

# End of Term Evaluation of the Promoting Quality Ophthalmology in East Africa project.

## Executive Summary

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### **Introduction**

The Promoting Quality Ophthalmology (PQO) in East Africa project is a five-year multi country, multi-site and multi-component intervention that was funded for € 3,021,515.70 comprised of €2,260,000.00 provided by the European Union and co-funding worth €761,515.70 from the consortium of international non-government organisations consisting of Sightsavers (€515,169.02), Light for the World (€234,541.00) and Operation Eyesight Universal (€11,805.68). The PQO was implemented by the College of Ophthalmology of Eastern, Central and Southern Africa (COECSA), formerly the Eastern Africa College of Ophthalmologists (EACO) on the basis of a Memorandum of Understanding signed with the lead agency and contract holders, Sightsavers.

This evaluation of the PQO was commissioned by the Evaluation Unit of Sightsavers and conducted in May, 2014.

### **Purpose of evaluation**

The overall purpose of the evaluation is to establish to what extent the PQO has contributed to poverty reduction by improving access to eye health and the quality of eye care in Kenya, Uganda and Tanzania. The evaluation is expected to measure the extent to which the project has fully implemented and delivered outputs and attained outcomes, by specifically measuring programme results.

### **Scope of the evaluation**

The evaluation assessed the implementation of the PQO over the 5-year period from 2009 until 2013 and was conducted in the three countries in which the PQO was implemented: Kenya, Tanzania and Uganda.

### **Methodology**

The evaluation used mixed methods, summative design involving both qualitative and quantitative components. A process-impact-outcome approach was adopted guided by a logframe last modified by COECSA in 2011 as the basis for the assessment of the overall performance of the PQO. The qualitative component included document review, semi-structured interviews, group interviews, observation and case studies while the quantitative element involved two surveys.

Thematic analysis was used with the qualitative data whilst the quantitative data was analysed using SurveyMonkey<sup>®</sup> and Microsoft Excel<sup>®</sup> software.

## Findings

### Relevance

**Rating: Highly Satisfactory:**



The PQO is a highly relevant intervention that addressed the eye health service needs of the East Africa region by supporting capacity building initiatives in four key areas of human resources for eye health, infrastructure, eye health service delivery and research. The four key areas mirror the building blocks for health systems strengthening established by the World Health Organization (WHO).

The project design has remained highly relevant in terms of its focus on poverty alleviation through prevention of avoidable and treatable blindness and low vision and close alignment with national and global policies on eye health.

The design of the PQO adopted two coordinative approaches: consortium approach and the multi-country and regional approach. The consortium approach to mobilisation of donor funding appeals to multilateral and bilateral aid organisations and is perceived as best practice whilst the multi-country and regional approach fosters regional integration and cooperation.

Design weaknesses relate to:

- weak identification and definition of performance indicators (Objectively Verifiable Indicators)
- inadequate risk assessment and management processes during the project formulation and design stage leading to challenges being experienced with land acquisition
- inadequate stakeholder consultation during project formulation and design stage leading to land acquisition challenges

### Effectiveness

**Rating: Highly satisfactory:**



The PQO supported capacity improvements at five ophthalmic teaching universities through infrastructure improvement, faculty strengthening and improvement of operational capacity.

Infrastructure improvements have impacted positively on teaching, learning and clinical practice whilst faculty strengthening through sub-specialty training of 12 ophthalmologists has increased in the number and variety of sub-specialities available the region. This has resulted in the establishment of dedicated paediatric ophthalmology, glaucoma and retinoblastoma clinics at MUK and UON. The adoption of retinoblastoma and small incision cataract surgery reflects current best practice in the developed countries.

Capacity improvements through the Vision 2020 links have resulted in the adoption of the Objective Structured Clinical Examinations (OSCEs), Multiple Choice Question (MCQ)

examination methods and Workplace-based Assessments which are standard practice in most parts of the world.

The operational capacity of the ophthalmic teaching universities was improved through harmonisation of the curriculum for the Master of Medicine (Ophthalmology degree). Harmonisation of the curriculum will enable the ophthalmology qualification to be recognised across the region.

The scholarship programme that supported training of 59 new ophthalmologists helped to increase student intake by 50% and to promote student retention. Meanwhile, the research capacity built through training of 70 staff and students has generated research skills and interest resulting in 14 research projects being undertaken although knowledge exchange has been slow.

The improved institutional capacity has had corresponding effect on eye health service delivery through static and mobile outreach programmes. As at 31 December 2013, 273 outreach programmes had been undertaken accounting for 40,542 patient examinations and 6,077 eyes surgeries. The eye health services have a direct contribution towards poverty reduction.

#### **Efficiency**



#### **Rating: Satisfactory:**

The PQO's operational activities were managed and coordinated by COECSA through its Secretariat. Overall, COECSA provided good stewardship of the PQO. Most of the planned activities were realised. Financial management and control was good as demonstrated by the results of annual financial audits.

High attrition was experienced at the senior level of the COECSA Secretariat. This caused negative effect on implementation of activities and project strategic planning. Scope creep as a result of the shift away from upgrading of existing eye units to construction of completely new eye care facilities caused budget over-runs which were met through transfers from other budget items and approved by the European Union. Internal project monitoring was good. Reporting timelines were met.

#### **Impact**



#### **Rating: Highly satisfactory:**

The PQO is making a positive impact on the lives of individual people and organisations within the East Africa region. It is contributing to poverty alleviation through eye examinations and sight-saving eye surgeries performed using the static clinics and outreach programmes. This evaluation collected evidence that showed that adult beneficiaries of eye surgeries were able to integrate in their societies and to engage in productive activities whilst children were able to resume their education.

New eye health initiatives including Seeing is Believing (SiB) and Flying Eye Hospital (FEH) projects have built on the achievements of the PQO. SiB is using the human resources for eye health developed by the PQO to implement its child eye health programme whilst FEH will improve further sub-specialty expertise in the region.

The links programme resulted in the development of four evidence-based treatment guidelines for the treatment of retinoblastoma, glaucoma, trachoma and oncology. The guidelines set the standards for professional practice and introduction of new student examination methods.

### **Sustainability**



**Rating: Highly satisfactory:**

The likelihood that the achievements of the PQO will continue well after the project completion remains strong. Sustainability elements were built into the project design at the planning stages. The project is embedded within the existing structures of the participating universities and was implemented by them as the owners of the investments. Policy support is good.

The investment in physical infrastructure and equipment is expected to continue to offer benefits in a number of domains for the foreseeable future. Moreover, the infrastructure has improved each country's medium to long term capacity to prepare and train a quality eye health workforce and is augmenting the capacity for ongoing professional development of HReH.

Donor funding will continue to be required to support interventions in eye health due to the paucity of the financial contribution provided by government. The multiplicity of NGOs working in eye health in the region augurs well for project sustainability.

Equipment maintenance and repair poses great challenge in the region. This is seen threatening the sustainability of equipment supplied by PQO. Future interventions in eye health would do well to address capacity gaps in this area.

The focus of eye health systems strengthening should be maintained since this element is likely to be continued in the aftermath of the MDGs era.

### **Replication**



**Rating: Highly satisfactory:**

The PQO experimented with a number of innovative strategies that can be replicated or scaled up within the region and beyond it. The innovations are built around the harmonisation/coordination principles of the Paris Declaration and the WHO's six building blocks for health systems strengthening. They include the consortium approach, the regional approach, scholarships, scholarship harmonisation, sub-specialty, equipment, research, harmonised curriculum and outreach.

### **Coherence/Coordination**



**Rating: Highly satisfactory:**

The PQO contributed significantly to improving inter-agency and international cooperation. This has been ensured through the multi-country, multi-stakeholder and multi-site as well as the consortium approaches adopted for the design of the PQO. The regional project created excellent opportunities for inter-agency coordination and collaboration as demonstrated by the establishment of common basket for funding of scholarships in the region. At the

national/regional level, coherence between the training institutions was strengthened as demonstrated through internship programmes and sharing of examiners, information and ideas.

The PQO project has integrated Human Rights and other cross cutting issues. It addressed the right to health, education, productive employment and a better standard and quality of life enshrined in the International Convention on the Rights of Persons with Disabilities and the Convention on Rights of the Child.

### **Lessons learned**

The lessons learned relate to the need for:

- An eye health advocacy strategy to focus awareness and education activities.
- A research strategy on eye health to provide a clear framework to guide research activity within the region
- A breakdown of targets to be achieved for each site to be provided in the funding proposal in order to support effective management of multi-country, multi-site and multi-component projects.
- Establishment of a central procurement position to coordinative procurement activity in future
- The need to ensure costing of construction is based on adequate risk assessment and management process

### **COECSA**

COECSA needs to enter into dialogue with its constituents and key partners. The conversation should inform the direction the College should take going forward. There is also need for COECSA to engage with partners in the INGO/NGO and private sector in order to identify opportunities for broadening the funding base. The College should use the expertise within the organisation to generate local revenue.

### **Conclusion and recommendations**

This evaluation has concluded that the PQO is a relevant intervention that contributed improvements to training, research and eye health service delivery capacity. The project is addressing poverty by enabling people affected by blindness and low vision to regain their eyesight and re-integrate in their communities.

The following suggestions are being made:

#### **Sightsavers/COECSA**

1. Consider aligning indicators for interventions in the eye health sector to the WHO and national data requirements in order to strengthen the national HMIS and to objectively determine the impact of the funded projects.
2. Whilst retaining focus on training of ophthalmologists, consider giving greater attention to improving the production capacity of midlevel eye care worker training institutions in the region in order to scale up eye health service delivery and accelerate progress towards achievement of the Vision 2020 targets. Attention given at this level of eye

health cadre would address the priority area for HReH in the three countries and strengthen primary and secondary health care structures.

3. Consider funding research studies in the region in order to establish more accurate benchmarking data on the prevalence and incidence of blindness and low vision that can be used to inform advocacy campaigns and policy formulation and to support planning of eye health programmes in future.
4. Lead and coordinate the development of a regional advocacy strategy on eye health that clearly identifies the focal themes and key messages that should be jointly implemented with the COECSA partners.
5. Consider supporting the training of eye equipment technicians in order to address the shortage being felt across the region and to enhance the sustainability of the equipment provided by the PQO.
6. Consider adopting the results-based monitoring system when reporting project progress in order to give a complete picture of the performance of a project.

### **COECSA**

7. Consider reviewing the COECSA Constitution and Articles of Association to reflect the changes within organisation.
8. Consider setting up and maintaining, on annual basis, a database for HReH in the region that caters as the central reference point for stakeholders in eye health and can be used to monitor the regional performance in this area on ongoing basis.
9. Strengthen engagement with the existing stakeholders working in eye health, especially the INGOs, with the view to strengthen and diversify resource mobilisation
10. Working collaboratively with key partners, establish a research framework that identifies the research needs and focal areas in the region in order to guide research activity that is coordinated by COECSA.