



ORBIS AFRICA

FINAL MID-TERM EVALUATION REPORT

**For the Saving Sight, Changing Lives:
Reducing avoidable blindness by strengthening
comprehensive eye care services project in the North-
Western Province of Zambia**

Project Code: 2304

20th September, 2016

This mid-term evaluation was conducted for Orbis Africa by an independent evaluation consultant, Nangoma Consult Limited (www.nangoma.com, Cell: +260976212967).

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ABBREVIATIONS

CHV/CHW	Community Health Volunteer/Worker
CSR	Cataract Surgical Rate
DHO	District Health Office
DMO	District Medical Office
IAPB	International Agency for the Prevention of Blindness
KCH	Kitwe Central Hospital
KPI	Key Performance Indicators
MCDMCH	Ministry of Community Development, Mother and Child Health
MDA	Mass Drug Administration
MOH	Ministry of Health
MTE	Mid Term Evaluation
NEHSP	National Eye Health Strategic Plan
NGO	Non-Governmental Organisation
NW	North West
OCO	Ophthalmic Clinical Officer
ON	Ophthalmic Nurse
PEC	Primary Eye Care
PHO	Provincial Health Office
PMO	Provincial Medical Officer
RHC	Rural Health Centre
SCB	Standard Chartered Bank
SGH	Solwezi General Hospital
SIB	Seeing is Believing
SNDP	Sixth national Development Plan
ToT	Training of Trainers
VA	Visual Acuity
VAO	Vision Aid Overseas
WHO	World Health Organisation

EXECUTIVE SUMMARY

Project Background

Orbis Africa in cooperation with Standard Chartered Bank's 'Seeing is Believing' programme initiated a *Saving Sight, Changing Lives Project* in January 2013 in North-Western province of Zambia. The project, running for a period of 5 years will end in December 2017. The overall goal of the project is to reduce avoidable blindness and visual impairment in the Province by developing comprehensive eye care services built on the principle of access, affordability and partnerships.

At the local level, the project responds to the fundamental challenges which the people in the province are facing with regards to eye health. At the national and global level, it is in conformity with the global "VISION 2020—The right to sight" initiative to which Zambia subscribes to. The project is also deliberately aligned to Zambia's health sector strategy, health policies and priorities as well as the just ended national development plan. It also seeks to respond to the challenges identified in the National Eye Health Strategic Plan (NEHSP 2011 - 2015). This plan identifies Cataract, Glaucoma, Trachoma, Refractive Error and Corneal Opacities as the main causes of blindness. The implementation approach is highly participatory and involves key stakeholders such as the Ministry of Health at national and provincial level, eye health Non-Governmental Organisations and other players. The project is also highly imbedded within the structure of the Provincial Health Office – drawing on and supplementing the resources of the office while at the same time, working in tandem with the province's eye health plans. This has also included partnering with other NGOs to develop new refractive error and cataract services in areas where none exist.

The specific objectives the project seeks to address are;

1. Strengthened eye care services on primary, secondary and tertiary level to provide access to high quality eye health.
2. Strengthened referral and follow-up path to ensure access to eye care services.
3. Reduced prevalence of Trachoma by training health care personnel to perform Trichiasis surgery and to distribute Zithromax.
4. Working in partnership with other NGOs to strengthen existing Refractive Error and Cataract service and to develop new refractive error and cataract services in areas where none exist.

Operationally, the implementation strategy targeted the strengthening of eye health services through six district hospitals in the province, i.e; the general hospital at Solwezi and about 130 rural health centres scattered across the province.

Evaluation Background

This Mid Term Evaluation was commissioned by Orbis with a view to understand how far progress has been made towards achieving project outcomes, identifying lessons learnt, challenges faced and deriving recommendations for improved delivery of outputs and achievement of the outcomes. The evaluation will also be used as a platform for reflection and sharing knowledge on implementation strategies and best practices and consequently facilitating improvements in the remaining project implementation period and continue to guide eye health strategies beyond 2017.

The evaluation addresses the following three areas;

1. Providing an independent assessment of progress to date of the project, assessing performance as per the foreseen targets and indicators of achievement at output level; strategies and implementation modalities chosen; partnership arrangements, constraints and opportunities;
2. Providing lessons learnt and best practices emerging from the project in terms of strategies, institutional arrangements, partnership arrangements; and,
3. Providing recommendations to improve the project activities in the remaining year of implementation

Brief Methodology

The evaluation encompassed a qualitative and a quantitative approach. The qualitative aspects involved a desk review of numerous project documents – a process which informed the development of data collection tools. The most critical reports that decided the shape and character of the report were bi-annual project reports to the funder, Mass Drug Administration reports, the database tracking the project's indicators and the project document/proposal. Besides that, interviews were held telephonically or face-to-face with the key actors in the project. These included interviews with senior officers within Orbis' Regional Office in Cape Town and the country management team in Zambia. Similarly, senior management officers in the partner organisations were equally interviewed including district hospital and rural health centre levels. Half of the district interviews were conducted face to face (in Kasempa, Mufumbwe and Solwezi) while the remaining districts (Zambezi, Chavuma, Mwinilunga and Kabompo) had telephonic interviews.

Quantitative data was largely collected from the bi-annual reports, database of key performance indicators and interviews with the project management team in Solwezi. The report provides an analysis of what was done against plans and the extent to which set targets have been achieved.

Summary of Evaluation Findings

Relevance of the Project

The evaluation established that the project is highly relevant to beneficiary needs and will continue to be. This is because it focuses on the core eye health challenges as identified by the ministry itself. The operational model of addressing service delivery issues: treatment and surgeries for eye conditions, streamlining the referral system, equipment provision at various levels, refraction services at the Solwezi

hospital and the district hospitals and outreaches, all collaboratively address the critical patient needs and the ministry's priorities. Some changes will be necessary in terms of finding common ground for funding activities so that they are done timely, improving drugs supplies, enhancing training for Community Health Volunteers/Workers, enhancing long term sustainability and strengthening the project support arrangements.

Effectiveness

The overall assessment of the project is that it has so far been very effective especially in meeting set targets as outlined in the project document. Of the 19 key performance indicators highlighted in the project document, 10 have already been achieved, 2 are on track to being achieved, 4 are likely to be achieved with a bit more effort and tweaking of strategy while 3 need significant intervention –but can equally be achieved.

The quality of the project's outputs produced so far shows a mixed picture but with a strong inclination towards being very positive. The surgeries, trainings of OCOs/ONs, inclusive planning and reviews, management of the MDA, outreaches and overall buy-in by the MoH have all been impressive. Other evidence of quality and confidence in the services provided was seen from the increasing numbers of people that were being screened during community outreaches, which shows that the achievement rate was very high. Similarly, the visual acuity is very good implying that those that underwent cataract surgeries (see table with summary of key performance indicators on page 17) for a summary of key performance measures.

Like any project, this intervention has encountered some challenges which are management related (mostly delays in conducting scheduled activities and data collection). The structural challenges on the other hand revolve around inherent problems of the ministry such as shortages of resources, staff turnover, infrastructure and logistics. Logistical challenges of the project have to do with scheduling and conducting the cataract operations timely, stepping up awareness activities (for the MDA) and the supply chain for essential but more expensive drugs.

The most important unintended results of the project are;

1. The community perception that the project is there to save sight (sight restoration) regardless of the condition of the eye;
2. Provincial and district level MoH leadership taking up a renewed interest in eye care and treatment; and,
3. The re-energising of Ophthalmic Clinical Officers and Ophthalmic Nurses (OCOs and ONs) who feel they are making a tangible contribution and actually practicing in their area of training (Ophthalmology).

The project has benefited from the individuals successfully treated for cataracts who have become enthusiastic ambassadors of the project and trained OCOs/ONs who are MoH staff but are also strong advocates of eye health. Finally, the outreaches have increased by introducing separate school based screenings.

Efficiency

The project has a dedicated and competent local project management team that also receives technical assistance and oversight from the regional office in Cape Town. Other than that, other stakeholders such as the PHO offer financial oversight through internal auditors, technical inputs during planning and further, shared human resources such as drivers and information officers, thereby reducing on resource waste. These working arrangements were found to be generally appropriate and the inclusion of district health offices in the planning and strategy development has also brought about a common understanding of what the objectives of the project are. An existing Memorandum of Understanding with the ministry outlines the partnership arrangements between the ministry and Orbis. So far, these working arrangements have been positive at all levels of the eye health delivery system. Despite this support however, it appears the project officer is stretched too thin across such a vast province hence the challenges of failure to stick to schedules observed by some stakeholders especially in the wake of OCOs/ONs' activity plans not being funded on time either.

From a financial perspective, the evaluation did not identify any cause for concern. The project burn rate was very good while the project expenditures were in line with plans and budgets. Equally important, the balance between expenditure on administrative costs and on direct programme costs/beneficiaries was within reason. Project personnel and stakeholders both confirmed that the funds for the project are adequate relative to the planned activities. Apart from a few instances where faulty equipment was purchased (e.g pen torch lights and an Anterior Vitrector machine), and more quantities of eye medicines were desired, there was wide consensus that the project is providing good value for money. A reallocation of funds towards lobbying and developing self-sustaining strategies for the future is recommended in order to prepare for a stable exit.

With regards to overall timeliness of delivery, the project is conforming to the agreed workplan and where there are changes, they are justified. However, some respondents observed that delays (of a few days to several weeks) have occurred especially in conducting outreaches, distribution of necessary drugs and sending tuition funds for Ophthalmological Clinical Officers in training.

The evaluator is satisfied that, overall, there are sufficient safeguards against financial impropriety. However, in line with good practice, annual project audits should have still been conducted in order to satisfy all the parties that minimum financial management standards are indeed complied with. Besides that, the evaluation suggests a review of the employment arrangements of the staff and full registration of Orbis in Zambia in order to conform fully with local laws and also reduce project risks.

Lessons Learnt and Good Practices

Lessons Learnt

The uniqueness or key lesson that this project has brought about is the central role that a project can play in enhancing the importance of a health condition in the overall planning, budgeting and prioritisation of

health problems in an area and the within the health sector. It is quite obvious that the project has acted as a champion for eye health issues to the extent that provincial and district health budgets are beginning to attract budget lines for eye health activities. The approach of integrating or imbedding the project within the PHO has certainly proved empowering and less wasteful. Through training OCOs and ONs, the project has also created a critical mass of professionals who are likely to continue prioritising eye health because they have a vested interest in seeing their area of specialisation thrive.

Outreaches (through eye camps) and the screenings that go with them have equally demonstrated that they can be an effective approach to taking health care as close to the patient as possible especially in rural areas. Consequently large numbers of people who otherwise would not have access to treatment have been accorded an opportunity to access health care.

Working through existing ministry health delivery layers and ensuring buy-in has also proven to be a powerful strategy. To thrive, it requires leadership and commitment of health workers at all levels and the provision of sustainable incentives. Similarly, the patient filtering process through the various layers, improves efficiency and reduces patient fatigue. The Vision Centre at SGH has demonstrated that it is possible to have a plan for sustaining such a facility through internal generation of funds.

Information in the project (from baseline to monitoring data and reviews) has been used to inform decision making and justifying of certain flexibilities that have been exercised. The lingering disconnect between the project's indicators and those collected by the various DHOs shows that, on its part, the ministry still requires a lot more encouragement to adopt and utilise the data resource that Orbis provides.

With regards to project sustainability, the project is showing a lot of promise. The following are some of the most important elements;

1. The demonstrated ownership of the project by the ministry;
2. The trained OCOs and ONs will be able to carry on with their work within their specific areas of expertise;
3. Mission hospitals like Mukinge and Chitokoloki have always been providing eye health services and have effective eye units which will only thrive even more with the external support from Orbis; and,
4. The Vision Centre at SGH has already got a business plan which is being implemented.

The success of the eye health programme in the remaining period and beyond will be hampered by;

1. Poor funding for outreaches by the ministry especially in the face of competing health care demands and a shrinking economy;
2. The high transfer and turnover rate of government workers; and,
3. Low availability of essential but expensive eye health drugs for a health area that is not considered part of primary health care.

Emerging Good Practice

The most prominent good practices are as follows;

1. Collaborative working relationship with the MoH and other NGO stakeholders at various levels;

2. The sharing of human resources and equipment to reduce the costs for implementation;
3. Preparation of all involved partners for the exit is cardinal for success;
4. Information (particularly accurate statistics) should be the hallmark of the project and consequently a key determinant of decision making; and,
5. Strong accountability systems and communication are needed and necessary for building trust among the stakeholders.

List of Recommendations

The evaluation ends with the following recommendations;

1. Improve on the sharing of information especially regarding important changes/decisions within the project with key stakeholders like the PMO and the DMOs;
2. Lobby for useful eye health information to be collected even beyond the life of the project and used for planning purposes;
3. Lobby the PHO and eventually the ministry to invest more money into eye health. Specific areas in need of more funding would include; in-depth research on eye health, improving conditions of service for OCOs/ONs and eye health education;
4. From a management and governance perspective, address the mismatch between the core purpose of the project in NW province (i.e; equipping of the child eye hospital in NW province) and the activities being conducted;
5. Motivation of health workers in order to encourage health workers to prioritise eye health services;
6. Address the issue of faulty/broken down equipment;
7. The high backlog of cataract operations needs to be attended to as a matter of urgency;
8. Consider having a business development officer to be recruited to manage the Vision Centre;
9. Draw lessons from the strong partnership and commitment which the mission hospitals in addressing eye care; and,
10. To increase women's access to cataract surgeries, the project should seek to strengthen the pre-operation counselling sessions with patients to allay fears.

COMPREHENSIVE EVALUATION REPORT

Project Background

Orbis Africa in cooperation with Standard Chartered Bank's (SCB) 'Seeing is Believing' (SIB) initiated a *Saving Sight, Changing Lives Project* in January 2013 in North-Western (NW) Province of Zambia. The project, running for a period of 5 years, will end in December 2017. The overall goal of the project is to reduce avoidable blindness and visual impairment in the NW Province. The principal method of achieving this is by developing comprehensive eye care services built on the principle of access, affordability and partnerships.

The project is in line with the global "VISION 2020—The right to sight" initiative which was launched by the World Health Organisation (WHO) and the International Agency for the Prevention of Blindness (IAPB) in 1997 with the goal of eliminating avoidable blindness caused by five major eye diseases, i.e; Cataract, Trachoma, Onchocerciasis, Childhood Blindness and Refractive Error/Low Vision.¹ The project is also deliberately aligned to Zambia's health sector strategy as outlined in the National Health Sector Policy in the Sixth National Development Plan (SNDP) and framed within the National Health Priorities. It also seeks to respond to the challenges identified in the National Eye Health Strategic Plan (NEHSP 2011 - 2015).² This plan identifies Cataract, Glaucoma, Trachoma, Refractive Error and Corneal Opacities as the main causes of blindness. The implementation approach is highly participatory and involves key stakeholders such as the Ministry of Health (MoH) at national and provincial level, eye health Non-Governmental Organisations (NGOs) and other players.

Orbis has been careful to ensure that the interventions addressing the shortcomings of eye care, as identified in the NEHSP, are implemented by working throughout the health care system. The organisation has set out to strengthen both quality of services through capacity building, infrastructure provision, support for equipment and supplies, and improving access to services via the strengthening of referral mechanisms. This has also included partnering with other NGOs to develop new refractive error and cataract services in areas where none exist.

More specifically, the project has four objectives;

1. Strengthened eye care service on primary, secondary and tertiary level to provide access to high quality eye health.
2. Strengthened the referral and follow-up path to ensure access to eye care services.
3. Reduced prevalence of Trachoma by training health care personnel to perform Trichiasis surgery and to distribute Zithromax.

¹ WHO – www.who.int/blindness

² The project, through the Country Representative, actively participated in the design and development of the new NEHSP 2016 - 2020

4. Working in partnership with other NGOs to strengthen existing Refractive Error and Cataract service and to develop new refractive error and cataract services in areas where none exist.

Operationally, the project planned on implementing activities aimed at strengthening eye health services through six district hospitals in the province, the Solwezi General Hospital at (SGH) and about 130 Rural Health Centres (RHCs) scattered across the province.

Evaluation Background

This Mid Term Evaluation (MTE) was commissioned by Orbis with a view to understanding how far **progress has been made towards achieving project outcomes, identifying lessons learnt, challenges faced and deriving recommendations for improved delivery of outputs and achievement of the outcomes**. The evaluation will also be used as a platform for **reflection and sharing knowledge on implementation strategies and best practices** and consequently, facilitating improvements in the remaining project implementation period and continue to guide eye health strategies beyond 2017.

The evaluation addresses the following three areas;

1. Providing an independent assessment of progress to date of the project, assessing performance as per the foreseen targets and indicators of achievement at output level; strategies and implementation modalities chosen; partnership arrangements, constraints and opportunities;
2. Providing lessons learnt and best practices emerging from the project in terms of strategies, institutional arrangements, partnership arrangements; and,
3. Providing recommendations to improve the project activities in the remaining year of implementation

Methodology

The evaluation encompassed a qualitative and a quantitative approach. The qualitative aspects involved a desk review of numerous project documents – a process which informed the development of data collection tools. While numerous documents were reviewed, the most critical reports that decided the shape and character of the report were bi-annual project reports to the funder, Mass Drug Administration (MDA) reports, the database tracking the project's indicators and the project document/proposal (with its logframe). Besides the desk review of project documents, interviews were held telephonically or face-to-face with the key actors in the project. These included interviews with senior officers within Orbis' regional office in Cape Town and the country management team in Zambia. Similarly, senior management officers in the partner organisations (MoH and Vision Aid Overseas [VAO]) were equally interviewed before interviews at district hospital and rural health centre levels were held. Half of the district interviews were conducted face to face (in Kasempa, Mufumbwe and Solwezi) while the remaining districts (Zambezi, Chavuma, Mwinilunga and Kabompo) had telephonic interviews. The list of respondents and data collection tools are appended to the report (see Appendix 1 and Appendix 5).

Quantitative data was largely collected from the bi-annual reports, database of Key Performance Indicators (KPIs) and interviews with the project management team in Solwezi. These KPIs helped in making an assessment of the availability, quality, access to services (including the MDA of Zithromax in Kasempa and cataract eye surgeries), referral systems and prevailing demand for services. The report provides an analysis of what was done against plans and the extent to which set targets have been achieved.

Mid Term Evaluation Findings

Relevance and Validity of Design

Rationale for the Project

Zambia signed the VISION 2020 global declaration in 2004, an initiative aimed at combating blindness by the year 2020. The country has followed up this international commitment with a national plan, the NEHSP, which aims to address eye health issues in a holistic manner. The problem of eye health is serious across the country and is compounded by the fact that in the whole of Zambia, there were only 18 ophthalmologists, eight cataract surgeons and 19 optometrists at about the time the project was being mooted in 2011.³ This translated to one ophthalmologist for every 725,000 Zambians and one clinical officer for every 373,000 population.⁴ Furthermore, out of the total of 74 facilities offering eye care in 2011, half of the eye care facilities were located in Lusaka and the Copperbelt (28% and 22% respectively).⁵ Equally, equipment to provide high quality assessments and surgeries for eye conditions was in short supply especially in rural provinces like the NW. The shortage of both qualified ophthalmic health personnel and equipment, coupled with the imminent departure of eye care NGO partners at the time, made the province an attractive area to invest necessary resources within the context of the SIB project. While other provinces like Luapula and Western provinces had higher incidences of eye related problems, the NW was not receiving as much support at the time of designing and rolling out the project. Furthermore, the population increase especially around Solwezi due to mining activities without corresponding increase in ophthalmic care services made it all the more necessary to set up these facilities.

The project also addressed the wider national health priorities espoused in the various health policies and objectives, including the National Health Strategic Plan (2011 – 2015) and the longer term vision 2030 of the country. The project was highly imbedded within the overall plans and operational approach of the Province's Health Office (PHO) with the aim of contributing to addressing the salient eye health challenges of the province. Imbedding of the project within the PHO and aligning it to the province's plans has been

³ The situation has not changed much since then. At the end of 2015, the number of ophthalmologists was 24, 2 optometrists and 25 optometry technologists.

⁴ Bozzani et.al.; Health systems analysis of Eye care services in Zambia: evaluating progress towards VISION 2020 goals. BMC Health Services Research 2014 14:94

⁵ Ibid

discussed further in the report as a model of good practice. The findings show that the project benefitted from economies of scale, risk-bearing ability, reduced transaction costs, and the capacity for innovation in methods of managing care.

Figure 1: Location of NW Province in Zambia



Consistency of Objectives with Beneficiary Requirements

The project was roundly praised for its responsiveness to the fundamental challenges which the people of NW province were facing with regards to eye health. The first objective for instance was a direct response to the arguments raised above regarding the shortage of eye care services at all levels of the health care delivery system. The increasing numbers of cataract surgeries, eye treatments and high attendance of outreaches all point to high demand for the services. Interviews with Ophthalmic Clinical Officers (OCOs) and Ophthalmic Nurses (ONs), all reinforced that there was a high demand for quality eye care services which are provided by the project. The common eye diseases and problems being addressed under the project (Cataracts, Glaucoma, Trauma and Conjunctivitis) are equally in conformity with the beneficiary needs.

The second objective equally was relevant and consistent with beneficiary needs in that the referral system was quite clear from the community right through to the level two SGH or Kitwe Central Hospital (KCH) in the case of children with acute eye health conditions. This referral path was well known at all levels and more importantly, the fact that the project went right down to the community level to conduct screenings and book patients for further treatment and operations is testimony of this commitment.

As for the third objective, while it is still early to do an impact assessment on the Trachoma MDA which was conducted in Kasempa, there is sufficient evidence that the people in the district where the most affected by the disease and hence the focus on this one district in the first place for the MDA exercise. Furthermore, the distribution of Zithromax was successfully done measured by the willingness of

beneficiaries to collect the medicines and take the medicines as directed by health personnel and the very high coverage rates for both rounds. Separate reviews conducted post the MDA corroborate this position.

Finally, the collaboration with the international NGO, VAO was crucial to addressing refractive problems and reducing the burden that beneficiaries were facing of seeking refractive services from as far as the Copperbelt province – close to 200km from Solwezi. This meant that beneficiaries had to travel very long distances and spend a lot of money to attain their goal. The setting up of the Vision Centre at SGH significantly reduced the burden on patients and encouraged them to have their refraction problems addressed.

Relevance of the Project in Second Phase

The project will continue to be relevant in the remaining 16 months of its existence. The fundamental aspects of the design are equally still valid although they will require some minor reorientation to strengthen the quality of outcomes. These necessary adjustments have been discussed in the challenges and recommendations sections of the report.

The core building blocks of the project such as the focus on treatment and surgeries for eye conditions, referral system, and equipment provision at various levels, refraction services at SGH and the district hospitals and outreaches will remain highly relevant. Some changes will be necessary in terms of finding common ground for funding activities so that they are done timely, improving drugs supplies, enhancing training for Community Health Volunteers/Workers (CHV/W) with sustainability in mind and strengthening the project support arrangements.

On the part of the key strategic partner, the MoH, there are already some positive signs of commitment which may play to the advantage of the project. The ministry is reported to have invested \$800,000 towards ophthalmic services and a further \$500,000 in high tech eye equipment which has been deployed across the country. Tapping into this additional resource, in terms of referrals for complicated eye conditions, will benefit the project through achievement of desired outcomes and impacts in the long term.

Project Effectiveness

Progress made towards achievement of planned objectives and outputs

The project's objectives and outputs are discussed in the previous chapter and further outlined in its logframe. Table 1 below shows that significant progress has already been made so far towards reaching the set objectives and outputs.

With regards to achievements made in training of health workers, a total of 732 health workers have been trained by the project, far exceeding the end of project target set of 527. The project has already achieved

its original target of training 2 Ophthalmology Clinical Officers at Chinama Health College. However, due to the demand for OCOs/ONs, 3 more are currently under sponsorship and upon graduation before the end of the project, will be deployed. It is desired that each of the 6 operational districts will have a qualified OCO or ON. The trained. In addition, all the OCOs have undergone the Training of Trainers (TOT) and refresher training which is intended to empower them with the skills to further train health centre staff and CHWs in screening of patients especially for cataracts. This is being done with varying levels of enthusiasm in each district.

The number of cataract surgeries conducted at the time of the review stood at 2,911 out of the targeted 4,410 implying a 66% achievement rate to date. Of these patients who underwent surgery, 2,502 (or 86%) had a post-operation Visual Acuity (VA) greater or equal to 6/18 at discharge, which is higher than the target set of 50% of operations, while only 153 (5%) had a VA of less than 6/60 at discharge. The province's Cataract Surgical Rate (CSR) was already above the target set of 1,406 at 1,686) at MTE.⁶ A total of 224 cataract patients were found to be on the waiting list for surgeries with some of them said to be on the list for more than 6 months.⁷ With outreaches still going on to recruit more patients with mature cataracts, these delays in conducting operations have the potential to affect outcomes. Cataract surgery results overall however, show a lot of promise despite the slow start. The quality of surgeries is equally of high standard. Of the 2,403 bookings made for surgery, a total of 2,381 underwent one eye surgical operation with 361 being booked for a second eye surgery.

The planned for equipment for SGH was also purchased and delivered. However, most of it at the time of the MTE was still in boxes awaiting expansion works to the Vision Centre to be completed before deployment could be done. Apart from one piece of major equipment which was faulty, the rest were reported to be in good working order. The RHCs were also provided with some Primary Eye Care (PEC) equipment (i.e training manuals, Snellen charts, penlight touches and Ocluders) and consumables while the 6 district hospitals had benefited from basic diagnostic equipment.

During the review period, two rounds of Zithromax MDA were conducted in Kasempa district. The achievement rate for the MDA was 92% who received the drug in the first round and 96% in the second round. This represents a total of 35,319 males and 37,805 females amounting adding up to 73,124 people in the first round that received the drug, out of a projected Central Statistical Office population of 79,794. In the second round, the number of people that received the drug was 76,602. It is expected, drawing on the lessons learnt in the previous two rounds, that the coverage will remain high in the third and final round of drug administration and consequently, the target will be met. The table below provides a summary of the project's Key Performance Indicators (KPIs) to date.

⁶ Number of cataract operations conducted per million population per year. In this case, the year used is 2015. The CSR was calculated from the total surgeries performed multiplied by per population of 1,000,000 then divided by the current Central Statistical Office projected NWP population of 856,286.

⁷ Orbis observed that the people on the waiting list for more than 6 months did not yet have mature cataracts. Respondents however insisted that the patients were on the list for operations precisely because their cataracts were ready to be operated on.

Summary of Project's Key Performance Indicators

Key Performance Indicator	Score to Date	Target	Extent of non/Achievement
Number of health care workers who have been trained in eye care	732	527	
Number of OCOs that have undergone TOT since start of project	9	9	
Number of new OCOs trained	2 and 3 are in school	2	
Number of OCOs that have received refresher training	9	9	
CSR result	1,686	1,406	
Adult cataract surgery results: i) VA \geq 6/18 at discharge ii) VA $<$ 6/60 at discharge	86% 5%	\geq 50% $<$ 15%	
Number of targeted district hospitals that have been provided with equipment and consumables	8	8	
Equipment provided to SGH for cataract surgery	Yes	-	
Number of people that are on the waiting list for cataract surgery (at time of evaluation)	224	994*	
Number of people that have undergone eye surgery	2,911	4,410	
Number of hospitals and RHCs that are using the referral pathway developed	Hospitals 8	8	
Number of referrals made	2,057	Not determined	
Number of eye screenings at RHCs, District Hospitals and Schools	277,008	199,385	
Number of eye screenings during MDA	152,300 (Based on 2 rounds)	222,144	
MDA achievement rate (Zithromax administration)	92% in 1 st round, 96% in 2 nd round	100%	
Number of refractionists trained	Not known	2	
Number of optical technicians trained	0	2	
Set up and operational Vision Centre at SGH	1	1	
Pairs of spectacles that have been dispensed to those needing them (both custom made and ready-made)	14,920	25,739	

*Targeted number of surgeries in 2016

Key

Colour Code	Description
	Target not achieved. In danger of not being achieved in remaining period
	On target to being achieved. Significant progress made at mid-term. Additional effort required to achieve target
	Very likely to be achieved. Minimal adjustments necessary
	Already achieved or overachieved

The Vision Centre, a key output of the project, has been set up at SGH. At the time of the MTE, a total of 14,920 pairs of spectacles (58% of project target) to patients across the province from hospitals being

supported to provide optical services (including the vision centre). Of these 5,641 were custom made while 9,279 were ready made. Although the majority of patients are from around Solwezi, a total of 2,057 patients were referrals to the vision centre. To meet the target, a mechanism of accessing the spectacles from local district hospitals needs to be strengthened.

Interviews with stakeholders confirmed that the referral map developed was being used although there was some degree of discontent with delays in accessing services such as cataract surgeries in good time.

Screening of patients at districts hospitals, health centres and community outreaches were also found to be on track but more can be done. Of the 199,385 end of project targeted patients, 277,008 had been screened at these facilities as at 30th June 2016. In addition, 152,000 of the targeted 222,144 MDA related screenings had been conducted at that date and with a final and third MDA planned for the second half of 2016, the target looks likely to be met. A significantly large 120, 004 (88.2%) of eye patients received treatment at the health centres when they went to treatment and 2,842 were referred to district hospitals and the Vision Centre.

Significant progress has also been made with regards to improving the procurement system for spectacles and necessary drugs culminating into the Permanent Secretary authorising the SGH to by-pass the long procedure through the national Medical Stores and procure directly from suppliers and thus enhance availability. Going by the complaints of shortages of eye health drugs, the system still requires fine tuning or this may be due to the funds available to make purchases not being adequate.



Photograph 1: Pearson Kasongo, A 75 year old Glaucoma patient who was found being attended to at Solwezi Urban Clinic

In line with the funders' desire to engage SCB employees in the implementation of the project, there appears to be some challenges arising primarily from the fact that SCB's branch in Solwezi has a small team of staff who cannot easily leave the branch for SIB activities. Nonetheless, a calendar for the bank

staff's involvement in the project was developed and shared with SCB's head office in Lusaka. In a few instances, SCB staff have been involved in big activities such as World Sight day. At such opportunities, staff have participated in screening patients. The MTE proposes that the project develops a short monthly newsletter which can contain project updates as well as ideas on how staff can be practically engaged. A team of Lusaka based managers from the bank visiting one or two of the operational districts would for instance enhance interest but also build stronger ties for future cooperation.

Quality of outputs produced and delivered so far

The quality of the project's outputs produced so far shows a mixed picture but with a strong inclination towards being very positive. The surgeries, training of OCOs/ONs, inclusive planning and reviews, management of the MDA, outreaches and overall buy-in by the MoH has been impressive. All these are quite easy to measure and were verified by stakeholders at various levels. For instance, the fact that the project set up a Vision Centre at SGH was reported as having helped many patients reduce on expenditure which they would otherwise have made to go to the Copperbelt province for refraction services. Respondents also mentioned that the quality of service offered by the centre was of a high standard to the extent that even the local multinational mining operation sends its patients for refraction at the centre despite having a private health facility that caters for its mine workers.

Other evidence of quality and confidence in the services provided was seen from the increasing numbers of people that were being screened during community outreaches, including the MDAs for Trachoma that was conducted in Kasempa which shows that the achievement rate was very high. Indeed during the following MDA, the coverage increased. Similarly, the visual acuity is very good implying that those that underwent cataract surgeries (and were now able to see properly) had improved vision afterwards (see earlier table). Such people, naturally become powerful ambassadors who encourage others with similar conditions to seek medical care. Some of these individuals were featured on radio programmes run by the project. Though quite limited in scope, post operation visits conducted by health staff were seen as novel in a health system that often does not go that deep in patient care.



Photograph 2: Eye diagnostic equipment purchased for the vision centre by Orbis and VAO

At Mukinge Mission Hospital, which services most of Kasempa and Mufumbwe districts, health personnel reported that individuals that are booked for surgeries are collected from their homes by a bus from the hospital, taken to the hospital for operations and treatment, fed, provided a hospital bed and brought back after treatment. This was also the case in the other districts when the cataract surgeon visits the districts for operations. The costs for this service are provided by the project (though the local DHOs are also beginning to offer support through providing transport). This level of care is very clearly of a high quality standard.

From a theoretical perspective, it is expected that a project that has had significant buy-in by other stakeholders has a higher chance of success and service quality. This project has shown that the MoH (at both provincial and district level) supports the project's objectives to the extent that it is housed within the PHO office complex and officers from the PHO (drivers, audit unit, etc) are an integral part of the service delivery system. Technical staff at various levels are equally part of the planning and review process and consequently, weaknesses are quickly observed and efforts made to address them.

Finally, the building blocks for quality can also be indicators of quality service. In this case, there are several. The project is being consistently monitored and data collected on a regular basis from the health facilities. Physical visits encourage commitment especially from frontline service providers like OCOs and ONs who can read through Orbis' actions, a strong desire to ensure that the project succeeds. Besides, some of the OCOs were actually trained through Orbis funding and showed a high level of appreciation of the value addition to their work and careers. The supply of basic eye diagnostic medical equipment in some selected health facilities was equally reported to have motivated the frontline staff to do their work better. Even at RHC level, the filtering of patients is more effective due to the Primary Eye Care (PEC) training they received. This has reduced the pressure on district health facilities and SGH.

Main constraints, problems, and areas in need of further attention

Like any project, this project has suffered some challenges and constraints. Some of these are outside the control of the project while others are within its ambit. These sets of challenges have been categorised as management, structural, personnel, logistical and medical in nature.

The management related problems involve the pressure exerted on one Orbis project officer based in Solwezi to support six districts and the 130 RHCs. Respondents observed that despite the OCOs preparing workplans, the project officer has to do quite a lot of background administrative work which takes time. Ordinarily, the DHO should be able to manage this and provide adequate oversight. Consequently, there were complaints made by stakeholders at RHC level that outreach programmes like camps are not always conducted according to schedule leading to frustration especially for community members who are kept waiting for long periods of time. On two occasions, the screenings were scheduled for the last week of school term in Mufumbwe when children are usually busy writing tests and exams. This problem is exacerbated by the long distances between towns in the province. The problem of sudden changes to programmes was also echoed by other higher level stakeholders. Another management related problem relates to collection of project statistics. It was observed that getting the reports from the facilities was not easy for reasons ranging from commitment to a feeling that this was additional work by OCOs to lack of stationery and changes to the reporting tool.

Structural problems in this case are largely external and have to do with the challenges faced by the MoH itself and the distances between towns in NW province. One of these challenges is that the Ministry does

not have sufficient transport and human resources and as such, outreaches for eye care for instance have to be combined with other district health outreach activities. Other than that, some districts like Mufumbwe do not have a functional eye unit yet and the basic equipment required for such a unit. The reliance on Mukinge puts a strain both financially and in terms of funds on the project. A quick solution to this challenge would be to lobby for an OCO to be sent to the newly opened district hospital and for the MoH to provide equipment for diagnosis and operations. At SGH, the newly trained ophthalmologist was recently promoted to take up the position of hospital superintendent thereby taking away part of his time from operations at the eye clinic to administrative tasks.

As mentioned above, personnel shortages have also impacted on the extent to which those that underwent the ToT can mobilise CHW, train them and supervise their work. It was observed that trainings are not common especially for far off districts. This problem is further complicated by the high turnover of primary health workers due to transfers, retirements, etc. The current retention rate level is estimated at 15-20% meaning that the project needs to have a mechanism of continuous training for primary health workers to fill the gap.

The project is 'imbedded' within the PHO. This is largely a good thing in many respects. A concern raised however was that, a lot more consultation was necessary especially when it came to recruitment of staff so that both parties can have a say in who is engaged.

With regards to logistical challenges, they relate to long waiting lists for cataract operation patients. In both Mufumbwe and Ikelenge, (also verified by Mukinge hospital), it was reported that people who had been registered to undergo operations have been on the waiting list for a long time. This has the potential to discourage these people or even worsen their situation while they are waiting to be collected for the operations. The project needs to expedite arrangements for such operations or simply encourage those who can afford, to find their own means to travel to Mukinge or SGH for the operations as opposed to keeping them in suspense.

With regards to challenges experienced with outreaches and community awareness, the project can utilise community radio as a tool for reaching out to more people especially those located in far flung areas and encourage central screenings at local RHCs. In a similar vein, the MDA conducted in 2014 and 2015 scored excellent results in terms of people turning up to receive medicines (92% and 96% respectively). However logistical arrangements including distribution of medicines across centres can be better managed. As the project considers the final MDA in 2016, it will be helpful to ensure that adequate quantities of posters, fliers, proper timing, adequacy and motivation of volunteers and transport arrangements are addressed.

The supply chain related challenges faced by the project are minimal. However, the major one highlighted by OCOs was the fact that medicines were often inadequate. While the project is doing its best within limited resources to supply medicines (especially the more expensive ones), the government on its part is not supplying sufficient quantities. The most commonly available medicine was tetracycline ointment and even this is in short supply. This creates a glitch in the supply chain thus compromising the quality of services delivered.

A study commissioned by the project to gauge uptake of cataract surgery services in Mwinilunga highlighted low levels of uptake among women and the causes behind this were socio-cultural and economic in nature. They include the use of traditional medicines, fear of a negative outcome, limited decision making and unaffordable transport costs. Women particularly were less likely to turn up for surgeries and as such, an increased focus on encouraging women participation through other women who

have had successful surgeries and breaking down societal barriers for women is essential as a mitigating measure.

Unintended Results of the project

The project recorded the following unintended results;

1. A perception that the project is there to save sight (sight restoration) regardless of the condition of the eye. This has led to discouragement and in turn, the need for counselling particularly for glaucoma patients;
2. Provincial and district level MoH leadership taking up a renewed interest in eye care and treatment. This has been seen through annual budgets for the MoH having clear allocations made for eye health;
3. Motivated OCOs and ONs who feel they are making a tangible contribution and actually practicing in their area of training (Ophthalmology). On the flip side however, their specialisation has ignited a new debate about recognition of the specialised and higher position of an OCO within the structure of the MOH, as opposed to merely being paid a general Clinical Officer's salary;
4. Some DHOs have become very proactive (due to pressure from both Orbis and the OCOs) especially when it relates to eye conditions for children, to apply resources for such children to receive specialised operations at the Kitwe eye hospital;
5. Discovery that the province does not require triachiasis treatment and that MDA for Zithromax was only necessary for Kasempa district. This is useful information which will in turn inform eye health programmes in the province;
6. The Vision Centre at SGH is being expanded and the hospital management have been approached by other potential partners who may continue to fund the eye health programmes at the hospital; and,
7. The significance of what Orbis is doing through the eye health in Zambia has been recognised through the organisation being invited to participate in the development of the 2016 – 2020 eye health strategic plan. In the plan, the MoH has tentatively committed US\$ 59,132,588.32 over five years towards eye health interventions in the country.⁸

Internal and external factors influencing achievement of project targets

The project benefited from several factors that have influenced its success. To begin with, the individuals successfully treated for cataracts have become enthusiastic ambassadors of the project with whom people who have similar conditions can identify with. Over time, people with eye problems are more eager to visit a health centre to seek medical attention. The strategy of training OCOs/ONs has also directly contributed to increasing the physical number of eye health specialists. So far, two people have been trained and deployed with three more in college. Once all these people are deployed, the number of screenings will greatly increase across all districts. Similarly, in districts like Mufumbwe, Ikelenge and Kasempa with very active CHVs, the frequent outreaches have helped to animate communities and increase interest in the project. Furthermore, the outreaches have taken a new twist by increasing school based screenings which have added an additional 78,516 people screened at schools.

Below is a photograph of one of the trained OCOs who is now working at the Vision Centre in Solwezi.

⁸ See draft MoH Eye Health Strategic Plan, 2016 - 2020



Photograph 3: Elias Mashilipa, Orbis trained OCO and Vision Centre Coordinator

The OCOs interviewed mentioned that one of the key determinants of job satisfaction and consequently better service delivery is the availability of equipment to use. This project has provided some basic equipment at district hospital level and even at health centre level. CHVs have also been given pen torches to help them make preliminary diagnoses of cataracts. These CHVs are also provided the equivalent of \$2 transport refund, paid through the local RHC, for every cataract patient they correctly refer to the health facility for attention.⁹

External factors that have worked in favour of the project include the strong support that is provided by the PHO and the DHOs towards the project. The imbedding of the project within the PHO has given it a strong sense of belonging and is seen by government workers as an integral part of the broader health delivery channel. In the same vein, the partnership with VAO has enabled the project to rely on expertise in the area of refraction and consequently, set the Vision Centre on a path towards self-sustainability if the measures put in place will be respected once the project comes to an end.¹⁰

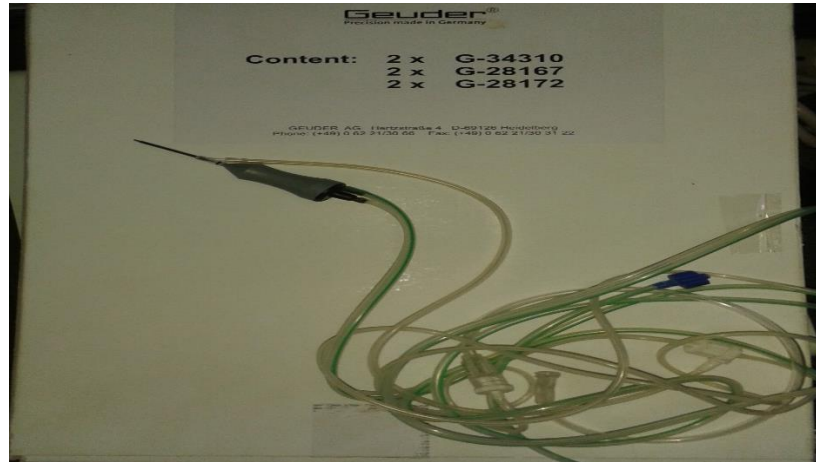
Appropriateness and sufficiency of stakeholder involvement

There was sufficient evidence that high level management structures at provincial and district level were involved in the project adequately. These include the Provincial Medical Officer (PMO), heads of departments within the PHO and the District Medical Officers (DMOs). The OCOs were involved in a more robust manner and they, in turn, worked closely with health centres. As mentioned earlier, the involvement of these people however, while appropriate was said to be insufficient. The staff recruitment

⁹ This was the situation in Mufumbwe but is certainly not the practice in every district.

¹⁰ The Vision Centre has a separate account and a business plan. Some of the services are chargeable (such as specialized spectacles) and the funds go directly into the account. Ready-made spectacles however are free. High cost patients also pay for the service and the money goes into the account

process for instance could have better involved the PHO as a key stakeholder. The Ministry of Community Development, Mother and Child Health (MCDMCH) was equally said not to have been sufficiently involved despite this ministry having a significant stake in health issues. Other stakeholders complained that the sudden changes in the agreed on work schedules impact on them negatively. The project would do well to give stakeholders adequate notice and also stick to the agreed plans.



Photograph 4: The faulty needle of the Anterior Vitrector Machine

The Ophthalmologist at SGH equally observed that the project's managers do not engage him as much as he should be, considering that he is head of ophthalmology and a key stakeholder in the province. Specific ways in which this can be done would be to actively provide updates to him, invite him for outreaches and allow the hospital to directly manage equipment purchases. A case in point is a new Anterior Vitrector Machine which was bought brand new through the project but cannot be used because the probe is faulty. He further observed that if the hospital (SGH) was simply given grants and a budget, the quality of equipment purchased would be better.

A Success Story: A 78 years old man, James Chinyama, of Mize Capital Area, in chief Ndungu's Areas, in the North-Western Province of Zambia, who could not read at about a meter from his face, started reading at a distance of 25 -30 cm after being refracted, he walked away with a pair of reading spectacles size +3.50 . He praised God as he left the camp with a big smile thanking the Eye Team's presence at the ceremony. He said for some time now, he has not been able to read his bible and other interesting books, being a person who enjoys reading widely.

Project Efficiency

Adequacy and efficient use of technical and financial resources to fulfil the project plan

The project is managed by a full time project officer who is based in Solwezi and oversees the day to day operations of the project. He is supported by a project accountant (this was a new individual as the

previous accountant had resigned). A monitoring and evaluation project assistant had also just been employed at the time the evaluation was being conducted. At national level, the Country Representative for Orbis, based in Ndola, provides strategic guidance and oversight to all projects managed and funded by Orbis. A regional office based in Cape Town, South Africa has a Director of Programmes and the Head of Programmes who work closely with the Zambia-based team in providing oversight to the project, technical guidance and review and, reporting to SIB, in the United Kingdom. Other stakeholders such as the PHO offer financial oversight through internal auditors, technical inputs during planning and further shared human resources such as drivers and information officers.

These working arrangements were found to be generally appropriate and led the project to benefit a lot from the economies of scale available from both the PHO and the Orbis' regional office expertise. The inclusion of DHOs in the planning and strategy development has also brought about a common understanding of what the objectives of the project are. Despite this support however, it appears the project officer is stretched too thin across such a vast province hence the challenges of failure to stick to schedules observed by some stakeholders. Notwithstanding that, the officers working on the project are competent and sufficiently skilled for the roles they are playing. However, they are employed as consultants by the Orbis regional office and this may be perceived as tax avoidance by the revenue authorities, considering the length of engagements, while the security/commitment of the employees themselves cannot be guaranteed under the circumstances.

From a financial perspective, the entire project budget is estimated at US\$ 1,250,000 to be spent over a five year period. During the period under review, several adjustments were done to the budget with re-allocations to other budget lines. However, the overall project budget has remained the same. As at 31st December 2015, the project had spent a cumulative figure of \$904,998 of the budgeted \$908,192, representing a 99.6% cumulative burn rate. The project's expenditure, relative to the budget, is therefore not out of sync (see Appendix 2). A significant portion of the funds were spent on purchasing eye health equipment (\$268,245 or 29.5% of total budget to date). The balance between expenditure on administrative costs and on direct programme costs/beneficiaries equally appears reasonable with \$112,092 or 12.3% of the total budget to date spent on purely administrative expenses.¹¹

Project personnel and stakeholders both confirmed that the funds for the project are adequate relative to the planned activities. Some stakeholders however doubted if there was value for money derived on purchases of some of the equipment (e.g pen torch lights which were not working for most CHWs and the faulty Anterior Vitrector machine) while they would have loved to see more quantities of eye medicines supplied to the health facilities to cope with the very high demand. A scan of the core areas of expenditure equally shows that some funds should have been allocated on advocacy/lobbying activities (including developing self-sustaining strategies) in order to prepare for a stable exit and also a bit more on training of primary care service providers including CHWs. More importantly, given the challenges being experienced with getting people to have cataract surgeries, the savings made could have also gone a long way in ensuring that those that desperately need the service receive it.

¹¹ This figure however does not include salaries for staff except for accountant's salary

Nonetheless, apart from Triachiasis interventions, all the originally planned for activities are being implemented as planned.

Timeliness of delivery of project funds and activities

The project funds are received from SIB via the regional office on a bi-annual basis upon receipt and approval of the bi-annual financial and narrative reports as well as approval of the cash request for the six months period ahead. This system has so far been efficient save for a few delays while reports are being considered. During this period however, the regional office has been known to source funding from within the organisation to ensure that activities are not unduly delayed and inconveniences minimised.

Activities themselves have generally been conducted in line with the workplan for each six months period with minimal cases of spill-overs into the next six months period. In some instances however, respondents observed that delays have occurred especially in conducting outreaches, transporting patients for cataract surgery, distribution of necessary drugs and sending tuition funds for OCOs in training. One of the former student OCOs lamented that the delay lasted for over a month and during this period, he could not be allowed to attend lectures.

Planning and resourcing of human resources within the MoH to support the project

The project has a Memorandum of Understanding (MoU) with the MoH which outlines the partnership arrangements between the ministry and Orbis. The MoU makes some resources, including ministry staff available for training and to support the project. Other than that, the location of the project within the PHO enables the two parties to have a healthy symbiotic relationship and as such benefit from the skills and resources of the other. The province's human resource plans show that gaps exist in specialist areas such as eye health and this project is helping to address these human resource challenges. Furthermore, at district level, the DHOs have equally been briefed sufficiently to support the project despite the constraints that they face. At RHC level, the health workers are equally cooperating. In effect, the project is using available human resource structures of the ministry and continuing to build capacity for improved service delivery.

In terms of financial controls, the PMO acts as a key figure in the system by being in a position to approve expenditure in line with the approved workplan and budget. The project also has to comply with government procedures for procurements and the Cape Town team undertakes thorough reviews of both financial and narrative reports for each period. The evaluator satisfied that these are sufficient safeguards against financial impropriety. However, in line with good practice, annual project audits should have still been conducted in order to satisfy all the parties that minimum financial management standards are indeed complied with.

Effectiveness of Project Arrangements

Adequacy of management and governance arrangements and clarity of roles and responsibilities

The project's MoU with the MoH outlines the core management and governance arrangements of the project and the roles and responsibilities of the parties. At an operational level, there is evidence of clarity of roles among the three core partners i.e MoH, Orbis and VAO. However, to minimise on risk, the project should be formally registered in Zambia and compliance issues addressed. The non-registration of the organisation in Zambia despite many years of operation leaves it exposed because technically, it is not a legal entity in Zambia and as such, only the regional office in Cape Town can be sued or can sue in the event that there is a dispute. While the MoU with the ministry provides some cover, it still does not substitute the effect of a legal entity.

With regards to roles and responsibilities, however, there appears to be a mismatch between the core purpose of the project in NW province as outlined in the MoU (i.e '.....development of two child eye health tertiary facilities in the country.....') and the activities being conducted. The objectives of the intervention are however in alignment with what the project is currently doing. There may be need to re-align this MoU particularly if a second phase of the project is to be undertaken.

Adequacy of project management in facilitating good results and efficient delivery

As argued in detail in earlier sections, the project set up is appropriate and facilitates ownership and consequently good results. This has already been discussed at length and will not be addressed any further here.

CONCLUSIONS

Lessons Learned

Lessons on integrating eye health

This eye health project is by no means the first eye health focused project to be implemented in the NW province. Before Orbis, Sightsavers and Operation Eyesight worked in the province for example. The uniqueness or key lesson that this project has brought is the central role that a project can play in enhancing the importance of a health condition in the overall planning, budgeting and prioritisation of health problems in an area and within the health sector. It is quite obvious that the project has acted as a champion for eye health issues to the extent that provincial and district health budgets are beginning to attract budget lines for eye health activities. The approach of integrating or imbedding the project within the PHO has certainly proved empowering.

Through training OCOs and ONs, the project has also created a critical mass of professionals who are likely to continue prioritising eye health because they have a vested interest in seeing their area of specialisation thrive. This is unlikely to be the case if only a handful of OCOs in a few districts are available or if the trained personnel are transferred to other provinces.

Outreaches (through eye camps) and the screenings that go with them have equally demonstrated that they can be an effective approach to taking health care as close to the patient as possible especially in rural areas. This is significantly different from the approach of simply waiting for the patient to walk into a health facility. Consequently large numbers of people who otherwise would not have access to treatment (the very young, elderly, women, disabled for instance), have been accorded an opportunity to access health care.

Working through existing community health structures such as CHWs, all the way to the PHO and the national MoH in a collaborative and integrated manner as opposed to building up new structures, has also proven to be a powerful option. It is also clear however, that leadership and commitment of health workers at all levels and the provision of sustainable incentives is central to success. Such incentives need not necessarily be in the form of money and as such identifying what motivates different groups is essential. Similarly, by having a clear system of escalation of eye health conditions, helps the filtering process, improves efficiency and reduces patient fatigue. For instance, the project adopted SGH, Mukinge and Chitokoloki mission Hospitals to host mass cataract surgeries. These are in turn fed by district hospitals and these in turn, by the 130 RHCs. At all levels, the awareness levels are quite high.

Another important lesson has been the strategy of cultivating buy-in of critical officers and through ensuring that they have all necessary background information, are part of the planning and eventually review and re-strategising of the intervention. This provides an opportunity to all concerned parties to share individual pockets of knowledge and wisdom. This reduces the real possibility of rejection of the project.

The power of information has been yet another lesson learnt in the project. The project began with conducting a thorough situation analysis and continuous data collection (despite challenges observed) has

been essential in ensuring that decisions are informed by facts. This has consequently led to the identification of Kasempa as the only district with above normal levels of trachoma and therefore deserving of MDA. Similarly, information has been essential in dropping of Trichiasis operations and rechanneling resources to other more worthy areas. Project flexibility has equally been seen in periodically reviewing the budget and applying funds to areas that require the added resources.

The model used at the Vision Centre at SGH is another important lesson learnt. The centre has demonstrated that it is possible to have a plan for sustaining such a place through generation of funds, albeit little amounts, introducing semi-autonomy and offering good quality services at the same time. This is a model worth replicating.

Lessons from the data collection system

The management of project data is another area where some key lessons can be derived in this project. Right from the start, sufficient research was conducted in order to arrive at an informed project baseline against which performance can be measured. This was followed with a simple template for capturing the data on the core indicators and tracking them over time with data collection tools to go with it. A data verification visit has also been conducted to ensure that accurate data is indeed being collected. Annual review meetings also enable key stakeholders to have a say on the manner the project is managed. To this extent therefore, the monitoring system and its data management arrangements appears to be above average standards.

The weaknesses that still need to be addressed include; delays in submitting data to the project office, limited sharing on indicators which are not collected on standard MOH data forms, improving the system of transmission of the data to the Orbis office and availability of the forms and in standardised format.¹² Other than that, there is still a lingering disconnect between the project's indicators and those collected by the various DHOs. The project can therefore lobby to have some of the indicators that are collected within the project to be integrated into the ministry's data collection forms if meaningful deductions are to be made – even if this is only at district level.

Partnership and relationship with the ministry of health at a district and provincial level

The partnership and relationship between the project and the MoH has been discussed in great detail in earlier sections.

Sustainability of the project

There are several elements of this project which engender it to long term sustainability even beyond this initial period. The following are the most important;

5. The demonstrated ownership by the ministry to the extent of including eye health budget lines in the provincial and district budgets is a good starting point. Hopefully, these will be maintained and continue to increase as trained OCOs and ONs put pressure within the ministry of increased budget allocations towards eye care;
6. The trained OCOs and ONs will be able to carry on with their work within their specific areas of expertise. Even for those OCOs that were not trained under the project, already there is

¹² At least one of the OCOs complained that the data collection forms have been changed on 2-3 occasions and the changes are not immediately made known to those collecting the statistics

evidence that they are beginning to feel empowered and recognised. At the Solwezi urban clinic for instance, a separate eye unit has been set up for the first time, a signal that eye health is beginning to be prioritised;

7. Mission hospitals like Mukinge and Chitokoloki have always been providing eye health services and have effective eye units. This project has simply animated their work and helped them reach more people. It is expected that some of the ideas that this project has introduced will be borrowed and used by these hospitals in their future interventions; and,
8. The Vision Centre at SGH has already got a business plan which is being implemented. So far, the centre is generating an average of K1,000 (\$100) a day from chargeable services and sale of spectacles. There is potential that it will be able to attract new project funding or even simply generate more income from charging those who can afford for some of the services on offer.

On the other hand, there are some obvious hurdles which will make the positive outcomes seen unsustainable if not properly handled. These include;

4. Funding for outreaches is very unlikely to be made available by the ministry especially in the face of competing health care demands and a shrinking economy. Besides, eye health may not be seen as primary health care service and as such not worth investing to the same extent as this project has been investing in terms of resources despite the new strategic plan appearing optimistic;
5. The high transfer and turnover rate of government workers has the potential to completely wipe out the gains made in the past three years within a few years. Once other officers, especially in the leadership of the provincial and district health offices take over, their primary focus may be in other areas and not eye health; and,
6. Drugs supply is equally likely to suffer greatly. Currently, the project is providing a wide variety besides those for common problems like Conjunctivitis. These other drugs are expensive and the ministry is currently struggling. This is not likely to get any better.

Emerging Good Practice

The eye health project promoted by Orbis has brought some important and replicable elements which can be applicable in a different provincial or even country context. The most prominent good practices are as follows;

6. Collaborate working relationship with the MoH and other NGO stakeholders at various levels. This requires agreeing right at the beginning on the parameters of each stakeholder's role and responsibility. It also requires honest and open dialogue in order to build trust;
7. The sharing of human resources and equipment reduces the costs for implementation. In this case the project is relying on support staff from the ministry as well as office space while it is providing equipment like vehicles;
8. Preparation of all involved for the exit is cardinal for success. This has been seen at the Vision Centre and a similar approach in all other areas of the project is essential;
9. Information (particularly accurate statistics) should be the hallmark of the project and consequently a key determinant of decision making. This saves funds and improves the quality of outputs and outcomes; and,

10. Strong accountability systems and communication are needed and necessary for building trust among the stakeholders. It is the systems that guarantee success much more than good intentions.

RECOMMENDATIONS

The following recommendations are being made as measures that can be taken by the project in the remaining period of the project in order to improve the project's outcomes and long term impact;

1. Improve on the sharing of information especially regarding important changes/decisions within the project with key stakeholders like the PMO and the DMOs;
2. Orbis is collecting some very useful information about eye health in the province. Lobbying for this information to be collected even beyond the project and used for planning purposes would prove helpful for the project. In the same vein, the province can be encouraged to come up with a comprehensive action plan on improving data collection, quality controls and sharing in order to enhance learning from the issues arising from the eye health issues;
3. The project can lobby the PHO and eventually the national MoH to invest more money into eye health. Through provision of evidence, a compelling case can be made for addressing eye health challenges. Specific areas requiring lobbying are;
 - a. Developing a sustainability strategy for NW province that will ensure that new partners that come into the province build on the strong foundation which this project has already built rather than starting from the beginning and going in a completely different direction. This will strengthen the possibility of the gains made to be sustained in the long term;
 - b. Allocation of funds towards conducting research on the relationship between eye health and the prevalence of other health conditions such as diabetes, HIV and high blood pressure;
 - c. Recognition of the specialised position of OCOs/ONs leading to improvements of salary scales for these professionals. This would encourage first entrants into college to study as Clinical Officers to be encouraged to add ophthalmology as a specialisation - a more sustainable way of increasing numbers of specialists than sponsoring in-service individuals;
 - d. Encourage DMOs to appoint eye health focal point persons at the various DHOs across the province. This will further enhance the prioritisation of eye health;
 - e. Given the high likelihood that the MoH would not allocate significant funds towards outreaches, lobby for eye health education and screening programmes to be taken as an integral part of the on-going outreaches such as those promoting child health or malaria treatment or HIV interventions;
 - f. Improve on the sourcing of medicines so that the province benefits from economies of scale especially for expensive eye medicines.
4. From a management and governance perspective, the mismatch between the core purpose of the project in NW province (i.e'.....development of two child eye health tertiary facilities in the country.....') and the activities being conducted requires re-alignment. The objectives of the intervention are however already in alignment with what the project is currently doing;
5. Motivation of health workers – to encourage health workers to prioritise eye health services, the project should consider providing 'certificates of participation' in collaboration with the ministry to CHWs and primary health workers who participate in trainings arranged by Orbis. Another way

of fostering commitment would be to stick to developed workplans and minimising sudden changes. Furthermore, training of health workers at health centers should be increased further (even if targets have been reached) to make up for the high turnover of staff and volunteers at this level. Trained OCOs can be trainers and mentors;

6. The project should seriously look into the issue of faulty/broken down equipment. A mini audit can give an accurate picture of the severity of the problem;
7. The high backlog of cataract operations needs to be attended to as a matter of urgency. This will reduce disappointments among patients who have been waiting for a very long time but will also encourage others to register for operations.¹³ The people who have successful operations can equally act as important ambassadors in more communities;
8. Consider having a business development officer to be recruited to manage the Vision Centre so that someone takes ownership of the developed plan and delivers on the planned targets and outputs for the centre;
9. Draw lessons from the strong partnership and commitment which the mission hospitals have towards outreaches and eye camps to apply to the manner with which the project relates with government health facilities; and,
10. In order to increase, particularly women's access to cataract surgeries, the project should seek to strengthen the pre-operation counselling sessions with patients to allay fears. If possible, some of the people who have undergone the surgery can be used to counsel others. The project is already offering transport for patients and women should be prioritised to get transported. The husbands or other family members can also be recruited by CHWs to participate in encouraging the patient to go for surgery or to mobilise financial resources for transport.

¹³ Understandably, the cataract surgeon at Mukinge was unwell for most of 2015, but efforts should still be made to clear the backlog

APPENDICES

Appendix 1: List of Interviewees

Name of interviewee	Position	Location	Type of Interview	Contact details/Address
Reshma Dabideen	Director of Programmes	Orbis CT	Telephonic/Skype	Reshma.Dabideen@orbis.org +27 11 781 0285
Eleanor McNab	Head of Programme Management	Orbis CT	Telephonic/Skype	Eleanor.McNab@orbis.org +27 21 447 7135
Karen Edwards	Director, VAO	Lusaka	Telephonic/Skype	karedwards100@hotmail.com , 0976300972
Generous Mukanga	Zambia Country Representative, Orbis	Ndola	Face to face	Generous.Mukanga@orbis.org +260 961 761 831
Moffat Shawa	Project Officer, Orbis	Solwezi	Face to face	Moffat.Shawa@orbis.org +260 969 624 251
Rachel Hamoonga Mafu	Former Accountant	Solwezi	Face to face	
Elias Mashilipa	OCO – SGH, Vision Centre Coord.	Solwezi	Face to face	963214282
Dr. Choonga	Prov. Medical Officer	Solwezi	Face to face	977120534
Dr. Lubinda	Prov. Head of Clinical Care	Solwezi	Face to face	967633615
Mumbuna	Prov. Snr Information Officer	Solwezi	Face to face	977491299
Dr. Chansa	Ophthalmologist SGH	Solwezi	Face to face	0975253351 0969908926
Chipeta	OCO - Urban Clinic	Solwezi	Face to face	967361883
Diana Longwani	ON, Kimasala RHC	Solwezi	Telephonic	
Fannwel Mususu	District Health Information Officer	Solwezi	Face to face	0975225093 0964046956
Ken Kisulo Daniel Mutemba Kanda Rodgers	- CHW - Nurse - Nurse Boma Clinic	Mufumbwe	Face to face	0978001192 0966456371
Boxen Mwape	Center in -charge, HAHC	Mufumbwe	Face to face	0977333405 0968518322
Jairos Fumpa	Mukinge Hospital Director/ Cataract Surgeon/OCO	Kasempa	Face to face	0955766855 0977779018
Sistone Kabaghe ON	ON	Kasempa	Face to face	965813829
Yubai Ngenda and Lingela Mubiana	Kasempa Urban Clinic	Kasempa	Face to face	0978859603
Felix Hambayi	Nurse, Nselauke RHC	Kasempa		
Adrian Chipilipili	Zambezi hospital - OCO	Zambezi	Telephonic/Skype	0968346828 0966481705
Dominic Liyungu	Chavuma hospital - OCO	Chavuma	Telephonic	
Duncan Chimbila	Mwinilunga Hospital - ON	Mwinilunga	Telephonic/Skype	0977921608/0955228575

Getrude Chiyangi Nurse	Nurse, Katyola RHC	Mwinilunga	Telephonic/Skype	974649977
Matride Mwelwa	Kalen Hospital - Ikelenge	Ikelenge	Telephonic/Skype	973775030
Oliver Chenga	Kabompo Hospital - OCO	Kabompo	Telephonic/Skype	969237474
Muwowo	Nkulwashi RHC -	Kabompo	Telephonic/Skype	965438002

Focus Group Discussion Interviewees at RHC

Kasempa Nselauke HC

NAME	POSITION
Agness Chisale	Lay counsellor
Golden Lusoma	Lay Counsellor
Felix Hambayi	Nurse Midwife (in charge)
Carol Chanda	CHW
Mathrine Sweta	Nurse

Mufumbwe Urban HC

NAME	POSITION
Kenneth Shikuzuze	CHW
Kawisha Wordsan	CHW
Charity Ilunga	SMAG
Willet Kasanga	CHA
Muntemba Daniel	EHT
Kenson Kisulo	CHW
Edith Zulu	CHW
Rogers Mukanza	

Kasempa Urban HC

NAME	POSITION
Lingela Mubiana	District Nutritionist
Augustine Sokotwe	Community volunteer
Briogwaya Emmanuel	Community volunteer
Malekano Renatus	Enrolled midwife
Kaleya	
Regina Mwandama	Enrolled mid wife

Mufumbwe HAHC

NAME	POSITION
Nasilele Namulana	Community Volunteer
Lydia Makashini	Community Volunteer
Richard fumpa	CHW
Vera Tailoshi	Community Volunteer
Med Samakai	Community Volunteer
Christopher Sambaka	CHW
Beauty Imomba	CHW
Mukanza Mbumba	Community Volunteer
Rebecca Mufunga	Community Volunteer
Boxen Mwape	Centre in Charge

Appendix 2: Project Budget Compared to Actual Expenditure as at 31st December, 2015

Description	Budget	Actual	Variance	
	\$	\$	\$	%
Applicant Organization costs				
Travel - Project Coordinator	7,628	7,711	(83)	(1)
Subtotal	7,628	7,711	-83	
Support to local implementing partners				
Salary Finance Clerk	20,545	20,879	(334)	(2)
Partner Travel Cost	8,592	8,555	37	0
Partner Office Cost	11,996	12,091	(95)	(1)
Partner Infrastructure Cost	70,519	70,568	(49)	(0)
Subtotal	111,652	112,092	-440	
Service Delivery Costs				
Hospital Based Cost				
Capital Equipment	268,245	268,245	(0)	(0)
Building Improvements	14,874	13,556	1,318	9
Drugs, Consumables, Small Equipment	14,601	14,600	1	0
Primary / Community based costs	-	0	-	-

Drugs, Consumables, Small Equipment	55,571	54,655	916	2
Mectizan, Vit A and Zithromax Distribution	37,437	35,194	2,243	6
Pen torches, snellen charts, low division devices, spectacles	50,770	52,091	(1,321)	(3)
Other direct eye care services	99,337	97,849	1,487	1
Subtotal	540,834	536,190	4,643	
Training				
Refractionist & optical technician training	42,925	42,925	(0)	(0)
Mid-level eye professionals / OCO training	20,445	22,095	(1,650)	(8)
Primary Health Care Workers training	34,443	34,527	(84)	(0)
Trainer Per Diems	7,630	7,630	0	0
Workshops	10,159	10,159	(0)	(0)
Subtotal	115,602	117,336	-1,734	
Communication – Advocacy and Community awareness				
Advocacy costs	14,134	14,246	(112)	(1)
Health Education Costs / IEC / BCC	33,665	34,192	(527)	(2)
Subtotal	47,799	48,438	-639	
M&E				
Monitoring	45,173	44,320	853	2
Monitoring Clinical Officers	26,526	26,893	(367)	(1)
Evaluations	7,500	7,105	395	5
Programme Support Officer: M&E	5,479	4,914	565	10
Subtotal	84,678	83,231	1,447	
TOTAL	908,192	904,998		

Appendix 3: National eye health situation in 2015 and expected situation by 2020

ITEM	CURRENT SITUATION	PROPOSED BY 2020
1. Cataract Surgical Rate (CSR)	732 per million population per year (the recommended minimum for Africa is 2000)	1500
2. Optical Workshops in GRZ and Mission Hospitals	15 (Mwami, Mansa, St. Paul's Mission Hospital, St. Francis, Mukinge Hospital, Kasempa, LEH, Lewanika, Ndola, Kasama, Livingstone, Chainama, Solwezi, KCH, UTH, Kabwe)	50
3. Prevalence of blindness	Estimated at 1% (150,000) – based on WHO estimates	Prevalence of blindness will be reduced to 0.5%
	Childhood blindness estimated at 0.9% per 1000 children (6700) – based on WHO estimates	Prevalence 0.5%
	Estimated 24,000 children need spectacles for refractive errors	
4. Main causes of blindness	Cataract (50%)	
	Trachoma (21%)	
	Glaucoma (15%)	
	Corneal opacities (12%)	
	Others (2%)	

Appendix 4: Terms of Reference

Saving Sight, Changing Lives: Reducing avoidable blindness by strengthening comprehensive eye care services in the North-Western Province of Zambia.

June 2016

Project Code	2304
Project Name	Saving Sight, Changing Lives: Reducing avoidable blindness by strengthening comprehensive eye care services in the North-Western Province of Zambia
Cost Centre	70
Country	Zambia
Cost Centre Director	Lene Øverland
Proposed Project Manager	Eleanor McNab
Partner(s)	Provincial and district health departments;

	Vision Aid Overseas (VAO) Ministry of Health National Office
Start and End Date	1 January 2013 to 31 December 2017
Total Estimated Budget in US \$	US \$: 1,250,000

1. Introduction and rationale for the evaluation

This term of reference (TOR) is designed for an independent mid-term evaluation of the Saving Sight Changing lives project. This evaluation forms part of the Orbis Africa strategic practice of ensuring that projects are adequately evaluated. The project is funded by Seeing is Believing Standard Chartered Bank and started in January 2013 with an expected end date of December 2017.

1.1 Project rationale

It is estimated that 140 000 people are suffering unnecessarily from blindness in Zambia. With an estimated prevalence of blindness as high as 1%; the most common blinding conditions are cataract (0.5%); trachoma (0.21%); glaucoma (0.15%) and corneal opacity (0.12%).

One of the biggest barriers to addressing avoidable blindness and providing eye health care for all is the critical shortage of competent well trained eye health workers. It is estimated that Zambia has less than 50% of the minimum number of ophthalmologists and allied eye health professionals required to meet the need. In the North West Province, specifically, while cataract is a leading cause of blindness, the cataract surgery rate in 2012 was fairly low at 446, which would not make ensure significant reductions in blindness for the Province. The reasons for the low cataract surgery rate, was mainly due to the lack of human resources, as the province did not have a full-time ophthalmologist. A visiting ophthalmologist based in Kitwe (three hours away) offered adult cataract service at Solwezi General Hospital (SGH) several times a year with district hospitals receiving outreach surgery services 1-2 times per year.

In addition, eye health services was not prioritised in the province and was not well integrated into the district health system at primary and secondary levels throughout the province.

At district hospitals, while staffing was adequate, with an ophthalmic clinical officer or ophthalmic nurse at each of the six district hospitals, most only practiced eye care 2 days per week due to additional responsibilities. Refraction services in the province was also limited to only readymade presbyoptic spectacles, with the exception of Mukinge Mission Hospital where there was limited glazing and dispensing services available. Without an appropriate supply chain system in place, there were often a lack of frames or lenses in stock. In addition there was little trachoma control work being implemented in the province. With regard to equipment and consumables for eye health, these were in short supply to provide quality eye health care at all levels.

1.2 Project strategy

The overall goal of the Saving Sight, Changing Lives project is to reduce avoidable blindness and visual impairment by developing comprehensive eye care service in the North-Western province of Zambia. The project is built in principle of access, affordability and partnerships.

Project objectives are:

1. Strengthen eye care service on primary, secondary and tertiary level to provide access to high quality eye health.
2. Strengthen the referral and follow-up path to ensure access to eye care services.
3. Reduce the prevalence of trachoma by training health care personnel to perform trichiasis surgery and to distribute Zithromax.
4. Work in partnership with other NGOs to strengthen existing refractive error and cataract service and to develop new refractive error and cataract service services in areas where none exist.

The project planned on implementing activities aimed at strengthening eye health services throughout the district health system, i.e at six district hospitals - in each of the provincial districts – as well as the estimated 130 rural health centres and the provincial hospital – Solwezi General Hospital.

Objective one aims to strengthen service delivery to provide quality eye care across the district health system – primary, secondary and tertiary levels.

The main **activities** contributing to achieve this objective is building the capacity of 420 staff at 130 rural health centres, 6 district hospitals and 1 provincial hospital through targeted training activities and the provision of equipment and consumables to ensure quality eye health services. The project trained ophthalmic clinics officers based at the district hospitals in each of the provinces districts, as train the trainers in primary eye health care who then rolled out the training to the rural health centres in their districts. In addition, the ophthalmic clinical officers also received regular refresher training. The project aimed to increase the number of adult cataract surgeries conducted at Solwezi General Hospital to increase the cataract surgical rate in the province from 446 at baseline to 1,405 by the end of the project by advocating for increased human resource capacity in the province as well as supporting periodic surgical outreach to district hospitals and ensuring the hospital has all equipment and consumables necessary to support cataract surgeries. In addition the project conducted hospital based training in cataract surgery for health staff at Solwezi General Hospital.

Objective 2 focuses on strengthening the referral and follow up path for access to eye care services and to increase access to eye health services

The **main activities** included the development of a referral pathway map and training for a minimum of 420 health care workers in the use of referral pathway, as well as support for outreach camps. In addition the project supported public awareness of eye health by integrating eye health into existing health awareness programmes and the use of facilitated film screenings to increase uptake of eye health services.

Objective three aims to contribute to a reduction in the prevalence of trachoma by training health care personnel to perform trichiasis surgery and to distribute Zithromax.

The **main activities** included support to ensure to 73740 people received 3 rounds of Zithromax in the province and training and equipment provision for health care teams to conduct trichiasis surgery. It should be noted that after the first year of implementation, it became clear that there was no need to provide training in trichiasis surgery as very few cases were found. This activity was therefore removed from the project plans.

Objective four focuses on developing partnerships to strengthen refractive error and cataract service. To develop new refractive error and cataract service in areas where none existed.

The main activities included a partnership with Vision Aid Overseas (VAO) to set up a vision centre at Solwezi General Hospital, provide training for two refractionists and two optical technicians and ensure systems were in place for the procurement of frames and lenses.

1.3 Project management arrangements

The project was managed in-country by a Programme Coordinator, together with an M&E Project Assistant and a Finance Officer in the first two and a half years of the project with management oversight provided by the Orbis Africa Cape Town Office.

As of June 2015, the project management structure changed. Overall project management is now the responsibility of the Zambia Country Representative who provides oversight for the three Orbis projects implemented in the country. The previous M&E Project Assistant was promoted to the position of Project Officer.

2. Purpose, scope and clients of the evaluation

2.1 Purpose

The Mid-Term evaluation assignment will analyse progress made towards achieving project outcomes, identify lessons learned, challenges faced and propose recommendations for improved delivery of outputs and achievement of the outcomes. The evaluation will also provide the opportunity to take stock, reflect, learn and share knowledge on lessons learnt and best practices which may have emerged during the project implementation thus far and facilitate improvements in the implementation of project activities in the last year of implementation.

The evaluation serves three main purposes:

4. It provides an independent assessment of progress to date of the project, assessing performance as per the foreseen targets and indicators of achievement at output level; strategies and implementation modalities chosen; partnership arrangements, constraints and opportunities; and
5. It provides lessons learnt and best practices emerging from the project in terms of strategies, institutional arrangements, partnership arrangements
6. Recommendations based on the findings of the evaluation team to improve the project activities in the remaining year of implementation

The primary use of the evaluation will be to document the best practices and lessons learnt which could inform models of programme implementation going forward and to provide recommendations for project improvement.

2.2 Clients

The main users of the evaluation will be the programme management of Orbis Africa. The main audience includes the programme management of Orbis Africa and the donor – Standard Chartered Bank Seeing is Believing.

2.3 Scope

The evaluation will be limited in scope, as a final evaluation will be conducted by the end of 2017. The focus of the evaluation will be on effectiveness, efficiency and progress to date, best practices and lessons learnt emerging. It will not be possible to include all stakeholders from all eight districts in this evaluation. Therefore a sample of districts could be considered for in-depth assessments or a combination of site visits for face to face interviews and telephonic interviews can be considered.

The evaluation will cover all outcomes of the project. The evaluation will assess key outputs produced since the start of the project and where relevant make recommendations regarding:

- Progress made towards achieving the project outcomes
- Quality of outputs in the project period
- Likelihood of reaching outcomes within the project period
- Internal and external factors that influence project implementation
- Management and coordination of the project, including staff management and financial management
- The extent of district health buy-in and participation in the project
- The extent of integration of eye health into the district health system

As this is a midterm evaluation, an in-depth assessment of the project impact on the lives of beneficiaries falls outside the scope of this evaluation.

3. Evaluation criteria and questions

As per Orbis Africa evaluation guidelines, the evaluation will focus on the following criteria:

- Relevance and validity of design
- Effectiveness
- Efficiency
- Effectiveness of project arrangements
- Lessons learned

These are the proposed evaluation criteria and questions, which may be adapted by the evaluator with the project agreement.

The following **key questions** should be answered by the evaluation:

1. Relevance and validity of design

- a. To what extent are the objectives of the project consistent with beneficiaries' requirements, and relevant to country needs, global priorities and partners?
- b. Does the design have to be modified at all during the second half of the project?

2. Effectiveness

- a. Is the project making sufficient progress towards its planned objectives and outputs?
- b. To what extent are the outputs produced and delivered so far are satisfactory (stakeholders should be interviewed to gauge how they perceive them)?
- c. What are the main constraints, problems, and areas in need of further attention?
- d. Are there any unintended results of the project?
- e. What internal and external factors may have influenced the ability of the project to meet the project targets?
- f. Are the relevant stakeholders involved in an appropriate and sufficient manner?

3. Efficiency

- a. Have the available technical and financial resources been adequate to fulfil the project plan and were resources used efficiently?
- b. Have project funds and activities been delivered in a timely manner?
- c. How was human resources within the Ministry of Health planned and resourced to support the project and what are the ministry's' ongoing HR plans?

4. Effectiveness of project arrangements

- a. Have the management and governance arrangements of the project been adequate; is there a clear understanding of roles and responsibilities?
- b. Does the project management facilitate good results and efficient delivery?

5. Lessons learned

- a. What good practices can be learned from the project that can be applied in possible future phases and to similar future projects, especially related to:
 - i. The potential lessons learnt regarding the integration of eye health into primary and district levels
 - ii. How well the data collection system and relationship with district information system and officer worked, the challenges and advantages and process that was followed
 - iii. The partnership and relationship with the ministry of health at a district and provincial level
 - iv. Assess the sustainability of the project

4. Methodology

The suggested methodological approach and design for the evaluation is presented below. The evaluator may adapt the methodology, but any fundamental changes should be agreed between the evaluation manager and the evaluator, and reflected in the final evaluation design.

The evaluation will be carried out through a desk review, telephonic consultations with Orbis Africa Cape Town staff and a site visit to the North West Province, Solwezi district and the surroundings, for consultations with Orbis Africa Zambia staff and key stakeholders such as district and primary health officials. Additional telephonic interviews with stakeholders based geographically far from Solwezi district.

The draft evaluation report will be shared with a select group of key stakeholders requesting for comments within a specified timeframe. The evaluator should seek to apply a variety of evaluation techniques – desk review, meetings with stakeholders, field visits and interviews (face to face and telephonic) and/or focus groups.

The following key stakeholders should be included in the evaluation design:

- Orbis Africa Cape Town staff
 - Director of Programmes
 - Head of Programme Management
- Orbis Africa Zambia staff
 - Zambia Country Representative
 - Project Officer
 - Finance Officer
- District health personnel
 - Ophthalmic Clinical Officers/Ophthalmic Nurses at selected district hospitals
 - A sample of Primary Health Care Workers at Rural Health Centres
 - Ophthalmologist
 - Cataract surgeon
 - Relevant staff at the Solwezi Vision Centre
- VAO partner
- Ministry of Health
 - Provincial Medical Officer
 - Head of Clinical Care
 - Senior Information Officer

The following sources of information will be available:

- Pre and post test data from trainings
- Project plan and logframe
- Quarterly and bi – annual project reports
- Zithromax distribution reports

4.1 Proposed evaluation design

Desk Review

A desk review will analyse project and other documentation provided by the project. The desk review will suggest a number of initial findings that in turn may point to additional or fine-tuning of the evaluation questions. This will guide the final evaluation design and data collection instruments, which should be finalized in consultation with the evaluation manager. The evaluation team will review the documents before conducting any interviews.

Interviews with Orbis Africa staff in Cape Town and Zambia

The evaluation team will undertake interviews with relevant Orbis Africa staff in Cape Town and Zambia. The interviews with the Orbis Africa Cape Town staff will take place telephonically, with the Director of Programmes and the Head of Programme Management and should take place prior to visiting the project site. Before meeting with any project stakeholders, the evaluator should interview the Orbis Africa Zambia staff including the Zambia Country Representative; Project Officer; Finance Officer.

Interviews with project stakeholders during the site visit

The evaluator will conduct interviews with relevant staff at Solwezi General Hospital, key provincial health officials and a sample of ophthalmic clinical officers and rural health workers.

Following the interviews with key stakeholders, the evaluator should conduct a debriefing session with the Country Representative and Project Officer.

Telephonic interviews

The evaluators should conduct telephonic interviews with a representative of Vision Aid Overseas and ophthalmic clinical officers, who could not be interviewed in person, due to the travel distances within the province

5. Main deliverables

There are three main deliverables:

- Deliverable 1. Final proposal and data collection instruments
- Deliverable 2. Draft evaluation report
- Deliverable 3. Final evaluation report with executive summary

The following structure should be followed for the draft and final evaluation report:

- Title page
- Table of contents
- Executive summary
- Body of Report:
 - Project background
 - Evaluation background
 - Methodology
 - Main findings (according to the evaluation criteria and questions)
- Conclusions:
 - Lessons learned
 - Emerging good practices
- Recommendations
- Appendices

6. Timelines

The following is a schedule of tasks and anticipated duration of each output. The first draft report will be sent to the M&E Manager by the 7 September 2016, who will circulate it to the relevant stakeholders for comment. A final report will be completed by 16 September 2016, taking into account the comments received.

Activity										
	July	July	July	July	August	August	August	August	Sept	Sept
Proposals submitted 6 July										
Selection of evaluator(s) 14 July										
Contract signed 18 July										
Briefing telephonic meeting (½ day) 21 July										
Desktop review (1 ½ days) 25-26 July										
Final evaluation design and instruments (1 day) 29 July										
Telephonic interviews with Orbis Africa Cape Town staff (1 day) 10 August										
Interviews with Orbis Africa Zambia staff and site visits (4 days) 15-18 August										
Telephonic interviews (1 day) 22 August										
Submission of draft report (6 days) 7 September										
Comments on draft report 12 September										
Submission of final evaluation report (2 days) 16 September										

7. Management arrangements for the evaluation

- The evaluator will report to the evaluation manager (Chantel Le Fleur-Bellerose) who will conduct a briefing, ensure the evaluator has the project documents to perform the desk review and will coordinate submission of comments on the relevant deliverables. All deliverables should therefore be submitted to the evaluation manager. She will also liaise with the Project Officer regarding all logistical arrangements.
- The Head of Programme Management will be responsible for contractual arrangements and release of payments on the advice of the evaluation manager regarding the satisfactory completion of deliverables.
- The Project Officer will be responsible for all of the logistical arrangements including travel arrangements for site visits and arrangements of interviews ensuring the M&E Manager is informed on these arrangements.

8. Key competencies of the evaluator

The evaluator or evaluation team should have the following qualifications and experience:

- Masters Degree in monitoring and evaluation, social sciences or related graduate qualifications
- A minimum of five years of professional experience in evaluating in mid-term and/or final evaluations and/or impact assessments of externally funded projects
- Experience with logical framework approaches, M&E methods and approaches, data analysis and report writing
- Knowledge of health and eye health issues (would be advantageous)

Appendix 5: Data Collection Tools Used for the Evaluation

QUESTIONNAIRE FOR ORBIS CAPE TOWN STAFF

(Director of programmes and head of programmes)

ORBIS AFRICA

Mid Term Evaluation of Saving Sight, Changing Lives:

**Reducing avoidable blindness by strengthening comprehensive eye care services in the
North-Western Province of Zambia**

Respondent..... Date.....

Sphere	Question	Response
Relevance and Design	What were the specific needs or issues in the North Western Province the project aimed to alleviate/deal with (low cataract surgery volumes/low access to eye health services)	
	Are the beneficiary needs still aligned with project objectives? What has changed with the original design that should be taken into account? (probe for specific changes highlighted from project data).What has the project done to address this or what could be done in the final phase of the project to address this?)	
Effectiveness	What have been the major successes of the project? (probe: increased access to eye health services at all levels? and cataract surgery? Partnerships?)	
	What challenges has the project encountered?	
	How engaged has Standard Chartered Bank staff been in the operational elements of the project?	
Efficiency	What kind of support does the Cape Town office provide to the project? Has the support been beneficial, how so and in what ways can it be improved if at all?	
	How has the model of having a Cape town team, Country team and MOH key players worked? What, if any challenges has been encountered and how have these been dealt with?	
	Have sufficient financial and human resources been allocated to the project given the scale of work involved?	
	How have you ensured that the management of the project facilitates good results and efficient delivery?	
Lessons Learnt and best practices	What has been the key lessons or best practices for this project? What enabled these? Also what should I explore in relation to these in my next interviews?	

Recommendations	What needs to be done to improve the project outcomes?	
Any other	Is there any other useful information that would benefit the project you would like to share?	

QUESTIONNAIRE FOR ORBIS COUNTRY OFFICE STAFF
(Respondents: Country Rep, project officer and accountant)

ORBIS AFRICA

Mid Term Evaluation of Saving Sight, Changing Lives:

Reducing avoidable blindness by strengthening comprehensive eye care services in the North-Western Province of Zambia

Qualitative Questionnaire for Country Rep and Project Officer (Joint)

Respondent..... Date.....

Sphere	Question	Response
Relevance and Design	To what extent are the objectives of the project consistent with beneficiaries' requirements, and relevant to country needs, global priorities and those of partners?	
	Does the design have to be modified at all during the second half of the project?	
Effectiveness	Is the project making sufficient progress towards its planned objectives and outputs? What progress has been made for each of the objectives?	
	To what extent are the outputs produced and delivered so far satisfactory? How do you gauge the quality of these outputs?	
	What are the main constraints, problems, and areas in need of further attention?	
	Are there any unintended results/outcomes of the project?	
	What internal and external factors may have influenced the ability of the project to meet the project targets? What role did key stakeholders (MOH, OCOs, VAO) playing influencing achievement of targets?	
	Are the relevant stakeholders involved in an appropriate and sufficient manner? How have the partners been involved in the various	

	<p>stages – design and implementation thus far? Any important lessons that can be learnt from this model?</p>	
Efficiency	<p>Have the available technical and financial resources been adequate to fulfil the project plan and where resources used efficiently? Why do you say so?</p>	
	<p>Have project funds and activities been delivered according to the developed workplan/schedule? What factors facilitated this?</p>	
	<p>How were the human resources within the MOH mobilised and resourced to support the project and what are the ministry's' ongoing HR plans in relation to this project? <i>Explore the HR (ophthalmologist who was appointed and how this helped achieve project objectives at the start of the project. Is the person still providing services? Is there enough staff and what are the MoH plans around this?</i></p>	
Effectiveness of project arrangements	<p>Have the management and governance arrangements of the project been adequate? Is there a clear understanding of roles and responsibilities?</p>	
	<p>Does the project management facilitate good results and efficient delivery?</p>	
Lessons Learnt	<p>What good practices can be learned from the project that can be applied in possible future phases and to similar future projects, especially related to:</p> <p>b. The potential lessons learnt regarding the integration of eye health into primary and district levels</p>	
	<p>c. How well the data collection system and relationship with district information system and officer worked, the challenges and advantages and process that was followed</p>	
Partnerships	<p>What is your view of the existing partnerships and relationships with the MOH at a district</p>	

	and provincial level and with VAO and other NGOs	
Sustainability	What is your assessment of the sustainability of the project in the remaining phase and the period after it comes to an end? <i>What are the key areas which needs to be focused on in terms improving sustainability (probe: Human Resources, the Vision Center)</i>	
Recommendations	What needs to be done to improve the project outcomes?	
Any other	Is there any other useful information that would benefit the project you would like to share?	

ORBIS AFRICA

Mid Term Evaluation of Saving Sight, Changing Lives:

**Reducing avoidable blindness by strengthening comprehensive eye care services in the
North-Western Province of Zambia**

Quantitative Questionnaire for Country Rep and Project Officer and Donor Reports

Respondent..... Date.....

Question	Response	Target	Evaluator Comment/Additional info
How many health care workers have been trained in eye care since the project started?			
How many OCOs have undergone TOT since start of project?			
Number of new OCOs trained?			
Number of OCOs received refresher training?			
How many targeted RHCs have been provided with equipment and consumables? <i>(Ask for schedule of quantities, physically check during visit)</i>			
How many targeted district hospitals have been provided with equipment and consumables? <i>(Ask for schedule of quantities, physically check during visit)</i>			
Was equipment provided to SGH for cataract surgery? <i>(physically check and document)</i>			
How many people have been screened for cataracts across the 6 districts to date?			
How many people have undergone eye surgery to date?			
What has been the change in CSR across the NWP?			

How many hospitals and RHCs are using the referral pathway developed? How many referrals did they make?			
How many people have received the first 2 rounds of Zithromax?			
What is the current TT prevalence rate? (provincial secondary data)			
How many people have undergone re-operations (from among those operated on)			
What is the active trachoma rate amongst 1-9 year olds? (provincial secondary data)			
How many refractionists have been trained through the project?			
How many optical technicians have been trained through the project?			
Has a Vision Centre been set up at Solwezi General Hospital? (Verify and document)			
Have procurement systems been developed? How has been the supply of frames and lenses?			
How many pairs of spectacles have been dispensed to those needing them?			

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Mid Term Evaluation of Saving Sight, Changing Lives:

Reducing avoidable blindness by strengthening comprehensive eye care services in the North-Western Province of Zambia

Questionnaire for Project Accountant

Broad Question Areas	Response
Describe the financial arrangements within the project? How do these arrangements facilitate or hinder your work?	
Are the funds allocated for implementation of the project adequate to support the achievement of objective?	
How is the reporting on funds utilised conducted? What role do you play?	
Are project audits conducted as and required/as planned? Have there been any significant audit queries raised? How have these been addressed? <i>Check management letters</i>	
Verify the adequacy of financial records and systems	
Do all budget variations have authorisation from the donor?	
Are there other funders of the project besides SIB?	
What are the good practice elements that the project is utilising which engender the prudent utilisation of financial resources?	
What are the major finance related challenges that the project is facing?	
Is the project compliant regarding the payment of all statutory payments (PAYE, NAPSA, ANNUAL RETURNS) Verify	

QUESTIONNAIRE FOR PROVINCIAL MOH STAFF

(Respondents: P M O, Head Of Clinical Care, Snr Info Officer, Ophthalmologist, Cataract Surgeon)

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Mid Term Evaluation of Saving Sight, Changing Lives:

Reducing avoidable blindness by strengthening comprehensive eye care services in the North-Western Province of Zambia

Qualitative Questionnaire

Respondent..... Date.....

Sphere	Question	Response
Relevance and Design	PMO and Head Clinical Care: What are the country and global needs in eye health? How has the work of Orbis supported this in the NWP?	
	Cataract Surgeon: What are the province's needs in eye health? How has the work of Orbis supported this in the NWP?	
	ALL: To what extent are the objectives of the project (explain them) consistent with beneficiaries' requirements?	
Effectiveness	What has been the key successes of the work Orbis has supported in NWP. Describe these successes?	
	What are the main constraints, problems, and areas in need of further attention in terms of eye health in NWP? How can Orbis support these in future?	
	What factors do you think contributed to the achievement of these successes?	
	Do you think all relevant stakeholders are involved in an appropriate and sufficient manner? What has contributed to this?	
Efficiency	What kind of support does your office provide to the project?	
	Have sufficient and human resources been allocated to eye health services in NWP?	

	How has are the human resources within the MOH been planned and resourced to support eye health?	
Lessons Learnt	What good practices can be learned from the project that can be applied in possible future phases and to similar future projects, especially related to the potential lessons learnt regarding the integration of eye health into primary and district levels?	
Partnerships	What is your view of the existing partnerships and relationships between your office and the project? With other NGO stakeholders in the sector?	
Sustainability	What is your assessment of the sustainability of the project in the remaining phase and the period after it comes to an end? What has Orbis and the MoH been doing to date to ensure sustainability? What needs to be done to ensure sustainability?	
Recommendations	What needs to be done to improve the work Orbis does? Do you have any recommendations for Orbis to improve the work they are doing?	
Any other	Is there any other useful information that would benefit the project you would like to share?	

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Mid Term Evaluation of Saving Sight, Changing Lives:

**Reducing avoidable blindness by strengthening comprehensive eye care services in the
North-Western Province of Zambia**

Quantitative Questionnaire for Provincial Information Officer

Respondent..... Date.....

Question	Response	Evaluator Comment/Additional info
What role do you play in information gathering and collation specific to eye health indicators?		
How does your work intersect with the eye health interventions conducted by Orbis?		
What have been the benefits of the collaboration with Orbis with regards to data on eye health?		
What have been the challenges the partnership has faced?		
<i>If available, please provide aggregated figures for the following indicators</i>		
How many people have been screened for cataracts across the 6 districts since the Orbis project started?		
How many people have undergone eye surgery across the 6 districts since the project started?		
What has been the change in CSR across the NWP since the project started?		
What is the provincial TT prevalence rate?		
What is the active trachoma rate amongst 1-9 year olds?		

**QUESTIONNAIRE FOR OCOS AT SIX BENEFICIARY
DISTRICT HOSPITALS**

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Mid Term Evaluation of Saving Sight, Changing Lives:

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North-Western Province of Zambia**

Qualitative Questionnaire for OCO

Respondent..... Date.....

Sphere	Question	Response
Relevance and Design	What are the eye health needs in your district and NWP? To what extent has the work of Orbis supported the response to felt needs of beneficiaries?	
	What are the predominant eye health problems that you attend to?	
	What can Orbis do to further support eye health in the district?	
Effectiveness	Are you a beneficiary of Orbis' OCO training support?	
	What are some examples of success achieved in terms of eye health in the past 3 years at this health facility?	
	What are the main constraints, problems, and areas in need of further attention?	
	What internal and external factors that may have influenced the ability to respond to eye health needs?	
	How are the beneficiaries involved in the project? How do they perceive the quality of service? (probe for payment for services, availability and adequacy of staff, etc)	
Efficiency	What is your primary role and responsibility at this hospital? How does Orbis support your work? Are you	

	content with this support? How can it be improved?	
	How many people and who have you trained in eye health since you started collaborating with Orbis?	
	How efficient is the current implementation model? (describe if not understood)	
	Have sufficient financial and human resources been allocated to the project given the scale of work involved? What are these resources?	
	What kind of information does an OCO provide to the Orbis project team? To the DMO? Is it always provided as required? Why?	
	How is the information that you provide used to further improve quality of eye health services?	
	How supportive is the District Health Office and the hospital management towards the project and the work of the OCO?	
Effectiveness of project arrangements	Do you clearly understand your roles and responsibilities in relation to the Orbis project? Do you think that the efforts Orbis is making in eye health have been sufficiently owned by the hospital and district health management?	
Lessons Learnt	What good practices can be learned from the project that can be applied in possible future phases and to similar future projects?	
Sustainability	What elements of the project will enable it to be sustainable in the remaining and after end of project phase? What else needs to be done to make it sustainable?	

Recommendations	What needs to be done to improve the eye health outcomes achieved thusfar?	
Any other	Is there any other useful information that would benefit the project you would like to share?	

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Mid Term Evaluation of Saving Sight, Changing Lives:

**Reducing avoidable blindness by strengthening comprehensive eye care services in the
North-Western Province of Zambia**

Quantitative Questionnaire for OCO

Respondent..... Date.....

Question	Response	Evaluator Comment/Additional info
Have you undergone any TOT since 2013 facilitated by Orbis? How many people did you train after the ToT? Explain how the training helped you and the trainees in your eye health interventions		
Have you since had some refresher training? Who provided the training?		
What training and follow-up on-site training have you received in refraction? How has this assisted you in your work and services you can provide?		
How many people have been screened for cataracts at this hospital since 2013? <i>(physically check records)</i>		
How many people have undergone eye surgery at this hospital since 2013? <i>(physically check records)</i>		
Were you trained in using a referral pathway in the Orbis training? Are you (this hospital) using the referral pathway? Describe how		
How many referrals have you made since 2013?		

**QUESTIONNAIRE FOR PRIMARY HEALTH CARE WORKERS
(F G D)**

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Mid Term Evaluation of Saving Sight, Changing Lives:

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Qualitative Questionnaire FGD

Respondent..... Date.....

Sphere	Question	Response
Relevance and Design	Of what relevance is the eye health intervention to the needs of the people around this RHC?	
Effectiveness	What are some examples of success achieved by the project at this RHC? How many people have benefitted? How?	
	What are the main constraints, problems, and areas in need of further attention?	
	How are the beneficiaries involved in the project?	
	How do they perceive the quality of service? <i>(probe for payment for services, availability of staff, gender dimensions, accessibility, awareness raising, etc)</i>	
	How many people were trained at this facility by the project in eye care since 2013?	
	How many (outreach) screenings have been conducted since 2013 at this RHC? How many people benefitted?	
Efficiency	Have any awareness activities been conducted on eye related problems in the communities around the RHC? Who conducts them? How are they conducted? How many since 2013?	
	What is the role of the RHC in the project?	

	How efficient is the current implementation model? (describe if not understood)	
	Have sufficient financial and human resources been allocated to the project given the scale of work involved?	
	How supportive is the District Health Office and the local district hospital's OCO towards eye care services at this RHC?	
Effectiveness of project arrangements	Do you clearly understand your roles and responsibilities among stakeholders? Is there ownership of the project by the community and the RHC's management?	
Lessons Learnt	What good practices can be learned from the project that can be applied in possible future phases and to similar future projects?	
Sustainability	What needs to be done to ensure sustainability of the project in the remaining phase and the period after it comes to an end? What is the project already doing that supports sustainability?	
Recommendations	What needs to be done to improve the project outcomes?	
Any other	Is there any other useful information that would benefit the project you would like to share?	

**QUESTIONNAIRE FOR COORDINATOR AT SOLWEZI
VISION CENTRE**

ORBIS AFRICA

Mid Term Evaluation of Saving Sight, Changing Lives:

**Reducing avoidable blindness by strengthening comprehensive eye care services in the
North-Western Province of Zambia**

QUESTION	RESPONSE
Why was the vision centre set up? What was the need in North Western province?	
When was the vision centre set up?	
What kind of services are offered by the centre?	
Who supports the services offered by the centre?	
How many optical refractionists/optical technicians work at the center? <i>(probe for consistent availability and accessibility)</i>	
How many spectacles have been distributed to people referred to the centre since 2013? What is the average distribution rate per annum?	
How many spectacles are in stock currently?	
How do most people that request for spectacles know about the services provided by the centre?	
What are the major successes of the centre?	
What are the major challenges?	

What needs to be done to improve the quality of services?	
Explore sustainability and projected ongoing revenue	

**QUESTIONNAIRE FOR VISION AID OVERSEES
(Lusaka Interview with Karen Edwards)**

Question	Response
What is the mission of VAO and the focus of VAO's work in Zambia?	
What was the purpose of VAO's collaboration with Orbis in North Western Province?	
How would you describe the nature of this collaboration? (probe for level of involvement, consultation, participation, review, etc)	
What have been the key achievements of the collaboration over the last 3 years?	
What are the key lessons of the collaboration?	
What areas could have been improved upon?	
What are your thoughts on the sustainability of the Vision Centre after this project ends?	
What recommendations can you give Orbis that would help improve the quality of outcomes?	

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