

Introducing the new Phase 5 Projects

| Country | Partner |
|--------------------|-------------------------------|
| Type 1 | |
| Sierra Leone | Sightsavers |
| Philippines | CBM |
| Botswana (1/2) | Addenbrokes Abroad |
| South Africa (1/2) | Brian Holden Vision Institute |
| Indonesia | Helen Keller International |
| Vietnam | Fred Hollows Foundation |
| Zambia | ORBIS |
| Pakistan | Sightsavers |
| India | Sightsavers |
| Ghana | Operation Eyesight Universal |
| Type 2 | |
| China | ORBIS |
| East Africa | CBM |
| East Africa | Brian Holden Vision Institute |

Below some of the projects discuss the approaches they are using in their own words.

Type 1 Projects

Fred Hollows Foundation Vietnam

Our programmatic approach to sustainable eye care is one that is comprehensive and touches all levels of the eye care network, from provincial to grassroots. Our community eye care model addresses all aspects of eye health human resources, diseases control and facility development as well as advocacy and partnership to ensure that the impact of the project not only benefits the professional eye care system but reaches whole communities. In addition to this we ensure that support is provided to the people who cannot access eye care services via outreach campaigns that bring eye care to them. Applying this eye care model is one that ensures that sustainable services are available to treat and prevent avoidable blindness in the community.

To do this, the project develops networks for eye health care delivery and blindness prevention at the grass roots using a bottom-up approach, from village level to provincial level. In our new project provinces, Dak Nong and Lam Dong, we are establishing new partnerships and in Vinh Long and Tien Giang we are strengthening our existing networks. Taking full advantage of existing commune and village health workers who are closest to the project target groups has proven successful in Vinh Long and Tien Giang, and is a pivotal part of establishing a sustainable community eye care program.

Communication and eye care awareness raising activities will be also facilitated by village health workers in cooperation with community-based organizations (Women's Union, Veteran's Association, Elderly Association for example), to further co-opt local participation and ownership of the project. The comprehensive approach which is being replicated in Dak Nong and Lam Dong is hoped to create a basic foundation for sustainable eye care and blindness prevention services in the project areas that will continue long after the project has concluded.

Orbis Zambia

ORBIS has taken a collaborative approach to developing quality eye health services in the North Western Province of Zambia. We work with our partners to build their capacity to deliver affordable and accessible services to their communities. Through consultation and engagement with them, we have mobilised the eye care community towards a common vision and with the support from SiB we now have the resources to put the plan into action.

In January we held a stakeholder meeting with the Ministry of Health (our primary partner in the province), other NGO's and eye care personnel to agree to an annual timetable of activities and coordinate ORBIS's inputs. Most excitingly, we have partnered with Vision Aid Overseas (VAO) to develop the province's first Vision Centre. It was opened on 26 June by Mr Augustine Seyuba, Provincial Permanent Secretary and CEO Government Departments at Solwezi General Hospital. This is a major programme milestone, as it will drastically increase affordability and access to refraction. It is an all-in-one facility for vision screening, eye tests for refraction and dispensing of spectacles that are made onsite. VOA has also trained the centre staff to equip them with the skills to run this vital facility.

Sightsavers Sierra Leone

Sightsavers is working in collaboration with CBM and Helen Keller International (HKI) to support a Comprehensive Eye Care programme in Sierra Leone. The project's goal is to contribute to a reduction in avoidable blindness and vision impairment in Sierra Leone, targeting over 2.3 million people over a four year period. The objectives of the programme are as follows:

- Support National Eye Health Project (NEHP) to strengthen health systems through improved human resources for eye health, including the training and deployment of required eye care professionals
- Effectively integrate primary eye care (PEC) services into primary health care through support to peripheral health unit (PHU) staff
- Develop and improve community participation in preventive eye health activities, particularly in underserved and marginalised communities
- Reduce vitamin A deficiency-associated blindness and mortality by ensuring high and sustained Vitamin A Supplementation (VAS) for children.

The consortium is working with the Ministry of Health and Sanitation through the National Eye Health Programme (NEHP) to implement the programme in all 14 districts of Sierra Leone. The project has been running for one year and has already established a well-structured monitoring and coordination unit with the NEHP, eye care partners, District Health Management Team (DHMT), and Local Councils.

The consortium attends quarterly meetings with the relevant Ministries, staff from Standard Chartered and other disability partners to discuss and monitor project progress. Regular visits to project sites have proven to be a productive monitoring mechanism as project activities are analysed and discussed. Mentoring and coaching is provided to local partners as a follow up to actions developed from these meetings. This has contributed greatly in ensuring quality and improving partners' confidence in implementing integrated eye health programmes.

These successes are also accompanied by challenges as poor coordination and communication gaps within the consortium have taken up valuable time. The health system in Sierra Leone is weak and this presents challenges for the programme. There is a need for eye health staff to maintain a balance between their clinical and administrative duties, and there are also issues with the

involvement of the DHMT as they are sometimes overwhelmed with other health related activities. Other contextual challenges affecting implementation of the programme include a low awareness on the importance of eye health and inadequate resources.

Sightsavers and its partners have been able to overcome some of these challenges by adopting the following approaches: mentoring and coaching support to partners, having clear demarcation of roles and responsibilities, identifying a DHMT focal person for eye health who is responsible for coordinating activities in their area and undertaking regular visits to partners and strengthening alliance with NEHP to enhance increased financial allocation to eye health.

Sightsavers India Sunderbans

Sightsavers is working with partners in the Sunderbans to implement an Eye Health Service Strengthening Project. The Sunderbans are located in the extreme south of West Bengal and comprise of small remote islands where tidal rivers and estuaries make access very difficult. It is an area of extreme poverty, exacerbated by access difficulties. This eye health project will provide primary and secondary eye health services to approximately 4.7 million people living in the area over a 5 year period. The main objectives of the project are:

- To improve access to affordable, quality eye health services
- To increase awareness and improve attitudes towards eye health
- To increase the service capacity through improving facilities. The project has planned to support 27,200 adult and paediatric surgeries, screen 330,000 adults and 457,800 children, establish 17 vision centres and strengthen 2 sub-divisional government hospitals.

Given the geographical constraint of the Sunderbans, the project has adopted both stationary and mobile vision centres (through boats) as a means towards providing eye health services in the area. The network of 17 vision centres are linked to three private eye hospitals and two government sub-divisional hospitals which will provide surgical services.

The vision centres will be run by specially trained vision technicians who will be engaged in not only managing the vision centres, but also conducting outreach camps and conducting school screening in the islands. The project will train a team of community based health workers and rural medical practitioners who will form a dedicated health workforce and ensure sustained eye health service in the region. Through the project, a centralized optical prescription lab is planned to be located at each of the three partner locations which will dispense spectacles at an affordable rate.

The emphasis of this intervention is upon strengthening the existing health service provision. The sustainability and long-term benefits of the project are planned for at several levels. From the outset, partner organisations will plan for and take responsibility for the management of the overall service approach beyond the project's life whilst the infrastructure improvements will provide a lasting resource after the project has finished. The vision centres are planned to be self-sustaining within a period of 2 years and hence the project expects that the VCs will be able to cover their own running costs (including Vision Technicians' salaries) by the end of the second year through user fees and the sale of glasses. The trained health workforce and a network of service providers will ensure continuation of eye health services to the poor beyond the project period.

Addenbrokes Abroad Botswana

The approach taken by the project in working with the Prevention of Blindness programme at the MoH is proving successful in ensuring engagement and commitment by MoH staff with the detail of the project implementation. Regular weekly project meetings are being held and notes of the meeting are circulated detailing the actions that all attendees have taken responsibility for to ensure

project progress. All key project activities that will require MoH PoB staff have now been included in their 2013/204 annual work plan. We have done joint planning of activities that will develop the PoB five year strategic plan and for the RAAB survey. The meetings are useful too for exposing AA staff to all matters of the PoB programme giving us a useful insight into current issues and up to date information on changes such as the arrival of new ophthalmologists. The AA staff are also proving useful to the PoB staff in providing some support and timely technical advice across all aspect of their work.

The project has developed the 'Bana' card especially for Botswana and is the first of its kind. 'Bana' means children in Setswana. In collaboration with Hazel Kay, of 'Kays Pictures', the card was developed in order to develop a more accurate way of assessing children's visual acuity and at a younger age than is presently possible. The 'Kays Picture' linear method is a far more child friendly and precise method of assessment than the existing 'E' charts that are mainly used.

As the project aims to detect children from an earlier age it was important to devise a method of accurate assessment without creating too many false referrals. The Bana Card was adapted from the exiting pictures and some new symbols; these were pre-tested among Batswanan primary children. On advice from Prof. Clare Gilbert, at the International Centre of Eye in London, the level of 0.3 or 6/12 (approximately the UK driving line) was chosen as the cut-off point. Children not seeing this line, with either eye, will be referred by the case finders to the CVS ophthalmic nurse who will then make the appropriate judgement for management.

The earlier testing of children is crucial in detecting sight-threatening and blinding conditions. As visual stimulation occurs after birth until the age of approximately 7 years only – the sooner a problem is detected the better the outcome. The vision that is 'learnt' in childhood remains for a lifetime and is why early intervention has such an impact developmentally, socially and educationally.

CBM Philippines

Evaluating the capacity building activities can only be known a month or so after. It is quite difficult for us to monitor all the trained people individually so what we do is to contact the point person and get updates. We found this effective as the organizing group who requested us for the training has the clout to follow-up on them and this in turn is giving the partner the shared role and responsibility. In the process, it strengthened the partnership and widened the networking as we connect the organizers to our partners for referrals so they can communicate directly to each other. This has eased us from the burdens of too many points of communication. Things are done with regular update to us so that everyone is kept in the loop.

Operation Eyesight Universal Ghana - INTEGRATING EYE HEALTH INTO PRIMARY HEALTH CARE: SIB EXPERIENCE

The impact of unmet eye care needs in rural Ghanaian communities is considerable. It is compounded by barriers to accessing eye care, limited engagement with communities, a shortage of appropriately skilled health personnel, and inadequate support from health systems. The renewed country-wide focus on primary health care has led to support for greater integration of eye health into the national primary health care system.

It is therefore heartwarming that on September 27, 2013, Operation Eyesight Universal in partnership with Standard Chartered Bank and the Ghana Health Service launched phase V of Seeing is Believing (SiB) in Ghana. Titled "Quality Eye Health For All," the object of phase V is to strengthen

the integration of primary eye care into primary eye health. This will help bring eye health services as close as possible to the door stairs of the Ghanaian populace.

The importance of this project to the Ghana government, the populace, Operation Eyesight Universal and Standard Chartered Bank was evidenced by the attendance of such dignitaries as the Honourable Minister of Health, Ghana (Ms. Sherry Ayithey), the Senior Director of Operation Eyesight Universal (Mr. Kashinath Bhoosnurmath), and the Chief Executive Officer of Standard Chartered Bank, Ghana (Mr. Kwaku Bedu-Addo) for the launch of SiB V.

The launch was also an occasion to officially hand over a new eye unit (right hand corner of above picture) constructed under SiB IV to the Ga South Municipal Hospital. This facility is to serve as a referral centre from the surrounding health centers and as such, will provide much needed eye health service delivery and also strengthen the referral system of health care.

With this, SiB V is set to strengthen the integration of primary eye care into primary health care in Ghana. This will be done mainly through training and awareness creation and will also build on the foundation laid through SIB IV – infrastructure, human resources development, equipment and consumables delivery.

Type 2 Projects - Child Eye Health consortium projects

Brien Holden Vision Institute East Africa consortium

The East Africa Child Eye Health (CEH) project officially commenced in January 2013. Implemented by two consortiums, the Brien Holden Vision Institute led consortium comprises Fred Hollows Foundation, Operation Eyesight universal, Light For The World, Perkins International, Brien Holden Vision Institute, Masinde Muliro University of Science and Technology, Tanzania Optometric Association and Optometric Association of Uganda. This consortium will cover selected regions of Kenya (Western, Nyanza and Rift Valley), Tanzania (Mbeya and Mwanza regions) and Uganda (Lira, Tororo, Mbarara and Wakiso Health districts) all together aiming to reach a total of about 4 million children with eye care services that commence with screening and subsequently followed by further care depending on the screening results.

The past six months were dedicated to the planning of the project in each country with key stakeholders and consolidating the consortium. The project was introduced to the key stakeholders at both national and district levels. The purpose of this exercise was to ensure that the project gains government policy support and foster ownership of the project by the respective Ministries from the onset that will ensure their active participation throughout the project's life cycle. High level advocacy meetings with relevant Ministries were held in all the 3 countries with the support of the National Eye Care Coordinators and various Ministry officials. A national CEH Task Force comprising MOH and the consortium members was formed for Kenya. The task force's mandate is not only to develop a national CEH strategic plan for Kenya but also to revise the current Primary Eye Care (PEC) Manuals so that the CEH component is strengthened. Tanzania has seen the formation of an advisory group that comprises the National Eye care Coordinator (NEC), the National School Health Coordinator, consortium representatives and two other representatives from the Ministry of Health and Education.

Detailed implementation plans for all the three countries have been made together with the implementing partners (Health and Education Ministries) from the districts. A two days stakeholders' planning meeting was held in Uganda in February during which action plans and targets were made to guide the implementation process. Tanzania held a total of three planning workshops; one at national level and two at regional level in Mbeya and Mwanza. Each county has developed a four year plan and confirmed the geographical locations where the project will be implemented. Given the expanse geographical coverage, a staggered implementation approach has been agreed upon.

Masinde Muliro University of Science and Technology (MMUST) senate has approved the curriculum for short courses in Low Vision and Paediatric Optometry and will be hosting these two courses. The university will continue to offer this course even after the end of the SIB funded project. The university has also been identified as the host of the project's central optical laboratory for Kenya.

The project has completed the development of all the training material/manuals although the alignment process of some of these manuals with those developed by the respective Ministry of Health (MOH) has not been completed; it is expected to be completed in the next few weeks in time for the scheduled trainings to start as the project plans to develop all the training material to be used across the three countries to ensure uniformity in the content.

CBM East Africa consortium

Sightsavers Uganda (part of the CBM East Africa consortium)

The Uganda SiB Child Eye Health (CEH) Project is part of the regional child eye health programme being implemented in three East African countries: Uganda, Kenya and Tanzania for the period January 2013 to December 2016. The regional project is being implemented by two consortia; one led by CBM and the other by Brien Holden Vision Institute (BHVI). Sightsavers is the lead NGO for Uganda.

The overall goal of the project is to improve child eye health and reduce the prevalence of avoidable blindness in children. To achieve this, the project adopts a health system strengthening approach. This entails strengthening and expanding the capacity of the three existing tertiary CEH centres in the country, including Mulago National Hospital for the central region, Ruharo Eye Centre for the western region and Benedictine Eye Hospital for the eastern region. A new tertiary centre will be established in Gulu Regional Hospital to serve the post-conflict region of northern Uganda.

To further increase access to CEH services, especially for older children, the project will establish secondary child eye health centres in six regional hospitals across the country. An important aspect of establishing these tertiary and secondary CEH centres is the training and deployment of paediatric ophthalmic teams and paediatric oriented ophthalmic teams in tertiary and secondary child eye health centres respectively.

In addition, the project is developing systems for the identification and referral of children who need eye surgery from the community and primary levels to tertiary and secondary CEH centres. This is being achieved by integrating child eye health into primary health care and community health activities.

The other important component of the health system that the project seeks to strengthen to promote child eye health is leadership and the management information system. To structure this component, the country has been divided into four CEH clusters with the leadership of each cluster being provided by the tertiary CEH centre of that cluster while national leadership is integrated within the National Prevention of Blindness Committee (NPBC) leadership.

Lastly, the project is promoting approaches and linkages with primary health care, child health and general development programmes and agencies that address interventions that promote child health in general. This includes participation in child development networks and initiatives such as Child Days and linking with child development agencies such as World Vision, Save the Children Fund and UNICEF.

Over the four years of the project, the following service delivery outputs will be delivered:

| Indicator | Uganda | Regional | Uganda as a % of regional output |
|---|---------|-----------|----------------------------------|
| Children accessing CEH services | 300,000 | 1,000,000 | 33% |
| Surgical operations carried out | 1,500 | 5,600 | 27% |
| Children receiving spectacles for RE | 5,000 | 15,000 | 37% |
| Children receiving low vision devices | 1,500 | 4,500 | 33% |
| Health centres with personnel trained in CEH | 70 | 245 | 29% |
| No of referrals from lower to higher levels | 160,000 | 500,000 | 33% |
| % of the population that correctly identifies at least one strategy for prevention of blindness | 40% | 40% | Regional target |
| % of population that is aware of the availability of CEH services in their district | 60% | 60% | Regional target |

Orbis China consortium

SiB Phase V CHEER Project (Children’s Healthy Eyes bring Educational Rewards) is characterized by collaboration of multiple INGOs (ORBIS, BHVI, HKI, and Perkins) and multi-coordination of local governmental departments (health, education, and disability) from province (tertiary-level) to three prefectures (secondary-level) and 15 counties (primary-level).

This project was formally launched in Shanxi Province of China on 18th June, 2013. The Deputy Provincial Governor brought the Director/Deputy Director of Provincial Bureau of Health (PBOH), Provincial Bureau of Education (PBOE), and Provincial Disabled People’s Federation (PDPF) along to the Opening Ceremony. An official document was jointly issued for this project by these governmental departments on the day of the Opening. In 2013, seven counties and three prefectures entered this project with Shanxi Provincial Eye Hospital (SPEH).

The main tasks of 2013 focused on capacity building of eye care professionals and eye care facilities of these hospitals. The Project supported trainings to pediatric ophthalmologists, pediatric-oriented ophthalmologists and anaesthesiologists, ophthalmic nurses, refractionists, optical dispensers, screeners, and low vision training to clinical eye care professionals, teachers of special/blind school, and orphanage staff. Meanwhile, ophthalmic equipment procurement and establishment of optical shops were also the major activities of this year.

In early December, an Advocacy Workshop, a Management Workshop, and an Annual Review Meeting were conducted in Taiyuan City, the capital of Shanxi Province. Several advocacy objectives on children’s eye health were identified and discussed by about 100 participants from hospital, health, education, and disability department of three levels at the advocacy workshop. A short training on project management was provided by four NGOs and SPEH at the Management Workshop. Participants played an active role in the discussion on project management issue, particularly on the local coordination and the communication channel.

The annual review meeting focused on the briefing of project achievements against indicators of the targeted outputs and problems/challenges encountered in 2013. Review on outcomes of project activity was unable to conduct for most activities due to the short period after the project launching except for pediatric-oriented ophthalmologist training. Lessons learnt from 2013 helped to develop strategies for 2014 workplan and management.