



MAGRABI ICO CAMEROON  
EYE INSTITUTE

Standard  
Chartered



# Final evaluation external report of the project

June

2020

## List of acronyms

N°	Abreviation	Meaning
1.	CEI	Cameroon Eye Institute
2.	IAPB	International Agency for the Prevention of Blindness
3.	IEC	Information Education and Communication
4.	IOC	Institut oculaire du Cameroun
5.	LAICO	Lions Aravind Institute of Community Ophthalmology
6.	MICEI	Magrabi ICO Cameroon Eye Institute
7.	MLOP	Middle level ophtalmic personnel
8.	NMP	Nouveau management public
9.	OMS	Organisation mondiale de la santé
10.	SICS	Small Incision Cataract Surgery

## Table des matières

List of acronyms.....	1
Executive summary .....	6
Introduction .....	8
1. The project's objective.....	8
1.1 General objective of the Project.....	8
1.2 Specific objectives :.....	8
1.3. The objective of the evaluation:.....	9
2.1. Methodology of the evaluation .....	9
2.2. The stages of the methodological approach .....	9
2.2.1. Documentary analysis .....	9
2.2.2. The development of the interview guide .....	10
2.2.3. Questionnaires .....	10
2.2.4. Constitution of the sample .....	10
2.2.3. Training of investigators, teams and data collection .....	11
2.2.4. Field surveys .....	11
2.2.7. Counting, processing and analysis of results .....	12
2.3. Intervention team .....	12
2.4. Difficulties of the study .....	12
3. Results of the evaluation.....	13
3.1. Expected results of the project .....	13
3.2. Results in relation to the achievement of activity objectives .....	14
3.2.1. Activity 1. Finalize the architectural drawing for the accommodation of patients with eye diseases .....	14
3.2.2. Activity 2. Announce and obtain invoices from construction companies .....	14
3.2.3. Activity 3. Select the construction company and sign the contract for the construction of the eye care unit.....	15
3.2.4. Activity 4. Build and equip the eye care unit.....	15
3.2.5. Activity 5. Finalize the list of consumables for cataract surgery .....	15
3.2.6. Activity 6. Sourcing consumables from manufacturers.....	16
3.2.7. Activity 7 : Perform free or subsidize 4,000 cataract operations on patients who are too poor to pay for their cataract operation, ensure their nutrition and their hospital sojourn .....	16
3.2.8. Activity 8 : Organize a stakeholder meeting for global eye health in Yaoundé and the central region and choose the broadcasting sites, frequency and strategy.....	17
3.2.9. Activity 9 : full proximity visits are organized in the Central Region of Cameroon by September 2016, and a total of at least 4,000 marginalized patients with cataracts are operated on within 4 years.....	17
3.2.10. Activity 10 : Train local volunteers, including community-led distributors, in localities selected for community mobilization and leadership, in the event of visual impairment likely due to cataracts .....	18
3.2.11. Activity 11 : Identify training establishments and send training personnel .....	18
3.2.12. Activity 12. Send faculty members and MLOPs abroad for training .....	18
3.2.14. Activity 14. Obtain quotes from manufacturers / suppliers of microsurgery training materials. Place orders, clear customs and install equipment.....	19
3.2.15. Activity 15. Train teachers in selected schools and provide them with screening kits.....	20
3.2.16. Activity 16. School visits by the school eye health team for refractions of children screened and the examination of other important eye disorders.....	20
3.2.17. Activity 17. Finalize and sign the memorandum of understanding with the University of Yaoundé I.....	21
3.2.18. Activity 18. Agree with the University of Yaoundé I on the training objectives of residents at different stages of their training at MICEI and prepare a log book for residents .....	21
3.2.19. Activity 19. Prepare the ophthalmology students of the University of Yaoundé I.....	22
3.2.20. Activity 20. Appoint a resident coordinator at MICEI .....	22

3.2.21.	Activity 21. Purchase and install wet and dry laboratory equipment, books and audio-visual materials	23
3.2.22.	Activity 22. Training residents in ophthalmology at the University of Yaoundé I	23
3.2.23.	Activity 23. Agree with the University of Yaoundé on MLOP training at different stages of their training at MICEI and prepare a logbook for the different categories of MLOP	23
3.2.24.	Activity 24. Prepare lists of elective mandates for MLOP trainees from the University of Yaoundé I	24
3.2.25.	Activity 25. Appoint an MLICE training coordinator at MICEI	24
3.2.26.	Activity 26. Train the MLOP of the University of Yaoundé	25
3.2.27.	Activity 27. Start training MICEI MLOPs	25
3.2.28.	Activity 28. Prepare the program of various short courses for practicing ophthalmologists and MLOPs	26
3.2.29.	Activity 29 : Identify and recruit the teaching staff	26
3.2.30.	Activity 30 : Identify a team for the identification / adaptation and production of various IEC materials	26
3.2.31.	Activity 31. Produce IEC field test materials	27
3.2.32.	Activity 32. Disseminate IEC materials	27
3.2.33.	Activity 33. Prepare a monitoring model	28
3.2.34.	Activity 34. Prepare the terms of reference of the external evaluator	28
3.3.	Results in relation to the criteria of relevance, effectiveness, efficiency, impact and sustainability of the project	29
3.3.1.	Result concerning the relevance	29
3.3.2.	Result in relation to efficiency	30
3.3.3.	Result in relation to efficiency	30
3.3.4.	Result in relation to impact	31
3.3.5.	Result in relation to sustainability	31
4.	Strenghts and weaknesses of the project	32
4.1.	Strong points of the project	32
4.2.	The weak points of the project	32
5.	Conclusion and recommandations	33

## List of tables :

Table 1: the areas covered during the field work .....	11
Table 2 : Finalization rate of the architectural drawing for the accommodation of patients with eye diseases.....	14
Table 3 : Execution rate of advertisements to obtain invoices from construction companies .....	14
Table 4 : The execution rate of the choice of a construction company and the signing of the contract for the construction of the eye care unit .....	15
Table 5 : Taux d'exécution de la construction et l'équipement de l'unité de soins ophtalmologiques .....	15
Table 6 : Finalization rate of the list of consumables for cataract surgery .....	16
Table 7 : Execution rate of supplying consumables from manufacturers .....	16
Table 8 : Taux d'exécution des soins gratuits ou subventionnés de 4 000 opérations de la cataracte sur des patients trop pauvres .....	17
Table 9 : Rate of execution of the organization of awareness-raising visits in the selected areas.....	17
Table 10 : Rate of execution of complete proximity visits organized in the Central Region of Cameroon.....	18
Table 11 : Rate of execution of the identification of training establishments and sending staff for training. ....	18
Table 12 : Training delivery rate for faculty members and MLOPs abroad.....	19
Table 13 : Completion rate of the finalization of the list of materials and equipment necessary for the training of different eye care executives at MICEI .....	19
Table 14 : Execution rate for obtaining quotes from manufacturers / suppliers of training material in microsurgery.....	20
Table 15 : Rate of teacher training in selected schools and their supply of screening kits.....	20
Table 16 : Completion rate of school visits by the eye health team for refractions.....	21
Table 17 : Execution rate of the finalization and signing of the agreement protocol with the University of Yaoundé I.....	21
Table 18 : Execution rate of the signing of the protocol between the University of Yaoundé I and the MICEI.....	22
Table 19 : Rate of execution of the preparation of ophthalmology students from the University of Yaoundé I.....	22
Table 20 : Rate of execution of the appointment of a resident coordinator at MICEI .....	22
Table 21 : Rate of execution of the purchase and installation of wet laboratory and dry laboratory equipment, books and audiovisual material.....	23
Tableau 22 : Taux d'exécution de la formation des résidents en ophtalmologie de l'Université de Yaoundé I .....	23
Table 23 : Rate of execution of the agreement with the University of Yaoundé I for the training of MLOPs at different stages at MICEI .....	24
Table 24 : Rate of execution of the preparation of lists of elective mandates for MLOP trainees from the University of Yaoundé I .....	24
Table 25 : Rate of execution of the appointment of an MLICE training coordinator at MICEI.....	25
Table 26 : Rate of execution of MLOP training at the University of Yaoundé I .....	25
Table 27 : Execution rate at the start of MICEI MLOP training .....	25
Table 28 : Program completion rate of various short courses for practicing ophthalmologists and MLOPs .....	26
Table 29 : Teacher identification and recruitment performance rate.....	26
Table 30 : Execution rate of the choice of a team for identification / adaptation and production of various IEC materials.....	27
Table 31 : Production completion rate of IEC field test equipments .....	27
Table 32 : IEC material distribution rate .....	27
Table 33 : Rate of execution of the preparation of a monitoring model.....	28
Table 34 : Rate of execution of the preparation of the terms of reference of the external evaluator.....	28
Tableau 35 : Taux d'exécution du recrutement et de l'évaluation externe .....	28
Table 36 : Percentage of result compared to relevance .....	29
Table 37 : Percentage of beneficiary care .....	29
Table 38 : Percentage of appreciation of care costs .....	29

Table 39 : Percentage of quality of project implementation.....	30
Table 40 : Percentage of project weaknesses .....	33

### List of figures :

Figure 1 : Respondents to the assessment by social category.....	11
Figure 2 : Data by gender of beneficiaries. ....	12

## Executive summary

Any evaluation process has at least four ambitions: *“to inform decision-making, to pilot projects / policies; improve the quality of interventions; understand and objectify logics of action and fuel debates”*. It is in this same logic that the final evaluation of the **"Seeing is believing"** project was initiated in April 2014 and completed in August 2019. **This project aimed to reduce poverty in the Center Region by treating patients with cataracts.** The systematic and rigorous assessment of the achievement of these results is based on the criteria of relevance, effectiveness, efficiency, impact and sustainability. These elements of assessment are expressed quantitatively and qualitatively.

Generally, the level of achievement of results had to be measured compared to the basic indicators defined at the beginning of the project. The 35 major activities included in the project experienced the following completion rates: 26 were 100% achieved, i.e. 74.28%; one result greater than 100%, i.e. 2.85%. The satisfactory results are therefore 27 out of 35, i.e. 77.14% of the completion rate. Eight (08) have achievements below 100% i.e. 22.85%.

### *Results that were not achieved:*

- Finalize and sign the agreement with the University of Yaoundé 1, **50%**.
- Agree with the University of Yaoundé 1 on the training objectives for residents at the various stages of their training in our institute and prepare a log book for the residents, **0%**
- Prepare lists of residents in ophthalmology for optional internships at the University of Yaoundé, **0%**.
- Train residents in ophthalmology at the University of Yaoundé, **50%**.
- Agree with the University of Yaoundé 1 on the MLOP training objectives at different stages of their training in our institute and prepare a logbook for the different categories of MLOP, **50%**
- Prepare lists of elective internships for the MLOPs of the University of Yaoundé. **0%**.
- Train the MLOPs of the University of Yaoundé, **0%**.

The result achieved at more than 100% is: performing free of charge or subsidizing 4,000 cataract operations on patients too poor to pay for their cataract operation, ensuring their nutrition and their hospital stay 114.77%.

The evaluation allows us to decide on effectiveness, relevance, efficiency, impact and sustainability.

Regarding efficiency, the achievement rate of 77.14% has been reached. The main activities that have not been carried out relate to training, in particular in partnership with the University of Yaoundé I. The University's slow reactivity to the demands of the project team has led to reducing 21.42% the execution rate of the activities included in the project. However, 97.11% of care recipients met say they are satisfied with the service. With regard to relevance, 98.51% of beneficiaries met agreed that the project is useful and very useful, that it is in line with their needs. Among them, 76% think that the price charged takes into account their vulnerable status. Regarding the impact, it is appreciated at the level of the patients who have regained their sight. This allows them to resume their rural and commercial activities. They feel more autonomous in their mobility to the relief of their loved ones and the community. We imagine then that the latter improved their yields as a result of their increased availability. The investigation does not reveal any negative impact.

In terms of sustainability, the project has great potential. The following recommendations in order of importance could strengthen this sustainability:

- Increase awareness of the prevention and treatment of blindness in the planning and implementation of activities,
- Strengthen the orientation and follow-up network for patients to enable them to access eye care services, from the village level to the regional level,
- Establish the necessary processes to screen, treat and guide patients adequately,
- Integration with the public health system.

We conclude on the strengths and weaknesses of the project. In terms of project implementation, the strong points were to address all 35 activities of the project. None of the activities were overlooked. For the care, the reasons for the success revealed by the beneficiaries are as follows: go to the patient, respect appointments given to the patients, transport, nutrition and accommodation of the patients at a symbolic cost, good reception and follow-up of the patients, ability to mobilize a large number of patients, especially the poorest, constitution of a team of very dynamic, professional and available staff, screening of patients on the spot. The main weakness of the project is mainly at the level of the partnership with the University of Yaoundé I.

Two suggestions seem necessary to us. The first is to have a project that covers care and its care at the same time, especially for vulnerable patients who would need corrective glasses. The project only provided for reading glasses at the low price of 5,000 CFA francs. The second suggestion aims to deploy diplomacy, negotiation and political skills to bring about the partnership with the University of Yaoundé I.



# Introduction

MICEI, via the “*seeing is believing*” project, funded by the *Standard Chartered Bank*, contributes to poverty reduction in the Cameroon Center region by supporting quality services concerning cataracts, refraction and comprehensive eye care for marginalized populations and specific opportunities at MICEI. MICEI, as the organization responsible for implementing this project, is the first project of the Africa Eye Foundation, a Geneva-based NGO whose mission is to preserve, improve and restore sight for all, particularly vulnerable people in Central and Francophone Africa.

The objective of the SiB project funded by the Standard Chartered Bank is to contribute to poverty reduction in the Central Region of Cameroon by supporting quality cataract, refraction and comprehensive eye care services for marginalized populations and opportunities specific to MICEI.

As part of the implementation of this project, numerous actions were carried out in the field. Thirty-five (35) activities were included in the project. One of the planned activities is the evaluation by an independent expert.

The firm *OBIV solutions* was requested for this evaluation. This evaluation report is organized around four points. It recalls the objectives (of the project and the evaluation), the intervention team, the methodology and the difficulties encountered. Firstly, it brings out the progress of the evaluation activities, and then indicates the methodology of the evaluation activities designed by the cabinet and implementation with the participation of the key actors of the project, and finally, presents the results of the evaluation activities.

## 1. The project's objective

### 1.1 General objective of the Project

Contribute to poverty reduction in the Center region of Cameroon by supporting quality cataract, refraction and comprehensive eye care services for marginalized populations and by offering specific opportunities to the eye institute.

### 1.2 Specific objectives :

1. Build and equip rooms for eye patients and other marginalized patients mainly coming for cataract surgery by August 2016.
2. Perform 4,000 subsidized or free cataract operations on marginalized people who are too poor to pay, and ensure that the proportion of patients with corrected vision of 6/18 or more, one week after the operation, is 80% by December 2018.
3. Establish, by December 2018, a weekly program of comprehensive community eye care through outreach actions in marginalized areas of the Central Region of Cameroon, and transport patients requiring cataract surgery at MICEI and bring them back to their communities.
4. By December 2017, provide additional training to various members of the MICEI faculty (training of trainers), who will play an essential role in training the next generation of eye care workers in Cameroon.

5. Provide adequate training facilities for MICEI, including teaching microscopes, library, wet laboratory, etc. for training various categories of eye care workers, who will improve the delivery of eye care services in other regions of Cameroon.
6. Obtain, adapt, produce and disseminate various information, communication and education materials in the field of eye health (in particular through the use of mobile phones).
7. Set up from the start a complete but user-friendly system for documenting, monitoring, reporting and evaluating all the key activities of the project.

### ***1.3. The objective of the evaluation:***

The objective of the evaluation is to measure the results and observable positive and negative trends, as well as to make recommendations.

The specific objectives of the evaluation will be to assess the following:

1. Determine if the activities are carried out in accordance with the grant agreement, if the results are clear and documented and if the results are achieved.
2. Evaluate the effectiveness and the results obtained by the project in accordance with the grant agreement and the work plan.
3. Evaluate the quality of training: is the knowledge acquired applied?
4. Evaluate the relevance, effectiveness, efficiency, impact and sustainability of the project.
5. Provide recommendations for future projects.

## **2. Methodology and difficulties encountered**

It sorts the approach we used at the end to obtain the result of the evaluation, but also brings out the limits of our approach.

### ***2.1. Methodology of the evaluation***

In accordance with the terms of reference, the evaluation mission for which the services of the Consultant were requested adopted an iterative, participative and coherent approach which involved the four categories of key participants in the study: team members MICEI project; project beneficiaries (cataract patients); administrative health authorities and community mobilizers. The research of our target population of the evaluation led us in seven departments: Mbam et Kim, Lékié, Nyong et Mfoumou, Nyong et Kelé, Mefou et Afamba, Mefou et Akono and Mfoundi (see the reasons in 2.2.4 below).

### ***2.2. The stages of the methodological approach***

#### **2.2.1. Documentary analysis**

The assessment mission began by reviewing the documentation given by the project managers. These included the terms of reference and activity reports. This secondary data allowed us to have an overview of the mastery of the existing documents and the extent of the elements that remained to be understood and documented.

### 2.2.2. The development of the interview guide

An interview guide for the key players in the project was developed. In order to include the triangulation approach, the guide was designed so that the same question was asked to different social categories. Two guides were developed on this subject: one, intended for the beneficiaries of the project and administered in focus group discussion, and the other, intended for MICEI staff and administered in the form of in-depth interviews. This guide was previously validated by the project team before its administration.

### 2.2.3. Questionnaires

This is another category of a sophisticated data collection tools. The survey which developed two questionnaires on this subject: one for the beneficiaries and the other for the administrative health authorities and organizer camps as well as community relays. These questionnaires were also validated by the project team before their administration.

### 2.2.4. Constitution of the sample

The survey was for four project target groups: beneficiaries, implementers, community mobilizers and administrative health authorities.

It did not seem relevant to us to determine the sample of populations to be surveyed in terms of the number of individuals, particularly with regard to the beneficiaries, because of their dispersion and the difficulties in mobilizing them. Indeed, there is no guarantee that a patient who has received treatment will remain for a long time at his place of residence. In addition, patients often come from afar to seek for treatment. We have nonetheless endeavored to find a certain number per locality chosen so as to constitute a conventionally acceptable size for focus group discussion.

On the other hand, we found that it would be more relevant and more representative to constitute the sample of the populations to be surveyed on the basis of geographic, socio-anthropological and urbanistic criteria. These criteria seem important to us on one hand in determining the causes of eye diseases and on the other hand in the perception and appreciation that the different categories may have for treatment.

Geographically, the biogeographic element (vegetation) and the hydrographic element (water course) were dominant factors to be taken into consideration. Thus, were targeted, on one hand, the populations located in the Sanaga basins which cross a shrubby savannah zone and on the other hand, those located along the Nyong, closer to the primary forest. Most projects locations, but not all, fall within this geographic framework, hence the need to integrate other criteria for determining the sampling. The urban criteria allowed us to classify the project areas into three to take into account all localities: urban, semi-urban and rural.

Finally, the socio-anthropological criterion makes it possible to classify the populations of project into a few cultural groups: Beti, Bassa, Ossanaga more or less homogeneous and a fairly cosmopolitan group, that of Yaoundé. The selection of the sample on the basis of these three criteria will allow surveys to be carried out in the seven departments mentioned above and distributed as follows:

**Table 1: the areas covered during the field work**

Zone 1	Zone 2	Zone 3
- Ntui	- Akonolinga	- Eséka
- Ngomo	- Ayos	- Boumnyebel
- Ebang	- Nkolafamba	- Mbankomo
- MICEI	- Cité Verte	- Nsimalen

*Source : the consultant*

### 2.2.3. Training of investigators, teams and data collection

A team of three investigators was assembled and assigned to the task. Once the questionnaires were validated, the interviewers were briefed on the different concepts and how to easily fill out the questionnaires and administer the interviews.

Three teams of two investigators each were formed according to the workload and the constraints.

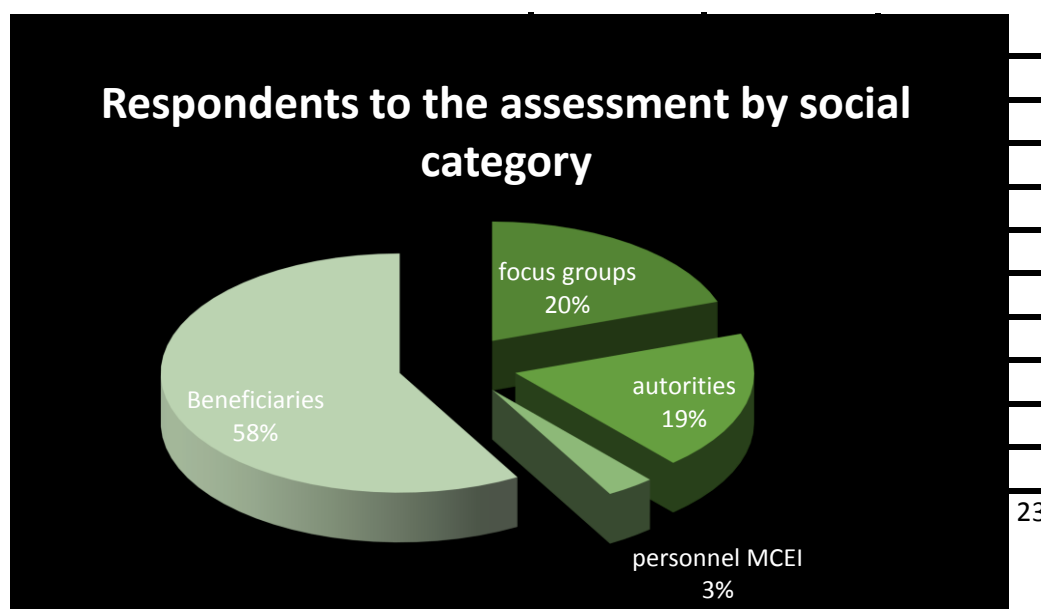
Data from questionnaires and interviews were collected using interviews with project beneficiaries, project team, administrative health authorities of community relays.

### 2.2.4. Field surveys

They can be summarized in three operations: the semi-structured interview with the key participants in the study, which are: the project team, focus group discussions with the main beneficiaries of the project, and finally the administration of questionnaires to beneficiaries and health authorities and community intermediaries.

A total of 118 people took part in the assessment as guarantors, distributed as follows:

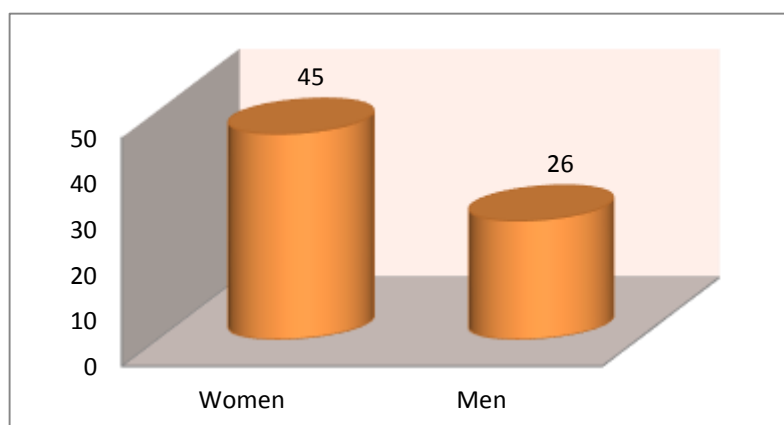
**Figure 1 : Respondents to the assessment by social category**



*Source: Consultants survey*

The data disaggregated by sex of the beneficiaries is presented as follows in the histogram below:

**Figure 2 : Data by gender of beneficiaries.**



*Source : Consultants survey*

### 2.2.7. Counting, processing and analysis of results

It consisted in processing, analyzing and interpreting the results of interviews and questionnaires carried out in the field. Cross-tabulations were made between qualitative data and the few quantitative data to analyze the results by category of actor. These aimed, among other things, at assessing the relevance of the intervention logic, the effectiveness of the activities programmed within the framework of the project, as well as the effectiveness, efficiency, impact, sustainability and recommendations for consolidating the achievements of the project.

After the analysis, the data exploitation phase started with the processing of questionnaires: aggregation of certain data on a single analysis matrix, processing of other quantitative data on Excel software.

The quantitative data analysis consisted in classifying the data that was subject to encryption, then in interpreting it. Finally, for the qualitative data, we proceeded to classify the frequencies of the responses in the optics of a lexicometric analysis, then we interpreted them.

### 2.3. Intervention team

- Pr ONDOUA Biwolé Viviane coordinator, expert in governance issues
- Mrs. ZOBO Marie Henriette épse Tabi, economist, Head of evaluation mission
- Dr FANKEM, Sociologist, evaluator
- Pr YAP, doctor, Consultant

### 2.4. Difficulties of the study

According to the projection of our sampling, in all the localities selected by the study, we had a number of (or ex) patients to be surveyed. But in all the sites, we could not meet the number of people to be investigated, despite the help of community relays and camp organizers who served as guide.

This was due to:

- ✓ The mobility of beneficiaries who are no longer necessarily in the areas where they were at the time of the cataract surgery campaigns,
- ✓ The telephone numbers of a number of them who no longer pass
- ✓ The death of some of them,
- ✓ Geographical dispersion difficulties of access in the countryside where they are,
- ✓ Failure to respect the meetings at the assembly points indicated to them by the community relays.

All these reasons reduced the number of respondents to 118. It would have been feared that these factors influenced certain results of the evaluation. But the recurrence of the answers given in the interview thread with the patients shows that the number of respondents would be representative enough to give reliable results, especially since the study was more qualitative than quantitative. Two concerns were at the center of the research: the evaluation of the implementation of the project and the evaluation of the results

### 3. Results of the evaluation

The results of the evaluation will be presented first according to the indicators of achievement of the project objectives. These are measurable from the execution rates of activities and sub-activities attached to each expected result. The evaluation will then present the results according to the criteria of relevance, efficiency, effectiveness, impact and sustainability of the project.

#### *3.1. Expected results of the project*

To achieve the objectives, nine results were expected from this project:

**Result 1:** The construction and equipment of the Eye Patient Service is completed by August 2016.

**Result 2:** In 4 years, MICEI performs a total of 4,000 cataract operations, subsidized or free, and the result complies with WHO / IAPB standards.

**Result 3:** full proximity visits are organized in the Central Region of Cameroon by September 2016, and a total of at least 4,000 marginalized patients with cataracts are operated on within 4 years.

**Result 4:** two MICEI ophthalmologists will be trained by December 2017, one for cataract surgery (SICS and Phaco) and one for glaucoma management

**Result 5:** the main MICEI MLOPs (2 refractors, 2 optical technicians, 1 instrument maintenance technician) will be trained by December 2017.

**Result 6:** facilities and equipment to provide training to various optical professionals will be available at MICEI by December 2017.

**Result 7:** A training agreement to be signed with the University of Yaoundé for the training of ophthalmologists

**Result 8:** other MLOPs will be trained at MICEI

**Result 9:** Various health education and communication materials should be produced, field tested and distributed to target groups and an impact assessment should be carried out.

### 3.2. Results in relation to the achievement of activity objectives

The aim is to confirm whether the project objectives have been achieved and that the results obtained have met the beneficiaries' expectations. It is therefore important to assess the level of achievement of results by the rate of execution of the thirty-five (35) activities to be carried out, included in the project.

#### 3.2.1. Activity 1. Finalize the architectural drawing for the accommodation of patients with eye diseases

This first activity consisted in developing an architectural plan for the eye patients. Scheduled to be completed in 2016, activity was completed in the first quarter of 2014.

**Table 2 : Finalization rate of the architectural drawing for the accommodation of patients with eye diseases**

Activities	Forecast s	Realisations	Projected target year	Year of realization	Devi ation s	Executio n rate
Finalize architectural drawings for accommodation of patients in eye care camps	1	1	2016 (august)	2014 (1 <sup>st</sup> semester)	0	<b>100%</b>

*Source: consultant's survey*

The table above tells us that the activity was carried out 100% and with great speed, since it was completed before its scheduled completion.

#### 3.2.2. Activity 2. Announce and obtain invoices from construction companies

Regarding this activity, the project team advertised and was able to obtain invoices from construction companies. Offers from potential contractors were received in the first quarter of 2014.

**Table 3 : Execution rate of advertisements to obtain invoices from construction companies**

Activities	Forecasts	Realisations	Projected target year	Year of realization	Deviati ons	Execution rate
Advertise and get invoices from construction companies	1	1	2016 (august)	2014 (1 <sup>st</sup> semester)	0	<b>100%</b>

*Source : consultant's survey*

The table above indicates that the activity was carried out with 100% speed and efficiency and on time.



### 3.2.3. Activity 3. Select the construction company and sign the contract for the construction of the eye care unit

In the logical sequence of achieving the first result of the project, it was agreed that before 2016, a company should be selected for the construction of the accommodation center for ophthalmic patients. For this purpose, DJEMO BTP was chosen as the entrepreneur because of the good work done in the main hospital building. The contract was signed in July 2014.

**Table 4 : The execution rate of the choice of a construction company and the signing of the contract for the construction of the eye care unit**

Activities	Forecasts	Realisations	Projected target year	Year of realization	Deviations	Execution rate
Choose a construction company and sign a contract for the construction of an accommodation center for ophthalmic patients	1	1	2016 (august)	2014 (july)	0	100%

Source : Consultant's survey

As the table above indicates that the activity was carried out 100% on time. Which is an indicator of effectiveness.

### 3.2.4. Activity 4. Build and equip the eye care unit

In order to make the ophthalmic care unit operational, it had to be equipped after construction. The deadline was scheduled for August 2016. It was done, although the equipment continued until the first quarter of 2017.

**Table 5 : Taux d'exécution de la construction et l'équipement de l'unité de soins ophtalmologiques**

Activities	Forecasts	Realisations	Projected target year	Year of realization	Deviations	Execution rate
Build and equip an ophthalmic care unit	1	1	2016 (august)	2016 (august)	0	100%

Source : Consultant's survey

Construction works started in July 2014 and were completed in August 2016. The building was furnished in 2016 until the first quarter of 2017. From this table, we can see that the activity and the objectives registered in this activity have 100% achieved.

### 3.2.5. Activity 5. Finalize the list of consumables for cataract surgery

This activity was necessary for an effective start of the animation and care of the sick, especially in cataract surgery. It had to be carried out not later than 2016. For this purpose, a complete list of consumables for cataract surgery was established by the medical director.



**Table 6 : Finalization rate of the list of consumables for cataract surgery**

Activities	Forecasts	Realisations	Projected target year	Year of realization	Deviations	Execution rate
Finalization rate of the list of consumables for cataract surgery	1	1	2016 (august)	//	0	<b>100%</b>

Source : Consultant's survey

The table above shows that this activity was carried out at 100%.

### 3.2.6. Activity 6. Sourcing consumables from manufacturers

This activity is in line with the first expected result of the project and constitutes the logical continuation of the previous activity. After finalizing the list, these consumables were actually purchased in India, China, Cameroon and the United States.

**Table 7 : Execution rate of supplying consumables from manufacturers**

Activities	Forecast s	Realisati ons	Projecte d target year	Year of realization	Devi ation s	Execution rate
Sourcing consumables from manufacturers and suppliers	1	1	2016 (août)	//	0	<b>100%</b>

Source : Consultant's survey

As can be seen in the table above, the activity experienced a completion rate of 100%.

It must be said that certain sub-activities have also been carried out to help achieve the expected result. We note for example,

- Purchase from CAMI TOYOTA in Cameroon and the registration of a 4x4 vehicle (Land Cruiser)
- Purchase of a motorcycle.

As we can see through the activities described above, the first result (R1) was largely achieved at 100%.

### 3.2.7. Activity 7 : Perform free or subsidize 4,000 cataract operations on patients who are too poor to pay for their cataract operation, ensure their nutrition and their hospital sojourn

This activity contributes to the second Result (R2) of the project, namely: " 4000 subsidized or free cataract operations on marginalized people and too poor to pay".

**Table 8 : Taux d'exécution des soins gratuits ou subventionnés de 4 000 opérations de la cataracte sur des patients trop pauvres**

Activities	Forecasts	Realisations	Projected target year	Year of realization	Deviations	Execution rate
Perform free or subsidize 4,000 cataract operations on patients who are too poor to pay for their cataract operation, ensure their nutrition and their hospital stay	4000	4591	2018 (september)	//	-591.	114,77%

Source : Consultant's survey

The table above shows a performance rate of this activity of 144.77%. This means that the implementers of the project reached and exceeded the previously set objectives, by carrying out free or subsidizing an additional 591 patients.

### 3.2.8. Activity 8 : Organize a stakeholder meeting for global eye health in Yaoundé and the central region and choose the broadcasting sites, frequency and strategy

Two meetings were organized in 2017 and 2018 with stakeholders, awareness sites were selected and strategies were defined for successful awareness

This activity was effectively carried out. The number of awareness visits was not defined in the project terms of reference. But the project team was able to organize 252 awareness camps for the duration of the project.

**Table 9 : Rate of execution of the organization of awareness-raising visits in the selected areas.**

Activities	Forecasts	Realisations	Projected target year	Year of realization	Deviations	Execution rate
Organize awareness visits to the selected areas	1	1	//	//	0	100%

Source : Consultant's survey

From this table, we can see that the objective of this activity has been reached at 100%.

### 3.2.9. Activity 9 : full proximity visits are organized in the Central Region of Cameroon by September 2016, and a total of at least 4,000 marginalized patients with cataracts are operated on within 4 years.

By the end of the deadline for this activity, the objective was not fully achieved. The reason was the late start of outreach activities and the very low acceptance rate of cataract surgery in the communities contributed to the low number of patients brought from the communities for surgery.

**Table 10 : Rate of execution of complete proximity visits organized in the Central Region of Cameroon.**

Activities	Forecasts	Realisations	Projected target year	Year of realization	Deviations	Execution rate
Transport 4,000 very poor patients who are unable to pay for cataract surgery at MICEI	4000	1955	2018 (september )	//	2045	48,87%

Source : Consultant's survey

The table above shows a poor rate of execution of this activity of 48.87%, which is still close to the average.

### 3.2.10. Activity 10 : Train local volunteers, including community-led distributors, in localities selected for community mobilization and leadership, in the event of visual impairment likely due to cataracts

398 community volunteers were trained to help detect visual impairments due to cataracts and refractive errors. It is important here that a number was not originally planned. For the evaluation, what matters is knowing that the activity was carried out. The objective of this activity is therefore 100% achieved

### 3.2.11. Activity 11 : Identify training establishments and send training personnel

Lions Aravind Institute of Community Ophthalmology (LAICO) has been identified as the main training center for the MICEI faculty and the MLOPs. Some faculty members have been trained in Finland and South Africa.

**Table 11 : Rate of execution of the identification of training establishments and sending staff for training.**

Activities	Forecasts	Realisations	Deviations	Execution rate
Identify training centers and obtain admission fees and costs for faculty members and MLOPs	3	3	0	100%

Source : Consultant's survey

Reading the table above tells us that the activity was carried out efficiently, with a 100% execution rate.

### 3.2.12. Activity 12. Send faculty members and MLOPs abroad for training

Concerning this activity, an ophthalmologist was trained at LAICO, two other doctors trained at LAICO and another trained in Finland received practical training and laboratory training for other ophthalmologists.

**Table 12 : Training delivery rate for faculty members and MLOPs abroad**

Activities	Forecasts	Realisations	Projected target year	Year of realization	Deviations	Execution rate
Send faculty members and MLOPs abroad for training.	3	3	2017	//	0	<b>100%</b>

Source : Consultant's survey

### 3.2.13. Activity 13 : Finalize the list of materials and equipment necessary for training the different eye care managers at MICEI

This activity added to the project was effectively carried out. The list of training materials and equipment (including the teaching microscope) was finalized in 2016.

**Table 13 : Completion rate of the finalization of the list of materials and equipment necessary for the training of different eye care executives at MICEI**

Activities	Forecasts	Realisations	Projected target year	Year of realization	Deviations	Execution rate
Finalize the list of materials and equipment necessary for the training of the various executives of eye health workers at the institute	1	1		2016	0	<b>100%</b>

Source : Consultant's survey

As can be seen from this table, the activity was carried out efficiently because it is 100% complete.

### 3.2.14. Activity 14. Obtain quotes from manufacturers / suppliers of microsurgery training materials. Place orders, clear customs and install equipment.

Quotes for microsurgery training materials have been obtained from Scan optics, Deepak LTD and other suppliers in India, orders have been placed and approved.

Audiovisual training materials were ordered on site, supplied and installed in the audiovisual room. Many other study materials (including periodicals and books) have been purchased from LAICO.

**Table 14 : Execution rate for obtaining quotes from manufacturers / suppliers of training material in microsurgery.**

Activities	Forecasts	Realisations	Projected target year	Year of realization	Deviations	Execution rate
Obtain quotes from manufacturers / suppliers of microsurgery training materials. Place orders, clear customs and install equipment.	10	10	//	//	0	100%
Obtain quotes for audiovisual and other training materials. Place orders, clear customs and install equipment and resources						

Source : Consultants's survey

As can be seen, all the 10 sub-activities registered in this activity were all carried out, bringing the execution rate to 100%.

### 3.2.15. Activity 15. Train teachers in selected schools and provide them with screening kits.

A total of 64 teachers were trained and received screening kits as part of the project activities.

**Table 15 : Rate of teacher training in selected schools and their supply of screening kits.**

Activities	Forecasts	Realisations	Projected target year	Year of realization	Deviations	Execution rate
Train teachers in selected schools and provide them with screening kits.	2	2	//	//	0	100%

Source : Consultants's survey

It should be noted that no predetermined number was defined at the beginning and that what matters for the evaluation is that the announced activity should be carried out, which makes a completion rate of 100%.

### 3.2.16. Activity 16. School visits by the school eye health team for refractions of children screened and the examination of other important eye disorders.

Visits were made by the eye health team to schools in the Central Region. At the end of these visits, 21,809 children were screened for refractions and examination of other significant eye disorders.

**Table 16 : Completion rate of school visits by the eye health team for refractions**

Activities	Forecasts	Realisations	Projected target year	Year of realization	Deviations	Execution rate
Visit of schools by the eye health team of children screened for refractions and the examination of other important eye disorders.	1	1	//	//	0	<b>100%</b>

Source : Consultants survey

This activity in schools in the Center region of Cameroon is considered to have been carried out effectively with an execution rate of 100%.

### 3.2.17. Activity 17. Finalize and sign the memorandum of understanding with the University of Yaoundé I

The memorandum of understanding with the University of Yaoundé 1 has been finalized since 2018 and is still awaiting signature

Despite several reminders, the project team does not know why the University of Yaoundé 1 did not sign the agreement protocol.

**Table 17 : Execution rate of the finalization and signing of the agreement protocol with the University of Yaoundé I**

Activities	Forecasts	Realisations	Projected target year	Year of realization	Deviations	Execution rate
Finalize and sign the agreement protocol with the University of Yaoundé 1	2	1	//	//	1	<b>50%</b>

Source : Consultants survey

This activity had two components: finalizing the memorandum of understanding and signing the memorandum. Only one component of both of this activity was carried out, bringing the completion rate to 50%.

### 3.2.18. Activity 18. Agree with the University of Yaoundé I on the training objectives of residents at different stages of their training at MICEI and prepare a log book for residents

The non-signing of the protocol at the University of Yaoundé I constituted a real bottleneck for subsequent activities. Therefore, the activity listed at this point was not carried out.

**Table 18 : Execution rate of the signing of the protocol between the University of Yaoundé I and the MICEI**

Activities	Forecasts	Realisations	Projected target year	Year of realization	Deviations	Execution rate
Agree with the University of Yaoundé I on the training objectives of residents at the various stages of their training in our institute and prepare a log book for residents.	1	0	//	//	1	<b>0%</b>

Source : Consultant's survey

As indicated in the table above, this activity has not been carried out and therefore has an execution rate of 0%.

### 3.2.19. Activity 19. Prepare the ophthalmology students of the University of Yaoundé I

As in the previous activity, the same causes produced the same effects. Consequently, the activity of preparing ophthalmology students in this institution was not carried out.

**Table 19 : Rate of execution of the preparation of ophthalmology students from the University of Yaoundé I**

Activities	Forecasts	Realisations	Projected target year	Year of realization	Deviations	Execution rate
Prepare lists of residents in ophthalmology for optional internships at the University of Yaoundé	1	0	//	//	1	<b>0%</b>

Source : Consultant's survey

The activity could therefore not be carried out because the memorandum of understanding has not yet been signed therefore its execution rate is 0%.

### 3.2.20. Activity 20. Appoint a resident coordinator at MICEI

A training coordinator has been appointed to MICEI, although the memorandum of understanding which should pave the way for the launch of the residency program has not yet been signed.

**Table 20 : Rate of execution of the appointment of a resident coordinator at MICEI**

Activities	Forecasts	Realisations	Projected target year	Year of realization	Deviations	Execution rate
Appoint a resident coordinator at MICEI	1	1	//	//	0	<b>100%</b>

Source : Consultant's survey

The table above shows that the activity was carried out at 100%.

### 3.2.21. Activity 21. Purchase and install wet and dry laboratory equipment, books and audio-visual materials

This activity was effectively carried out. Wet Lab equipment were purchased, and audiovisual equipment was effectively purchased and installed.

**Table 21 : Rate of execution of the purchase and installation of wet laboratory and dry laboratory equipment, books and audiovisual material**

Activities	Forecasts	Realisations	Projected target year	Year of realization	Deviations	Execution rate
Purchase and install wet and dry laboratory equipment, books and audio-visual equipment.	2	2	//	//	0	100%

Source : Consultants Survey

As the table shows, the execution rate for this activity is 100%.

### 3.2.22. Activity 22. Training residents in ophthalmology at the University of Yaoundé I

To date, the University of Yaoundé 1 has not yet signed the agreement protocol prepared and finalized between the two entities since 2017.

**Tableau 22 : Taux d'exécution de la formation des résidents en ophtalmologie de l'Université de Yaoundé I**

Activities	Forecasts	Realisations	Projected target year	Year of realization	Deviations	Execution rate
Training residents in ophthalmology at the University of Yaoundé I	2	1	//	2017	1	50%

Source : Consultants Survey

Only one of the two components of this activity was carried out. Which brings its execution rate to 50%.

### 3.2.23. Activity 23. Agree with the University of Yaoundé on MLOP training at different stages of their training at MICEI and prepare a logbook for the different categories of MLOP

This activity was not done in the standards enacted at the beginning of the project because the agreement protocol has not yet been signed with the University of Yaoundé I as planned. However, MICEI signed an agreement with the Ministry of Public Health for the training of MLOPs in MICEI. The first batch of these trainees just completed their training in March 2020.



**Table 23 : Rate of execution of the agreement with the University of Yaoundé I for the training of MLOPs at different stages at MICEI**

Activities	Forecasts	Realisations	Projected target year	Year of realization	Deviations	Execution rate
Agree with the University of Yaoundé 1 on the MLOP training objectives at different stages of their training in our institute and prepare a logbook for the different categories of MLOP	2	1	//	//	1	50%

Source : consultant's survey

It should therefore be observed, as this table shows, that even if the protocol with the university was not signed, the training nevertheless took place. Therefore, we can consider that only one of the two sub-activities was carried out, that is, an execution rate of 50%.

### 3.2.24. Activity 24. Prepare lists of elective mandates for MLOP trainees from the University of Yaoundé I

This activity, which was subject to the signing of the memorandum of understanding with the University, was not carried out.

**Table 24 : Rate of execution of the preparation of lists of elective mandates for MLOP trainees from the University of Yaoundé I**

Activities	Forecasts	Realisations	Projected target year	Year of realization	Deviations	Execution rate
Prepare lists of elective internships for the MLOPs of the University of Yaoundé.	1	0	//	//	1	0%

Source : Consultant's Survey

The activity was not carried out, thus had an execution rate of 0%.

### 3.2.25. Activity 25. Appoint an MLICE training coordinator at MICEI

The training coordinator was effectively appointed to MICEI. He is responsible for all training programs.

**Table 25 : Rate of execution of the appointment of an MLICE training coordinator at MICEI.**

Activities	Forecasts	Realisations	Projected target year	Year of realization	Deviations	Execution rate
Appoint a MLOP training coordinator at the Cameroon Eye institute	1	1	//	//	0	100%

Source : Consultants survey

This activity was therefore carried out 100%.

### 3.2.26. Activity 26. Train the MLOP of the University of Yaoundé

As with the previously scheduled activities, the start of which depended on the signing of the protocol with the University, this activity could not be carried out due to the lack of a protocol previously signed with the institution.

**Table 26 : Rate of execution of MLOP training at the University of Yaoundé I**

Activities	Forecasts	Realisations	Projected target year	Year of realization	Deviations	Execution rate
Train the MLOPs of the University of Yaoundé.	1	0	//	//	1	0%

Source : Consultant's Survey

The agreement protocol has not yet been signed, therefore the activity has not been carried out, and therefore, its execution rate is 0%

### 3.2.27. Activity 27. Start training MICEI MLOPs

In terms of training, only the one linked to the University of Yaoundé posed the most problem. The rest went well. This is the case with the training of MLOPs at MICEI. So, MICEI started to train its own MLOPs (refractors, operating room nurses and instrument maintenance technicians) in 2017.

**Table 27 : Execution rate at the start of MICEI MLOP training**

Activities	Forecasts	Realisations	Projected target year	Year of realization	Deviations	Execution rate
Start training MICEI MLOPs	1	1	//	2017	0	100%

Source : Consultant's Survey

Looking at the table above, we realize that the activity was carried out with an execution rate of 100%.

### 3.2.28. Activity 28. Prepare the program of various short courses for practicing ophthalmologists and MLOPs

The project team did prepare short course and practical training programs which were approved.

**Table 28 : Program completion rate of various short courses for practicing ophthalmologists and MLOPs**

Activities	Forecasts	Realisations	Projected target year	Year of realization	Deviations	Execution rate
Prepare the program of various short courses for practicing ophthalmologists and MLOPs.	1	1	//	//	0	100%

Source : Consultant's Survey

With the realization of this planned activity, the completion rate for this part of the project is 100%.

### 3.2.29. Activity 29 : Identify and recruit the teaching staff

In this part of the activity, two senior surgeons and a sub-specialist were recruited in Egypt to help train doctors at MICEI. Visiting professors from London, the United States and Nigeria traveled to MICEI to train doctors and MLOPs.

**Table 29 : Teacher identification and recruitment performance rate**

Activities	Forecasts	Realisations	Projected target year	Year of realization	Deviations	Execution rate
Identify and recruit the teaching staff	2	2	//	//	0	100%

Source : Consultant's Survey

As you can see, the activity was accomplished as it was planned, giving a 100% execution rate.

### 3.2.30. Activity 30 : Identify a team for the identification / adaptation and production of various IEC materials

This activity has been completed. Indeed, the IEC material was developed by the communication and awareness department of MICEI and adapted to local realities.

**Table 30 : Execution rate of the choice of a team for identification / adaptation and production of various IEC materials.**

Activities	Forecasts	Realisations	Projected target year	Year of realization	Deviations	Execution rate
Identify a team for the identification / adaptation and production of various IEC materials	1	1	//	//	0	100%

Source : Consultant's Survey

With regard to this achievement and the table above, it can be concluded that the rate of execution of this activity is 100%.

### 3.2.31. Activity 31. Produce IEC field test materials

The project planned an autonomy in the production of certain materials which, moreover, had to be adapted to local realities. This is what the project team was able to do by locally producing IEC materials.

**Table 31 : Production completion rate of IEC field test equipments**

Activities	Forecasts	Realisations	Projected target year	Year of realization	Deviations	Execution rate
Produce and test IEC equipment in the field.	2	2	//	//	0	100%

Source : Consultant's Survey

The table above reports a 100% completion rate for this activity because all of the requirements for this activity were met.

### 3.2.32. Activity 32. Disseminate IEC materials

Many testify of the effectiveness of this activity because, the IEC material was distributed in the hospital, in camps of displaced persons and in agencies of the Standard Chartered Bank in Douala and Yaoundé.

**Table 32 : IEC material distribution rate**

Activities	Forecasts	Realisations	Projected target year	Year of realization	Deviations	Execution rate
Distribute IEC materials	1	1	//	//	0	100%

Source : Consultant's Survey

With regard to what is described above, compared with the terms of reference and the table above, it can be seen that this activity was performed at 100%.

### 3.2.33. Activity 33. Prepare a monitoring model

Here, the activity that should be remembered is that the monitoring was carried out because, during the implementation phase of the project, it was found that half-yearly monitoring was not realistic. A mid-term evaluation was carried out by Susan Evans in January 2018 and a KAP study was then conducted to identify barriers of using cataract operations in the communities.

**Table 33 : Rate of execution of the preparation of a monitoring model**

Activities	Forecasts	Realisations	Projected target year	Year of realization	Deviations	Execution rate
Prepare a monitoring model and perform a semi-annual monitoring	1	1	//	//	0	100%

Source : Consultant's Survey

If the activity did not go on as planned from the start, it is possible to note that the correction made to the methodology led us to the same result, hence an execution rate of 100%.

### 3.2.34. Activity 34. Prepare the terms of reference of the external evaluator

The terms of reference for the external evaluation was prepared and finalized. It is on the basis of these terms of reference that the recruited external evaluator began his work.

**Table 34 : Rate of execution of the preparation of the terms of reference of the external evaluator**

Activities	Forecasts	Realisations	Projected target year	Year of realization	Deviations	Execution rate
Prepare the terms of reference of the external evaluator	1	1	//	//	0	100%

Source : Consultant's Survey

Based on this observation, we realize that the rate of execution of this activity can therefore be estimated at 100%.

### 3.2.35. Activity 35. Recruitment and external evaluation

An external assessor has been engaged and will begin once the COVID-19 pandemic is over. The measures put in place by the Cameroonian government cannot allow this assessment to be carried out, since field trips will not be possible during this period of the pandemic.

**Tableau 35 : Taux d'exécution du recrutement et de l'évaluation externe**

Activities	Forecasts	Realisations	Projected target year	Year of realization	Deviations	Execution rate
Recrutement et évaluation externe	1	1	//	2020	0	100%

Source : Consultant's Survey

With this recruitment, the activity added an execution rate of 100%.

### 3.3. Results in relation to the criteria of relevance, effectiveness, efficiency, impact and sustainability of the project

#### 3.3.1. Result concerning the relevance

The evaluation of the relevance of the *seeing is believing* project will particularly show to what extent its objectives and priorities are in line with the needs of the targeted beneficiaries, taking into account the existing socio-economic environment. A series of answers to the questions asked by the beneficiaries helped to determine the correlation between the objectives of the project and the needs of the beneficiaries. The answers given below by the 71 beneficiaries gave our opinion.

**Table 36 : Percentage of result compared to relevance**

Do you find that the <i>"seeing is believing"</i> project was in line with the needs of the population? Why ?	Number	Percentage
<b>Yes, because so far there are no hospitals specializing in ophthalmic care in our region</b>	37	52,11%
<b>Yes, because their products seem cheaper to us</b>	34	47,88%
<b>No, they didn't bring anything new</b>	0	00%
<b>Other (specify)</b>	00	00%

Source : Consultant's Survey

The information that emerges from the statistical data contained in this table clearly shows that the project met the needs of the beneficiaries for at least two reasons: first, because the project was operationalized by a hospital specialized in ophthalmic care (52, 11%), but also because the costs were affordable (47.88%).

**Table 37 : Percentage of beneficiary care**

How did you appreciate the project?	Number	Percentage
<b>Very useful</b>	37	52,11%
<b>Useful</b>	33	46,47%
<b>Not very useful</b>	01	1,4%
<b>Useless</b>	00	00%

Source : Consultant's Survey

This table clearly shows that the project was found very useful for the beneficiaries (52.11%), or simply useful for others (46.47%).

**Table 38 : Percentage of appreciation of care costs**

Did the project really charge prices adapted to the poor and disadvantaged population?	Number	Percentage
<b>Yes, despite my limited means I was able to be treated</b>	46	64,78%
<b>Yes, because even without the means we were transported to get medical treatment</b>	08	11,26%
<b>No, the treatment they do does not take into account our means</b>	03	4,22%
<b>Other (specify)</b>	04	5,63%

According to 64.78% of the respondents, the main reason for this satisfaction is the low cost of the benefits, which allows even the most modest to be able to treat themselves.

### 3.3.2. Result in relation to efficiency

The efficiency of this project is the report which relates the results achieved to the resources used to produce these results. The overall efficiency of the project can be measured by the ratio between the funding granted, the human resources involved and the number of activities carried out.

It must be said that the project was born in a context where the hospital was not operational, a double challenge was therefore imposed: giving life to a structure through the project and carrying out the activities planned to achieve the objectives. However, since the idea came out, studies for the construction of the hospital structure were made and the buildings actually constructed. Care was administered almost free of charge to cataract patients from the most disadvantaged sections of the population. The objectives registered in favor of the target communities, namely patients from disadvantaged strata, were achieved. The project team was able to diagnose the patients, transport them to the hospital, operate them and bring them back to their villages. A four wheel drive vehicle was available and made it possible to pick up the sick even in the most remote countryside giving them satisfaction. This satisfaction can be seen in the table below.

**Table 39 : Percentage of quality of project implementation**

How do you assess the quality of the project?	Number	Pourcentage
<b>Very satisfying</b>	49	69,02%
<b>Satisfying</b>	20	28,16%
<b>Not satisfying</b>	1	1,4%
<b>Other (specify)</b>	1	1,4%

*Source : Consultant's survey*

The table indicates that 69.02% of the beneficiaries were very satisfied with the quality of the project and 28.16% satisfied.

This success can be explained by the dedication of the actors, i.e. the project implementation team, both from headquarters and from local relays recruited for this purpose. A motivated and committed team. Financial management, which is very often the gateway to project implementation failure, has been rather rigorous. Indeed, the project team developed a management code based on the presentation of supporting documents for expenditure, which avoided wasting financial resources. The alignment between human and financial resources and the results thus achieved from the project shows that the project was managed efficiently.

### 3.3.3. Result in relation to efficiency

For the evaluation, we had to verify the extent to which the planned objectives were achieved and the results obtained made it possible to resolve the problems identified.

A synoptic view of all the achievements registered in the project shows that out of the 35 activities registered in the project, 24 had a completion rate greater than or equal to 100%. Where the objectives were not achieved, the reasons were based on contingencies external to the project team. These include training activities at the University of Yaoundé I.



The success of the project is also the result of effective strategies put in place by the project team. Indeed, the team was able to put in place strategies that enabled them to go even beyond the primary objective of the project, namely to operate 4,000 patients from poor and disadvantaged strata suffering from cataracts. The project operated 4,591, representing a completion rate of more than 114%. To achieve this, the implementers of the project knew how to involve local actors who ensured patient awareness. The patient mobilization approach strategy consisted of recruiting local relays and camp organizers who made the project run by the patients. The testimony of satisfaction of ex-patients who say they are surprised that the project comes to remote corners to look for them, go to care for them, house them and feed them when they were not financially capable, shows that the project achieved its objective, not only not only in terms of the number of patients to be treated (here, it even exceeded the objective), but especially in terms of the social category targeted: the poor and the disadvantaged.

### 3.3.4. Result in relation to impact

Assessing the impact, i.e. the benefits in a more or less long term based on the results obtained, is to study the effects of activities in a larger environment. This impact can be assessed at the level of the beneficiaries, the health administrative authorities and the project management team.

At the level of beneficiaries and their communities, the impact on which everyone is unanimous is socioeconomic. Indeed, with the project, many patients have regained their sight. The corollary was the resumption of activities, each in its field and its previous situation. Many former sick people admit that they have resumed their rural, commercial or school activities, which implies financial inputs (for workers). Many ex-patients are now traveling unaccompanied. This resumption of empowerment for ex-patients has produced individual and collective change, particularly in social and economic terms.

For the administrative health authorities, this project inspired the new public management (NMP) of public policy in the health sector. Indeed, health administrators have wondered whether, from now on, we could not copy the patient screening and treatment model set up by the project.

The investigation found no negative impact for several reasons. First, because as conceived and executed, the project was in good conformity with the health policy of the Cameroonian government and contributed to solving the health problem of the population. He accompanied the State in its public health mission with the particularity of reaching out to the needy. In addition, the project did not cause any environmental disturbance, because it respected the environmental standards prescribed by the state. This is seen through the processing of waste. The team took care to return the packaging and the used care equipment, as well as the non-pungent consumable waste to the hygiene service of the hospital for the treatment which in turn gave them to HYSACAM, the company in charge of the treatment of garbage in the city of Yaoundé with which they had a contract. For the project team, this success constitutes the basis for lasting feedback for future projects.

### 3.3.5. Result in relation to sustainability

Sustainability is expressed by maintaining the gains in terms of beneficiary capacity building. At the end of the survey, four major factors determine the sustainability of the improvements in eye care services resulting from the project of this project. These factors are presented as follows, in decreasing order of importance:



- Increase awareness of the prevention and treatment of blindness in the planning and implementation of activities,
- Strengthen the orientation and follow-up network for patients to enable them to access eye care services, from village level to regional level,
- Establish the necessary processes to screen, treat and guide patients adequately,
- Integration with the public health system.

The project worked in collaboration with the state medical services in the project localities. He recruited and trained community health workers who served as relays and who will always remain in their communities, even at the end of the project. He was somehow accompanying in his mission. In addition to the operations, the project educated the populations on eye diseases, eye drops and also distributed glasses, which reinforces the benefits of the beneficiaries, even when the project came to an end.

Road conditions could have been the external factor that would have negatively influenced the achievement of project results. However, the appropriate vehicles for transporting patients have contributed to the mitigation of this factor.

#### 4. Strengths and weaknesses of the project

The implementation of the project has been undeniable successes, but also some aspects which deserve improvements. This observation can be assessed in terms of project implementation and the results obtained.

##### 4.1. Strong points of the project

In terms of project implementation, the strong points were to address all 35 activities included in the project. None of the activities have been overlooked.

In terms of results, the success of the project is unanimously recognized by the patients. The strengths that led to these results are as follows:

- Go to the patient, instead of the reverse as is done in the classic health system,
- Respect for appointments given to patients,
- Transport, nutrition and accommodation of patients at a nominal cost,
- Good reception, good follow-up of patients,
- Ability to mobilize a large number of patients, especially the poorest,
- Constitution of a team of very dynamic, professional and available staff,
- Screening of patients on site.

##### 4.2. The weak points of the project

Regarding the implementation of the project, the weak points of the project are essentially linked to training, in partnership with the University of Yaoundé. The slow responsiveness of the University to the requests of the project team brought down to 21.42% the execution rate of the activities registered in the project, as shown in the table below:

**Table 40 : Percentage of project weaknesses**

N°	Activities	Forecasts	Achievements	deviations	Execution rate
1.	Finalize and sign the memorandum of understanding with the University of Yaoundé 1	2	1	1	50%
2.	Agree with the University of Yaoundé 1 on the training objectives of residents at the various stages of their training in our institute and prepare a log book for residents.	1	0	1	0%
3.	Prepare lists of residents in ophthalmology for optional internships at the University of Yaoundé	1	0	1	0%
4.	Training residents in ophthalmology at the University of Yaoundé	2	1	1	50%
5.	Agree with the University of Yaoundé 1 on the MLOP training objectives at different stages of their training in our institute and prepare a logbook for the different categories of MLOP	2	1	1	50%
6.	Prepare lists of elective internships for the MLOPs of the University of Yaoundé I.	1	0	1	0%
7.	Train the MLOPs of the University of Yaoundé I.	1	0	1	0%
Average Execution Rate					21.42%

Source : Consultant's survey

As for the result, the following few weaknesses were revealed by the investigation.

- ✓ The neglect of certain cataract patients due to other pathologies such as arterial hypertension;
- ✓ Post-operation glasses at prices still prohibitive for some patients;
- ✓ The number of treating staff was reduced;
- ✓ The absence of a team to monitor patients after the campaign;
- ✓ The onset of the pandemic considerably handicapped the course of the evaluation, which could no longer meet the deadlines.

## 5. Conclusion and recommendations

At the time of the initiation of the *"Seeing is Believing"* project, even the building of the health center did not exist. But nothing has undermined the resolve and boldness of its initiators. A total of thirty-five activities were included in the project and were to determine the achievement of its objectives. Based on the analyzes made on each project activity, we were able to determine their execution means, which allowed us to assess the achievement of results in relation to the project objectives. Using these means of execution, we can confirm that the results expected by the project have been achieved overall. We were able to note, in the light of the field survey that the project as a whole was implemented effectively and efficiently, at all levels, despite some difficulties encountered, especially in the training component in partnership with the

University of Yaoundé 1. This project revealed its originality which ultimately made its greatest strength: going to the sick, screening them, transporting them to the care center, treating them, feeding them and bringing them back to their respective villages. . This shows the relevance of this project, the achievements of which will have a positive and lasting impact on the beneficiary communities.

We make the following recommendations:

- ✓ relaunch new patient screening and treatment campaigns to meet the high demand expressed in the field;
- ✓ possibly lower the cost of care and post-operative glasses;
- ✓ maintain the achievements that made the strength of the project;
- ✓ include a diabetologist in the project team to deal with ocular hypertension which is a limiting factor in the operation of cataracts;
- ✓ do not exclude children in the next cataract surgery campaigns;
- ✓ continue the partnership with the University of Buea and strengthen lobbying with the University of Yaoundé 1 in order to make the training program effective;
- ✓ provide the project team with geolocation tools (GPS) in order to geo-reference patients in the future;
- ✓ set up a post-operation patient monitoring team for a period to be decided technically;
- ✓ provide MICEI with another all-terrain vehicle to cope with the difficulties of descending to the field during the next campaigns;
- ✓ strengthen the motivation of community relays in terms of financial means;
- ✓ take into account factors that can handicap the process, such as the COVID 19 pandemic, against which nothing could be done.

# Appendices

## Annexe 1 – Mandat (Termes de Référence)

### Termes de Référence pour l'évaluation finale de la Standard Chartered Bank

#### Le projet "Seeing is Believing" (voir c'est croire) de la Banque à MICEI

##### 1. Introduction

Ces termes de référence (TdR) sont en relation avec l'évaluation finale du projet Seeing is Believing (SiB) de la Standard Chartered Bank au MICEI. L'objectif est de décrire le but, la portée, la méthodologie et d'autres aspects de l'évaluation finale du projet.

Il est prévu de mener au cours du premier trimestre 2020 une évaluation sur dossier, des visites sur le terrain, des évaluations et des consultations des parties prenantes, la collecte de données, des rapports et des présentations. Cette équipe d'évaluation sera composée du personnel du projet, dirigée par un consultant externe indépendant qui a une grande expérience à la fois en ophtalmologie communautaire et en évaluation de projets.

À la fin de l'évaluation finale, un rapport sera produit contenant les principaux résultats du projet et des recommandations qui seront utilisées pour informer les plans et pratiques futurs du projet.

##### 2. Informations générales

L'objectif du projet SiB financé par la Standard Chartered Bank est de contribuer à la réduction de la pauvreté dans la région du Centre du Cameroun par un soutien à des services de qualité en matière de cataracte, de réfraction et de soins oculaires complets pour les populations marginalisées et des opportunités spécifiques au MICEI.

MICEI, en tant qu'organisation chargée de la mise en œuvre de ce projet, est le premier projet de l'Africa Eye Foundation, une ONG basée à Genève qui a pour mission de préserver, d'améliorer et de restaurer la vue de tous, en particulier des personnes vulnérables en Afrique Centrale et Francophone.

Le MICEI se concentre sur le fait d'être :

- a) un centre de soins oculaires complets et de sous-spécialités ophtalmiques,
- b) un centre de formation d'ophtalmologues, de sous-spécialités ophtalmiques et de professionnels des soins oculaires connexes ; et
- c) la promotion de la connaissance et de la sensibilisation à une meilleure vision pour tous dans la zone concernée.

##### 3. Résumé du projet :

Le projet de la SiB vise à contribuer à la réduction de la pauvreté dans la région du Centre du Cameroun en soutenant des services de qualité en matière de cataracte, de réfraction et de soins oculaires complets pour les populations marginalisées et en offrant des possibilités spécifiques à l'institut oculaire.

La stratégie d'intervention du projet est résumée comme suit ;

Titre du projet : « Cameroon Eye Institute » (Institut oculaire du Cameroun)

Durée : 1er janvier 2014 - 31 décembre 2018.

### Objectif général :

Contribuer à la réduction de la pauvreté dans la région du Centre du Cameroun en soutenant des services de qualité en matière de cataracte, de réfraction et de soins oculaires complets pour les populations marginalisées et en offrant des possibilités spécifiques à l'institut oculaire.

### Objectifs spécifiques :

1. Construire et équiper des salles pour les malades des yeux et d'autres patients marginalisés venant principalement pour une opération de la cataracte d'ici août 2016
2. Effectuer 4 000 opérations de la cataracte subventionnées ou gratuites sur des personnes marginalisées et trop pauvres pour payer, et veiller à ce que la proportion de patients obtenant une vision corrigée de 6/18 ou plus une semaine après l'opération soit de 80 % d'ici décembre 2018.
3. Mettre en place, d'ici décembre 2018, un programme hebdomadaire de soins oculaires communautaires complets par le biais d'actions de proximité dans les zones marginalisées de la Région du Centre du Cameroun, et transporter les patients nécessitant une opération de la cataracte au MICEI et les ramener dans leurs communautés.
4. D'ici à décembre 2017, fournir une formation supplémentaire à divers membres du corps enseignant du MICEI (formation des formateurs), qui joueront un rôle essentiel dans la formation de la prochaine génération de travailleurs du secteur des soins oculaires au Cameroun.
5. Fournir des installations de formation adéquates au MICEI, y compris des microscopes d'enseignement, une bibliothèque, un laboratoire humide, etc. pour la formation de diverses catégories de travailleurs en soins oculaires, qui amélioreront la prestation des services de soins oculaires dans d'autres régions du Cameroun.
6. Se procurer, adapter, produire et diffuser divers matériels d'information, de communication et d'éducation en matière de santé oculaire (notamment par l'utilisation de téléphones mobiles).
7. Mettre en place dès le début un système complet mais convivial pour documenter, suivre, rapporter et évaluer toutes les activités clés du projet.

### Résultats attendus :

**Résultat 1.1** : la construction et l'équipement du service des patients malades des yeux sont terminés d'ici août 2016.

**Résultat 2.1** : En 4 ans, MICEI réalise un total de 4 000 opérations de la cataracte, subventionnées ou gratuites, et le résultat est conforme aux normes de l'OMS/IAPB.

**Résultat 3.1** : des visites de proximité complètes sont organisées dans la Région du Centre du Cameroun d'ici septembre 2016, et un total d'au moins 4 000 patients marginalisés atteints de cataracte sont opérés dans les 4 ans.

**Résultat 4.1** : deux ophtalmologues MICEI seront formés d'ici décembre 2017, un pour la chirurgie de la cataracte (SICS et Phaco) et un pour la gestion du glaucome

**Résultat 4.2** : les principaux MLOP du MICEI (2 réfracteurs, 2 techniciens optiques, 1 technicien de maintenance des instruments) seront formés d'ici décembre 2017.

**Résultat 5.1** : des installations et du matériel pour offrir une formation à divers professionnels de l'optique seront disponibles au MICEI d'ici décembre 2017.

**Résultat 5.2** : Une convention de formation à signer avec l'Université de Yaoundé pour la formation des ophtalmologistes

**Résultat 5.3** : d'autres MLOP seront formés au MICEI

**Résultat 6.1** : divers matériels d'éducation et de communication en matière de santé doivent être produits, testés sur le terrain et distribués aux groupes cibles et une évaluation d'impact doit être effectuée.

#### 4. Couverture géographique du projet

Le programme couvre la Région du Centre du Cameroun.

#### 5. Activités du projet

1. Finaliser le dessin architectural pour l'hébergement des patients malades de l'œil x
2. Annoncer et obtenir des factures pro-forma des entreprises de construction
3. Sélectionner l'entreprise de construction et signer le contrat pour la construction de l'unité de soins oculaires
4. Construire et équiper l'unité de soins ophtalmologiques
5. Finaliser la liste des consommables pour la chirurgie de la cataracte
6. S'approvisionner en consommables auprès des fabricants
7. Identifier les établissements de formation et envoyer du personnel en formation
8. Organiser une réunion des parties prenantes pour la santé oculaire globale à Yaoundé et dans la région du centre et choisir les sites de diffusion, la fréquence et la stratégie
9. Former des volontaires locaux, y compris des distributeurs dirigés par la communauté, dans les localités sélectionnées pour la mobilisation et la direction de la communauté, en cas de déficience visuelle probablement due à la cataracte
10. Identifier les centres de formation et obtenir les droits d'admission et les coûts des membres des facultés et des MLOP
11. Envoyer des membres du corps enseignant et des MLOP à l'étranger pour une formation
12. Finaliser la liste du matériel et des équipements nécessaires à la formation des différents cadres des soins oculaires au MICEI
13. Obtenir des devis des fabricants/fournisseurs de matériel de formation en microchirurgie. Passer des commandes, dédouaner et installer le matériel
14. Former les enseignants dans les écoles sélectionnées et leur fournir des kits de dépistage
15. Visites des écoles par l'équipe de santé oculaire des écoles pour les réfractions des enfants dépistés et l'examen d'autres troubles oculaires importants
16. Finaliser et signer le protocole d'accord avec l'Université de Yaoundé I

17. Convenir avec l'Université de Yaoundé I des objectifs de formation des résidents à différents stades de leur formation au MICEI et préparer un carnet de bord pour les résidents
18. Préparer les étudiants en ophtalmologie de l'Université de Yaoundé I
19. Nommer un coordinateur résidant au MICEI
20. Acheter et installer des équipements de laboratoire humide et de laboratoire sec, des livres et du matériel audiovisuel
21. Former des résidents en ophtalmologie de l'Université de Yaoundé
22. Convenir avec l'Université de Yaoundé de la formation des MLOP à différents stades de leur formation au MICEI et préparer un carnet de bord pour les différentes catégories de MLOP
23. Préparer des listes de mandats électifs pour les stagiaires des MLOP de l'Université de Yaoundé
24. Nommer un coordinateur de la formation MLOP au MICEI
25. Former les MLOP de l'Université de Yaoundé
26. Commencer à former les MLOP du MICEI
27. Préparer le programme de divers cours de courte durée pour les ophtalmologistes et les MLOP en exercice
28. Identifier et recruter le personnel enseignant
29. Identifier une équipe pour l'identification/adaptation et la production de divers matériels d'IEC
30. Produire du matériel CEI d'essai sur le terrain
31. Diffuser le matériel de la CEI
32. Préparer un modèle de suivi
33. Effectuer un suivi semestriel
34. Préparer les termes de référence de l'évaluateur externe
35. Recrutement et évaluation externe

## 6. Objectif et champ d'application des travaux

L'objectif de l'évaluation est de mesurer les résultats et les tendances positives et négatives observables, ainsi que de formuler des recommandations.

### 6.1 Lieu

Toute la collecte de données sera effectuée dans la région Centre, dans des sites de sensibilisation où les activités du programme ont été mises en œuvre jusqu'à présent.

### 6.2 Public

L'évaluation s'adressera en premier lieu au personnel du projet et à la direction du MICEI qui bénéficieront des conclusions et des recommandations.

Le public secondaire sera constitué des acteurs de la communauté qui bénéficieront des leçons et des meilleures pratiques découlant du projet.

### 6.3 Gestion du programme



L'équipe d'évaluation travaillera en étroite collaboration avec l'administration de l'hôpital et l'équipe de sensibilisation.

## 6.4 Objectifs de l'évaluation

Les objectifs spécifiques de l'évaluation seront d'évaluer les éléments suivants

6. Déterminer si les activités sont menées conformément à la convention de subvention, si les résultats sont clairs et documentés et si les résultats sont atteints.
7. Evaluer l'efficacité et les résultats obtenus par le projet conformément à la convention de subvention et au plan de travail.
8. Évaluer la qualité des formations : les connaissances acquises sont-elles appliquées ?
9. Evaluer la pertinence, l'efficacité, l'efficience, l'impact et la durabilité du projet
10. Fournir des recommandations pour les projets futurs

## 6.5 Questions d'évaluation :

La question générale suivante devra être abordée

### Pertinence

- ✓ Les activités sont-elles pertinentes et sont-elles mises en œuvre de manière appropriée, efficace et efficiente ?
- ✓ Toutes les activités du programme ont-elles été mises en œuvre comme prévu ? En cas d'écart par rapport aux plans initiaux, quelles sont les raisons de cet écart ?
- ✓ Dans quelle mesure le projet a-t-il respecté les normes environnementales mises en place par le gouvernement.

### Impact

- ✓ Quels changements socio-économiques et environnementaux ont eu lieu au sein de la communauté bénéficiaire à la suite du projet, y compris les effets voulus et non voulus ?

### Efficacité

- ✓ Dans quelle mesure les ressources du projet ont-elles été utilisées de manière optimale pour atteindre les objectifs du projet
- ✓ Quelle est la stratégie appropriée de l'approche du projet ?
- ✓ Dans quelle mesure les procédures de gestion du projet ont-elles favorisé une mise en œuvre efficace du projet ?

### Durabilité

1. Quelle a été la durabilité des améliorations des services de soins oculaires résultant du projet, en se concentrant particulièrement sur :
  - ✓ L'intégration avec le système de santé publique,
  - ✓ Mettre en place les processus nécessaires pour dépister, traiter et orienter les patients de manière adéquate.
  - ✓ Augmenter le nombre et la capacité du personnel de santé publique à fournir des services de soins oculaires.
  - ✓ Augmenter le volume et la qualité des opérations de la cataracte

- ✓ Renforcer le réseau d'orientation et de suivi des patients pour leur permettre d'accéder aux services de soins ophtalmologiques, du niveau du village au niveau régional.
  - ✓ Accroître la sensibilisation à la prévention et au traitement de la cécité dans la planification et la mise en œuvre des activités ?
  - ✓ Prendre en compte la dimension de genre dans la planification et la mise en œuvre des activités ?
2. Qu'ont fait les acteurs locaux pour favoriser l'amélioration continue de la prestation des services de soins oculaires afin de s'appuyer sur les facteurs de réussite et de surmonter les obstacles à des services de soins oculaires de qualité ?
  3. Dans quelle mesure le projet a-t-il collaboré et s'est-il intégré aux structures et processus gouvernementaux existants ?
  4. Dans quelle mesure des facteurs externes ont-ils influencé les résultats du projet ?

## 6.6 Approche de l'évaluation

Bien que l'on s'attende à ce que le consultant conçoive un modèle d'évaluation complet, les principes suivants seront pertinents lors de l'examen de la méthodologie d'évaluation :

- a) Utilisation d'approches participatives incluant les bénéficiaires pour mesurer les performances.
- b) Les processus d'évaluation devraient engendrer une plus grande responsabilité, une plus grande transparence et aider à renforcer les capacités, tenter une ou plusieurs évaluations systématiques et objectives et fournir des informations sur la validité des stratégies et des hypothèses sous-jacentes utilisées dans la mise en œuvre du projet (ce qui a fonctionné et ce qui n'a pas fonctionné et pourquoi).
- c) Donner aux parties prenantes la possibilité de clarifier les questions liées aux résultats des projets.

**Les principales méthodes de l'exercice comprendront, sans s'y limiter, les éléments suivants :**

- ✓ Examen sur dossier des documents de projet pertinents (notamment la proposition de projet, les plans de travail et budgets annuels, les rapports d'avancement du projet, le rapport d'avancement aux partenaires et autres documents connexes)
- ✓ Examen des bases de données et des registres des projets tenus et conservés par le personnel et les partenaires dans leurs bureaux et les différents projets de sensibilisation
- ✓ Entretiens avec divers informateurs, notamment la direction de l'unité des partenaires communautaires, le responsable des subventions, le personnel du programme de sensibilisation, des ophtalmologues, des infirmières ophtalmologues, des leaders d'opinion, des représentants d'autres ONG dans ce domaine, des fonctionnaires du gouvernement impliqués dans la mise en œuvre du projet et les bénéficiaires.
- ✓ Observation et discussions de groupe.

## 7. Principales responsabilités du consultant

### 7.1 Tâches et responsabilités

- ✓ Développer une conception d'évaluation appropriée et des outils de collecte de données basés sur des indicateurs tels que documentés dans la proposition de projet et le cadre de suivi et d'évaluation des performances.
- ✓ Élaborer un plan de mise en œuvre détaillé (DIP) pour le processus d'évaluation.
- ✓ Examiner les documents clés du projet, y compris ceux produits par l'équipe de projet MICEI ; ces documents comprennent, sans s'y limiter, la convention de subvention, les plans de travail, le rapport de suivi et d'évaluation, les rapports d'avancement et d'autres documents relatifs au projet.
- ✓ Travailler avec l'équipe de projet MICEI et les partenaires de mise en œuvre pour mener à bien les activités de terrain nécessaires à l'évaluation finale, y compris un pré-test et un perfectionnement des outils développés et des collectes de données.
- ✓ Effectuer une analyse des données, le cas échéant, et produire un projet de rapport d'évaluation détaillant la méthodologie d'évaluation, le processus, les principales réalisations, les défis, les leçons apprises, les meilleures pratiques, etc.
- ✓ Présenter le projet de rapport d'évaluation au MICEI et aux partenaires de mise en œuvre pour qu'ils y apportent leur contribution, en discutant et le révisant si nécessaire.
- ✓ Examiner le projet de rapport pour y inclure les commentaires du MICEI et des partenaires de mise en œuvre les préparer et soumettre trois copies papier et une copie électronique du rapport au MICEI.

### 7.2 Résultats escomptés

1. Un plan d'évaluation finale du projet détaillant la méthodologie, les outils et les approches à utiliser dans l'exercice.
2. Un plan de mise en œuvre détaillé pour l'exercice d'évaluation.
3. Trois (3) copies papier reliées du rapport d'évaluation final avec les éléments suivants, mais limités à la table des matières ;
  - ✓ La liste des acronymes
  - ✓ Résumé
  - ✓ Aperçu du contexte
  - ✓ Organisation et contexte du projet
  - ✓ Méthodologie
  - ✓ Des conclusions fondées sur des données probantes, y compris les résultats et l'analyse
  - ✓ Recommandations

#### - Annexes :

- Annexe 1 – Mandat (Termes de Référence)
- Annexe 2 - outils de collecte de données
- Annexe 3 - liste des entretiens réalisés
- Annexe 4 - Cadre logique de suivi et d'évaluation
- Annexe 5 - Bibliographie

○ Annexe 6 - Biographie du consultant

1. Une copie électronique du rapport d'évaluation final sur un CD.
2. Le consultant sera également tenu de soumettre au MICEI tous les documents d'étude, y compris
  - ✓ Des copies électroniques de tous les ensembles de données, tant quantitatives que qualitatives
  - ✓ Tous les outils de collecte de données quantitatives et les supports d'enregistrement de données qualitatives remplis
  - ✓ Tout autre document ou élément non consommable qui sera utilisé dans le cadre de la consultation prévue

**N.B.** Le rapport d'évaluation doit inclure toute divergence d'opinion importante non résolue de la part des bailleurs de fonds, des exécutants et/ou des membres de l'équipe d'évaluation, le cas échéant.

## Annexe 2 - outils de collecte de données

### Guide d'entretien aux bénéficiaires de focus group,

#### A)

- 1) Trouvez-vous que le projet « *seeing is believing* » était en adéquation avec les besoins de la population ? pourquoi ?
- 2) A-t-il réellement été utile à la couche des populations et défavorisées ? pourquoi ?

#### B)

- 3) Par rapport à la qualité de la réalisation du projet quelle appréciation portez-vous ? a) très satisfaisant ? b) satisfaisant c) non satisfaisant (***encercler la réponse***), pourquoi ?
- 4) Dans quelle mesure le projet a-t-il respecté les normes environnementales mises en place par le gouvernement

#### C)

Quels changements socio-économiques et environnementaux ont eu lieu au sein de la communauté bénéficiaire à la suite du projet, y compris les effets voulus et non voulus ?

#### D)

- 1) Quelles ont été d'après vous les forces et les faiblesses de ce projet ?
- 2) Si un tel projet venait encore à être implémenté dans votre localité, que souhaiteriez-vous qu'on fasse pour une plus grande réussite ?

## Guide d'entretien destiné aux responsables du MICEI

### A)

- 5) Par rapport à la qualité de la réalisation du projet quelle appréciation portez-vous ? a) très satisfaisant ? b) satisfaisant c) non satisfaisant (**encercler la réponse**), pourquoi ?
- 6) Toutes les activités du programme ont-elles été mises en œuvre comme prévu ? En cas d'écart par rapport aux plans initiaux, quelles sont les raisons de cet écart ? a) insuffisance des ressources financières allouées, b) insuffisance ou qualité de ressources humaines y affectées, c) autres à préciser (**encercler la réponse**) pourquoi ?
- 7) Dans quelle mesure le projet a-t-il respecté les normes environnementales mises en place par le gouvernement

### B)

- 1) Dans quelle mesure les ressources du projet ont-elles été utilisées de manière optimale pour atteindre les objectifs ?
- 2) Quelle est la stratégie appropriée de l'approche du projet ?
- 3) Dans quelle mesure les procédures de gestion du projet ont-elles favorisé une mise en œuvre efficace du projet ?
- 4) Quels changements socio-économiques et environnementaux ont eu lieu au sein de la communauté bénéficiaire à la suite du projet, y compris les effets voulus et non voulus ?
- 5) \* Si un tel projet venait encore à être implémenté dans votre localité, que souhaiteriez-vous qu'on fasse pour une plus grande réussite ?
- 6) on a constaté que le volet formation dans ce projet n'a pas bien fonctionné. Quel est son impact sur le projet et comment comptez-vous y remédier ?

## Questionnaires destinés aux autorités administratives sanitaires parties prenantes au projet et aux mobilisateurs communautaires locaux

Date de l'entretien : \_\_\_\_/\_\_\_\_/\_\_\_\_ / 2020

Lieu de l'entretien (localité) \_\_\_\_\_

Département : .....

Nom de l'interviewé(e) (facultatif) \_\_\_\_\_ sexe F / M

N° du questionnaire \_\_\_\_

*L'interview devrait prendre environ 10 à 15 minutes. Toutes les informations que nous recueillons resteront strictement confidentielles et anonymes conformément à la loi n° 91/023 du 16 décembre 1991 sur les recensements et enquêtes statistiques. Puis-je commencer maintenant ?*

☐ Oui, permission accordée

☐ Non, permission non accordée

1) **D'après vous, de quoi dépend la durabilité de ce projet ? (choisir 3 sur les 7 réponses ci-après par ordre d'importance décroissant) portez la réponse au bas de la question:**

- L'intégration avec le système de santé publique,
- Mettre en place les processus nécessaires pour dépister, traiter et orienter les patients de manière adéquate.
- Augmenter le nombre et la capacité du personnel de santé publique à fournir des services de soins oculaires.
- Augmenter le volume et la qualité des opérations de la cataracte
- Renforcer le réseau d'orientation et de suivi des patients pour leur permettre d'accéder aux services de soins ophtalmologiques, du niveau du village au niveau régional.
- Accroître la sensibilisation à la prévention et au traitement de la cécité dans la planification et la mise en œuvre des activités ?
- Prendre en compte la dimension de genre dans la planification et la mise en œuvre des activités ?

**Veillez porter trois (3) réponses ici par ordre de d'importance décroissante (c'est-à-dire du plus important au moins important** \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

2) **Quel est l'apport des acteurs locaux ayant contribué à la réussite du projet dans votre localité ?**

---



---



---



---

3) **3a. le projet a-t-il été conforme à la politique sanitaire de l'Etat ?**

---



---



---



---

**3b. le projet s'intégrait-il aux structures de soins oculaires ? Pourquoi ?**

---

---

---

4) Dans quelle mesure des facteurs externes au projet ont-ils influencé les résultats du projet ?

---

---

---

5) \* Quelles ont été d'après vous les forces et les faiblesses de ce projet ?

---

---

---

6) \* Dans quelle mesure le projet a-t-il respecté les normes environnementales mises en place par le gouvernement

---

---

---

7) Quels changements socio-économiques et environnementaux ont eu lieu au sein de la communauté bénéficiaire à la suite du projet, y compris les effets voulus et non voulus ?

---

---

---

8) \* Si un tel projet venait encore à être implémenté dans votre localité, que souhaiteriez-vous qu'on fasse pour une plus grande réussite ?



## Questionnaires destinés bénéficiaires

Date de l'entretien : \_\_\_\_/\_\_\_\_/\_\_\_\_ / 2020

Lieu de l'entretien (localité) \_\_\_\_\_

Département : \_\_\_\_\_

Nom de l'interviewé(e) (facultatif) \_\_\_\_\_ sexe F / M

N° du questionnaire \_\_\_\_/\_\_\_\_/\_\_\_\_

*L'interview devrait prendre environ 05 à 10 minutes. Toutes les informations que nous recueillons resteront strictement confidentielles et anonymes conformément à la loi n° 91/023 du 16 décembre 1991 sur les recensements et enquêtes statistiques. Puis-je commencer maintenant ?*

☐ Oui, permission accordée

☐ Non, permission non accordée

### A)

8) Trouvez-vous que le projet « *seeing is believing* » était en adéquation avec les besoins de la population ? Pourquoi ? (**Encercler la réponse**)

a) Oui, parce que jusqu'ici il n'y a aucun hôpital spécialisé en soins ophtalmiques dans notre région

b) Oui, parce que leurs produits nous paraissent moins chers

c) Non, ils n'ont rien apporté de nouveau

d) Autre (à préciser) \_\_\_\_\_

9) Comment appréciez-vous le projet (**encercler la réponse**):

a) très utile ;

b) utile ;

c) peu utile ;

d) inutile ?

10) A-t-il réellement été utile à la couche des populations pauvres et défavorisées ? pourquoi ?

a) Oui, parce que malgré mes faibles moyens, j'ai pu être traité

b) Oui, parce que même sans moyen on nous a transportés pour aller nous soigner

c) Non, le traitement qu'ils font ne tient pas compte de nos moyens

d) Autre (à préciser) \_\_\_\_\_

### B)

11) Par rapport à la qualité de la réalisation du projet quelle appréciation portez-vous ?

a) très satisfaisant ?

b) satisfaisant

c) non satisfaisant (**encercler la réponse**), pourquoi ?

C)

Quels changements socio-économiques et environnementaux ont eu lieu au sein de la communauté bénéficiaire à la suite du projet, y compris les effets voulus et non voulus ?

---

---

---

---

3) Quelles ont été d'après vous les forces et les faiblesses de ce projet ?

a) Les

forces \_\_\_\_\_

---

---

b) Les

faiblesses \_\_\_\_\_

---

---

---

4) Si un tel projet venait encore à être implémenté dans votre localité, que souhaiteriez-vous qu'on fasse pour une plus grande réussite ?

---

---

---

---

## **Annexe 3 - liste des personnes pris en entretiens**

(Voir les trois listes des participants à l'entretien focus group)

## **Annexe 4 - Cadre logique de suivi et d'évaluation**

## **Annexe 5 - Bibliographie**

- 1) Termes de références
- 2) Rapport du projet seeing is believing (français)
- 3) Rapport général MICEI 2 MICEI Weekly Targets By Location 2019

## **Annexe 6 - Biographie du consultant**