

Evaluation Summary



Evaluation: Improving Child Eye Health Projects - Learnings from CBM's Experiences

Quick Facts

Countries: Ivory Coast, Togo, Zambia, Zimbabwe

Date of Evaluation Report: November 2021

Type of Evaluation: External Final Evaluation

Keyword 1: Inclusive Eye Health

Summary

Four projects titled Improving Child Eye Health were implemented by the German Lions Foundation (SDL) and CBM Christian Blind Mission. The projects were implemented in four Central and West African countries: Côte d'Ivoire, Togo, Zambia, and Zimbabwe.

The shared objective of the projects was to improve the quality, access, affordability, and continuity of primary and specialised ophthalmic services for disadvantaged populations, especially visually impaired children. The projects were based on the belief that early treatment of blindness and visual impairment can reduce the risk of permanent disability, poverty, and social exclusion. The interventions were relatively similar across the projects.

A strategic plan guided project implementation and activities. Investments ranged from (1) supporting the capacity of medical professionals, (2) building specialised ophthalmology units, (3) equipment and material support, and (4) subsidising community sensitisation and education activities.

From August until December 2021, an ex-post evaluation of the four inclusive eye health projects for children was conducted. The purpose of the ex-post evaluation was to determine the impact of the projects several years after their closure and to examine the link between the project approaches and the envisaged long-term objectives.

Key findings:

The **overall evaluation found that the relevance of all projects was high** and that they achieved positive results in various respects. All projects were found to have **achieved** their objectives of "improving access, quality and continuum of care in primary, secondary and tertiary eye care" to a high degree within their respective mandates and objectives. The related specific project **objectives were generally achieved at 95 per cent or higher.**

While the longer-term impact beyond the project duration was not very clear, it must be assumed that the improvement in promotive, preventive, and curative eye health care achieved by the projects will prevent avoidable blindness in the target communities to a larger degree than would have been the case without the projects' investments. All projects filled a significant gap in the provision of basic eye health services to marginalised and poor populations in general, and to visually impaired people. All projects were implemented in line with national health policies as well as international programmes and best practices.

It was established that the **involvement of persons with disabilities and their associations resulted in better outreach to the target audiences** within the health services. Direct engagement with the project communities led to greater acceptance of the interventions and their results.

Strengthening health systems, especially primary health care, enabled progress in the areas of equity, solidarity, and participation. Investment in health infrastructure, provision of medicines and equipment, improved skills and competencies of key health workers and needed investment in basic health promotion and preventive measures.

The use of public-private partnerships (PPPs) improved the overall efficiency and effectiveness of eye health service delivery. It was found that collaboration and partnership between government and private entities must be strategically embedded from the start.

All projects successfully utilised an extensive network of community volunteers, which is critical to the delivery of community-based health promotion and preventive interventions, as well as early identification of clients with eye problems.

Financial management was generally in line with accounting standards and no fraud or misappropriation of funds has been reported. The actual project activities were carried out

by the partner organisations with their own staff and by a number of dedicated volunteers from the community. This minimised overhead costs.

Project participants highlighted **enabling and constraining factors**. (1) The availability of skilled health workers was limited in most cases, as there was a shortage of health workers in all project countries. (2) The participation of community health workers, although successfully employed, declined over time as they were dissatisfied with the limited support and remuneration. (3) The health sectors in all the countries concerned are severely underfunded and resources are otherwise scarce, which will have a disproportionate impact on the support and allocation of resources to non-priority concerns such as eye health.

Recommendations:

Against this backdrop, **the key recommendations** highlighted by the evaluation participants were: (1) Ensuring sustainable employment and allocation of sufficient professional health workers is critical. (2) Subsidised treatment of poor patients on the demand side will improve project performance. (3) In addition, while the establishment of community health workers created a foundation for local health work, this needs to be made more sustainable through adequate resources, effective communication, and advocacy. (4) Projects usually have a duration of three to five years. It was recommended that future projects be planned for even longer if systemic change is the goal.

In addition, the evaluation recommended for future projects;

- invest in comprehensive leadership and management development of partner organisations;
- explore the full potential for strategic collaborations and partnerships between government and private agencies;
- improve the sustainable involvement of community health workers;
- apply a targeted communication, lobbying and advocacy strategy;
- negotiate specific strategies to ensure sustainable employment and allocation of sufficient professional health workers;
- plan and implement longer-term programmes to achieve the desired systemic improvements.

The methodology used to conduct the evaluation:

This ex-post evaluation was financed by the German Lions Foundation (SDL) and the German Ministry for Economic Cooperation and Development (BMZ). It was conducted by

a team of three independent consultants. Based on the evaluation criteria for Development Assistance (relevance, coherence, effectiveness, efficiency, impact, sustainability), the team assessed the four projects in terms of their performance and management, achievement of immediate results, achievement of longer-term outcomes and sustainable impact. The methodology was participatory in nature to provide a true and representative reflection of the views of key stakeholders, including beneficiaries. A combination of qualitative and quantitative research and data collection methods was used. In brief, a combination of the following methods was used: (i) review of relevant documents; (ii) selected semi-structured in-depth interviews with representatives of relevant stakeholders and organisations; (iii) community interviews, focus group discussions and participant observation; and finally (iv) visits and surveys to health facilities.