

End Term Evaluation Final Report

Project: Improving eye health and reducing avoidable blindness for persons in trachoma endemic areas of Kenya, Malawi, Mozambique, Uganda and Zambia - Coordinated Approach to Eye Health (CATCH)

Project number: 84000 (84001-84006)

Report submitted: 14 May 2019

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Submitted by Tropical Health

Executive summary

Background Information

Sightsavers' programme 'Improving eye health and reducing avoidable blindness for persons in trachoma endemic areas of Kenya, Malawi, Mozambique, Uganda and Zambia - Coordinated Approach to Eye Health (CATCH)', operated in districts within the five countries, characterised by high prevalence of trachoma, cataract and other eye diseases and with limited or non-existent eye care services. CATCH was funded by the UK government from the matched aid donations of Sightsavers supporters in 2014 – it began on 1 April 2015 and ended on 31 March 2019.

Description of Project

This programme complemented the Queen Elizabeth Diamond Jubilee Trust (the Trust) and DFID SAFE Trachoma elimination programmes in these five East African countries. CATCH aimed to improve treatment for eye diseases for men and women from trachoma endemic areas. It was designed to benefit the general population arriving at the Trust/DFID-funded trichiasis screening camps in trachoma affected localities, who have eye problems (trachoma, cataract, or other minor eye problems). The programme's total budget was £5,000,000.

Purpose of the Evaluation

The purpose of this evaluation was to review the achievements of CATCH against its outcomes and outputs, as detailed in the programme documents, and as a requirement of the funder. The evaluation also focused on lessons learned to inform future programmes, and identification of any further cross-cutting or organizational level lessons and recommendations. The evaluation covered the four years of the project (2015-2019) and all five countries.

Evaluation Approach

The evaluation used quantitative and qualitative methods. Primary data analysed for the evaluation included programme management data, as well as data gathered from semi-structured interviews with programme personnel and partners at global, national, district and community levels. Field visits were made in Kenya, Uganda and Malawi where additional interviews, focus group discussions (FGDs), and on-site observations of activities were conducted. Debrief sessions were held with programme management teams in countries visited, to review and validate findings.

Main findings

Relevance	Rating
This programme was perceived as highly relevant and well-aligned with government health policy. It contributed to addressing recognized gaps in eye health systems and improving access to eye health services for the target populations, the "poorest of the poor", by focusing on the following barriers: transportation, cost of services, gaps in local pools of specialised health staff (mid-level), lack of equipment for outreach and at targeted static facilities, and lack of community awareness regarding eye diseases and basic eye health services. There is strong evidence that CATCH fully meets all aspects of the relevance criterion.	



Effectiveness

Rating



The programme reached, or exceeded its service delivery targets, and achieved most of its system strengthening ones, despite having to review its implementation modalities for outreach activities. The programme succeeded in engaging a wide range of community-level actors to increase awareness about eye problems and eye care services. There is a consensus among local respondents that demand for eye care services increased in their communities. Programme data showed an overall increase in the ratio of women to men accessing services, although a gender gap still persists in access to cataract surgery in some countries. The programme contributed to increasing the quality of eye care services, using different quality assurance tools, such as the World Health Organization (WHO) Cataract Outcomes Monitoring Tool and Sightsavers' Quality Standards Assessment Tool (QSAT). However, in some settings, but not all, challenges were faced related to behaviour change among surgeons to ensure systematic use of biometry equipment, consistently following procedures for informed consent for cataract surgery, and patient compliance with post-operative follow-up visits, especially in areas with semi-nomadic populations. There is strong evidence that CATCH mostly meets all aspects of the effectiveness criterion.

Efficiency

Rating



The selection of CATCH screening sites ensured good geographic coverage in the targeted districts, and the frequency of camps was adequate to meet the service delivery targets. Key stakeholders noted that because CATCH was riding on a structure already set by the ministries of health for trachomatous trichiasis (TT) surgery, it could go further than if it was a stand-alone project, while ensuring value for money. However, in contexts where the number of TT cases decreased, it was no longer seen as efficient to combine the management of TT and other conditions. While the potential cost savings of an integrated approach was not achieved in all settings, CATCH made the necessary adjustments in order to keep both programmes (CATCH and TT) in the targeted districts on track to meet their service delivery targets. In some settings, there is room for improvement to solve logistical issues in order to maximize the productivity of Ophthalmic Clinical Officers during outreach visits. Overall, there is strong evidence that the programme almost meets all aspects of the efficiency criterion.

Impact

Rating

The programme enabled the most vulnerable to access primary and secondary eye care services and significantly contributed to strengthening eye health services of targeted referral facilities, by training local mid-level specialized eye care staff and providing basic ophthalmological equipment and consumables. It is likely that CATCH had a positive impact on Cataract Surgical Coverage in each of the geographic regions covered, especially in catchment areas where no services were previously available. CATCH contributed to increase the quality of cataract surgery, although not all facilities have met the predetermined target. In some settings, biometry, which is a key step before cataract surgery to achieve optimal unaided visual outcome, was not performed on a consistent basis. In two settings, one unintended consequence of a target-driven approach was the implementation of an informed consent process for cataract surgery that did not consistently

include all necessary information being communicated to patients. There is strong evidence that the project, overall, almost meets all aspects of the impact criterion. In some settings, and for specific quality of care issues, there is room for some improvements and follow up activities.

Sustainability

Rating

The project contributed to making eye health systems more sustainable through the contributions that eye care personnel trained through CATCH will make beyond the funding period, and the presence of national eye health plans and additional eye health indicators in the national Health Management Information System which will guide future decisions and investments. Support for the roll out of the WHO Cataract Outcome Monitoring Tool was effective, but more “nudges” than originally anticipated were required to push ophthalmologists to use it. There is evidence that sites (at least those visited) will continue to use it. However, gaps remain in relation to advocacy and funding, threatening some aspects of sustainability in some settings. While transition of assets will support eye health service delivery at partner hospitals after the end of the programme, procurement plans for essential consumables are not yet in place in most countries. Without the necessary consumables to continue surgeries, the skills of newly trained eye surgeons may decline, reducing the sustainability of this investment. CATCH offered fully subsidized surgeries and most partner hospitals did not take steps towards using cost-recovery mechanisms to ensure the sustainability of surgical services. In some settings, additional advocacy efforts are also needed to ensure that ophthalmic clinical officers and ophthalmic nurses trained under CATCH get officially appointed as such in the public service, with proper recognition (job description and salary) of their skills. There is strong evidence that the project mostly meets the aspects of the sustainability criterion, with room for some improvements related to service delivery (continuous availability of cataract surgery) and human resources retention strategies.

Coherence/coordination

Rating



Across the five countries, good relationships were developed with National Eye Care Coordinators and Prevention of Blindness Committees. Strategic collaborations were also initiated between Sightsavers and relevant ministries, which supported the implementation of programme activities. The technical support provided by Sightsavers staff, including in regard to technical support visits, was valued by all hospital partners and identified as a success factor. There is strong evidence that the project almost meets all aspects of the coherence/coordination criterion.

Conclusion

The CATCH programme was successful in reaching its key objectives across all five countries and allowed for learning and experience sharing. There was progress in increasing surgical quality of care for cataract surgery and in monitoring outcomes, but challenges were noted in some settings, such as with the use of the donated biometry equipment. Some challenges remain to ensure the sustainability of outreach and surgical activities due to the difficulty of many partner hospitals in procuring essential consumables in the absence of external funding. There were lessons learned from the programme about the benefits, and limitations of a coordinated approach to eye care services in the context of trachoma elimination programmes.