

Powerpoint slides – NEC Manual 2011

1. A functional National Prevention of Blindness Committee (NPBC)

National Prevention of Blindness Committee:

- A representative of the MoH – usually Chairperson
- Other governmental bodies such as Ministries of education, social services, research, development, works, finance, planning –some of these can be on an ad hoc basis when the need arises
- Public health, Child health and Maternal health representatives
- Local Society of Ophthalmology and/or Optometry
- Academic ophthalmic training programme leaders
- Local NGOs
- INGOs
- Bilateral, multilateral and UN agencies

Roles & responsibilities of an NPBC

- Discussion of national policies
 - Preparation of material by ad hoc task force
- Review of strategic plans and annual reports
 - Preparation of material by trachoma task force, childhood blindness task force, etc.
- Resource mobilisation
- Discussion of management systems
 - Preparation of material by ad hoc task force
- Discussion of approaches to advocacy
- Preparation of material by advocacy task force (includes plans for World Sight Day, etc.)
- Review of human resource issues
 - Preparation of material by human resource task force

Executive Committee of an NPBC

Roles & responsibilities

- Meet as needed (e.g., related to issues that arise)
- Prepare suggested actions for the NPBC to consider and give activities to task forces
- Finalise national strategic plans, annual reports, etc.
- Meet regularly with key officials/politicians

Suggested membership

- National Eye Health Coordinator
- 1–2 NGO country coordinators
- Academic institution director (e.g., Head of Eye Dept of a training institution)
- MoH representative

Possible task forces

Human resource

- Develop new schemes of service recommendations (e.g., managers, low vision technicians)
- Assess current deployment and recommend changes to improve retention
- Review current distribution of human resources and make suggestions for improved equity.

Possible task forces

Trachoma

- Review the national trachoma plan and annual reports
- Identify and encourage new partnerships
- Discuss trachoma-specific policies (e.g. distribution of Azithromycin after trichiasis surgery, use of Rapid Trachoma Assessment Method (TRA) or district surveys, surveillance)

Possible task forces

Advocacy

- Create a communication strategy
- Identify the key advocacy needs
- Develop advocacy material
- Plan national World Sight Day activities

Infrastructure, equipment & consumables

- Work with Ministry of Finance to get specific items on the essential drugs list
- Work with Customs department to facilitate easy clearance
- Identify the possibility of having a national procurement system
- Develop and propose norms for infrastructure, equipment, and consumables at all levels

Improving functioning of NPBCs

- Ensure that reports from all meetings are disseminated widely and in a timely fashion (within one week of the meeting)
- Encourage NPBCs to be inclusive rather than exclusive
- Focus on the work to be done as the first priority. If some people on a 'task force' are not performing, encourage replacement
- Encourage the task forces to provide written reports regularly to the Executive Committee
- Request that each VISION 2020 district establish a VISION 2020 committee and meet at least twice per year. Reports should be submitted to the NPBC.
- Set dates of meetings well in advance (at least 3 months), notify everyone, and do not change the date.
- Send material to review at least 2 weeks in advance of the NPBC meeting and request that everyone read it before coming

Example of Terms of Reference – IAPB/NGO Eye Care Forum

Background

The IAPB/NGO Eye Care Forum was initiated in response to the agreement between IAPB members to strengthen NGO eye care coordination at a country level.

Membership

The IAPB/NGO Eye Care Forum consists of representatives of registered local and International Non Governmental Organisations and IAPB members. Criteria for membership are:

- Having a major focus in eye care
- Current or intended physical presence in (country)
- Having a broad geographic scope (not just one facility)
- Having a national interest
- Having a technical expertise in the eye care field

ToR con't

Mandates

This forum has the following mandate areas;

- Support the development and implementation of national eye care plans
- Support and enhance M&E of eye care delivery
- Coordination among members and joint planning
- Share and consolidate information and resources
- Advocacy as regards issues related to eye care
- Joint resources mobilisation
- Address relevant issues arising from various forums

ToR con't

Structure

Quarterly meetings will be organised and hosted by the members on a rotation basis.

Chairperson

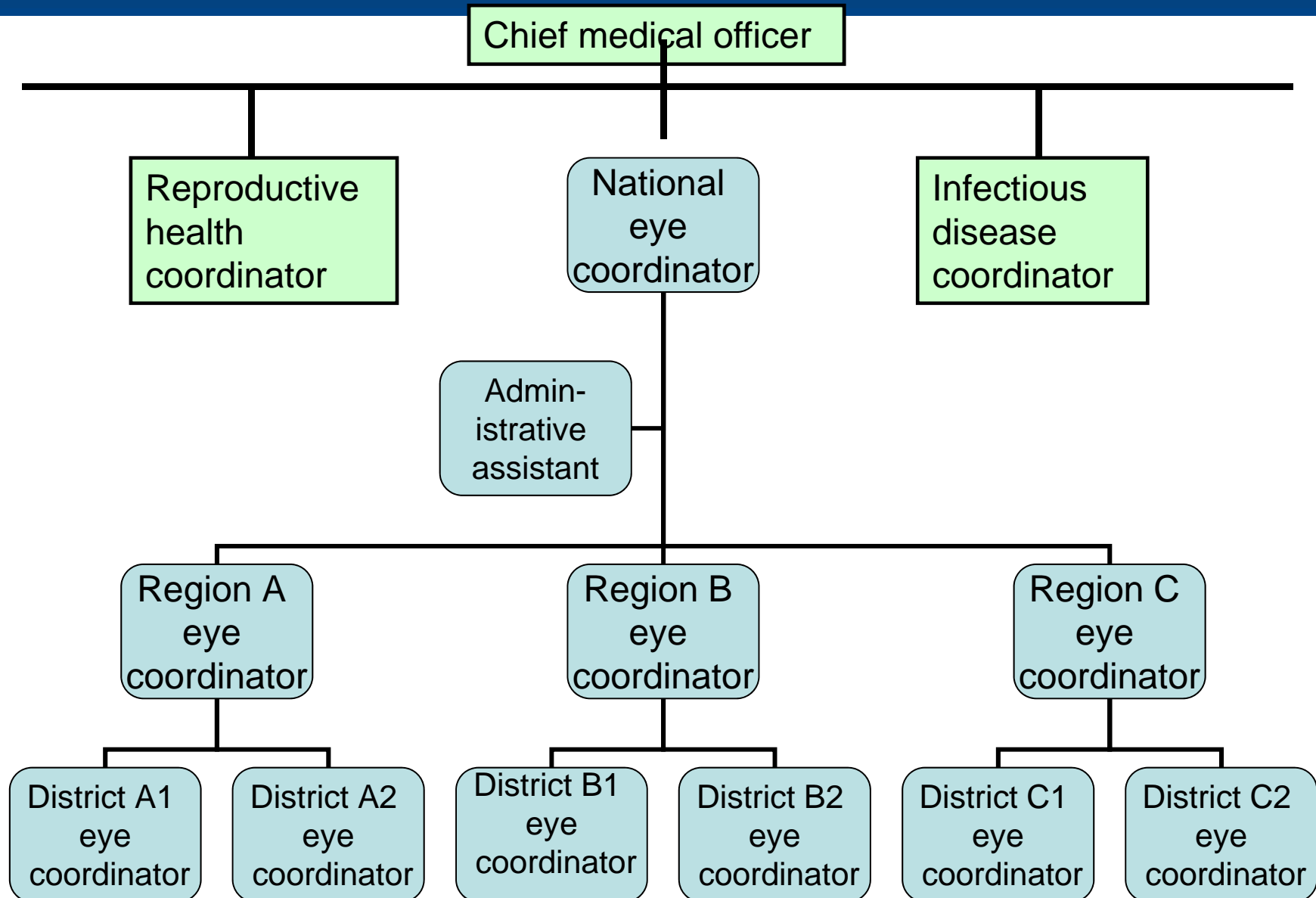
The forum chairperson will be elected for a one year mandate. For the year 20XX, the members have requested that (name of organisation) takes on this responsibility. The role of the chairperson is to facilitate communication, organise meetings and circulate the agenda.

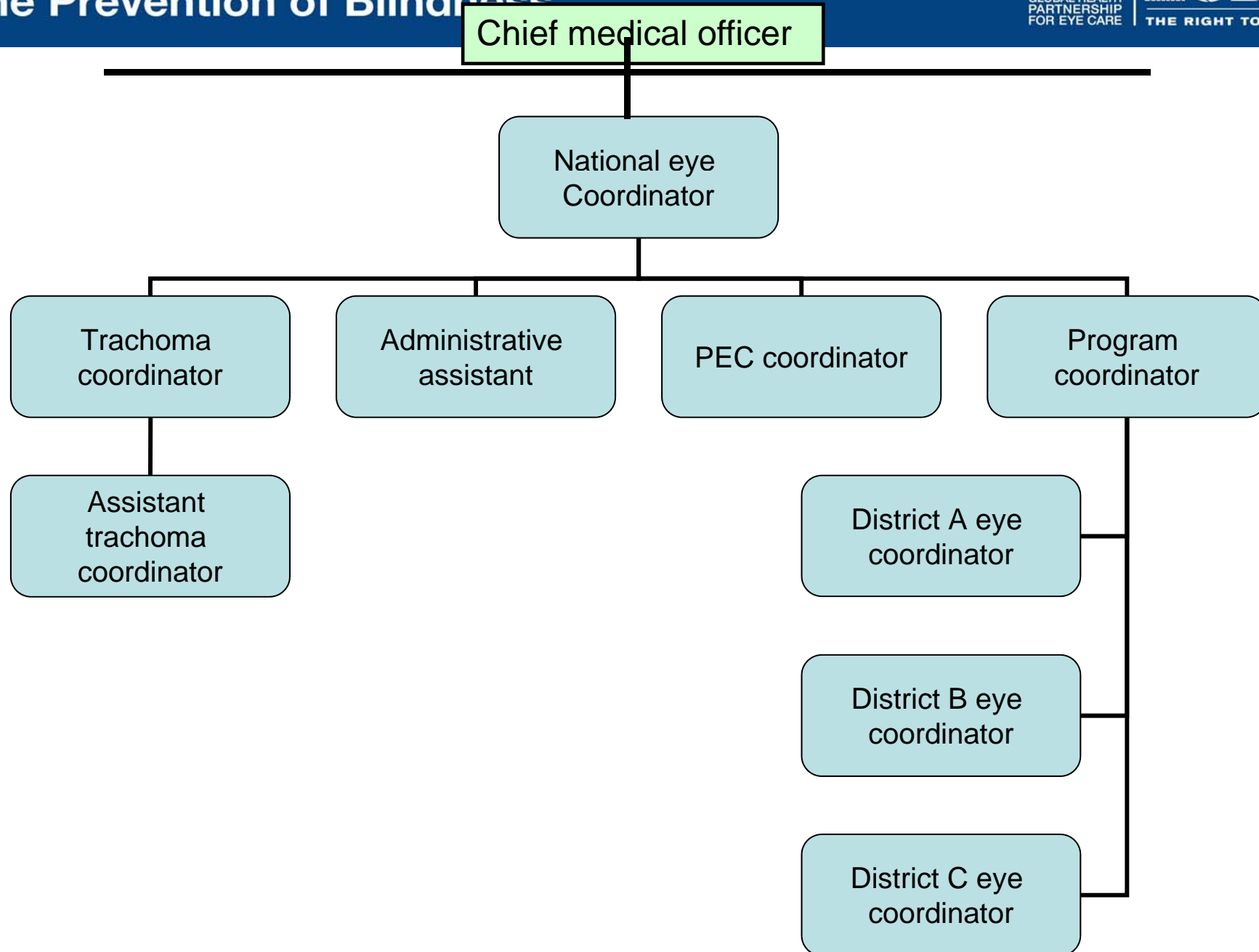
Notes of the meetings will be circulated among the participants and then shared with the Ministry of Health.

2. Organisational structures

Can be : Centralised
 Decentralised or
 Mixed models

Two examples are shown on the following slides





3. Job descriptions

Minimum elements of a job description

- The job title: e.g., National Eye Health Coordinator
- Location of job
- To whom does job holder report and who does job holder supervise?
- A position summary describing the purpose of the job
- Major responsibilities: tasks and essential duties of the job, i.e., those tasks on which the employee will be evaluated
- Any other important aspect of the job the employee may be assessed on
- Working conditions, e.g., amount of travel away from home
- Job qualifications, describing the education, experience, and skills necessary to perform the job.

Developing a job description: try it for yourself

- If there is no job description agreed for your position, this is the time to develop one. If you do have a job description, complete this exercise anyway, then compare the tasks you come up with to the official description of your job to see how well they match.
- Group tasks under different areas of work, for example: planning, monitoring & supervision, reporting, communicating, advocating, etc.
- Note down as completely as possible, all the tasks required in each area
- Rank them in order of importance, or as major & minor
- Does the result form a good description of how you are spending your time?

Developing a job description- con't

Areas of Work	Task 1	Task 2	Task 3	Task 4	Task 5

Potential responsibilities to go into a job description for a NEC

Developing policy and planning

- Draft, review and submit policy documents regarding eye care
- Draft, review and submit documents providing standards or guidelines in provision of eye care
- Identify resources needed for policy and planning activities; mobilise as needed
- Network with all partners and stakeholders regarding policy and planning
- Lead the development of national strategic plans
- Assist, as needed, the development of district/regional implementation plans

Potential responsibilities to go into a job description for a NEC – con't

Coordination of efforts in the country

- Identify potential partners and encourage them to participate in blindness prevention in the country
- Send out invitations to all groups and individuals for NPBC meetings
- Conduct (serve as secretary, prepare agenda, etc.) NPBC meetings
- Produce minutes from NPBC meeting and disseminate
- Follow up on specific action points from NPBC meeting

Potential responsibilities to go into a job description for a NEC – con't

**Supportive supervision/ improving quality/ monitoring of staff
working in the NEC's office as well as Regional Eye Health
Coordinators**

- Develop or revise supervisory tools to enable supportive supervision to
Regional/District

Eye Health Coordinators

- Conduct supervisory visits, as practical, otherwise use email or phone to
provide ongoing

supervision of Regional/District Eye Health Coordinators

- Create or strengthen the team approach for support and supervision
- Conduct as needed training in supportive supervision
- Prepare staff reports and disseminate, as appropriate
- Prepare or revise the terms of reference for the Regional Eye Health
Coordinators and disseminate

Potential responsibilities to go into a job description for a NEC – con't

Reporting

- Develop or revise the data reporting format (MIS) for the country to ensure relevant data at the regional/district level are collected and submitted to the national level
- Ensure that national data are submitted to appropriate international bodies in an annual report
- Supervise the analysis of the data
- Prepare, as a minimum, an annual report on eye care activities in the country and disseminate

Potential responsibilities

Advocacy

- To advocate for the VISION 2020 goal: eliminating blindness from avoidable causes in your country.
- Develop advocacy plans focused on people and parts of the Ministry of Health, national ophthalmic societies and their members, and NGOs that have an interest in eye care.
- Ensure business people and other government departments such as finance, education, or water and sanitation are included in the advocacy plans.
- Develop advocacy expertise as required to deliver the national advocacy strategy

Maintaining good communication

- Identify all partners and stakeholders in eye care and determine mechanisms for routine communication
- Maintain frequent communication with all partners and stakeholders, compiling feedback on issues of mutual interest

Research

- Assist partners, academic institutions, and others to identify priority topics for research
- Assist partners, academic institutions, and others to identify the best teams to carry out research
- Assist, as possible, in the conduct of research
- Assist with the dissemination of findings of research carried out in the country as well as findings from research which is of relevance to the country
- Work with partners, academic institutions, and others to assess the evidence from the research and decide how it can be used to revise policies or programmes

Potential responsibilities con't

Capacity building of staff and coordinators within the country

- Assess capacity building needs of Regional Eye Health Coordinators and other staff members

and identify approaches to improve their skills.

Facilitate procurement of necessary drugs and equipment

- Work with partners and other sectors of government to ensure efficient and effective

approaches to procure and provide necessary medicines and equipment for public facilities.

Template for a Job description

Job Title

Reports to:

Supervises:

JOB PURPOSE: Briefly describe the overall purpose **or** function of the job

PRINCIPAL ACCOUNTABILITIES:

Describe the principal accountabilities of the job, i.e. specify activities and end results.

Estimated % time

Activity

JOBHOLDER REQUIREMENTS:

Identify the essential knowledge, skills and behaviours required.

Education & Experience:

Special Training or Competence:

KEY RELATIONSHIPS (excluding supervisor and those supervised)

Internal

External:

.

4. VISION 2020 planning

Differences between National Planning and District planning for VISION
2020 – see next slide

National planning vs. “district” planning

National plans include:

- National policies (human resources, deployment, remuneration & incentives)
- National training initiatives and plans to improve capacity
- Recommended staffing at different levels of service delivery
- National reporting guidelines
- National advocacy
- Desired equipment and instrument norms
- Disease priorities (and basic strategies)
- National procurement of consumables
- National supervisory structures
- Overall national targets for service delivery
- National coordination

District plans include:

- Current assessment of service delivery, staffing levels, equipment and instruments
- Targets for service delivery (e.g., cataract surgeries, spectacles dispensed, diabetic patients screened annually)
- Activities needed to achieve each of the targets (including changes needed to infrastructure, management, skills)
- Plans for improving partnership (and identifying new partners)
- Routine monitoring & reporting
- Coordination at the “district” level
- Time frame for each activity
- Budget

Information to generate before planning session

National planning

Current policies on human resource development, staffing norms, deployment

Current training capacity (annual graduates, whether being trained inside the country or outside the country)

Current status of procurement of medicines & consumables

Evidence (from the scientific literature) that could assist with planning of services

Current service delivery (district by district) of key indicators (e.g., cataract surgeries, children receiving surgery for congenital/developmental cataract, presbyopic spectacles dispensed)

District planning

Current service delivery (sub-district by sub-district and by sex) for priority conditions

- Cataract surgeries
- Presbyopic spectacles
- Childhood cataracts operated
- Glaucoma surgeries
- Diabetic retinopathy patients screened

Human resources (exact numbers, placement, include active personnel only)

Equipment (working or not, number, placement)

Partners (NGOs, companies, service clubs)

Steps in district planning

- Review the current situation
- Discuss practical and desirable targets
 - The discussion should lead to targets that are both practical and will, with time, enable the team to reach their VISION 2020 goal
- Set targets for service delivery
 - Best to only have 3-4 targets
- For each target decide on the specific activities needed to achieve the target
 - Activities include training of personnel, purchase of equipment and supplies,
deciding on a 'bridging strategy' (linking communities with hospitals)
- Determine who will be responsible for each activity and when it will be done

Who should be involved in “district” VISION 2020 planning

Attributes of participants

Good technical skills related to eye care

Demonstrated leadership skills
(preferably, the ophthalmologist)

Authority to make financial
decisions (allocation of
resources)

Understanding of current eye care
and general health care in the
sub-districts

Representing all current and
potential partners

Potential participants

Ophthalmologist

“District” health director

“Sub-district” health directors

Partners

- NGOs
- Service clubs
- Companies supporting eye care services

Private eye care practitioners

Other eye care personnel (from
hospital or sub-districts, as
needed)

How is facilitating different from teaching?

Facilitating

Empowering

Guiding

Motivating

Teaching

Instructing

Testing

Measuring

Keys to effective facilitating

- Make sure that the participants are clear about the task(s) to be undertaken
- Make sure that participants have all of the information necessary for the task (clear up any confusion/misunderstanding in advance)
- Give participants a structure for working (e.g., a form to start filling out)
- Have someone putting the information on computer as the group progresses.
- Walk around and listen peripherally to make sure they are on the right track. If not, ask questions rather than give instructions. Do not take over.
- Ask lots of questions, particularly in the problem solving stage
- Try to identify a natural leader in the group. Talk to him/her during breaks to further empower
- Have the group present back to everyone once a day to get confirmation and to pose questions
- Always find something to praise – particularly if the target is going to be a challenge
- Make sure that people feel comfortable in discussing problems. Never criticise
- Watch the dynamics of a group. If a sub-group starts to form (at odds with the main group) make sure their concerns/ideas get included.

Rapid Assessment of Avoidable Blindness

A RAAB survey, properly done, will provide the following:

- An estimate of the prevalence and causes of avoidable blindness and visual impairment
- The cataract surgical coverage
- Outcomes after cataract surgery

What RAAB does *not* provide

- Information on the type of refractive error or near vision
- Prevalence of rare diseases – sample not large enough
- Limited posterior segment diagnoses. No intraocular pressure and visual fields, needed to confirm the diagnosis of glaucoma
- Cataract surgical rate
- No information on children or anyone <50 years
- No data on resources for planning

It will require a dedicated full time team for 3–4 months (or two teams for half the time or 3 for 1/3 the time.) A RAAB will cost US\$30,000 – US\$40,000.

RAAB con't

- Coordinator – must visit each village before exam day to explain to village head, map village, arrange date, select village guide
- Team members
 - Ophthalmologist
 - Assistant to ophthalmologist
 - Village guide
 - Driver
- Equipment per team
 - E chart
 - 6 meter rope
 - Pinhole
 - Torch
 - Direct ophthalmoscope
- Office
 - Data entry clerk
 - Computer

Warning: RAAB is not a simple exercise and it should not be undertaken without the help of an experienced trainer

5. Monitoring and reporting

What happens at an annual review meeting

- National health official to preside
- Each district presents its progress against its targets
- Awards given to districts. For example:
 - For greatest improvement
 - For best coverage
 - For gender equity
- NGOs and academic centres are invited as observers
- Districts receive feedback from national health officials.
- Challenges identified by the districts and discussed by the large group.

Steps in determining indicators for monitoring at the district level

1. For each target, decide upon the indicator and frequency of reporting
 - Consider breaking down by sex or by sub-district
2. For each activity, identify whether you need a process or outcome indicator
3. Decide upon the frequency of reporting.
4. Review the forms for reporting
5. Determine reporting parameters
 - Who will prepare and submit the reports
 - When reports will be due
 - Who will compile the findings from the reports
6. Determine how feedback will be provided.

6. Leadership

Leadership styles

The 1930s, Kurt Lewin described three types of leaders:

- Autocratic/authoritative leaders** provide clear expectations for what should be done, when it should be done, and how it should be done. These leaders make decisions independently with little or no input from the rest of the group. This may be appropriate when decisions genuinely need to be made quickly, when there's no need for input and the leader is the most knowledgeable member of the group, and when team agreement isn't necessary for a successful outcome. As a long term day in and day out approach it will result in dissatisfaction among the team members and it does not encourage creativity. Abuse of this style is controlling, bossy, and dictatorial.

Leadership styles con't

- **Democratic/participatory leaders** allow the team to provide input before making a decision, although the degree of input can vary from leader to leader. This type of style is important when team agreement matters, but it can be quite difficult to manage when there are lots of different perspectives and ideas. If relied on exclusively it may result in too slow a change or maybe no change at all.
- **Laissez-faire/delegating leaders** don't interfere; they allow the team to make many of the decisions without interference. This style is most useful when the group members are highly qualified in an area of expertise, strongly motivated and don't need close monitoring or supervision. It may foster some of the most creative results. In the wrong situation, however, it can lead to poorly defined roles, lack of motivation and very poor productivity.

Characteristics of good leaders

- ✓ Openness
- ✓ Honesty
- ✓ Consistency
- ✓ Fairness
- ✓ Ethics
- ✓ People Person
- ✓ Team Builder
- ✓ Lead by Example
- ✓ Trust
- ✓ Mutual Respect
- ✓ Communication
- ✓ Strategist
- ✓ Change Agent

- Personal Power
- Future
- Solution

Personal Responsibility

“us”,
“I”,
“we”

So what can I / we do about it ?

“Above the line”

“Below the line”

Victim
Past
Problem

Blame others
Justify
Deny
Defend
Quit

“You”,
“They”,
“Them”

Leaders	Managers
Create	Implement
Develop	Advance
Inspire Trust	Steer
Think long term	Think near term
Ask what and why	Ask how and when
Watch the horizon	Watch bottom line
Challenge the status quo	Enhance the Status quo
Are their own people	Are good soldiers
Do the right thing	Do things right

7. Supervision

What is the role of a supervisor?

- Assess and guide
- Support
- Encourage/motivate
- Evaluate
- Correct
- Recommend
- Clarify instructions, tasks

Key supervision strategies

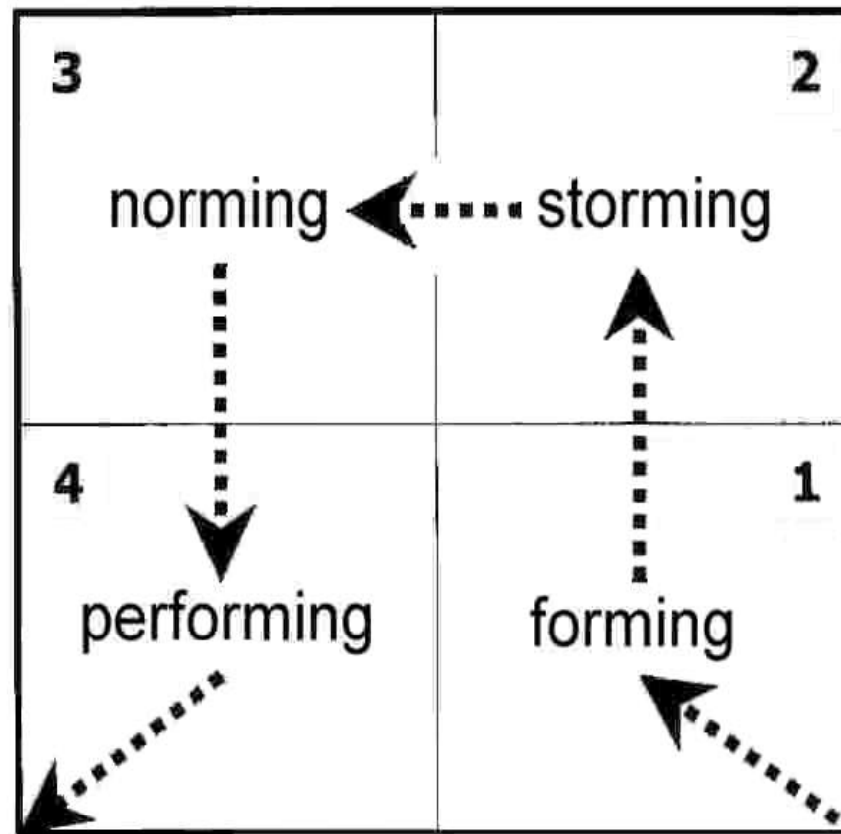
- Supervision should be supportive and active in nature. Make a habit of asking, “how can I help you?” or “how is it going?”
- Supervision should be linked to job description – be sure the person understands what is expected of him/her
 - What, when, and to whom should he/she report
- Make a plan to keep up with relevant activities of those you supervise. This can be by phone, email, or in person. Discuss progress and challenges
- Empower and support those you supervise
- Prepare for all supervisory visits by
 - reviewing the job description
 - checking before the visit to see if there are needed supplies/equipment that you can take with you
- Remember that supervision is not limited to visits only. Daily interactions in the office or regular phone calls are also part of supervision.

8. Team development and conflict resolution

Why work in teams?

- Provide a variety of skills and experience
- Come up with more ideas or solutions
- Opportunity to brainstorm
- Opportunity to develop a consensus of opinion
- Shared responsibilities
- Increase motivation through support and encouragement

Tuckman's Team Development Model



Tuckman's model

Stage 1: Forming

- High dependence on leader for guidance and direction
- Little agreement on team aims other than what is received from leader
- Individual roles and responsibilities are unclear

Stage 2: Storming

- Clarity of purpose evolves though many uncertainties persist
- May be competition among team members to establish themselves
- The team needs to be focused on its goals to avoid becoming distracted by relationships and emotional issues
- The leader coaches

Stage 3: Norming

- Agreement and consensus largely forms among team
- Roles and responsibilities are clarified and accepted
- Commitment and unity is strong
- There is general respect for the leader and leadership becomes more shared by the team
- The leader facilitates and enables

Stage 4: Performing

- Team has a shared vision and high degree of autonomy
- There is a focus on achieving goals
- The team is able to attend to relationship, style and process issues along the way
- Team members look after each other
- The team receives delegated tasks and projects from the leader. But does not need instruction or much assistance
- Leader delegates and oversees

Conflict resolution: 9 Steps

1. Don't put it off – get the facts as soon as possible
2. Discuss the problem with the staff member – let him/her explain first to you what happened
3. Reach agreement between supervisor and staff member as to the problem.
4. Help staff member understand how his/her under-performance is affecting performance of the team
5. Encourage the staff member to discuss how to solve the problem and avoid similar problems in the future
6. Jointly agree on plan of action
7. Follow up to see that the actions are being taken
8. Follow up again!
9. Follow up again!

Communicate, communicate, communicate

- Just because you know something, doesn't mean you mentioned it to your staff.
- Just because you said it doesn't mean they heard it
- Just because they heard it, doesn't mean they understood.
- Even if they understood it, they may not do it—so you need to hear and understand them!

“Praise loudly, blame softly”

- Criticise in private, you may not know the whole story
- Use facts, not assumptions
- Public blame shames
- Public praise energises
- 5 compliments to 1 criticism

9. Advocacy

Many definitions, different insight

1. **Advocacy** is an action directed at changing the policies, positions or programmes of any type of institution.
2. **Advocacy** is pleading for, defending or recommending an idea before other people.
3. **Advocacy** is speaking up, drawing a community's attention to an important issue, and directing decision makers toward a solution.
4. **Advocacy** is working with other people and organisations to make a difference.
5. **Advocacy** is putting a problem on the agenda, providing a solution to that problem and building support for acting on both the problem and solution.

6. **Advocacy** can aim to change an organisation internally or to alter an entire system.
7. **Advocacy** can involve many specific, short-term activities to reach a long-term vision of change.
8. **Advocacy** consists of different strategies aimed at influencing decision-making at the organisational, local, provincial, national and international levels.
9. **Advocacy** strategies can include lobbying, social marketing, information, education and communication (IEC), community organising, or many other ‘tactics.’
10. **Advocacy** is the process of people participating in decision making processes which affect their lives.

10. Partnership development

Features of healthy partnerships

- Sharing of information
- Sharing of credit for goals accomplished or activities done
- Sharing of ideas for improving the services provided
- Honest and respectful interaction
- Frequent communication and reporting
- Sharing of resources (personnel, office space, finances, etc.)

Strategies for strengthening existing partnerships

Have a well-functioning NPBC/executive committee

- Frequent meetings of executive committee
- Flexible organisation and communication
- Task Forces (e.g., trachoma, HRD) to deal with technical issues
- Rotate responsibilities (chairing, recording, etc.) between partners
- Always encourage inclusiveness; avoid any exclusiveness
- Frequent reporting and communication
- Celebrate events together (World Sight Day)
- Set dates for meetings well in advance; do not change dates.
- Provide regular reporting (use email) from all activities held (by working groups, etc.) in a timely fashion.
- Open up meetings to all willing to contribute
- Regional and National Task Force should meet with the Regional Medical Officer and Minister for Health periodically (help him/her appreciate the idea of a 'partnership')