

Evaluation: implemented between Nov-21 – May-22 **Objectives:** accountability + learning with a focus on programme effectiveness **Methods:** 350 documents reviewed + 95 informants interviewed

Programme description

With a total budget of EUR 6,5 million over five years (2017-2021), the programme has established partnerships in three countries (Democratic Republic of Congo (DRC), Rwanda and Tanzania) with various local and national stakeholders, providing technical and financial support to achieve country specific objectives in the following areas:

- improving access to eye care (including for the poorest, with a particular emphasis on children in Tanzania)
- increasing the capacity of medical, paramedical and managerial staff in partner hospitals and clinics
- improving the quality of care, to promote the sustainable organisation of care and integration of ophthalmic services between different levels of care
- improving access to inclusive education for children with visual impairment, or access to better quality orthopedagogic care for those with profound visual impairment.

RESULTS - EYE CARE

(% of result indicator target achieved)

	Access to eye services	Personnel training	Quality of care	Integration & sustainability
DRC	107%	167%	108%	28 indicators
	95%	160%		169 centres / 10 health zones
	94%	131%		106%
	90%	129%		100%
	84%	60%		
	78%	50%		
	14%	50% (stopped)		
RWANDA	167%	231%	200%	3176%
	159%	154%	90%	330%
	153%	110%	In progress	325%
	152%	107%		270%
	151%	84%		154%
	136%	33%		100%
	134%	0%		100%
				90%
				80%
				not calculated
				not calculated
TANZANIA	1076%	306%		
	256%	100%		
	115%	15%		
	88%			
	87%			
	39%			
	on hold			

907 841
Ophthalmology consultations

57 757
Ocular surgeries

70 293
Children with vision problems treated at tertiary eye health care level (TZ)

351
Children with visual impairment enrolled in mainstream primary education (TZ)

169
Children with visual impairment were enrolled on average per year in specialized education (RW)

Gender

- Between 40-45% of trained staff were women
- Gender gap exists in all three countries-women and girls are proportionately underrepresented in terms of service use.

" I would say that in terms of the accessibility of eye care for the population, the program brings a plus. This program has sent us the social service that has allowed everyone to access it, even the poorest. They have access to eye care whereas before, when there was no social service, not everyone could access it. " (DRC - Manager).

RESULTS – SPECIALISED AND INCLUSIVE EDUCATION

(% of result indicator target achieved)

	Curriculum adapted to children with visual impairments	Children and teachers capacity strengthening in specialized education	
RWANDA			
	not finalised	124%	
		in place	
		99.50%	
		98.20%	
TANZANIA			
	Enrollment of children with visual impairment	Inclusion of children with visual impairment	Services for children with visual impairment sustainability
	107%	759%	operational
	90%	228%	operational
	57%	112%	92%
	55%	5%	51%
		not applicable	0%
		not applicable	on hold
		not applicable	on hold
		not applicable	on hold

Key findings – eye care

Relevance and Impact

- The programme was seen as highly relevant because it aligned with the national eye health strategies and had a high impact because it addressed important needs. The programme was seen as a model that deserves to be scaled up.

Efficiency

- Investments in phaco surgery raise an interesting debate. This technique has advantages and produces the same quality of care outcomes as small-incision surgery but is more expensive. It would be appropriate to limit phaco to settings where it can be deployed as an income-generating activity to subsidize the needs of the poorest.

Sustainability

- Without the social service and without LftW's support for ocular inputs, the viability of the partner clinics would quickly be compromised.
- Comprehensive, quality care includes the hospitality component, which is crucial to ensuring their financial viability, (e.g., attracting wealthier patients).

"But to go further, for example (...) how can we increase income? That will come with other training that are, I would say, specializations of non-physicians. For us to move forward instead of staying at the same level as others."
(KEU, female. Rwanda)

General conclusions

- In all three countries, the programme was seen by the various stakeholders interviewed as highly relevant and having had a significant impact, particularly as the targets combined direct services to patients and children for some programme components, while addressing the longer-term task of strengthening eye health systems - and education in Tanzania and Rwanda.
- In terms of effectiveness, the programmes have met (or in some cases exceeded) almost all their targets, despite a difficult context in 2020 and 2021 due to the COVID-19 pandemic. The programme has had a direct impact on the accessibility of eye care for vulnerable people, with all partners acknowledging that without the support obtained, the social service of each hospital/clinic would not have been able to offer the same coverage to the poorest patients.
- In the area of paediatric eye care, the programme in Tanzania has improved access to care in two regions and created partnerships with the education sector for school-age children, but further efforts are needed to support the full continuum of care (from early detection to rehabilitation). In Rwanda, the programme has helped to build the capacity of teachers in a school for children with vision impairments and to improve the quality of remedial care, but respondents stressed the importance of developing child-specific care plans.
- The programme has also enabled some clinical partners to achieve a greater degree of self-financing, but internal and external barriers have slowed progress in this area, especially in Rwanda.

Key findings – specialised and inclusive education

Inclusive education

Finding children with visual impairment early – the need for community awareness raising and partnerships

- Using Mother and Child Health (MCH) clinics to screen children under five contributes to ensure early detection and management but also detecting children with asymptomatic diseases.
- Primary health care (PHC) workers' capacity needs to be assessed and reinforced as needed, as a recurrent challenge faced was their difficulties to correctly identify eye abnormality and refer appropriately.
- Itinerant Teachers should work very closely with community development workers and community health workers to identify children with disabilities who are not in schools

Specialised education

There are no "one size fits all" solutions - put the child at the centre of care and services

- Approaches and services must be tailored to the needs of each child.

The importance of holistic and multidisciplinary support:

- Implementation of a holistic, multidisciplinary approach - children received eye health care support in addition to education.

"This project has enabled children with vision impairment (VI) to fully participate in classroom activities which they could not do before. Children who were staying home are now attending school after having been managed and receiving assistive devices. For example, enrolment of children with VI has increased in school and more children with VI are passing their final primary school exams." (Regular schoolteacher, Tanzania)

General recommendations

Project design and future programmes

- Ensure more systematic data collection and analysis with a view to managing and improving the quality of care and programmes (e.g. equity angle, use of data for decision-making)
- Implement quality management and improvement programmes more systematically (which would also be facilitated by a greater degree of digitisation of data).
- Invest in continuous capacity building approaches, e.g. by considering supervision and mentoring systems as key activities for the post-training phase.
- Diversify further, if human resources allow, the modes of training (companionship and extramural training), in particular by taking advantage of new training opportunities in Francophone Africa.
- For the paediatric component, implement programmes that cover the entire continuum of care, from early detection in communities to low vision and rehabilitation services.
- Invest more in management and budgeting systems to facilitate strategic planning to increase the long-term sustainability of eye hospitals and clinics.
- Continue efforts to integrate eye care, including training and referral systems, between different levels of care, as well as between the different structures in place (private, government, non-profit, faith-based).