

Evaluation: implemented between Nov-21 – May-22 **Objectives:** accountability + learning with a focus on programme effectiveness **Methods:** 88 documents reviewed + 30 informants interviewed

Programme objective

At least 65,990 children with vision problems in Tanzania have access to qualitative eye care services in order for the children with a visual impairment (VI) to be enrolled in primary education so that they achieve the functional basic skills, essential for their future life.



Domain 1: Increase access for children to eye care services

- Eye care service delivery targets met or exceeded
- Strategy to support ITs to conduct early identification/screening of children <5 on hold
- Few data collected to monitor quality of services provided
- Post-operative follow-up not systematically ensured

Result indicator (total target)	% target reached
<i>A strategy for early identification and screening is elaborated and implemented</i>	
# of children < 5 years, treated at the tertiary eye care level (33 008) ★	87%
% of itinerant teachers (IT) able to pre-screen children < 5 years old (100%)	On hold
<i>A clear procedure for referral per district is established</i>	
# of children with vision problems treated at tertiary eye health care level (65 990) ★	107%
# of children who received spectacles and/or low vision devices (1 889)	256%
# of children with vision problems referred to hospitals in the 4 regions (10 005)	115%
# of children operated by the tertiary eye care level (3 970)	88%
# of procedures with updated information (28)	39%

Domain 2: Increase quality of services

- Training targets for eye health staff and Master of Medicine (M.Med-Ophthalmology) reached
- Training targets for Assistant Medical Officers (AMOs) not reached
- Few data / reports available on monitoring and documenting the quality, effectiveness and impact of capacity building activities

Result indicator (total target)	% target reached
# of staff at the eye department trained (16)	306%
# of M.Med trained as ophthalmologists (4)	100%
# of AMOs who received practical training at CCBRT (20)	15%

“This project came timely and was highly needed. It increased the level of awareness in the community and build the capacity to manage paediatric cases.” CCBRT eye health staff

70 293

children with vision problems treated at tertiary eye health care level

351

Children with visual impairment were enrolled in primary education

Gender

- 86% of girls with visual impairment, passed primary school National Examination (against 72% boys)
-

Equity in accessing eye care services was not systematically monitored

Domain 3: Assure primary education for children with visual impairment

- Targets for children passing primary school national exam (S7) reached
- Targets linked to awareness raising and capacity building of regular teachers to conduct screening reached
- Capacity building activities initially planned with TSB were not conducted

Result indicator (total target)	% target reached
<i>Specific objectives</i>	
% of children with VI from S7, pass National Examination – girls (at least 80%)	107%
% of children with VI from S7, pass National Examination – boys (at least 80%)	90%
# of children with VI enrolled in the ITP – girls (313) ★	57%
# of children with VI enrolled in the ITP – boys (319) ★	55%
<i>The sustainability of services for children with a visual impairment is strengthened</i>	
a monthly financial state per budget line (12)	operational
appropriate and digitalised financial internal control and reporting system	operational
# of VIC supported by other organisations (65)	92%
% of IT's released for 100% from classroom teaching in the 4 regions (92%)	51%
# of districts contrib. to the medical referral cost for children with VI or ITP (20)	0%
a M&E manual is developed	on hold
% of staff and IT's trained in M&E procedures + the use of digital system (100%)	on hold
# of IT's trained in the mobile data collection system (46)	on hold
<i>The inclusion of children with a visual impairment in (mainstream) primary education is assured</i>	
# of children correctly pre-screened by the school health teachers (228)	759%
# of school health teachers trained in pre-screening (340)	228%
# of regular school teachers who attended awareness raising sessions (2 940)	112%
# of children with VI, having educ. cat. II or III, enrolled at the annexes & Buigiri (125)	5%
# of IT's in place in the 2 new regions (18)	not applicable
# of new IT's trained in the ITP (18)	not applicable
# of fields of expertise with regard to the extended curriculum in which at least 2 TSB staff are trained in extended curriculum (4)	not applicable
# of specialist teachers trained in the extended curriculum (69)	not applicable

Other evaluation criteria

Relevance

- All key stakeholders noted that this programme was very relevant, and that before it started, the level of community awareness about paediatric eye conditions was very low and so was the level of services delivery.

Impact

- The programme contributed to enabling children with VI to continue their education.
- Changes to the health system resulting from the programme outcomes include an improved capacity to manage eye diseases. But there is a need to sustain the gains from the programme by better integrating services into district plans and strategies.

Sustainability

- So far, there is no strong evidence that the districts have started budgeting funds for the activities currently supported by the project, nor that data from the project have been used for future planning of Ministry of Health interventions.

“The project addressed a gap in human resources, service delivery to these children and low vision/assistive devices availability. Prior to this project, the level of understanding regarding inclusive education was low” Focal person-special needs education

The project needs to build the capacity of regional and district hospital to execute the activities of the project (HR, equipment, training, infrastructure)” National Eye Care Coordinator

Key short-term recommendations

Project monitoring and evaluation design

- Ensure all results indicators are specific, measurable, achievable, with clear targets and means of verification
- Ensure relevant indicators are set to monitor equity in access to services
- Include qualitative indicators to ensure quality assurance of eye care service provided and referral system
- Develop standardized monitoring and evaluation templates across the programme

Capacity building

- Develop capacity-building plans, which include monitoring and evaluation of the training impact on learning and skills improvement.
- Develop protocols and tools, such as a supportive supervision checklist to support and monitor the impact of on-the-job support provided

Quality assurance

- Ensure regular technical supervision of the activities

Post-operative follow-up

- Develop strategic plans to contribute to reinforcing adherence to post-operative follow up. Identify complementing strategies to optimize the reach of patients through active follow up and passive follow-up

Lessons learned

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 need to be assessed and reinforced as needed, as a recurrent challenge faced was their difficulties to correctly identify eye abnormality and refer appropriately.
- IT should work very closely with community development workers and community health workers to identify children with disabilities who are not in schools

The need for a tracking system and strategies to increase follow up rates

- Establishing a proper tracking system, with adequate contact details of the parents is essential to reinforcing post-operative follow-up care. Sometimes, parents register contact details of relatives who do not necessarily live close to them, which can then result in an issue to follow the children up post operation.

Importance of the keeping the parents involved along the continuum of care, involving at least one parent

Once one child is treated, the message spreads positively to the community and this is one of the most effective ways of creating awareness.” interviewee at KCMC hospital

Key long-term recommendations

Project design

- In line with accountability principles, develop beneficiaries feedback loops. This would as well reinforce ownership from the community and contribute to increase impact of the activities and sustain the outcomes.

Early detection

- Integrate the use of community key informants for the early detection and referral of children with visual impairment, as per established preferred practices.

Supportive supervision

- Promote supportive supervision: Engage Ministry of Health (MoH) and President’s Office Regional Administrative and Local Government (POLRALG) teams at the National, Regional and District levels in conducting supportive supervision and ensure use of existing standardized tools to monitor performance at partners’ hospital level. Include environmental components (health care waste management). Regular supportive supervision will contribute to ensure quality of the services delivered (assessment) and contribute to ensuring ongoing capacity building and support on the job.

Counselling

- Conduct training on counselling and interpersonal communication skills for eye health staff (to contribute to reinforce adherence to post-operative follow up)