

Project Name and Number	<i>Seeing is Believing: Combatting Blindness in Peru, 3035-MYP</i>
Project Location	Peru
Partner organizations	<ul style="list-style-type: none"> - Asociación Civil Divino Niño Jesús (DNJ) - Fundación Oftalmológica del Norte (FON) - Fundación de Lucha contra la Ceguera (FUNDAR) - Centro Comunitario Oftalmológico Maranata (CECOM) - Centro Oftalmológico Monseñor Enrique Pelach (COMEP) - Instituto de Prevención y Rehabilitación Oftalmológica de la Selva (IPROS)
Project Start and End Date	July 2014 – December 2017 ¹
Total Project Cost	USD 1,206,723
Aim of the evaluation	<ul style="list-style-type: none"> • Identify and evaluate whether the strategies used by partners to recruit patients have been effective. • Evaluate the organizational capacity of the partners for the implementation of the different trainings at the medical, administrative and community level
Type of evaluation (intermediate, final)	Final
Implementing organization and contact person	CBM LARO, Jorge Luis Sánchez
Full name and organizations of the evaluation team members	Dr. Pedro Pablo Perea (Colombia)
Basic methodology	External evaluation of the project by using qualitative criteria
Evaluation Visit Dates	November 24 - December 2 2017
Recipient of the evaluation final report	The results of this evaluation will be shared with CBM, Standard Chartered's Seeing is Believing programme, Cluster partners and the Project Coordination Office in Peru
Date of report submission	1st August, 2018

¹ The approved Variation Letter of 2016 provided a no-cost extension of the project until June 2018.

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LIST OF ABBREVIATIONS AND ACRONYMS

CBM	Christian Blind Mission
CECOM	Centro Comunitario Oftalmológico Maranata (Maranata Eye Community Centre)
COMEP	Centro Oftalmológico Monseñor Enrique Pelach (Monseñor Enrique Pelach Eye Community Centre)
DIRESA	Dirección Regional de Salud (Regional Health Directorate)
DNJ	Clínica Divino Niño Jesús (Divino Niño Jesús Clinic)
FON	Fundación Oftalmológica del Norte (Eye Foundation of the North)
INO	Instituto Nacional de Oftalmología (National Eye Institute)
IROS	Instituto de Prevención y Rehabilitación Oftalmológica de la Selva (Institute for Eye Prevention and Rehabilitation of the Forest)
IRO	Instituto Regional de Oftalmología (Regional Eye Institute)
MIDIS	Ministerio de Desarrollo e Inclusión Social (Ministry of Development and Social Inclusion)
MINDEF	Ministerio de Defensa (Ministry of Defense)
MININTER	Ministerio del Interior (Ministry of the Interior)
MINSA	Ministerio del Salud del Perú (Peruvian Ministry of Health)
NGO	Non-governmental organization
RAAB	Rapid Assessment of Avoidable Blindness
SiB	Seeing is Believing

MAP OF PROGRAMME AREAS



The map above shows the regions where the six base hospitals of the partners are located.

The program has worked in 13 out of the 24 regions in Peru. Lima, Loreto, Ica, Arequipa, Cusco, Puno, Apurímac, Piura, Lambayeque, Tumbes, La Libertad, San Martín and Amazonas (all shaded regions).

1. Lima – Population of 8.4 million inhabitants, of which 7.5 million live in the capital city.
2. Loreto – One of the areas with the least population density of Peru, with 890,000 inhabitants.
3. Ica – Population: 755,000 inhabitants
4. Arequipa – Population: 1.15 million inhabitants.
5. Cusco – Population: 1.7 million inhabitants.
6. Puno – Border with Bolivia in the east; 70% of the territory of the region is composed of the Andes mountain range; population: 1.3 million inhabitants.
7. Apurímac – One of the four poorest regions with one of the highest percentages of extreme poverty nationwide; population: 404,000 inhabitants.
8. Piura – Population: 1.6 million inhabitants.
9. Lambayeque – Population: 1.1 million inhabitants
10. Tumbes – Border with Ecuador; population: 200,000 inhabitants
11. La Libertad – Home of Trujillo, the third largest city in Peru; population: 1.6 million inhabitants
12. San Martín – Northern part of the Amazonian rainforest; population: 728,000 inhabitants.
13. Amazonas – Border with Ecuador; comprises above all, the tropical forest and is the sixth poorest region of Peru; population: 376,000 inhabitants.

0. EXECUTIVE SUMMARY

The final evaluation of the Seeing is Believing: Combatting Blindness in Peru programme aimed to:

- identify and evaluate if the strategies used by the partners to identify patients have been effective;
- to evaluate the staff and the organizational capacity of the partners for the implementation of the different trainings at medical, administrative and community level;
- to collect information for a case study on the sharing of data between partners in the programme (this has been analysed separately).

Visits were made to four partner organisations within the programme cluster, using a methodology of in-depth face-to-face interviews with managers, doctors, and personnel who provided and received training for the development of counselling and community activities. For the two remaining partners, interviews were conducted on Skype with their service centres directors.

0.1 Effectiveness of the strategies used by the partners to identify patients

The evaluation examined the following questions related to identifying patients and converting them to undergo the relevant surgery:

- Which strategies have been implemented by partners to attract more patients?
- Have the strategies to attract patients been effective?
- Have the strategies to attract patients been used to increase the number of cataract surgeries?

Strategies used to identify patients included the creation of community work networks and the performance of successful community campaigns. Partners improved their information systems, which facilitated continued follow-up of patients. They consolidated counselling work to overcome barriers to undergoing surgery once prescribed. To overcome economic barriers, they worked to increase their funding for subsidies and to improve the allocative efficiency of subsidies. Concerns about the outcomes of surgery were addressed through increasing the quality of surgery.

The evaluation found that:

- The structuring and organization of activities, combining improved medical care, community outreach work, and counselling activities, contributed to the increase in the number of cataract surgeries partners were able to perform during the course of the programme. Data collected by the centres provide evidence that the increased follow-up to patients and improved data collection systems in the counselling departments facilitated an increase in the volume of procedures carried out per year by more than 30%.

- The improved management of information by partners has provided data to track the efficiency and effectiveness of individual medical and administrative staff members.
- Training provided through the programme is key to the success of these strategies. For example, the training provided to community members facilitated the development of successful campaigns to identify patients.
- The weaknesses of the strategies to identify patients were mainly caused by factors outside the scope of partner activities.

0.2 Impact of the training provided

The evaluation examined the following questions related to training provided by the programme:

- Have the project's medical assistance trainings (doctors and operating theatre staff) increased the number of cataract surgeries and/or their quality?
- Have the project's management trainings and IT development improved partners' operational and financial capacity?
- Have the project's community training reduced cultural myths about cataract surgery? Have these trainings positioned partners as safe and reliable organizations for eye health care?

Training was provided to ophthalmologists, ophthalmological assistants, counsellors, community promoters, community health workers, and administrative staff, as well as maternal and child health (MCH) workers of the Ministry of Health. All but one target for training for these groups was met or exceeded.

The evaluation found that:

- Through staff training for partners, there were improvements in the cost structure, operational efficiency, and effectiveness of the cataract surgery program.
- Quality in patient care was achieved while improving efficient time and resource use for surgery. In December 2017, 87% of the 17,726 cataract surgeries achieved visual acuity outcomes of 6/18 or better.
- The establishment of community health work has contributed to the sustainability of these changes.
- Some partners have established self-training mechanisms (with more experienced staff training new staff) that are equally important as the training delivered through the project.

0.3 Conclusions

Conclusions have been grouped according to the four criteria used for the evaluation.

Efficiency

Through improvements to partner administrative processes and software, more effective decision-making has been possible, leading to improved service provision and more efficient processes for patient management. Further customisation is required for some partners to realise additional efficiency gains.

The increase in the volume of cataract surgeries performed through expanded community work and effective counselling, as well as the provision of training, had an impact on efficiency. With higher volumes of surgery, staff become quicker and more efficient at performing surgery, and human and physical resources were utilised with greater efficiency. This contributed to reduced costs of surgery.

Effectiveness

The commitment of the partners to participate in planning and to deliver timely and prompt information to the project's coordination team was important for effectiveness, facilitating regular and systematic review of achievements against project targets by the project's coordination team, analysis of issues and the creation of action plans to improve achievements.

The counselling and community outreach work in each centre over the past two years has been key to growth and sustainability, resulting in an increase in the volume of patients, which has strengthened the skills and abilities of trained professionals to improve the quality of surgeries. The quality of life of many patients has improved as a result of receiving high quality surgery, for both younger and older individuals; this has motivated staff and encouraged patients to undergo surgery when prescribed.

Support from networks that include community leaders, state hospitals, church organizations and other NGOs have contributed to the success of the programme, by collaborating in the planning and implementation of activities.

Sustainability

It is not possible before the end of the programme to evaluate with certainty the sustainability of the project; however, there are a number of factors that can be examined to indicate the likelihood of project sustainability.

The following elements of the project appear to have been key drivers of sustainability: strengthening processes and procedures, departments, planning, impact measurement, and information systems; putting in place basic technology for administrative processes; identifying and sharing best

practice; gaining experience through increased surgery volumes; and strengthening a network of stakeholders.

The training and coaching provided to the members of the Cluster at medical and administrative levels have also been an important factor in the sustainability in the project's activities.

Partners are keen not to reduce the volume of cataract surgeries performed by the clinics, because of the potential negative effects on sustainability.

The ability to do this depends on the financial sustainability of the partner organizations. Partners are optimistic about the potential to generate other sources of income to continue the financing of low-cost surgeries. They will seek to do this through their own subsidies (from the private activity of the clinics²), subsidies for specific projects, and being efficient with the use of the resources. These techniques have been learned through attending a fundraising workshop organised by this project and part-funded by partners.

0.4 Recommendations and Lessons

A number of recommendations and lessons were identified by the evaluator in conjunction with senior staff at partner organisations:

- Mapping of the internal and external conditions is required when joint projects are submitted, so that when the project is approved, plans can be finalised based on the reality of the context. Health care provision must continue to be carried out in ways that are adapted to the conditions of the social, economic and cultural context of each facility.
- To maintain the expertise and ensure the effective development of each partner, training processes, whether internal (new or refresher training) or external, should be part of the regular activities planned in each institution. Assessing the capacity of partners in terms of human resources and physical infrastructure is important to ensure increased demand generated through project activities does not outstrip supply.
- The work with the community established or expanded under the project should continue as a pillar of sustainability to achieve wide coverage in cataract surgery. Consolidating community work and counselling activities, and establishing processes related to these areas of work during the project, was fundamental for institutional growth.
- The databases and information systems, essential for effective patient follow-up, should continue to be strengthened and further customised where necessary, as these facilitate efficient

² Income generation through own subsidies is not applicable for DNJ and COMEP, since both partners are non-profit organizations.

administrative processes, effective implementation, and the monitoring of quality in clinical processes.

- It is important to collect records about the experiences and changes in quality of life that occur because of community outreach and treatment, as evidence to support the impact of getting treatment and to validate the importance of community outreach.
- Strengthening networks among eye care providers and building alliances with non-governmental organizations and the community, make partners' work more visible and are positive for sustainability. The programme has also highlighted the importance of the participation of governmental agencies in logistics, follow-up, data sharing and engaging with key eye care actors to advocate for the improvement of eye care services in Peru, in addition to strengthening the national information systems.
- The services of each partner must take into account people with disabilities when providing their services so that there are no barriers to accessing the care they require.

1. OBJECTIVES AND SCOPE OF THE EVALUATION

The aim of this evaluation is to explore:

- i) whether the strategies established by the project to recruit patients were effective to increase the volume of cataract surgeries; and
- ii) whether for each of the partner organizations, the training component generated an impact on organisational capacity and enabled the project to be sustainable financially and socially.

As well as these aims, the evaluation also explored learning from the programme related to data sharing and transparency in the handling of information amongst members of the programme cluster. Findings related to this area will be analysed separately.

The main evaluation questions addressed were the following:

- Which strategies have been implemented by partners to attract more patients?
- Have the strategies to attract patients been effective?
- Have the strategies to attract patients been used to increase the number of cataract surgeries?
- Have the project's medical assistance trainings (physicians and operating theatre staff) increased the number of cataract surgeries and/or their quality?
- Have the project's management trainings and IT development improved partners' operational and financial capacity?
- Have the project's community training reduced cultural myths about cataract surgery? Have these trainings positioned partners as safe and reliable organizations for eye health care?

This evaluation complements the midterm review conducted in April- May 2016, which used the DAC criteria to assess the extent to which objectives and results of the programme had been achieved by 2016, to identify challenges and lessons learned, and to outline training recommendations for the remaining period of the programme.

This final evaluation does not include an exhaustive analysis of programme output indicators, as this information is collected and reported each semester in financial and narrative reports. Therefore, this evaluation focuses on the analysis of the broader effectiveness of activities such as training, and strategies to increase the impact of the programme on preventable blindness.

CBM will use this final evaluation to identify whether partners have implemented efforts both to capture more patients and to improve organizational capacity, in order to evaluate the achievement of project results and the organizational sustainability of each. In addition, CBM will use the results for its own learning. SiB cluster partners in Peru (including

their Medical Directors) will use the review to determine the major areas that need strengthening as well as good programme practices (from medical and programmatic perspectives), in order to ensure learning and sustainability organization in the future. Standard Chartered will use the results of the evaluation, along with narrative and financial reports, to determine the overall success of the programme.

Scope of the evaluation

The scope of the evaluation included the following:

- Six programme partners working in prevention of avoidable blindness.
- The implementation period of July 2014 to December 2017 (three years and six months).
- Fieldwork in the following locations in Peru: Lima, Trujillo, Tarapoto and Piura.

2. BACKGROUND

Peru has a population of 29,733,800 and ranks 77th out of 187 countries in the Human Development Index. According to the RAAB (Rapid Assessment of Avoidable Blindness), in 2011 Peru had a 2% prevalence of blindness (600,000 people) and 83.2% of all causes of blindness were treatable or preventable.

Seventy-five percent (75%) of the population lives in urban areas and 25% in rural areas; 25.8% of Peruvians are poor, defining 'poverty' as the inability to pay daily living costs, such as food, clothing and other essential items. Six percent (6%) live in extreme poverty, which means that they cannot pay the cost of food. Poverty figures in urban and coastal areas are 16.5% and this figure increases to 53-58% in rural areas³.

The main cause of blindness is cataract (58%), equivalent to 348,000 people. Currently, the cataract surgical rate is 1,681; it would need to be 3,000 in order to meet the needs of the population. This includes addressing the accumulated volume of cataract cases.

In some areas of Peru, the effects of the phenomenon of "El Niño Costero" at the beginning of 2017 led to difficulties for the achievement of some the objectives by the partners FON and CECOM, who are based in Piura and Trujillo respectively. These partners experienced a decrease in the number of cataract surgeries performed due to a reduction in the number of patients who could reach the clinics due to the natural disaster, and the need to cancel six and eight cataract screening campaigns respectively during this reporting period. Some staff also had their houses flooded and could not

³ Instituto Nacional Peruano para Estadísticas e Información, 2012. [*Statistics and Information National Institute of Peru*]

report to work. Both partners put in place alternative plans to overcome this environmental challenge.

Summary of the scope of the program

The Seeing is Believing: Combatting Blindness in Peru project had the aim of contributing to the prevention of avoidable blindness primarily by increasing the number of cataract surgeries conducted.

The objectives proposed were:

- To provide high quality cataract surgery and patient care to 250,000 patients across 13 regions in Peru.
- To strengthen community work, conducting 1,494 outreach campaigns and enhancing access to cataract services across 13 regions of Peru.
- To improve the quality, efficiency and sustainability of seven partners in the provision of eye care.
- To strengthen networks amongst partners and build alliances with external stakeholders to advocate for improved eye care services in Peru.

A cluster of six partners gathered by CBM implemented the project. At the country level, cluster partners worked closely with the Ministry of Health (MINSA) through capacity building in the community. The programme started in July 2014 and ended in December 2017 after an extension phase of six months (June – December 2017). The total budget for the programme was USD 1,206,723.

3. METHODS AND LIMITATIONS OF THE EVALUATION

An independent consultant from Colombia, a medical doctor experienced in eye health and evaluations, carried out the evaluation. The methods employed for the evaluation were documentary review and qualitative methods of data collection: these included in-depth face-to-face interviews with the staff trained as part of the programme, and with leaders at each health care centre.

This section explains the methodology used, including the justification for the choice of methods in relation to answering the evaluation questions.

Data collection procedures and instruments

Field visits were made to four programme sites in Peru (Lima, Piura, Tarapoto and Trujillo) and to four partner organisations within the programme cluster:

- Asociación Civil Divino Niño Jesús (DNJ) in Lima
- Fundación Oftalmológica del Norte (FON) in PIURA
- Instituto de Prevención y Rehabilitación Oftalmológica de la Selva (IPROS), in TARAPOTO.
- Centro Comunitario Oftalmológico Maranata (CECOM), in TRUJILLO.

The methodology of in-depth individual interviews was used, with purposive sampling of participants, in conjunction with CBM. The evaluator conducted face-to-face interviews with personnel working for partners who conducted or received training, carried out education work, community training, or counselling, medical doctors and administrative staff during visits. Furthermore, from Lima the evaluator interviewed via Skype the leaders of the two partners not visited during field visits, COMEP and FUNDAR.

A prepared discussion guide was used for the in-depth interviews, covering the key criteria for the evaluation of efficiency, effectiveness, institutional sustainability and transparency. Under efficiency, the evaluation explored the implementation of patient identification strategies. Under effectiveness, the evaluation sought to verify the increase in the quality of the surgeries performed and staff skills.

Annexes provide details about the discussion guide used.

Interviews were conducted which were recorded with the consent of interviewees. Interviewees and partners also provided additional data and documents to the evaluator.

Challenges and limitations of the evaluation

The evaluation was carried out as planned, apart from some delays due to travel issues. Despite these travel problems, all planned evaluation activities were carried out.

There were no limitations in the collection of data and analysis, quality of information or access to information sources. During each field visit, there was a clear willingness amongst partners to participate in the evaluation.

4. ANALYSIS OF THE IMPLEMENTED ACTIVITIES

4.1 Effectiveness of the strategies used by the partners to identify patients

The evaluation examined the following questions related to identifying patients and converting them to undergo the relevant surgery:

- Which strategies have been implemented by partners to attract more patients?
- Have the strategies to attract patients been effective?
- Have the strategies to attract patients been used to increase the number of cataract surgeries?

Each of the strategies implemented by the cluster partners were analysed in order to identify their strengths and weaknesses and generate conclusions about the effectiveness of these strategies in identifying patients.

The process for identifying and screening patients involved planning at health care centres and holding community days in areas with high poverty rates. Full and partial subsidies were provided to enable those unable to pay to access cataract surgery, which is not covered by state provision. The specific strategies are analysed below:

- **Creation of a community work network**

The community work teams of the partners trained male and female leaders of the community. These leaders have shared knowledge about cataracts acquired during training with their respective communities. As a result of training, they recognised that working with the community work departments of the clinics could help their communities to access eye care services, creating a community work network.

In addition to generating alliances with community members, the partners' community work teams have established cooperation agreements with local government entities and non-profit organizations that work in the community. Community work has focused on transporting patients and health personnel into communities, and joint screening and surgical campaigns with NGOs or local government entities.

- **Performance of successful community work campaigns**

The success of community work campaigns depended on the establishment of networks with the community and other stakeholders. However, the partners have implemented other strategies that have increased the number of patients screened and therefore, the identification of new patients for surgery. The most relevant strategies are shown below:

- Carrying out campaigns in areas of higher population density.
- Carrying out monthly campaigns in places where campaigns had been carried out previously to ensure that any members of the community who previously missed out have another opportunity to be screened.
- Setting campaign dates with the communities with the agreement and input of community leaders.

- Involving community members, including community health promoters and patients who have received surgery, as well as community leaders, to increase the effectiveness of promotion activities.
- Identifying patients who require surgeries during campaigns and transporting them to the health care facilities on the same day. This has been effective for two main reasons:
 - It reduces transportation costs for both the clinic and the patient.
 - It reduces the risk that the patient will not come to the clinic on his/her surgery day due to transportation barriers and fears about having surgery.

However, some of the campaigns in the community to attract patients have been affected by external factors, such as weather phenomena, social strikes and cataract surgeries poorly performed by staff from other organizations. These have both delayed the scheduled work with the community, and generated distrust in the community about the quality of care patients will receive.

- **Improvement in the allocation of subsidies by partners**

This strategy entails the efficient allocation of subsidies for surgeries for the benefit of patients from more financially vulnerable populations. Despite the great work of the partners' counselling departments, the economic situation of patients and their families is a critical factor when making the decision to undergo cataract surgery.

In order to increase the generation of income to fund subsidies, clinics offered the patients complementary services like pharmacy and optician services to earn funds for subsidies. Partner CECOM rented out clinic spaces for private events held by other organizations or individuals. Some clinics generated income to support subsidies to low income patients by working with government institutions, which financed cataract surgeries for elderly patients.

The costs of surgery have also been reduced due to the training received from DNJ, through which partners improved their capacity in operating theatre procedures and learned how to use materials more efficiently, reducing the costs of surgery. This efficiency improvement has enabled the funds available for subsidies to cover more patients.

However it should be noted that not all health care facilities were able to fully subsidize cataract surgeries.

To improve efficiency in the allocation of subsidies by partners, counselling departments worked more closely with the community work department, who provided insights into patients' ability to pay by assessing the income-generating activities of their communities. This enabled them to more accurately determine patients' ability to pay for surgery.

- **Improvement of information systems for decision-making.**

Before the project started, COMEP, CECOM and FON collected information manually (such as patient information, medical records, campaign planning,

cash flow). Partners FUNDAR, DNJ, and IPROS collected information through a software that was not customized for their clinic's needs. The project funded software implementation and customization to COMEP, and customization for IPROS; the other partners implemented and customized their own software with their own funds.

Collecting information through customised software improved partners' administrative processes by improving the quality of registration of medical records, campaign planning, and cash flow control. As a result, this reduced patients' waiting time from 120 minutes to 60 minutes and improved patients' satisfaction after using the clinic's services. Moreover, having accurate and timely information has helped partners to take better decisions regarding administrative, financial, and medical processes.

Improving the information systems for decision-making has led clinics to attract more patients because the clinics now register patient information in a database, and can now follow up more effectively on non-attendance of medical consultations and post-surgery check-ups.

However, some information systems were not operating efficiently to provide consolidated administrative data, due to the need for further customisation of data collection systems.

- **Stimulate demand through the improvement of the quality of cataract surgery.**

Improving the quality of cataract surgery required the improvement of administrative and medical processes in each one of the partner organizations. The improvement of the quality of cataract surgery was important to stimulate patient demand.

Concerning administrative processes, the training provided by DNJ related to medical care, counselling and community work. The training enabled partners to determine and improve processes for joined up working between the medical, counselling and community work departments. As a result, each one of the partners has processes focused on the quality of patient care, and information registration systems (as explained above).

The training provided by DNJ to ophthalmologists and operating room nurses facilitated an improvement in the recording of visual acuity data for patients before and after surgery, and the monitoring of results, in order to guarantee a quality service is provided to each patient. One strategic implementing partner reflected on the number of ophthalmologists trained in the project. The partner felt that they could have trained a greater number of ophthalmologists in each of the regions where the programme was operating, due to an underestimation during the planning phase of the programme. Training additional ophthalmologists is likely to have increased the quality of cataract surgeries further.

Patients who receive a quality service recommend the services of health care facilities to others. Patients and their families, in this way, become promoters of the clinics and of cataract surgery.

- **Consolidation of counselling work**

Many of the partners had not implemented counselling previously, focusing solely on medical care. However, the training provided by DNJ to the programme partners allowed them to establish counselling departments that supported both the medical and community work of the programme.

Through establishing counselling departments, patient trust increased and myths about cataract surgery were eliminated. As a result, health care facilities improved their operating room processes, with patients more likely to attend their appointments at the times scheduled and to go ahead with surgery. Clinics were also better able to assess patients' ability to pay, supporting the provision of subsidies to patients unable to pay.

Despite counselling work facilitating the removal of barriers to cataract surgery through addressing myths, men remained less likely to access surgery. Machismo cultural attitudes remained a barrier that counselling departments were working to overcome. Some patients remained reluctant to access surgery despite quality outcomes and the provision of counselling.

Conclusions

- The structuring and organization of activities, combining improved medical care, community outreach work, and counselling activities, contributed to the increase in the number of cataract surgeries partners were able to perform during the course of the programme. Data collected by the centres provide evidence that the increased follow-up to patients and improved data collection systems in the counselling departments facilitated an increase in the volume of procedures carried out per year by more than 30%.
- The improved management of information by partners has provided data to track the efficiency and effectiveness of individual medical and administrative staff members.
- Training provided through the programme is key to the success of these strategies. For example, the training provided to community members facilitated the development of successful campaigns to identify patients.
- The weaknesses of the strategies to identify patients were mainly caused by factors outside the scope of partner activities.

4.2 Impact of the training provided

Training was provided to six ophthalmologists (100% of the target), three ophthalmological assistants (100% of the target), 20 counsellors (167% of the target), 11 community promoters (92% of the target), 154 community health workers (188% of the target), and five people working on administrative issues (100% of the target). Furthermore, 823 maternal and child health (MCH) workers of the Ministry of Health were trained by the project (101% goal).

The evaluation examined the following questions related to training provided by the programme:

- Have the project's medical assistance trainings (doctors and operating theatre staff) increased the number of cataract surgeries and/or their quality?
- Have the project's management trainings and IT development improved partners' operational and financial capacity?
- Have the project's community training reduced cultural myths about cataract surgery? Have these trainings positioned partners as safe and reliable organizations for eye health care?

- **Medical training**

Under the programme, six ophthalmologists and three ophthalmic nurses were trained. The training for these ophthalmologists and operating room nurses, provided by lead partner DNJ, helped staff to identify patients diagnosed with cataract without comorbidity, to facilitate successful surgical outcomes. There was an improvement in the efficiency of cataract surgeries, in terms of time and efficient use of resources. The costs of surgery fell as a result. Operating room processes have become more efficient due to the streamlining of surgical instrumentation, the behaviour of support staff during surgery which helped to improve the speed of the surgery, and improved communication with the patients. The training promoted honest and effective communication with the patient and their relatives by the medical, counselling and community work teams, with the effect of improving patient care. When users understand their condition and how to treat it, they are more compliant with the treatment prescribed.

Medical teams are more motivated due to professional development benefits: through a higher volume of surgeries performed, they have improved their skills further, and they have also benefited from an increased sense of satisfaction from improved quality outcomes. There is now an ongoing evaluation of processes for cataract surgery to maintain the quality of outcomes. This has been facilitated by identifying patients who have the potential to achieve positive surgical outcomes.

A number of factors have limited the impact of the training on the number and quality of cataract surgeries performed. The training of ophthalmologists had limited coverage due to the underestimation of the number of ophthalmologists working in partner facilities during the planning stage of the project. However, some of the partners have their own training programmes for ophthalmologists in training (DNJ, IPROS, and CECOM) which complemented the work done under this programme.

There is also scope to increase the conversion rate and close the gap between the number of patients prescribed as in need of surgery and those who undergo surgery. Barriers such as transportation issues and cultural beliefs about cataract surgery require ongoing work.

- **Administrative training**

The programme trained five staff working in management and administration. As a result of this training and the introduction of customised software to collect information, partners' processes for analysing costs were improved, which allowed partners to accurately measure the costs of cataract surgery. This has improved planning processes. Schedules were also developed in partnership with community leaders, which improved the effectiveness of activities.

Improvements in administrative processes were made through the reorganisation of patient medical records, and changes to the administration of campaign planning and community visits. This increased the operational efficiency of the health care facilities; patients prescribed as requiring surgery were more effectively followed up to undergo surgery, and the timing and staffing of surgery was amended to increase the number of surgeries performed each day.

- **Community work training**

Under the programme, 154 community health workers and 11 community promoters were trained. The community trainings covered several topics such as reducing fear of cataract surgery, offering financing options for surgeries and promoting a preventative approach to eye health conditions. As a result of training provided through the programme, partners have looked for spaces within the clinics to house community work departments; this is a key aspect of sustainability for the programme. Furthermore, the training led to:

- Community work departments were structured with clear plans, goals and indicators, as well as monitoring and control of activities with budget execution.
- Administrative and logistics work was strengthened, as well as the work of the community and counselling departments.

Through community work, partners worked to ensure their services reached the most vulnerable members of the public. Most of the patients identified were people with limited resources who were unaware of their medical condition and did not have the means to travel to health care facilities to receive treatment.

It is necessary to continue raising awareness among patients and their families about their condition and the relevant treatment. The community teams emphasize awareness raising amongst family members and future cataract surgery patients concerning the benefits of treatment spanning social, emotional and economic domains.

The impact of the community work training has been increased through joint working. Important alliances have been formed with government institutions. This has enabled community campaigns to extend their scope. Community work has also been carried out jointly with other non-profit organizations. Transport of patients and health personnel, and joint campaigns, have been the focus of joint working.

Conclusions

- Through staff training for partners, there were improvements in the cost structure, operational efficiency, and effectiveness of the cataract surgery program.
- Quality in patient care was achieved while improving efficient time and resource use for surgery. In December 2017, 87% of the 17,726 cataract surgeries achieved visual acuity outcomes of 6/18 or better.
- The establishment of community health work has contributed to the sustainability of these changes.
- Some partners have established self-training mechanisms (with more experienced staff are training new staff) that are equally important as the training delivered through the project.

5. CONCLUSIONS

Conclusions have been grouped according to the four criteria used for the evaluation.

Efficiency

- Strategies for improving efficiency were implemented based on the particular cultural, social and environmental context for each partner as well as the organisational set up.
- Through improvements to partner administrative processes, following training and software implementation and customization, more effective decision-making has been possible, leading to improved service provision, and more efficient processes for patient management. Further customisation is required for some partners to realise additional efficiency gains.
- The performance of extramural outpatient procedures, through strategies such as “ambulance surgery” or simply the movement of personnel and medical devices to the most remote communities in the catchment areas, allowed partners to increase the volume of cataract surgeries performed, with an impact on efficiency. With higher volumes of surgery, staff become quicker and more efficient at performing surgery, and human and physical resources can be utilised with greater efficiency.
- The improvement of administrative processes and the provision of training allowed each partner to improve their efficiency in the handling of supplies and medical devices. Alongside changes to the community work strategy and counselling approaches, this contributed to reduced costs of surgery.

Effectiveness

Project processes:

- The active participation of all the partners in the planning of the project brought about an atmosphere of initial confidence.

- The information generated by the cluster members was fundamental to monitor and evaluate the effectiveness of project implementation. This was achieved through the commitment of the partners to deliver timely and prompt information to the project's coordination team.
- The regular and systematic review of achievements against project targets by the project's coordination team allowed the analysis of issues and the creation of action plans to improve achievements. Particular areas where actions under the project led to improved efficiency were in the delivery of results, quality of record keeping, the strengthening of the training in administrative and operational processes, the time extension of the project due to both internal difficulties (delay in the arrival of consumables for surgeries) and external difficulties (relating to the environmental context).

Implementation:

- The counselling and community outreach work in each centre over the past two years has been key to growth and sustainability.
- Through improved community work, the partners have seen an increase in the volume of patients who are treated, which has strengthened the skills and abilities of trained professionals to improve the quality of surgeries; in particular, staff gained skills in decision-making regarding the quality and type of lens and operating techniques. This represents important professional development, which is motivating for staff. DNJ and CECOM stand out in this area, and IPROS is consolidating gains.
- Improved surgical outcomes have generated trust in the community in each one of the institutions, facilitating future community work.
- The quality of life of many patients has improved as a result of receiving high quality surgery, for both younger and older individuals; in some cases, patients have been able to resume their work. This is motivating for partner staff.
- Community promoters have, after receiving training, increased their work in the preventive management of cataract and tackling cultural ideas that create barriers to the population and hinder free access to services.
- Support from networks that include community leaders, state hospitals, church organizations and other NGOs have contributed to the success of the programme, by collaborating in the planning and implementation of activities.

Sustainability

It is not possible before the end of the programme to evaluate with certainty the sustainability of the project; however, there are a number of

factors that can be examined to indicate the likelihood of project sustainability.

The training and coaching provided to the members of the Cluster at medical and administrative levels have been an important factor in the sustainability in the project's activities.

Partners are keen not to reduce the volume of cataract surgeries performed by the clinics, because of the potential negative effects on sustainability. They felt the community work network would be weakened, the surgeons would begin to lose experience, and the quality of the surgeries may suffer:

"It is not the same for a surgeon to operate 100 surgeries in one year compared to another who operates 500 in one year."

It would also weaken the consolidated processes for joint working amongst the medical, counselling and community work departments of the clinics.

It must be noted that the sustainability of project activities and the maintenance of high volumes of surgery also depends on the financial sustainability of the partner organizations. Therefore, the partners indicated that they would seek to generate other sources of income to continue the financing of low-cost surgeries, through their own subsidies (from the private activity of the clinics⁴), subsidies for specific projects, and being efficient with the use of the resources. Moreover, the partners are optimistic in looking for other sources of income through the application of different fundraising techniques. These techniques have been learned through attending a fundraising workshop organised by this project and part-funded by partners.

6. RECOMMENDATIONS

A number of recommendations were identified by the evaluator and by senior staff at partner organisations:

- Mapping of the internal and external conditions is required when joint projects are submitted, so that when the project is approved, plans can be finalised based on the reality of the context. Health care provision must continue to be carried out in ways that are adapted to the conditions of the social, economic and cultural context of each facility. This would address the challenges resulting from delays in the start of the project, and the resulting changes in the economic context for implementation.
- To maintain the expertise and ensure the effective development of each partner, training processes, whether internal (new or refresher training) or external, should be part of the regular activities planned in each institution.

⁴ Income generation through own subsidies is not applicable for DNJ and COMEP, since both partners are non-profit organizations.

- The work with the community (i.e. training, screening) established or expanded under the project should continue as a pillar of sustainability to achieve wide coverage in cataract surgery.
- The databases and information systems should continue to be strengthened and further customised where necessary, as these facilitate efficient administrative processes, effective implementation, and the monitoring of quality in clinical processes.
- It is important to collect records about the experiences and changes in quality of life that occur because of community outreach and treatment, as evidence to support the impact of getting treatment and to validate the importance of community outreach.
- Academic and training programmes favour the development of activities that positively affect the community and the sustainability of clinics. Some clinics have residency programmes with universities, and these programmes help clinics to increase the volume of patients treated and to conduct screening and consultations.
- The services of each partner must take into account people with disabilities when providing their services so that there are no barriers to accessing the care they require.

7. LESSONS LEARNED

- Several institutions were already carrying out counselling and community activities at the start of the programme. However, the programme showed that consolidating these activities and establishing processes related to these areas of work during the project was fundamental for institutional growth.
- The following elements of the project appear to have been key drivers of sustainability: strengthening processes and procedures, departments, planning, impact measurement, and information systems; putting in place basic technology for administrative processes; identifying and sharing best practice; gaining experience through increased surgery volumes; and strengthening a network of stakeholders.
- For effective patient follow-up, it is paramount to ensure a strong database structure so that ongoing follow-up is made to individuals who are diagnosed with cataracts but do not attend surgery appointments.
- Strengthening networks among eye care providers and building alliances with non-governmental organizations and the community, make partners' work more visible and are positive for sustainability.
- The programme has highlighted the importance of the participation of governmental agencies in logistics, follow-up, data sharing and engaging with key eye care actors to advocate for the improvement of eye care services in Peru, in addition to strengthening the national information systems.

- It is necessary to carry out capacity assessments to effectively support partners to expand their physical infrastructure and human resources where required, to match increased demand for services generated by community work with an increased capacity to supply.

8. ANNEXES

List of key sources and visited sites

<p>DNJ Address: Av. Victor Castro Iglesias s/n altura de la cuadra 2 altura del cruce de Av Pedro Miota y Av. Victor Castro Iglesias, San Juan de Miraflores, Lima Tel: 51 1 715-8656 51 1 715-8655 0051 986-685545 Alberto Lazo 0051 986-685544 Dr. César G</p>	Interview Dr. César Gonzáles Medical Director of DNJ Clinic
	Visit to the clinic
	Interview Ing. Alberzo Lazo DNJ Administrative Director
	Interviews with people who were Counselling facilitators and/or trainers
	Interviews with people who were Community Work facilitators and/or trainers
	Interview with Ophthalmologists
<p>FON Address: Av. Grau 1026. Piura Tel.: *624940 - 969570940 Cel: 969645022</p>	Visit to the clinic
	Interview with people trained by the project
	Interview Dr. Luis Pongo
	Interview Anny Giron. FON Administration
<p>IROS Address: Pasaje Las Tunas, 270 (Banda De Shilcayo) (Referencia; Colegio Cleofé Arévalo) Tarapoto, San Martín Tel.: (042) 52-2954</p>	Visit to the clinic
	Interview Dr. Luis Arévalo
	Interview Cesar Coronel – Project Manager
	Interview with people trained by the project

CECOM Address: Calle Takaynamo No. 10, El Cortijo Trujillo Tel.: 51 44 296 931 Consultorio Telefax: 51 44 299 669 Domicilio	Visit to the clinic
	Interview Dr. Artemio Burga
	Interviews with the people trained by the project.
	Interview with the people trained by project 1
	Interview with the people trained by project 2

Documents reviewed

1. Visit agenda to Peru.
2. CBM's template for project's evaluation.
3. Narrative report: January 1st – June 30th, 2017.
4. Case study questionnaire.
5. SiB project log frame.
6. SiB project midterm evaluation.

Key questions covered by in-depth interview discussion guide

Efficiency:

- What strategies have you used to identify more patients?
- Which strategies have been effective, which ones have not? Why?
- Have these patient identification strategies served to increase the number of cataract surgeries?

Effectiveness

- Did the training provided for health care workers (doctors and operating room staff) by the project increase the number of cataract surgeries and/or their quality? Have the skills of the staff improved?
- Has the training delivered at administrative level and support to the development of information systems improved the operational, financial and personnel capacity of the organization?
- What has been the impact of the training for promoters and counsellors (individually and for the clinic)?

Transparency of the Information of the Project

- How was the high level of information shared in the project achieved?

- What were the conditions established within the project that allowed the level of transparency achieved?

Sustainability

- Have the delivered trainings and implemented strategies to identify patients, factors that have generated sustainability in the project activities and organizational capacities of the partners?

Terms of Reference for Final Evaluation

Evaluation Summary

Program/Project, Project Number	Cluster PBL Peru SiB SCB, P3035-MYP
Partner Organisation	6 partners: Asociación Civil Divino Niño Jesús (DNJ) Fundación Oftalmológica del Norte (FON) Fundación de Lucha contra la Ceguera (FUNDAR) Centro Comunitario Oftalmológico Maranata (CECOM) Centro Oftalmológico Monseñor Enrique Pelach (COMEP) Instituto de Prevención y Rehabilitación Oftalmológica de la Selva (IPROS)
Project start and end dates, Phase of project	July 2014 – December 2017 ⁵
Evaluation Purpose	Evaluate the strategies and organizational capacity of the partners in order to achieve the results of the project and the organizational sustainability of each of them.
Evaluation Type (e.g. mid-term, end of phase)	Final Evaluation
Commissioning organisation/contact person	CBM LARO/ Jorge Luis Sánchez
Evaluation Team members (if known_)	PBL Technical Advisor: Dr Pedro Pablo Perea
Primary Methodology	External project progress review with participatory approaches

⁵ Letter of variation approved in 2016 extended the project timeframe for 6 months more.

Proposed Evaluation Start and End Dates	Start date: November 24 th , 2017. End date: December 20 th , 2017.
Anticipated Evaluation Report Release Date	First draft: December 8 th , (feedback CBM by December 15 th) Final draft: December 20 th

Background of Project

According to the 2011 RAAB in Peru, there is a 2% blindness prevalence in Peru (600,000 people) and 83.2% of all causes of blindness can be treated or prevented.

The main cause of blindness is cataract (58%) equating to 348,000. The cataract surgical rate is currently 1,681 and needs to be at 3,000 in order to meet the needs of the population. This will include catching up on the cataract backlog.

The project will focus on the main cause of blindness, cataract, although anyone who is identified with other eye conditions will be referred to services.

One of the main barriers to the access of eye care is economic. People are unable to afford treatment and in some cases lack the funds to travel to eye care facilities. This will be specifically addressed by subsidising a significant proportion of all operations, according to each patient's economic resources.

Lack of awareness that treatment is possible is another major barrier to people accessing eye care services. Community eye health talks and awareness campaigns will help to address this barrier. Fear of surgery based on myths or religious beliefs will also be addressed during the awareness campaigns and by our partners' counselling services, which will provide each patient with detailed information about operating techniques and address any other concerns they might have.

Peru has a population of 29,733,800, and is ranked 77 out of 187 countries on the Human Development Index.

75% of the population live in urban areas and 24.1 in rural and 25.8% of Peruvians are poor, defining 'poverty' as the inability to afford daily living costs such as food, clothes and other essential items. 6% live in extreme poverty which means they cannot afford the daily cost of food. Poverty figures in urban and coastal areas are 16.5% and rise to 53-58% in rural areas.⁶

⁶ Peruvian National Institute for Statistics and Information, 2012



The map above shows the regions where the partners base hospitals are located. The programme will be working in 13 of the 24 Regions in Peru. Lima, Loreto, Ica, Arequipa, Cuzco, Puno, Apurímac, Piura, Lambayeque, Tumbes, La Libertad, San Martín and Amazonas.

1. Lima – Population of 8.4 million, 7.5 million of whom live in the capital.
2. Loreto – One of the most sparsely populated areas in Peru with a population of 890,000.
3. Ica – Population of 755,000
4. Arequipa – Population of 1.15 million.
5. Cuzco – Population of 1.7 million.
6. Puno – Bordered by Bolivia on the east; 70% of the region’s territory is made up of the Andean mountains; population of 1.3 million.
7. Apurímac – One of the four poorest regions with one of the highest percentages of extreme poverty nationally; population of 404,000.
8. Piura – Population of 1.6 million.
9. Lambayeque – Population of 1.1 million
10. Tumbes – Bordering Ecuador; population of 200,000
11. La Libertad – Home to Trujillo, Peru’s third largest city; population of 1.6 million
12. San Martín – Northern part of the Amazon rainforest; population of 728,000

13. Amazonas – Bordering Ecuador; consists mostly of rainforest and is the sixth poorest region in Peru; population of 376,000.

CBM has been working on the Prevention of Blindness in Peru since 1990, and has been working with and supporting the seven eye care providers over many years. In 2012 CBM brought these partners under one national prevention of blindness cluster. This has enabled partners to work more comprehensively and have a more significant impact both at the regional and national level.

Overall Objective:

To contribute to the prevention of avoidable blindness in Peru, primarily by increasing the number of cataract surgeries conducted.

Specific Objectives:

1. To provide high quality cataract surgery and patient care to 250,000 patients across 13 regions in Peru
2. To strengthen community work, conducting 1,494 outreach campaigns and enhancing access to cataract services across 13 regions of Peru
3. To improve the quality, efficiency and sustainability of seven eye care partners in the provision of eye care in Peru
4. To strengthen networks amongst eye care providers and build alliances with key eye care stakeholders to advocate for improved eye care services in Peru

Project timeframe: July 2014 - December 2017.

Summary of project implementation

Seeing is Believing: Combatting Blindness in Peru project has been running for three years and three months. During these years, 69% of planned cataract surgeries were performed. Two reasons help to explain this performance: the delay in the arrival of materials and consumables for cataract surgeries during the first year and the reduction in targets from 20,700 to 19,300 cataract surgeries. However, the quality of the cataract surgery performed remained at 88% on average, a figure above the planned percentage (85%).

On the other hand, during these three years 1,012 outreach campaigns have been carried out, attracting 69,029 individuals (92% target).

Regarding partners' organizational strengthening, throughout the project several trainings have been conducted: 6 ophthalmologists (14% target), 20 counsellors (167% target), 11 community promoters (92% target), 6 ophthalmologists (100% target) , 743 people from the Ministry of Health (91% target), 154 community health workers (188% target), and 5 people working on administrative issues (100% target).

About the development of information systems, partners COMEP and IPROS have developed modules in various subjects such as inventory of pharmacy, optical management, post-surgical follow-up of patients, registry statistics, patient flow, patients' registry in outreach campaigns, administrative and bookkeeping records, among others. Moreover, DNJ received support for maintenance work of its management system.

Finally, according to project's midterm evaluation, cluster partners are sustainable, especially those with a management model that combines social work with private efficiency.

Evaluation Objective, Scope and Intended use

The objective and purpose of this final evaluation are to:

- Identify and evaluate whether the strategies used by partners to recruit patients have been effective.
- Evaluate the organizational capacity of the partners for the implementation of the different trainings at the medical, administrative and community level.
- Collect information for a possible Case Study on the transparency of data by partners in the course of the project.

Detail the scope of the evaluation:

The scope of the evaluation comprises the following:

- Six projects/clinics working on Prevention of Blindness (cataract surgeries specifically).
- The implementation period covered by this evaluation is January 2016 to December 2017 (2 years).
- Desk review and site visits to the following locations in Peru:
 - Lima, Trujillo, Tarapoto, and Piura
- Target group will be the management teams of the respective project partners (6).
- Regulatory framework: Programme plan and health sector policy of the country

Determine the target audience of the evaluation:

CBM

CBM will use this final evaluation to identify whether partners have implemented efforts both to capture more patients and to improve organizational capacity, in order to evaluate the achievement of project results and the organizational sustainability of each. In addition, CBM will use the results for its own learning.

Project partners

SiB partners will use the review (including the Medical Directors) to determine the major areas that need strengthening as well as good

program practices (from medical and programmatic perspectives), in order to ensure learning and sustainability organization in the future.

Donor

Standard Chartered will use results and narrative and financial reports to determine the overall success of the programme.

Evaluation Questions

- Which strategies have been implemented by partners to attract more patients?
- Have the strategies to attract patients been effective?
- Have the strategies to attract patients been used to increase the number of cataract surgeries?
- Have the project's medical assistance trainings (physicians and operating theatre staff) increased the number of cataract surgeries and/or their quality?
- Have the project's management trainings and IT development improved partners' operational and financial capacity?
- Have the project's community training reduced cultural myths about cataract surgery? Have these trainings positioned partners as safe and reliable organizations for eye health care?

Methodology

The overall evaluation methodology will be participatory, guided by triangulation of information received from the various sources to be consulted. Among others, the consulting team is expected to apply the following approaches for data collection:

- Documents review:
 - Narrative biannual reports from January 2016 to June 2017.
 - Current eye health care policies, plans, and strategies of Peru.
 - Project's initial proposal, log frame, budget.
 - Midterm evaluation.
- Standardized individual interviews with partners' representatives (6), four of them carried on-site and two carried via skype.
- Evaluation of qualitative data of life stories of clients collected since start of the programme.
- Quantitative analysis of monitoring data related to the indicators of the logframe.
- Site visits will be conducted to 4 out of 6 partners: Clínica Oftalmológica Divino Niño (DNJ-Lima), Centro Comunitario Oftalmológico Maranata (CECOM-Trujillo), Fundación Oftalmológica del Norte (FON-Piura), Instituto de Prevención y Rehabilitación Oftalmológica de la Selva (IPROS-Tarapoto).

Regarding confidentiality/ data protection, the review team must take all reasonable steps to ensure that the respondent is not adversely affected by taking part in the evaluation. The review must keep their responses confidential, unless their permission is granted, and responses may not be used in inappropriate ways. Also, the evaluator is expected to sign CBM 's code of conduct.

During the evaluation, the stakeholders consulted by the review team should include, hospital staff - management, ophthalmologists, clinical and theatre staff, outreach team; beneficiaries (patients including, children and adults); State MINSA staff and leaders; SiB project team, CBM Regional Office (CBM LARO); and CBM UK.

Following data collection and analysis, the review team will share preliminary findings with project partners, SiB project team, CBM RO and CBM UK. This shall be achieved through debrief sessions at each evaluation site and a debriefing session with SiB project team in Lima (remotely joined by CBM RO and CBM UK).

The sharing of preliminary findings is an opportunity for the stakeholders to hear what the evaluation has found and to be involved in thinking about recommendations going forward. It should include constructive discussions around the key issues identified by the evaluation.

Evaluation Team and Management Responsibilities

Commissioning responsibility:

CBM is responsible for commissioning the evaluation.

The review Terms of Reference were developed through a collaborative process by CBM RO in consultation with CBM UK. The latter gave the final approval on the Review Terms of Reference.

The project coordination unit of the lead partner DNJ in Lima in close coordination with CBM's Project Coordinator for Peru will be responsible for planning and managing of the review, checking that quality standards are met, and ensure that the review conclusions and recommendations are communicated effectively.

The evaluator will be identified and approved in consultation with CBM UK.

The draft report will be shared with project partners, SiB project team, CBM RO and CBM UK for review and feedback. The final report will be sent to CBM RO and CBM UK for approval and sign off. The final instalment of consultant's fees will be disbursed following sign off by CBM RO and CBM UK.

Project coordination unit of the lead partner DNJ and partners will ensure that some feedback or learning events will be carried out within each of the eye health institutions.

Based on review findings CBM RO and CBM UK will define actions points and ways forward.

Evaluator:

The evaluator will be responsible for the overall evaluation process and the production of the evaluation report.

It is expected that the evaluator is a medical consultant experienced in the assessment of interventions aiming at the Prevention of Blindness in Latin America, with expert knowledge in the establishment of high volume cataract surgeries and its requirements with regards to clinical and organizational work.

The evaluator will have to sign CBM's child safeguarding policy prior to any field work. The evaluator should be familiar or familiarize himself with disability inclusive practices in evaluations.

Management of the evaluation and Logistics

Cluster Coordination Office in Peru has responsibility for:

- Overall coordination of evaluation process
 - Gather documents and data for evaluator.
 - Liaising with partners.
 - Book flights and hotels for the evaluator.
 - Covering the following costs:
 - ✓ Transportation to evaluation site including any flights.
 - ✓ Hotel accommodation (medium level, including breakfast).
 - ✓ Pay a fixed amount of 40 USD per day to the evaluator for any expenses related to lunch and dinner (to be paid in advance without need of submission of receipts). To be paid only for each field visit day but not for work from home base (e.g. report preparation).
 - ✓ Pay a fixed amount of 20 USD per day to the evaluator for any other expenses (to be paid in advance without need of submission of receipts). To be paid only for each field visit day but not for work from home base (e.g. report preparation).
 - ✓ Fees will be paid in two instalments: Transfer 1 (50%) on day one of the assignment; transfer 2: (50%) within 10 days of the approval of the final report (approval by CBM-LARO and CBM-UK in agreement with local Cluster Coordinator)
 - ✓ All payments to be done by bank transfers.

Project Partner has responsibility for:

Working with the Cluster PBL Peru team to organise meeting schedule for evaluation team.

- Identifying “neutral” and disability accessible locations for interviews/ meetings to take place (where people will feel free to speak as openly as possible).
- Organising interviews with hospital staff, States’ Ministries of Health and other eye health service providers according to the evaluator’s requests/methodology.

Expected Results

The following specific products are expected:

- 1) A draft report produced no later than December 13th, 2017.
- 2) A final report produced by end of December 20th, 2017.

Draft report

The draft report must be submitted to CBM no later than December 8th, 2017. The draft report will be circulated by CBM to key stakeholders for review and feedback. These stakeholders will include project partners, SiB project team, CBM RO and CBM UK. Feedback on the draft report will be shared with the evaluator no later than December 15th, 2017.

For the writing of this report, the following specifications are required: font type Verdana 11, interlined 1,5, executive summary 3 pages, total volume of narrative report to not exceed 30 pages.

Any additional information to be annexed, including table formats to allow quick comparison of performance regarding key questions between implementing partners.

Final report

The final report of the review must be submitted to CBM on December 20th after feedback and incorporation of the various comments.

The evaluation report is an exclusive property of CBM and should not be released without prior authorization to any other party. The final report will be available through CBM as well as being specifically circulated (by CBM) to the project stakeholders, including the project partners for their internal use.

Evaluation timetable

Project 3035-MYP *Seeing is Believing*: Combatting Blindness in Peru

Agenda visit of Dr. Pedro Pablo Perea

Place of departure	Destination	Departure date	Arrival date	Number and time of flight	Lodging and place of visit	Activities
Cali	Bogotá	26-Nov	26-Nov	AV9204 08h48 - 09h49		
Bogotá	Lima	26-Nov	26-Nov	AV25 13h15 - 16h09	HOTEL SEÑORIAL / Address: Calle Jose Gonzales 567 Miraflores Tel.: 051 4451870	Recommendation: Take a taxi at Jorge Chavez Airport, TAXI GREEN company.
		27-Nov		Time: 08h00 - 10h00	DNJ Address: Av. Victor Castro Iglesias s/n altura de la cuadra 2 altura del cruce de Av Pedro Miota y Av. Victor Castro Iglesias, San Juan de Miraflores, Lima Tel.: 51 1 715-8656 51 1 715-8655 0051 986-685545 Alberto Lazo	Interview Dr. César Gonzáles Medical Director of DNJ Clinic
			Time: 10h00 - 10h30	Visit to the clinic		
			Time: 10h30 - 11h00	Interview Ing. Alberzo Lazo DNJ Administrative Director		
			Time: 11h00 - 13h00	Interviews with people who were Counseling facilitators and/or trainers		
			Time: 15h00 - 16h00	Interviews with people who were Community Work facilitators and/or trainers		

				Time: 16h00 - 17h00	0051 986-685544 Dr. César G	Interview with Ophthalmologists
Lima	Piura	28-Nov	28-Nov	AV824 05h15 - 06h56	HOTEL INTIOTEL / Address: Calle Arequipa 691 - Piura Tel.: 073 287600	The HOTEL has transfer services, please approach INTIOTEL front desk at the airport.
		28-Nov		Time: 09h00 - 09h30	FON Address: Av. Grau 1026. Piura Tel.: *624940 - 969570940 Cel: 969645022	Visit to the clinic
				Time: 09h30 - 11h00		Interview with people trained by the project
				Time: 11h00 - 13h00		Interview Dr. Luis Pongo
				Time: 17h00 - 18h00		Interview Anny Giron. FON Administration
Piura	Lima	29-Nov	29-Nov	AV825 07h26 - 08h55		
Lima	Tarapoto	29-Nov	29-Nov	LA2250 09h45 - 11h25	HOTEL RIO CUMBAZA Address: Jr. Pedro de Urzua 515 - Tarapoto Tel.: +51 042 521491 / +51 042 521473	The HOTEL has transfer services, please approach RIO CUMBAZA front desk at the airport.
		29-Nov		Time: 12h30 - 13h00	IPROS Address: Pasaje Las Tunas, 270 (Banda De	Visit to the clinic
				Time: 15h00 - 16h00		Interview Dr. Luis Arévalo

				Time: 16h00 - 16h45	Shilcayo) (Reference; Colegio Cleofé Arévalo)	Interview Cesar Coronel – Project Manager
				Time: 16h45 - 19h00	Tarapoto, San Martín Tel.: (042) 52-2954	Interview with people trained by the project
Tarapoto	Lima	29-Nov	29-Nov	LA2257 21h45 - 23h05	HOTEL SEÑORIAL / Address: Calle Jose Gonzales 567 Miraflores Tel.: 051 4451870	Recommendation: Take a taxi at Jorge Chavez Airport, TAXI GREEN company.
		30-Nov		Time: 10h00 - 11h00	Coordination Office Peru Address: Calle Esteban Bentarelli 239. of. 201. San Borja Lima 41. Perú Tel.: (+51)(1)355-5066 / 992-478-651	COMEP Interview
				Time: 15h00 - 16h00		FUNDAR Interview
Lima	Trujillo	01-Dec	01-Dec	AV820 07h25 - 08h40	HOTEL ROKES PLAZA (KOMER AREQUIPA) Address: Calle Cristal Nro. 280, San isidro, Trujillo Tel.: 044- 224141-205441	The Hotel has a transfer service outside the airport, Hotel Rokes staff will be holding a sign with your name printed on it.
		01-Dec		Time: 10h00 - 10h30	CECOM Address: Calle Takaynamo No. 10, El	Visit to the clinic
				Time: 10h30 - 11h30		Interview Dr. Artemio Burga

				Time: 11h30 - 12h30	Cortijo Trujillo Tel.: 51 44 296 931 Consultorio Telefax: 51 44 299 669 Domicile	Interview with people trained by the project
				Time: 12h30 - 13h00		Interview with people trained by project 1
				Time: 16h00 - 17h30		Interview with people trained by project 2
Trujillo	Lima	01-Dec	02-Dec	AV819 23h22 - 00h32	HOTEL LIMAQ Address: Calle Los Cóndores N°112 Bellavista - Callao Tel.: +51 6064446	The Hotel has a transfer service outside the airport, Hotel Rokes staff will be holding a sign with your name printed on it.
Lima	Bogotá	02-Dec	02-Dec	AV142 09h35 - 12h44		
Bogotá	Cali	02-Dec	02-Dec	AV9205 13h59 - 15h07		