisations and does refer patients when needed despite not having a formal referral system.	**Partially completed (Y2-Y3).** Training provided to 5-10 NEC staff in Y2, however referral system has not been formally embedded. Follow up visits and the Vision Rehabilitation Program review indicate that referrals are completed via telephone and the head ophthalmologist at the NEC and other clinical staff have a good working relationship with the vision rehabilitation organisations, and refer all necessary patients accordingly.
	2.2.7 Procurement of canes and tips for local partners conducting O&M training	Procurement and delivery of 250 canes and 160 tips	Procurement and delivery of 250 canes and 160 tips	RACS	**Completed.** Final cane procurement occurred in early March 2016, and 185 canes and 80 tips have been purchased overall for FN, ETBU and HDMTL. The purchase of this equipment will enable these organisations to meet the mobility equipment needs of their members for the near future. Ongoing sustainability was addressed in the Business Management training, and cane procurement was used as a case study.	**Completed.** Final cane procurement occurred in early March 2016, and 185 canes and 80 tips have been purchased overall for FN, ETBU and HDMTL. The purchase of this equipment will enable these organisations to meet the mobility equipment needs of their members for the near future. Ongoing sustainability was addressed in the Business Management training, and cane procurement was used as a case study.
	2.2.8 Delivery of training in business management to enhance the national vision rehabilitation organisations' business practices.	ETBU, HDMTL and FN attend workshop to strengthen business skills for sustainable planning and operations	ETBU, HDMTL and FN attend workshop to strengthen business skills for sustainable planning and operations	RACS	**Completed.** The RACS recruited local Timorese organisation Empreza Diak to deliver thetailored business management training. This group is really passionate about small businesses and excited to work with the national vision organisations. They undertook an assessment with Fuan Nabilan, ETBU and HDMTL independently to understand their expectations and individual organisational contexts, and thenl tailored the training to suit their needs. The final day of training focused on developing a business plan for each of the organisations.	**Completed (Y3):** The business management workshop was successfully delivered to 20 participants (9F) from ETBU, HDMTL and FN from 15 - 17 February 2016. The workshop was delivered by Empreza Diak, a Timorese NGO specialising in small business livelihoods training. Empreza Diak consulted with each organisation individually prior to the training to learn about their organisational context and what they hoped to gain from the training. Empreza Diak then developed materials based off these findings in conjunction to adapting their training to enable participation from people that are blind or low vision. To do so they observed the advocacy training to gain an understanding of the requirements of working with vision impaired individuals, and also asked ETBU to pre-brail some training resources. Each organisation came away with an individual business plan with potential income generating opportunities, as well as business management and book keeping skills. The founders of Fuan Nabilan said "After the business management training we started to think {about} overhauling our organisations' management system and how to raise funds" and HDMTL said "Business management training was really useful because business is one way {to achieve} our goal in order to implement and prepare our organisation for its future sustainability". Empreza Diak will provide follow-up training/mentoring to the three organisations to provide guidance and support for any teething problems or questions they may have in implementing their business plans/acquired skills.
	2.2.9 Delivery of an advocacy training for ETBU, HDMTL and FN to strengthen advocacy skills	ETBU, HDMTL and FN participate in an advocacy training	ETBU, HDMTL and FN participate in an advocacy training	RACS	**Completed**. As agreed with DFAT, savings from the Braille training budget line are being used to conduct an advocacy workshop with vision NGOs in Timor-Leste from 18-22 January 2016. The workshop focused on upskilling staff from the three vision rehabilitation NGOs with skills and knowledge on the current context of inclusive education in Timor-Leste; the best policy and advocacy approach; and formal presentation skills to give the organisations' the confidence to present and meet with Ministry representatives. The trainers presented the trainees with innovative techniques for improving their confidence and presentation skills, and the trainees appeared to be energetically engaging with the new skills/techniques. Disability inclusivity principals were also covered, using the UN Convention on the Rights of Persons with a Disability as a guiding framework, along with brainstorming to inform how they present about disability inclusiveness to the Ministry of Education/Health.	**Completed (Y3):** The advocacy training workshop was successfully delivered in January 2016, with 16 (6F) participants from ETBU, HDMTL and FN. The week long training provided the participants with key skills and knowledge to advocate to the MoE on key inclusive education principals and practices, grounded in the UN Convention of Rights of Persons with a Disability. Building on this theoretical rights based approach the training also covered presentation and public speaking skills, enhancing the trainees ability to carry themselves and present their stories and arguments to public officials. These innovative techniques were new to the trainees and provided them with confidence and the ability to comfortably present their stories of change to the MoE Inclusive Education Officer on Friday 22 January. After each participant presented to the MoE, an in-depth discussion occurred which started the conversation for future action. Participants from ETBU advised "The model {of} training that was recently given by Ms. Frances Mr Ryan is very fitting... it is a way to establish good leadership for the future of the organization and for the blind and other personalities who lead other organizations".
Sub Component 2.3: Improving skills of qualified mid-level eye care workers currently outside MoH career regime and developing agreed qualification and career path for mid-level ECWs						

Annex 4b: EAVP Timor Leste Activity Target Progress (Year Three Annual and All Years)

Objectives	Activities	Y3 Output targets	Combined Year 1-3 outputs targets	Lead agency	Progress against Y3 activity targets	Progress against cumulative all year activity targets
2.3 To improve career pathways and opportunities for skilled eye health personnel	**2.3.1** Commencing process for accreditation of mid-level eye care worker professional development courses through Institute of In-service training (INS) (or other local provider)	N/A	Course curriculum accredited through National Qualifications' Framework	FHF	Not a Y3 target	**Partially completed.** Despite long-term discussions the PGDEC as a whole curriculum was not given formal endoresement. Reflecting the recognition of training quality and usefulnees, the INS has adopted training modules from the PGDEC and certifies those who complete training modules. Unfortunately overall accreditation approval of the PGDEC was not forthcoming due to bureaucratic issues and the embargo on approving tertiary courses.
	2.3.2 Aligning professional development for existing staff to meet requirements for promotion within health workforce career regime	N/A	Agreement with MoH regarding career regime for ECWs	FHF	Not a Y3 target	**Target not achieved.** Refer to above (2.3.1) Difficulties mainly stem from the lack of agreement about what pre-qualification is required to gain entry to the PGDEC. This is an ongoing discussion between the Ministry of Education, UNTL and Health.
	2.3.3 Training and capacity development of existing district level and NEC eye care workers in clinical skills through INS (or other local training provider). Support for external training opportunities.		# ECW training courses held at NEC through INS (by year, # M&F participants)	FHF	Not a Y3 target	Four district ECWs completed clinical attachments at the NEC in Q2. Three district ECWs completed clinical attachments at the NEC in Q3 from Viqueque, Lautem and Oecussi. (2M, 1F). Increased clinical competency was gained for those who completed basic eye care training and clinical attachments. However, recognition of qualifications remains an ongoing issue for MOH. One clinical attachment took place for an Eye Care Technician from Aileu. There were five clinical attachments scheduled for the year, each involving two district ECWS. In total eight district ECWs completed attachments (3F, 5M) while two cancelled.
		Clinical attachments of one week duration at NEC for 10 district ECWs	# clinical attachments at NEC for district ECWs (by year, # M&F participants)		**Completed.** In total Eight district ECWs completed attachments (3F, 5M) in 2015. 2 ECWs cancelled just prior to commencing their attachment leaving no time to arrange for another ECW to take up place.	**Completed (Y1+Y2).** Total of 19 district ECWs completed clinical attachments.
	ECWs include all personnel involved in the delivery of interventions that maintain eye health.		External training/professional development opportunities for two ECWs, e.g. the John Fawcett Institute (Bali) or Surabaya Eye Hospital		Not a Y3 target	**Completed (Y1-Y2).** 21 ECWs trained in 2013 and in Y2 one person (female) attended the RANZCO nurses conference an one person attended Aravind in India (male). The Clinical Services manager attended a month long clinical management course in Aravind, India in September 2014. OT Nursing Manager attended RANZCO NZ in May 2014.
	Support/training to local optical Community Based Organisations (CBOs) in business and clinical skills.	Five Monitoring visits/on the job training from WFD and education teams, covering district eye clinic nurses and technicians	# Monitoring visits/on the job training covering district eye clinics/nurses and technicians		**Complete:** Five WFD visits were made to visit five ECWs in district eye clinics (3F, 2M). Districts covered include Suai, Aileu, Manufahi, Liquica and Bobonaro.	**Completed (Y1-Y3).** Total of 28 monitoring visits conducted of total 31 target. Number of districts was reduced in Year three based on a revised geographical coverage strategy negotiated between FHF/NEC and RACS.
					Not a Y3 target	**Completed (Y2).** Average results were 17% higher than pretest results for ECW and 26% higher than pre-test results for VHW.
	Training and capacity development of district level and NEC eye care workers in planning, budgeting and use of procurement systems and program management	Delivery of five, three day training sessions in basic eye care to district community nurses and other health professionals	Delivery of five, three day training sessions in basic eye care to district community nurses and other health professionals per year	FHF	**Complete:** Q4 course in Maliana, Bobonaro had 25 participants (7F, 18M). Four training sessions were held covering Cova Lima, Bobonaro, Liquica and Same districts for doctors and nurses. The fifth course ran differently, in Ainario (June) facilitators found that the district health office brought in PSF village lay-volunteers instead of CHC and Health Post doctors and nurses. As team were there already, they held a one day impromptu health promotion seminar with 30 PSF volunteers present. (YTD - 5 sessions)	**Completed (Y1-3).** 19 training sessions were delivered in basic eye care to district community nurses and other health professionals. Eight training sessions delivered in Y1, 6 training sessions in Y2 and 5 sessions in Y3. Total of 17 training sessions conducted.
		Two trainees in PG training in ophthalmology attend PacEYES in Fiji	Five Post Graduate Diploma in Eye Care trainees attend PacEYES		**Completed.** One trainee working towards his PGDO attended the PacEyes conference in June. The second attendee was a NEC-based ophthalmic technician. On return to TL the trainee presented their learnings from PacEyes to colleagues.	**Completed (Y1-Y3).** Total of six trainees attended Paceys. In Y3 One trainee working towards his PGDO attended the PacEyes conference in June. The 2nd attendee was a NEC-based ophthalmic technician. On return to TL the trainee presented their learnings from PacEyes to colleagues.
			13 district eye clinics receive Workforce Development visit/training for eye care nurses and technicians		Not a Y3 target	**Completed Y1+Y2).** Workforce development visits were conducted in Y1 and Y2. Y1 visited 11 of 13 districts. The remaining two were not completed in time due to staffing issues. In Y2 all 13 districts were visited and 15 district Eye Care Workers received mentoring/support as part of the visit.

Annex 4b: EAVP Timor Leste Activity Target Progress (Year Three Annual and All Years)

Objectives	Activities	Y3 Output targets	Combined Year 1-3 outputs targets	Lead agency	Progress against Y3 activity targets	Progress against cumulative all year activity targets
			One Eye Care Technician (ECT)/Scrub Nurse to undertake Post Graduate Certificate in Eye Care (PGCEC) training for seven months at PEI, Fiji		Not a Y3 target	**Complete (Y1).** ECT graduated in July 2013.
		One local optical at the NEC retains volunteer support (One pp) from New Zealand for Jan/Feb 2014	One local optical at the NEC retains volunteer support (One pp) from New Zealand for Jan/Feb 2014		**Completed.** The volunteer working with FNTL completed placement in February.	**Completed (Y1-Y3).** The volunteer working with FNTL completed placement in February.
		Ongoing mentoring and required training will ensure skills in business practices, program management, report writing and advocacy proficiencies are increased. The volunteer will report to FHF NZ.	Ongoing mentoring and required training will ensure skills in business practices, program management, report writing and advocacy proficiencies are increased. The volunteer will report to FHF NZ.		**Completed**	**Completed (Y3).**
	2.3.4 Capacity development of local training provider - INS		INS has improved capacity to facilitate delivery of eye care training. INS will provide annual training plan for all eye care nurses and technicians integrated with other MoH health care worker training in Y1.	FHF	Not a Y3 target	**Completed (Y1).** INS commenced functioning in Q4, 2013. Final In-service training (Nov 2013) was done in collaboration with INS. All training done by FHFNZ in country has been in collaboration with INS.
	2.3.5 Management skills - capacity development of relevant NEC staff (MoH, FNTL, FHFNZ) in preparation for handover to MoH	Management skills of NEC staff improve:	Management skills of NEC staff improve:		**Complete:** Leadership and interpersonal skills training was held in Dili in Q3 to improve management skills of NEC staff. The training included three INDMO modules: 1) Show leadership in the workplace; 2) Apply problem solving techniques to achieve organisation goals; 3) Maintain occupational health & safety; 4) Four senior managers attended the training.	**Complete (Y2-Y3).**
		MoH NEC handover plan developed	MoH NEC handover plan developed		**Completed.** As of 1 December the management of the NEC was transitioned to GVNH. The MOH have advised that they have successfully secured additional funding for 2016 to manage the NEC and will apportion funds accordingly through the Director of GVNH who will in turn manage the NEC on a daily basis. During the handover ceremony on 3 December agreements were signed for the transition of the NEC to the GVNH, and FHFNZ Clinic Service Manager Belmerio Jeronimo was announced the Head of Eye Care Department of GVNH. In addition six other staff will be retained by the MOH. They will hold the following positions: Outreach Coordinator, NEC administrator, Two OT nurses and two technicians.	**Completed (Y1-Y3).** Plan developed and handover completed. On going technical advice support plan is being developed in agreement with GVNH who now manages the NEC.
			M&E for eye health delivered through in-country training curricula		**Completed:** NEC staff who attended Cert3 and Cert4 received a pre and post test to monitor improvement on their skills.	**Completed:** NEC staff who attended Cert3 and Cert4 received a pre and post test to monitor improvement on their skills.
			All cadres receive relevant management training through M&E component that is included in training curricula or capacity building interventions		**Completed:** Leadership and interpersonal skills training held in Dili in Q3 in Y3 to improve management skills of NEC staff.	**Completed:** The Clinical Services manager attended a month long clinical management course in Aravind, India in September 2014. OT Nursing Manager attended RANZCO NZ in May 2014. Leadership and interpersonal skills training held in Dili in Q3 in Y3 to improve management skills of NEC staff.
		English classes for 10 men and 12 women	English classes for 10 men and 12 women		**Completed.** English classes have been completed for NEC staff. Classes were attended by 12 FHF-TL staff, 6 FNTL staff, 7 NEC MoH staff, 2 MoH official staff.	**Completed (Y3).** English classes have been completed for NEC staff. Classes were attended by 12 FHF-TL staff, Six FNTL staff, Seven NEC MoH staff, Two MoH official staff.

Annex 4b: EAVP Timor Leste Activity Target Progress (Year Three Annual and All Years)

Objectives	Activities	Y3 Output targets	Combined Year 1-3 outputs targets	Lead agency	Progress against Y3 activity targets	Progress against cumulative all year activity targets
Sub-component 3.1 Improved standards and policy framework for delivery of quality eye health and vision care services through national health systems						
3.1 To attain coverage of eye health services in alignment with national Health Sector Strategic Plan (NHSSP) timeframes	**3.1.1** NEC and visiting teams outreach: Screening/ RE correction and cataract surgery activities at district level.	11,000 screening and 40 surgeries conducted at the NEC	Increasing #s screening and surgeries at NEC	FHF/RACS	**Completed.** In total (outreach and NEC based) 13,495 people were screened in Y3 and 6,166 treatments provided. Overall treatment figures include 1010 surgeries (both in and outside Dili).	**Completed.** Total services (outreach and NEC based) provided in Timor-Leste over three years: 43,898 people screened and 21,869 treatments provided. 22,238 screenings were provided in Dili through the NEC and 9,364 treatments were provided in Dili. Over three years the program supported 2,176 surgeries both in and outside of Dili.
		Of the total, at least 3,000 screenings and 300 treatments are for patients who reside outside of Dili	Approximately 3000 screening and 300 treatments **per year** for patients outside of Dili		**Completed**. While screening target was below target with 2,505 screenings were provided outside of Dili, treatment services provided exceeded the progress target with 2,142 treatments provided outside of Dili.	**Completed (Y2-3)** Total screening provided over two years in Dili is 6,078 and 5,382 treatments were provided. While results for screening may have varied against annua targets the overall expected reach was met for screening/treatments outside of Dili.
		NEC standards developed in-line with MoH minimal services package, with annex for district clinic standards	NEC standards developed in-line with MoH minimal services package, with annex for district clinic standards		**Completed.** In Q1 guidelines and checklists were developed by the Workforce Development Coordinator to monitor performance and progress. In Q2 it was reported that NEC Outreach team have been invlolved in four outreaches to date this year. District visited include Ermera, Ainaro, Cova Lima & Manatutu.	Completed **(Y3).** Guidelines and checklists were developed by the Workforce Development Coordinator to monitor performance and progress.
		District eye clinics operational and providing services	District eye clinics operational and providing services		**Completed.** District clinics were operational in 2015. District clinics report clinical statistics to Ministry of Health Information services.	**Completed.** District clinics were operational in 2015. District clinics report clinical statistics to Ministry of Health Information services. Ongoing operations are dependant on GOTL management and direction.
	3.1.2 Increasing accessibility to eye care services at sub-district and Suco level by supporting district level ECWs to conduct outreach activities	Eye care nurses and technicians undertake local/sub-district outreach from five district eye care clinics to service clients in outlying rural areas.	Eye care nurses and technicians undertake local/sub-district outreach from ten district eye care clinics in Y2 and five district eye clinics in Y3 to service clients in outlying rural areas	FHF	**Completed.** In Q1 outreach was held in Emera . In Q2, three outreach activities were completed in Manatutu, Ainaro and Cova Lima districts. The Manatutu and Ainaro outreaches was conducted by the NEC outreach team. The Cova Lima outreach team was completed with clinical support from RACS. In Q3 two outreaches conducted including one screening outreach to Oecussi District and one surgical outreach to Same in Manufahi District. The NEC team conducted screening outreaches in Q4 in Dili outskirts, Bobonaro and Baucau. The screening in Bobonaro and Baucau were coordinated with RACS surgical teams visits.	**Completed (Y1-3).** Eye care nurses and technicians undertake outreach reaching 10 district eye care clinics in Y2 and five in Y3.
	3.1.2 (b - Y2) Support (training equipment, logistics and skills) district level ECW to undertake outreach activities	ECWs trained to provide PEC and to monitor progress towards targeted coverage	ECWs trained to provide PEC and to monitor progress towards targeted coverage	FHF	**Completed.** Approximately 5 district ECWs have participated in NEC outreaches in Oecussi, Same and other districts.	**Completed (Y3)**. ECWs trained to provide PEC and monitor progress. The PEC module will provide a layer of eye care in places where the current eye care system has little or no presence. The course is predominetly aimed at training doctors and nurses to confidently put their knowledge and skills to use in clinical work. In turn, this will led to more referrals from the health posts and community helth centres to district ECW. In Y3, four ECWs (from the four outreach locations) were trained to assist in the courses. Overall 110 doctors/nurses from four locations participated in the course.
	3.1.3 Increasing skills and competence in equipment maintenance and repair at the NEC and district hospitals	N/A	Two equipment maintenance visits and training workshops result in increased capacity of NEC staff to undertake independent equipment maintenance and servicing.		Not a Y3 target	**Completed (Y2-Y3).** One equipment maintenance visit conducted in Y2 and one in Y3. Ongoing equipment maintenance plan was discussed as part of the NEC handover. The NEC will receive ongoing visits from bio med engineer who will provide training to hosptial biomed engineers on maintaince and service of ophthalmic equipment.
Component 4: Data and Research						
Sub-component 4.1 Improved capacity to identify data needs, undertake surveys, collect and analyse data						
4.1 Strengthened data collection systems to inform policy development and implementation of eye health and vision care policy plans (Y1)	**4.1.1** Support for development of NEC data base (linking with the HIS) and training for relevant staff in using this information	Database operating effectively during year and providing necessary data	Database operating effectively during year and providing necessary data	FHF	**Completed.** The database became operational as of October 2014 and is currently being used by NEC staff to capture patient information at the NEC.	**Completed (Y1-Y3)**. Database is operating effectively. All patient records are currently input electronically, onto the cloud using the database that was developed for this purpose

Annex 4b: EAVP Timor Leste Activity Target Progress (Year Three Annual and All Years)

Objectives	Activities	Y3 Output targets	Combined Year 1-3 outputs targets	Lead agency	Progress against Y3 activity targets	Progress against cumulative all year activity targets
4.1 To establish a system for information gathering and reporting to inform the program cycle at all levels of eye care service delivery (Year 2)	**4.1.2** Ongoing mentoring by external database specialist to NEC database officer and NEC staff in use of new database.		ECWs able to demonstrate sufficient knowledge and skills in the use of database	FHF	Not a Y3 target	**Partially completed (Y1-Y2)**. Training for ECWs on database use was completed. Skills they received was understanding the function of the database, how to operate the database, how to input and extract data in the database. However poor internet connect in the districts inhibited it being rolled out to district level. Database is used centrally and data is collected manually from disctricts by the NEC.
			Maintenance to be undertaken by IT service provider in Timor-Leste		Not a Y3 target	**Completed (Y1)**. A local IT company, Halsion was engaged to provide support.
			Assessment of database, and revisions as necessary by an external IT consultant may be done at the end of the EAVP		Not a Y3 target	**Completed**. Reviews of the database were held as part of its development and trial. Database is now operational.

Annex 4c: EAVP Vietnam Activity Target Progress (Year Three Annual and All Years)

Objective	Activities	Targets for Year 3	Cumulative targets	Lead Agency	Progress against Y3 activity targets	Progress against cumulative all year activity targets
Component 1: Governance, policy and coordination						
Sub-component 1.1: Nghe An/Son Lar: Strengthening capacity of PBL steering committee management and monitoring systems: Coordination workshops, PBL meetings, capacity building for provincial level and PBL committees and review/development of guidelines						
1.1 Nghe An/Son La: Strengthening capacity of PBL steering committee's management and monitoring systems: Coordination workshops, PBL meetings, capacity building for provincial level and PBL committees and review/development of guidelines	**1.1.1** PBL, Project Management Unit (PMU) Coordination of Nghe An Eye Hospital (NAEH), Capacity strengthening and meetings	Two workshops from one- two days for 30 pp from PBL and district level (~50% females)	Two meetings held per year for 20 pp in Y2 and 30 pp in Y3 (Y3)	CBM - NAEH	**Completed.** Meeting held in January 2016 for 45 pp from a range of departments including DoH, PBL, DoET, NAEH, district hospitals and health centres. A workshop on diabetic retinopathy was also organised for the 8 January 2016 for the whole province. The focus of the workshop was on coordinating referrals between the departments and improve collaboration.	**Completed (Y3).** Y1 plans were delayed to Y2.Two meetings held in Y2. One meeting held in September of Y3 and one meeting held in January 2016.
		N/A	Referral system for refractive error (RE) set up and functioning between health care and education sectors (Y1)		Not a Y3 target	**Completed (Y1)**. The set up of the referral system for RE begun in Y1 and continues to collaborate with education sectors. Teachers refer students to hospitals for health check and RE screening take place at the start of the school year under children health check.
	1.1.1.1 Nghe An Provincial PBL committee to meet annually	see 1.1.1 above	Review of Provincial PBL guidelines and review of five year PBL action plan in alignment with National PBL Plan (Y2)	CBM	Not a Y3 target	**Completed (Y1-3).**The review of provincial PBL guidelines and review of the five year PBL action plan was delayed due to the delay of the PBL guidelines at national level. However, coordination workshops and meetings continued to contribute towards the health services at the provincial level. In 2014, one unofficial meeting by NAEH and the Department of Health took place in March for about 30 pp to review the provincial plan. In 2015, one meeting was held in Y3 (43 pp) and a workshop on diabetic retinopathy was also organised for 8 January 2016 for the whole province. The focus of the workshop was on coordinating referrals between the departments and improved collaboration.
	1.1.1.2 Nghe An: Capacity building for PMU in coordination of community eye care and management	see 1.1.1 above - report taken from combined reporting against 1.1.1	PMU equipped with management skills for better coordination of inclusive eye care and blindness prevention (Y2)	CBM	Not a Y3 target	**Completed (Y1-Y2).** In Y1 three staff from the PMU attended a two day training on overall project management, financial management, salary management, risk management and use of funds. In Y2, one training day was held, PMU equipped with management skills for better coordination of inclusive eye care and blindness prevention.
	1.1.2 Exchange workshop among four districts for lessons learnt and sharing	N/A	Stakeholders at district level share lessons learned and experiences two exchange workshops for staff across four districts. One day each, 25-30 pp. Location NAEH (Y1)	CBM	Not a Y3 target	**Completed (Y2)**. Exchange workshops held for 35 pp (Y2) for four districts of Quy Chau, Dien Chau, Yen Thanh, Thanh Chuong. Experience sharing was key outcomes where Thanh Chuong and Yen Thanh which have more experience than Quy Chau and Dien Chau district. The two new districts learnt to manage human resources for new trained doctors/nurses as well as usage of supported equipments.
	1.1.3 PBL, PMU Coordination, Capacity strengthening and meetings	*replaced by 1.1.3.1, 1.1.3.2, 1.1.3.3 and 1.1.3.4 below	Improved collaboration amongst key eye care stakeholders One day coordination meeting, conducted quarterly (Y1)		**Not a Y3 target**. In Y2 this target changed to 1.1.3.1, 1.1.3.2, 1.1.3.3 and 1.1.3.4	**Completed (Y1)**: Four coordination meetings were organised in the districts of Thuan Chau, Phu Yen, Moc Chau and Yen Chau to review the work of commune health stations (184 commune health workers were trained on Primary Eye Care and Disability Inclusive Approach to Community Eye Health (PEC & DIACEH) in late 2012). The Son La PMU reviewed current eye care and communication work. The available information in the referral system was also discussed to ensure timely intervention for patients. There were initial meetings to obtain increased consensus and committment in RE management between health and education departments.
		N/A	Referral system for RE set up and functioning between health care and education sectors (Y1)		**Not a Y3 target.** In Y2 this target changed to 1.1.3.1, 1.1.3.2, 1.1.3.3 and 1.1.3.4	**Completed (Y1).** A refractive error management workshop held with health and education departments at district level . Communication lines have been established between the two departments with regards to training school teachers, providing necessary equipment, quality optical services and technical support to eye check sessions in schools in Moc Chau, Yen Chau, Thuan Chau, Phu Yen and Son La city.
		N/A	Improved management and monitoring capacity of project management unit/committee – One PBL Meeting (Y1)	CBM	**Not a Y3 target.** In Y2 this target changed to 1.1.3.1, 1.1.3.2, 1.1.3.3 and 1.1.3.4	**Complete (Y1)**: The provincial PBL steering committee meeting was organised, with participants from leaders of provincial departments of labour, health, and education, as well as all health centres and hospitals of participating districts. The meeting reviewed 2013 PBL activities and initiated planning for 2014. The participating departments agreed to develop standard operating procedures for PBL steering committees, cooperation mechanisms among departments, improved communications, and training.

Annex 4c: EAVP Vietnam Activity Target Progress (Year Three Annual and All Years)

Objective	Activities	Targets for Year 3	Cumulative targets	Lead Agency	Progress against Y3 activity targets	Progress against cumulative all year activity targets
		N/A	Improved quality of project management by PMU - Four PMU meetings for planning and monitoring (Y1)		**Not a Y3 target.** In Y2 this target changed to 1.1.3.1, 1.1.3.2, 1.1.3.3 and 1.1.3.4	**Complete (Y1):** Two PMU meetings were organised for Q2 and Q3 of 2013 (Q4 meeting organised in January 2014). The meetings involve reviewing project activities during the quarter, discussing lessons for improving project management, finalising the detailed action plan for the upcoming quarter, and allocating staffing for activity implementation. The meetings were attended by leaders of provincial health departments, Son La SDC, health centres of Yen Chau, Moc Chau, Thuan Chau, Phu Yen and Son La city. All attendees agree the PMU meetings are an effective communications channel for continued project management.
		N/A	PMU members improved project management and coordination skills - One training in 2013 for three PMU staff (Y1)		**Not a Y3 target.** In Y2 this target changed to 1.1.3.1, 1.1.3.2, 1.1.3.3 and 1.1.3.4	**Completed (Y1-Y2).** Project management training was provided for Dr Quyen - new leader of Son La SDC (he was director of SDC from mid 2013). The training helped equip the doctor with essential knowledge and skills about project cycle management and better planning skills. Working as a district hospital's director before joing SDC, this was the first time Dr Quyen received training on this topic. In 2014, Dr Quyen and Dr Ky - one of three vice directors of Moc Chau hospital were trained on disbility inclusion (One day). In phase one of of project, disability inclusion training was delivered to all project staff in management unit, including Moc Chau hospital for Dr Son - another vice director attended the course at that time.
	1.1.3.1 Conduct follow up coordination workshop every six months among health staff of commune health stations, district health centre in Moc Chau, Thuan Chau, Yen Chau, Phu Yen and Management Unit	Four workshops organised for eye health staff (~50% females) at commune and district level in Son La. Staff equipped with updated knowledge on eye care and improved coordination skills in community eye care work	Four workshops organised for eye health staff (~50% females) at commune and district level in Son La. Staff equipped with updated knowledge on eye care and improved coordination skills in community eye care work	CBM -SLSDC	**Completed:** Four coordination meetings (with same 182 focal points on eye health at commune level, 65% female) were organised in four project district areas between provincial, district and commune health stations' staff who received training in Primary Eye Care & Disabililiy Inclusive Approaches to Community Eye Health (DIACEH). Besides content related to eye health knowledge, regular data of patients which districts hospitals and commune health stations are required to report, the meeting also touched on IEC activities conducted in ethnic language through local radio system, and coordination between education and health sector on refractive error management.	**Complete (Y1-Y3)**. Four bi-annual workshops were held annually for eye health staff at commune level of four project districts. Staff were equipped with updated knowledge on eye care and improved coordination skills in community eye care work. Key stakeholders in the existing referral network for eye care have gained a better understanding of their role in providing appropriate and timely counselling for patients. Working mechanisms between the district hospitals and commune health centres have been strengthened, especially in screening patients, referral and follow-up for patients after surgery.
	1.1.3.2 Provincial PBL committee to meet annually	A PBL plan is organized to review annually PBL plan and local contribution budget secured from local authority	A PBL plan is organized to review annually PBL plan and local contribution budget secured from local authority (Y2-Y3)	CBM -SLSDC	**Completed:** Q3 was a busy time as all departments were occupied for Communist Party's congress, the PBL meeting was therefore able to happen. At the same time, PMU felt less interest from PBL committee for this meeting. The annual PBL meeting was held in Q5 (Feb 2016) with participation from all departments. The purpose of the meeting was to review the achivements of PBL work over teh last three years and also to discuss future plans for PBL work in the province. This is important when the EAVP - Son La project finishes.	**Completed (Y1-Y2-Y3).** In over three years, more attention than ever before was paid to PBL work from the local authority and different departments in the province. Particularly, the development of the eye hospital proposal which got much more support from different departments and was given the green light from the local authoritys from the early stage of proposal discussion. The eye hospital proposal is at the last stage of approval by the Provincial's People Committee. Additionally, the coordination mechanism on eye care at different levels of the province is much stronger than before, thanks to strong instruction from province down to the grass roots level.
	1.1.3.3 Quarterly meetings of PMU	Project work plan is reviewed during quarterly PMU meetings at Son La SDC and coordination amongst stakeholders is improved	Project work plan is reviewed during quarterly PMU meetings and coordination amongst stakeholders is improved (Y1 -3)	CBM -SLSDC	**Completed: M**eeting held in Sept to review the annual plan and report on project progress. The meeting also included an update on the positive news of the eye hospital plan.	**Completed (Y1-Y3)**. Quarterly PMU meetings took place regularly. The final one for 2015 was in late December and was used to update on project progress and to discuss coordination after Feb 2016 when the project is completed. This is important to ensure that staff who were trained during the project's lifespan are able to maintain appropriate work responsibilities.
	1.1.3.4 Project management training for PMU (monitoring & evaluation system development – CECEM)	PMU's key members (one-two staff) have improved project management skills and increased ability to plan and implement project activities	PMU's key members (one-two staff) have improved project management skills and increased ability to plan and implement project activities (Y1 -Y2)	CBM -SLSDC	**Activity variation:** (This was approved without DFAT approval due to low financial cost). The project management training course which was given to Dr Quyen - the new leadership of Son La SDC in late 2014 also consisted of M&E section. In the plan, he would take a seperated M&E course this year. However, under the new strategy of Son La SDC to be developed as an eye hospital which will have more responsibilities on a broad spectrum of eye diseases, Dr. Quyen's priority is to be trained as Grade one doctor. Dr Quyen is expected to be appointed the eye hospital director meaning he will be in a management role while also being established as a Grade 1 doctor. Given the importance of the clinical role that he will play as a Grade one doctor in the new hospital it was agreed that this is a training priority. Part of the training is to also promote strengthening within the overall health system and this initiative will support the development of a key leader and manager within Son La hospital.	**Completed.** PMU key members have attended training courses on M&E and CBM staff have oberseved improved management and planning skills in Son La partners. Partners are familiar with reporting against indicators which is important to keep track of project. In Y3 budget allocated for a member of the Son La SDC to undertake an M&E course however given the changing circumstances and skill needs with the Son La SDC Eye Hospital approval, it was recommended to change the training to support the candidate to train as a Grade one doctor. This staff member is likely to be the Director of the new eye hospital and this training was highlighted as more appropriate given his future role.

Annex 4c: EAVP Vietnam Activity Target Progress (Year Three Annual and All Years)

Objective	Activities	Targets for Year 3	Cumulative targets	Lead Agency	Progress against Y3 activity targets	Progress against cumulative all year activity targets
	1.1.4 Exchange workshop held in four districts to share lessons learned and experiences	N/A	Stakeholders at district level share lessons learned and experiences (Y1-Y2)	CBM	Not a Y3 target.	**Discontinued activity:** In 2014 DFAT approved an activity variation which included the discontinuation of this activity. Please refer to the submitted documentation on the Son La variation for further information.
Sub-component 1.2: Strengthen function and operation of Provincial PBL Committees						
1.2 Improved capacity of PBL committees and collaboration mechanism amongs provincial eye care stakeholders	**1.2.1** Participate in workshops on provincial PBL development	*replaced by 1.2.1 below	PBL members from FHF supported provinces to attend workshops on provincial PBL development organised by CBM (Y1) Annual Plan agreed and developed Two exchange workshops - location TBC Members from at least eight provincial PBL committees to attend. (Y1)	FHF	Not a Y3 target. In Y2 this target changed to 1.2.1	**Activity delayed to Y2.** refer to 1.2.1.
	1.2.1 Attendance at provincial PBL committees lessons learned workshops to support PBL strengthening and on-going development	Two workshops organised in combination with annual review workshops for 60 pp (30 from each MU)	One workshop in Y2 and two workshops in Y3 organised and lessons documented (Number ofparticipants from each MU)	FHF	**Completed**.The two MU project-end evaluation and sharing workshops were held in late February 2016 with 59 pp, including representatives from MoH and VNIO.	**Completed (Y2 &3).** One workshop was held and lessons learned documented in Y2. Two workshops were held in late Feb 2016 (Y3) as per target.
Component 2: Workforce development						
Sub-component 2.1 Development of optometry education program in partnership with University of Medicine Pham Ngoc Thach, Hanoi Medical University, VNIO and Ho Chi Minh City Eye Hospital to address refractive error workforce needs						
2.1.1 National trainers able to teach optometry related subjects	**2.1.1.1** Development of future optometry faculty members - optometry scholarships	Two undergraduate optometry scholarship recipients continue their four year bachelor program, attending fourth year optometry studies at SEGI University in Malaysia and completing in June 2015	Two undergraduate optometry scholarships supported at SEGi University College, Kuala Lumpur, Malaysia – four year course. Candidates are contracted to VNIO to return and be developed into future faculty members for the optometry training program.	BHVI	**Completed (Q3)**. Two optometry students at SEGI University in Malaysia (one female and one male) have completed their four year optometry degrees. They came back and started working at VNIO since September 2015.	**Completed (Y3).** Two optometry students at SEGI University in Malaysia (one female and one male) have completed their four year optometry degrees. They came back and began work at VNIO from September 2015.
		N/A	Two educators supported to attend optometry conferences and study tours (Y1)	BHVI	Not a Y3 target.	**Completed (Y1):** Two delegates (including one educational manager from PNTU and one senior expert of the Training & Scientific Research Centre – MoH) were supported to attend the Asia Pacific Optometry Conference and the study tour to two Optometry schools in Seoul, Korea from 30 September to 4 October 2013. The delegates had the opportunity to develop their knowledge of Optometry education development as well as to network with and gain experience from other Optometry educators/managers in the region. Participation was facilitated by an optometry educator from BHVI.
	2.1.1.2 Technical capacity building for future optometry faculty members	Two participants are developed, supported and mentored as paediatric specialist trainers by participating in an online paediatric refraction mentoring program Two participants (50% female) are developed as paediatric specialist trainers by participating in a 10 day Australia based program Specialist equipment provided to participants	Two participants are developed as paediatric specialist trainers by participating in a ten day Australia based program in Y2 with follow up online paediatric refraction mentroring program in Y3.	BHVI	**Completed.** Two graduates in Optometry from Malaysia were provided with specialist paediatric refraciton skills to teach refractionists and for optometry education in Vietnam.	**Completed (Y2 & Y3).** Four optometrists from Vietnam (from UPNT and one from HMU) participated in the paediatric refraction and binocular vision placement program in Australiain both 2014, and 2015. All candidates were very enthusiastic in putting new skills to use upon their return and were also provided with follow up support in specialist paediatric refraciton skills through an online mentoring program to teach refractionists and optometry education in Vietnam.

Annex 4c: EAVP Vietnam Activity Target Progress (Year Three Annual and All Years)

Objective	Activities	Targets for Year 3	Cumulative targets	Lead Agency	Progress against Y3 activity targets	Progress against cumulative all year activity targets
		Specialist equipment provided to participants	Specialist equipment provided to participants (Y2 & Y3)	BHVI	**Completed.** Specialist binocular vision and paediatric examination equipment was purchased for the optometrists participating in the program. They were taught how to use the equipment to provide care to paediatric patients. Clinics where the two optometrists participating in the program work has been installed with the equipment provided during the course. The equipment is non-mechanical or electronic and does not require any maintenance.	**Completed (Y2 & Y3).** Specialist binocular vision and paediatric examination equipment was purchased for the optometrists participating in the program. They were taught how to use the equipment to provide care to paediatric patients. Clinics where the two optometrists participating in the program work has been installed with the equipment provided during the course. The equipment is non-mechanical or electronic and does not require any maintenance.
2.1.2 ToT for existing refraction trainers to develop skills for teaching and clinical supervision for optometry students	**2.1.2.1** ToT for existing refraction trainers to develop skills for teaching and clinical supervision for optometry students	EyeTeach workshop conducted for 24 existing refraction trainers, Hanoi or HCMC, two day ToT workshop	Refer to Y3 target report	BHVI	**Completed (exceeded target).** 33 local refraction trainers from HCMCEH, PNTU, VNIO attended two day Eyeteach workshop in Hanoi on 25&26 November 2015.	**Completed (Y1, Y2 & Y3)**. Eye Teach workshops were held in Y1, Y2 and Y3 to equip trainees with new knowledge and teaching skills. In Y1 and Y2 this workshop was conducted using international facilitators and in Y3 workshop was led by national refraction trainers from HCMCEH, UPNT and VNIO.
		60% of trainees confident/very confident after training & 60% improve their confidence levels or maintain high levels of confidence after training	Refer to Y3 target report		**Completed (Q4).** 33 national refraction trainers from HCMCEH, PNTU, VNIO attended two day Eyeteach workshop and 65% of trainees improved their confidence levels after training.	**Completed (Y3).** 65% of trainees improved their confidence levels after training at the Y3 national trainer led EyeTeach workshop with 33 participants.
2.1.3 Refraction training course for VNIO to support refraction trainers capacity to teach	**2.1.3.1** Refraction training course for VNIO to support refraction trainers capacity to teach	N/A	For Y1 and Y2: 20 refractionists trained, VNIO, Hanoi, three month course. Up to 12 VNIO trainers supported to conduct three month refraction course and teach 20 refractionists 60% of trainees confident/very confident after training & 60% improve their confidence levels or maintain high levels of confidence after training	BHVI	Not a Y3 target	**Completed (Y1 &Y2):** 12 VNIO trainers conducted the three month refraction training course for 20 trainees from Hanoi and provinces in the north of Vietnam in Y1 and 20 refractionists were trained in Y2. All trainees passed the practicing examination, 95% got the high mark (above 55% out of 65%) in theoritical examination for both two years.
2.1.4 Build capacity of national trainers to mentor refractionists and future optometrists	**2.1.4.1** Mentoring program developed and conducted by national trainers	Up to 32 refractionists mentored by national trainers. This will include developing a mentoring schedule; providing on-site support to assess refractionist practical skills & provide further mentoring/refresher training.	Up to 32 refractionists mentored by national trainers. This will include developing a mentoring schedule; providing on-site support to assess refractionist practical skills & provide further mentoring/refresher training.	BHVI	**Completed.** 98 trained refractionist mentored by the national trainers. Six national trainers supported to mentor - all trainers are provided refresher training annually, provided by international optometry trainers. In Q4 alone, 36 trained refractionists mentored by six national trainers from VNIO.	**Completed (Y1-Y3).** 98 trained refractionist mentored by the national trainers. Six national trainers supported to mentor - all trainers are provided refresher training annually, provided by international optometry trainers.
		Materials for promotion of optometry to prospective students	Materials for promotion of optometry to prospective students	BHVI	**Completed.**	**Completed (Y1-Y3).** National trainers from VNIO attended the eyeteach workshops annually to upgrade their knowledge and skills with specific subjects, e.g peadetric refraction in order not only to provide services to patients but also to have improved mentoring and monitoring for the trained refractionists.
2.1.5 Engaging external optometry teachers and developing national faculty members	**2.1.5.1** Engaging external optometry teachers (up to six full time by 2018, from developed countries with established optometry programs, e.g. Australia, USA, UK, NZ) Developing national faculty members	One additional international faculty member recruited – The position will be full time, temporary resident in-country to help establish the course. Recruitment process will ensure the selected faculty member has experience and knowledge of public health, international development and ability to adjust to local context of Vietnam	One additional international faculty member recruited – The position will be full time, temporary resident in-country to help establish the course. Recruitment process will ensure the selected faculty member has experience and knowledge of public health, international development and ability to adjust to local context of Vietnam (Y1-Y3)	BHVI	**Completed (note variation)** - Q4. One additional international faculty member was recruited in December 2015 and started working at PNTU on 6th January 2016. Payment schedule has been discussed with Vision 2020 Australia and DFAT for the international faculty member.	**Completed (Y2-Y3).**
	2.1.5.2 Development of national faculty members	One workshop, up to 10 participants in Ho Chi minh City. Schedule developed for co-teaching with national faculty members and visiting specialty educators as required	Schedule developed for co-teaching with national faculty members and visiting specialty educators as required One three-day Eye Teach Workshop conducted - 15 participants		**Completed Q1**. Note: One more co-teaching workshop was conducted in Q5. Co-teaching workshops conducted to develop teaching schedule. Agreement on teaching schedule for semester two of the first year study of Optometry, allocating teaching staff from other departments of UPNT.	**Completed (Y3).** The co-teaching workshop conducted twice a year at UPNT with the involvement of the Optometry & Vision Science Sub-department, the management board of UPNT training department and other departments to develop the teaching schedule to be in line with the university's teaching schedule and to allocate teaching staff from other departments.
		One, three day Eye Teach Workshop conducted - 15 pp	One, three day Eye Teach Workshop conducted - 15 pp	BHVI	**Completed.** Refer above.	**Completed (Y3).** Refer above

Annex 4c: EAVP Vietnam Activity Target Progress (Year Three Annual and All Years)

Objective	Activities	Targets for Year 3	Cumulative targets	Lead Agency	Progress against Y3 activity targets	Progress against cumulative all year activity targets
		One workshop, up to 10 pp in Ho Chi minh City. Schedule developed for co-teaching with national faculty members and visiting specialty educators as required	One workshop, up to 10 pp in Ho Chi minh City. Schedule developed for co-teaching with national faculty members and visiting specialty educators as required		**Completed (Y3)**. Co-teaching workshop completed in Q1 Y3. The co-teaching workshop was conducted on 19 March 2015 with the particpation of the Optometry & Vision Science Sub-department, Opthalmology Department, and Training Department to review the teaching progress of Y2 and Y1, develop the teaching schedule for semesters 3 & 4, allocating teachers for each subject. The agreement on teaching timetable and teachers allocation was made.	**Completed (Y3)**. Co-teaching workshop completed in Q1 Y3. Refer to Q3 report.
2.1.6 Curriculum adapted and optometry education materials developed in Vietnamese to suit Vietnamese context, procurement of educational materials, textbook and journals; awareness raised of optometry as an eye care profession	**2.1.6.1** Planning and adaptation of curriculum and educational materials	Up to ten units of material adapted and translated to make the total number of 26 Optometry education units.	Curriculum and educational materials sourced, adapted, translated & printed (Up to 12 units of material adapted and translated in Y2 and ten units in Y3 to total 26 Optometry education units by EOP)	BHVI	**Completed.** One Optometry curriculum developed, 23 teaching units translated and addapted ready to teach in Vietnam.	**Completed/Partially met target (Y1-Y3).** Curriculum and educational materials were sourced, adapted and translated. One Optometry curriculum developed and 23 of total program target 26 training units translated/adapted by end of project.
		University supported to implement curriculum.	University supported to implement curriculum.	BHVI	**On track.** In Q4, 16 students completed first year of Optometry course, One student dropped out in Q3 to study oveseas. 30 new students recruited for the next cohort. All spending completed.	**Completed Q4.** In Q4, 16 students completed first year of Optometry course, One student dropped out in Q3 to study oveseas. 30 new students recruited for the next cohort. All spending completed.
		Relevant optometry textbooks purchased	Relevant optometry textbooks purchased (Y2 & Y3)	BHVI	**Completed** Q3. Relevant optometry textbooks purchased.	**Completed Q3**. Relevant optometry textbooks purchased.
	2.1.6.2 Optometry development and advocacy workshops	One optometry development and advocacy workshop conducted with up to 20 participants, One day each, Hanoi/HCMC, international and national facilitators, interpreters	One optometry development and advocacy workshop conducted with up to 20 participants, One day each, Hanoi/HCMC, international and national facilitators, interpreters	BHVI	**Completed**. The advocacy workshop for Optometry development occurred in January Q5 to allow Ministerial representatives to attend. This was postponed to Q5 as key stakeholders became unavailable on short notice.	**Completed (Y1-Y3).** The advocacy workshop was conducted on 18 January 2015 at the Hanoi Medical University. The workshop's participants included key people from Pessonnel Department of Ministry of Health, representatives from VNIO, HCMCEH, HMU, UPNTand other provincial eye hospitals e.g. Ba Ria Vung Tau Eye Hospital. The procedures of getting the job code for Optometrist were well consulted and presented by the MOH, good suggestions and reccommendations were gathered from all participants.
		N/A	Media coverage by print and online news	BHVI	Not a Y3 target	**Completed (Y1).** Promotional materials on optometry and the role of optometrists in Vietnam were developed and disseminated at the National Ophthalmology Conference. Two presentations were given by partners to promote optometry in Vietnam at the National Ophthalmology Conference.
		Materials for promotion of optometry to prospective students	Materials for promotion of optometry to prospective students	BHVI	**Variation**: Information about Optometry education was displayed at PNTU and placed in the student handbook to recruit new students for the academic year 2015/2016. Note that follow up on Y2 reported delayed activities indicates that only one workshop is to be held in Y3. Expenses on the promotion will be for the launching event of the two Optometry courses including press & media, some minor equipment for students (for studying) and logistics.	**Completed (Y3).** Numerous approaches to promote the Optometry course were taken. In Y2 & Y3 Information about Optometry education was displayed at UPNT and placed in the student handbook to recruit new students for the academic year 2015/2016. Promotional materials distributed to media agencies and promote optometry during the opening of optometry course, information distributed to high schools and talks were given to prospective optometry students.
	Optometry promotional campaigns	N/A	Promotional materials distributed to media agencies and promote optometry during the opening of optometry course Promotional materials developed to promote optometry course to prospective students included in student course handbooks and university websites. Distribution of materials to high schools to promote optometry school 10 talks given to prospective optometry students	BHVI	Not a Y3 target	**Completed (Y2).** Promotional materials distributed to media agencies and promote optometry during the opening of optometry course. Promotional materials developed to promote optometry course to prospective students included in student course handbooks and university websites. Distribution of materials to high schools to promote optometry school ten talks given to prospective optometry students.
2.1.7 Refurbishment of teaching space for optometry	**2.1.7.1** Refurbishment of teaching space for optometry	Plans and layout developed Refurbishment materials acquired, PNTU and HCMCEH	Plans and layout developed Refurbishment materials acquired, PNTU and HCMCEH (Y1-Y3)	BHVI	**Completed**: Space was allocated, refurbished and equipped as pre-clinic rooms for teaching at the PNTU. The space which was allocated for Academic Vision centre and will be refurbished in Q4 due to the administrative procedures required for the PNTU.	**Completed (Y3).** Space was allocated, refurbished and equipped as pre-clinic rooms for teaching at the UPNT. The space which was allocated for Academic Vision centre and was refurbished in April 2016 due to the administrative procedures required for the UPNT.

Annex 4c: EAVP Vietnam Activity Target Progress (Year Three Annual and All Years)

Objective	Activities	Targets for Year 3	Cumulative targets	Lead Agency	Progress against Y3 activity targets	Progress against cumulative all year activity targets
2.1.8 Procurement of optometry education equipment	**2.1.8.1** Procurement and installation of optometry education equipment	Optometry training equipment purchased and installed, PNTU, HCMCEH	Optometry training equipment purchased and installed, PNTU, HCMCEH (Y1-Y3)	BHVI	**Completed.** Remaining equipment purchased and installed at UPNT and HCMCEH.	**Completed (Y1-Y3).** Space was allocated, refurbished and equipped as pre-clinic rooms for teaching at the UPNT. In late 2013, optometry training equipment was purchased to equip one pre-clinic lane at the UPNT and one at HMU for the Optometry training code evaluation board to review as part of the course approval process. Equipment for the Low Vision Clinic as part of the clinical lab for the Optometry education was purchased and placed at the HCMCEH. The remaining equipment was then procured and installed in Y2 after approval of the training code.
2.1.9 Procurement of computing equipment	**2.1.9.1** Computing equipment purchased and installed	One computer purchased and installed at PNTU.	IT equipment purchased and installed (Y1 - Y3)	BHVI	**Completed.** Computers and computing equipment purchased - Number of training rooms equipped and description of maintenance plans	**Completed (Y1-Y3).** Computers and computing equipment purchased. Two training rooms were equipped and maintananced accroding to the maintenance system of the UPNT.
Sub-component 2.2a: Increase capacity of regional training institutions						
2.2.1 Support for building the training capacity of Hue MU and TBMU, in association with the local Eye Hospitals, to conduct training of eye care personnel for the Central and Northern Regions of Vietnam	**2.2.1.1** Organise sharing workshops (one day at two MUs) to identify training needs, and share management and training development tools including a national training workshop held for key MU staff to update on sector developments	*replaced by 2.2.1.0 below	30 staff attend and successfully complete full day national training workshop (Thai Binh 20, Hue 10) (Y1 &Y2)	FHF	Not a Y3 target.	**Complete (Y2):.** 30 staff attended and succesfully completed full day national training workshop (Thai Binh 20, Hue 10)
	2.2.1.0 MU staff visit community eye care activities to observe local practical eye care network/settings	One trip organised for five days by Hue MU for seven pp to have better understanding of community eye care, eye care human needs in Lam Dong province	One trip organised for five days by Hue MU for seven pp to have better understanding of community eye care, eye care human needs in Lam Dong province	FHF	**Completed.** The six day trip was held and involved four pp (one female). The participants visited community eye care models and had meetings with eye health care providers in four provinces. The trip resulted in an assessment of training needs and service capacity of these local providers. The outcome of the training need assessment workshop, which was held in 2014 is that Hue MU will now provide training for about 30 trainees who come from Daklak province to enrol in the course on basic eye doctor, and nine trainees from Quang Nam following the practice course ophthalmic nurse. For Thai Binh MU, the regional training need assessment trips in 2014 have also resulted in an increase in number of trainees who are now enrolled in the courses on ophthalmology level one (14 trainees), refractionist (three trainees), and basic eye doctor (six trainees).	**Completed (Y3).** Refer to Y3 report.
	2.2.1.2 Regional training needs assessment (workshop) conducted to determine training needs and priorities in accordance with national PBL plan	*replaced by 2.2.1.2a) below	Four regional training needs workshops successfully conducted (Thai Binh 3, Hue 1) with 150 participants from MUs and provinces attending (Thai Binh 90, Hue 60) (Y2)	FHF	General outcome for sub-component 2.2.1: In the last couple of years, staff retention has remained close to 100%, training continues to improve staff capacity as indicated against specific activities.	**Complete (Y2).** Four regional training needs workshops successfully conducted (Thai Binh 3, Hue 1) with 150 participants from MUs and provinces attending (Thai Binh 90, Hue 60). Training needs report produced and disseminated. *(Note activity target number change. Linked to 2.2.1.2a in Y3)*
	2.2.1.2a MUs organise reflection workshop after international exposure visits for lesson learnt and application	Two one day workshops are organised by two MUs with 22 participants in TB MU and 20 in Hue MU	Two one day workshops are organised by two MUs with 22 participants in TB MU and 20 in Hue MU (Y3)	FHF	**Variation (Q1).** Changed and approved as per annex. Hue MU will no longer hold the reflection workshop due to the cancelling of its international exposure visit. Note this results in an underspend of AUD $320 for this line.	**Variation (Q1).** Changed and approved as per annex. Hue MU will no longer hold the reflection workshop due to the cancelling of its international exposure visit. Note this results in an underspend of 320 for this line.
		See above.	See above.	FHF	**Completed.** One workshop with 15 participants (seven female) was held by Thai Binh MU in April, just after the trip to LV Prasad Eye Institute, India. The actual number of participants who attended the exposure visit was lower than estimated (22) in 2014 during planning.	**Completed (Q2).** One workshop with 15 participants (seven female) was held by Thai Binh MU in April, just after the trip to LV Prasad Eye Institute, India. The actual number of participants who attended the exposure visit was lower than estimated (22) in 2014 during planning.
	2.2.1.2 Key faculty staff to participate in professional development opportunities including the national ophthalmology workshop	*replaced by 2.2.1.3 below	MU staff (TB:2, Hue:2) attend national professional workshops (Y1)	FHF		**Completed.** General outcome for sub-component 2.2.1: In the last couple of years, staff retention has remained close to 100%, training continues to improve staff capacity as indicated against specific activities. (Note replaced by 2.2.1.3 below)
	2.2.1.3 Key faculty staff to participate in national professional development opportunities including the national ophthalmology workshop	Three MU staff participate in the national conference to update eye care technology, policies and find collaboration opportunities	Four participants from MU staff in Y2 and three participants in Y3 attend national conference to update eye care technology, policies and find collaboration opportunities (Y2 & Y3)	FHF	**Completed.** Three MUs staff members took part in the national conference in November 2015.	**Completed (Y2-Y3).** Four participants from Medical Universities attended (Thai Binh 2, Hue 2) National Conference in Y2 and in Y3, three MUs staff members took part in the national conference.

Annex 4c: EAVP Vietnam Activity Target Progress (Year Three Annual and All Years)

Objective	Activities	Targets for Year 3	Cumulative targets	Lead Agency	Progress against Y3 activity targets	Progress against cumulative all year activity targets
	2.2.1.3 Upgrade Ophthalmology Department Office	N/A	Ophthalmology Department Office upgraded at Hue MU The current Ophthalmology Department at Hue MU will be equipped with basic furniture and a computer working for daily operations. The project equips an existing spare room at the University. In future annual work plans, more activities will be carried out to meet the sub-objective, including upgrading skills labs, establishing wet-labs and practice facilities, however this is not a focus for year one (Y1)	FHF	Not a Y3 target.	**Completed (Y1).** The office was upgraded from the existing room in Hue MU. As a result of the upgrade, it now accommodates ten pp and small workshops can be held in this room. Prior to the upgrade, there was no room for the Ophthalmology Unit at Hue MU.
	2.2.1.4 Upgrade refraction practice rooms	*became 2.2.1.8 - Two refraction practice rooms equipped and well utilised	Total of two refraction rooms established at MU to serve as a practice unit for the training of refractionists (Y1-Y2)	FHF	**Completed.** The refraction equipment was provided as planned and made the rooms ready for use. The outcome is seen more clearly with the equipment provided in 2014 for one skill lab, one observation room, one wet lab and one refraction lab. It is the common observation of the students/trainees that practice classes are more interesting and interactive. As direct beneficiaries of well-equipped study settings, and also affirmed by MU educators, the trainees have become more confident in their practical assignments.	**Completed (Y3).** Two refraction rooms established as practice training unit.
	2.2.1.4 Panel discussions organized at each MU covering specialised research areas to compliment traditional, class-based teaching methodologies	Seven one-day discussions (Hue MU) organised	Ten panel discussions held for TB and Hue Mus in Y2 and seven discussion events at Hue MU in Y3	FHF	**Completed.** In Q1 Hue MU held only 1 session on Diagnostic Ulltrasound and Ophthalmology (33 participants including 11 males and 21 females). TB MU has agreed to implement two/three panel discussions in Q3-4 that Hue MU are not able to conduct. In Q2, two more panel discussions on advancement in diagnosis and treatment of DR, and preventative antibiotics for cataract surgery were held. Hue MU held the last panel discussion on use and maintenance of ophthalmic equipment. Thai Binh MU took over and held three panel discussions on (i) Gender in health/eye care, (ii) People with disability in health/eye care, and (iii) Eye health situation among ethnic minority communities in the Northern region of Vietnam. After the workshops, action plans have been prepared and respectively agreed upon. The last four panel discussions (1 at Hue MU and 3 at TB MU) had a total of 90 participants (58 female).	**Completed.** Total of seven panel discussions held on technical topics at Hue MU and Thai Binh MU. After the workshops, action plans have been prepared and respectively agreed upon.
	2.2.1.5 Electronic copies of training materials made available for students at both MUs	Six VCDs are produced and used to improve the quality of eye health training program	360 CDs distributed at Hue MU, and six VCDs produced and used to improve quality of eye health training program (Y1 & Y2)	FHF	**Completed.** Thai Binh MU produced six video-CDs of nine different ophthalmic surgery techniques. The VCDs are going to be used in 2016 for a total of 665 undergraduate and graduate students.	**Completed (Y2-Y3).** Thai Binh MU produced six video-CDs of nine different ophthalmic surgery techniques. The VCDs are going to be used in 2016 for a total of 665 undergraduate and graduate students
	2.2.1.6 Ophthalmology module on the MUs website upgraded and functional	Two modules are upgraded for students to have better access to training resources	Two modules are upgraded for students to have better access to training resources	FHF	**Completed.** Two MUs developed websites for the Ophthalmology Department. It is expected that these will be good resources for students and trainees to explore for their study. The websites are accessible at http://bomonmatydhue.net/ and http://oph.tbump.edu.vn/.	**Completed (Y2-Y3).** Two MUs developed websites for the Ophthalmology Department. It is expected that these will be good resources for students and trainees to explore for their study. The websites are accessible at http://bomonmatydhue.net/ and http://oph.tbump.edu.vn/. Hue MU Ophthalmology Department's website was modified and upgraded in Y3.
		Two cost recovery plans for self-sustaining strategies are approved by the MUs	Two cost recovery plans for self-sustaining strategies are approved by the MUs	FHF	**Completed.** Two MUs prepared two cost recovery plans which identify some of the project activities to be maintained with MUs' resources and mobilisation. MUs wil diversify income sources to make the plans financially feasible.	**Completed (Y3).** Two MUs prepared two cost recovery plans which identify some of the project activities to be maintained with MUs' resources and mobilisation. MUs wil diversify income sources to make the plans financially feasible.
	2.2.1.9 Wet labs established to enhance training outcomes for MU students undertaking eye surgery training	Three wet/field labs equipped and well utilised	Three wet/field labs equipped and well utilised in Y3 and one wet lab established at Hue MU in Y2	FHF	**Completed:** The wet lab in Thai Binh MU is being used for about 65 trainees, who are enrolled in the courses on BED, Ophthalmology level one, and ON. The wet lab at Hue MU is being used for training with 18 trainees following the Ophthalmic Resident course, and Opthalmology level one course at Hue MU.	**Completed (Y2-Y3).** Wet lab established and being utilised by current trainees at Hue MU and Thai Binh MU. At the end of the program the wet lab at Thai Binh MU is being used for BED, Ophthalmology level one, and ON trainees and the Hue MU Ophthalmic Resident course and Opthalmology level one trainees.
		One wet lab in Thai Binh MU, One field lab at district level and one mobile field lab at commune level	One wet lab in Thai Binh MU, One field lab at district level and one mobile field lab at commune level	FHF	**Approved variation:** some minor equipment items for teaching purpose will be procured in Q4 by Thai Binh MU.	**Completed.** Refer above

Annex 4c: EAVP Vietnam Activity Target Progress (Year Three Annual and All Years)

Objective	Activities	Targets for Year 3	Cumulative targets	Lead Agency	Progress against Y3 activity targets	Progress against cumulative all year activity targets
	2.2.1.10 Surgical observation room established and equipped with standard devices for observing surgeries performed by eye health doctors	N/A	One surgical observation room at TBMU fully equipped and functional	FHF	Not a Y3 target.	**Completed (Y2).** One surgical observation room at TBMU fully equipped and functional.
	2.2.1.11 Existing ophthalmology skill labs upgraded with eye anatomy models and equipment for students to enhance learning outcomes	N/A	One skill lab upgraded (TB)	FHF	**Completed (budget variance noted)**	**Complete (Y2).** One skill lab upgraded (TB).
	2.2.1.12 Examination room upgraded and equipped to enhance students capacity to diagnose a range of eye problems and diseases	N/A	One examination room upgraded (Hue)	FHF	**Completed.** Annually, there are about 300 medical students of Thai Binh MU having their practice lessons for two weeks at this equipped district hospital and at commune level. These 300 students are organised into groups and do practice in turn throughout the year.	**Completed (Y2-Y3).** One examination room upgraded (Hue). In Y3 this was used by about 300 medical students at Thai Binh MU for practical lessons.
		Two field labs equipped and well utilised in Thai Binh (One field lab at district level and one mobile field lab to commune level)	Two field labs equipped and well utilised in Thai Binh (One field lab at district level and one mobile field lab to commune level)	FHF	**Completed.** Hue MU: With the well-equipped examination room now, the graduates are able to carry out their research right on site without having to rely the equipment offered by the Hospital as it was in the years before.	**Completed (Y2-Y3).** One examination room upgraded (Hue)With the well-equipped examination room now, the graduates are able to carry out their research right on site without having to rely the equipment offered by the Hospital as it was in the years before.
	2.2.1.5 Train staff on active teaching methodology and communication skills	N/A *replaced by 2.2.1.13 below	Teaching staff trained on active teaching methodology. Two courses (TB:1, Hue:1), 37 trainees (TB:22, Hue:15), Five day training (Y1)	FHF	Not a Y3 target	**Completed:** One course on active teaching methodology was organized in Hue MU in Oct 2013 and the one at TB MU was held in Jan 2014.
		N/A	Teaching staff trained on new modern ophthalmology training by ICO training expert. One course, 37 staff trained (TB: 22, Hue:15), Three day training (Y1)	FHF	Not a Y3 target	**Completed (Y1).** Two workshops on faculty development were organised at both MUs in August 2013. The trainer was Prof Karl Golnik from ICO. The courses were held earlier than planned because of the busy schedule of the trainer.
	2.2.1.13 Staff are trained in contemporary teaching methods including: Active teaching Communication skills	N/A	Two courses conducted 22 participants from TB attend active teaching course 40 participants (20 TB, 20 Hue) attend communication skills course	FHF	Not a Y3 target	**Completed (Y2).** Two courses conducted in Y2 with 22 participants from TB at the active teaching course. 40 participants joind the communication skills course (20 TB, 20 Hue). In Y3, 15 participatns attended an active methodology course that resulted in 29 active methodology training plans being developed. There were fewer participants than planned due to shortages in staff availablity when the training took place.
		One one-week advanced training courses for 20 participants on active learning approach in TB	One one-week advanced training courses for 20 participants on active learning approach in TB	FHF	**Completed.** The training was completed with 15 participants (13 females). There were fewer participants compared to original target/planning that used a best estimate during annual planning.The training resulted in 29 training plans, in which active methodology is applied, for example more group-work assigments for trainees during their practice classes held at the well-equipped rooms/labs.	**Completed (Y3).** Refer to Y3 report.
	2.2.1.6 Develop and apply improved training assessment methods.	N/A *replaced by 2.2.1.14 and 2.2.1.15 below	Teaching staff trained on new assessment methods. Two courses (TB:1, Hue:1), 37 trainees (TB:22, Hue:15), Five day training; New assessment tools developed and applied	FHF	Not a Y3 target	**Completed:** The course on assessment methods was held at Hue MU in December 2013. The course for Thai Binh MU was held in Feb 2014.
	2.2.1.14 Teaching staff at both MUs trained on new and improved training assessment methodologies	N/A	22 participants (TB) 60% of trainees confident/very confident after training & 60% improve confidence levels or maintain high levels of confidence after training	FHF	Not a Y3 target	**Completed:** 90% of trainees indicated they were confident/very confident after training and 90% had improved confidence levels/maintained high confidence levels after training.
		One one-week advanced training courses for 20 participants on training assessment in TB	One one-week advanced training courses for 20 participants on training assessment in TB	FHF	**Completed.** There were fewer participants compared to original target/planning that used a best estimate made in July 2014 for implementation in Q3 2015; all available staff participated. 225 assessment questions were designed, approved and used from Q4. These 17 participants are young teaching staff and this was the first time they are applying their knowledge on designing assessment questions.	**Completed:** There were fewer participants compared to original target/planning that used a best estimate made in July 2014 for implementation in Q3 2015; all available staff participated. 225 assessment questions were designed, approved and expected to be in use from Q4. The 17 participants are young teaching staff and this was the first time they will their knowledge on designing assessment questions. The application of the new training assessment methods was officially used for 2016 - 2017 schooling year and onwards.
		60% could apply for teaching position	60% could apply for teaching position	FHF	**Completed.** The trainees are teaching staff. After the training, all trainees participated in designing the assessment questions. The application of assessment methodologies is 100%.	**Completed (Y3).** Refer to Y3 report.

Annex 4c: EAVP Vietnam Activity Target Progress (Year Three Annual and All Years)

Objective	Activities	Targets for Year 3	Cumulative targets	Lead Agency	Progress against Y3 activity targets	Progress against cumulative all year activity targets
	2.2.1.15 New ophthalmology training assessment tool (questionnaire) designed, adopted and implemented at both MUs	N/A	900 completed questionnaires received (600 TB, 300 Hue)	FHF	Not a Y3 target	**Completed (Y2):** 900 completed questionnaires received (600 TB, 300 Hue).
	2.2.1.7 Develop, test and apply improved training programs under active teaching methodology	*replaced by 2.2.1.16 to 2.2.1.21 below	Upgrade core training curriculums (TC) (for existing courses) at both MUs. Year one – General Practitioner (GP) and Basic Eye Doctor (BED) Develop TC for new courses. Year one – Ons Upgrade/ customise training materials. Year one – Four upgraded training materials will be produced	FHF	Target in Y3 replaced by 2.2.1.16 to 2.2.1.21 below	**Completed at Thai Binh/Carried over to Y2 for Hue MU**. One curriculum was upgraded for training the BEDs and one training module on ophthalmology GPs was upgraded at Thai Binh MU. A 120-page teaching material on traditional medicine in Ophthalmology was completed by Thai Binh MU in December 2013. The material was approved by the MU Board and was immediately put into use.
	2.2.1.16 Existing subject curriculum for trainees is updated to incorporate new active teaching methodologies and cross cutting issues	Two training curriculums upgraded and approved ("Ophthalmic Resident" in Hue MU; and "Basic eye doctor" in Thai Binh MU)	Two training curriculums upgraded and approved in Y3 ("Ophthalmic Resident" in Hue MU; and "Basic eye doctor" in Thai Binh MU)	FHF	**Completed.** Training curriculum on "Basic Eye Doctor" was modified, approved and will be applied in the next acedemic year 2015-2016. The final training curriculum upgraded and approved at Hue MU with the Ophthalmic Resident course and put into use in 2016. Currently, Hue MU has eight trainees following the Ophthalmic Residents course.	**Completed (Y3).** Training curriculum on "Basic Eye Doctor" was modified, approved and will be applied in the next acedemic year 2015-2016. The final training curriculum upgraded and approved at Hue MU with the Ophthalmic Resident course and put into use in 2016. Currently, Hue MU has eight trainees following the Ophthalmic Residents course. Final training curriculum upgraded and approved at Hue MU with the Ophthalmic Resident course and put into use in 2016. Currently, Hue MU has eight trainees following the Ophthalmic Residents course.
	2.2.1.17 New subject curriculums are developed for trainees incorporating new active teaching methodologies and cross cutting issues	One training curriculum newly produced and approved ("Community ophthalmology" in Thai Binh MU)	Five new MU curriculums developed (four TB, one Hue) in Y2 and one training curriculum newly produced and approved ("Community ophthalmology" in Thai Binh MU) in Y3	FHF	**Completed (Q2):** The training curriculum on Community Ophthalmology was produced and approved by Thai Binh MU. The curriculum is due to be used as part of the next school year (starting Sept 2015). Next quarter progress report will include data on Number of of students studying this curriculum.	**Completed (Y2-Y3).** Five curriculums indicated in target include curriculum in 2.2.1.16. Total of four curricula developed (TB) (Two upgraded andtwo developed). In Y2 The training curriculum on Community Ophthalmology was produced and approved by Thai Binh MU. The curriculum is due to be used as part of Sept 2015 school year. In Q4 of Y3 the Community Ophthalmology curriculum has been used to teach approximately 680 students.
	2.2.1.18 New ophthalmology training materials upgraded and distributed	Nine training materials newly produced and upgraded and approved by MUs (ophthalmic nurse, BED; nurse; traditional medicine doctor; refractionist; preventive medicine doctor, general practitioner; ophthalmic resident and dental doctor)	One training package is produced at Hue MU in Y2 and in Y3 nine training materials newly produced and upgraded and approved by MUs (ophthalmic nurse, BED; nurse; traditional medicine doctor; refractionist; preventive medicine doctor, general practitioner; ophthalmic resident and dental doctor)	FHF	**Completed.** Altogether, Thai Binh MU produced and modified training materials on (i) Community ophthalmology, (ii) Ophthalmic nurse, (iii) Preventive medicine doctor, (iv) General nurse, (v) Refractionist, (vi) Practice refraction and (vii) Ophthalmology for General doctor. Hue MU produced and modified (i) Traditional medicine, (ii) Dental, (iii) Ophthalmology level 1, and (vi) Resident. Some of these materials were published and printed in big number of copies to be used as reference books kept at the MU libraries.	**Completed (Y2-Y3).** Refer to Y2 and Y3 report.
	2.2.1.19 New training curriculums piloted at both MUs and reviewed by external technical Adviser to ensure quality	Five new training curriculums piloted and certified (TB 2 and Hue 3)	Two subject curriculums piloted and reviewed in Y2 and five new training curriculums piloted and certified (TB 2 and Hue 3)	FHF	**Approved variation (Q1):** Requested to cancel the piloting of two training curriculums at Hue. These are "Dental Doctor" and "Traditional Medicine", due to changed regulations by Ministry of Education and Training. The remaining training curriculum to be piloted by Hue MU is on "Basic eye doctor", expected to be done in the coming quarters.	**Approved variation** to cancel piloting of two training curricula at Hue MU.
		Thai Binh MU (ophthalmic nurse and preventive medicine doctor) and Hue MU (dental doctor and traditional medical doctor)	Thai Binh MU (ophthalmic nurse and preventive medicine doctor) and Hue MU (dental doctor and traditional medical doctor)	FHF	**Completed.** Thai Binh MU completed piloting the two training curriculum on Preventive medicine and Ophthalmic nurse. And Hue MU completed piloting the curriculum on Basic eye doctor. As a result, the curriculum itself and its supporting training materials were modified and improved according to feedback collected from the trainees and trainers.	**Completed (Y3).** Refer to Y3 report.
	2.2.1.20 Post-training follow-up visits are conducted to meet with trainees	One visit made over two days to get feedback on the quality of training	Three visits conducted (1 TB, 2 Hue) during Y2 and in Y3 one visit made over two days to get feedback on the quality of training	FHF	**Completed.** It was reported that the trainees met during the visit are performing well at work. A training plan will be developed by Hue MU as to respond to the collected training needs.	**Completed (Y2-Y3).**
	2.2.1.21 Meetings held with local employers and the provincial department of health to assess and mobilise support for the improvements made to student training	N/A	Three meetings held (1 TB, 2 Hue) in Y2	FHF	Not a Y3 target	**Completed (Y2).**

Annex 4c: EAVP Vietnam Activity Target Progress (Year Three Annual and All Years)

Objective	Activities	Targets for Year 3	Cumulative targets	Lead Agency	Progress against Y3 activity targets	Progress against cumulative all year activity targets
	2.2.1.8 Upgrade MU teaching staff skills	N/A *replaced by 2.2.1.22 below	One staff (Hue) begins PhD in ophthalmology at Ha Noi. Two staff (TB:1, Hue:1) begin masters in ophthalmology, 1 in Ha Noi, 1 in HCMC 10 MU staff (Hue:10) complete advanced English course, six months at Hue MU. 1 staff (TB) completes ON training at VNIO in Ha Noi	FHF	Not a Y3 target	**On track.** Reported against 2.2.1.22
	2.2.1.22 MU teaching staff skills are upgraded: PhD Ophthalmology (start) Masters in Ophthalmology (start) Ophthalmologist Level 2 Advanced English Ophthalmic nursing Refractionist services Advanced ophthalmology Surgeons Training of Trainers	One PhD One Master FHF, One Master Optometry BHVI (variation Y3) One Surgeon	Trainees: Masters in Ophthalmology (start): One (Hue) Ophthalmologist Level 2: Two (TB 1, Hue 1) Advanced English: Two (TB 1, Hue 1) Ophthalmic nursing: 10 (Hue) Refractionist services: 1 (Hue) Advanced ophthalmology: Two (TB 1, Hue 1) Surgeons Training of Trainers One (Hue) **Year 3**: One PhD One Master FHF, One Master Optometry BHVI (variation Y3) One Surgeon	FHF	**On track.** PHD Ophthalmology on **track** and due to be completed in Q4, 2017	**On track (Y1-Y3).** Candidate is progressing and is due to be complete in late 2017
				FHF	**On track.** Master of Ophthalmology On track and due to be completed in Q4, 2016	**On track(Y3).** Candidate is progressing and is due to be completed in late 2016
				FHF	**Surgeon TOT Completed:** The additional 3-month training course on Diagnosis & treatment of strabimus/ptosis and the other 3-month course for surgeon, were completed.	**Surgeon TOT Completed:** The additional 3-month training course on Diagnosis & treatment of strabimus/ptosis and the other 3-month course for surgeon, were completed.
				FHF	**Ophthalmology Level II: Cancelled activity**	**Ophthalmology Level II: Cancelled activity**
				BHVI (Y3 only)	**Masters of optometry: Completed.** Candidate is now supporting new Optometry course at Hanoi MU.	**Masters of optometry: Completed.** Candidate is now supporting new Optometry course at Hanoi MU.
	2.2.1.9 Train teaching staff in research methodology and undertake key research projects	*replaced by 2.2.1.24 below	32 staff (TB: 22, Hue:10) trained on research methodology, one research thesis developed (Hue)	FHF	**Completed.** Two courses were held at both MUs in Q3, 2013.	**Completed:** Two courses were held at both MUs in Q3, 2013.
			Four packages of statistic software purchased and installed (TB:2, Hue: 2)	FHF	**Completed.** The MUs decided to purchase software for their entire universities rather than just the eye health departments, so the cost was significantly higher than budgeted for this project. Consequently, both universities funded and purchased SPSS, STATA and R software over 2014 and 2015 (Y2-Y3).	**Completed.** The MUs decided to purchase software for their entire universities rather than just the eye health departments, so the cost was significantly higher than budgeted for this project. Consequently, both universities funded and purchased SPSS, STATA and R software over 2014 and 2015 (Y2-Y3).
	2.2.1.24 Research questions identified and research projects undertaken	Three training courses on advanced SPSS (20 Thai Binh MU (TBMU) teaching staff per course)	**Y2**: Three theses submitted (TB 1, Hue 2) **Y3**: Three training courses on advanced SPSS (20 TBMU teaching staff per course) Three research projects (one by TBMU and two by Hue MU) are conducted and reported	FHF	**Completed.** In Q1 an advanced SPSS course was completed with 22 trainees (12 Females/10 males). The course on Research certification planned for Y3 was completed in late 2014 as trainers were available and cost savings identified. The training course on Research plan development was completed with 20 participants (18 female), and the training course on Stata was held in Q4.	**Completed.** Three research projects were undertaken (details below). In Y3 an advanced SPSS course was completed with 22 trainees (12 Females/10 males) and a training course on Research plan development was completed with 20 participants (18 female), and the training course on Stata is planned for Q4. The course on Research certificate was completed in late 2014 rather than early 2015 as trainers were available and its helped to save costs.
		Three research projects (one by TBMU and two by Hue MU) are conducted and reported	Three research projects (one by TBMU and two by Hue MU) are conducted and reported	FHF	**Completed**. See below.	**Completed.** See below.
		TBMU: Refraction errors situation in Thai Binh province.	TBMU: Refraction errors situation in Thai Binh province.	FHF	**Completed.** The research report was completed and the findings were published in the National Journal of Practical Medicine in Nov 2015.	**Completed. T**he research report was completed and the findings were published in the National Journal of Practical Medicine in Nov 2015.
		Hue MU: Diabetic retinopathy in Hue City	Hue MU: Diabetic retinopathy in Hue City	FHF	**Completed.** The research report was completed. The summary was submitted and the article is expected to be published in the National Journal of Practical Medicine in Q1/2016. Summary of findings include: DR Prevalence in women accounting for 63.7%; Prevalence by age>60 accounting for 64.7%; Patients in urban areas: 56.4% (52.6% of which never have eye check up); Diabetes of type 2: 99.2%, and 73.4% of which being under follow-up and treatment; DR-caused eye problem: 68.7% as cataract and that there is a link between level of glaucose, HbA1C and detection time	**Completed.** The research report was completed. The summary was submitted and the article is expected to be published in the National Journal of Practical Medicine in Q1/2016.
		Hue MU: Phaco in cataract treatment among patients with diabetic retinopathy problems.	Hue MU: Phaco in cataract treatment among patients with diabetic retinopathy problems.	FHF	**Completed.** The research report was completed. The summary was submitted and the article is expected to be published in the National Journal of Practical Medicine in Q1/2016. Main finding was that significant levels of adverse psychological impacts are found in glaucoma patients.	**Completed.** The Phaco research was cancelled at the end of 2014 for Y3 planning due to its excessive budget estimation. A smaller scale research on glaucoma patients and their quality of life was approved for Y3 workplan, and the research report was completed in Y3. The summary was submitted and the article is expected to be published in the National Journal of Practical Medicine in Q1/2016, with the main finding being that significant levels of adverse psychological impacts found in glaucoma patients.

Annex 4c: EAVP Vietnam Activity Target Progress (Year Three Annual and All Years)

Objective	Activities	Targets for Year 3	Cumulative targets	Lead Agency	Progress against Y3 activity targets	Progress against cumulative all year activity targets
	2.2.1.10 Support MU Project Management Boards (PMBs) to function well	N/A *replaced by 2.2.1.25 below	Two PMBs established and functioning (TB: 1, Hue: 1) – (i.e. project is being managed appropriately by key staff at each MU – activities met, finances managed and key staff trained in aspects of project management, valuable soft skills which can be used beyond project completion. The use of a PMU will also create ownership by the MU of the activities) Eight M&E trips done to view project activities Four coordination meetings held with stakeholders including training hospitals/ institutes, and district eye units	FHF	Not a Y3 target.	**Completed (Y1).**
	2.2.1.25 Establishment of PMB at each MU	Four PMB quarterly meetings are organised to review and facilitate activities	Four PMB quarterly meetings are organised to review and facilitate activities	FHF	**Completed.** PMBs held quarterly meetings to review and facilitate activities	**Completed (Y1-Y3).** PMBs held quarterly meetings to review and facilitate activities
	2.2.1.11 Hold regular planning and review workshops	*replaced by 2.2.1.26, 2.2.1.27 and 2.2.1.28 below	A two day orientation and a two day annual review and planning workshops organized at both MU's (two in total)	FHF	Target replaced in y2 by 2.2.1.26, 2.2.1.27, 2.2.1.28	**Completed (Y1).** A project orientation workshop was held in June 2013 for the PMB members of two MUs.
	2.2.1.26 Regular (bi-annual) planning and review workshops conducted at each MU	Two annual review workshops organised in combination with PBL committee meeting and training hospitals workshop (TB 1 and Hue 1) for 60 pp (30 from each MU)	Four planning and review sessions organised (TB 2, Hue 2) in Y2 and two annual review workshops organised (in combination with PBL committee meeting and training hospitals workshop for TB and Hue with estimated 30 pp from each MU)	FHF	**Completed.** One workshop with the PBL was organised in June (15 pp, eight female, seven male); and one co-ordination workshop with training hospital was held in May. Project-end "evaluation and sharing" workshops took place at both Hue and Thai Binh MUs, and PMB members met with relevant partners from training hospitals and members of the provincial BPL committee. Attempts were made for anadditional workshop for Thai Binh MU (to make up for delayed workshop from Y2) as part of an extra working co-ordination session with the training hospital in Ninh Binh province (about 200 km away) due to unavailability of MU staff members.	**Completed (Y1-Y3).** Review workshops held annually. Two in Y2, three in Y2 and two in Y3. One delayed workshop was unable to be rescheduled. MUs are preparing plans to mobilise funding from various sources, including the PBL, and eye care NGOs. This is also to support the cost recovery plans they have prepared.
	2.2.1.27 Workshop organized for MUs on V2020 and PBL plans including global PBL plan of action	N/A *combined with 2.2.1.26	Five workshops organised (TB 4, Hue 1)	FHF	Not a Y3 target. See 2.2.1.26	**Completed (Y2)**. Further activity follow up reported in 2.2.1.26
	2.2.1.28 MU staff attend meetings with national and provincial PBL committees	N/A	Eight meetings attended (TB 4, Hue 4)	FHF	Not a Y3 target. See 2.2.1.26	**Completed (Y2)**. Further activity follow up reported in 2.2.1.26
	2.2.1.12 Coordinate activities with Training Hospital/ PBL committees	N/A *replaced by 2.2.1.29 and 2.2.1.30 below	One 2-day workshop organized for MUs on V2020 and PBL plans, held at either TB or Hue MU. MU key staff attend meetings with national and provincial PBL committees. Travel to coordinate trainees field work with training hospitals	FHF	Not a Y3 target.	**Completed (Y1):** Two workshops were organised at two MUs in Oct and Dec 2013 to provide an update on the V2020 National PBL plan and developments and provincial PBL plans and activities to VNIO, MU staff, provincial and district eye care staff.
		MU key staff attend meetings with national and provincial PBL committees	MU key staff attend meetings with national and provincial PBL committees	FHF	Two MUs held two end-of-project evaluation workshops respectively to share the project results and seek resource committment for sustainability. Especially at Thai Binh MU, more voices were raised to allow expectation for future stronger networking among eye care training institutes and eye care service providers through the participation of MoH, VNIO and training hospital representatives.	**Completed (Y2-Y3).** No national PBL meeting organised in Y1 due to delay in project commencement until August 2013. From Y2, MUs hosted their Provincial PBL meetings. MU representatives presented and discussed their progress and achievements in research and capacity development, and ongoing discussions were had regarding needs in eye care personnel training. With the project ending, MUs have been invited to continue their participation as members in PBL meetings.
		Travel to coordinate trainees field work with training hospitals	Travel to coordinate trainees field work with training hospitals		**Completed (Y3)**: there were five trips made during Y2 and Y3. MUs and training hospitals formalised agreements on their cooperation in training.	**Completed (Y3).** Five trips made during Y2 and Y3. MUs and training hospitals formalised agreements on their cooperation in training.
	2.2.1.29 Coordinate field work with training hospitals to support field-based practice opportunities of students	N/A *combined with 2.2.1.26	Four coordination meetings held (TB 2, Hue 2)	FHF	Not a Y3 target. See 2.2.1.26	**Revised and completed (Y2):** This target had to be revised as it was impractical to hold so many meetings. Both MUs revised to organise the meeting once per year and in combination with activity 2.2.1.18-30. This change was reported in Q3 report.

Annex 4c: EAVP Vietnam Activity Target Progress (Year Three Annual and All Years)

Objective	Activities	Targets for Year 3	Cumulative targets	Lead Agency	Progress against Y3 activity targets	Progress against cumulative all year activity targets
	2.2.1.30 Coordinate activities with training hospital/ PBL committees through meetings with national and provincial PBL committees	N/A	Two meetings attended (TB 1, Hue 1)	FHF	Not a Y3 target.	**Revised and completed (Y2):** This target had to be revised as it was impractical to hold so many meetings. Both MUs revised to organise the meeting once per year and in combination with activity 2.2.1.18-30.
Sub-component 2.2b: Nghe An/Son La: Strengthening capacity for existing health system to be integrated in the government structure: technical training for health staff						
2.2.2 Nghe An/Son La: Strengthening capacity for existing health system to be integrated in the government structure: technical training for health staff	**2.2.2.1** Conduct periodical meetings every six months among health staff at commune heath stations, district health centre, district hospital and PMU	2 meetings held, at least 25 participants each	Improved project implementation and planning Two planning meetings in 2013	CBM - NAEH		**Completed (Y1-Y3).** Planning meetings have been held regularly throughout process and involved discussing changing needs of context, possible activity variations, planning and promotion of prevention of blindness initiatives. Feedback from commune health stations on grassroots communication and activities for eye care was also provided at these meetings. 12 meetings were held for about 30-40 pp depending on numbers of communes.
		Two meetings attended by 25 pp each) in Y2 & Y3	Two meetings attended by 25 pp each) in Y2 & Y3	CBM	**Completed (exceeded meeting target).** In 2015 a total of six meetings were organised in Dien Chau, Thanh Chuong and Quy Chau districts on coordination and implementation of activites between PMU and district level and reporting. A total of 222 representatives attended the meetings.	**Completed (exceeded meeting target)** as above.
	2.2.2.2 Nghe An : Technical training of eye health staff	*replaced by 2.2.2.2 below	Train one person to be an eye doctor level 1 (two years) at VNIO, one person to be an eye nurse at VNIO (six months) and one person to be a middle surgical doctor at NAEH (three months). Train one refractionist for six months in HCMC ONe nurse in charge of operation room for two months in HCMC, ONe spectacle technician at VNIO.	CBM	**Completed.** Note: replaced by 2.2.2.2 below	**Completed.** Note: replaced by 2.2.2.2 below
	2.2.2.2 One nurse from NAEH sent to HCMC for two months training , one staff member at NAEH to be trained as a spectacle technician at VNIO	One nurse trained and functioning One spectacle technician trained and functioning	One nurse trained and functioning One spectacle technician trained and functioning	CBM - NAEH	**Completed.** Four nurses (three females and one male) received training at VNIO) One doctor completed training process and has returned to work. Training for nurses is an additional one week training on management of operation thatre/room (prevention of contamination). Training forthe doctor focused on corneal ulcer therapy. Note regarding the indicator: A change for this activity was recorded in Quarterly report of Q3-2014. Results now are: One BED for Quy Chau (done); 26 Drs (14 females) trained on glaucoma management (done in 2014). Thus instead of two pp trained, the indicators will increase in four nurses and 28 Drs.	**Completed (Y2-Y3).** A total of four nurses and one doctor received training at VNIO and have returned to work. The nurses training was additional one week training on management of operation thatre/room (prevention of contamination). Training for the doctor focused on corneal ulcer therapy. Service quality and sustainability of project results have increased due to the training for medical staff provided through the project along with knowledge sharing between doctors and nurses.
	2.2.2.3 Nghe An CBM Adviser and Country Coordinator visit and training with Partners	N/A	Improved project implementation and planning	CBM	Not a Y3 target.	**Completed (Y2).**
	2.2.2.4 Training in communication skills for health workers at commune and district level in disability inclusive primary eye care for two districts of Thuan Chau and Phu Yen	N/A	Improved communication skills for community health staff in inclusive eye care	CBM	Not a Y3 target.	**Complete (Y2).**
		N/A	56 commune health staff trained in primary eye care (PEC) and Disability Inclusive Approach to Community Eye Health (DIACEH) at a two day workshop (NOTE delayed from Y1)	CBM	Not a Y3 target.	**Completed (Y2).**
	2.2.2.5 Son La Monitoring (CBM Adviser trip and in country Adviser)	N/A	Improved project implementation and planning (Y1 & Y2)	CBM	Not a Y3 target.	**Completed (Y2).**
		N/A	One technical training and Adviser workshop with Son La SDC staff		Not a Y3 target.	**Completed (Y2).**

Annex 4c: EAVP Vietnam Activity Target Progress (Year Three Annual and All Years)

Objective	Activities	Targets for Year 3	Cumulative targets	Lead Agency	Progress against Y3 activity targets	Progress against cumulative all year activity targets
	2.2.2.6 Son La Community eye care training for PMU and provincial level on project management and community eye care	PMU staff (two - three) are equipped with necessary knowledge and skills in community eye care Improved knowledge and skills	PMU staff (two - three) are equipped with necessary knowledge and skills in community eye care Improved knowledge and skills	CBM -SLSDC	**Completed:** PMU (Dr Quyen, Dr Phuong and Dr Bien) attended the annual national opthalmology workshop in Oct in Hanoi. This is a good opportunity for doctors from the province to update their knowledges and techniques, especially learning from the other provinces through meeting sessions during the three day workshop. Different topics related to eye care were presented at the three day ophthalmology annual workshop. Each doctor participated in different sections depending on their interests. Topics included: PBL rate in Vietnam and main causes of blindness, updates about national PBL committee and future direction. Technical topics included: eye complication of diabetic, quality management on cataract surgeries, refraction and advanced treatments, etc. Some medical instrument suppliers also presented new techniques which attracted much interest from the doctors.	**Completed (Y1-Y3):** In general, the workshop serves as an opportunity fordoctors to learn and update their skills on eye care work, not only through documents, but also through networking and exchanging ideas. Partners are more active in networking and learning from other provinces; and get updates with "up to date" skill, knowledge in eye care and relevant information. Dr Quyen has opportunities to establish good relationship Eye hospital, such as Ha Giang, NGhe An and Vung Tau to learn from them the process of changing status of SDC to be an eye hospital.
		N/A	Three Project Management Unit staff trained in project management and coordination skills by CECEM: Analytical Writing Skills for project report; Dialogue-based consultation for policy analysis; or Project Impact Assessment & Model Multiplication. Three day workshop at Son La SDC	CBM	Not a Y3 target.	**Complete (Y1).** Refer to detail at Activity 1.1.3
	2.2.2.7 Conduct primary eye care integrated with disability inclusion training	N/A	Two staff at each commune trained to provide better services to the community and in referral system (approx. 130 total)	CBM	Not a Y3 target.	**Complete (Y2):** Two staff at each commune trained to provide better services to the community and in referral system (approx. 130 total).
	2.2.2.8 Exchange experience and lessons learned workshop	N/A	One trip to FHF Province or other central province. PMU members (approx. 15 pp) exchange lessons learned and experiences from other provinces, and provide recommendations and suggestions to provincial authorities	CBM	Not a Y3 target.	**Completed (Y2):** One trip to FHF Province or other central province. PMU members (approx. 15 pp) exchange lessons learned and experiences from other provinces, and provide recommendations and suggestions to provincial authorities.
	2.2.2.9 Training provided to commune health workers on PEC and DIACEH	N/A	Two training courses provided on PEC & DIACEH in Thuan Chau and Phu Yen district (in total 56 staff trained)	CBM	Not a Y3 target.	**Completed (Y2):** Two training courses provided on PEC & DIACEH in Thuan Chau and Phu Yen district (in total 56 staff trained.
	2.2.2.10 Experience exchange conference held across provinces of the project	N/A *replaced by 2.2.2.10 below	One study tour organised for PMU members from four districts and Son La city to exchange lessons learned and experiences.	CBM	Not a Y3 target.	**Completed (Y2):** One study tour organised for PMU members from four districts and Son La city to exchange lessons learned and experiences.
	2.2.2.10 Learning, documentation, lessons learnt, processes captured on project results	A review trip to three project areas (Son La, Nghe An and Low Vision at VNIO) and reflection workshop (1-2 days) is conducted by a consultant with contribution from different local stakeholders at the end of the project's timeline	A review trip to three project areas (Son La, Nghe An and Low Vision at VNIO) and reflection workshop (1-2 days) is conducted by a consultant with contribution from different local stakeholders at the end of the project's timeline	CBM	**Completed.** External consultant was engaged and conducted field visits to all three projects. Based on the stories collected a booklet was developed and printed.	**Completed (Y3):** The booklet which consists of cases studies of three projects (Nghe An, Son La and Low Vision) was developed. The case studies captured all angles of projects not only achievements, but also challenges and difficulties.
	2.2.2.11: Support development of one Basic Eye Doctor for Phu Yen District. Training at VNIO (10 month course starting from Aug 2014)	*replaced by 2.2.2.11 below	One staff trained on BED (ten month course) (Y2)	CBM	**Completed.** Dr Than who was sent for 10 month course on BED at VNIO now returns to work as an eye doctor at inter-department of Phu Yen hospital.	**Completed (Y2-Y3):** The inter-department (ENT, Eye and dental) at Phu Yen district hospital is now equipped with one basic eye doctor and one eye nurse who are trained during project's lifespan. The department now is able to provide basic eye services and minor treatment before referring patients to higher level of treatment.

Objective	Activities	Targets for Year 3	Cumulative targets	Lead Agency	Progress against Y3 activity targets	Progress against cumulative all year activity targets
	2.2.2.11 Capacity building for provincial PBL Committee members and hospital leaders/eye care doctors at Tho Xuan and Tinh Gia districts, Thanh Hoa province at the National Ophthalmology Conference/technical meetings to enrich and update with new knowledge and profession	Six eye doctors /leaders (three females) at district and provincial Hospitals participate at the National Ophthalmology Conference/ technical meetings to enrich and update with new knowledge and profession	Six eye doctors /leaders (three females) at district and provincial Hospitals participate at the National Ophthalmology Conference/ technical meetings to enrich and update with new knowledge and profession	CBM-THEH	**Completed:** Tinh Gia district will deliver cataract surgeries as a new service in the near future. At the conference, the eye doctor from Tinh Gia hospital accessed the updated information on cataract surgeries, especially technical solutions for post-surgical complications that he felt were useful for application at his district. Tho Xuan district: After attending the conference, the hospital leader and eye doctor better understood the achievements and shortcomings in the prevention of blindness in 2014 -2015 and work plan direction 2016. They were improved skills on eye cornea, glaucoma, cataract, vitrectomy and current eye care in Vietnam. Through this conference, they will apply their learnings in clinical work at the unit to better serve in the prevention of blindness at the local level.Examination/treatments: Tinh Gia 2015: total Number of eye exams (Male: 1,753; F: 1,792) and treatments: (M: 365, F:421), Tho Xuan 2015: total Number of eye exams (Male: 2,537 ; F:2,031) and treatments: (M: 182, F:159), Spectacles: Tinh Gia: 113 glasses provided in 2015 Tho Xuan: 96 glasses provided in 2015 (F: 52)	**Completed (Y3).** Four out of a targeted six persons (two district eye doctors, a district hospital leader and Head of Medical Division, Provincial DoH attended the 2nd ASEAN Ophthalmology Society Congress (AOS) in conjunction with Vietnam National Congress of Ophthalmology 2015 (VOS) in Hanoi from 29 – 31 October 2015. This was a special occasion as it was the first time VN welcomed colleagues from 10 ASEAN countries to discuss the concerned issues, advanced techniques, the modern treatment methods in ophthalmology in order to bring better vision for patients. The workshop serves as an opportunity for the doctors to learn and get updated on eye care work, not only through documents, but also through networking and exchanging ideas. After having attended the 2nd ASEAN Ophthalmology Society Congress (AOS) in conjunction with the Vietnam National Congress of Ophthalmology 2015 (VOS) partners are more active in networking and learning from other provinces including updates on new skills and techniques, knowledge in eye care and relevant information.
Sub-component 2.3: Develop Low Vision training and service delivery model						
2.3.1 VNIO Low Vision Center is established as a learning, training and research resource centre	**2.3.1.1** Implement systematic data collection	Data management system set up and producing reliable data for reports and presentations	Data management system set up and producing reliable data for reports and presentations	CBM/VNIO	**Completed.** Analysis and recommendations regarding the 2013, 2014 and 2015 data was provided in a summary report (English and Vietnamese versions) in January 2016 to the low vision team.	**Completed (Y3).** Refer to Y3 update.
		N/A	Annual achievements based on analysis of routine data published in reports, meetings and papers		Not a Y3 target.	**Completed (Q2) and is being followed up.** The VNIO low vision service provides invaluable assistance to help clients who are blind and low vision to get their disability certificate. A minimum of 150 blind clients were assisted to obtain a certificate that helps them to get financial support over 2014 and 2015 (no data available over 2013).
		Local statistician to perform setup at VNIO LV Centre, Hanoi	Local statistician to perform setup at VNIO LV Centre, Hanoi		**Completed.** Mr. Trung, administrative staff with LV was sent to two short training course on planning methodology and data analysis at Public Health University. Regarding the LV patient data base, the VNIO has hospital management software and statistics of LV units senchronized into this software. As a result, the regular consolidated PBL reports are produced including data on LV services.	**Completed (Y3).** Refer to Y3 report.
		Patients' data and records available for general management and analysis.	Patients' data and records available for general management and analysis.		**Completed.** Activity is progressing an on track, data and information is being collected. VNIO low vision service summary results 2015 analysis was completed by low vision team and the data is used at planning meetings.	**Completed (Y3)**. The clinical records of all patients are regularly filled in and data is collated by low vision centre receptionist. Results of the three years VNIO low vision work and new clients are analysed and completed by the low vision team.
	2.3.1.2 Gender mainstreaming development and training in LV services	N/A	Local statistician to perform setup at VNIO LV Centre, Hanoi	CBM/Consultant	Not a Y3 target.	**Completed (Y2).**
		The trained staff (five staff from Low vision centre, VNIO leaders and four staff + hospital leaders from Hai Duong/Ninh Binh + MoH, Ministry of Labour – Invalids and Social Affairs (MoLISA), MoET+ PBL Steering Committee, Blind Associations) provided with refresher training.	The trained staff (Five staff from Low vision centre, VNIO leaders and four staff + hospital leaders from Hai Duong/Ninh Binh + MoH, Ministry of Labour – Invalids and Social Affairs (MoLISA), MoET+ PBL Steering Committee, Blind Associations) provided with refresher training.	CBM	**Completed.** Scheduled follow up of outcomes indicates that a review of what has been done on gender mainstreaming, challenges and lessons learnt and future plans is required.	**Completed (Y3):**The implementation of gender mainstreaming will achieve its real change only when there are serious concerns and commitments from leaders. The training results are more limited to awareness raising with a lot of practical actions complete. Those organisations still need to be pushed more to to implement gender mainstreaming on some key follow up action as below: • Asign a qualified person to work as focal point in the organisation on gender equality. • Institutionalise separation and use of sex disaggregated date to inform gender mainstreaming and planning rehabilitation activities to meet the needs and concerns of men and women. • Conduct regular meetings (six month basis), build work- plan, conduct regular monitoring and review all work-plan or initiatives on gender mainstreaming proposed by gender focal point person or trained persons in order to provide adequate support for them when needed.

Annex 4c: EAVP Vietnam Activity Target Progress (Year Three Annual and All Years)

Objective	Activities	Targets for Year 3	Cumulative targets	Lead Agency	Progress against Y3 activity targets	Progress against cumulative all year activity targets
		One day workshop by gender consultant (12 males and 13 females were trained 2013 and will be followed up in 2015).	One day workshop by gender consultant (12 males and 13 females were trained 2013 and will be followed up in 2015).	CBM	**Completed.** A four day gender training workshop held for the participants of the 2013 training in two provinces and a two day follow-up meeting (only 10 participants attended as some were engaged with clinical works and otherwise engaged). After the courses, the participants have: '-improved their knowledge and understanding about basic gender concepts. - improved understanding of the importance of gender equality and gender mainstreaming in rehabilitation activities for persons with low vision. - better understanding about the purpose of gender analysis and key aspects should be analyzed when conducting gender analysis. - the opportunity to use simple gender analysis tools to identify key gender issues related to rehabilitation services for the people with low vision - received full understanding about what does gender mainstreaming mean and how they can facilitate gender mainstreaming into specific activities including (i) communication/consultation (ii) test and operation (iii) rehabilitation.	**Completed (Y1 and Y3):** 14 participants attended a one day training workshop on gender mainstreaming (seven men and seven women) in Y1. They were from various health agencies, VNIO, Ha Noi Department of Health, Hai Duong Provincial Hospital of Ophthalmology, and Ninh Binh Provincial Hospital of Ophthalmology and Blind Association. The workshop enabled participants to: Reflect on: gender equality in Vietnam in general, and in the health sector in particular; the gender mainstreaming practices of their program; the implementation of gender related laws and policies in the health sector in Vietnam; and to share their questions and concerns regarding gender mainstreaming and how to integrate gender into their program. A follow up course was identified as needed to support development of a gender strategy relating to low vision. A four day Gender training workshop held in Y3. Ten participants from the original gender workshop in Y1 attended the Y3 session.
	2.3.1.3 Child protection policy development and training in LV services	The trained staff (five staff from Low Vision centre, VNIO leaders and four staff + hospital leaders from Hai Duong/Ninh Binh + MoH, Ministry of Labour – Invalids and Social Affairs (MoLISA), MoET+ PBL Steering Committee, Blind Associations) provided with refresher training. One day workshop by gender consultant (12 males and 13 females were trained 2013 and will be followed up in 2015).	The staff will be able to be aware of child rights, child protection, and child participation; be aware of current developments on child protection in Vietnam Five staff from Low Vision Centre, VNIO and four staff from Hai Duong/Ninh Binh + MOH, MOLISA, MOET+ PBL Steering Committee, Blind Association and relevant) trained in Child Protection, Three day workshop by CP consultant	CBM Consultant	**Completed.** A three day training workshop "Child Safeguarding Policy" conducted in Hai Duong, Aug 2015 and in Q4 a two day Child protection workshop was attended by 12 participants (Nine females/ three males of which four had a vision disability) who are leaders and staff from the Vietnam National Institute of Ophthalmology, Hospital of ophthalmology of Ninh Binh and Hai Duong, Hanoi and staff who attended the training on Child protection Policy in 2013. The participants reviewed and identified that none of them have Child protection policy of the office/hospital. Therefore, they do not have child protection board at their working place. However, they have applied knowledge on Child rights and Child protection at their working place and coach their colleagues at their station. The participants also reviewed Child protection Safeguarding Policy of CBM to have revision and updates to the child protection policy. This revision version will be applied to the policy of the hospital of Hai Duong. Participants also built a Plan of action for the implementation of Child protection policy of their office/hospital.	**Completed (Y1 & Y3).** In Y1 a Child Protection training course for 23 participants was held at VNIO on 18-19 Dec 2013. Participants were from VNIO, Hanoi Eye Hospital, Ninh Binh Eye Hospital, Hai Duong Hospital of Ophthalmology & Dermatology, VN Blind Association, Hanoi Blind Association, and departments at several General Hospitals within the referral scheme. In Y3, a three day training workshop "Child Safeguarding Policy" conducted in Hai Duong, Aug 2015 and in Q4 a two day Child protection workshop was attended by 12 participants (nine females/three males of which four with vision disability) who are leaders and staff from the Vietnam National Institute of Ophthalmology, Hospital of ophthalmology of Ninh Binh and Hai Duong, Hanoi and staff who attended the training on Child protection Policy in 2013. The participants reviewed and identified that none of them have Child protection policy of the office/hospital. Therefore, they do not have child protection board at their working place. However, they have applied knowledge on Child rights and Child protection at their working place and coach their colleagues at their station. The participants also reviews Child protection Safeguarding Policy of CBM to have revision and update to the child protection policy. This revision version will be applied to the policy of the hospital of Hai Duong. Participants also build Plan of action for the implementation of Child protection policy of their office/hospital.
	2.3.1.4 Conduct LV awareness training for provincial eye care centre or eye hospitals to promote identification and referral (at VNIO)	Minimum 400 people accessing LV services (min 45% female) in catchment area (Hanoi and two provinces)	Minimum 300 people accessing LV services in catchment area (Hanoi + two provinces) in Y2 and minimum 400 people accessing LV services (min 45% female) in Hanoi and two provinces in Y3.	VNIO	**Completed.** 35 health workers at Ninh Giang district (Four from district hospital, three from district health center and 28 commune health workers) trained on LV screening to find out how many people may need low vision services. The district was supported by FHF programme with the optical workshop. 36 doctors and nurses at Hai Duong Eye hospital were trained on how to the start the hospital LV service and the LV networking and referral system. In Y3 there was a total of 482 clients (including 302 new clients, and 180 follow-up clients).	**Completed (Y2-Y3):** Low vision services started formally on March 1, 2013. Over three years VNIO's low vision service increased the number of clients who received low vision care: - 2013 270 new clients with low vision - 2014 401 clients - 2015 302 new clients, and in addition 180 follow-up clients = total 482 clients. -In 2013: 16% patients referred from VNIO outpatient clinics; 12% from schools; 41% from VBA/DPO and 17% from unknown. - In 2014: 54% patients referred from VNIO outpatient clinics; 35% from schools; 11% from VBA/DPO. - In 2015: 80% patients referred from VNIO outpatient clinics; 11% from schools; 9% from VBA/DPO.
2.3.2 Curriculum development LV training	2.3.2.1 LV training and monitoring conducted by LV Adviser (five two-week trips)	Training: LV team in Hanoi become resourced LV trainers with improved M&E and research skills	Training: LV team in Hanoi become resourced LV trainers with improved M&E and research skills (Y1-Y3)		**Completed.** A two day training conducted for LV team (two doctors, two nurses and one staff) and NDC Hanoi school (Five teachers) on LV ToT skills (Eight female participants)	**Completed (Y3).** A monitoring tool (simple spreadsheet) is being used to assess progress of low vision work in the provinces after the training.
		N/A	LV trainers with improved M&E and research skills		Not a Y3 target.	**Completed (Y1-Y3).** Dr trained regarding the data collection now works with the receptionist to regularly update data. The LV team were also trained in a systematic approach to training and learning, reviewing identification of needs, planning and design and assessment of results.

Annex 4c: EAVP Vietnam Activity Target Progress (Year Three Annual and All Years)

Objective	Activities	Targets for Year 3	Cumulative targets	Lead Agency	Progress against Y3 activity targets	Progress against cumulative all year activity targets
		Monitoring: Two monitoring trips to VNIO low vision centres will be conducted by CBM Adviser.	Monitoring: Two monitoring trips to VNIO low vision centres will be conducted by CBM Adviser.	CBM/VNIO	**Completed.** One visit was conducted from August 31- September 18, 2015 by Dr Karin van Dijk, CBM Global Advisor on Low Vision. This visit focussed on quality and quantity of the work completed at VNIOs low vision service, data management, development of various information booklets and progress of low vision work in the provinces Hai Duong and Ninh Binh. In addition input was provided to the CBM Australia led evaluation of inclusive eye health and low vision projects. A second visit took place in January 2016.	**Completed (Y1-Y3).** Five monitoring visits were conducted by the CBM Adviser to VNIO, NDC school and two provinces during the three years. The recommendations after each visit provided a very good direction and adaptation during programme implementation and ensured the good quality of the LV programme.
		N/A	Seven staff to attend two week training course by CBM LV Adviser at VNIO LV Centre Hanoi in Y1 & Y2		Not a Y3 target.	**Completed (Y2).** ToT training conducted early 2014. The trainees organized retraining for nine provincial doctors and nurses and regular teachers in three provinces.
		17 staff (three males and 14 females) trained.	17 staff (three males and 14 females) trained.		**Completed.** Six staff trained and regularly followed up by telephone, quarterly field visit and observations during outreach activities. Six LV staff from Ninh Binh and Hai Duong provided with the follow-up training for the two provincial eye programs facilitated by VNIOs low vision team for three days	**Completed (Y3).** Six staff trained on refraction skills, low vision and regularly followed up by telephone, quarterly field visit and observations during outreach activities.
		One monitoring trip by CBM Adviser to Hai Duong, Ninh Binh and Thanh Hoa.	One monitoring trip by CBM Adviser to Hai Duong, Ninh Binh and Thanh Hoa.		**Completed Q2: two** follow-up visits to Hai Duong were done in April with the participation of CCO, CBMA and CEARO.	**Completed Q2:** Two follow-up visits to Hai Duong were done in April with the participation of CCO, CBMA and CEARO.
2.3.3 Staff training of the two project provinces	**2.3.3.1** Staff training of the two project provinces. To be used as a pilot then evaluated and results used for development of services in other provinces, (emphasizing integration in the broader health system and for curriculum development.	N/A *replaced by 2.3.3.1 below	Staff skills on Basic and Advanced LV rehabilitation/management enhanced; Increased number of clients (per age/sex/disability/vision level) receiving these services; five staff from LV centre, VNIO and 4 staff from Hai Duong/Ninh Binh trained on basic and advanced skills on low vision rehabilitation, M&E and research; two two-week training courses on ToT and M&E conducted	CBM	Not a Y3 target.	**Completed (Y2).** Delayed and reported against 2.3.3.1 due to the procurement of equipment delayed to 2014. *replaced by 2.3.3.1 below
	2.3.3.1 Training at VNIO based on recommendations from low vision Adviser following the provincial visit in April 2013	N/A	Five staff from LV centre, VNIO and four staff from Hai Duong/Ninh Binh trained in basic and advanced skills on low vision rehabilitation, M&E and research. Two two-week training courses on ToT and M&E conducted.	CBM	Not a Y3 target.	**Completed (Y2):** Five staff from LV centre, VNIO trained in advanced skills on low vision rehabilitation and M&E . Nine staff from Hai Duong/Ninh Binh/Thanh Hoa trained in basic low vision rehabilitation.
Sub-component 2.3: Build capacity of eye care providers (ophthalmologists) to deliver sub-specialty services						
2.4.1 Provide Fellowships in appropriate international institutions in the Asia Pacific region for Vietnamese eye care providers	**2.4.1.1** Assess needs and the evidence base to develop implementation strategy and facilitate the implementation of identified priority specialty area training. Fellowships in consultation with relevant in-country stakeholders and LV Prasad Eye Institute	N/A *replaced by 2.4.1.1 below	Report on sub-specialty training strategy Subspecialty Fellowships of three month duration commenced at LV Prasad Eye Institute (India) by two selected candidates.	RANZCO	Not a Y3 target.	**Completed.** Delayed from Y1 and reported against 2.4.1.1.
	2.4.1.1 Implementation of Fellowship (see Annex 3) Selection and recruitment of candidates, contract and ToR preparation Payment of LVPEI Fees Arrangement of travel and approvals Allowance Case study development and reporting	One long term Fellowship completed	Three Fellowships completed in Y2 and in Y3 one long term fellowship completed and	RANZCO	**Completed.** Interview held with fellows regarding fellowships.	**Completed (Y2-Y3).** Interview held with fellows regarding fellowships.
		Three short term Fellowships completed	Three short term fellowships completed.		**Completed.** Interview held with fellows regarding fellowships.	**Completed (Y3).** Interview held with fellows regarding fellowships.
	2.4.1.2 LVP return to work assessment and evaluation	N/A	Assessment and evaluation of workplace report	RANZCO	Not a Y3 target.	**Completed (Y2).** Assessment and evaluation of workplace report finalised.

Objective	Activities	Targets for Year 3	Cumulative targets	Lead Agency	Progress against Y3 activity targets	Progress against cumulative all year activity targets
	2.4.1.2 Two day in-country workshop for 10 support staff working with the returning Fellowship recipient e.g. ophthalmic nurse etc.	Support staffs have Increased capacity to support the returned Fellowship recipient in the Fellowship specialty (retina). E.g. support staffs understand and are able to properly support surgery and clinical procedures, or use technology appropriate to supporting the specialty area.	Support staffs have Increased capacity to support the returned Fellowship recipient in the Fellowship specialty (retina). E.g. support staffs understand and are able to properly support surgery and clinical procedures, or use technology appropriate to supporting the specialty area.	RANZCO	**Completed.** Feedback and meeting outcomes indicate sharing of outcomes as a result of fellowships and positive changes to Institutions e.g. introduction/strengthening or journal clubs**.**	**Completed.** Feedback and meeting outcomes indicate sharing or outcomes as a result of fellowships and positive changes to Institutions e.g. introduction/strengthening or journal clubs**.**
	2.4.1.3 In-country workshop for subspecialty support staff	*replaced by 2.4.1.2 above	One workshop held	RANZCO	**Completed.** This activity was delayed until later in the year to allow Dr Duc (HCMCEH) to return to Vietnam from his 15 month retina Fellowship in November. This way he was able to participate in the workshop with his support staff.	**Completed.** Note workshop is reported as part of 2.4.1.2
Component 3: Service delivery						
Sub-component 3.1 Provide on-going support for service delivery at provincial level to promote sustainability						
3.1.1 Low Vision centre capacity is strengthened	**3.1.1.1** Patients data management and rehabilitation	N/A	Daily input of patient data and records for general management and analysis Patients are rehabilitated by LV staff in Hanoi and provinces	VNIO	**Completed.** Note: Please refer to 3.1.1.2 as there is no Y3 target for this row.	**Completed (Y1-Y2).** Y1 patient data was examined for VNIO consultations and for outreach. Records are now digitalised. Note this is an ongoing activity for all years. Database is regularly updated with appropriate columns and entered everyday by low vision staff. LV software completed and integrated into HIS system of VNIO.
		Patients are rehabilitated by LV staff in Hanoi and provinces	Patients are rehabilitated by LV staff in Hanoi and provinces		**Completed (Y1-Y3).** Refer to report 3.1.1.3	**Completed (Y1-Y3).** Refer to report 3.1.1.3
	3.1.1.2 LV Equipment supplied to improve the referral system;	20 LV devices (magnifiers and telescopes) procured annually, served for assessment/rehabilitation and subsidies provided for poor patients	Clinical and office equipment and LV devices procured for use at VNIO low vision centre in Hanoi and intend to support rehabilitation services/subsidies provided for poor patients (Item type and Number of provided per year (Y1-Y3)	VNIO/CBM	**Completed.** The local supplier of LV devices in Hanoi has been selected and equipment/devices have been imported ready to sell to referred patients. Patients in the province can also order of devices from them. 335 LV devices provided to VNIO and 155 devices for two provinces. The devices are used for LV exam and stock at LV unit todistribute to the poorest patients. Nine LV devices prescribed and given to poor patients in 2016. There are still many stock of devices available by Feb 2016 after the last shipment in 2015. After the project end, the hospitals and stakeholders should find other sources. This has been discussed with the VNIO Vice Director as the new Director was only recently appointed. The examination fee will be continued to be subsidized by 50% for all LV patients.	**Completed (Y1-Y3).** Refer to Y3 report.
	3.1.1.3 Clinical low vision services are provided, (assessment, prescription, referral)	Minimum 400 pp (min 45% female) accessing LV services in catchment area (Hanoi + two provinces)	Increased number of clients assessed at centre per year (Min 300 in Y1& Y2 and min 400 in Y3 [min 45% female] in Hanoi and two provinces	CBM, VNIO, Nguyen Dinh Chieu school for children with visual impairment	**On track.** In 2015, there were 302 new clients, and 180 follow-up clients making a total 482 clients. This represents an increase in annual total clients assessed compared to Y1 and Y2.	**Completed (Y1-Y3):** Targets were exceeded in all three project years with a total of 1,153 people acessing LV services. The accessibility of low vision services provided has increased significantly based on the increase in clients accessing the service for assessments and follow-ups.
		Measured by annual increase of patients receiving LV services	Measured by annual increase of patients receiving LV services		**Completed.** In 2015 there was a total 482 clients representing a 20% increase compared to 2014.	**Completed (Y2-Y3)**: Low vision services started formally on March 1, 2013. Over three years VNIO's low vision service increased the number of clients who received low vision care: - 2013 270 new clients with low vision - 2014 401 clients - 2015 482 clients (including 302 new clients).
			Family members of patients capacitated of rehabilitation skills		**Completed.** Note: Please refer to report under "Training for family members of patients on rehabilitation at NDC school and Vietnam Blind Association".	**Completed (Y1-Y3).** Note report is included under "Training for family members of patients on rehabilitation at NDC school and Vietnam Blind Associateion" below.
		One day training for general classroom teachers (30 teachers) who have a child with low vision in their classroom	One day training for general classroom teachers (30 teachers) who have a child with low vision in their classroom (Y3)		**Completed:** LV resource teachers undertook class visits and observations to provide direct advice to teachers on class arrangements and how to support children with low vision.	**Completed (Y1 and Y3):** LV resources teachers continued through the program to support teachers with low vision children in their classes.

Annex 4c: EAVP Vietnam Activity Target Progress (Year Three Annual and All Years)

Objective	Activities	Targets for Year 3	Cumulative targets	Lead Agency	Progress against Y3 activity targets	Progress against cumulative all year activity targets
		Family follow-up visit by schools and special teachers at Blind Association, Hanoi area	Family follow-up visit by schools and special teachers at Blind Association, Hanoi area	CBM	**Completed**. Two follow-up visits were conducted by the LV team to Hai Duong province (Eye hospital, Blind Association and mainstream schools).	**Completed (Y1-Y3):** Total 56 children with low vision visited and followed up at home by LV staff and NDC teachers a) ensuring the children were supported, encouraged to use vision and improved visual efficiency; b) raising awareness for parents in low vision (visual usage, low vision devices, environmental improvement) at home/community, enabling parents to instruct their children to use low vision devices in the right way. Parents understand the difficulties and visual abilities so that they are willing to help children at home and c) enhancing cooperation and information about low vision serivices.
		Training as needed of VBAs and inclusive education teachers	Training as needed of VBAs and inclusive education teachers		**Completed.** One day training held for district staff of VBA Ninh Binh on how to identify and refer people with low vision. A half-day training session was also held for 25 provincial and district staff from Hai Duong Blind Association on how to identify and refer people with low vision in the community.	**Completed (Y1-Y3).** 28 parents of LV children attended a learning workshop in Y1 to assist them to provide care for their childrens needs. In Y3 a one day training was held for for 25 provincial and district staff from the Hai Duong Blind Association
		Training for family members of patients on rehabilitation (approximately 70 parents will be trained) (at NDC school: one course and Vietnam Blind Association (VBA): one course.)	Training for family members of patients on rehabilitation at NDC school and Vietnam Blind Association (VBA) (Y1 & Y3)		**Completed.** Two day workshop on low vision for parents conducted. Parents can now assist their children with low vision to use the vision they have effectively. As a result of the training, 50 parents now have raised awareness and improved skills for taking care of and support for their LV children; The cooperation between parents and teachers at the NDC and VBA has improved/closer; Children are confident and more independent at home and community. In Q3 a one day training for district staffs of VBA Ninh Binh on how to identify and refer people with low vision was held.	**Completed (Y1-Y3).** Seven provinces (Hai Phong, Hai Duong, Vinh Phuc, Bac Giang, Thai Nguyen, Thai Binh, Thanh Hoa) visited. Teachers and parents provided with advice for supporting children (devices, environment, class management, intervention, teachers being in charge of low vision program). In Y3 a workshop with parents was conducted and as a result 50 parents have increasef their awareness and raised their skils for supporting their LV children.
	3.1.1.4 Strengthening monitoring and evaluation, patients and patients data management	N/A	Database on LV patients are synchronized in VNIO system, maintained and upgraded (Y1)	CBM	Not a Y3 target.	**Completed (Y1).** A detailed plan to synchronise LV patients' data into the VNIO system has been developed by a local company. The upgraded database will be completed by Q2, 2014.
	3.1.1.5 Quality management of LV services	Two management meetings held to review and evaluate quality of services and discuss lessons learnt	Two management meetings held to review and evaluate quality of services and discuss lessons learnt (annually Y1-Y3)	VNIO/CBM/Provincial hospitals	**Completed.** Meetings were held in July late December 2015 to review the project progress, workplan for project completion, phasing out plan and direction of development of LV services in the future.	**Completed (Y1-Y3)**.
		First part of the handbook (on provision of low vision assessment and interventions) produced	First part of the handbook (on provision of low vision assessment and interventions) produced (Y3)	CBM	**Completed.**The low vision handbook outline was developed and the VNIO wrote clinical, technical low vision guidelines and this will be a separate booklet that can be launched by VNIO. The LV handbook was written and printed in the final stages of the program. The hand book will be publicly shared by the end of the project. Information booklets for parents and classroom teachers is being translated for consultations with Advisers and stakeholders.	**Completed.** Through the project three LV materials were developed and printed for broad distribution: - Low Vision Care in Vietnam - Practical Approaches to Clinical Services, Educational Engagement and Planning - version one - Guideline for Low vision rehabilitation - version two - Information booklets for parents and classroom teachers.
		Guidelines on use of a magnifying spectacles printed	Guidelines on use of a magnifying spectacles printed (Y3)		**Completed.**	**Completed (Y3).** The guidelines are being used a VNIO LV clinic and at two provincial hospitals and NDC Hanoi School.
		Organise joint practice training sessions of testing all visual functions, using the full variety of tests available, with different patients. The skills of a recently returned optometrist could be used to familiarise staff with visual filed, colour and contrast sensitivity tests	Organise joint practice training sessions of testing all visual functions, using the full variety of tests available, with different patients. The skills of a recently returned optometrist could be used to familiarise staff with visual filed, colour and contrast sensitivity tests (Y3)		**Completed.** Technical meetings among low vision team and with different departments at VNIO have been organised quarterly.	**Completed (Y3).** Technical meetings among low vision team and with different departments at VNIO have been organised quarterly. The meetings served as a good opportunity for LV team to share and discuss technical knowledge of typical LV cases. Thanks to that their skills on assessment and rehabilitation for clients are being regularly improved and shared.
		Skills training for VNIO LV team and the NDC Hanoi team (teachers and eye care workers, low vision team, 14 pp in total of which 50% are female) trained in working with children with multiple disabilities and low vision (three days) at HCMC.	Skills training for VNIO LV team and the NDC Hanoi team (teachers and eye care workers, low vision team, 14 people in total of which 50% are female) trained in working with children with multiple disabilities and low vision (three days) at HCMC (Y3)		**Completed.** 'A two day training conducted for LV team (two doctors, two nurses and one staff) and NDC Hanoi school (five teachers) on LV assessment for LV children with other disabilities	**Completed (Y3)**. A two day training conducted for LV team (two female doctors, two female nurses and one male staff) and NDC Hanoi school (five teachers - four female) on LV assessment for LV children with other disabilities
3.1.2 Community outreach low vision services are initiated and strengthened	**3.1.2.1** LV services set up in Ninh Binh and Hai Duong provinces (training and equipment)	Two outreach visits conducted to Hai Duong and Ninh Binh, 40 people in 2014	Two outreach visits conducted to Hai Duong and Ninh Binh, 40 people per year (Y1-Y3)	CBM, Ninh Binh Eye Hospital. Hai Duong SDC, VNIO	**Completed.** Quarterly follow-up visit conducted by VNIO LV team to two provinces. (Ninh Binh: 23 patients (Eight Females) and Hai Duong: 40 patients (18 Females))	**Completed.** Visits conducted in Y2-Y3. Three visits in Y2 (One Ninh Binh + Two Hai Duong) and quarterly visits by the VNIO LV team in Y3.

Annex 4c: EAVP Vietnam Activity Target Progress (Year Three Annual and All Years)

Objective	Activities	Targets for Year 3	Cumulative targets	Lead Agency	Progress against Y3 activity targets	Progress against cumulative all year activity targets
		Patient visits at home - minimum 20 people in 2015	Patient visits at home - minimum 20 people per year (Y1-Y3)	CBM	**Completed:** Patient visits at home could only be achieved in Hanoi. Due to limited staff and coordination between hospital and Blind Association it was not possible to provide at home visits in the provinces.	**Completed.** Patient visits took place in Y2 and Y3. In Y3 these were only possible in the Hanoi area due to demands on staff time and coordination between the various stakeholders.
		Additional Equipment for low vision exams/LV devices purchased (magnifiers and telescopes)	LV equipment purchased (list number of devices/equipment and type) (Y1-Y3)		**Completed.** Stock of low vision devices provided to two provinces as recommended by LV Adviser. The LV unit can provide LV devices for poor patients (with certificate) if needed.	**Completed (Y1-Y3).** Refer to Y3 report.
	3.1.2.2 Cooperate with National and provincial blind associations, Disabled Persons Organisations (DPOs), and special schools, disability programs in two provinces to provide low vision services	*replaced by 3.1.2.2 below	Increased % of clients screened of total, % of clients needing LV services receive it (Y1) *This was replaced by targets for 3.1.2.2 in Y3*	CBM	Not a Y3 target. Refer to 3.1.2.2 below	**Completed (Y3).** Note: This was replaced by targets for 3.1.2.2 in Y3
			Local teachers improved on rehabilitation skills to support children in the provinces (Y1) *This was replaced by targets for 3.1.2.2 in Y3*		Not a Y3 target. Refer to 3.1.2.2 below	**Completed (Y3).** Note: This was replaced by targets for 3.1.2.2 in Y3
			To support Hai Duong Blind association to conduct one survey across district and communes to identify people in target location with LV. Aim to increase LV patient numbers by 30% in Hai Duong (Y1) *This was replaced by targets for 3.1.2.2 in Y3*		Not a Y3 target. Refer to 3.1.2.2 below	**Completed (Y3).** Note: This was replaced by targets for 3.1.2.2 in Y3
	3.1.2.2 Workshop for strengthening the referral pathway system, focusing on early intervention, low vision and eye care for school children in order to develop the action plan for coordination among eye care, education and DPOs (2016 - 2018)	Action plan owned by Dept. of Health and Dept. of Education for coordination of eye care, education and DPOs (2016 - 2018) developed. To be integrated into annual PBL plan	Action plan owned by Dept. of Health and Dept. of Education for coordination of eye care, education and DPOs (2016 - 2018) developed. To be integrated into annual PBL plan (Y3)	CBM	**Completed:** A three day workshop was conducted for the in-depth consultation among local stakeholders including THEH, DoH, DoET, DPOs and district representatives. It brought people together for shared planning. Partners went through a process of problem analysis, actor identification, formulation of provincial plan, discussion on coordination mechanism. In Q4 a meeting to agree on coordination mechanism among the departments of health and social & labor affairs and DPOs was organised. This resulted in all stakeholders signing the action plan demonstrating commitment from each party.	**Completed (Y3):** A three day workshop was conducted for the in-depth consultation among local stakeholders including THEH, DoH, DoET, DPOs and district representatives. It brought people together for shared planning. Partners went through a process of problem analysis, actor identification, formulation of provincial plan, discussion on coordination mechanism. In Q4 a meeting to agree on coordination mechanism among the departments of health and social & labor affairs and DPOs was organised. This resulted in all stakeholders signing the action plan demonstrating commitment from each party.
	3.1.2.3 Thanh Hoa Eye Hospital in collaboration with the district health centers/Blind Associations to provide LV screening for people with low vision in Provincial BA, Tho Xuan, Tinh Gia, Ngoc Lac and Nong Cong districts	Four outreach visits conducted to Thanh Hoa (Tho Xuan, Tinh Gia districts and two new pilot ones) - 40 pp in 2015	Four outreach visits conducted to Thanh Hoa (Tho Xuan, Tinh Gia districts and two new pilot ones) - 40 pp in 2015	CBM	**Completed:** Total 600 pp/children screened on LV in three districts Tho Xuan, Tinh Gia and Ngoc Lac) and 53 patients indentified with low vision and provided with assessment, prescription and referred if needed.	**Completed (Y3).** Refer to 3 report.
		Patient visits at home - minimum 20 pp (both males and females) in 2015	Patient visits at home - minimum 20 pp (both males and females) in 2015		**Completed.** Patient visits at home were conducted throughout the year by trained staff at local DPO and Provincial Blind Association based on patients' special need.	**Completed (Y3).** Refer to 3 report.
		Additional equipment /LV devices purchased	Additional equipment /LV devices purchased (Y3)		**Completed**. LV devices were provided to patients with LV as prescribed by provinical doctor.	**Completed (Y3).** Refer to 3 report.
	3.1.2.4 PMU meetings to ensure project progress and quality of the programme (twice/year)	Two meetings conducted	Two meetings conducted (Y3)	CBM	**Completed**. In 2015, two PMU meetings were conducted to review project activities and future plan with the participation from key project stakeholders (DoH, DoLISA, DPOs, Eye Hospitals and project districts).	**Completed**. The results of the implementation of the annual PBL plan in 2015 were: - 100% districts provided with guidance for Community Eye Care - Free eye exams and consultations in community for nearly 33,000 patiens / 351 communes / 14 districts including free distribution of eye drops and vitamin A and D tablets - Cateract surgeries at the district and provincial hopital: 1074/1000 cases, reaching 107.4% of the plan
3.1.3 Awareness of the public, concerned government agencies and stakeholders regarding low vision is enhanced	**3.1.3.1** Design and implement Information, Education and Communication (IEC) campaign on LV	Radio clips/TV clip on low vision Introduction video for LV centre	Radio clips/TV clip on low vision Introduction video for LV centre (Y3)		**Completed:** Radio and TV clips developed and aired four times on national radio/television channels. LV leaflet for provinces designed, printed and distributed in Jan 2016.	**Completed (Y1&Y3).** Posters and leaflets distributed within relevant VNIO departments and many hospitals, eye care programs, education and rehabilitation services, and DPOs in greater Hanoi as possible. In addition, the VNIO website now has a section on low vision (http://www.vnio.vn/Thong-Tin-Benh-Nhan/) . A full analysis of the baseline low vision awareness survey was done, including all respondents (dividing them in an eye care and a nonclinical group) and including those questions that yielded reliable information.

Annex 4c: EAVP Vietnam Activity Target Progress (Year Three Annual and All Years)

Objective	Activities	Targets for Year 3	Cumulative targets	Lead Agency	Progress against Y3 activity targets	Progress against cumulative all year activity targets
		N/A	Increased number of clients who benefited directly from Disability inclusive practices developed	CBM	Not a Y3 target	**Completed (Y1).** 412 patients were provided with clinical assessment and rehabilitation, which demonstrated a 14% increase since 2012.
		Low vision items built on VNIO's Website	Low vision items built on VNIO's Website		**Completed.** The website is regularly updated by the information technology Dept. of VNIO.	**Completed (Y1-Y3).** The website is regularly updated by LV center staff and the information technology Dept. of VNIO. See: http://www.vnio.vn/Thong-Tin-Benh-Nhan/ or https://www.facebook.com/khiem.thi.92?fref=ts
		N/A	48 communication hours on low vision for awareness raising at regular patients' meetings (1 hour/week) (Y1)		Not a Y3 target	**Completed (Y1).** The number of patients is reported daily to VNIO management for discussion and closely monitored to increase the quantity of patients with low vision.
		N/A	Low vision information given at routine (weekly) ophthalmology meetings within VNIO (Y1)		Not a Y3 target	
3.1.4 Networking with Ministry of Education & Training to promote policy/ guidelines relating to admitting children with VI/disability to education	**3.1.4.1** Conduct routine information campaign to increase awareness about low vision referral	Departments/VNIO LV team members participate in the meetings/workshops/events with MoH, MoET, VBA and MoLISA for advocacy	Annual meetings at VNIO in Y1 followed by Departments/VNIO LV team members participate in the meetings/workshops/events with MoH, MoET, VBA and MoLISA for Low Vision advocacy (number/type/frequency of meetings and topics covered) (Y1-Y3)	VNIO/CBM	**Completed**. VNIO LV team member attended the second ASEAN Ophthalmology Society Congress (AOS) in conjunction with the Vietnam National Congress of Ophthalmology 2015 (VOS) - MoH in Hanoi from 29 – 31 October 2015.	**Completed (Y1-Y3).** VNIO Low Vision team member participated the Annual National Conferences of Ophthamalogy and quarterly eye care working groups with WHO, MoH and other INGOs. After having attended the second ASEAN Ophthalmology Society Congress (AOS) in conjunction with Vietnam National Congress of Ophthalmology 2015 (VOS) - MoH in Hanoi from 29 – 31 October 2015 partners are more active in networking and learning from other provinces including updates on new skills and techniques, knowledge in low vision and relevant information.
3.1.5 Continue to support and develop eye care service delivery in Son La and Nghe An provinces	**3.1.5.1** Nghe An - Train school health workers and teachers at secondary schools on vision testing and screening in 137 communes	N/A	School health workers and teachers trained and carry out regular school screening/referrals and referral data management as required (min 25 teachers trained in Y1, 80 teachers trained in Y2)	CBM/NAEH	Not a Y3 target	**Completed Y3:** Training for 126 pp including 122 teachers to have a system of basic screening between school and health stations/hospitals.
	3.1.5.2 Nghe An - Conduct communication activities (IEC materials, television documentary, headlines on television, events and seminars on specific topics) in four districts	N/A	Improved public awareness of eye health issues, conditions affecting vision, prevention and treatment and of eye care services available *(revised due to difficulty measuring target in short time frame)*	CBM/NAEH	Not a Y3 target	**Completed (Y2-Y3).** Refer to details below
		Four districts receive information and increase their awareness of eye care including women and those with disability	Four districts receive information and increase their awareness of eye care including women and those with disability	CBM	Completed (Y3): IEC material including comic books (85,000), brochures (85,000), posters (1000), patient books (15,000) with eye care information were distributed to all communes and patients.	**Completed (Y3):** Refer to Y3 report.
		At least two events held in two districts to raise awareness at community about available services and doctors	One television documentary on television at provincial level	CBM	**Completed.** A total of eight communication events covering specific eye health topics were held with Dien Chau, Quy Chau and Thanh Chuong district communities throughout the year. Information about eye care was also published on the government website including content on blindness prevention, cateract surgery, outreach activities and capacity at local hospitals to provide information and increase acess to hospitals for local people.	**Completed (Y2 & Y3)**: One video clip about cataract surgery at district level.
		At least one event held for both health and education sector to work with community in eye health (Y2) and two events in two districts to raise awareness in community about available services (Y3)	At least one event held for both health and education sector to work with community in eye health (Y2) and two events in two districts to raise awareness in community about available services (Y3)		**Completed.** Eight events held in Y3.	**Completed Y2-Y3**: A total of nine events (One in Y2 and eight in Y3) in collaboration with health system and the elderly association. Information about eye care was also published on the government website including content on blindness prevention, cateract surgery, outreach activities and capacity at local hospitals to provide information and increase acess to hospitals for local people.
	3.1.5.3 Nghe An - Disability audit at two new district hospitals for inclusion	N/A	Suggestions and required changes for disability inclusion completed People with disabilities have better access to eye care facilities (Y1-Y2)	CBM/NAEH	Not a Y3 target	**Completed (Y2):** Accessibility audit done by DP Hanoi and minor adaptation done with Quy Chau, Dien Chau hosptitals and health centres.
		N/A	Accessibility audit and reports conducted at Dien Chau and Quy Chau District Hospitals (Y1-Y2)	CBM	Not a Y3 target	**Completed (Y2) as above**

Annex 4c: EAVP Vietnam Activity Target Progress (Year Three Annual and All Years)

Objective	Activities	Targets for Year 3	Cumulative targets	Lead Agency	Progress against Y3 activity targets	Progress against cumulative all year activity targets
	3.1.5.4 Nghe An - Eye care training for health staff in district hospital (one nurse in Dien Chau)	One female doctor completes BED training for Dien Chau	Improved quality of diagnostic and therapeutic interventions at provincial level	CBM/NAEH	**Completed (with extra activities)**. One female doctor completed BED training, and two more doctors (One male - one female) and a technician (female) attended refractive workshop management in Son La.	**Completed (Y2 and Y3).** Two doctors trained BED (One new, One refresher), Two doctors and a technician attended a refractive workshop in Son La. A diabetic retinophathy training was completed for district and provincial doctors in Y2. Both Dien Chau and Quy Chau hospitals have a pair of eye nurse and basic eye doctor trained in delivering eye care services and provide referrals for more serious cases.
		N/A	Training for one person to become an eye nurse at Dien Chau District Hospital (six months at VNIO)	CBM	**Other additional activities include:** One training on hygine of the operation room is completed for about 30 doctors and nurses on 29 December and One doctor from Dien Chau district hospital is having the training in NAEH for two months and will complete in end of Jan 2016.	
		One female doctor completes BED training for Dien Chau	One female doctor completes BED training for Dien Chau (Y3)	CBM/NAEH	**Completed.** Refer above	**Completed.** Refer above
	3.1.5.5 Nghe An - To conduct eye screening and examinations in communities with regard to disability and gender inclusion where poor women and PWD are a top priority	N/A	Increased provision of eye health services and preventive activities and Improved coordination and collaboration between provincial and district level (Y1)	CBM/NAEH	**Completed**. A total of 8109 pp checked including 3632 males (227 with disability) and 4477 females (238 with disability) in Dien Chau, Quy Chau and Thanh Chuong.	**Completed (Y1 & Y3)**. In Y1 results included 3124 patients screened (1244 male, 1880 female) including 489 pp with a disability (219 males, 270 females) .Based on these screenings, 1528 patients were referred to the provincial hospital for cataract and glaucoma and 706 were referred to district general hospitals for trichiasis and pterygium. In Y3 a total of 8109 pp checked including 3632 males (227 with disability) and 4477 females (238 with disability) in Dien Chau, Quy Chau and Thanh Chuong.
		Four trips - at least 1500 pp (at least 50% female and ~ 1% of persons with a disability) receiving eye screening for early identification of cataract and other related diseases	Four trips - at least 1500 pp(at least 50% female and ~ 1% of persons with a disability) receiving eye screening for early identification of cataract and other related diseases in Y2 and Y3 (500 pp target in Y1)	CBM	**Completed (Q3).** Three eye screening in Dien Chau and Quy Chau too place in Q2. The last screening completed in Thanh Chuong in Q3. Total number is 4101 patients (1723 males, 2378 females) including 161 males with disability and 191 females with disability other than Visual impairment.	**Completed (Y1-Y3)**. The overall target across all three projects years was achieved due to the high number of screenings achieved in Y3. Total number is about 16,000 pp
		N/A	Commune health workers trained in PEC are able to provide primary eye care and refer patients (Y2)		Not a Y3 target	**Completed (Y2)**. Training completed in Y2. After the training community health practitioners can participate in outreach activities with provincial level and provide basic daily eye care for villagers.
		Local people are aware of available eye care service in the community	Local people are aware of available eye care service in the community (Y2-Y3)		**Completed.** In 2014 12,000 people 52% female and 1.7% persons with disability were screened. In 2015 a total of 4,000 people where screened. Data is increasing as the plan is being implemented and it appears to show that communities may have increased their awareness of eye care and screening activities.	**Completed (Y2-Y3):** A total of about 16,000 pp screened
	3.1.5.6 Provide eye care equipment for district hospitals in Nghe An	N/A	Improved capacity and eye care services provided at district hospitals with increased number of patients at district level (Y1)	CBM/NAEH	Not a Y3 target	**Completed (Y1-Y2).** Improved services at community level reflect a significant increase in number of screening of patients from around 3000 in 2013 to 8000 in 2015
		N/A	Improved quality of diagnostic and therapeutic interventions at commune and district level (Quy Chau and Dien Chau district hospitals) (Y1 &Y2)	**CBM**	Not a Y3 target	**Completed (Y2).**
	3.1.5.8 Nghe An - Training for NAEH on project management and community eye care	PMU (Two males) receive one training/ workshop on management and cross cutting issues	PMU members improved project management and coordination skills including participatory project management and cross cutting issues	CBM/NAEH	**Completed.** Target met for Y3	**Completed (Y1-Y3).** In Y1, two PMU staff in Nghe An attended three days training held by FMIT Institute on project management to improve their management skills and assist planning for activities. The PMU improved its capacity in integrative management planning, task and time management, management of budget, quality, human resources, communication, risk management and procurement. The PMU capcity was monitored on an ongoing basis throughout the project.
	3.1.5.9 Nghe An - Support quarterly meeting/review meeting of Project Management Unit	Two meetings for PMU and district level	Regular PMU meetings (number of meetings and number of participants) (Y1-Y3)	CBM	**Completed.** Workshop with district hospitals and health centers were organised in 28/12/2015 .	**Completed (Y1-Y3).**
		PMU able to monitor and coordinate the project with district and commune levels, review and manage project progress and revise activities as required	PMU able to monitor and coordinate the project with district and commune levels, review and manage project progress and revise activities as required demonstrating improved quality of project management by PMU (Y1-Y3)		**Completed.** PMU managed, monitored project progress demonstrating improved quality of project management.	**Completed.** Refer to below.

Annex 4c: EAVP Vietnam Activity Target Progress (Year Three Annual and All Years)

Objective	Activities	Targets for Year 3	Cumulative targets	Lead Agency	Progress against Y3 activity targets	Progress against cumulative all year activity targets
	3.1.5.10 Nghe An - Support monitoring grants (project management and monitoring, petroleum, phone fees, stationery etc)	PMU able to monitor and coordinate project with district and commune levels, strengthen results, manage data and integrate activities in government plans	PMU able to monitor and coordinate the project with district and commune levels, review and manage project progress and revise activities as required demonstrating improved quality of project management by PMU (Y1-Y3)	CBM/NAEH	**Completed:** The PMU made regular follow up and visits and provided directions for district levels to run project activities, Y3 focused on eye screening and equipments mantainance.	**Completed (Y1-Y3).** PMU did regular visits and actions for project monitoring and implementation as well as coordination for communitity eye care.
		Number of monitoring trips per year (Y1-Y3)	Number of monitoring trips per year (Y1-Y3)	CBM	**Completed.** During 2015 six trips for eye screening and two meetings for equipment review were completed.	**Completed.** Refer to Y3 report.
	3.1.5.11 Son La - Develop IEC campaigns in ethnic languages at village level Designed and printed	Accessible & inclusive IEC hours are organized in the community targeting different groups, particularly people with disabilities and poor women.	Accessible & inclusive IEC hours are organized in the community targeting different groups, particularly people with disabilities and poor women.	CBM	**Completed.** The IEC are being broadcasted through: (from May to Dec 2015) (1) Local FM radio at village, hamlets, precincts at both ethnic and King language. Topic: refraction error, glaucoma, red eyes, cataract and information re existing eye care services in each area. - Son La city: 5:30am & 5:30pm every Monday, Wednesday and Friday. - Moc Chau district: same as Son La city. - Thuan Chau district: same as Son La city - Yen Chau district: same as Son la city - Phu Yen district: same as Son la city (2) Son La TV channel and cable MyTV: video clip in 12 minutes, seven times in seven month (once a month). Topic: refractive error at school and information re refraction services in Son la city and Moc Chau district. (3) LED screen in public places of Son La city - every Friday and Saturday's evening. Topic: general eye care, different types of refractive error, and information existing eye care services in province including hotline.	**Completed (Y1-Y3).** Refer tp Y3 report.
		IEC materials designed in previous phase printed and accessible for communities (utilising local languages)	Type of IEC developed ensuring accessibility for ethinc minority communities and method of communication (tv, printed material - if printed Number of printed/distributed, if TV/radio include audience reach and dates aired)	CBM/Son La SDC	**Completed.** Note report above and IEC is being displayed in public places during weekends when many people are gathered. A clip is being displayed on local TV (in Vietnamese only) to share.	**Completed (Y1-Y3).** Refer to Y3 report.
	3.1.5.12 To quarterly conduct eye screening and examinations in communities in four districts with regard to disability inclusion and gender issue where poor women and PWDs are in top priority (Note: activity revised inY2 to include three extra days for cataract surgery in Moc Chau and Phu Yen district hospital straight after two days screening)	Commune health workers trained in PEC are able to provide primary eye care and refer patients	Commune health workers trained in PEC are able to provide primary eye care and refer patients (inclding Approx. 500 pp in Y1 and 1500 pp in four quarterly outreach trips during Y2 have access to eye screening for cataract and other eye diseases)	CBM/Son La SDC	**Completed.** Through project support, eye screening conducted in four days reached 512 patients in Thuan Chau and Yen Chau district, in which number of cataract surgeries was 59 (24 female & 25 male), perterigym is 74 (28 male & 46 female), trichiasis is six (two male & four female) and glaucoma is eight (four female & four male). The project supports eye screening only. Patients were identified for eye surgeries and followed referral pathway and covered by health insurance.	**Completed (Y1 -Y3).** Screening targets were reached or exceeded in all years of the program. Note that geographical scope of program supported screening activities was reduced in Y3.
		N/A	Local people are aware of available eye care services in the community (Y2-Y3)	CBM	Not a Y3 target	**Completed (Y2).** Screening targets were met indicating people were aware of the screening event and services. Resources were not sufficient to plan or undertake a significant survey to assess general awareness of eye health services.
	3.1.5.13 To conduct training on RE screening and eye care for teachers and school health staff in Moc Chau, Yen Chau and Son La city	N/A	School health workers have sufficient knowledge and equipment to carry out regular school screening and make referrals to refraction services at provincial and district hospitals as required	CBM	Not a Y3 target	**Completed (Y1**). Two day training conducted for 60 teachers and school health staff from two districts
		Two training workshops on RE screening organised in Moc Chau and Yen Chau districts and Son La city	Two training workshops on RE screening organised in Moc Chau and Yen Chau districts and Son La city	CBM/Son La SDC	A two day training on optical workshop management by Dr. Giap from Ba Ria Vung Tau was provided to partners in Son La and Nghe An in July 2015.	**Completed (Y2 & Y3).** Training workshops in Y2 and Y3 completed.

Annex 4c: EAVP Vietnam Activity Target Progress (Year Three Annual and All Years)

Objective	Activities	Targets for Year 3	Cumulative targets	Lead Agency	Progress against Y3 activity targets	Progress against cumulative all year activity targets
		N/A	25 teachers trained in Son La, two days training in Y1 and in Y2 one school health worker and one teacher in each secondary school in town trained in RE screening and able to integrate into periodical check up programs of schools	CBM	Not a Y3 target	**Completed (Y2).**
	3.1.5.14 To provide equipment for districts of Thuan Chau and Phu Yen (consultation room)	N/A *replaced by 3.1.5.14 below	Y1-Y2: Thuan Chau and Phu Yen Consultation rooms equipped with: auto refractor, slit lamp, trial lens set, illuminated visual acuity chart, ophthalmoscope, Maklakov tonometer, minor operation set, sterilizer [NOTE Targets revised to reflect more realistic annual outputs in Y2/3]	CBM/Son La SDC	Not a Y3 target	**Completed (Y2).**
	3.1.5.14 To follow up plan after a review trip done by BHVI in quarter 4/2014	RE management between health and education sector is improved. The accessibility to existing eye care services (e.g.optical shops, etc.) in Moc Chau district and Son La city is improved.	RE management between health and education sector is improved. The accessibility to existing eye care services (e.g.: optical shops, etc.) in Moc Chau district and Son La city is improved. (Y3)	CBM/Son La SDC	**Completed.** One staff member from Moc Chau hospital was sent to VNIO for refraction training which takes place from late March till May. The spectacle technician training was conducted and trainees have returned to their place of work. A two day training on optical workshop management by Dr. Giap from Ba Ria Vung Tau will be provided to partners in Son La and Nghe An in July 2015. Following the recommendations in the LV review report of Moc Chau and Son La by BHVI, both optical shops at Moc Chau and Son La SDC have become more visible with more sign boards set up from the main gate. The information board of hospital now indicates that optical service is available at Moc Chau hospital. The display case of sepectacles is now more organised, especially at Moc Chau with more selection of spectacles and frames at both optical shops.	**Completed (Y3).** Following the recommendaiton made by BHVI, both optical shops at Moc Chau and Son LASDC have become more visible. Since these improvements were made the number of glasses sold in both places have increased campared to the same period the year before.
	3.1.5.14 b): Seed funds for two optical shops to buy additional spectacle frames	N/A	Improved patient numbers, & number of spectacles purchased (Y2)	CBM	Not a Y3 target	**Completed (Y2)**
	3.1.5.14 c): One Refractionist training, One spectacle technician training and one BED training for Moc Chau hospital	N/A	Capacity of staff at eye unit of Moc Chau is strengthened (Y2)	CBM	Not a Y3 target	**Completed (Y2)**
	3.1.5.14 d): A review trip by BHVI on refractive error management and follow-up issue	N/A	Improved management on RE in Son La, focused on Moc Chau and Son La city districts (Y2)	CBM	Not a Y3 target	**Completed (Y2)**
	3.1.5.15 Son La - Disability audit at two new district hospitals for inclusion suggestion for eye care activities and upgrading for DI	N/A *replaced by 3.1.5.15 below	Y1-Y2: Accessibility audit and report conducted at Thuan Chau and Phu Yen District Hospitals (Note follow up recommendations are covered under 3.1.5.15)	CBM/Son La SDC	Not a Y3 target	**Completed.** *replaced by 3.1.5.15 below
	3.1.5.15 A follow up plan for upgrading/amendment Moc Chau's eye care unit after accessibility audit in Q4/2014	The accessibility of people with disabilities at eye care unit in Moc Chau hospital is improved.	The accessibility of people with disabilities at eye care unit in Moc Chau hospital is improved (Y3)	CBM/Son La SDC	**Completed.** The adaptation of infrastructure changes at Moc Chau hospital has been completed. The consultation area, toilet at 1st floor and the eye department are now more accessible.	**Completed (Y3).** The adaptation of infrastructure changes at Moc Chau hospital is completed. The consultation area, toilet at first floor and especially eye department are more accessible.
	3.1.5.15 b) New Activity: Accessibility audit for Moc Chau hospital - new building, particularly for eye care unit. Budget will be utilised to make infrastructure changes for disability inclusion	N/A	Amendments done in 2015 (Y2)	CBM/Son La SDC	Not a Y3 target	**Completed.** Refer to 3.1.5.15 for details.
	3.1.5.16 Son La - Eye nurse training for Thuan Chau and Phu Yen	N/A	Improved quality of diagnostic and therapeutic interventions at commune and district level; 2 people trained to be eye nurses at Thuan Chau and Phu Yen district hospitals.	CBM/Son La SDC	Not a Y3 target	**On track (Y1)**: Two nurses from Thuan Chau and Phu Yen district hospitals currently attending a six month training course from October 2013 to April 2014 at VNIO. They are now able to provide the service at inter-department at district hospital. In addition, with BED and eye nurse which are trained during the project's time and coordination mechanism for eye care is set up from commune-district-province, Thuan Chau hospital now is planning to establish a seperated eye department instead of merging with inter-department - the application is planned to be submited to Provincial Health Dept at mid 2016. This eye department will be able to provide more eye care services, such as cataract surgeries (in coordination with provincial level).

Annex 4c: EAVP Vietnam Activity Target Progress (Year Three Annual and All Years)

Objective	Activities	Targets for Year 3	Cumulative targets	Lead Agency	Progress against Y3 activity targets	Progress against cumulative all year activity targets
	3.1.5.17 Telephone and gasoline support provided for PMU key members	PMU meetings held efficiently	PMU meetings held efficiently (Y2-Y3)	CBM	**Completed.**	**Completed (Y1-Y3).** The relevant parties at different levels have opportunities to coordinate better, such as commune health stations, district health centres and district hospitals and SDC at province level, such as technical support, referall pathway, reporting and follow-up patients after surgeries.
		N/A	Number of support trips conducted in Y1 and support costs of PMU to monitor and advise district and commune level health staff in supported locations. E.g. fuel, transport, phone, stationery.	CBM/Son La SDC	Not a Y3 target	**Completed (Y1).** PMU supported with telephone and gasoline allowance to facilitate project management responsibilities.
		N/A	Improved quality of project management by PMU	CBM	Not a Y3 target	**Completed (Y1).** Refer to report above.
		N/A	Thuan Chau and Phu Yen district health centres provided with desktop computer and printer to improve data management system between commune to district and up to province level (Y1)	CBM	Not a Y3 target	**Completed (Y1).** Two desktop computer sets and two printers have been purchased and handed over to district health centres of Thuan Chau and Phu Yen to facilitate their information and data management.
3.1.6 Program Financial Audit	**3.1.6.1** One audit for all project areas	Financial audit of Project conducted	Financial audit of Project conducted annually (Y1-Y3)	CBM	**Completed.** The financial audit for all CBM's EVAP projects is completed and on track to receive the final signature from the VNIO in May 2016.	**Completed (Y1-Y3).** Financial audits were conducted on an annual basis. The audut for Y3 has been completed but is awaiting final approval by one partner (VNIO).
Component 4: Data and research						
Sub-component 4.1 Provision of technical support to operational research and capacity building						
4.1 Provision of technical support to operational research and capacity building	**4.1.1** National situation analysis of vision screening in children, and screening and management for prevention of diabetes related vision loss at district and provincial levels	N/A *replaced by 4.1.1 and 4.1.2 below		BHVI, CERA	Not a Y3 target	**Cancelled:** New replacement activity approved in Y2 Work Plan (see Y2 Work Plan - Activities 4.1.1 and 4.1.2).
	4.1.1 Research skills workshop for national partners	N/A	One workshop conducted for up to 15 participants	BHVI	Not a Y3 target	**Completed (Y2).**
	4.1.2 Research project implementation with mentoring from relevant partners	Up to three projects identified and refined	Up to three projects identified and refined	BHVI	**Completed**. Three research projects at various stages of implementation. Abstracts were submitted for and two presentations were presented at the ASEAN Ophthalmological Society Congress in October. One project was behind the schedule due to the funded researcher's workload but research outcomes are now expected to be ready in March 2016.	**Completed (Y2-Y3).** Two projects were completed and the results were presented at the Second ASEAN Ophthalmological Society Conference in October 2015. BHVI wrote a short blog on the DFAT funded activity presence/presentation and consortium participation at the ASEAN Ophthalmological Society Conference. Vision 2020 Australia utilised this blog for the PFG and other promotion work. The remaining research project that was behind schedule has now progressed, with data collection completed, however, the research outcomes report is pending.
		Up to three projects commenced and completed under mentorship from Australian researchers/ counterparts. The research studies results reported at the 2015 Vietnam National Ophthalmology Conference.	Up to three projects commenced and completed under mentorship from Australian researchers/ counterparts. The research studies results reported at the 2015 Vietnam National Ophthalmology Conference.		**Completed.**	**Completed (Y3)**. See above.
Sub-component 4.2 Research into development of optometry education and practice model in Vietnam to inform development of future optometry programs in Vietnam and in the region						
4.2 Research into development of optometry education and practice model in Vietnam to inform development of future optometry programs in Vietnam and in the region	**4.2.1** Development of research protocol and ethics application	Research framework for optometry education established. Ethics application submitted to the University of New South Wales Ethics Committee, after gaining support from VNIO, HCMCEH and PNTU	Research framework for optometry education established. Ethics application submitted to the University of New South Wales Ethics Committee, after gaining support from VNIO, HCMCEH and PNTU	BHVI	**Completed.**	**Completed (Y3).** Ethics application submitted and approved. Data collection is completed and analysis is underway. An abstract has been submitted for the 10th General Assembly of the International Agency for the Prevention of Blindness.

Annex 4c: EAVP Vietnam Activity Target Progress (Year Three Annual and All Years)

Objective	Activities	Targets for Year 3	Cumulative targets	Lead Agency	Progress against Y3 activity targets	Progress against cumulative all year activity targets
4.3 Operational research: use of spectacles and devices at (I year) follow-up: reasons for use and non use; costs of services; clients' satisfaction with services; use of services by female clients and persons with disabilities	**4.3.1** Operational research (conducted in Y2 & Y3 only)	Operational research report completed by CBM Adviser and Low Vision team at VNIO and shared with National and Provincial PBL Committees	Operational research report completed by CBM Adviser and Low Vision team at VNIO and shared with National and Provincial PBL Committees	CBM	**Completed.** A basic analysis of available data over 10 months in 2013 and 10 months in 2014 was conducted and a comparison of characteristics of new clients (only) assessed in 2013, 2014, and 2015. Analysis has also be done on the results of VNIO 3 years of low vision work by looking at new client data. Report is complete and has been shared with partners.	**Completed (Y3). Refer to Y3 report.**

Summary of activity variances: Cambodia

Country	Work plan year	Activity number	Target	Organisation	Description of variance	Risk analysis	Budget impact	DFAT status
Cambodia	1	**1.1.1.2** To support NPEH to develop an official refresher training course on LA for existing ophthalmic nurses/eye nurses (1.1.1 in Y1 work plan)	**2.4.1.2** To support NPEH to **deliver** an official refresher training course on local anaesthesia for existing ophthalmic nurses/eye nurses	FHF/NPEH	**Revised activity**: Due to available local resources, there is an underspend against this activity. The remaining budget will be carried over to Y2 and used to deliver an additional course in 2014. To ensure coherence of the Y2 work plan, this activity has therefore been "transferred" to Component two – Workforce development. Note that a change in wording from "development" to "delivery" of the refresher training course.	No risk associated with the variation of this activity. It will not impact on overall ending of program outcome.	Reallocation of savings within Y2 budget.	Included in DFAT approved Y2 Work plan
Cambodia	2	2.4.2To assess needs, develop strategies for identified priority sub-specialty Fellowships and commence implementation	2.4.2.1, 2.4.2.2, 2.4.2.3	RANZCO	Cancellation of RANZCO fellowship activity as suitable candidates for the activity were no longer able to participate and the outcome was no longer achievable within the EAVP timeframe and funds could be re-allocated elsewhere. DFAT was advised of this in April 2014. Savings mostly to be absorbed into planning for Y3 amongst the Consortium members. Some activities were proposed to take up some of the savings and to start in 2014 (Y2). The revisions are valued at $31,800 and required DFAT approval.	No risk identified with this change.	$31,800 in 2014	DFAT approved the variations
Cambodia	2	**2.2.4** Strengthened capacity of local examiners and UHS to develop ORT exam question and develop an exam question data bank for the ORT Program	**2.2.4.1** In country workshop to develop capacity to develop exam questions and develop exam question data bank	RANZCO	Activity proposed to meet identified need and to utilise savings from cancelled Fellowships (2.4.2 above). New RANZCO activity proposed in 2014 is develop capacity for, and produce an exam question data bank for the ophthalmology Residency Training Program	Lack of engagement from the ORT TC in the initial review stage. This will be managed by engaging with the ORT secretary about this activity as soon as possible to communicate information requirements to ORT TC members. ORT TC members will also have an incentive to participate as involvement will constitute Continuing Professional Development points.	Reallocation of approximately $18,000 from the Fellowships activity line and to be used over two year period.	Included in DFAT approved workplan
Cambodia	2	**4.2.1** National researchers, such as ophthalmology residents, are able to conduct high quality research and publish in international journals (as per Y2 work plan)	**4.2.1.1** Local emerging and experienced researchers attend the Research Skills Workshops	BHVI/CERA	**New activity:** Activity proposed to meet identified need and utilise savings from cancelled Fellowships (2.4.2 above). BHVI new activity 'Research Development' builds on Activity 4.2.1: To build the capacity of local researchers, such as ophthalmology residents, to conduct high quality research and publish in international journal. As research component 4.2 was found to not be fully integrated into the overall EAVP work plan, the research activities in the work plan were revised. The revised research component was identified as a priority by the NPEH, with activities developed following in-country consultation with national partners	Local researchers/Ophthalmology residents may have difficulty identifying and developing research projects that match selection criteria. To mitigate this, the BHVI researcher will work closely together with local researchers to choose an appropriate topic.	Nil as integrated into Y2 workplan and budget	Included in DFAT approved Y2 Work plan
Cambodia	2	**4.2.1** National researchers, such as ophthalmology residents, are able to conduct high quality research and publish in international journals (as per Y2 work plan)	**4.2.1.2** Emerging researchers commence select research projects with the support of local and international mentors	BHVI/CERA	**New activity:** Activity proposed to meet identified need and utilise savings from cancelled Fellowships (2.4.2 above). BHVI new activity 'Research Development' builds on Activity 4.2.1: To build the capacity of local researchers, such as ophthalmology residents, to conduct high quality research and publish in international journal. As research component 4.2 was found to not be fully integrated into the overall EAVP work plan, the research activities in the work plan were revised. The revised research component was identified as a priority by the NPEH, with activities developed following in-country consultation with national partners	There is a risk that the four research projects, which BHVI selected and is supporting implementation of are not finalised for publication by the end of the program. This risk is dependant on the challenges in the selected topics (including availability of suffient patients), data collection and commitment of each mentee. To address this the BHVI researcher will continue to work with the local researcher till the end of the project to make sure it is completed	Nil as integrated into Y2 workplan and budget	Included in DFAT approved Y2 Work plan
Cambodia	2	**3.2.1** NPEH effectively ensure requirements are in place for trainees to implement skills developed through training.	**Activity 3.2** (*note: in the 2014 Year 2 Framework this activity is numbered **3.2.1.1***) Ensure commitments are in place to meet needs of personnel upon completion of training to implement skills learned, including equipment, consumables, infrastructure and facilities	FHF/NPEH	Note: this activity has been reworded more precisely in the Y2 work plan as follows: "NPEH conducts supervision to Provincial eye units to ensure commitments are in place to meet needs of personnel upon completion of training"	No risk associated.	N/A	Included in DFAT approved Y2 Work plan

Annex 5a: Cambodia program variances

Country	Work plan year	Activity number	Target	Organisation	Description of variance	Risk analysis	Budget impact	DFAT status
Cambodia	2 and 3	**2.2.1** Training institutions provide equitable training using high quality standardised methodology and materials	**2.2.1.4** Establishment of Ophthalmic Nurse Training (ONT): curriculum development and support training cost of 1 Teaching Methodology course and Ophthalmic Refresher course for Trainers	FHF	**New activity:** The three year design and Y1 Program Design Framework included the purchase of teaching equipment for ORT both in activities 2.2.1 and 2.3.1. Only one lot of teaching equipment will need to be purchased (under activity 2.3.1). With the remaining budget under activity 2.2.1, we are therefore proposing to develop a curriculum for ONT. This is a key activity to respond to the shortage of ophthalmic nurses locally. It is in line with and contributes to the priorities set in the NPEH National Strategic Plan and the EAVP Design document (Component 2: workforce development). It will also enable establishment of an Ophthalmic Nurse Training partnership with the UHS and Nursing Schools	As Ophthalmic Nurse Training is a new course at the University of Health Sciences, there was a risk that the training might have low interest/enrolment by secondary and general nurses. At cost of USD 1,200 for one year it is comparatively more expensive than other bachelor courses. This could result in a small number of candidates enrolling and it may not attract the best candidates. To ensure the course has sufficient good candidates, scholarships will be provided based on academic merit for up to 25 high achieving students in the second year. UHS will inform the four main regional nursing schools in the country about the new course and also conduct public announcements through media to attract target participants who are not only secondary midwives/nurses from public nursing schools but also from private schools. This will occur two months prior to the commencement of the academic year at UHS.	$41,263 reallocated to new activitiy in Y2	Included in DFAT approved Y2 Work plan
Cambodia	2	**2.2.3** Review and customise the ORT curriculum in consultation with UHS, NPEH and relevant stakeholders	**2.2.2.2** Training of trainers workshop to support implementation of the reviewed and customised ORT curriculum	RANZCO	**Revised wording**: The training of trainers workshop is an activity to support 2.2.3 Review and customise the ORT curriculum in consultation with UHS, NPEH – an extra column has been inserted for objectives so this is now 2.2.2	This relates to 'revised wording' not revised activity. No risk associated with this change.	N/A	Included in DFAT approved Y2 Work plan
Cambodia	2	**2.2.3** (4) Support UHS to standardise ORT assessment methodology	**2.2.3.4** 2 x external RANZCO examiners to attend Cambodian exams to support and inform the clinical component of the examinations	RANZCO	**Revised wording**: As above - this is an activity that supports 2.2.4, with the addition of the objective column 2.2.4 has moved into 2.2.3	This relates to 'revised wording' not revised activity. No risk associated with this change.	N/A	Included in DFAT approved Y2 Work plan
Cambodia	2	**2.5.1** Ongoing professional development and support for eye care professionals through CME workshops and Ophthalmic Mentoring	**2.5.1.1** To conduct Continuing Medical Education Workshop	FHF/COS	**Revised wording:** Revised to reflect more accurate structure with the CME workshop as an activity. Revision was included in Y2 work plan.	No risk associated with variation of this activity. The original wording combined two activities which was confusing for budgeting and tracking progress and outputs. To resolve this, it was recommended to split into two different activity codes in order to simplify tracking progress and outputs (by using different sub-coding), It will not impact on overall End of Project outcome.	N/A	Included in DFAT approved Y2 Work plan
Cambodia	2	**2.5.1** Ongoing professional development and support for eye care professionals through CME workshops and Ophthalmic Mentoring	**2.5.1.2** Mentoring visits to local Ophthalmologists and Ophthalmic Nurses	FHF/COS	**Revised wording:** Revised to reflect more accurate structure in program framework with mentoring of Ophthalmologists and Ophthalmic Nurses as an activity. Revision was included in Y2 work plan.	No risk associated with variation of this activity. The original wording combined two activities which was confusing for budgeting and tracking progress and outputs. To resolve this, it was recommended to split into two different activity codes in order to simplify tracking progress and outputs (by using different sub-coding), It will not impact on overall end of project outcome.	N/A	Included in DFAT approved Y2 Work plan
Cambodia	2	**3.2.1** NPEH effectively ensure requirements are in place for trainees to implement skills developed through training.	**3.2.1.1** NPEH conducts supervision to Provincial eye units to ensure commitments are in place to meet needs of personnel upon completion of training	FHF/NPEH	**Revised wording:** Original activity was included as 3.2 as 'Ensure commitments are in place to meet needs of personnel upon completion of training to implement skills learned, including equipment, consumables, infrastructure and facilities' in Y1. This has now been reworded more precisely as an activity. The original wording resembled an output rather than an activity.	No risk associated with variation of this activity. As it was just reworded to be more precise for implementation and data collection.	N/A	Included in DFAT approved Y2 Work plan
Cambodia	2	**4.2.1** Develop guidelines, based on the evidence available, that are feasible to be applied in the appropriate levels of eye care in Cambodia (as per year 2 work plan revised activity section)	**4.2.1.1** Local emerging and experienced researchers attend the Research Skills Workshops	BHVI/CERA	**New activity:** As research component 4.2 was found to not be fully integrated into the overall EAVP work plan, the research activities in the work plan were revised. The revised research component was identified as a priority by the NPEH, with activities developed following in-country consultation with national partners	Ability of local researchers/residents oph to develop research project and to fit selection criteria. To mitigate this this the BHVI researcher and project teams will work closely together with local researchers to choose an appropriate topic.	N/A	Included in DFAT approved Y2 Work plan
Cambodia	2	**4.2.1** Develop guidelines, based on the evidence available, that are feasible to be applied in the appropriate levels of eye care in Cambodia (as per year 2 work plan revised activity section)	**4.2.1.2** Emerging researchers commence select research projects with the support of local and international mentors	BHVI/CERA	**New activity:** As research component 4.2 was found to not be fully integrated into the overall EAVP work plan, the research activities in the work plan were revised. The revised research component was identified as a priority by the NPEH, with activities developed following in-country consultation with national partners	There is a risk that the four research projects, which BHVI selected and is supporting implementation of are not finalised for publication by the end of the program. This risk is dependant on the challenges in the selected topics (including availability of suffient patients), data collection and commitment of each mentee. To address this the BHVI researcher will continue to work with the local researcher till the end of the project to make sure it is completed	N/A	Included in DFAT approved Y2 Work plan
Cambodia	2	**2.3.2** NRTC course has appropriate human resources to conduct quality training	**2.3.2.3** International Paediatric Refraction Placement for NRTC trainers	BHVI	The external evaluation of the NRTC Program 2008-2012 identified the need for a paediatric refraction module for trainees. This variation resulted in two NRTC trainers on the ten day BHVI Paediatric Refraction Placement Program in Sydney to strengthen their paediatric refraction skills and teaching ability.	Trainers and mentor may find it a challenging to mentor trainees in areas of Paediatric Refraction, as it has only recently been integrated in NRT training program. To address this BHVI trainers and project staff will continue to support the mentors after EAVP has finished.	$16,500 allocated to Y2 workplan for variation.	Plan on a Page for new activity submitted and approved with Y2 work plan

Annex 5a: Cambodia program variances

Country	Work plan year	Activity number	Target	Organisation	Description of variance	Risk analysis	Budget impact	DFAT status
Cambodia	2	**2.4.2** To assess needs, develop strategies for identified priority sub-specialty Fellowships and commence implementation	**2.4.2.1** Select and recruit candidate for retina and cornea 15 month fellowships; **2.4.2.2** Implementation of 2 x 15 month Fellowships; **2.4.2.3** Assess workplace to facilitate return to work and report	RANZCO	Recognising that diabetic eye and corneal diseases are emerging priorities in the NPEH these have been identified as areas of specialisation for eye health workforce development. Sub-specialty training requires intense, undiluted exposure to patients with the relevant disease/condition and appropriate supervision.	Possible risk that Ophthalmologists do not wish to pursue the opportunity to improve their skills/expertise and knowledge. Fellowships to India may be regarded as unpopular due to language and other difficulties. Promotion and support to communicate the benefits of fellowship opportunities may be needed. This activity was later cancelled as there was a lack of suitable candidates interested in pursuing the fellowship program in India.	$36,904 originally allocated to Fellowships and identified as savings when Fellowships were cancelled.	Plan on a Page for new activity submitted and approved with Y2 work plan
Cambodia	2	**2.5.2** Support the COS and NPEH to develop and put in place a national CME system for eye doctors and ophthalmologists	**2.5.2.2** Support COS leadership capacity building for effective leadership of CPD system	RANZCO	World Ophthalmology Conference participation by the Cambodian Ophthalmology Society President, Dr Sun Sarin. Dr Sarin's participation aims to raise the profile of the Khmer leadership of the COS, further support his role as a 'champion' for Cambodian eye health on a global stage, and consolidate his learning and exposure to CPD systems in the region.	CPD Committee Chair not seen as leader/advocator of CPD; CPD Committee Chair does not disseminate learning and promotion or 'champion' of CPD. This will be managed through the provision of support in his WOC presentation and networking and continued support and ongoing post communication/liaison in regards to CPD and developments.	$8,500	Plan on a Page for new activity submitted and approved with Year 2 work plan
Cambodia	3	2.2.1.1 Roll out of Ophthalmology Residency Training Program (ORT) including organising local lecturers, local examiners and two month internship in Nepal.	Four residents complete internship in Nepal	FHF	Two internships were completed prior to the Nepal earthquake. After the earthquake the university explained that for safety and security reasons they would not release their students to attend the internship in Nepal. After much discussion and consideration DFAT have approved the EAVP to support one intern to undertake a two month internship with Thammasth University in Thailand. This target was not met as only three candidates are able to complete internships before the end of program.	There was potential risk of losing skills and knowledge of graduated residents if they are not employed by MoH. In 2015, as the MOH did not recruit any new ophthalmologists or other specialty doctors the NPEH worked with PHD to advocate for increased employment of specialty doctors and graduates. As temporary solution (in 2015), NPEH advised the teaching hospitals as well as other provincial hospitals to recruit the graduated as contractual staff in order to help them to retain their skills. As result, two of them were contracted to work part-time for Khmer Soviet Friendship Hospital and other private practices. Two others were selected to do one year sub-specialty fellowship trainings (retina and cornea) in Thailand. The trainees were also invited to attend the outreach screening and eye camps by FHF, NPEH, and teaching hospitals/UHS.	Approximately $7,000 savings	Approved by DFAT (refer email correspondence with Fiona McAlister June/July 2015)
Cambodia	3	2.2.1.4 Establishment of Ophthalmic Nurse Training (ONT): Roll out of ONT curriculum through course delivery and field practice, upgrade skill-lab, refresher ToT and course monitoring	40 general nurses enrolled in the course	FHF	Thirty-nine nurses enrolled in the course. DFAT has agreed that although EAVP activities will complete in Feb 2016 and the nurses will graduate in May 2016 the number of graduates can be included in the completion report.	The risk associated with this activity was that some trainees may not complete the program. In 2015 five out of 39 trainees dropped out of the course due to high absence rates as they were also employed to work full time and were unable to pass the first (term) exam. As such, the activity will reach 34 of the target 40 ON trained by the end of the program.	Nil	Reporting discussed with DFAT at Consortium/DFAT phone call in July
Cambodia	3	2.2.2.1 Training institutions review and customise the ORT curriculum in consultation with UHS, NPEH and relevant stakeholders	Translation of curriculum	RANZCO	The UHS has strongly recommended that a full translation of the curriculum is not needed - and only the preface will be translated. This is because all other courses are in English, indicating that language in this case isn't as major barrier to comprehension and learning as was assumed. In addition to this there is unspent amounts carried over from Y2 from activity lines 2.2.2.3, 2.2.2.4, 2.2.2.5. Activities for all three lines were completed.	The potential associated risk was that knowledge and advocacy/promotion of the ORT course content does not reach a wider audience (other faculty, students, orgs - NESB). On advice from local partners, the preface was translated and additional translation done (at minimal cost) of each module core objectives. Proceeding with full-translation was against the partners understanding of their needs and runs the risk of differences in terminology translation and quality of final material. A full translation of technical texts is very complex and requires considerable review particularly where technical language has yet to be translated - the risk of confusion and mistranslation is high. With the need to be across international research, journals and compete for internationl study opportunities it is now more common for ORT candidates to have strong english skills.	Savings of approximately $10,000	No new activities have been able to be identified as yet. Given the expected impact of exchange losses on other organisations programs this may be absorbed. If not the CPC has identified potential activity areas that could utilise identified savings.

Annex 5b: Timor-Leste program variances

Summary of activity variances: Timor-Leste

Country	Work plan year	Activity	Target	Organisation	Description of variance	Risk analysis	Budget impact	DFAT status
Timor-Leste	Year 3	**1.1.1** Coordination of PBL activities at district and subdistrict level	National PBL Committee established by MoH and Meetings occur quarterly, and are attended by key MoH counterparts	FHF	**Budget revision**: Not a new activity but revised in terms of budget allocation against original design. Reduced budget across three years due to delay of formation of PBL committee and thus commencement of PBL activities from Q1 2013 to Q1 2015, as a result of delay in MoH's endorsement of NEHS.	MoH does not approve the NEHS. The NEC with RACS and FHFNZ will continue to work with the MoH to encourage the final formal approval of the strategy and subsequent formal endorsement of the PBL committee.	Majority of budget originally planned for PBL meeting expenses were reallocated within the Y3 workplan.	Approved by DFAT part of Y3 work plan
Timor-Leste	Year 3	**2.1.2** Mentoring and training of ophthalmology candidates in the NEC in preparation for specialist training	4 x ophthalmology candidates in training for PGDO in preparation for MMed. Of these 4, 2 will graduate in 2015, and 2 will graduate in 2016.	FHF	**Revised activity and budget**: The original activity and budget was for two ophthalmology candidates to receive mentoring from the FHF Education Manager whose role was divided amongst various other activities. Alternative options were identified as four ophthalmology candidates required support in order for them to gain entrance to the MMed courses. An additional budget allcoation against the original budegt for this activity was used to co-fund a PEI ophthalmology teacher whose role was to support the delivery of the Post Graduate Diploma of Ophthalmology curriculum. This option was substantially cheaper and more practical than sending the four candidates to PEI for the year.	No risks identified. The change was made to address a risk that required support for PGDO trainees would not be met due to cost issues.	Additional allocation from budget lines with cost savings were reallocated within the Y3 workplan.	Approved by DFAT part of Y3 work plan
Timor-Leste	Year 3	**2.2.1** Delivery of an O&M Train the Trainer Program to local vision rehabilitation NGOs	A further three Timorese trainers are appropriately qualified and skilled to deliver O&M training for local rehabilitation NGOs	RACS	**Budget increase**: Activity remains the same however the budget has been increased by $22,000 against original design.To ensure that the End of Program targets (Nine qualified O&M Trainers by February 2016) are achieved for Activity 2.2.1, three O&M training visits will be delivered in 2015 in order to meet the targets.	The ongoing risk for this activity has been that the MoH will not formally recognise the qualified O&M trainers. The international trainers have followed a modular training program as per the training course in Australia to ensure the trainers are appropriately trained if the qualification should be recognised by MoH.	$22,000 increase. Identified savings from Activities 2.2.2 and 2.2.3 from Y2 were reallocated to Activity 2.2.1 in Y3.	Approved by DFAT part of Y3 work plan
Timor-Leste	Year 2	**2.1.4** Developing Curricula and commencing Post Graduate training program in Ophthalmology for Junior Doctors	a) Training curriculum reviews against international standards b) If part of a formal trianing package through the UNTL, training curriculum is endorsed by UNTL governance committee	RACS	**New activity**: Development of curriculum in line with international standards for training program in ophthalmic medicine and surgery for junior doctors. The PEI have stated that they will recognise a UNTL endorsed curriculum. Although the UNTL informed RACS that endorsement was to happen before the end of 2015 this has not yet eventuated largely due to the embargo preventing approval of new post graduate programs. Once it UNTL endorsement is granted this will mean there is a stronger case for recognition of prior learning excelling PG trainees in Timor-Leste and their ability to proceed to further specialisation through the Master of Medicine (Ophthalmology) at PEI.	There is an embargo on accreditation of all new post graduate courses by the Ministry of Education and an associated risk that the curriculum will not be formally accepted by UNTL. Delivery of the PGDO has been able to be delivered in spite of this and UNTL has confirmed that the final endorsement of the curriculum will be retrospectively backdated. Trainees who completed their PGDO exams in October 2015 are expected to graduate in 2016. Further training at other universities in the region are being explored.	Funding for 2.1.4 will be reallocated from Activities 2.2.3 and 2.2.4. This will not affect the implementation of these activities, which are provided on a pro bono basis, reducing the need for consultancy fees. Savings in travel arrangements have also meant that these activities are not likely to expend the total amount originally allocated.	Ongoing discussion with DFAT about efforts to gain PGDO approval
Timor-Leste	Year 2	**2.1.4** Developing Curricula and commencing Post Graduate training program in Ophthalmology for Junior Doctors	a) Training curriculum reviews against international standards b) If part of a formal trianing package through the UNTL, training curriculum is endorsed by UNTL governance committee	RACS	**Changed activity**: In Y2 a reallocation of funds to support a formal workshop and review by RANZCO of the PGDO curriculum was requested. In the past students would have had to be supported to undertake bridging courses outside the country which came with other barriers and issues. The review workshop was not able to take place and instead the curriculum has been reviewed against international standards by specialists in training and ophthalmology. Targets will be met, just in a different process to what was originally proposed.	No risks identified due to engaging with experienced and qualified stakeholders to provide input, endorse and review the curriculum.	Savings related to the workshop cancellation (approximatey $8,000)	Savings were reallocated to partially support RANZCO Annual Scientific Conference attendance by the sole Timorese Ophthalmologist and Dr. Manoj Sharma (prinicple mentor and technical support for development of the PGDO). Approved by DFAT 8 September 2015 via email.
Timor-Leste	Year 2	**2.2.1** Delivery of an O&M Train the Trainer Program to local vision rehabilitation NGOs	A further three Timorese trainers are appropriately qualified and skilled to deliver O&M training for local rehabilitation NGOs	RACS	**Revised activity budget:** The budget for Activity 2.2.1 will be reduced slightly to cover the additional training for the new activity 2.2.6. This will not impact the delivery of training for 2.2.1 as the referral training will be conducted by the same technical experts delivering the O&M Train-the-Trainer Program at the same time and same location	Savings will not impact on overall outcomes	Savings will not impact on overall outcomes	Approved by DFAT part of Y2 work plan
Timor-Leste	Year 3	**2.2.2** Delivery of a vocational training program for young adults with vision impairment	At least five young adults with vision impairments have new vocational skills	RACS	**Activity removal**: This has now been identified as an area of lower priority/need by partners as others are able to provide this service. A review in country was conducted and findings recommended the delivery of a business management training workshop and action to ensure short and long term access to O&M equipment (canes and tips).	Risk associated was to do with continuing an activity that partners no longer identified as a priority. Continuing against the original plan would have resulted in a lack of ownership and effectiveness of tangible outputs and outcomes.	$10,000 to be allocated to new activity if approved (2.2.7). $5,000 will be allocated to	Variation approved by DFAT via email on 30 Sept 2015.
Timor-Leste	Year 2	**2.2.2** Delivery of a vocational training program for young adults with vision impairment	At least five young adults with vision impairments have new vocational skills	RACS	**Revised budget:** Savings due to reduced travel costs and consultancy fees (given pro bono) have enabled funds to be reallocated to other activity lines. See 2.1.4. Savings will not impact on overall outcomes.	No identified risk.	Savings will not impact on overall outcomes	Approved by DFAT part of Y3 work plan

Annex 5b: Timor-Leste program variances

Country	Work plan year	Activity	Target	Organisation	Description of variance	Risk analysis	Budget impact	DFAT status
Timor-Leste	Year 3	**2.2.2** Delivery of a vocational training program for young adults with vision impairment	At least five young adults with vision impairments have new vocational skills	RACS	**Revised budget**: Savings from these activities were identified as the Australian training team delivering Activity 2.2.1 will also be delivering Activity 2.2.2 so no budget is required for airfares / accommodation.	Budget savings did not impact on overall outcomes as alternative supplementary activities were identified.	Budget savings did not impact on overall outcomes as alternative supplementary activities were identified.	Discussed with DFAT during regular meetings. No formal approval required.
Timor-Leste	Year 3	**2.2.3** Delivery of a Braille training program for primary school teachers	20 primary/secondary school teachers able to teach Braille to vision impaired students in selected districts; 2 pre school aged children able to understand Braille literacy	RACS	**Budget savings:** Only one Braille training visit was agreed would be delivered in 2015. As a result the budget was reduced and savings reallocated to Activity 2.2.1. End of Program targets will still be met despite the changed activity/reduced budget.			
Timor-Leste	Year 3	**2.2.3** Delivery of a Braille training program for primary school teachers and pre-school aged children	20 primary school teachers able to teach Braille to vision impaired students in selected districts	RACS	**Changed activity**: Original target was 20 primary teachers trained. The program has now trained 20 combined primary and secondary teachers.	The inclusion of secondary school teachers in the training group could take away training opportunities from primary school teachers. This was considered a low risk as all of the primary school teachers in the district had been offered / provided with training over the course of the program. Opening up the training to secondary school teachers allowed for continuation for the vision impaired students from primary through to secondary school.	Nil	Flagged and discussed with DFAT and responded to queries about location base of teachers (Same district).
Timor-Leste	Year 3	**2.2.3** Delivery of a Braille training program for primary school teachers and pre-school aged children	10 pre-school aged children able to understand Braille literacy	RACS	**Changed activity**: Two children have been trained. This has now been identified as an area of lower priority/need by partners as others are able to provide this service. A review in country recommended that an advocacy workshop be held to develop advocacy skills of ETBU, HDMTL and FN and ensure that a national approach to inclusive education initiatives is developed in conjunction with the Ministry of Education (MoE).	There was a risk that the stated number of children in Maubisse district would not be brought by their parents / carers to the training in Same. This risk was realised and only two children were available during the training period. It was determined that the resources allocated could be more appropriately used, and the activity was amended to provide overarching advocacy/inclusive education training from a national perspective in Dili to have a wider/greater impact.	Current savings + forecast savings to be used for proposed new activity: $12,000	Variation approved by DFAT via email on 30 Sept 2015.
Timor-Leste	Year 2	**2.2.4** Delivery of a Braille training program for primary school teachers	20 primary school teachers able to teach Braille to vision impaired students in selected districts	RACS	**Revised budget:** Savings due to reduced travel costs and consultancy fees (given pro bono) have enabled funds to be reallocated to other activity lines. See 2.1.4. Savings will not impact on overall outcomes.	No risk identified. Target achieved but with budget savings.	Savings will not impact on overall outcomes	Approved by DFAT part of Y3 work plan
Timor-Leste	Year 3	**2.2.4** Placement of an expatriate ophthalmologist to mentor and support the sole Timorese Ophtlamologist and ophthalmology trainees	N/A	RACS	**New activity**: Both Dr Sharma and Correia are being supported to attend the 2015 RANZCO Annual Scientific Conference in Wellington, New Zealand. This has been funded from savings in this line due to cost sharing arrangements with the MoH.	There may have been a low level risk that visas are not issued in time but this is unlikely. RACS will follow up to ensure that lessons from the conference are shared with the NEC team/their peers on return to Dili.		Reallocation of funds approved by DFAT 8 September 2015 via email.
Timor-Leste	Year 2	**2.2.6** Delivery of training for NEC clinical and outreach staff in promotion and referral for vision rehabilitation services	10-15 staff at NEC trained in promotion and referral for vision rehabilitation services?	RACS	**New activity: 2.2.6** In Y1 of the EAVP, it was identified that NEC clinical, administration and outreach staff would benefit from training in identification of people who present with inoperable eye conditions and subsequent referral to vision rehabilitation services. This new activity links in closely with O&M Train-the-Trainer program under Activity 2.2.1. The budget for Activity 2.2.1 will be reduced slightly to cover the additional training for the new activity 2.2.6.	There was a risk that the training would not result in changes to referral systems and ongoing referrals. Referrals have continued to occur after the training, although often verbal rather than officially written and documented	The budget for Activity 2.2.1 was be reduced slightly to cover the additional training for the new activity 2.2.6.	Approved by DFAT part of Y2 work plan
Timor-Leste	Year 3	**2.2.7** Procurement of canes and tips for local partners conducting O&M training	Procurement and delivery of 250 canes and 160 tips	RACS	**New Activity**: Linked to the variations and savings from activity 2.2.2 and 2.2.3. During the recent review of rehabilitation and vocational services by RACS, partners identified access to Orientation and Mobility equipment as a key issue. A business case for partners to look at sustainable access to equipment will be considered in the Business Management training added as activity 2.2.8. In the meantime savings from vocational trianing and braille teaching activities will provide the partners with sufficient equipment and parts for approximately 18 months.	The highest potential risk with this activity is in regards to developing sustainable access to O&M tools and equipment (such as canes). To try and address this access to canes and tips were included as part of a business case developed/reviewed during the business management workshop in February 2016.	Requested reallocation of:$10,000 (from budget line 2.2.1 and Y2 carry over)	Variation approved by DFAT via email on 30 Sept 2015.
Timor-Leste	Year 3	**2.2.8** Delivery of training in business management to enhance the national vision rehabilitation organisations' business practices.	ETBU, HDMTL and FN attend workshop to strengthen business skills for sustainable planning and operations	RACS	**New Activity**: This variance is linked to the variations and savings from activity 2.2.2 and 2.2.3. ETBU, HDMTL and FN are eager to ensure long-term sustainability of their organisations and identify employment pathways for their clients. During the recent review, all three organisations identified cash flow as a key limitation to the function of their organisation. Learning about managing small organisations and how to market the services provided would provide the organisations with additional skills and knowledge, and also increase the organisations' employment/consultancy opportunities.	There is a risk that the business models analysed and developed during the workshop will require some form of initial investment. Obstacles to accessing funds were considered as part of the business model options discussion. Ongoing mentoring is also being provided by Empreza Diak to further support the implementation of sustainable business practices.	Requested reallocation of: $9,600 (from budget line 2.2.2)	Variation approved by DFAT via email on 30 Sept 2015.

Annex 5b: Timor-Leste program variances

Country	Work plan year	Activity	Target	Organisation	Description of variance	Risk analysis	Budget impact	DFAT status
Timor-Leste	Year 3	**2.2.9** Delivery of an advocacy training for ETBU, HDMTL and FN to strengthen advocacy skills	ETBU, HDMTL and FN particpate in advocacy training.	RACS	**New Activity**: Linked to the variations and savings from activity 2.2.2 and 2.2.3	Follow up support for ETBU, HDMTL and FN after the workshop will be provided remotely and in person where possible. This support will be assisted by the relationship of trust and respect that has been established in earlier interactions/activities during the EAVP. A follow-up visit (alternate funding) by the trainer is planned for April 2016 which will provide an opportunity to further support the advocacy efforts of the vision rehabilitation sector. Another risk identified was related to translating skills developed during the workshop to the kind of support provided by local partners to the Ministry of Education to adopt national approaches to inclusive education. A recent review identified that the Government of Timor-Leste is interested in inclusive education, but requires advice on how to best ensure equal opportunities for individuals of all abilities/vision impairment. By up-skilling national organisations in advocacy strategies and inclusive education practices they will be able in a stronger, more informed and skilled position to help engage with the Ministry of Education on how to move forward with inclusive education initiatives.	Requested reallocation of:$12,000 (from budget line 2.2.3 and 2.2.2)	Variation approved by DFAT via email on 30 Sept 2015.
Timor-Leste	Year 1	**2.3.4** Capacity development of local tra	No Year two target set. See variance description.	FHF	**Reallocated funding**: INS was not be in a position to teach or supervise in-service training in 2014. As such, the $5,000 available for this activity was utilised to expand the NEC outreach and ECW training activities (activity 3.1.1). This was revisited in Year three and engagement with INS resumed.	INS was not in a position to teach or supervise training in 2014. However INS' capacity strengthened in 2015 to facilitate training from 2016 onwards.	Allocation of $5,000 originally planned for work with the INS in 2014 to support NEC outreach and ECW training activities.	Approved by DFAT part of Y2 work plan
Timor-Leste	Year 2	**3.1.1** NEC outreach teams and selected international visiting teams for specialised skills and training of	4,500 patients screened and 400 surgeries conducted at the NEC (see also 2.2.5); Of the total, at least 3,500 patients screened and 300 patients receive surgeries reside outside of Dili; NEC standards developed in-line with MoH minimal services package, with annex for district clinic standards; District eye clinics operational and providing services.	FHF/RACS	**Revised budget:** Funding was reallocated due to savings in reduction of travel costs for RACS visiting teams to support outreach services and staff supervision. The savings were used for new activity 3.1.3 that addressed equipment maintenance concerns.	Additional equipment maintenance visits scheduled in 2016 which include a training component for local biomed technicians. Potential risk is the lack of available biomed engineer and complications getting offical release for the local biomed technicians to attend the training.	Reallocation from travel to training and equipment maintance capacity building activities	Approved by DFAT part of Y2 work plan
Timor-Leste	Year 3	**3.1.1** NEC and visiting teams outreach: Screening/ RE correction and cataract surgery activities at district level.	11,000 screenings and 400 surgeries conducted at the NEC Of the total, at least 3,000 screenings and 300 treatments are for patients who reside outside of Dili NEC standards developed in-line with MoH minimal services package, with annex for district clinic standards	FHF/RACS	**Revised budget and activity structure**: Budget was increased by $31,000 against original design. Whilst RACS and FHF had hoped to hand the outreach program over to the MoH by 2015, the MoH however do not have the resources or capacity to take ownership of the outreach program yet. In addition, as FHF have scaled back their outreach program significantly and alternative solutions were required to that the remote and rural districts of Timor-Leste can continue to receive eye health service. in order to ensure the same geographical areas was able to have access to services RACS agreed to support additional geographic areas. The additional budget covers the costs of the RACS team support for outreach and on the job supervision activities. The had to increase in 2015 to ensure that the remote and rural districts of Timor-Leste can continue to receive eye health services.	Residents in remote and rural districts in Timor-Leste would not be able access surgical eye care without FHF/RACS outreach services.	$31,000 increase	Approved by DFAT part of Y3 work plan
Timor-Leste	Year 2	**3.1.3** Increasing skills and competence in equipment maintenance and repair at the NEC and district hospitals	Two equipment maintenance visits and training workshops result in increased capacity of NEC staff to undertake independent equipment maintenance and servicing	RACS	**New activity:** Increasing skills and competence in equipment maintenance and repair at the NEC and district hospitals. In Y1 of the EAVP, it was identified that training was required for NEC and district staff in maintenance and repair of essential ophthalmic and optometry equipment. Currently, there are pieces of equipment that are non-operational which would be able to be fixed by ECWs who are trained in basic equipment maintenance and repair. Two training sessions were added to the Y2 workplan for ECWs from the NEC and district referral hospitals. This activity will complement the delivery of services by the NEC Outreach Team and international visiting specialist teams.	The risk associated with this activity is that the district clinics would have no follow-up support for equipment maintenance training/repair. This risk was partially realised as even though basic training was provided additional training is required to continue to enhance their skills. To help curb this moving forward, RACS is providing biomedical equipment training to two national equipment technicians (June 2016) for repairs at the NEC, and it would be possible for these technicians to support the district clinics rather than relying on an international advisor.	Allocation of training costs in Y2 workplan/budget. Support also being provided with alternative funds post EAVP.	Approved as part of Y2 work plan
Timor-Leste	Year 3	**4.1.1** Training of ECWs in use of database for utilisation at district level. Training other relevant staff in using this information – PBL Committees, MoH, NEC, HIS (MoH), FNTL, ETBU etc.	Database developed and made operational; ECWs able to demonstrate sufficient knowledge and skills in the use of database	FHF	**Revised activity**: The ECWs in the districts generate monthly data reports, but are unable to access the new database, given capacity in the districts does not allow us to implement the database there. The new database will be used at the NEC only. The new activity involves mentoring by an external database specialist to the NEC database officer and NEC staff to strengthen their capacity to use of new database and to provide required improvements and updates of the database as and when identified. The expert will also hold discussions with MoH and other relevant stakeholders on how to utilise this data to ensure that the data can be synched with the MoH health information system.	Limited oversight for data collection activity in district eye clinics as ECWs are not able to access the database.		Approved by DFAT part of Y3 work plan

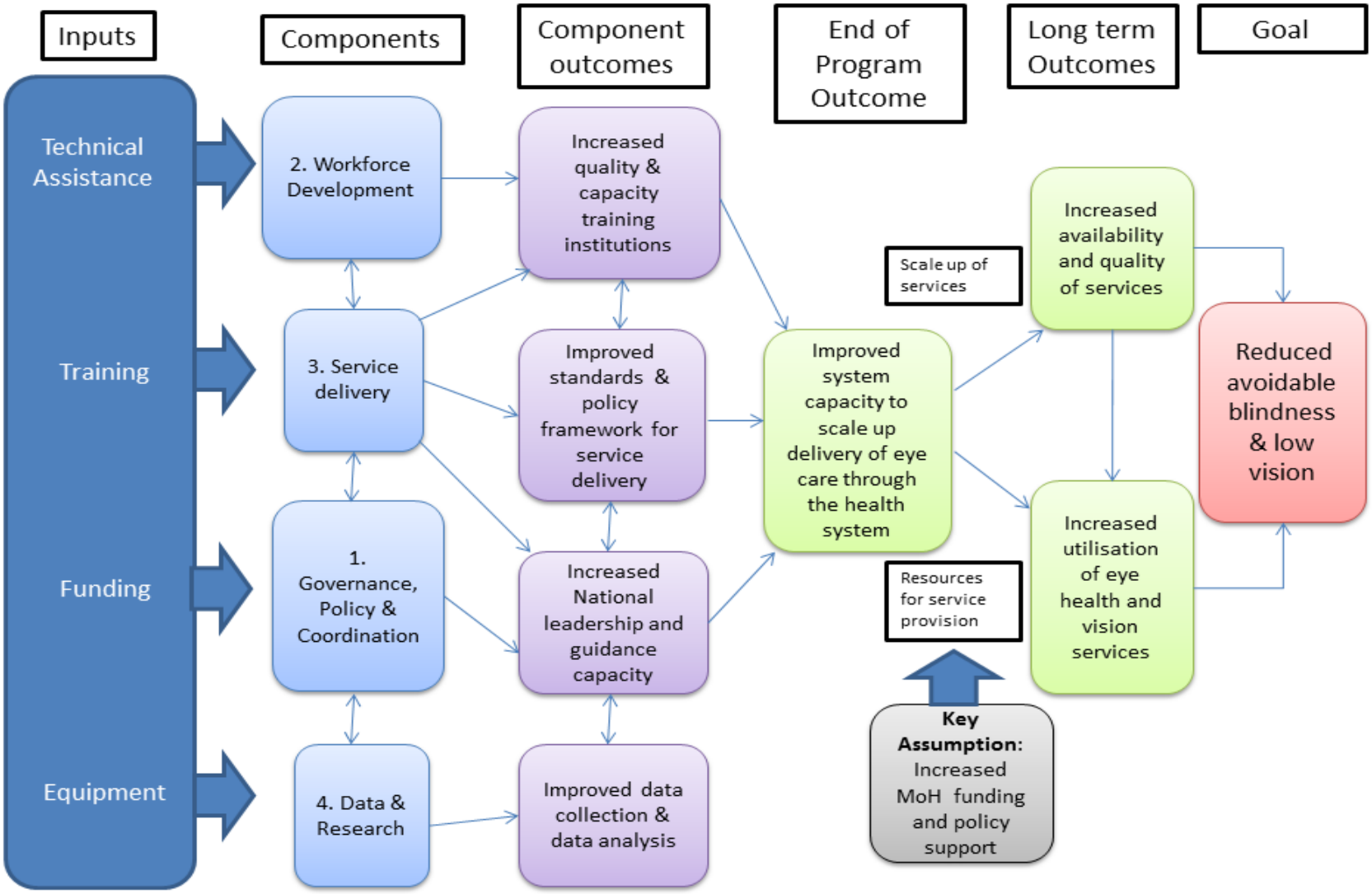
Summary of activity variances: Vietnam

Country	Work plan year	Activity	Target	Organisation	Description of variance	Risk analysis	Budget impact	DFAT status
Vietnam	Year 1	**3.1.5** Continue to support and develop eye care service delivery in Son La and Nghe An provinces	**3.1.5.14** A review trip by BHVI on refractive error management and follow-up issue	CBM	New activity added to meet identified needs and supported use of savings from reduced procurement requirement.	Management and importance of visibility of providing refraction services are lagging behinds other services at hospital because of less attention from management board and limited HR.	Identified savings under this component were reallocated to add new activities in the 2014 and 2015 work plans. These activities are responses to key recommendations of the BHVI stakeholder review to strengthen Refractive Error Management in Son La.	Variation submitted to DFAT and approved in 2014.
Vietnam	Year 2	**3.1.5** Continue to support and develop eye care service delivery in Son La and Nghe An provinces	**3.1.5.14** To provide equipment for districts of Thuan Chau and Phu Yen (consultation room)	CBM	Review identified that the program did not need to procure the full list of planned equipment. This led to significant savings. Alternative activities have been identified to utilise savings. These are outlined below.	Possible risk taht eye care reduces as priority of the distrcit hospital which could lead to misuse or lack of use of equipment. Equipment management was discussed with recipients and maintenance plans building on local capacity of hospital and warranty requirements were developed.		
Vietnam	Year 2	**3.1.5** Continue to support and develop eye care service delivery in Son La and Nghe An provinces	**3.1.5.14 (b)** Seed funds for 2 optical shops to buy additional spectacle frames	CBM	New activity added to meet identified needs and supported use of savings from reduced procurement requirement.	Eye care service, particularly optical shop is not priority service at Moc Chau hospital and Son La SDC. Regular follow up, engagement of the PMU are amongst the approaches used to minimise this risk.		
Vietnam	Year 2	**3.1.5** Continue to support and develop eye care service delivery in Son La and Nghe An provinces	**3.1.5.14 (c)** 1 Refractionist training, 1 spectacle technician training and 1 BED training for Moc Chau hospital	CBM	New activity added to meet identified needs and supported use of savings from reduced procurement requirement.	High turn over of staff at Moc Chau hospital will influence to quality of eye care service in Moc Chau hospital. Prior to nominating trainees, the selection and requirements were discussed with the relevant line manager and department in an attempt to reduce risk of reallocation of staff elsewhere post training.		
Vietnam	Year 2	**3.1.5** Continue to support and develop eye care service delivery in Son La and Nghe An provinces	**3.1.5.4** Nghe An - Training for health staff in district hospital on eye care (one nurse in Dien Chau)	CBM	New activity added to meet identified needs and supported use of savings for one training on hygine of the operation room is completed for about 30 doctors and nurses on 29 December 2015 and one doctor from Dien Chau district hospital is having the training in NAEH for two months and will complete in end of Jan 2016.	Low risk is identified for this varienace as the short training courses are on technical skills for those who are currently working in that area.		Variance was discussed and approved during program management and quarterly reports as not representing any impacts on overall target and program.
Vietnam	Year 2	**1.1.3** PBL, PMU coordination, capacity strengthening & meetings (Son La Province)	**1.1.3.1** Conduct follow up coordination workshop every six months among health staff of commune health stations, district health centre in Moc Chau, Thuan Chau, Yen Chau, Phu Yen and Management Unit	CBM	As outlined in the 2014 variation approved by DFAT it was identified that the expected outcomes involving Son La needed to be revised. Work with Son La would instead focus on achieving good outcomes, practices and documented learning in Disability Inclusive management for the 2 District Optical Shops. Activity revisions were a shift in focus to developing the Project Management Unit members of Son La SDC and Dr Quyen Director of Son La SDC to strengthen knowledge and understanding of Disability Inclusion, Project Cycle Management and gender equality.	Limitations may arise on the Son La PMU continuing to demonstrate their strengthened management capacity with the new changes being made to establish the Son La eye hospital.	Reallocation of budget for cancelled activities to new ones working with the PMU.	Variation submitted to DFAT and approved during 2014.
Vietnam	Year 2	1.1.3.4 Project management training for PMU (monitoring & evaluation system development – CECEM)	**1.1.3.4** PMU's key members (1-2 staff) have improved project management skills and increased ability to plan and implement project activities	CBM	The project management training course which was intended to be completed by Dr Quyen in Son La SDC. However with the approval of the new Son La eye hospital Dr Quyen's role will change to have a more clinical focus and it was requested that the program support the training he needs to help facilitate this upgrade in service status. Given the importance of the clinical role that he will play as a Grade 1 doctor in the new hospital it was agreed that this is a higher training priority in the current context. Part of the Grade 1 Doctor training also promotes strengthening = the overall health system and it is expected that this opportunity will support the development of a key leader and manager within Son La hospital. The program is sharing the costs of the training opportunity with CBM and the doctor personally who have also committed to covering the remaining portion of the training fees and associated costs (accomodatio/materials/travel to Hanoi etc).	There is a risk that as turn over of staff is frequent Dr Quyen will be assigned to another position, instead of working in eye care after graduating. The Provincial Health Department has demonstrated strong commitment to support the Son La Eye hospital in retaining key staff.	No budget impact.Same amount budgeted for M&E training is allocated as a co-contribution to the Grade 1 doctor training.	This variance was approved wihtin theprogram management structure due to the low financial impact and minimal impact on outcomes.
Vietnam	Year 2	**2.2.2** Nghe An/Son La: Strengthening capacity for existing health system to be integrated in the government structure: technical training for health staff	**2.2.2.4** Training in communication skills for health workers at commune and district level in disability inclusive primary eye care for two districts of Thuan Chau and Phu Yen	CBM	Planned activity completed in Q2 OF Y2. Additional targets/sub activities were added to this activity including: support development of 1 Basic Eye Doctor for Phu Yen District (10 month training course at VNIO) and a refresher PEC (Primary Eye Care) training for communes in Moc Chau and Son La City Districts (closely linked to improving the RE management) of these districts was also added to this line. Additional budget was allocated to support Disability inclusion aspects of the training and support an additional basic eye doctor to be trained at Phu Yen District. Extra support was provided to two staff to attend the National Ophthalmology conference.	BED in Phu Yen district is assigned to allocate for another department, instead of full-time work for eye unit. High turn-over of commune health staff who are already trained on PEC&DIACEH.	Overspent but savings from other lines offset cost of additional activities identified during stakeholder review.	Variation submitted to DFAT and approved during 2014.
Vietnam	Year 3	**2.1.6.2** Optometry development and advocacy workshops	**2.1.6.2** 1 optometry development and advocacy workshop conducted with up to 20 participants, 1 day each, Hanoi/HCMC, international and national facilitators, interpreters	BHVI	1 workshop was to be held in 2014 but was delayed. Subsequent follow up indicated that this workshop will not be carried over into Y3 and Y3 will therefore only implement 1 workshop and not the planned plus Y2 workshop.	Expectation from local partner(s) for more funding available for advocacy for Optometrists is raised. To mitigate the risk: During the workshop, some question was raised if funding was allocated to advocate for the Optometrist to be officially recognized in the health care system because it would be a long-term process with many other activities involved.	Savings from Y2.	Not flagged with DFAT as represents minor impact on overall program. Need to consider savings impact.

Annex 5c: Vietnam program variances

Country	Work plan year	Activity	Target	Organisation	Description of variance	Risk analysis	Budget impact	DFAT status
Vietnam	Year 3	**2.1.6.1** Planning and adaptation of curriculum and educational materials	**2.1.6.1** Uploading of Vietnamese Optometry training materials to the Global Optometry Resources Platform (GORP) on a BHVI managed website	BHVI	FHF indicated that some of their training activities would not be able to take place. The Consortium was asked to consider if there were any important training and development activities that required funding and matched with the program expected outcomes. BHVI proposed to upload the Optometry training materials to the GORP and available funds were reallocated to this as it helps make training materials are accessible for all trainees and trainers and will be utilised specifically by the PNTU and the HMU.	Materials are training materials and do not represent the whole course. There may be a risk that some people may see the materials as a standalone course. To mitigate this, messaging is clear on the website and materials that they are to supplement, not replace a course.	$4,000 from the identified savings from FHF due to activity variances. These have been discussed with DFAT earlier in 2015.	Integrated into activity 2.1.6.1 within the same component. Reallocation of funds represents only a 2% variance to this line so formal approval is under threshold for formal approval.
Vietnam	Year 3	**2.2.1** To improve the quality of, and access to, eye health training outcomes	**2.2.19** 4 curriculum development activies completed (2 at Thai Binh MH and 2 at Hue MU)	FHF	Hue MU is unable to complete the 2 curriculum development activities planned for Year three. The development of the two training curriculum is no longer an effective way forward due to changes made to curriculum topics/requirements. As a result EOP targets for curriculum development will not be achieved. No similar alternative activities with other MUs have been identified to replace these targets.	Identified risk: Unexpected chage to curriculum regulations by the Ministry of Education and Training could impact on what topics are required by new/revised curricula. Risk will be mitigated and managed by staying updated on upcoming policy changes and preparing for such changes. Keeping an open diaglogue with Consortium members to help identify similar but alternative activities if/once risk occurs.	Approximately 4,000 will be underspent for this budget line and available for reallocation.	Variance explained to DFAT in teleconference meeting on 12 May 2015.
Vietnam	Year 3	**2.2.1** To improve the quality of, and access to, eye health training outcomes	**2.2.1(a)** MUs organise reflection workshop after international exposure visits for lesson learnt and application	FHF	Reflection workshop was meant to have been held after an international visit/study tour funded from another source. As the international visit is no longer happening the post trip reflection workshop is cancelled.	Identified risk: The international trip to be the focus of the reflection workshop does not take place or trip is not as informative as expected in regards to motivating change. To manage expectations of the informative nature of the trip planning was to take place to ensure all have same intentions of follow up post trip. When the trip was unable to take place the workshop was cancelled.	approximately $2,000 will be underspent for this budget line and available for reallocation.	Variance explained to DFAT in teleconference meeting on 12 May 2015.
Vietnam	Year 3	**2.2.1.18** New ophthalmology training materials upgraded and distributed	**2.2.1.18** Nine training materials newly produced and upgraded and approved by MUs (ophthalmic nurse, BED; nurse; traditional medicine doctor; refractionist; preventive medicine doctor, general practitioner; ophthalmic resident and dental doctor)	FHF	TB MU has agreed to produce one lot of training materials in Q4 that Hue will not be able to complete. Numerical training material production target for Y3 will be met.	There is a risk that similar alternative activities are not able to be identified and added to the other Consortium member plans to maintain progress against end of year targets for developing MU training materials.	Nil	Variance explained to DFAT in teleconference meeting on 12 May 2015.
Vietnam	Year 3	**2.2.1.19** New training curriculums piloted at both medical universities and review by external technical advisor to ensure quality	**2.2.1.19** Five new training curriculums piloted and certified (TB 2 and Hue 3)	FHF	Hue MU will be unable to pilot 2 of their planned three curriculums ("Dental Doctor" and "Traditional Medicine") due to changed regulations by Ministry of Education and Training. Target will therefore achieve 3 of total 5 new trianing curriculums piloted in Y3.	Please refer tp explanations for target 2.2.19 given above.	Approximately $4,500 underspend expected for this budget line.	Variance explained to DFAT in teleconference meeting on 12 May 2015.
Vietnam	Year 3	**2.2.1.22** MU teaching staff skills are upgraded	2.2.1.22 1 x Masters in Ophthalmology (Hue MU)	FHF	One (continuing) Masters in Ophthalmology (TB) - In Year two no candidate for the Masters of Ophthalmology with Hue MU was identified. This was decided not to be pursued in Y3.	Risk that suitable candidates for the proposed training opportunities are not identified. It was agreed that more thorough training needs assessment is required at the design and planning phase.	Budget was allocated in Y2. Worth AUD$6,154 however this was adjusted and not included in the Y3 budget.	Discussed with DFAT as part of funding reallocation to new activity with BHVI.
Vietnam	Year 3	**2.2.1.22** MU teaching staff skills are upgraded	2.2.1.22 1 x Ophthalmology Level II training	FHF	0 ophthalmology Level II trainings.	Training needs assessment and accurate review of staff availability is required at the design and planning phase.	AUD$2,735 available for reallocation	Discussed with DFAT as part of funding reallocation to new activity with BHVI.
Vietnam	Year 3	**2.2.1.22** MU teaching staff skills are upgraded	**2.2.1.22** 1 x Masters of Optometry candidate with Hanoi MU	BHVI	New target added to balance off the Hue MU training candidate targets not being met by FHF program in 2014. This is for 1 Master of Optometry candidate with Hanoi MU	The Master of Optometry candidate fails to complete the course according to timeline. To mitigate the risk increased regular contact between the trainee and her mentor was used to encourage progress.	Taking up 6,000 of underspend from FHF Y2 underspend and variances from activity cancellation.	Reallocation and new activity pproved by DFAT 3 June 2015 (D.Vigie). Reallocated funds come from combination of cancelled training in Component 2 and carry over savings from Year two.
Vietnam	Year 3	**2.2.1.22** MU teaching staff skills are upgraded	**2.2.1.22** 2 x Level 2 Ophthalmology trainings (1 x Hue and 1 x TB)	FHF	After much consideration, FHF and MUs have agreed there are finally no appropriate candidates to undertake this training.	Training needs assessment and accurate review of staff availability is required at the design and planning phase.	Savings carried over from Year two of $6,067.	Discussed with DFAT as part of funding reallocation to new activity with BHVI.
Vietnam	Year 3	**2.2.1.22** To improve the quality of, and access to, eye health training outcomes	**2.2.1.22** 1 xtraining on advanced ophthalmology (Strabismus)	FHF	A training on advanced ophthalmology (Strabismus) originally planned for 2014 was delayed due to staff unavailability. The advanced training was included in the plan 2014 but not achieved due to the unavailability of staff.	After much negotiation, MU staff were not available to run the course. Training needs assessment and accurate review of staff availability is required at the design and planning phase.	$1,046 to be used for this carry over activity from Y2	Not flagged with DFAT as was approved activity carried over from Y2.
Vietnam	Year 3	**2.2.1.22** To improve the quality of, and access to, eye health training outcomes	**2.2.1.22** 1 x training of refractionist	FHF	A refractionist training originally planned for 2014 was delayed due to as staff were not availabile.	The cause is clear itself. Measure taken: being flexible and get the activity achieved in 2015.	$1,246	Not flagged with DFAT as was approved activity carried over from Y2.

Annex 6: EAVP program logic diagram



Annex 7a: Cambodia asset list

Asset List: Cambodia

NOTE: Asset list minimum value as per DFAT requirements for Global Consortium programs is 1,000 AUD

Agency	Asset ID #	Type of Equipment	Brand/ manufacturer	Model	Quantity	SERIAL No.	Year of Purchase	Item purchase price (USD purchase currency)	Item purchase price AUD excl. GST	EAVP Budget line reference	LOCATION	Province/City	Country	Handover date	Maintenance plan in place	Maintenance training	Acknowledgement of Australian Government support
															Y/N	Y/N/ Not required	Y/N/ Not applicable due to nature of item
FHF	FHF-13/034	Foot switch for Teaching miscroscope	Leica	Leica Multiplex, M961	1	N/A	2013	$ 3,786.00	$ 3,808.09	2.4.1.3A	Khmer Soviet Hospital	Phnom Penh	Cambodia	May,2013	Yes	No	Not Applicable due to nature of item
FHF	FHF-13/034	Indirect Ophthalmoscope	Keeler, UK	BIO 1205-P-1016	1	N/A	2013	$ 3,460.00	$ 3,584.38	2.4.1.3A	Khmer Soviet Hospital	Phnom Penh	Cambodia	Aug,2013	Yes	Yes	Yes
FHF	FHF-13/034	Handheld Slit Lamp	Shin-nippon Japan	XL-1	2	XL-1	2013	$ 3,080.00	$ 3,190.72	2.4.1.3A	Khmer Soviet Hospital	Phnom Penh	Cambodia	Aug,2013	Yes	Yes	Yes
FHF	FHF-13/033	Synoptophore	Inami, Japan	L-2510B	1	L-2510B	2013	$ 6,450.00	$ 6,681.86	2.4.1.3A	Khmer Soviet Hospital	Phnom Penh	Cambodia	Aug,2013	Yes	Yes	Yes
FHF	FHF-13/033	Handheld Auto K Refractometer	Nidek, Japan	ARK-30	1	N/A	2013	$ 9,850.00	$ 10,204.08	2.4.1.3A	Khmer Soviet Hospital	Phnom Penh	Cambodia	Aug,2013	Yes	Yes	Yes
FHF	FHF-13/033	Cardiff Card	Cardiff	NA	1	N/A	2013	$ 1,440.00	$ 1,491.76	2.4.1.3A	Khmer Soviet Hospital	Phnom Penh	Cambodia	Aug,2013	No	No	Yes
FHF	FHF-13/088	Lensmetre Internal reading	Inami, Japan	L4550	1	S/N R.012995	2013	$ 1,320.00	$ 1,363.30	2.4.1.3A	Refraction Training Center-Siem Reap EU	Siem Reap	Cambodia	April, 2013	Yes	During instalation	yes
FHF	FHF-13/088	Auto-Lens metre	Topcon, Japan	AL-200	1	S/N398145	2013	$ 2,550.00	$ 2,633.64	2.4.1.3A	Refraction Training Center-Siem Reap EU	Siem Reap	Cambodia	April, 2013	Yes	During instalation	yes
FHF	FHF-13/088	Hand Edger diamond wheel Grand	Grand,Japan	EH-3	1	S/N 0489-1208/ COT-I83 II	2013	$ 990.00	$ 1,022.47	2.4.1.3A	Refraction Training Center-Siem Reap EU	Siem Reap	Cambodia	April, 2013	Yes	During instalation	yes
FHF	FHF-13/088	Auto-Lens Edger with aceessaries	Supore,China	LE-420	1	CP-OLE-0420A00538	2013	$ 2,530.00	$ 2,612.98	2.4.1.3A	Refraction Training Center-Siem Reap EU	Siem Reap	Cambodia	April, 2013	Yes	During instalation	yes
FHF	FHF-13/083	Computer Desktop for NRT	Singapore/China	Dell Optiplex 9010MT Base	1	N/A	2013	$ 880.00	$ 944.51	2.4.1.3A	Khmer Soviet Friendship Hospital	Phnom Penh	Cambodia	Oct, 2013	Yes	During instalation	yes
FHF	GJG-13/084	HP EliteBook	Singapore	HP 840 G1 Notebook	1	CNU344BHHV	2013	$ 1,285.00	$ 1,430.00	2.4.1.3A	Khmer Soviet Friendship Hospital	Phnom Penh	Cambodia	December, 2013	Yes	During instalation	yes
FHF	FHF-13/088	Adjustable Ophthalmic chairs (for refraction service)	New Century - China	ST-133	4	ST-133	2013	$ 1,280.00	$ 1,150.21	2.3.1.1	Refraction Training Center, Khmer Soviet Hospital	Phnom Penh	Cambodia	January 31, 2014	Yes	During instalation	yes
FHF	FHF-13/088	Teaching Slit lamp	Takagi/Japan	SN-70N A230	2	S/N: 1013544 and 1013545	2013	$ 11,800.00	$ 10,603.48	2.3.1.1	Refraction Training Center, Khmer Soviet Hospital	Phnom Penh	Cambodia	January 31, 2014	Yes	During instalation	yes
FHF	FHF-13/088	Manual Lenmetre Internal reading	Takagi/Japan	LM-10DX	2	S/N: 0811942 and 0811943	2013	$ 1,320.00	$ 1,186.15	2.3.1.1	Refraction Training Center, Khmer Soviet Hospital	Phnom Penh	Cambodia	January 31, 2014	Yes	During instalation	yes
FHF	FHF-13/088	Auto Len Edger with standard accessorie	Supore LE-310, CE	Supore LE-310	2	S/N: CP-OLE-310P00148 and CP-OLE-310P00270	2013	$ 2,740.00	$ 2,462.16	2.3.1.1	Refraction Training Center, Khmer Soviet Hospital	Phnom Penh	Cambodia	January 31, 2014	Yes	During instalation	yes
FHF	FHF-14/039	Manual Lenmetre Internal reading with LED	Takagi, Japan	LM-10DX LED	6	S/N 0514035, 0514032,0514031,0314011,0514034,0514033	2014	$ 1,320.00	$ 1,186.15	2.3.1.1	Refraction Training Center, Khmer Soviet Hospital	Phnom Penh	Cambodia	June 30, 2014	Yes	During instalation	yes
FHF	FHF-13/088	Auto Ref/Keratomer	Nidex/Japan	Nidek ARK-1a	2	S/N#630130 & 630131	2013	$ 11,480.00	$ 12,775.43	2.4.1.3A	Refraction Training Center, Khmer Soviet Hospital	Phnom Penh	Cambodia	Dec,13	Yes	During instalation	yes
FHF	FHF-13/088	Auto Lensmeter	Nidex/Japan	Nidek LM-1800P	2	S/N501013 & 501165	2013	$ 2,994.00	$ 3,331.85	2.4.1.3A	Refraction Training Center, Khmer Soviet Hospital	Phnom Penh	Cambodia	Dec,13	Yes	During instalation	yes
FHF	FHF-13/088	Grand Hand Edger	Japan	EH-3	4	S/N 0485-1208, 0471-1208,0468-1208,0465-1208	2013	$ 990.00	$ 889.61	2.4.1.3A	Refraction Training Center, Khmer Soviet Hospital	Phnom Penh	Cambodia	Dec,13	Yes	During instalation	yes
FHF	FHF-14/039-42	Handheld Tonomete	I-Care	TAO1i	1	N/A	2014	$ 3,350.00	$ 3,576.77	2.3.1.1	Ophthalmology Residency Training	Khmer Soviet EU	Cambodia	June 30, 2014	Yes	Yes	Yes
FHF	FHF-14/039-42	Indirect Ophthalmoscope	Keeler	BIO-1205-P-1016 Vantage	1	N/A	2014	$ 3,600.00	$ 3,843.69	2.3.1.1	Ophthalmology Residency Training	Khmer Soviet EU	Cambodia	June 30, 2014	Yes	Yes	Yes
FHF	FHF-14/039-42	Cryomatic Machine	Keeler	Cryomatic Console	1	N/A	2014	$ 29,850.00	$ 31,870.60	2.3.1.1	Ophthalmology Residency Training	Khmer Soviet EU	Cambodia	June 30, 2014	Yes	Yes	Yes
FHF	FHF-14/122	Laptop	SONY	Sony VAIO-SVF14N19SGS	1	S/N 54643229 - 0000610	2014	$ 1,309.00	$ 1,538.91	2.4.1.3A	IRC Khmer Soviet Hospital	Phnom Penh	Cambodia	Dec 30, 2014	Yes	Yes	Yes
FHF	FHF-15/035	Microsurgery Corneal Transplant Set	Appasamy (India)	Appasamy (India)	2	N/A	2015	$ 898.00	$ 1,174.67	2.4.1.3A	Khmer Soviet Eye Unit	Phnom Penh	Cambodia	June 30, 2015	Yes	No	Not Applicable due to nature of item

Annex 7a: Cambodia asset list

Agency	Asset ID #	Type of Equipment	Brand/ manufacturer	Model	Quantity	SERIAL No.	Year of Purchase	Item purchase price (USD purchase currency)	Item purchase price AUD excl. GST	EAVP Budget line reference	LOCATION	Province/City	Country	Handover date	Maintenance plan in place	Maintenance training	Acknowledgement of Australian Government support
															Y/N	Y/N/ Not required	Y/N/ Not applicable due to nature of item
FHF	FHF-15/036	Cataract Set (17 pieces per set)	Rumex-USA	Rumex-Cataract set	2	N/A	2015	$ 2,080.00	$ 2,720.85	2.4.1.3A	Khmer Soviet Eye Unit	Phnom Penh	Cambodia	June 30, 2015	Yes	No	Not Applicable due to nature of item
FHF	FHF-15/034	Lab Slitlamp (with teaching accessories)	Inami (Japan)	L-087	2	SN: 150600440, SN: 160600441	2015	$ 8,580.00	$ 11,223.50	2.3.1.1	UHS-ONT	Phnom Penh	Cambodia	June 30, 2015	Yes	Yes	Yes
FHF	FHF-15/034	Lab Microscope (with teaching accessory)	Scan Optics (Australia)	SO-1700 LED+SO-1450	2	SN: 15052001, SN:15052002	2015	$ 9,180.00	$ 12,008.36	2.3.1.1	UHS-ONT	Phnom Penh	Cambodia	June 30, 2015	Yes	Yes	Yes
FHF	FHF-15/034	Autoclave	Medsource (Taiwan)	TC-459	1	SN: 104459-21	2015	$ 8,785.00	$ 11,491.16	2.3.1.1	UHS-ONT	Phnom Penh	Cambodia	June 30, 2015	Yes	Yes	Yes
FHF	FHF-15/060	Indirect Ophthalmoscope	Keeler(UK)	BIO-1205-P1016 Advantage Plus	1	N/A	2015	$ 3,700.00	$ 4,832.18	2.3.1.1	UHS-ONT	Phnom Penh	Cambodia	July 28, 2015	Yes	Yes	Yes
FHF	FHF-15/035	Cataract Set (17 pieces per set)	Rumex-USA	Rumex-Cataract set	2	N/A	2015	$ 2,080.00	$ 2,720.85	2.4.1.3A	Siem Reap Eye Unit	Siem Reap Province	Cambodia	June 30, 2015			Not Applicable due to nature of item
FHF	FHF-15/035	Cataract Set (17 pieces per set)	Rumex-USA	Rumex-Cataract set	2	N/A	2015	$ 2,080.00	$ 2,720.85	2.4.1.3A	Kampong Chhnang Eye Unit	Kampong Chhnang Province	Cambodia	June 30, 2015			Not Applicable due to nature of item

Asset List: Vietnam

NOTE: Asset list minimum value as per DFAT requirements for Global Consortium programs is 1,000 AUD

Consortium member	Asset ID #	Type of Equipment	Brand or manufacturer	Model	Quantity	SERIAL No.	Year of Purchase	Item purchase price (in purchase currency)	Purchase currency	Item purchase price AUD (as reported in expenditure reports) excl. GST	EAVP Budget line reference	LOCATION (name of organisation/hospital/ department/office etc)	Province/City	Country	Handover date	Maintenance plan in place	Maintenance training	Display acknowledgement of Australian Government support
																Y/N	Y/N/ Not required	Y/N/ Not applicable due to nature of item
BHVI	1001	Ophthalmic chair	Appasamy, India	AARU 2002	1	2903130256	2014	3,500	USD	3,115.00	2.1.8.1	Academic Vision Centre at University of Medicine Pham Ngoc Thach (UPNT)	Hochiminh City	Vietnam	17/01/2014	Y	Partner institutions have technicians and a budget to maintain equipment.	Y
BHVI	1002	Ophthalmic chair	Appasamy, India	AARU 2002	1	2903130255	2014	3,500	USD	3,115.00	2.1.8.1	Academic Vision Centre at Hanoi Medical University	Hanoi	Vietnam	17/01/2014	Y	As above	Y
BHVI	1003	Retinosope and direct ophthalmoscope with MEM cards	Welch Allyn	18335 SM	1	N/A	2014	1,385	USD	1,232.65	2.1.8.1	Pre-clinic room (205A) at University of Medicine Pham Ngoc Thach (UPNT)	Hochiminh City	Vietnam	17/01/2014	Y	As above	Y
BHVI	1004	Retinosope and direct ophthalmoscope with MEM cards	Welch Allyn	18335 SM	1	N/A	2014	1,385	USD	1,232.65	2.1.8.1	Academic Vision Centre at Hanoi Medical University	Hanoi	Vietnam	17/01/2014	Y	As above	Y
BHVI	1005	Manual lensmeter	Inami, Japan	L-4550	1	R01412	2014	1,980	USD	1,762.20	2.1.8.1	University of Medicine Pham Ngoc Thach (UPNT)	Hochiminh City	Vietnam	17/01/2014	Y	As above	Y
BHVI	1006	Manual lensmeter	Inami, Japan	L-4550	1	R01413	2014	1,980	USD	1,762.20	2.1.8.1	Academic Vision Centre at Hanoi Medical University	Hanoi	Vietnam	17/01/2014	Y	As above	Y
BHVI	1007	Slit lamp (includes applanation Goldmann tonometer + motor table)	Vision 66, China	YZ 5G	1	230014011301	2014	4,150	USD	3,693.50	2.1.8.1	Pre-clinic room (205A) at University of Medicine Pham Ngoc Thach (UPNT)	Hochiminh City	Vietnam	17/01/2014	Y	As above	Y
BHVI	1008	Phoroptor	Appasamy, India	Not available	1	3701120020	2014	2,500	USD	2,225.00	2.1.8.1	University of Medicine Pham Ngoc Thach (UPNT)	Hochiminh City	Vietnam	17/01/2014	Y	As above	Y
BHVI	1009	Phoroptor	Appasamy, India	Not available	1	3701120021	2014	2,500	USD	2,225.00	2.1.8.1	Academic Vision Centre at Hanoi Medical University	Hanoi	Vietnam	17/01/2014	Y	As above	Y
BHVI	1010	Automatic Lens Edger with stand and lens blocker and pattern maker	Supore, China	LE420	2	CP-OLE 420A01363 CP-OLE 420A01364	2015	70,070,000	VND	3,798.66	2.1.8.1	Pre-clinic room (205B) at University of Medicine Pham Ngoc Thach (UPNT)	Hochiminh City	Vietnam	19/01/2015	Y	As above	Y
BHVI	1011	Pattern maker - Template cutter	Takubomatic, Japan	Dia PM 8	2	84044 84045	2015	73,700,000	VND	3,995.45	2.1.8.1	Pre-clinic room (205B) at University of Medicine Pham Ngoc Thach (UPNT)	Hochiminh City	Vietnam	19/01/2015	Y	As above	Y
BHVI	1012	Lensmeter	Inami, Japan	L-4550	2	R0141200010 R0141200011	2015	47,850,000	VND	2,594.06	2.1.8.1	University of Medicine Pham Ngoc Thach (UPNT)	Hochiminh City	Vietnam	19/01/2015	Y	As above	Y
BHVI	1013	Slit lamp (includes applanation Goldmann tonometer + motor table)	Vision 66 China	YZ 5G	3	22801411412 22801421412 23015711305	2015	87,500,000	VND	4,743.58	2.1.8.1	Pre-clinic room (205A) at University of Medicine Pham Ngoc Thach (UPNT)	Hochiminh City	Vietnam	19/1/2015	Y	As above	Y
BHVI	1014	Beam Splitter + 2 teaching tubes for slit lamp	Vision 66 China	-	1	N/A	2015	48,048,000	VND	2,868.54	2.1.8.1	Pre-clinic room (205A) at University of Medicine Pham Ngoc Thach (UPNT)	Hochiminh City	Vietnam	18/08/2015	Y	As above	Y
BHVI	1015	Vision chart projector	Appasamy India	ACP E30X	1	576.03.09	2015	36,036,000	VND	2,151.40	2.1.8.1	Pre-clinic room (205A) at University of Medicine Pham Ngoc Thach (UPNT)	Hochiminh City	Vietnam	18/08/2015	Y	As above	Y

Annex 7b: Vietnam asset list

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																Y/N	Y/N/ Not required	Y/N/ Not applicable due to nature of item
BHVI	1016	Slit Lamp Digital Image System (includes computer/screen)	Vision 66, China	YZ5T	1	236 00577 1507	2015	251,160,000	VND	14,994.63	2.1.8.1	Pre-clinic room (205A) at University of Medicine Pham Ngoc Thach (UPNT)	Hochiminh City	Vietnam	18/08/2015	Y	As above	Y
BHVI	1017	Vision chart projector	Appasamy/ India	ACP E30X	1	581.04.09	2015	36,036,000	VND	2,151.40	2.1.8.1	Academic Vision Centre at University of Medicine Pham Ngoc Thach (UPNT)	Hochiminh City	Vietnam	18/08/2015	Y	As above	Y
BHVI	1018	Beam Splitter + 2 teaching tubes for slit lamp	Vision 66 China	-	1	N/A	2015	48,048,000	VND	2,868.54	2.1.8.1	Academic Vision Centre at University of Medicine Pham Ngoc Thach (UPNT)	Hochiminh City	Vietnam	18/08/2015	Y	As above	Y
BHVI	1019	Lensmeter/Vertometer/Focimeter (telescopic/manual)	Shin Nippon Japan	LM-15	1	559802	2015	54,600,000	VND	3,259.70	2.1.8.1	Academic Vision Centre at University of Medicine Pham Ngoc Thach (UPNT)	Hochiminh City	Vietnam	18/08/2015	Y	As above	Y
BHVI	1020	Keratometer (Manual) with calibration tools + spare bulbs	Appasamy, India	KMS 6	1	N/A	2015	36,036,000	VND	2,151.40	2.1.8.1	Pre-clinic room (205A) at University of Medicine Pham Ngoc Thach (UPNT)	Hochiminh City	Vietnam	19/1/2015	Y	As above	Y
BHVI	1021	Heine BIO (consiting of OMEGA 500, HC 50L Handband Rheostate, with Plug-in Transformer unplagged)	Heine, Germany	Omega 500-XHL Kit 5	1	C-004.33.541	2016	2,420	USD	1,728.57	2.1.8.1	Optometry sub-department, University of Medicine Pham Ngoc Thach (UPNT)	Hochiminh City	Vietnam	21/01/2016	Y	As above	Y
BHVI	1022	Laptop Dell Inspiron 15: 5547/ i7	Dell/USA	Inspiron 15-5547	2	2270708642 18714149282	2014	22,530,000	VND	1,299.08	2.1.9	Optometry sub-department, University of Medicine Pham Ngoc Thach (UPNT)	Hochiminh City	Vietnam	16/12/2014	Y	As above	Y
BHVI	1023	Notebook Dell Vostro 14 - 5480/ i7-5500U (70066230)	Dell/USA	Vostro 14 - 5480	1	43033875914	2015	19,030,000	VND	1,176.51	2.1.9	Optometry sub-department, University of Medicine Pham Ngoc Thach (UPNT)	Hochiminh City	Vietnam	27/11/2015	Y	Not required	Y
BHVI	1024	SONY SVP13213CX/B Core i5-4200U (1.6GHz), 4Gb 128GB SSD, 13.3", Touchscreen Full HD 1920 x 1080 Windows 8	Sony/Japan	SVP132A1CL	1	54591631-0000752	2014	29,590,000	VND	1,706.16	2.1.9	Brien Holden Vision Insitutte, Vietnam Office	Hanoi	Vietnam	8/08/2014	Y	Not required	Y
CBM	MSHV.2.2.014.PK.201	Slit lamp S250	Nidek/ Japan	Sl-250	1	22535	2014	145,000,000	VND	7,250.00	3.1.5.14	Thuan Chau general district hospital, General consultation dept.	Sơn La	Việt Nam	12th Aug 2014	Y	Y	Y
CBM	PTTP.2.2.014.PK.204	Minor surgery set	Rumex/ US		1		2014	78,000	VND	3,900.00	3.1.5.14	Thuan Chau general district hospital, General consultation dept.	Sơn La	Việt Nam	12th Aug 2014	Y	Y	Y
CBM	HTK.2.2.014.PK.206	Trial lens set K350A	Inami/ Japan	K-350A	1	S02279	2014	49,500	VND	2,475.00	3.1.5.14	Thuan Chau general district hospital, General consultation dept.	Sơn La	Việt Nam	12th Aug 2014	Y	Y	Y

Annex 7b: Vietnam asset list

Consortium member	Asset ID #	Type of Equipment	Brand or manufacturer	Model	Quantity	SERIAL No.	Year of Purchase	Item purchase price (in purchase currency)	Purchase currency	Item purchase price AUD (as reported in expenditure reports) excl. GST	EAVP Budget line reference	LOCATION (name of organisation/hospital/ department/office etc)	Province/City	Country	Handover date	Maintenance plan in place	Maintenance training	Display acknowledgement of Australian Government support
																Y/N	Y/N/ Not required	Y/N/ Not applicable due to nature of item
CBM	MSHV.2.6.014.LCK.203	Slit lamp S250	Nidek/ Japan	SL-250	1	SN:22537	2014	145,000	VND	7,250.00	3.1.5.14	Phu Yen general district hospital, Inter-dept (ENT, dental & eye) consultation room	Sơn La	Việt Nam	11th Aug 2014	Y	Y	Y
CBM	HTK.2.6.014.LCK.204	Trial lense set K350A	Inami/ Japan	K-350A	1	S02214	2014	49,500	VND	2,475.00	3.1.5.14	Phu Yen general district hospital, Inter-dept (ENT, dental & eye) consultation room	Sơn La	Việt Nam	11th Aug 2014	Y	Y	Y
CBM	PTTP.2.6.014.LCK.206	Minor surgery set	Rumex/ US	Not available	1	Not available	2014	78,000	VND	3,900.00	3.1.5.14	Phu Yen general district hospital, Inter-dept (ENT, dental & eye) consultation room	Sơn La	Việt Nam	11th Aug 2014	Y	Y	Y
CBM	QC18112014	Rentinoscope	Heine	Beta200 Streak	1	SN 1011020497	2014	39,500,000	VND	1,975.00	3.1.5.6	Quy Chau hospital	Nghe An	Vietnam	18-11-2014	Y	Not required	Y
CBM	QC26042014	Slip lamp	Syn nippon		1	1401311428	2014	154,000,000	VND	7,700.00	3.1.5.6	Quy Chau hospital	Nghe An	Vietnam	26-04-2014	Y	Not required	Y
CBM		Rentinoscope	Heine	Beta200 Streak	1	SN 1011020498	2014	39,500,000	VND	1,975.00	3.1.5.6	Dien Chau hospital	Nghe An	Vietnam	Jun 2014	Y	Not required	Y
CBM		Slip lamp	Syn nippon		1	1401311429	2014	154,000,000	VND	7,700.00	3.1.5.6	Dien Chau hospital	Nghe An	Vietnam	Oct 2014	Y	Not required	Y
CBM		Slip lamp	Inami		1	J07592	2014	154,000,000	VND	7,700.00	3.1.5.6	Nghe An Eye hospital	Nghe An	Vietnam	Oct 2014	Y	Not required	Y
CBM	QC18112014	Ophthalmoscope	Heine	Beta200	1	US PAT 5.859.687	2014	20,000,000	VND	1,000.00	3.1.5.6	Quy Chau hospital	Nghe An	Vietnam	18-11-2014	Y	Not required	Y
CBM		Ophthalmoscope	Heine	Beta200	1	US PAT 5.859.688	2014	20,000,000	VND	1,000.00	3.1.5.6	Dien Chau hospital	Nghe An	Vietnam	Oct 2014	Y	Not required	Y
CBM		Javal	Topcon OM-4		1	3073691	2014	145,000,000	VND	7,250.00	3.1.5.6	Nghe An Eye hospital	Nghe An	Vietnam	Oct 2014	Y	Not required	Y
FHF	MUHue-FHF/2013/3	01 Centering device LS-3E DIA Japan	Dia, Japan	LS-3E	1	224601	2013	31,612,500	VND	1,645.88	2.2.1.8	Hue Medical University	Hue Province	Vietnam	Dec-13	Y	Y - during handover training if applicable	Y
FHF	MUHue-FHF/2013/1	Frame and trial lens set - K350A+K391,Inamin,Japan	Inami	K 350A+K0391	1	S02278	2013	35,414,400	VND	1,843.83	2.2.1.8	Hue Medical University	Hue Province	Vietnam	Nov-13	Y	Y - during handover training if applicable	Y
FHF	MUHue-FHF/2013/4	Auto caurt projector ACP-8R TOPCON Japan	Topcon- Nhật Bản	ACP-8R	1	R150943	2013	47,629,500	VND	2,479.80	2.2.1.8	Hue Medical University	Hue Province	Vietnam	Dec-13	Y	Y - during handover training if applicable	Y
FHF	MUHue-FHF/2013/2	01 Eye examination set NOX SLEEK II India	Diagnox Nox Idia Corporation	Diagnox- 9097	1	3612	2013	62,156,500	VND	3,236.14	2.2.1.8	Hue Medical University	Hue Province	Vietnam	Dec-13	Y	Y - during handover training if applicable	Y
FHF	MUHue-FHF/2014/37	Water tank auto glass grinder Le-1000 Exp, Japan	Nidek Janpan	Le-1000 Express	1	NIL	2014	26,468,750	VND	1,331.61	2.2.1.9	Hue Medical University	Hue Province	Vietnam	Oct-14	Y	Y - during handover training if applicable	Y
FHF	MUHue-FHF/2014/34	Surgery tool set 13 items USA	Rumex USA	NIL	2	NIL	2014	66,185,064	VND	3,329.70	2.2.1.9	Hue Medical University	Hue Province	Vietnam	Aug-14	Y	Y - during handover training if applicable	Y
FHF	MUHue-FHF/2014/12	Surgery tool set 15 items USA	Rumex USA	NIL	2	NIL	2014	88,642,224	VND	4,459.49	2.2.1.9	Hue Medical University	Hue Province	Vietnam	Aug-14	Y	Y - during handover training if applicable	Y
FHF	MUHue-FHF/2014/33	Slit lamp, SL-450, Nidek, Japan	Nidek Janpan	SL450	1	25915	2014	112,068,500	VND	5,638.04	2.2.1.9	Hue Medical University	Hue Province	Vietnam	Oct-14	Y	Y - during handover training if applicable	Y
FHF	MUHue-FHF/2014/35	Kerato-refractometer, ARK-1, Nidek, Japan	Nidek Janpan	ARK-1 Nidek	1	430807	2014	194,534,000	VND	9,786.79	2.2.1.9	Hue Medical University	Hue Province	Vietnam	Oct-14	Y	Y - during handover training if applicable	Y

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																Y/N	Y/N/ Not required	Y/N/ Not applicable due to nature of item
FHF	MUHue-FHF/2014/34	Slit lamp, SL-1800, Nidek, Japan	Nidek Janpan	SL-1800	1	900805	2014	285,457,500	VND	14,361.05	2.2.1.9	Hue Medical University	Hue Province	Vietnam	Oct-14	Y	Y - during handover training if applicable	Y
FHF	MUHue-FHF/2014/28	A-B Echosca, US-4000 Nidek,Japan	Nidek Janpan	US 4000	1	40956	2014	432,227,250	VND	21,744.88	2.2.1.12	Hue Medical University	Hue Province	Vietnam	Oct-14	Y	Y - during handover training if applicable	Y
FHF	MUHue-FHF/2014/36	Auto glass lenses edger, Le-1000 SE/PLB-2R, Japan	Nidek Janpan	Le 1000 Express	1	40625	2014	454,617,500	VND	22,871.30	2.2.1.9	Hue Medical University	Hue Province	Vietnam	Oct-14	Y	Y - during handover training if applicable	Y
FHF	MUHue-FHF/2014/5	Operating microscope, SO-5000SE, Scan Optics, Australia	Scan Optic	5000W, Scan Optic, SO-5000SE	1	Power supply: 14071102. Optical head: 3C15763	2014	496,811,700	VND	24,994.05	2.2.1.12	Hue Medical University	Hue Province	Vietnam	Aug-14	Y	Y - during handover training if applicable	Y
FHF	MUHue-FHF/2014/32	Ophthal Surgical system,CV-7000,Nidek,Japan	Nidek Janpan	CV-9000	1	70984	2014	593,779,000	VND	29,872.37	2.2.1.12	Hue Medical University	Hue Province	Vietnam	Oct-14	Y	Y - during handover training if applicable	Y
FHF	MUHue-FHF/2014/38	Overhead Projector	Panasonic	PT-LB360A	1	NL	2014	18,772,727	VND	1,016.56	2.2.1.9	Hue Medical University	Hue Province	Vietnam	Nov-14	Y	Y - during handover training if applicable	Y
FHF	MUHue-FHF/2014/42	Budget Functional Eye,Model #W16003,Gemany	Not available	Model #W16003	1	NL	2014	37,449,140	VND	1,884.02	2.2.1.10	Thai Binh Medical University	Thai Binh Province	Vietnam	Nov-14	Y	Y - during handover training if applicable	Y
FHF	62MHINHGPHM01FHF	Eye Model -5 times full size, 8 part #F12,Gemany	Not available	Not available	1	NL	2014	28,878,480	VND	1,452.84	2.2.1.10	Thai Binh Medical University	Thai Binh Province	Vietnam	Sep-14	Y	Y - during handover training if applicable	Y
FHF	6MHINHGPTBP01FHF	Eye in Orbit with Eyelid-6210.04, Altay-Italy	Not available	Model #W16003	1	NL	2014	28,878,480	VND	1,452.84	2.2.1.10	Thai Binh Medical University	Thai Binh Province	Vietnam	Sep-14	Y	Y - during handover training if applicable	Y
FHF	62LAPTOP02FHF	Laptop Sony 14N26SG	Sony	14N26SG	1	54672279000091	2014	22,681,818	VND	1,177.87	2.2.1.10	Thai Binh Medical University	Thai Binh Province	Vietnam	Sep-14	Y	Y - during handover training if applicable	Y
FHF	62TIVI02FHF	TV Bravia LED 3D 55 inch	Sony	KDL-55W800B	1	2857016	2014	28,090,909	VND	1,458.76	2.2.1.10	Thai Binh Medical University	Thai Binh Province	Vietnam	Jul-14	Y	Y - during handover training if applicable	Y
FHF	62MAYCHIEUTTL01FHF	01 Chart projector CP-500 SHIN NIPPON Japan	CP - 500, Shin Nippon. Nhật bản	CP - 500, Shin Nippon. Nhật bản	1	440706	2014	41,807,700	VND	2,077.65	2.2.1.10	Thai Binh Medical University	Thai Binh Province	Vietnam	Aug-14	Y	Y - during handover training if applicable	Y
FHF	62SINHHVMAT01FHF	Slit lamp, SL-450, Nidek, Japan	Nidek, Japan	(slitlamp), SL450	1	22856	2014	112,068,500	VND	5,638.04	2.2.1.10	Thai Binh Medical University	Thai Binh Province	Vietnam	Aug-14	Y	Y - during handover training if applicable	Y
FHF	62MAYDOKX01FHF	01 Auto ref-kerato/refrac accuref K-900 Japan	Nippon, Japan	Accuref 900K	1	Z3BN1159	2014	164,274,700	VND	8,163.69	2.2.1.10	Thai Binh Medical University	Thai Binh Province	Vietnam	Aug-14	Y	Y - during handover training if applicable	Y
FHF	SINHHVPT01FHF	Operating microscope, SO-5000SE, Scan Optics	Scan OpticsAustralia	SO-5000SE	1	14071101	2014	496,811,700	VND	24,994.05	2.2.1.11	Thai Binh Medical University	Thai Binh Province	Vietnam	Jul-14	Y	Y - during handover training if applicable	Y
FHF	19DENSOIMAT05,06,07,08	Ophthalmoscope, Ri-Former, Riester, Germany	Riester, Germany	Ri-Former	3	Code : 3650 + 10573-301	2015	53,493,900	VND	3,353.77	2.2.1.9	Thai Binh Medical University	Thai Binh Province	Vietnam	Aug-15	Y	Y - during handover training if applicable	Y

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																Y/N	Y/N/ Not required	Y/N/ Not applicable due to nature of item
FHF	MUHue-FHF/2014/54	01 Auto lens metter CL-300-TOPCON,JAPAN	Topcon-Japan	CL-300	1	2809499	2015	74,218,000	VND	4,653.05	2.2.1.8	Hue Medical University	Hue Province	Vietnam	May-15	Y	Y - during handover training if applicable	Y
FHF	MUHue-FHF/2014/55	01 Perimeter, Twinfield 2, Oculus, Germany	Oculus -Germany	Model: Twinfield 2	1	5692083025120	2015	468,345,985	VND	26,762.63	2.2.1.8	Hue Medical University	Hue Province	Vietnam	May-15	Y	Y - during handover training if applicable	Y
FHF	62MCHIEU06	Projector Sony VPL – EX255	Sony	VPL – EX255	1	490552E+12	2015	17,272,727	VND	1,068.06	2.2.1.9	Thai Binh Medical University	Thai Binh Province	Vietnam	Sep-15	Y	Y - during handover training if applicable	Y
FHF	62MOHINHHOCMAT1,3	Eye in Orbit with eyelid , F13, 3B, Germany	3B, Germany	Model: F13	1	NIL	2015	17,405,025	VND	1,091.20	2.2.1.9	Thai Binh Medical University	Thai Binh Province	Vietnam	Sep-15	Y	Y - during handover training if applicable	Y
FHF	62MOHINHMAT3,3	Eye Model,5 times full size, #F12, 3B, Germany	3B, Germany	(Eye Model)5 times full size, 8 part #F12,	1	NIL	2015	17,751,825	VND	1,112.94	2.2.1.9	Thai Binh Medical University	Thai Binh Province	Vietnam	Sep-15	Y	Y - during handover training if applicable	Y
FHF	19BODCTIEUPHAU01,02,03	Minor Surgery Set, Rumex, 13 items, USA	Rumex, USA	Rumex, USA	1	Nil	2015	18,395,650	VND	1,153.30	2.2.1.9	Thai Binh Medical University - Vu Thu district hospital	Thai Binh Province	Vietnam	Sep-15	Y	Y - during handover training if applicable	Y
FHF	62MOHINHMAT4,3	Budget Functional Eye, #W1600,3B-Germany	3B, Germany	Model #W1600	1	NIL	2015	21,501,600	VND	1,348.03	2.2.1.9	Thai Binh Medical University	Thai Binh Province	Vietnam	Sep-15	Y	Y - during handover training if applicable	Y
FHF	19BODCUPHAUTHUAT01,02,03,04,05	Refraction set, 4 items, England	Rumex, USA	Code: RR-W, Medop	1	Code: RR-W, Medop	2015	26,443,500	VND	4,973.57	2.2.1.8	Thai Binh Medical University	Thai Binh Province	Vietnam	Sep-15	Y	Y - during handover training if applicable	Y
FHF	19BODCUPHAUTHUAT01,02,03,04,05	Refraction set, 4 items, England	Rumex, USA	Code: DW-260M. Medop	1	Code: DW-260M. Medop	2015	26,443,500	VND	4,973.57	2.2.1.12a	Thai Binh Medical University - Vu Thu district hospital	Thai Binh Province	Vietnam	Sep-15	Y	Y - during handover training if applicable	Y
FHF	19BDUNGCUTP01,02,03	Medium surgical set, 13 items, Rumex, USA	Rumex, USA	13 item set, medium	1	NIL	2015	33,264,560	VND	2,064.84	2.2.1.12a	Thai Binh Medical University - Vu Thu district hospital	Thai Binh Province	Vietnam	Sep-15	Y	Y - during handover training if applicable	Y
FHF	19HOPTHUKINH01,02	Trial lens set, K350, Inami, Japan	Inami	Model: K350	2	NIL	2015	34,463,250	VND	2,160.65	2.2.1.8	Thai Binh Medical University	Thai Binh Province	Vietnam	Sep-15	Y	Y - during handover training if applicable	Y
FHF	62ONGKINHPHU01	Camera for surgical microscope	Takagi, Japan	OM5	1	Serial: 006-09SE	2015	46,980,000	VND	3,002.07	2.2.1.9	Thai Binh Medical University	Thai Binh Province	Vietnam	Sep-15	Y	Y - during handover training if applicable	Y
FHF	19MDCUKHUCXA01,02,03	Refraction table set,AARU 2002, Appasamy,India	Appasamy	Model: AARU 2002	1	2903140071	2015	62,044,500	VND	3,889.84	2.2.1.8	Thai Binh Medical University	Thai Binh Province	Vietnam	Sep-15	Y	Y - during handover training if applicable	Y
FHF	62BANMOMAT01	Surgical table, Otpodex OT, NOX India Corporation	NOX India Corporation	Model: Otpodex OT	1	NIL	2015	77,283,500	VND	4,797.24	2.2.1.9	Thai Binh Medical University	Thai Binh Province	Vietnam	Sep-15	Y	Y - during handover training if applicable	Y
FHF	19DENSOIMAT05,06,07,08	Cataract surgical set, Rumex, USA, 15 items	Rumex USA	Model : Ri-Former, Code : 3650 + 10573-301	2	NIL	2015	82,365,000	VND	5,163.82	2.2.1.9	Thai Binh Medical University	Thai Binh Province	Vietnam	Sep-15	Y	Y - during handover training if applicable	Y
FHF	19MMAIKINH01,02	Auto lens edger, LE 420, Medop, China	Model: LE 420, Medop	Model: LE 420, Medop	1	CP-OLE-0420A1601	2015	93,611,000	VND	5,868.88	2.2.1.8	Thai Binh Medical University	Thai Binh Province	Vietnam	Sep-15	Y	Y - during handover training if applicable	Y
FHF	62KINHVPT01	01 Surgical microscope, OM5, Takagi, Japan	Model: OM5, Takagi	Model: OM5, Takagi	1	914487	2015	141,462,098	VND	8,083.55	2.2.1.9	Thai Binh Medical University	Thai Binh Province	Vietnam	Sep-15	Y	Y - during handover training if applicable	Y

Annex 7b: Vietnam asset list

Consortium member	Asset ID #	Type of Equipment	Brand or manufacturer	Model	Quantity	SERIAL No.	Year of Purchase	Item purchase price (in purchase currency)	Purchase currency	Item purchase price AUD (as reported in expenditure reports) excl. GST	EAVP Budget line reference	LOCATION (name of organisation/hospital/ department/office etc)	Province/City	Country	Handover date	Maintenance plan in place	Maintenance training	Display acknowledgement of Australian Government support
																Y/N	Y/N/ Not required	Y/N/ Not applicable due to nature of item
FHF	19SINHHIENVIKHAM01,02	01 SLITLAMP CL-D4,TOPCON,JAPAN	Model : CL-D4, Topcon	Model : CL-D4, Topcon	1	40001848	2015	148,457,500	VND	9,307.45	2.2.1.9	Thai Binh Medical University	Thai Binh Province	Vietnam	Sep-15	Y	Y - during handover training if applicable	Y
FHF	19MDOKHUCXATUDONG01	01 Auto Kerato-refract, Accuref K-900 Nippon, Japan	ACCUREF K-900, Shin Nippon; Z4BN1659	ACCUREF K-900, Shin Nippon;	1	Z4BN1659	2015	149,210,000	VND	8,526.29	2.2.1.8	Thai Binh Medical University	Thai Binh Province	Vietnam	Sep-15	Y	Y - during handover training if applicable	Y
FHF	19DCUMOTTTHE01,02	A-B Ultrasound scanner, US-4000, Nidek, Japan	Rumex, USA	Model: US-4000	1	41117	2015	429,598,500	VND	26,933.40	2.2.1.9	Thai Binh Medical University	Thai Binh Province	Vietnam	Sep-15	Y	Y - during handover training if applicable	Y
FHF		Projector Sony VPL – EX255	Sony	VPL – EX255	1	s002194	2015	18,590,909	VND	1,187.98	2.2.1.8	Thai Binh Medical University	Thai Binh Province	Vietnam	Sep-15	Y	Y - during handover training if applicable	Y
FHF	19BODCUPHAUTHUAT01,02,03,04,05	Refraction set, 4 items, England	Rumex, USA	Code: TF-19, Medop	1	Code: TF-19, Medop	2015	26,443,500	VND	4,973.57	2.2.1.12a	Thai Binh Medical University - Vu Thu district hospital	Thai Binh Province	Vietnam	Sep-15	Y	Y - during handover training if applicable	Y
FHF	19BODCTIEUPHAU01,02,03	Minor Surgery Set, Rumex, 13 items, USA	Rumex, USA	Rumex, USA	2	Nil	2015	36,791,300	VND	2,306.61	2.2.1.9	Thai Binh Medical University	Thai Binh Province	Vietnam	Sep-15	Y	Y - during handover training if applicable	Y
FHF	19BDUNGCUTP01,02,03	Medium surgical set, 13 items, Rumex, USA	Rumex, USA	13 item set, medium	2	NIL	2015	66,529,120	VND	4,129.68	2.2.1.9	Thai Binh Medical University	Thai Binh Province	Vietnam	Sep-15	Y	Y - during handover training if applicable	Y
FHF	19SINHHIENVIKHAM01,02	01 Slitlamp CL-D4,TOPCON,Japan	Model : CL-D4, Topcon	Model : CL-D4, Topcon	1	40001847	2015	148,457,500	VND	9,307.45	2.2.1.12a	Thai Binh Medical University - Vu Thu district hospital	Thai Binh Province	Vietnam	Sep-15	Y	Y - during handover training if applicable	Y

Annex 8: EAVP links and resources

Monitoring and evaluation

Consortium Secretariat and member article published about the experience and process of evaluation with a Consortium program. Article available on request or through the journal website link provided below.

Dinh, Kathryn; Keys, Tricia and Thomson, Naomi. Finding the common thread: The charms and challenges of evaluation for a consortium-run international development program [online]. Evaluation Journal of Australasia, Vol. 15, No. 2, Jun 2015: 4-11.

<http://search.informit.com.au/documentSummary;dn=183296668682644;res=IELBUS>

ISSN: 1035-719X. (cited 17 May 16).

Cambodian Ophthalmology Society (COS) website

This site is used to share information on ophthalmology research and developments. It is also utilised by COS members who have registered as part of the Continuing Professional Development (CPD) program: http://www.cambodiacos.com/

Medical University Ophthalmology and Optometry programs

The EAVP worked with Medical Universities in Ho Chi Minh City, Hanoi and regional cities of Hue and Thai Binh to develop their faculties teaching tertiary eye health programs.

The following websites were launched to promote the achievements and developments of Ophthalmology at Hue and Thai Binh Medical Universities.

- **Hue Medical University:** http://bomonmatydhue.net/
- **Thai Binh Medical University:** http://oph.tbump.edu.vn/

The following website include supplementary teaching tools for the Optometry program in Vietnam

- **University of Medicine Pham Ngoc Thach – Ho Chi Minh City** (Optometry program is under the Eye Department): http://pnt.edu.vn/vi/Khoa-B%E1%BB%99-m%C3%B4n/Y-H%E1%BB%8Dc-L%C3%A2m-S%C3%A0ng/B%E1%BB%99-m%C3%B4n-M%E1%BA%AFt
- **Hanoi Medical University – Hanoi** (Optometry program is under the Eye Department): http://www.hmu.edu.vn and http://www.hmu.edu.vn/mobile/tID3621_-Cu-nhan-Khuc-xa-nhan-khoa-.html
- **Brien Holden Vision Institute Foundation's Optometry teaching resources** (Optometry teaching modules translated into Vietnamese and available for teaching and studying): https://academy.brienholdenvision.org/browse/vi

East Timor Eye Program

RACS is a member of the Consortium and the EAVP has complemented and supported their East Timor Eye Program. The East Timor Eye Program has been restoring eye sight and improving eye health in Timor Leste since the year 2000. The Program is helping rebuild Timor Leste's eye health services by training local doctors, eye care nurses and eye care technicians and providing outreach services to five districts. More information is available on the website: http://www.etep.org.au/

Vision 2020 Australia website

Investing in vision: Stories of lives changed through Australian support

http://www.vision2020australia.org.au/resources/investing-in-vision-stories-of-lives-changed-through-australian-support

Annex 9: EAVP alignment to the WHO Health Workforce Development Framework

Exert from eye health workforce development evaluative review

	Definition	Areas of intervention	EAVP
Policy	Legislation, regulation, and guidelines for conditions of employment, work standards, and development of the health workforce	Professional standards, licensing, and accreditation • Authorized scopes of practice for health cadres • Political, social, and financial decisions and choices that impact HRH • Employment law and rules for civil service and other employers	National eye health strategies developed in Timor-Leste and Vietnam; Road Map developed in Cambodia; next phase strategy for Cambodia to be developed in 2016 Introduction of new eye health workforce cadres in Cambodia (ON), Timor Leste (PGDO) and Vietnam (Optometry) Lobbying for relevant employment codes underway (Optometry in Vietnam, PGDO in Timor Leste)
Finance	Obtaining, allocating, and distributing adequate funding for human resources	• Salaries and allowances • Budget for HRH • National health accounts with HRH • Mobilizing financial resources (for example government, Global Fund, PEPFAR, other donors)	National partners are collaborating with Global Consortium members and the broader eye care sector to advocate for and identify resources to continue eye health sector development initiatives, including from government sources, health insurance where it exists, and through private sector and public private partnerships Training institutions are developing resource mobilisation/sustainability plans with Global Consortium member support
Education	Development and maintenance of a skilled workforce	• Development and standardization of training material • Pre-service education tied to health needs • In-service training including continuing education • Capacity of training institutions • Training of community health workers and non-formal care providers	Development/review/piloting/approval of training curricula, teaching modules and assessment methodologies Graduate training programs developed and introduced (ONT, optometry, PGDO) Upskilling of eye health workforce at multiple levels Strengthening of eye health training institutions PEC/LV training for CHWs developed and implemented

	Definition	Areas of intervention	EAVP
Partnerships	Formal and informal linkages aligning key stakeholders (e.g., service providers, priority disease control programmes, consumer/patient organisations) to maximise use of human resources for health	• Agreements in place between MOH and other health providers to supplement the delivery of health services • Mechanisms in place to mobilise community support for health services • Mechanisms in place for coordination of donors and other stakeholders	Eye health promotion activities conducted to raise awareness and increase demand for services Global Consortium members participating actively in eye care working groups/technical working groups Regular meetings of EAVP agencies in each country
Leadership	Capacity to provide direction, align people, mobilise resources, and reach goals	• Identification, selection, and support of HRH champions and advocates • Leadership development for HRH managers at all levels • Capacity for multi-sector and sector-wide collaboration • Modernising and strengthening professional associations	Eye health planning and management is a central component of the EAVP Engagement with MoH and MoE in Cambodia, Timor-Leste and Vietnam (MoET) Strengthening of the COS / OSC (Cambodia) Development of CPD program in Cambodia that can inform the wider health sector nationally and be replicated in other contexts
Human resource management systems	Integrated use of data, policy, and practice to plan for necessary staff, recruit, hire, deploy, develop, and support health workers	• Personnel systems: workforce planning (including staffing norms), recruitment, hiring, and deployment • Work environment and conditions: employee relations, workplace safety, job satisfaction, and career development • HR information system integration of data sources to ensure timely availability of accurate data required for planning, training, appraising, and supporting the workforce • Performance management: performance appraisal, supervision, and productivity • Staff retention: financial and non-financial incentives	Eye health workforce development program data generated through M&E systems Analysis and use of data to inform program planning, management and resource allocation

Annex 10a: Cambodia: East Asia Vision Program summary

Context overview

- An estimated 43,800 people are blind in both eyes.
- Eye health and vision care services are available in only 21 out of 80 provincial/district based referral hospitals.
- The eye care workforce is small in relation to the population and the need for eye care services.

The East Asia Vision Program (EAVP) is a three year program (2013-15) funded by the Australian Government and implemented through Vision 2020 Australia's Global Consortium. It involves Consortium members working together with country partners in Vietnam, Timor-Leste and Cambodia to reduce avoidable blindness and low vision.

Consortium members: Brien Holden Vision Institute, The Fred Hollows Foundation, The Royal Australian and New Zealand College of Ophthalmologists

Program Partners: Cambodia Ministry of Health, National Program for Eye Health, Cambodian Ophthalmological Society, University of Health Sciences, Optometrists' Society of Cambodia, NGOs in Cambodia working in eye health

Significant outcomes

- Government accredited Ophthalmic Nurse training program introduced to the country for both public supported and private sector students.
- Introduction of Cambodia's first formalised Continuing Professional Development course within the Health Sector.
- Strengthened training capacity at teaching hospitals including the University of Health Sciences. This included strengthening quality of teaching, clinical placements and assessment for the Ophthalmology Resident Training program.
- Support for future leaders in eye health services and teaching. Graduates/junior lecturers were supported to build their skills and utilise opportunities in teaching, mentoring and clinical areas.
- Increased numbers of women working as ophthalmologists in Cambodia. Initially, of the ORT graduates from 2013-2015, three of the ten ORT graduates were women. In 2016, eight of the 21 residents enrolled are women.
- National School health policy (including child eye health and school screening guidelines) endorsed by MoH and MoYS. Inclusion of child eye health in this policy is an important development as it will influence and support early screening, eye health awareness and referral pathways for school children, teachers and community.

Key output results	Year 1-2	Year 3	All years (1-3)
Capacity Training Activities	995	1,771	2,766
Training personnel to assume new roles	88	100	188
New and upgraded training curricula/modules	5	1	6

Annex 10b: Timor-Leste: East Asia Vision Program summary

Context overview

- At the start of the EAVP, approximately 61,100 people aged over 40 who have a vision impairment, including 14,100 people who are blind.
- 61.7 per cent of people with a disability have a visual impairment. Blindness and low vision is twice as high in rural than urban areas.
- Workforce shortages in the health sector, including in eye health, continue to be a critical issue.

The East Asia Vision Program (EAVP) is a three year program (2013-15) funded by the Australian Government and implemented through Vision 2020 Australia's Global Consortium. It involves Consortium members working together with country partners in Vietnam, Timor-Leste and Cambodia to reduce avoidable blindness and low vision.

Consortium members: The Fred Hollows Foundation, The Royal Australasian College of Surgeons, The Royal Australian and New Zealand College of Ophthalmologist.

Program partners: Ministry of Health, National Eye Centre (NEC), Universidade Nacional Timor Lorosa'e (UNTL), Hospital Nacional Guido Valadares (HNGV), National Institute for Health, East Timor Blind Union, Halibur Deficiente Matan Timor-Leste Fuan Nabilan (HDMTL), Fo Baroman Timor-Leste, The Fred Hollows Foundation New Zealand.

Key outcomes

- Development of the post-graduate diploma in ophthalmology (PGDO) curriculum and training program. This tripled the number of clinicians able to provide cataract surgery in Timor.
- Review and updating of in-service certificate training for essential eye care and refraction, and primary eye care (PEC) training
- Skills and knowledge development for ophthalmology residents, ophthalmologists, eye care technicians, refractionists, ocularist and orientation and mobility (O&M) trainers. Development of the post-graduate diploma in eye care (PGDEC) curricula for ophthalmic nurse (ON) specialisation.
- Business development and advocacy training for vision rehabilitation organisations in Timor to support future planning and organisational sustainability.

Key output results	Year 1-2	Year 3	All years (1-3)
Services (Screenings)	30,403	13,495	43,898
Services (Treatments)	15,703	6,166	21,869
Training activities held	300	193	493
People trained into cadres	54	33	87
New or updated training curriculum/modules	4	1	5

Annex 10c: Vietnam: East Asia Vision Program summary

Context overview

- There are 385,800 people aged over 50 years who are blind and 1.66 million with low vision
- Visual disability represents 13.8% of all disability in Vietnam, where the prevalence of disability is relatively high
- Provincial Prevention of Blindness Committees have been established in most provinces but need more support to function effectively
- The eye care workforce needs to be expanded to meet eye health needs in Vietnam, with particular focus at the mid-level cadres of optometry, refraction, ophthalmic nursing and low vision technicians.

The East Asia Vision Program (EAVP) is a three year program (2013-15) funded by the Australian Government and implemented through Vision 2020 Australia's Global Consortium. It involves Consortium members working together with country partners in Vietnam, Timor-Leste and Cambodia to reduce avoidable blindness and low vision.

Consortium members: Brien Holden Vision Institute; CBM Australia; The Fred Hollows Foundation; The Royal Australasian College of Surgeons and The Royal Australian and New Zealand College of Ophthalmologists.

Program partners: Ministry of Health, Ministry of Education and Training; Vietnam National Institute of Ophthalmology, Provincial authorities; Thai Binh, Nghe An, Son La, Hai Duong, Ninh Binh; Universities in Huem Thai Binh, Hanoi, Ho Chi Minh City; NGOs (including those working in disability).

Key outcomes

- Introduced optometry into eye health workforce via an accredited, contextually appropriate Bachelor of Optometry and Vision Science training curriculum.
- Increased eye health training capacity via faculty development, upgrading of training infrastructure and equipment, curricula and training module review, development of new materials and promoting cooperation among capital city and regional Medical Universities.
- Strengthened existing eye health workforce via clinical skills and knowledge development and train the trainer courses and support to build training and teaching capacity.
- Established the first national Low Vision centre, including training for health workers and volunteers, infrastructure and equipment support.
- Introduced comprehensive disability inclusive eye health model in two regions.
- International fellowships completed in ophthalmology sub-specialty training.
- Three research projects completed to inform eye health service delivery and planning

Key output results	Year 1-2	Year 3	All years (1-3)
Services (Screenings)	17,783	19,360	37,143
Services (Treatments)	859	7,189	8,048
Training activities held	850	499	1,349
People trained into new cadres	22	101	123
New or updated training curricula /modules	8	5	13

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Independent Auditor's Report to the Consortium Agency Members and Department of Foreign Affairs and Trade (DFAT)

We have tested the extraction of the "EVAP 2013-2015 Summary" table ("the Table") on page 1 of the attached Financial Report of the East Asia Vision Program (EAVP) for the period from March 2013 to February 2016.

The Responsibility of Consortium Agency Members (Members) for the Financial Report

The Members' directors are responsible for the preparation of the Financial Report in accordance with the funding orders 37908/18 and 37908/14. The Members' directors are also responsible for such controls as the directors determine are necessary to enable the preparation of the Financial Report that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on the accurate extraction the Table on page 1 of the Financial Report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the Table has been extracted free from material misstatement.

Our procedures included agreement, on a test basis, of the amounts reported in the Table. These procedures have been undertaken to form an opinion as to whether, in all material respects, the sources and application of funds reported in the Table on page 1 has been properly extracted from the audited financial reports of the Consortium Agency Members in accordance with the funding orders 37908/18 and 37908/14.

Our audit has been limited to the extraction in the Table of the sources and application of funds from the audited financial reports of the Consortium Agency Members. Because we have not performed an audit of the sources and application of funds of the Consortium Agency Members, we are not in a position to and do not express an opinion as to whether the sources and application of funds materially presents the sources and application of funds for the EAVP for the period from March 2013 to February 2016.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

In conducting our audit we have met the independence requirements of the Australian professional accounting bodies.

Opinion

In our opinion, the sources and application of funds for the Consortium Agency Members for the period from March 2013 to February 2016 is accurately extracted, in all material respects, from the financial reports of Consortium Agency Members Funding in accordance with the funding orders 37908/18 and 37908/14 and reported in the Table.

Basis of Accounting and Restriction on Distribution

This report was prepared to assist the directors of Consortium Agency Members in complying with the requirements of the funding orders 37908/18 and 37908/14 between the Consortium Agency members

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and DFAT. This report is not appropriate for use for any other purpose. Our report is intended solely for the Recipients and should not be distributed to any other parties.

A party other than the Recipients accessing this report does so at their own risk and Ernst & Young expressly disclaims all liability to a party other than the Recipients for any costs, loss, damage, injury or other consequence which may arise directly or indirectly from their use of, or reliance on the report.

Ernst & Young

Kieren Cummings
Partner
Sydney
24 May 2016