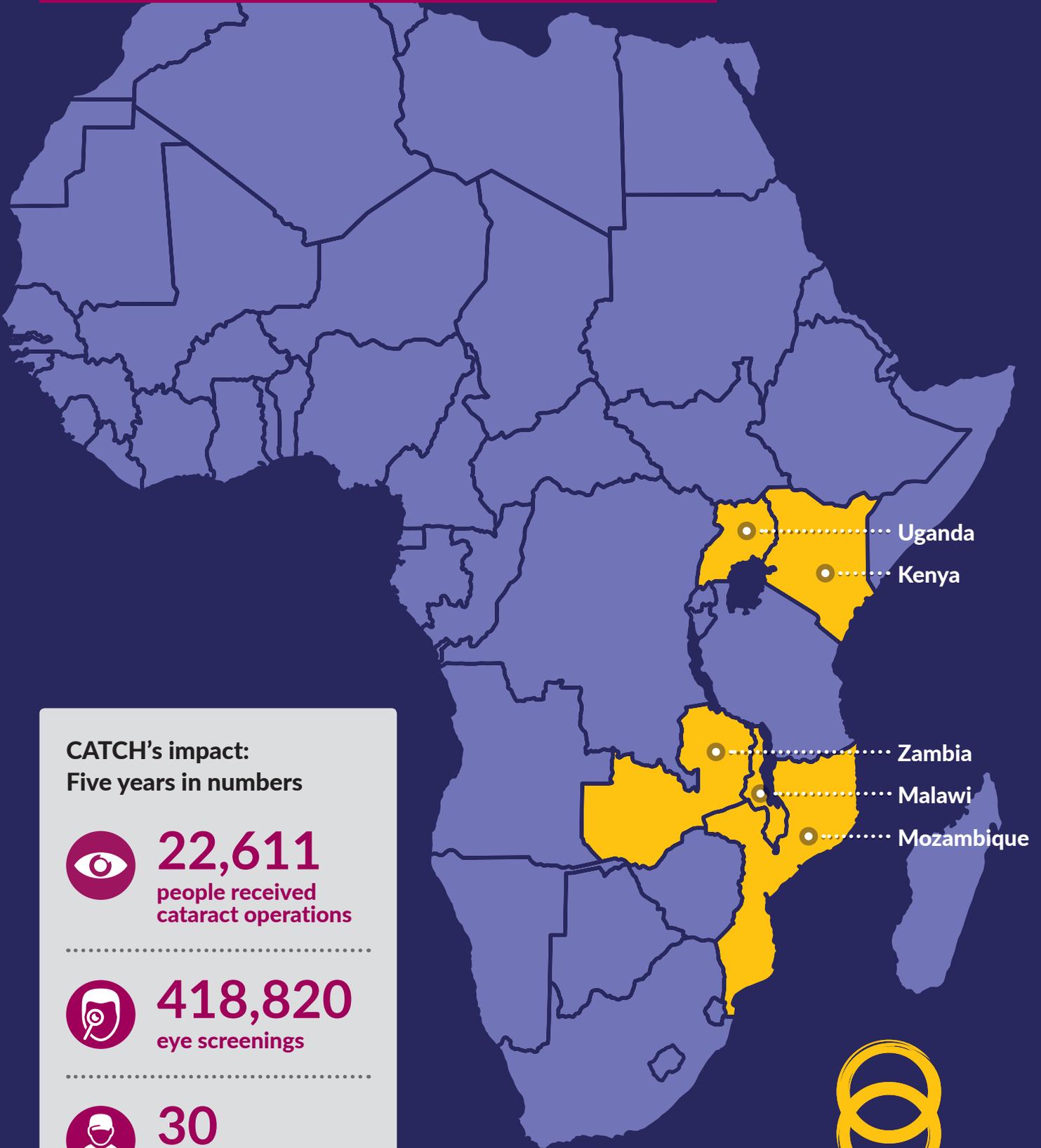


CATCH: important insights for eye health programmes



CATCH's impact: Five years in numbers



22,611
people received
cataract operations



418,820
eye screenings



30
ophthalmic specialist
staff trained



Sightsavers

Since 2014, the CATCH programme (Coordinated Approach to Community Health) has transformed access to eye health services across trachoma-endemic areas in **Kenya, Malawi, Mozambique, Uganda** and **Zambia**. CATCH initially reached people with vision problems when they attended trachoma outreach camps, and has now evolved to provide sustainable eye care services across the areas it covers.



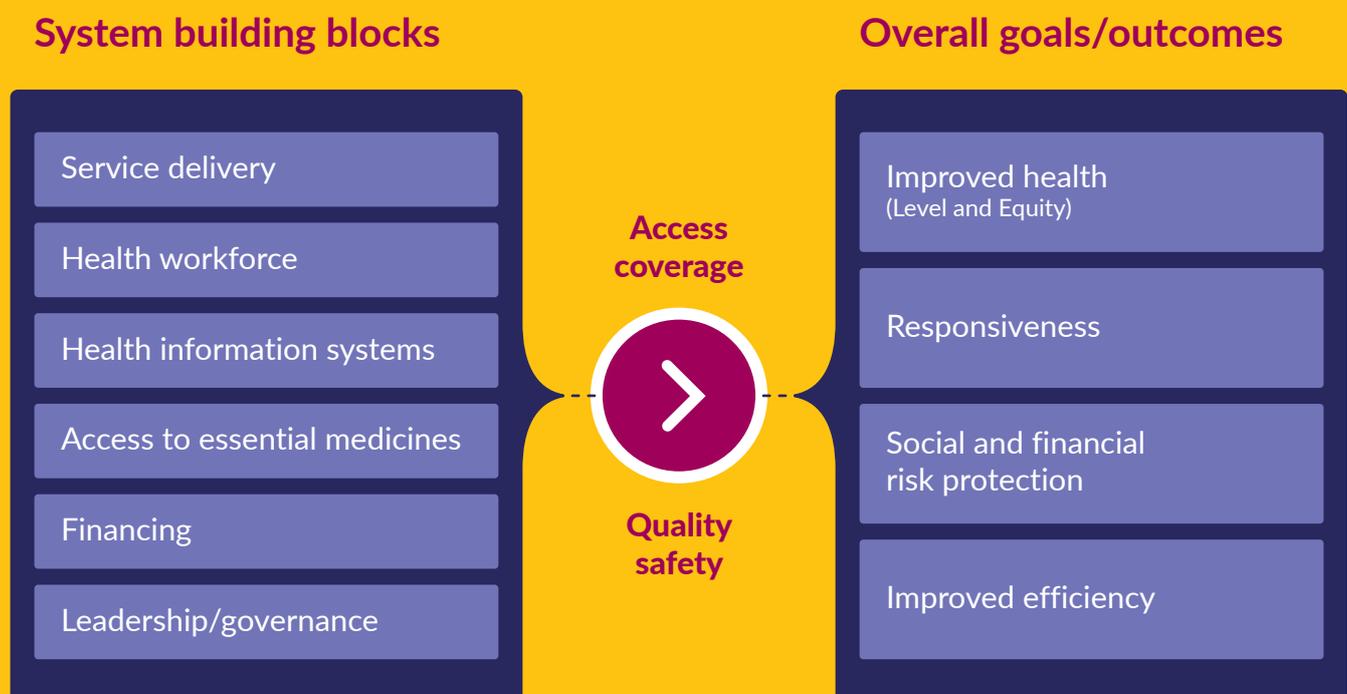
The CATCH programme

CATCH finished in March 2019 and has generated a wealth of learning and insights, the most significant of which are discussed here. Each of these insights will help to strengthen the key building blocks of health systems, in line with World Health Organization (WHO) guidance*, and should help to inform the development and design of new and existing eye health programmes.

*For information, see WHO's 'Monitoring the building blocks of health systems', www.who.int/healthinfo/systems/WHO_MBHSS_2010_full_web.pdf

The WHO Health Systems Framework

The six building blocks of a health system





Eye test at a screening site in Kangole, Moroto, eastern Uganda.

Insights

1 Training rurally based health staff improves access to eye health

WHO health systems building block: strengthening the health workforce

Identifying health workers based in rural facilities for specialist training promotes the retention and distribution of eye health workers in remote, rural areas. As part of this work, Sightsavers facilitates agreements between newly qualified eye health workers and the Ministry of Health, whereby health workers commit to working in a specific location for a certain duration.

The programme has trained more than 30 new health workers. This includes three ophthalmologists in Uganda, one of whom will be the first to serve in the Karamoja region, one of the most remote and underserved areas of the country.



Gladys Atto, who was trained through CATCH, is the only ophthalmologist and cataract surgeon working at Moroto Regional Hospital in eastern Uganda.

2 Generating robust data is crucial when advocating for increased eye health services

WHO health systems building block: strengthening health information systems

CATCH has supported the integration of eye health data into routine health facility data reporting. This ensures accurate data is collected and fed into regional and national eye health data, which officials rely upon to make decisions.

In Zambia, Mozambique and Uganda the programme has successfully advocated for eye health indicators to be included in national health management information systems.

The use of mHealth (using mobile phones to capture data) has also been trialled during CATCH. This was useful for informing the design and location of surgical camps.

3 Using standard quality assurance tools enhances eye care

WHO health systems building block: strengthening service delivery

All the facilities involved in CATCH adopted WHO's cataract outcome monitoring tool. The tool is based on self-assessment processes that surgeons and facilities were open to using. In addition, using tools such as Sightsavers' (Quality Standard Assessment Tool) helped both facilities and Sightsavers monitor progress over time and ensured that any agreed actions were completed as quickly as possible.

4 Better evidence informs better eye health planning and is an effective advocacy tool

WHO health systems building block: strengthening leadership and governance

To be able to plan for and prioritise eye health, it is critical to have a thorough understanding of the current context in which it is delivered, as well as existing service gaps. To support this process, research undertaken by CATCH has generated evidence that can be used by national and local governments to develop and strengthen eye health services within health systems.

In Mozambique, CATCH highlighted the need for ophthalmic technicians and ophthalmologists within the health system, and used this evidence to lobby for both posts to be included in the country's health workforce plans. As a result, both roles featured in the country's National Human Resource for Health Plan (2017-2025). Progress on this has stalled because of Mozambique experiencing a severe economic downturn, although the government has financed some ophthalmic technicians to be trained.



Ophthalmologist Tesfaye Adera examines Ahionale's eyes following her cataract operation in Nacala Porto, Mozambique.

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5 More women can be reached if interventions are designed to meet their needs

WHO health systems building block: strengthening service delivery

Sightsavers works to ensure equitable access to eye health care for vulnerable or under-represented groups. For example, women are more likely to need cataract surgery, but are often less likely to have access to it. In response, CATCH has successfully trialled several strategies to address this imbalance and reach more women.

CATCH disaggregated patient data by gender. Initially in Mozambique, the ratio of men to women receiving cataract operations was approximately 70%/30%. By the final year, the split was closer to 60%/40%: a significant increase.

Strategies to address this include:

- Working with an existing cash transfer scheme for older people
- Prioritising women with children at screening sessions
- Working with women-focused groups
- Radio talk shows targeting women
- Separate queues for men and women
- Scheduling surgery to minimise the time that women are away from home
- Training more female village health workers

For more information, see the International Agency for the Prevention of Blindness's 'Eye health for women and girls: a guide to gender-responsive eye health programming', available at www.iapb.org/resources/eyehealth-women-girls, which documented the success of these interventions.

6 Programmes must be designed with value for money in mind

WHO health systems building block: strengthening service delivery

The CATCH project was designed with value for money in mind. It initially piggybacked on the outreach camps being organised by trachoma programmes in each country but as each country approached its trachoma intervention goal, the way the projects reached their beneficiaries had to change. We used community health workers, radio outreach and community events (such as weddings, funerals and church services) to ensure we continued to reach people in need of cataract surgery or treatment for other eye health issues, many of whom could not afford to seek healthcare. We also provided transport for older people and people with disabilities to ensure they could access the eye health services they needed. This also helped to ensure efficiency and value for money throughout the programme.

For example, rather than running a standalone event, CATCH partnered with a cash transfer scheme for the elderly in Uganda, offering eye screening to those waiting for payment.



Patients wait to have their eyes checked at a screening camp in Kasungu, Malawi.

7 Healthcare professionals need equipment and basic maintenance skills

WHO health systems building block: strengthening the health workforce

CATCH provided health facilities with specialist equipment for the diagnosis and treatment of various eye conditions then trained technicians within facilities to ensure this equipment was well maintained. The project also equipped primary care givers with eye health equipment and instruments, alongside basic knowledge about care and maintenance. These initiatives go a long way to ensuring equipment is used correctly, which helps to prolong its lifespan. If well maintained, some of this equipment can be effective for up to 15 years.

8 Enlisting communities helps to raise awareness of eye health problems

WHO health systems building block: strengthening service delivery

CATCH has improved awareness in communities so people understand the possible causes of poor vision and how to access eye health care services. CATCH has also engaged leaders and health workers within communities to ensure this knowledge is shared. Town criers, radio shows and community events were also used to share this information, ensuring it reached as many people as possible.

9 Good patient counselling holds the key to effective eye health services

WHO health systems building block: strengthening the health workforce and service delivery

Primary eye health workers need to be equipped with strong counselling skills. CATCH has addressed this, helping to improve health workers' capacity to counsel

patients effectively. Patients should have a good understanding of what the process entails and the potential outcomes. Patient care enhances the uptake of eye health services by reducing people's fear of surgery, increasing awareness about the benefits of surgery and avoiding negative messaging.

10 Strong partnerships are critical to ensure success

WHO health systems building block: strengthening service delivery, leadership and governance

Support and partnerships between clinical and non-clinical teams was fundamental to the successful delivery of the CATCH programme. These partnerships and strategic collaborations were developed across all countries from the outset and maintained throughout. For example, the numerous community outreaches that were held to identify people in need of surgery could not have happened without continued coordination and collaboration between communities, implementing partners, government leaders and health professionals.



Ophthalmologist Alex Sowuani checks a patient's eyes at Sabatia Hospital in Kenya.



Thanks to these innovative approaches, CATCH has provided eye health services for hundreds of thousands of people and restored the sight of more than 20,000 people through cataract surgery. CATCH initially focused on reaching people through trachoma outreach camps, piggybacking on the mobilisation taking place. But as each country approached its trachoma intervention goal, the way the projects reached their beneficiaries had to change. This adaptive programming enabled Sightsavers to continue to offer eye health services in a dynamic environment, improving the lives of many.

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