*FINAL REPORT*

# END-OF-TERM EVALUATION REPORT

# DELIVERING V2020 IN THE CARIBBEAN

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A project funded by the European Union with Sightsavers as primary beneficiary on behalf of the Caribbean Council for the Blind and its affiliate Organisations in Guyana, Haiti, Jamaica and Saint Lucia

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# ACKNOWLEDGEMENTS

The Roman saying “A beautiful child has many parents” is apt. This End-of-Term Evaluation Report for the project on *Delivering V2020 in the Caribbean* is a summation of the valuable contributions made by a range of partners and stakeholders across institutions and countries. These contributions were made freely for the purpose of achieving the most comprehensive review and objective analysis of the activities, outputs and objectives of the project.

In this context, I acknowledge the guidance and technical input provided by the specially-designated Evaluation Reference Group as well as agencies such as PAHO/WHO, CCB, University of Guyana and Sightsavers in completing this exercise. Also, special thanks and appreciation are extended to the NSAs, V2020 Committees, Ministries of Health, eye health personnel, graduates of eye health training programmes, and users of eye health services who consented to formal and informal interviews and participated in focus group discussions. The information garnered from these several sources constitutes the backbone of this report.

In acknowledging these contributions, the author retains full responsibility for the content and veracity of the report.

# LIST OF ACRONYMS AND ABBREVIATIONS

| | |
|---|---|
| CARIOA | Caribbean Optometry Association |
| CBM | Christian Blind Mission |
| CCB | Caribbean Council for the Blind |
| CSF | Caribbean Strategic Framework For V2020: The Right to Sight |
| EC | European Commission |
| ECD | Delegation of the European Commission in Guyana |
| ECG | Eye Care Guyana |
| IAPB | International Agency for the Prevention of Blindness |
| ICEE | International Centre for Eye Care Education |
| IEC | Information, Education and Communication |
| INGO | International Non-Governmental Organisation |
| JSB | Jamaica Society for the Blind |
| KAP | Knowledge, Attitudes and Practice |
| MTR | Mid-Term Review |
| NGO | Non-Governmental Organisation |
| NSA | Non-State Actor |
| PAHO | Pan American Health Organisation |
| PMC | Project Management Committee |
| RAAB | Rapid Assessment of Avoidable Blindness |
| ROM | Results-Oriented Monitoring |
| SHAA | Société Haïtienne d'Aide aux Aveugles |
| SLBWA | Saint Lucia Blind Welfare Association |
| UG | University of Guyana |
| UWI | University of the West Indies |
| V2020 | Vision 2020: The Right to Sight |
| WCO | World Council of Optometry |
| WHO | World Health Organisation |

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# EXECUTIVE SUMMARY

## Background Information

The landmark Caribbean Strategic Framework for Vision 2020: The Right to Sight (CSF) was developed in 2002 and later updated in 2009. The overarching objective of the CSF was to accelerate the implementation of the global V2020 initiative in the Caribbean by reducing blindness and visual impairment among adults and children and its impact on the general population, as well as strengthening eye care systems and services.

In 2009, the European Commission awarded Sightsavers a grant for the amount of EUR 4,000,000 that represented 73.7 percent of the total cost of executing the project on *"Delivering V2020 in the Caribbean".* This funding support contributed significantly to the achievement of the goals and targets of the CSF at both regional and national levels. The designated project countries were Jamaica, Guyana, Haiti and Saint Lucia; while the wider Caribbean benefited from specific project activities. The final implementation period of the grant was 1 January 2010 to 31 August 2016.

## Purpose of Evaluation

The purpose of this End-of-Term Evaluation was to review the achievement of the EU-funded project on *Delivering V2020 in the Caribbean* against the objectives and outputs as detailed in the project documents; and to assess the long-term effects made by the project on eye health in the Caribbean region. The evaluation was conducted in accordance with seven (7) defined criteria – relevance, effectiveness, efficiency, impact, sustainability, scalability, and coherence.

## Evaluation Approach

The basic evaluation approach was guided by the intervention logic outlined in the project proposal and the specific requirements of the Terms of Reference. Two main approaches were employed in collecting the quantitative and qualitative data required to inform the evaluation. All documents germane to the design and implementation of the project were thoroughly scrutinized, while field visits were made to all four project countries to conduct stakeholder interviews, focus group discussions, and visits to eye health facilities. All data collected were processed within the framework of the seven specified evaluation criteria and key findings reflected in draft and final reports.

## Results

**Relevance** **Rating: Excellent**

The overall and specific objectives of the project were wholly congruent with the strategic goals of the CSF; while the estimated results were directly aligned with regional goals and targets for the prevention of blindness and visual impairment. In all

countries, target groups and beneficiaries confirmed that the problems addressed by the project coincided directly with their programmatic priorities for eye health. The multi-partner Project Management Committee (PMC) played an important oversight role in ensuring that the project remained faithful to its overall and specific objectives and relevant to the eye health needs of the Caribbean. A key task exercised by the PMC was the revision of project indicators in response to recommendations made by Results-Oriented Monitoring (ROM) missions. The refined indicators were incorporated into the Monitoring and Evaluation Framework for the project. Additionally, the PMC developed a management response to the recommendations of the Mid-Term Review (MTR) that adequately addressed all the implementation deficiencies flagged.

**Effectiveness** **Rating: Satisfactory**

All Non-State Actors (NSAs) expanded their organisational competence and sphere of influence in national eye health policy development and programme implementation. Project support provided in accomplishing this output included training, mentoring, strategic and operational planning, accounting systems development, information management, and communication. Improved management practices, establishment and/or strengthening formal cooperative agreements with governments, and enhanced leadership roles within the national eye health policy-making hierarchy demonstrated the improved organisational profile of NSAs.

V2020 Committees exist in all project countries, although with variable levels of functioning. Similarly, the status of National Eye Health Plans is uneven across countries with Guyana and Haiti having current versions; while Jamaica and Saint Lucia are in the process of reviewing and updating expired documents. Country-specific service data generated through the project were utilized routinely in planning and programming for eye health. None of the planned research activities were completed although some movement was achieved in two areas.

Significant progress was made in the training of skilled eye health personnel across all disciplines. Targets for the training of optometrists, ophthalmologists and low vision counsellors were fully met; while above average results were returned for the training of primary health care/community workers and teachers, refractionists and low vision specialists. All graduates expressed satisfaction with the quality and relevance of the training received, and more than 90 percent have been employed within their national eye health delivery systems. This boost in eye health practitioner to population ratio has moved the Caribbean closer to fulfilling one of the goals of the global V2020 Right to Sight initiative.

Most of the eye care facilities earmarked for development by the project have been established. By the close of the project, five of the seven planned operating theatres

were in full operation, while one other will be commissioned as soon as equipment already procured is fully installed. Meanwhile, the vision centre model has been streamlined and is now well entrenched in all project countries, with eleven such facilities being fully functional. The project target will be fully met when installation of equipment at two other locations is completed. At the same time, three highly functional spectacle labs that provide affordable eyeglasses have either been established or upgraded, while two others will be commissioned as soon as installation of equipment is complete and technicians identified and trained.

A wide range of eye health Information, Education and Communication (IEC) materials were produced and disseminated region-wide, a core of which was translated into French and Creole for the benefit of Haiti. Also, a regional Eye Health Communications Strategy has been produced that will be used by partners in all countries as a resource guide. The CCB website that is available at www.eyecarecaribbean.com served as an important channel for dissemination of project information. The EU contribution to the Caribbean has been widely acknowledged with its logo displayed prominently on all IEC materials utilised by Caribbean Council for the Blind (CCB) and its partners; as well on equipment, vehicles and physical facilities funded by the project.

Learning among project partners and between non-project countries was facilitated by the PMC through the sharing of experiences and key findings from on-going monitoring and evaluation activities. Also, the Annual Regional V2020 Meetings provided an effective forum for learning and sharing of experiences among project and non-project countries. With a primary focus on ensuring equitable access to eye care services, the majority of eye health facilities have been placed in rural and poor communities close to where persons in greatest need live and work. Other strategies that were geared towards achieving equity included guaranteeing access to affordable screening and surgical services at reduced or no cost depending on income status, and heightened public awareness programmes.

**Efficiency** **Rating: Satisfactory**

In general, the project was implemented in a timely and efficient manner with most of the objectives met, within budget, and to the satisfaction of partners and beneficiaries. Key facilitating factors were the early development of a monitoring and evaluation framework linked to project indicators, annual operational planning, quarterly review of project performance, and technical support provided by key regional and international partners. A 20-month no-cost extension was successfully negotiated with the EC to facilitate completion of delayed project activities related to training, procurement of equipment, and infrastructural development.

The project effectively utilised a combination of European Development Fund (EDF) and Sightsavers guidelines and procedures in the procurement of goods and services. Also, a measure of cost efficiency was gained in all countries through government exemption from taxes and duties on equipment and supplies procured. Successive expenditure verification reports and the one completed audit report confirmed that project funds had been used, in all material respects, in conformity with the applicable Terms and Conditions of the Grant Contract.

**Impact** **Rating: Satisfactory**

CCB, Société Haïtienne d'Aide aux Aveugles (SHAA) and Saint Lucia Blind Welfare Association (SLBWA) have solidified their relationships with governments through formal agreements, while the Jamaica Society for the Blind (JSB) entered into a financing agreement with the governments of Japan and Jamaica that will increase the scope and quality of eye health services provided. At another level, the recently-launched regional initiative to prevent and treat diabetic retinopathy benefited from the solid foundation laid by the project. The Bachelor of Optometry degree programme established with targeted project support has been institutionalised within the University of Guyana with a current total enrolment of 82 students, in addition to the 44 persons who have already graduated. The impact will be a continuing upward trajectory in the ratio of eye health workers to population in the Caribbean.

Available data indicated minimal success in meeting the targets for number of persons screened, referred and treated for eye conditions that had been set as a measure of impact, although cogent extenuating reasons have been cited. For example, the assumption that more than 30 percent (on average) of the total population of the project countries could have been reached within the available time frame was largely unfounded. Also, eye health service delivery predictably did not approach peak performance until the second half of the project, while countries do not have robust health information systems that capture health statistics in any integrated and comprehensive manner. Thus, project impact on service delivery could not be accurately assessed.

**Sustainability** **Rating: Satisfactory**

The activities, outputs and outcomes that have been assessed to hold greatest potential for sustainability were public/private partnership, national strategic planning, training especially in optometry, screening and surgical facilities, spectacle labs and public education programmes. Continued government support coupled with harnessing the resources of national, regional and international partners that share common goals and values will be key factors in ensuring sustainability of the initiatives pursued under this

project. Allied to this will be the robust engagement of empowered V2020 Committees that advocate for eye health at all levels.

**Scalability/replication** **Rating: Satisfactory** 

Project components that demonstrated feasibility and effectiveness and are suitable for scaling-up and replication by Ministries of Health and other government bodies, NSAs and NGOs include institutional strengthening of V2020 Committees, vision centre model, spectacle labs, training in optometry, and eye health communication. On the basis of need and heightening commitment to prevention of blindness and visual impairment especially among poor and rural populations, it is likely that all of these components will be scaled-up/replicated in the medium term, within the limits of available technical, financial and physical resources.

**Coherence/coordination** **Rating: Satisfactory** 

V2020 Committees played an important role in advancing project coordination among key stakeholders within countries through advocacy, networking and information-sharing. These skills were honed through targeted capacity building provided by the project. Meanwhile, regional coordination was promoted through Annual Regional V2020 Meetings at which all national V2020 Committees were represented. The PMC that was vested with the responsibility for overall coordination of the project also played an emphatic role. The annual face-to-face meetings and quarterly teleconferences served as a forum for forging inter-agency relationships, resolving issues and challenges, and strengthening coordination. Also, a measure of inter-agency coordination was achieved through the efforts of the INGO V2020 Collaborating Group.

Significant advancements have been made in integrating many of the key elements of coordination into the fabric of national eye care delivery services. Inclusive policy-making arrangements, integrated planning and programming, ongoing monitoring, and modalities for sharing strategic information now exist, to a greater or lesser extent. Above all else, the explicit commitment of Ministries of Health to multi-stakeholder involvement bodes well for enhanced coherence and coordination.

## Conclusions

Overall, the project performed creditably in achieving the objectives and estimated results based on the objective findings of the evaluation. The main conclusions are:

- The strategic orientation of the project helped to advance the over-arching goal of the CSF and National Eye Health Plans
- Strategic coordination between governments, NGOs and the private sector has improved resulting in a more planned and holistic approach to the delivery of eye health services

- A culture of strategic and operational planning for eye health now exists in all project countries
- Significant gaps remain in the availability of baseline and other KAP and clinic-based data that will inform policy-decision-making, programme planning and communication for eye health
- The eye health practitioner to population ratio has increased significantly in all project countries and, by extension, the wider Caribbean
- Access to affordable eye health screening and surgical services for poor and rural populations has increased, although not to the extent contemplated by the project
- Favourable conditions exist for the sustainability and scaling-up of the majority of services developed or strengthened through the project
- IEC approaches played an important role in generating public awareness on prevention and treatment of avoidable blindness and visual impairment
- The platform has been set for a sustained IEC offensive on prevention of avoidable blindness and visual impairment in the Caribbean.
- The wider Caribbean benefited from key aspects of the project such as training, information-sharing and communication

## Recommendations

1) V2020 Committees in all countries should be targeted for continued institutional strengthening in advocacy, networking, and strategic and operational planning given the central roles they are required to play in building national consensus and coordination around eye health. Continued capacity building in the core areas of functioning mentioned will benefit both “old” and “new” members and will assure the continued relevance and effectiveness of V2020 Committees. These efforts should be spearheaded by NSAs with support from CCB and other partners.

2) Strategic and operational planning for eye health, at the regional and national levels, should remain a matter of highest priority. The latest version of the CSF is now more than five years old and should be reviewed and revised in the light of new and emerging eye health considerations; while revision processes for National Eye Health Plans for Jamaica and Saint Lucia that are currently in train should be concluded as a matter of urgency. The key partners in this effort should be CCB, V2020 Committees, and NSAs.

3) Training of eye health personnel, at all levels, should remain paramount as a measure for increasing the eye health practitioner to population ratio in the Caribbean, and expanding the outreach of service delivery to poor and rural populations. In this context, the Government of Guyana and other countries within the Caribbean Community should be encouraged to heighten their support for the

Bachelor of Optometry degree programme offered by the University of Guyana that has recorded impressive success to date. CCB, V2020 Committees and NSAs will have important advocacy roles in gaining buy-in by national governments.

4) The newly-developed Eye Health Communications Strategy should be used as a blueprint for guiding IEC efforts at national and regional levels over the medium-term. Clearly articulated operational plans should be developed along with resource requirements. Leadership for these processes resides with CCB and NSAs.

5) Countries should be encouraged to develop holistic health information systems that incorporate relevant eye health data. Such integrated systems should address the critical elements of data collection, analysis and reporting. This outreach should be led by NSAs and CCB working in close collaboration with Ministries of Health.

6) Spectacle labs should be promoted and strengthened in all countries as a service to poor and rural populations, as well as a viable income-generating activity for NSAs. Comprehensive marketing strategies for these spectacle labs should be developed and implemented, in the face of growing competition from private sector entities. CCB should work with NSAs to develop business plans for the operation of spectacle labs.

7) INGOs, EC and other donor partners should continue to support the development of eye health services in the Caribbean given the enormity of unmet needs. Such support should be aligned with regional and national priorities and resources harmonized to build synergy and avoid duplication. CCB should continue its coordinating role in this regard.

8) CCB, V2020 Committees and NSAs should develop and implement concrete strategies for building synergy between the eye health services established and strengthened by the project and the services being delivered through the new Regional Diabetic Retinopathy Project funded by the Queen Elizabeth Diamond Jubilee Trust. The areas that are most amenable to such collaboration are eye health screening, provision of surgical care, and public information and communication.

# 1. INTRODUCTION AND BACKGROUND

## A. Purpose of Evaluation

The purpose of this Final Evaluation was to review the achievement of the project on *Delivering V2020 in the Caribbean* against the objectives and outputs as detailed in the project documents; and to assess the long-term effects made by the project on eye health in the Caribbean region. The evaluation was conducted against seven (7) established criteria, each with its own specific lines of inquiry. (See Table 1)

**Table 1: Seven Evaluation Criteria**

| Evaluation Criteria | Questions to be Answered |
|---|---|
| Relevance | How relevant were the objectives of the project to the Caribbean Strategic Framework for Vision 2020 and those of the national eye health programmes developed by the Ministry of Health in each of the countries? |
| | How relevant was the project to the needs of the target populations in the region? |
| Effectiveness | To what extent have the planned outputs and activities been delivered and objectives been met? |
| | What were the major factors influencing the achievement or non-achievement of the objectives? |
| | To what extent was the learning from the project monitoring, MTR and ROMs adequately incorporated during project implementation and recommendations appropriately responded to? |
| | Were appropriate strategies adopted to attain equitable access to and demand of eye health services? |
| Efficiency | Was the project implemented in a timely and efficient manner with resources used according to plan? |
| | Were the most appropriate approaches used and cost effective procurement followed to achieve the intended objectives? |
| Impact | What contribution (if any) has the project had on changes to eye health seeking behaviour and equitable access to eye health services in the intervention countries? |
| | To what extent has the project improved the capacities of partners and their ability to engage at government level, and has this led to health system strengthening in the area of eye health? |
| | To what extent has the project improved the capacity of the project partners in project planning, management and implementation? |
| | What other impact (intended or unintended, positive or negative) has resulted from the project? |
| Sustainability | To what extent are the project activities, outputs and outcomes sustainable beyond the end of the project? (e.g. training programmes supported by the project, increased human resources for eye health levels, national commitment to implementation of eye health plans and strategies, etc.) |

| Evaluation Criteria | Questions to be Answered |
|---|---|
| | What are the major factors which will influence the achievement or non-achievement of sustainability of the project? |
| | To what extent has the project enabled project partners to establish reliable income sources and benefit from opportunities to interact with agencies and donors? |
| Scalability/replication | Which project components (if any) are suitable for scaling up/replication by other agencies/governments? |
| | Which project components (if any) are likely to be scaled or replicated by other agencies/governments? |
| | How well has the project managed the multi-country, multi-partner coordination? (E.g. Were there clear, logical systems of communication between partners and Sightsavers? Was learning shared between partners and countries? |
| | How well has the coordination of the project been integrated with the regular health management and monitoring mechanisms within the countries involved? |

## B. Project Description

In 2002, the landmark CSF was developed through the collaborative efforts of PAHO, IAPB, Sightsavers, CCB, Ministries of Health, and other regional and national stakeholders. The document was later updated in 2009. The overarching objective of the CSF is to accelerate the implementation of the global V2020 initiative by reducing blindness and visual impairment among adults and children and its impact on the general population, as well as strengthening eye care systems and services.

In 2009, the European Commission approved a grant for the execution of the project *"Delivering V2020 in the Caribbean"* with Sightsavers serving as the primary beneficiary. The project funded activities leading to the fulfilment of the goals and targets contemplated by the CSF, at both regional and national levels. The initial validity period of the grant was from 1 January 2010 to 31 December 2014. Later, a no-cost extension was allowed to 31 August 2016 primarily to ensure the successful completion of training activities in the field of optometry and infrastructural development. The two overall objectives of the project were:

1) To reduce the prevalence of blindness and visual impairment amongst rural and poor populations in the Caribbean; and
2) To strengthen coordination between state and non-state actors at regional and national level to support effective implementation of programmes for the provision of inclusive services to persons who are blind or visually impaired.

Specifically, the project was designed to build the capacity of partners and V2020 Committees to establish and strengthen mechanisms and approaches to develop, implement and monitor eye health activities that increase access to services for persons

who are blind and visually impaired. The specific problems to be addressed by the project were:

- Poor coordination between governments, NGOs and the private sector
- Lack of planning and weak implementation of national eye health strategies and plans
- Poor distribution of eye health personnel particularly in rural areas
- Insufficient eye health facilities and inadequate infrastructure
- Lack of awareness amongst health care personnel, decision makers and the general public.

The project contemplated the achievement of five key results - partner capacity building, institutional strengthening, human resource development, infrastructural development and behaviour change communication. The anticipated results and corresponding activities are summarized at Table 2.

**Table 2: Summary of Estimated Project Results and Activities**

| No. | Estimated Results | Activities |
|---|---|---|
| 1. | Enhanced Partner Capacity | Strengthening partner capacities to inform and influence national policies and support V2020 activities |
| 2. | Institutional Strengthening | Development, implementation and review of National Eye Health Plans with mentoring and support of V2020 Committees to facilitate stakeholder cooperation, networking and coordination |
| | | Enhanced capacity of V2020 Committees responsible for planning and coordination between governments, NGOs and private sector |
| 3. | Human Resource Development | Professional training of eye health personnel at various levels, including primary care providers |
| 4. | Infrastructural Development | Establishment/refurbishment of eye health facilities |
| 5. | Behaviour Change Communication | Implementation of regional communication program that positively affect eye health seeking behaviour |

## C. Partners and Beneficiaries

Although the wider Caribbean was intended to benefit from specific activities, the designated intervention countries were Guyana, Haiti, Jamaica and Saint Lucia. (See Map at Figure 1) The project partners were the CCB that is headquartered in Antigua and Barbuda, Eye Care Guyana (ECG), JSB, SHAA, and SLBWA serving as NSAs. The CCB signed an overarching agreement with Sightsavers, on behalf of project partners that are also Member Agencies of CCB, to undertake all approved actions of the financing agreement.

The groups and entities that were targeted to benefit directly from project activities were the five project partners, V2020 Committees, eye health workforce and Ministries of Health. The final beneficiaries were the people of the Caribbean who would be sensitized to health-seeking behaviours and prevention of blindness, as well as being recipients of appropriate screening and treatment.

**Figure 1: Four Intervention Countries**


## D. Structure of Report

The Evaluation Report contains four (4) substantive sections with clearly defined sub-sections that are intended to present information and findings in an organised and easily digestible fashion. These main sections are as follows:

1) *Introduction and background* that explains the historical context and objectives of the project.
2) *Methodology* that sets out the design of the evaluation and the approaches to data collection, analysis and report writing.
3) *Result Chapters* that detail the main findings of the evaluation against the background of the seven evaluation criteria and their associated lines of inquiry.
4) *Summary, Conclusion and Recommendations* that discuss and interpret the findings of the evaluation and sets out clear and actionable recommendations.

# 2. METHODOLOGY

## A. Evaluation Approach

The basic approach to the evaluation was guided by the intervention logic outlined in the project proposal and the specific requirements of the Terms of Reference of the assignment. (See Appendix 1) This approach provided a framework for:

- Clarifying project objectives and translating them into a hierarchy of activities, outputs, results and impacts
- Developing sensitive lines of inquiry that covered all evaluation criteria
- Assessing internal coherence of processes, findings and conclusions

Given the multiplicity of partners involved in the implementation of the project, the evaluation was designed to ensure active participation across stakeholders and jurisdictions. NSA managers, V2020 Committee members, Ministry of Health officials, eye health personnel, and users of eye health services all participated in aspects of the design of the evaluation, data collection and validation of results, as appropriate. Oversight of the process was provided by a specially-designated Evaluation Reference Group that was established under the aegis of Sightsavers.

## B. Evaluation Design

A mixed methodology was used in data collection and analysis. Primary data were gathered through interviews, focus group discussions, and direct observation during site visits to eye health facilities; while secondary data were collected through a comprehensive document review process. The evaluation was undertaken in three separate but inter-related phases as described in Table 3.

**Table 3: Project Design by Phases and Duration**

| Phase | Activity |
|---|---|
| Phase I – Desk Study: Review of documentation and elaboration of field study | Desk research /literature review |
| | Inception Report |
| | Revision of collection methods and tools based on comments on the inception report |
| Phase II - Field Data Collection | Field visits to all four project countries for data collection, including in-country briefing and debriefing |
| Phase III – Analysis and Production of Evaluation Report | Data analysis and preparation of Draft Evaluation Report |
| | Preparation of Final Evaluation Report based on feedback on Draft Report |

Stratified random sampling was the preferred method for selecting subjects for interviews during the field data collection phase. However, due to logistical challenges and the unavailability of several stakeholders, “convenience sampling” was the

predominant method utilized.[1] In other cases, subjects were selected based on availability, accessibility, and level of involvement in project design and implementation rather than through the application of any established sampling method.

## C. Data Collection Methods

1) *Desk Study.* All available documents germane to the conceptualization, design, and implementation of the project were thoroughly scrutinised. The information gleaned from this review process helped to inform the development of data collection instruments such as individual interview schedules and focus group discussion guides, and provided useful quantitative data on the performance of the project as a whole. (List of the main documents reviewed is shown at Appendix 2).

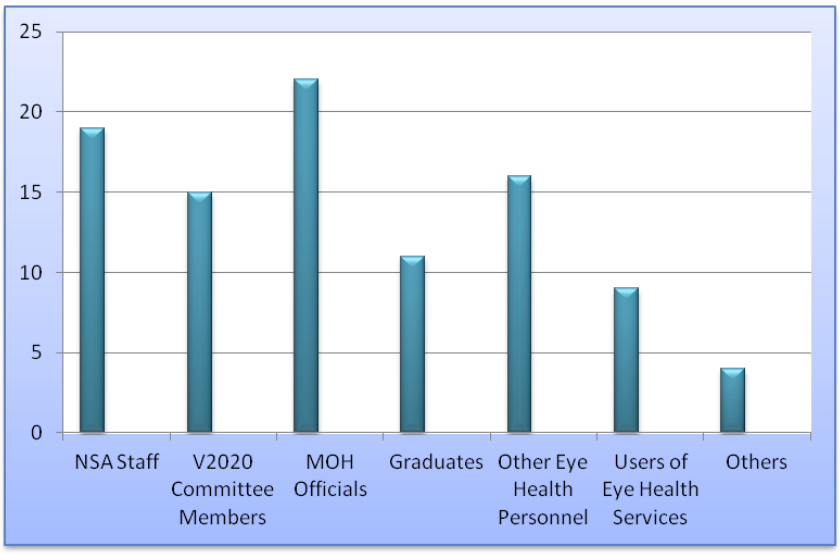
2) *Field Data Collection.* Most of the qualitative data utilised were gathered from semi-structured stakeholder interviews conducted in all four project countries. The data collection instrument was adapted for specific sub-groups such as NSA managers, V2020 Committee members, Ministry of Health officials, University of Guyana lecturers, and eye health personnel based on roles played in the implementation of project components. (See Sample Interview Schedule at Appendix 3) Altogether, 85 individual interviews were conducted with distribution shown in Figure 2.

   Similarly, focus group sessions were convened for two categories of stakeholders – V2020 Committee members and users of eye care services. (See sample of Focus Group Discussion Guide at Appendix 4). These sessions were used to gain perspectives on the performance of the project, as well as insights into improvement in accessibility and affordability of eye health services. Observational visits were also made to eye health facilities in all project countries including operating theatres, vision centres and spectacle labs that were established or refurbished under the project. Key findings were recorded by name, location and type of facility.

3) *Online Survey*. Feedback was sought from eye health personnel trained under the project through an online survey on relevance and usefulness of training received, and the extent to which they considered that eye health services in their respective countries had improved as a result. Unfortunately, the response rate of 16 percent (most of which were refractionists) was considered too low and non-representative to draw definitive conclusions. (See Questionnaire at Appendix 5)

[1] "Convenience sampling" is a technique whereby subjects are selected based on their convenient accessibility, availability and proximity to the researcher

**Figure 2: Categories of Stakeholders Interviewed**




## D. Analysis and Production of Evaluation Report

All data collected were processed against the background of the seven specified evaluation criteria and their associated lines of inquiry. The process involved:

- Tabulation of data according to the evaluation questions to show frequency distributions. This was done by building tables, graphs, and rankings to establish comparisons
- Triangulation of data received from different sources to ascertain validity and capture all dimensions of the evaluation criteria
- Building a matrix of key findings around evaluation questions that informed the writing of the draft and final reports

The Draft Report was reviewed by the Evaluation Reference Group and other key stakeholders for accuracy and completeness of information and adherence to the Evaluation Reports Minimum Expectation Guidelines. Feedback comments were incorporated into the Final Report.

## E. Limitations of the Evaluation

The geographical spread of project countries posed inherent logistical challenges that persisted throughout the evaluation process. Even with the support of designated national and regional focal points, in-country activities were sometimes difficult to organise and often subject to last minute changes or cancellations. In Haiti, many of the key stakeholders with institutional memory of the implementation of the project were unavailable for interviews. Also, the response rate to the online survey among graduates was quite low and did not yield the amount of information anticipated. These deficits reduced the efficiency of the field data collection process.

# 3. RESULTS

This chapter presents the main findings of the evaluation based on the seven (7) established criteria and their specific lines of inquiry. The Evaluation Criteria Rating is explained at Appendix 6.

## 3.1 Relevance — Rating: Excellent

- How relevant were the objectives of the project to the CSF and those of the national eye health programmes developed by the Ministry of Health in each of the countries?
- How relevant was the project to the needs of the target populations in the region?

The evidence indicates that the overall and specific objectives of the project were wholly congruent with the strategic goals of the CSF. A comparative analysis of the “expected outcomes” of the CSF and the “estimated results” of the project demonstrates the close alignment that was established between both initiatives that are summarised as:

- Enhanced leadership and governance
- Political commitment to the development of national eye health plans
- Countries implementing early detection, referral and treatment services for eye diseases
- Well performing eye health workforce with sufficient numbers and mix of skills, and adequate distribution
- Increased public knowledge and awareness and utilisation of eye health services

The overwhelming opinion of NSAs, Vision 2020 Committees, Ministries of Health and the Eye Health Workforce was that the problems targeted by the project as outlined at Section 1 (b) coincided directly with the defined priorities of National Eye Health Plans and National Strategic Plans for Health. Institutional strengthening, coordination and networking, capacity building for planning and programming, and training of the eye health workforce were regarded by all target groups as particularly relevant to their current and future needs.

In the final analysis, the main beneficiaries of this project were the poor and rural populations in the Caribbean. An estimated 75 percent of persons who are blind or visually impaired have no access to eye health services, and only 10 percent of blind and visually impaired people are employed. In some countries, upwards of 65 percent of the visual impairment needs of children were unmet. The strategies employed by the project in meeting these needs were targeted eye health information and education, community screening of children and adults for eye diseases and conditions, and providing appropriate surgical care and other support services such as spectacles.

The project placed emphasis on expanding eye services to rural communities at affordable cost to increase accessibility and affordability among the income poor. Conservative estimates indicate that in excess of 400,000 such persons, previously outside the reach of eye care, have benefited from the services provided by the project. All project partners and users of eye health services interviewed confirmed the timeliness and relevance of the services provided in meeting the essential eye health needs of poor and rural populations.

> *Our capacity to reach out to poor and rural communities has increased greatly and we can now actually deliver services aimed at preventing blindness and visual impairment that we had only dreamed about a short five years ago. It is terrific. (NSA Manager)*

> *I have been attending the eye health clinic for four years now. I am diabetic and I get my eyes tested every six months right at this clinic (Vision Centre). This is the second pair of glasses I have received from them and they are affordable and working very well. (User of Eye Health Services)*

The Project Management Committee (PMC) played an important oversight role in ensuring that the project remained faithful to its overall and specific objectives and relevant to the eye health needs of the Caribbean. In 2011, the PMC revised the existing log frame indicators and added new ones for each result area in compliance with recommendations of the Results-Oriented Monitoring (ROM) mission conducted in 2010. In addition, appropriate sources of information were included and some assumptions changed based on project implementation experience gathered up to that point. The refinement of indicators was also reflected in the Monitoring and Evaluation Framework for the project.

**Box 1: Summary Findings – Relevance**

- The objectives of the project were wholly congruent with the strategic goals of the CSF, as well as National Eye Health Plans and National Health Sector Strategic Plans of respective countries
- The eye health services provided were tailored to the specific needs of poor and rural populations and large numbers have benefited
- The PMC played an effective oversight role in the execution of the project, including adjusting design to ensure continued relevance and objectivity

## 3.2 Effectiveness Rating: Satisfactory

- To what extent have the planned outputs and activities been delivered and objectives been met?
- What were the major factors influencing the achievement or non-achievement of the objectives?
- To what extent was the learning from the project monitoring, MTR and ROMs adequately incorporated during project implementation and recommendations appropriately responded to?
- Were appropriate strategies adopted to attain equitable access to and demand of eye health services?

### 3.2.1 Achievement of Outputs and Activities

**Result Area 1: Regional and national partners informing and influencing policies and providing efficient and effective management support to V2020 activities.**

All NSAs expanded their organisational competence and sphere of influence in national eye health policy development and programme implementation as a consequence of targeted support provided by the project. This support was delivered through training, mentoring, strategic planning, accounting systems development, and information and communication. A synopsis of the enhanced capacity of NSAs is set out as follows:

- Management and service delivery practices at the CCB have improved as a result of a series of training initiatives that were undertaken in areas of programme management, financial management, monitoring and evaluation, resource mobilization, procurement procedures and grant management. As clear evidence of such improvement, CCB returned high ratings in a Quality Standards Assessment conducted in 2014, showing only “moderate need” for improvement
- The unique formal strategic partnership between the SLBWA and the Government of Saint Lucia whereby the SLBWA coordinates the implementation of the eye health component of the National Health Sector Strategic Plan and represents a “good practice” for public sector/NGO collaboration in the delivery of national eye health services. This partnership became effective in 2004 and received a boost through the heightening of activities supported by the project.
- ECG has forged very close working relationships with the Ministry of Health and the University of Guyana in the planning and delivery of eye health services in Guyana and the wider Caribbean. In addition to spearheading the development of the Guyana Eye Care Strategic Framework, 2013-2020, the ECG was a collaborating partner with the Government in the development of Guyana National Health Strategy, 2013-2020.
- SHAA continued to build on decades of experience in collaborating with national authorities in Haiti by strengthening its partnership with the Ministry of Public Health and Population. Critically, SHAA made strategic input into the development

of the latest version of the National Health Sector Strategic Plan (2012- 2022) that, for the first time, incorporates a discrete component on eye health.

- JSB has shown significant institutional growth in staff development, financial accounting, information management, and communication. In 2014, the organisation attracted financial support from the Government of Japan and the National Health Fund of Jamaica for the construction of a low vision centre on the premises of its headquarters. This initiative has provided the JSB with a window of opportunity for income-generation that did not exist hitherto.

A Monitoring and Evaluation Plan was developed during the first year of the project and later revised to incorporate changes to the log frame indicators. The Plan outlined performance questions to be answered, data gathering methods, and use and dissemination of information. In addition, the PMC utilised other management tools such as the project proposal, budget, and grant guidelines to direct and monitor the project. All partners became intimately aware of EC guidelines and regulations, and engaged with the budget on a regular basis as it was used to drive the work plan at regional and national levels.

**Result 2: Four V2020 Committees responsible for planning and coordination between governments, NGOs and private sector functional in the project countries.**

V2020 Committees exist in all project countries although with variable levels of functioning. The Saint Lucia V2020 Committee is the most functional with meetings held at least quarterly and records of proceedings maintained. Counterpart entities in Guyana and Haiti appeared to be more task-oriented with interim periods of inactivity. In 2013, the Jamaica V2020 Committee emerged from a five-year hiatus and has since been engaged in the review and revision of the National Eye Health Plan, although it is evident that the body is still in the process of establishing itself fully.

A clear and agreed mechanism to ensure that V2020 Committees in each country received regular support from CCB, PAHO and Sightsavers was not formalised as stipulated. However, the records show a pattern of regular communication, periodic in-country support visits, and provision of technical support. In general, V2020 Committee members expressed satisfaction with the level of support received from regional and international partners directly associated with the project, especially CCB and Sightsavers.

Regional V2020 Meetings were convened annually throughout the life of the project and provided an effective forum for on-going learning and sharing among partners, representatives of Ministries of Health from various countries, and eye health professionals. The meetings also benefited from guest speakers who focused on developments and experiences from specialist areas like glaucoma, diabetic

retinopathy, rehabilitation services and inclusive education. Information gathered from individual interviews and focus group sessions with V2020 Committee members confirmed the utility of these meetings in building capacity and providing meaningful opportunities for networking across the region. Typically, references were made to the cross-fertilization that occurred during sharing of country-specific eye health information that was collected annually using the National V2020 Data Template. Other themes discussed at these meetings included creating effective National V2020 Committees, incorporating primary eye care into primary health care, conducting national eye health surveys and engaging non-health sectors in eye health/prevention of visual impairment. Non-project countries including the Bahamas, Barbados, Belize, Dominica, St. Kitts and Nevis, Grenada, St. Vincent and the Grenadines, Suriname and Trinidad and Tobago also participated in these meetings.

**Participants at V2020 Regional Meeting, Saint Lucia, 2014**

> *I have attended three Regional V2020 Meetings and I always found them to be very informative. The first one I attended discussed how to collect country data on eye health and how to use it in planning and programming. That information was very helpful to us when we were developing our last National Eye Health Plan. (V2020 Committee Member)*

> *For me, the most important thing about attending Regional V2020 Committee Meetings is the opportunity to share information and learn from the experiences of others. We talk on the telephone all the time, but it is not the same like sitting across the table from someone, even though I can't see them, and talking through common problems. (NSA Manager)*

The status of development of national eye health plans is uneven across countries. The Guyana Eye Care Strategic Framework, 2013-2020 is the only current stand-alone eye care plan available. The latest version of the National Health Sector Strategic Plan (2012- 2022) of Haiti embodies a discrete component on eye care with specific eye health indicators for service delivery and human resources development that will be used by SHAA and the V2020 Committee as the frame of reference for the delivery of eye care in the medium term. Both Jamaica and Saint Lucia are in the process of reviewing and updating expired documents.

A template developed by the INGO V2020 Group (specifically PAHO, ORBIS, CCB and Sightsavers) has been used annually to collect and analyse country-specific data on

eye health services. Monthly and quarterly statistical reports on vision screening, referral and treatment have been prepared and used for planning and programming, as well as shared with regional and international partners, stakeholders, and donors and included in working documents for project meetings. The reporting process is managed jointly by CCB and PAHO.

In a related aspect, only minimal progress was achieved in conducting planned research studies. The data collection and analysis phases for a cross-sectional clinic-based survey on glaucoma in Barbados, Guyana, Jamaica and St. Lucia have been completed and a first paper drafted but not yet published. A second study on diabetic retinopathy is at the data analysis stage. The highly anticipated Rapid Assessment of Avoidable Blindness (RAAB) surveys planned for Jamaica and Guyana were abandoned for different reasons. In Jamaica, there were irreconcilable differences between the national authorities and the study designer on the methodology to be employed; while the Guyana initiative was shelved due to a lack of expertise to organise and lead the survey.

Although not a direct project activity, significant inputs were made by project partners into situational analyses on diabetic retinopathy services in Guyana, Jamaica and Saint Lucia, working in close collaboration with CCB. These analyses provided the platform for the development of the four-year project to prevent and treat diabetic retinopathy in four Commonwealth Caribbean countries – Belize, Dominica, Jamaica and Saint Lucia - that commenced in 2015 and is funded by the Queen Elizabeth Diamond Jubilee Trust. In addition, the outcomes and recommendations of the situational analyses have been utilised by project partners and national governments to strengthen relevant eye health policies and protocols. For example, three project countries have adopted policies to screen all diabetics attending public health facilities for diabetic retinopathy and to streamline their referral systems based on the findings of the situational analyses.

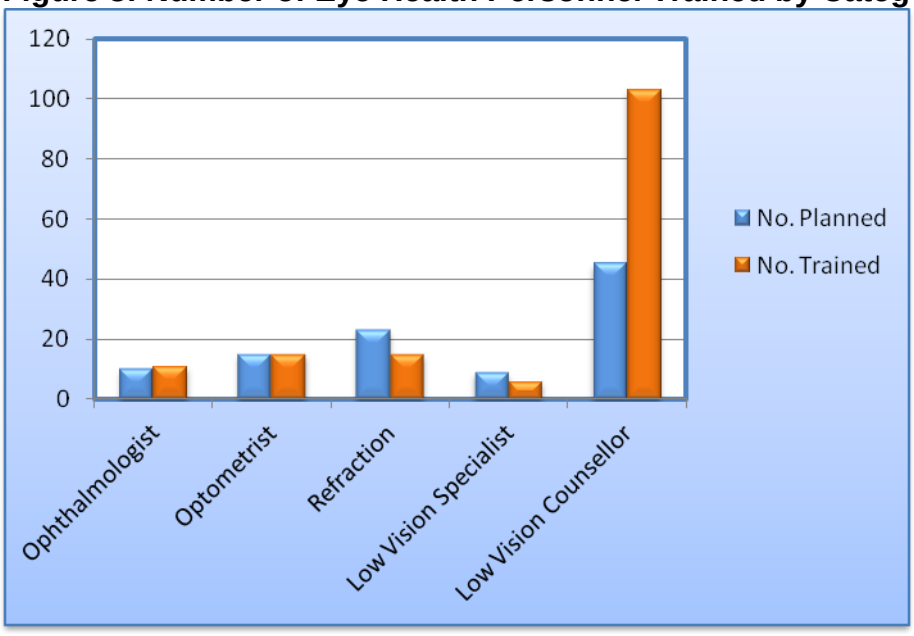
**Result 3: 1,370 skilled eye health personnel, inclusive of service providers and teachers trained in providing services.**

Most of these targets related to the training of eye health personnel have been met and, in some cases, surpassed. The number of ophthalmologists and low vision counsellors trained exceeded the marks set, while 100 percent achievement was recorded in the training of optometrists. The level of training among primary health care workers/ teachers exceeded 90 percent, with above average performance for low vision specialists (67 percent) and refractionists (60 percent). (See Figure 3)

These training outputs have boosted the eye health personnel to population ratio in the Caribbean, thereby moving the region closer to fulfilling one of the goals of the V2020 Right to Sight initiative. More than 80 students in four cohorts are currently enrolled in the Bachelor of Science Degree in Optometry programme offered by the University of

Guyana that was developed with considerable project support and, upon graduation, would provide a further boost to eye care in the Caribbean. It is noteworthy that public service establishments in project countries make no provision for the employment of optometrists, although legislation for registration exists.

**Figure 3: Number of Eye Health Personnel Trained by Category**




Consistent with estimated project outputs, a total of eleven biomedical technicians have been trained to provide maintenance and repair for instruments and equipment used in clinics, out-patient departments, operating theatres, and surgical wards serving eye patients. The 10-day training module attracted participants from NSAs, Ministries of Health and the private sector in Guyana, Jamaica, Haiti, Saint Lucia and Antigua and Barbuda and will respond to a perennial need for equipment maintenance in these countries. Biomedical technicians interviewed in Guyana and Saint Lucia indicated that they had already been practicing their new skills with encouraging results.

> *I have a bachelor's degree in biomedical engineering. This training gave me new insights into maintenance of eye care equipment and since my return I have fixed several pieces of equipment at the national eye care association that were not working. I have also worked with my colleague in the public sector to fix some of theirs. – Biomedical Engineer*

> *I never had any training in equipment maintenance although that was my job. Since returning from training, I have set up all the equipment for the Vision Centre that were lying around in boxes and fixed others that are not working. I am also working on some equipment in the hospital. - Biomedical Technician*

A cross-section of eleven graduates interviewed representing 31.4 percent of all ophthalmologists, optometrists and refractionists trained by the project expressed satisfaction with the quality and relevance of the training received and felt more equipped to contribute, in significant ways, to the improvement of eye health services in their own countries. The unanimous view was that the delivery of screening services at the primary care level, followed by treatment and care, would provide the largest impact on the prevention of blindness and visual impairment in the Caribbean.

**Result 4: Facilities providing eye health services established/refurbished across the region.**

The project allowed for the establishment or refurbishment of seven operating theatres equipped with modern equipment dedicated to the provision of specialized eye health services. At the close of the project, five such operating theatres were in full operation:

- Mandeville Public Hospital in Jamaica
- St. Nicholas Public Hospital in Haiti
- Georgetown, Linden and Suddie Public Hospitals in Guyana

All the equipment for the establishment of an operating theatre to be located at St. Therese Hospital in Haiti has been purchased and will be installed shortly, thereby bringing the total number of operating theatres established by the project to six. Meanwhile, the planned establishment of operating theatres at Eliazar Germain Public Hospital in Haiti and St. Jude Hospital in Saint Lucia did not materialise due to the unavailability of appropriate physical space, despite strenuous intervention efforts by the NSAs and PMC. In the latter case, the facility at Suddie in Guyana was established as a replacement.

The vision centre model has been streamlined and is now well entrenched in all project countries, with eleven facilities being fully functional. The project target will be fully realised when installation of equipment at May Pen in Jamaica and St. Therese Hospital in Haiti is completed. The bulk of these facilities are established in rural communities with full eye screening services provided by trained eye health personnel, mainly refractionists and optometrists. At the same time, three highly functional spectacle labs that provide affordable eyeglasses have either been established or upgraded in Antigua and Barbuda, Guyana and Saint Lucia using resources provided by the project. Similar facilities will be commissioned in Jamaica when all equipment is installed and in Haiti as soon as equipment is installed and technician identified and trained.

**Result 5: An appropriate regional communication programme developed and implemented over the course of the project positively affecting health seeking behaviour.**

The project produced a range of eye health information, education, and communication (IEC) materials. These IEC materials included brochures and leaflets on eye diseases

(glaucoma, diabetic retinopathy and cataract) that were distributed widely to public health clinics, hospitals and non-government agencies; and eye health videos produced for YouTube such as the Eye Care Carib YouTube Channel and public viewings. These communication materials were also used routinely to promote and support the activities of World Sight Day, Glaucoma Day and Health Fairs that were annual features in all project countries. All brochures and leaflets were translated into French and Creole for the benefit of Haiti.

An Eye Health Communications Strategy has been produced with the expectation that it will be used by partners across the Caribbean as a resource guide in structuring eye health messages, and identifying messengers and methodologies. The Strategy contains ideas and templates which may be tailored to specific country needs and lays the platform for continuation and expansion of the eye health information and education programmes initiated by the project, while ensuring medium and long term sustainability. The Strategy has also established very specific and measurable objectives with appropriate monitoring and evaluation mechanisms.

The CCB website (www.eyecarecaribbean.com) and Facebook page also played a pivotal role in disseminating quality information to affiliate organisations and other key stakeholders, while raising the profile of NSAs. NSAs and V2020 Committee members consider that both communication channels hold potential to become even more effective with more frequent updating of information and refreshing of the sites. In 2011, CCB launched the quarterly electronic newsletter *Eye on Sight* that was devoted to covering human interest stories on eye health and providing updates on the progress of implementation of key project activities. This effort has been put on hold, pending the recruitment of a new Project and Advocacy Services Manager.

The EU contribution has been recognised in all aspects of project implementation with the logo displayed prominently on all information, education and communication material utilised by CCB and its partners and disseminated for public consumption; as well as during workshops, meetings, and training sessions. Equipment, vehicles and physical facilities funded by the project also carry the logo.

### 3.2.2 Major Factors Influencing Outcomes

The main factors that influenced the achievement of project objectives were:

- *Stakeholder commitment*: Stakeholders at every level including NSAs, Ministries of Health, and eye health personnel claimed ownership of the project from the outset and committed to the achievement of project objectives
- *Effective governance arrangement*: The multi-partner PMC provided an effective platform for project oversight and ensuring equitable distribution of resources. Besides, the role played by the PMC in planning, programmatic and financial

reviews, and organising regional exchanges such as the V2020 Regional Meetings was decisive in achieving project outputs

- *Pre-existing working relationships*: CCB and its affiliate members have had a long history of constructive engagement with Ministries of Health and other relevant regional and international NGOs. Harnessing these relationships and experiences proved a force for good in management and implementation of the project
- *Implementing ROM recommendations*: The conclusions and recommendations of the ROMs were used to streamline operations and correct deficits in the project. For example, the PMC developed a comprehensive action plan in response to the ten recommendations of the 2015 ROM report that ensured full compliance and contributed to the achievement of project outcomes.

On the other hand, project implementation was constrained by:

- *Geographical spread:* Project countries and coordinating entities were spread across the reaches of the Caribbean and although appropriate technologies were utilised to the extent possible, communication among partners was often difficult. Also, moving persons around for meetings, monitoring and support visits, and communication activities were both expensive and time-consuming
- *Procurement requirements:* Delays were experienced in some aspects of project implementation due to the inability to identify EC eligible suppliers from which to procure some items, particularly equipment and aspects of training, within budgetary allocation
- *Staff turn-over*: Loss of trained and experienced personnel such as the V2020 Programme Manager at SHAA, Finance Officer at JSB, Project Development and Advocacy Services Manager at CCB, and refractionists at ECG, caused significant setbacks in the implementation of some activities
- *Earthquake in Haiti:* The earthquake that occurred in Haiti in 2010 caused massive social dislocation that adversely affected the pace of project implementation in that country. The commencement of several key activities was delayed, while bottlenecks in the customs resulted in equipment being lost or damaged and commodities expired

### 3.2.3 Application of Learning and Recommendations

By design and in practice, Regional V2020 Committee Meetings were used as a medium for sharing and learning among project and non-project countries. Eye health strategic planning processes, data collection and analysis, and networking with partners were key project components to which such learning was applied successfully. By the same token, the PMC used findings from its on-going monitoring and evaluation processes to improve project performance in areas such as negotiation with national authorities, strengthening procurement procedures, and removing implementation bottlenecks generally.

A management response to the recommendations of the MTR was developed by the PMC that set out remedial strategies for correcting the deficits that were flagged. These actions resulted in the resuscitation of V2020 Committee in Jamaica, accelerating infrastructural development, procurement and installation of equipment, development of a comprehensive regional eye health communications strategy, and successful negotiation of a 20-month no-cost extension to the project to ensure continued funding for key project activities.

The most pervasive of the ROM recommendations surrounded the revision of the project log frame to improve the specificity and measurability of indicators. In 2011, the PMC completed a thorough review and revision of the project indicators across result areas and also added a section on appropriate sources of information. Later, these revisions were incorporated into the Monitoring and Evaluation Framework that was designed to answer performance questions and elaborate the elements of data sources, collection methods, and information use.

### 3.2.4 Strategies to Attain Equitable Access to Eye Care

Rural and poor populations in the Caribbean were designated as the ultimate beneficiaries of the project. The strategies employed in ensuring equitable access were:

- *Location of facilities*. The majority of eye health facilities were established in rural and poor communities, close to where persons in greatest need live and work. These facilities included vision centres that provide diagnostic, refractive and low vision services; and surgical theatres that offer treatment services for cataracts, diabetic retinopathy, glaucoma and other eye diseases
- *Institutionalisation of spectacle labs:* The medium-term commitment is to establish full-service spectacle labs in all countries that will produce affordable spectacles to economically disadvantaged persons. For example, in Guyana, these spectacles are provided at an estimated 20 percent of the cost in the private sector; while in Saint Lucia the comparable statistic is 30 percent. In both cases, mechanisms exist to cater for the needs of disadvantaged persons
- *Moderated fee for service*: By statute, primary health care services in the public sector in Jamaica and Guyana are provided free of cost to the consumer whereas, in Haiti and Saint Lucia, a safety net system is in effect that guarantees access to affordable screening and surgical services to low come persons. For example, in one public sector facility in Haiti, eye surgical fees are in the extremes of $300-600 Haitian Gourde (4.5–9.0 USD) depending on the type of service accessed, compared to $15,000-20,000 Haitian Gourds (227-302 USD) in the private sector. Besides, the system allows for a total waiver of user-fees in cases of demonstrable lack of financial means
- *Targeted training of skilled eye health personnel*: With an emphasis on meeting the needs of poor and rural populations, a deliberate strategy was employed to

incorporate community eye care in training programmes at all levels – refraction techniques, optometry, ophthalmology, low vision counsellors, community workers and teachers

**Box 2: Summary Findings – Effectiveness**

- All NSAs have expanded their organisational competence and sphere of influence in eye health policy development and planning
- Regional V2020 Meetings proved an effective forum for learning and sharing
- National strategic planning for eye health has become institutionalised
- Most of the targets for the training of eye health personnel have been met
- The estimated number and range of planned eye health facilities have been established, for the most part
- Access to eye health services for poor and rural populations has been enhanced and safety nets established
- A robust Regional Eye Health Communications Strategy has been developed
- Recommendations of the MTR and ROMs have been vigorously implemented
- Minimal progress was achieved in conducting research studies
- NSAs played an important role in conduct of situational analyses on diabetic retinopathy

## 3.3 Efficiency — Rating: Satisfactory

- Was the project implemented in a timely and efficient manner with resources used according to plan?
- Were the most appropriate approaches used and cost effective procurement followed to achieve the intended objectives?

In general, the project was implemented in a timely and efficient manner with most of the objectives met, within budget, and to the satisfaction of partners and beneficiaries. Key factors that facilitated the demonstrated efficiency of the project were adherence to the terms and conditions of the project proposal, application of donor guidelines and regulations, and effective financial management. At another level, efficiency was enhanced by early development of the Monitoring and Evaluation Plan linked to project indicators, annual operational planning, quarterly strategic review of project performance, and technical support provided by key regional and international partners.

The MTR highlighted the fact that students who enrolled in the Bachelor of Optometry degree programme in 2012 would not graduate until June 2016 – 18 months beyond the expiration date of the financing agreement. The planned commencement date of the training was 2011 but was delayed for one year due to a dispute between the University

and the Government over student fees. Additionally, it was recognised that some activities related to procurement of equipment and services and establishment of eye health facilities would be delayed due to challenges in sourcing EC eligible suppliers and construction/refurbishing of physical facilities. Against this background, a no-cost extension was successfully negotiated with the EC.

The project utilised a combination of EDF and Sightsavers guidelines and procedures in the procurement of goods and services and derogation was sought from the EC whenever circumstances demanded. All equipment, vehicles and consultancy services were subjected to competitive bidding processes thereby ensuring fiscal transparency and guaranteeing best value for money. Similarly, recruitment of human resources was duly advertised and transparent processes applied in final selection. Also, a measure of cost efficiency was gained through government exemption of taxes and duties on items of equipment and supplies purchased by the project. A period of uncertainty was experienced in 2014 due to changes in EC procurement rules resulting in equipment orders either being put on hold or cancelled pending clarification, causing disruption in the establishment of some eye health facilities and implementation of some training activities.

Reports from the five expenditure verifications and one audit completed confirmed that project funds provided by the EC had been used, in all material respects, in conformity with the applicable Terms and Conditions of the Grant Contract. Reports across four audit periods concluded that project expenditure had conformed to approved budgets, with ineligible costs amounting to an insignificant 0.17 percent. These conclusions demonstrate the high level of fiscal responsibility that pervaded the entire implementation process.

**Box 3: Summary Findings – Efficiency**

- In general, the project was implemented in a timely and efficient manner with most of the objectives met, within budget
- The project utilized a combination of EDF and Sightsavers procurement guidelines in the procurement of all goods and services
- Project funds provided by the EC had been used, in all material respects, in conformity with the applicable Terms and Conditions of the Grant Contract

## 3.4 Impact Rating: Satisfactory 

- What contribution (if any) has the project had on changes to eye health seeking behaviour and equitable access to eye health services in the intervention countries?
- To what extent has the project improved the capacities of partners and their ability to engage at government level, and has this led to health system strengthening in the area of eye health
- To what extent has the project improved the capacity of the project partners in project planning, management and implementation?
- What other impact (intended or unintended, positive or negative) has resulted from the project?

It was projected that through a process of sensitisation on health-seeking behaviours and prevention of blindness, six million children and adults would be screened, three million people treated for the five priority eye diseases, and more than 75,000 surgeries or treatment undertaken to prevent or restore sight. The available data indicated minimal success in meeting these targets. (See Table 5) However, some extenuating factors apply:

- With an approximate total population of 13.3 million in project countries, the expectation of screening 40 percent and treating 25 percent of that number within the project frame was optimistic
- Eye health service delivery predictably did not approach peak performance until the second half of project implementation given the need to establish the facilities and train personnel. It was anticipated that a significant portion of the eye health screening would have been undertaken by primary health care workers trained by the project. An assessment of the effectiveness of this training revealed that many participants nominated by Ministries of Health did not have the remit to screen patients, while others who were so empowered were often rotated to other areas of work. Additionally, those who had the remit did not undertake as many screenings as anticipated or did not document them as there is no Ministry of Health requirement to do so.
- None of the project countries has a robust health information system that captures health statistics in any integrated and comprehensive manner. For this reason, Ministry of Health officials and eye care personnel alike posit that the available eye health statistics are almost certainly incomplete and should be interpreted with caution.

**Table 4: Selected Eye Health Service Data by Activity, 2010- 2016**

| Outputs | Target | Level of Achievement | % of Target Achieved |
|---|---|---|---|
| Number of persons screened | 6,000,000 | 260,990 | 4.3% |
| Number of persons treated | 3,000,000 | 152,494 | 5.1% |
| Number of surgical operations performed | 75,000 | 9,037 | 12.0% |

All NSAs now hold membership on national eye care policy-making bodies and perform leadership roles in the development of National Eye Health Plans and National Health Sector Strategic Plans. At the same time, entities such as CCB, SHAA and SLBWA have solidified their relationships with governments through formal agreements with Ministries of Health; while the recent signing of a financing agreement between JSB and the governments of Japan and Jamaica reflects the growing stature of the organisation and demonstrates official confidence in its ability to manage and implement projects and programmes.

The technical support provided by the project to the University of Guyana contributed greatly to the institutionalisation of the Bachelor of Optometry degree programme that has gained widespread acceptance across the Caribbean. The programme is listed by the World Council of Optometry as one of two such training programmes in the Caribbean. Project support extended to the areas of curriculum development, provision of equipment and course materials, payment of lecturers, offerings of scholarships to a specified number of students, and coordination of clinical attachment activities.

**Box 4: Summary Findings – Impact**

- All NSAs have strengthened their relationship with Ministries of Health and other key partners
- The newly-launched regional diabetic retinopathy initiative has benefited from the strong foundation laid by the project
- Advanced training in optometry has been institutionalized at the University of Guyana through support from the project
- Service delivery targets have not been met, although the full picture may be distorted by incomplete data

## 3.5 Sustainability Rating: Satisfactory

- To what extent are the project activities, outputs and outcomes sustainable beyond the end of the project?
- What are the major factors which will influence the achievement or non-achievement of sustainability of the project?
- To what extent has the project enabled project partners to establish reliable income sources and benefit from opportunities to interact with agencies and donors?

The consideration of sustainability was an inherent feature of the project from the outset. For example, the rationale for strengthening NSAs was to build long-term capacity to influence national eye health policy development. Similarly, the decision to establish eye health services within existing district or community health facilities was a deliberate strategy to integrate services and minimise operational cost. In this context, the activities, outputs and outcomes that have been assessed to hold greatest potential for sustainability were:

- *Public/private partnership*: The project has contributed to cementing a strong cooperative relationship between NSAs, governments and private sector that will endure well into the future. This presumption is supported by the existence of formal bilateral cooperation agreements in three countries and the growing involvement of V2020 Committees.
- *National Eye Health Plans.* A culture of strategic and operational planning for eye health has clearly evolved in all countries, and the policy commitment and technical expertise are in place to ensure continuity
- *Training in optometry*: The Academic Board of the University of Guyana has articulated a long-term strategy for maintaining the viability of the Bachelor of Optometry degree programme that was developed with project support. This policy commitment draws confidence from the increasing numbers of students who have shown interest in the programmes. Already, the University has moved to assume responsibility for costs, including payment of lecturers, that were hitherto met by the project
- *Eye health screening and surgical services*: Demand for qualitative, accessible and cost effective eye health services is high and rising due to increased awareness, especially among poor and rural populations. With the requisite national budgetary support and continued training of eye health personnel, these services are patently sustainable
- *Spectacle labs*: The demonstrated income-generating capacity of spectacle labs while, at the same time, offering an acceptable and affordable service to economically disadvantaged persons is a built-in formula for success. Indeed, all NSAs have linked the existence of spectacle labs to their own long-term financial

viability and are committed to further streamlining and expanding the services to the benefit of clients and themselves. At the same time, new competitors that are offering low-cost spectacles on concessionary terms have entered the market. Currently, NSAs undertake no planned marketing interventions for their spectacle labs and this may become a necessity in the future in order to maintain or expand market share

- *Public awareness programmes*: The recently-developed regional Eye Health Communications Strategy provides a blueprint that may be used by all partners in heightening public awareness on the prevention of blindness and visual impairment. Integration of eye health awareness into existing health promotion programmes undertaken by NSAs and governments is an important component of the strategy that will promote sustainability
- In many respects, the recently-launched regional initiative to prevent and treat diabetic retinopathy was built on the solid foundation laid by the project, thereby ensuring a measure of sustainability. Institutional strengthening of NSAs, establishment of eye surgical facilities, and training of eye health personnel that were delivered through the project provided the platform for the new regional initiative

In general, continued harnessing of the resources of national, regional and international partners that share common goals and values and have a history of collaborative action will be a key factor in ensuring sustainability of the initiatives pursued under this project. Allied to this consideration will be the robust engagement of empowered V2020 Committees that advocate for eye health at all levels. On the other hand, a major challenge to sustainability will be the ability of public institutions and NSAs to retain trained staff. Already, an early sign of attrition has been evident in at least one NSA where its only optometrist, who was trained by the project, has been lost to the private sector. This departure has severely reduced the capacity of the NSA to deliver eye health screening services.

**Box 5: Summary Findings – Sustainability**

- Integration of eye health services into existing systems provides a framework for long-term sustainability
- Income-generating activities such as spectacle labs are critical to the long-term financial viability of NSAs
- Robust and integrated IEC programmes are key to building a strong base for continued sustained provision and use of services
- Retention of trained eye health staff is a major factor in sustained delivery of services, especially in rural communities

### 3.6 Scalability/replication Rating: Satisfactory

- Which project components (if any) are suitable for scaling-up/replication by other agencies/governments?
- Which project components (if any) are likely to be scaled up or replicated by other agencies/governments?

Project components that demonstrated feasibility and effectiveness and are suitable for scaling up by other agencies and governments include:

- *V2020 Committees*. The evidence presented at Section 3.2 underscored the critical role played by V2020 Committees in influencing public policy and planning on eye health. Given the commonalities that exist in the organisation of eye health services across the Caribbean, it is reasonable to conclude that the model used by the project for the institutional strengthening of V2020 Committees may be exported successfully to other countries. Indeed, the model may even be used to stimulate the formation of V2020 Committees in countries where they do not currently exist.
- *Vision Centre Model*: The orientation towards holistic low-cost community-based eye health services provided at vision centres has expanded outreach to poor and rural populations in all project countries. Indeed, it has been demonstrated that the vision centre model is one of the most cost-effective ways of providing primary eye care services in the Caribbean, and the rapidly increasing number of optometrists being trained makes replication within and among countries a viable option. Such replication will involve the provision of basic eye health screening equipment.

  Already, the Government of Antigua and Barbuda has replicated the Vision Centre Model in three of its health centres and provided financing for training and employment of the three refractionists that operate the facilities. The operations of these vision centres are overseen by an optometrist.
- *Spectacle Labs*: The demand for low-cost spectacles and the prospects for income generation for NSAs advertise spectacle labs as a viable option for scaling-up within countries and replication across the Caribbean region. Indeed, for many NSAs, income from the operation of spectacle labs is their most reliable revenue base. The evidence suggests that spectacle labs operated by NSAs will face increasing competition from private sector entities in the future and success will require the application of sound business practices.
- *Training in Optometry*: The region-wide interest shown in training in optometry bodes well for the future. Already, the University of Guyana has scaled up its enrolment of students in the degree programme in optometry five-fold since 2012. Although almost 90 percent of the current enrolment of students is from

Guyana, the programme is likely to attract increasing numbers from other countries since it is only one of two such training operating in the Caribbean.

- *Eye Health Communications Strategy*: The newly-developed Eye Health Communications Strategy has in-built mechanisms for facilitating the implementation of eye health promotion programmes within and across countries. The Strategy has been designed as a "resource guide" in structuring eye health messages, and identifying messengers and methodologies; and contains ideas and templates to facilitate replication. The document has been approved for region-wide implementation.

On the basis of need and heightening commitment to prevention of blindness and visual impairment, especially among poor and rural populations, it is likely that all of the components described above will be scaled-up or replicated in the medium term. The entities that are best positioned to undertake such activities are Ministries of Health and other government bodies, NSAs and other NGO bodies depending on the availability of requisite technical financial and physical resources.

**Box 6: Summary Findings – Scalability/replication**

- Most of the core activities of the project lend themselves to scalability and replication
- Scalability and replication requires technical, managerial, human resource, and financial inputs for success

## 3.7 Coherence/coordination — Rating: Satisfactory

- How well has the project managed the multi-country, multi-partner coordination?
- How well has the coordination of the project been integrated with the regular health management and monitoring mechanisms within the countries involved?

V2020 Committees played a pivotal role in the coordination of the project at the national and regional levels. With representation drawn from Ministries of Health, Education and Social Development, public and private eye health professionals and institutions, national associations, and local and international NGOs, V2020 Committees were used to advance project coordination among key stakeholders within countries. These coordination skills were honed through capacity building provided by the project. Regional V2020 Meetings at which all national V2020 Committees were represented also served as a forum enhancing regional coordination.

Responsibility for overall coordination of the project was vested in the PMC that comprised representatives from all implementing agencies and main strategic partners -

CCB, ECG, JSB, SHAA, SLBWA, and Sightsavers. Although not a formal member, the ECD was provided with a standing invitation to attend annual PMC meetings. Face-to-face meetings were held during the first quarter of each year and quarterly teleconferences thereafter, as stipulated in the agreed Terms of Reference of the PMC. This forum served as a mechanism for forging inter-agency relationships, resolving issues and challenges, and strengthening coordination. Also, the PMC established thematic groups as a strategy for managing specific multi-country and partner activities. These thematic groups played key roles in the development of the communication strategy, low vision technician training course, and the assessment of effectiveness of the primary health care worker training in delivering primary eye care. Regular updates on developments within the project were provided to all partners by the V2020 Project Manager to enhance communication and coordination.

A measure of inter-agency coordination was achieved through INGO V2020 Collaborating Group meetings held annually. These meetings were attended by regional and international NGO's such as CARIOA, ORBIS, PAHO/WHO, HelpAge, ICEE, International Agency for the Prevention of Blindness (IAPB – North America), and Sightsavers, with a general focus on alignment of programmes and harmonization of technical assistance within the Caribbean specifically.

Significant advancements have been made in integrating the components of policy-making, coordination and monitoring into the delivery of eye health services. Eye health is now fully incorporated into the national health sector planning processes in all project countries, with NSAs and V2020 Committees performing leadership roles; while the establishment of eye health services supported by the project have been integrated seamlessly in existing management and delivery systems. For example, the surgical operating theatre, vision centre and spectacle lab developed at the Mandeville Hospital in Jamaica all operate within existing structural and management arrangements.

**Box 7: Summary Findings – Coherence/coordination**

- The PMC and V2020 Committees played a pivotal roles in the coordination of the project at the national and regional levels
- The INGO V2020 Collaborating Group facilitated inter-agency linkages and project coordination
- Significant advancements have been made in integrating project components into existing eye health delivery services

# 4. CONCLUSIONS AND RECOMMENDATIONS

## 4.1 Conclusions

For analytical clarity, conclusions have been grouped into three clusters that correspond to the estimated results of the project and form the basis of this final evaluation. These clusters are Strategic Focus, Delivery of Eye Health Services, and Communication for Change.

### 4.1.1 Strategic Focus

**Conclusion 1**: The strategic orientation of the project helped to advance the over-arching goal of the CSF and National Eye Health Plans to reduce the prevalence of blindness and visual impairment among rural and poor populations in the Caribbean.

The symmetry between the objectives of the project and the eye health priorities of Caribbean has been remarkable. In addressing the defined national and regional imperatives of NSA capacity building, training of eye health personnel, provision of eye screening and surgical facilities, and communication for change, the project assisted in shifting the pendulum decidedly in favour of meeting the expressed eye health needs of poor and rural populations as contemplated by national and regional eye health strategic frameworks. Importantly, the strategic focus of the project was also inclined towards long-term sustainability of activities and outcomes by anchoring them within existing health care and social systems.

**Conclusion 2**: Strategic coordination between governments, NGOs and the private sector has improved resulting in a more planned and holistic approach to the delivery of eye health services.

There is clear evidence of improved coordination among governments, NGOs and the private sector in the planning and delivery of eye health services. Mechanisms now exist for constructive and on-going engagement between NSAs and Ministries of Health on matters related national policy and planning for eye health. In some countries, these arrangements have been formalised in cooperative agreements that set out terms and conditions for such engagement. At another level, enhanced V2020 Committees have played leadership roles in stakeholder coordination, collaboration and networking in relation to the development of national strategic plans for eye health. Even so, the functionality of V2020 Committees across countries has been variable and a clear case exists for continued capacity building and technical support.

**Conclusion 3**: A culture of strategic and operational planning for eye health now exists in all project countries with the active involvement of key stakeholders.

All project countries have approved policies that will catalyse the continuous development of National Eye Health Plans and the integration of a component on eye health in National Health Sector Strategic Plans. This policy position has been arrived at through a process of strategic engagement and networking between Ministries of Health, NSAs and V2020 Committees; and supported by training and technical input from the project. Notwithstanding the policy commitment, the transition from one plan period to another has not been seamless and greater vigilance is required in this area.

**Conclusion 4**: Significant gaps remain in the availability of baseline and other KAP and clinic-based data that will inform programme planning and communication for eye health.

Research was an area of under-achievement in the project due largely to challenges involved in gaining agreement on study protocols to be adopted, and the unavailability of researchers to lead the processes at key periods. Nonetheless, some eye health data were published based on situational analyses, national and regional monitoring activities, and service statistics.

### 4.1.2 Delivery of Eye Health Services

**Conclusion 5**: The eye health practitioner to population ratio has increased significantly in all project countries and, by extension, the wider Caribbean.

As a consequence of the project, the eye health workforce in the Caribbean has expanded through the training and deployment of more than 1,400 skilled eye health personnel representing cadres such as ophthalmologists, optometrists, refractionists, low vision counsellors and primary health care/community workers and teachers. In addition, the institutionalisation of the Bachelor of Optometry degree programme at the University of Guyana and the high level of enrolment in evidence, guarantee an increasing eye health practitioner to population ratio in the Caribbean.

**Conclusion 6**: Access to affordable eye health screening and surgical services for poor and rural populations has increased, although not to the extent contemplated by the project.

Eye health facilities including surgical operating theatres, vision centres and spectacle labs have been established using project resources. Most of these facilities are located in rural communities and special arrangements have been instituted to ensure that all persons receive service regardless of ability to pay. Available data indicate that the

number of persons screened, referred and receiving surgical services was lower than anticipated due to a combination of factors, including optimistic projections during project design and under-developed health information systems. At the same time, utilisation of services offered by spectacle labs has grown steadily.

**Conclusion 7**: Favourable conditions exist for the sustainability and scaling-up of the majority of services developed or strengthened by the project.

Within the framework of the public/private partnership that has been strengthened by the project, the services that are most likely to be sustained are national strategic planning and programming, training of eye health personnel especially in optometry, screening and surgical care, spectacle labs, and public education programmes. These services may also be scaled up or replicated once provisions are made for the requisite human, financial and physical resources.

### 4.1.3 Communication for Change

**Conclusion 8**: IEC approaches played an important role in generating public awareness on prevention and treatment of avoidable blindness and visual impairment.

In the absence of data to the contrary, it is reasonable to assume that IEC materials on glaucoma, diabetic retinopathy and cataract that were produced and disseminated widely played an important role in increasing public awareness on eye health. This assumption is based on the increased uptake of services at all levels.

**Conclusion 9**: The platform has been set for a sustained IEC offensive on prevention of avoidable blindness and visual impairment in the Caribbean.

The newly-developed Eye Health Communications Strategy provides a quantum leap in delivering structured and sustained eye health information and communication programmes in the Caribbean. The concepts and templates promoted by the strategy allow for the development of country-specific interventions and, at the same time, facilitate regional outreach.

### 4.1.4 General

**Conclusion 10**: The wider Caribbean has benefited from aspects of the project such as training, information-sharing and communication.

Notwithstanding the focus on project countries, the wider Caribbean has benefited from many of the activities, outputs and outcomes of the project. Nine non-project Caribbean countries participated in the learning and sharing that occurred during the Annual Regional V2020 Meetings, students from across the Caribbean accessed the training in

optometry offered by the University of Guyana, while IEC materials on eye health have been disseminated region-wide.

## 4.2 Recommendations

The recommendations presented below relate to measures that may be taken by project partners to sustain the activities, outputs and outcomes of the project.

1) V2020 Committees in all countries should be targeted for continued institutional strengthening in advocacy, networking, and strategic and operational planning given the central roles they are required to play in building national consensus and coordination around eye health. Continued capacity building in the core areas of functioning mentioned will benefit both “old” and “new” members and will assure the continued relevance and effectiveness of V2020 Committees. These efforts should be spearheaded by NSAs with support from CCB and other partners.

2) Strategic and operational planning for eye health, at the regional and national levels, should remain a matter of highest priority. The latest version of the CSF is now more than five years old and should be reviewed and revised in the light of new and emerging eye health considerations; while revision processes for National Eye Health Plans for Jamaica and Saint Lucia that are currently in train should be concluded as a matter of urgency. The key partners in this effort should be CCB, V2020 Committees, and NSAs.

3) Training of eye health personnel, at all levels, should remain paramount as a measure for increasing the eye health practitioner to population ratio in the Caribbean, and expanding the outreach of service delivery to poor and rural populations. In this context, the Government of Guyana and other countries within the Caribbean Community should be encouraged to heighten their support for the Bachelor of Optometry degree programme offered by the University of Guyana that has recorded impressive success to date. CCB, V2020 Committees and NSAs will have important advocacy roles in gaining buy-in by national governments.

4) The newly-developed Eye Health Communications Strategy should be used as a blueprint for guiding IEC efforts at national and regional levels over the medium-term. Clearly articulated operational plans should be developed along with resource requirements. Leadership for these processes resides with CCB and NSAs.

5) Countries should be encouraged to develop holistic health information systems that incorporate relevant eye health data. Such integrated systems should address the critical elements of data collection, analysis and reporting. This

outreach should be led by NSAs and CCB working in close collaboration with Ministries of Health.

6) Spectacle labs should be promoted and strengthened in all countries as a service to poor and rural populations, as well as a viable income-generating activity for NSAs. Comprehensive marketing strategies for these spectacle labs should be developed and implemented, in the face of growing competition from private sector entities. CCB should work with NSAs to develop business plans for the operation of spectacle labs.

7) INGOs and other donor partners should continue to support the development of eye health services in the Caribbean given the enormity of unmet needs. Such support should be aligned with regional and national priorities and resources harmonized to build synergy and avoid duplication. CCB should continue its coordinating role in this regard.

8) CCB, V2020 Committees and NSAs should develop and implement concrete strategies for building synergy between the eye health services established and strengthened by the project and those being delivered through the new Regional Diabetic Retinopathy Project funded by the Queen Elizabeth Diamond Jubilee Trust. The areas that are most amenable to such collaboration are eye health screening, provision of surgical care, and public information and communication.

# APPENDIX 1: TERMS OF REFERENCE

## 1. PURPOSE OF EVALUATION

The evaluation will review the achievement of the project against objectives and outputs as detailed out in the project documents, as well as assess the long-term effects made by the project on eye health in the region. The evaluation of the project will use the following 7 criteria which will be the basis for evaluation, analysis and reporting:

### 1.1 EVALUATION CRITERIA

**Relevance** – the extent to which the project or programme is suited to the priorities and policies of the target beneficiaries, recipient and donor, where applicable.

1. How relevant were the objectives of the project to the Caribbean Strategic Framework for VISION 2020 and those of the national eye health programmes developed by the Ministry of Health in each of the countries?
2. How relevant was the project to the needs of the target populations in the region?

**Effectiveness –** extent to which the objectives have been achieved and the anticipated results have been realized.

3. To what extent have the planned outputs and activities been delivered and objectives been met?
4. What were the major factors influencing the achievement or non-achievement of the objectives?
5. To what extent was the learning from the project monitoring, MTR and ROMs adequately incorporated during project implementation and recommendations appropriately responded to?
6. Were appropriate strategies adopted to attain equitable access to and demand of eye health services (e.g. considering gender, ethnic groups etc.)?

**Efficiency** – the extent to which results have been delivered with the least costly resources possible, and the manner in which resources have been efficiently managed and governed in order to produce results.

7. Was the project implemented in a timely and efficient manner with resources used according to plan?
8. Were the most appropriate approaches used and cost effective procurement followed to achieve the intended objectives?

**Impact** – the long term change or effects (positive or negative) that have occurred, or will occur, as a result of the project, i.e. what difference has the project made to peoples' lives, to relevant systems or development conditions?

9. What contribution (if any) has the project had on changes to eye health seeking behaviour and equitable access to eye health services in the intervention countries?
10. To what extent has the project improved the capacities of partners and their ability to engage at government level, and has this lead to health system strengthening in the area of eye health?
11. To what extent has the project improved the capacity of the project partners in project planning, management and implementation?
12. What other impact (intended or unintended, positive or negative) has resulted from the project?

**Sustainability** – whether benefits of the project or programme are likely to continue after donor funding has ceased.

13. To what extent are the project activities, outputs and outcomes sustainable beyond the end of the project? (e.g. training programmes supported by the project, increased human resources for eye health levels, national commitment to implementation of eye health plans and strategies, etc.)
14. What are the major factors which will influence the achievement or non-achievement of sustainability of the project?
15. To what extent has the project enabled project partners to establish reliable income sources and benefit from opportunities to interact with national, regional and international agencies and donor agencies?

**Scalability/replication** – the scope and potential for the project, or elements of the project, to be suitable for replication or scale up in other settings, and whether the necessary conditions are in place for this to occur, if relevant.

16. Which project components (if any) are suitable for scaling up/replication by other agencies/governments (nationally and regionally)?
17. Which project components (if any) are likely to be scaled or replicated by other agencies/governments (nationally and regionally)?

**Coherence/coordination** – the extent to which the project or programme has coordinated with other similar initiatives, interventions or actors, and the degree to which the project design and implementation is internally coherent.

18. How well has the project managed the multi-country, multi-partner coordination? (E.g. Were there clear, logical systems of communication between partners and Sightsavers? Was learning shared between partners and countries? Etc.)
19. How well has the coordination of the project been integrated with the regular health management and monitoring mechanisms within the countries involved?

**NATIONALITY RULE**

For the purposes of verifying compliance with the European Union's nationality rule, the evaluator /evaluation team members are required, in the Expression of Interest, to state

the country of which they are nationals by presenting the documents usual under that country's law. For further information, please refer to EU guidance at their website here under item A2a.

## REVIEW TEAM PROFILE

The evaluation will be conducted by an external/independent consultant supported by an internal team/country office staff. The external consultant will compare evaluation findings and the project results given through reports by the project management team and partners.

### Methodology

The assessment should review all aspects of the Delivering V2020 in the Caribbean project. The consultant/team should detail the approach and methodologies to be used to indicate how they will fulfil the requirements of the ToR in their Expression of Interest application. These may include qualitative and quantitative tools as appropriate to conduct this evaluation.

The consultant/team is responsible for developing the evaluation methodology, in consultation with Sightsavers, in order to address the key evaluation criteria questions. The consultant/team will define an appropriate sample size, where relevant, for those areas of data collection which they are leading on, and specify what mechanisms will be adopted to avoid selection bias.

### Reference Material

Various sources of information will be made available to the consultant/team.

Timeframes
The evaluation will be approximately 23 days' work with fieldwork expected to take place around July 2016.

Outputs/ Deliverables

## 5.3 INCEPTION REPORT

The report should describe the conceptual framework the evaluator will use in undertaking the evaluation and should contain the methodology, quantitative and qualitative data collection methods and instruments, the assessment questions, sampling methodology, work plan etc. The report should reflect the team's review of literature and the gaps that the field work will fill. Fieldwork will only commence once this report has been reviewed and agreed with Sightsavers.

### 5.4 DRAFT REPORT

A draft report should be submitted to Sightsavers within 5 working days after completion of the field activities. The draft report will be presented internally during a debriefing session and will be circulated for comment to all stakeholders and appropriate Sightsavers staff. Sightsavers will provide feedback on the draft version to the evaluation team.

### 5.5 FINAL REPORT

The Final Report will be submitted to Sightsavers within 5 working days after receiving the feedback from Sightsavers on the draft report. The final report should be a detailed report of not more than 40 pages (excluding annexes), written in English.

### 5.6 DATA SETS

The evaluation team will be expected to submit complete data sets (in Access/ Excel/Word) of all the quantitative data as well as the original transcribed qualitative data gathered during the exercise. These data sets should be provided at the time of submission of the final report.

### 5.7 SUMMARY FINDINGS

On submission of the final report, the team is expected to submit a PowerPoint presentation **(maximum 12 slides),** summarizing the methodology, challenges faced, key findings under each of the evaluation criteria and main recommendations.

**Reporting Format**

Detailed guidelines on how to structure the evaluation report will be provided to the evaluation team prior to commencement of the activity, and reporting templates will be provided which the team should use for the Inception Report and the Evaluation Report.

**Please note that penalties up to 10% of agreed fees may be imposed for noncompliance with the requirements 7.1 to 7.4 and reporting format provided.**

### 5.8 BUDGET

The lead evaluator should submit, as part of their expression of interest to undertake the evaluation, their daily consultancy fees, and if a team is proposed, a work plan indicating how the days will be allocated across the team. Please also indicate, within the budget template provided, costing for flights, visas and accommodation (i.e. within the Caribbean) etc. Sightsavers will assess Expression of Interests submitted according to standardised quality assessment criteria, as well as on the basis of their competitiveness and value for money in line with the budget available for this evaluation.

The daily fees proposed by the applicant should exclude expenses such as:

- Economy class airfares and visas. (where applicable)
- In-country transportation
- Hotel accommodation (bed, breakfast and evening meals taken at the place of accommodation)
- Stationery and supplies
- Meeting venue hire and associated equipment e.g. projectors

Sightsavers usually cover the above costs, unless otherwise stated.

The consultant/team is expected to cover all other costs and materials not mentioned above related to this exercise as part of their daily fees or equipment (e.g. laptops).

### 5.9 SCHEDULE OF PAYMENT

The following payment schedule will be adhered to:

- On signing the contract: 20%
- On acceptance and approval of inception report: 20%
- On submission of draft final report: 30%
- On acceptance and approval of final report: 30%

### 5.10 MODE OF PAYMENT

As agreed by Sightsavers and the consultant.

## APPENDIX 2: LIST OF DOCUMENTS REVIEWED

1. Strategic Framework for Vision 2020: The Right to Sight – Caribbean Region, PAHO/WHO, Barbados, 2010
2. Plan of Action on the Prevention of Avoidable Blindness and Visual Impairment, Meeting of PAHO Executive Committee, 11 May 2009
3. Project Proposal, Delivering V2020 in the Caribbean, European Commission Reference: EuropeAid/127763/c/ACT/TPS
4. Grant Contract – External Actions of the European Commission – DCI-NSA/PVD/2009/222-397
5. Logical Framework for project Delivering V2020 in the Caribbean: DCI-NSA PVD/2009/222-937
6. Results Oriented Monitoring Reports – 2010, 2011, 2015
7. Monitoring and Evaluation Plan for Delivering V2020 in the Caribbean
8. Mid-Term Evaluation Report: Delivering V2020 in the Caribbean, Sightsavers, October 2012
9. Interim Narrative Reports, Delivering V2020 in the Caribbean: 2010/11, 2012, 2013, 2014, 2015
10. Situational Analysis of Diabetic Retinopathy Services in Antigua and Barbuda, Jamaica and Guyana, Michael Eckstein, 2013
11. National Eye Health Plan for Guyana, 2012-2022
12. National Strategic Plans for Health for Jamaica, Guyana, and Saint Lucia
13. Workshop/training reports for ophthalmic technicians, low vision counsellors, etc
14. Project Expenditure Verification and Audit Reports
15. Annual Interim Narrative Project Implementation Reports, 2012-2016

# APPENDIX 3: SEMI-STRUCTURED INTERVIEW SCHEDULE FOR NSA MANAGEMENT STAFF

## Introduction

Thank you for making the time to talk with me today.

At the outset, I want you to know that any information that you share will not be directly attributed to you, unless you specifically indicate that you would wish to have your responses quoted or otherwise attributed to you.

As you know, the EU-funded project on "Delivering V2020 in the Caribbean" ended formally on 31 August 2016 and Sightsavers, as the primary beneficiary of the grant, is in the process of conducting a final evaluation. The purpose of the evaluation is to review the achievements of the project against the background of the objectives and outputs that were established at the beginning. You have been selected to participate in the evaluation process and we value any information that you can share with us.

Before we begin, do you have any questions about this interview?

## Evaluation Questions

A. General
   1) How have you been involved in the project? What role/roles have you played?

   2) Over what period of time have you been involved in the project? (Probe to find out duration of involvement)

B. Relevance
   1) To what extent were the objectives of the project aligned with those of the V2020 Caribbean Regional Strategic Framework and the National Eye Health Plan of (name of country)?
   (Probe for specific examples to support responses – areas of synchronization or discrepancy)

   2) In what ways has general population, including the blind and visually impaired, benefited from the project?

   3) Were there any specific actions taken at any stage to adjust/improve the project design? (Probe for specific examples)

C. Effectiveness

1) Looking back, how do you consider that your country (name) and the Caribbean region as a whole would have benefited from the project in the following key result areas?
    - Strengthening the capacity of (name of NSA) to inform and influence eye health policy
    - Strengthening the functioning of V2020 Committees
    - Implementation of National Eye Health Plans (Probe to find out if a current Plan exists)
    - Training of eye health professionals and auxiliaries (Probe on the question of retention)
    - Establishing/refurbishing eye health facilities
    - Implementation of regional communication programme

2) What were the major factors influencing the achievement or non-achievement of the key result areas of the project?

3) To what extent was the learning, feedback and recommendations arising from project monitoring, mid-term evaluation and ROMs appropriately addressed? Give examples.

4) Were there any specific strategies adopted by the project to ensure equitable access to eye health services for special groups such as rural and poor populations, women and children?

D. Efficiency

1) Were project activities implemented in a timely and effective manner? Were there planned activities that suffered undue delays or had to be abandoned? If yes, what were the reasons?

2) Were financial resources utilized in accordance with approved work plan and budgets?

3) What procurement procedures were utilized to ensure best value for money?

E. Impact

1) Can you identify ways in which the project would have contributed to identifiable changes in eye health seeking behaviour and equitable access to eye health services among the population?

2) To what extent has the project improved the capacities of NSAs and V2020 Committees to engage with Ministry of Health and, in turn, led to health system strengthening in the area of eye health?

3) To what extent has the project improved the capacity of NSAs and V2020 Committees in project planning, management and implementation? (Probe to find out if a current National Eye Health Plan exists?

4) Are there any other impacts of the project (positive or negative) that you wish to highlight?

F. Sustainability

1) Which of the project activities, outputs and outcomes stand the best chance of being sustained now that the project has ended?

2) What are the major factors that will influence the sustainability or non-sustainability of the activities, outputs and outcomes pursued by the project?

3) To what extent has the project enabled project partners to establish reliable income sources and benefit from opportunities to interact with national, regional and international agencies and donor agencies?

G. Scalability/Replication

1) Which project components (if any) are suitable for expansion or replication by other agencies/governments (nationally and regionally)?

2) Which project components (if any) are likely to be expanded or replicated by other agencies/governments (nationally and regionally)?

H. Coherence/Coordination

1) Given the multi-country, multi-partner nature of the project, how well has it been managed? Were there clear, logical systems of communication between partners and Sightsavers? Was learning shared between partners and countries?

2) How well has the coordination of the project been integrated with the regular health management and monitoring mechanisms within the countries involved?

**Conclusion**

1) Are there any issues related to the planning and implementation of the project that we have not discussed that you will like to raise before we conclude?

On behalf of Sightsavers, I thank you very much for your time and sharing your insights with me.

# APPENDIX 4: FOCUS GROUP DISCUSSION GUIDE FOR V2020 MEMBERS

**Purpose of the session**

Welcome and thank you for attending**.**

The purpose of the session is to collect information that would assist in determining the extent to which the objectives and outcomes of the EU-funded project on Delivering V2020 in the Caribbean were met. As you know the project ended on 31 August 2016.

One of the estimated results of the project was that V2020 Committees would become fully functional and assume greater responsibility for planning and coordination between governments, NGOs and the private sector. We are therefore seeking your input as a group on the main areas of progress, specific challenges that were experienced, and how these challenges were overcome.

**Introductions**

Please tell us your name, the organization you represent, your role, and how long have you been a member of the V2020 Committee.

**Ground Rules**

- Be honest; your individual comments will remain confidential but will be compiled into a report
- I will be notes as we go along but would also like your permission to tape record the session in order to ensure that I capture all the details. I will not share the tape with anyone.
- Everyone has a right to speak and will be heard. We ask that one person speaks at a time.

**Discussion Questions**

1) How is the V2020 Committee organized?

   Probes:
   - Size
   - Organizations represented
   - How regularly does it meet; how many times in the past year
   - Are there rules of procedure

2) What are the differences between how your V2020 Committee functions now as opposed to when the project started in 2010?

Probes:

- Planning and monitoring eye care activities
- Coordinating plans and activities of the V2020 with government, NGOs and private sector

3) In what ways did the National V2020 Committee benefit from the Regional V2020 meetings?

Probe:

- Built relationships regionally, learned from others
- What happened when regional meetings ended? Was there sharing of information at national level? How did the process continue at national level and how were learning utilized?

4) From where you sit, how has the project contributed to the improvement of eye health services in your country?

Probe:

- Eye care facilities
- Eye care staff
- Outreach to persons in need

5) What are some of the major challenges that were experienced in the implementation of the project and what measures/strategies were used to resolve them?

6) How do you think that the project would have benefited the Caribbean region as a whole?

7) Is there any aspect of the project that I did not mention that you would like to discuss?

THANK YOU SO MUCH FOR YOUR TIME AND FOR SHRING YOUR THOUGHTS!

## APPENDIX 5: ONLINE SURVEY QUESTIONNAIRE FOR GRADUATES

The EU-funded project on "Delivering V2020 in the Caribbean" ended formally on 31 August 2016 and Sightsavers, in collaboration with the Caribbean Council for the Blind and its other partners (Jamaica Society for the Blind, Saint Lucia Blind Welfare Association, Eye Care Guyana and Societe Haitian d'Aide aux Aveugles) is in the process of conducting a final evaluation. The purpose of the evaluation is to review the achievements of the project against the background of the objectives and outputs that were established at the outset.

One of the estimated results of the project was to develop skilled eye care professionals to increase access to services for persons in the Caribbean who are blind or visually impaired. As a beneficiary of training financed by the project, this short Online Survey seeks to gain your opinion on:

- The relevance and usefulness of such training; and
- The extent to which you consider that eye health services in your country and the Caribbean as a whole have improved as a result of the training provided

Your participation in this Survey is optional and your contribution will be greatly appreciated should you choose to participate. Your response will be held strictly confidential and only consolidated responses will appear in the final report and there will be no individual references.

We thank you in advance for your kind participation. Please send all responses to chokobrowne@mail.com.

1. Gender

   ▱ Male
   ▱ Female

2. Country of permanent residence

   ▱ Guyana
   ▱ Haiti
   ▱ Jamaica
   ▱ Saint Lucia
   ▱ Other

3. Type of training programme in which you participated

   ▱ Ophthalmologist
   ▱ Optometrist

▱ Refractionist

4. In what year did finish your studies/course?

   ▱ 2010
   ▱ 2011
   ▱ 2012
   ▱ 2013
   ▱ 2014
   ▱ 2015

5. How would you rate the quality of the training you received?

   ▱ Excellent
   ▱ Good
   ▱ Moderate
   ▱ Poor

6. If you received a qualification (for example a diploma) would you be able to practice in the field in which you were trained?

   ▱ Yes
   ▱ No
   ▱ Not applicable

   If no, why not?

   ……
   ……

7. Are you currently employed?

   ▱ Same position, with no additional responsibilities, as before training/graduation
   ▱ New position, with greater responsibilities, since training/graduation
   ▱ Not employed
   ▱ Other: (Please explain) …….

8. In what sector are you employed?

   ▱ Public
   ▱ Private
   ▱ Both

9. Do you think that eye health services in your country have improved because of the training provided by the project?

▱ Yes
▱ No

If yes, in what way?

……
……
……
……

10. If you are currently employed, are you or the facility in which you work and will be able to continue providing services in the future? Please provide as much information as possible.

……
……
……
……
……
……

## APPENDIX 6: EVALUATION CRITERIA RATING

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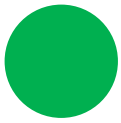
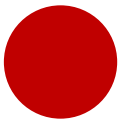
|---|---|---|
|  | Excellent | There is strong evidence that the project ***fully meets all or almost meets all aspects*** of the evaluation criterion under consideration. The findings indicate **excellent and exemplary** achievement/progress/attainment.<br>This is a reference for highly effective practice and an Action Plan for positive learning should be formulated. |
|  | Satisfactory | There is strong evidence that the project ***mostly meets*** the aspects of the evaluation criterion under consideration. The situation is considered **satisfactory, but there is room for some improvements.** There is need for a management response to address the issues which are not met.<br>An Action Plan for adjustments should be formulated to address any issues. Evaluation findings are potentially a reference for effective practice. |
|  | Attention | There is strong evidence that the project ***only partially meets*** the aspects of the evaluation criterion under consideration. There are **issues which need to be addressed and improvements are necessary** under this criterion.<br>Adaptation or redesign may be required and a clear Action Plan needs to be formulated. |
|  | Caution | There is strong evidence that the project ***does not meet the main*** aspects of the evaluation criterion under review. There are **significant issues which need to be addressed** under this criterion.<br>Adaptation or redesign is required and a strong and clear Action Plan needs to be formulated. Evaluation findings are a reference for learning from failure. |
|  | Problematic | There is strong evidence that the project ***does not meet*** the evaluation criterion under consideration and is performing very poorly. There are **serious deficiencies** in the project under this criterion.<br>There is need for a strong and clear management response to address these issues. Evaluation findings are definitely a reference for learning from failure |
|  | Not Sufficient Evidence | There is ***not sufficient evidence*** to rate the project against the criterion under consideration.<br>The project needs to seriously address the inability to provide evidence for this evaluation criterion. |