

Seeing is Believing Comprehensive Child Eye Health in Nigeria

Mid Term Evaluation Report

May 2019

Executive Summary

The mid-term evaluation was conducted to discern programme achievement midway into implementation. The evaluation objectives are:

- a) To assess the progress of the Seeing is Believing (SiB) Programme to date and the quality of programme delivery.
- b) To assess the effectiveness of strategies and implementation of interventions.
- c) To project, with its current momentum, how effectively the Programme will reach its targets and objectives by end of 2019.
- d) To review ways of working with implementing partners.
- e) To provide recommendations to further improve the Programme

A mixed method approach was used in this study. Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs) were used to collect qualitative information. Checklists were also used to collect observational and quantitative information from sites. A desk review was conducted to collect retrospective information on programme achievement and possible gaps. Data collection for the desk review was done by obtaining information from only internal programme documents. Eleven documents were reviewed.

Findings in relation to the programme objectives are:

Quality of Programme Delivery

The Seeing is Believing programme was well planned and is being managed by competent staff. This has directly contributed to the achievement of programme targets, given the delay in programme implementation.

This evaluation observed that programme delivery quality was strong in general. The programme is effective in reaching and impacting positively the lives of the intended beneficiaries. Beneficiaries indicated that they were satisfied with the intervention they received across all clusters.

Effectiveness of strategies and implementation of interventions

The Seeing is Believing programme works with partners to ensure smooth programme implementation and acceptance. Seeing is Believing currently works in partnership with the government – Federal and State ministries of health- in planning and eye health care systems and policies in Nigeria. The Seeing is Believing programme in Nigeria also works with Community Based Organizations (CBOs), who are implementing partners.

The idea of having cluster coordinators based in different clusters has been effective, since these coordinators act as sentinels and also provide invaluable support in programme implementation as well as Monitoring and Evaluation (M&E).

Programme Targets

Achievement in relation to set targets in the areas of school screening (28%), low vision devices (14%) and spectacles (38%) dispensed is quite low; there is a need to focus on these areas to ensure that the targets are reached before programme closure.

Currently, the Seeing is Believing programme is in a strategic partnership with the Albino Foundation to ensure that children with albinism, who suffer from low vision access the low vision services of the SiB programme. There is also a need to focus on completing the training of Community Direct Distributors (51%) and Community Based Organizations and Organizations of Persons with Disabilities (8%). Teachers were also trained on screening and referrals – these teachers were provided with visual acuity (VA) charts and pen torches which were observed during this evaluation.

With these in focus, the SiB programme targets are somewhat achievable before the end of implementation.

Partnerships

The Seeing is Believing programme has developed and maintained a strong partnership base. The SiB programme in Nigeria is in partnership with government agencies, CBOs, CSOs, and many other actors in eye health care in Nigeria.

Recommendations

It was recommended that awareness creation in communities where SiB works in Nigeria is paramount, and routine programme monitoring as well as supportive supervision is important to ensure quality programme delivery.

1.0 Introduction

Comprehensive Child Eye Health in Nigeria (CCEHiN) is a three-year (2017-2020) Seeing is Believing (SiB) programme that seeks to make comprehensive child eye health services available and accessible through promotion, prevention, medical care and rehabilitation / inclusive education targeted at vulnerable children. The SiB programme is being implemented in eleven (11) States of the federation divided into four clusters as follows: Cluster 1: Oyo, Ogun and Osun States, Cluster 2: the Federal Capital Territory, Nasarawa and Plateau States, Cluster 3: Kano, Katsina and Jigawa States, and Cluster 4: Cross River and Akwa Ibom States. The Seeing is Believing programme kicked off in December 2017 and would be concluded in December 2019. A mid-term evaluation was conducted in May 2019 to discern the major challenges and progress made by the SiB programme mid-way into implementation

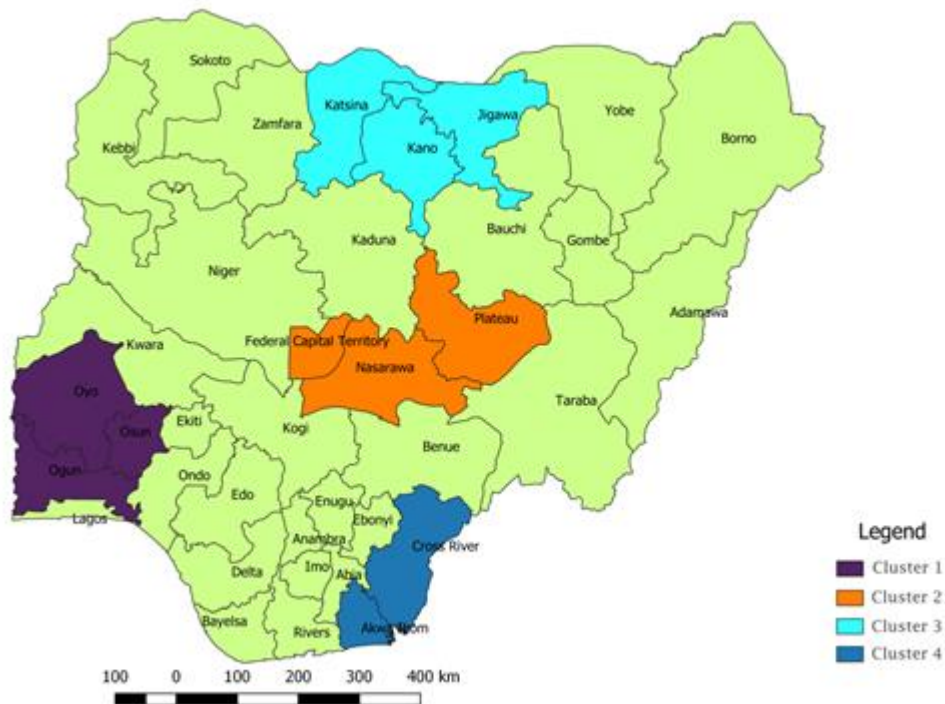


Figure 1: Programme implementation sites

1.1 Mid-term Evaluation Objectives

- a) To assess the progress of the SiB Programme to date and the quality of programme delivery.
- b) To assess the effectiveness of strategies and implementation of interventions.

- c) To project, with its current momentum, how effectively the Programme will reach its targets and objectives by end of 2019.
- d) To review ways of working with implementing partners.
- e) To provide recommendations to further improve the Programme.

2.0 Methodology

2.1 Data Collection Method

A mixed method approach was used in this study. Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs) were used to collect qualitative information. Checklists were also used to collect observational and quantitative information from participants. A desk review was conducted to collect retrospective information on programme achievements and possible gaps. Data collection for the desk review was done by obtaining information from only internal programme documents. Eleven documents were reviewed. Documents reviewed were:

- Baseline Report for Comprehensive Child Eye Health in Nigeria (1 report)
- KAP Baseline Survey Report (1 report)
- Semester and Quarterly Programme Reports (8 reports)
- Programme Logframe (1 report)

2.2 Sampling

Purposive or subjective sampling was used for this study. This sampling technique relies on the judgement of the evaluator in the selection of participants and places to be assessed in various clusters. Areas that were not accessible due to distance and security challenges were replaced with a similar alternative within the same cluster. Respondents were categorized into different groups: beneficiaries (children who had surgeries), parents, health facility staff (staff trained by SiB), community leaders, implementing partners, specialized schools and mainstream schools.

2.3 Tools

The table below shows the breakdown of tools used for data collection by areas visited.

Table 1: Interview plan

Areas	Tool	Data collection details
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Partners (4)	<ul style="list-style-type: none"> • Checklists for partners • Key Informant Interviews with partners 	<ul style="list-style-type: none"> • General observations recorded. • Discussion guide administered face to face by survey team (by phone or Skype if key staff are not available during field visits).
Specialised School (2)	<ul style="list-style-type: none"> • Checklist for specialised schools • Key Informant Interviews with teachers trained • Mini Focus Group Discussions or Key Informant Interviews 	<ul style="list-style-type: none"> • General observations recorded. • Discussion guide administered face to face by survey team • Discussion guide administered face to face by survey team- max 30 minutes, 3-5 pupils, using age appropriate tools.
Mainstream schools	<ul style="list-style-type: none"> • Checklist • Key Informant Interviews with teachers trained/ being trained • Mini Focus Group Discussions or Key Informant Interviews 	<ul style="list-style-type: none"> • General observations recorded. • Discussion guide administered face to face by survey team • Discussion guide administered face to face by survey team- max 30 minutes, 3-5 pupils, using age appropriate tools.
Health Facilities (12 – 3 Tertiary Facilities and 9 Primary Health Care Facilities (PHC)s)	<ul style="list-style-type: none"> • Checklist for Primary facilities • Checklist for Secondary facilities • Checklist for Tertiary facilities • Key Informant Interviews with parents • Key Informant Interviews or Mini Focus Group Discussions with staff trained by the programme in the facility 	<ul style="list-style-type: none"> • General observations recorded. • Discussion guide administered face to face by survey team • Discussion guide administered face to face by survey team

Community Members (16 Parents, 14 Children and 6 Community members)	<ul style="list-style-type: none"> • Parents FGDs (not necessarily beneficiaries) • Beneficiaries FGDs (children who had surgeries) • Key Informant Interviews with community leader 	<ul style="list-style-type: none"> • 1 FGD for Male groups and Female groups per cluster (4 in total) • Children FGDs done in community, 1 FGD for Male groups and Female groups per cluster • Discussion guide administered face to face by survey team • Discussion guide administered face to face by survey team
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Fieldwork took place from 13th- 25th May 2019.

3.0 Summary of Findings

Desktop Review Findings

The following are achievements of the Seeing is Believing programme in Nigeria as observed in the review of programme reports.

Objective 1: Develop skilled and adequate manpower to provide comprehensive child eye health services at various levels of health care in the targeted project areas

The programme trained 18 ophthalmologists in secondary health facilities in supported states. A further 282 ophthalmologists were given orientation and briefing about the SiB programme in none-supported secondary health facilities.

In addition to the training of ophthalmologists, 30 optometrists were trained on refraction and low vision in all supported states. Ophthalmic nurses (90), midwives and primary health care workers (999), as well as Community Health Extension Workers (1389) were also trained by the programme to aid the delivery child eye health care in Nigeria.

At the community level, 6000 Community Direct Distributors (CDDs), 569 Traditional Birth Attendants (TBAs) as well as 90 persons from Community Based Organizations (CBOs), Organization of Persons with Disability (OPD) were trained in case identification and referrals.

The SiB programme in Nigeria also provided equipment to supported health facilities across all supported states. Primary health care facilities were provided with basic equipment for Visual Acuity testing – pen torches and Visual Acuity charts (Snellen and E charts). In tertiary health facilities, the SiB programme procured and installed instruments such as anaesthetic machines, tonometer, retinoscope, ophthalmoscope, operating microscope, keratometer and operating table for supported tertiary health facilities. These facility staff were trained on the maintenance and use of the mentioned equipment. Other consumables like spectacles and Intra-Ocular Lens (IOLs) was also procured and distributed to tertiary health facility for their use.

Supported primary and secondary health facilities received basic eye medications like eye drops and Paracetamol. Spectacles were also distributed to these facilities. Secondary and tertiary health facilities also received Low Vision Optical Devices (LVOD) like Stand Magnifiers, Hand-Held Magnifiers and Hand-Held Telescopes. Other Low Vision non-Optical Devices (LVnOD) like face caps and sun shades were also procured and distributed by the programme.

Objective 2: Improve the quality, accessibility and scope of eye health services to children

Implementing partners engaged in carrying out outreach activities to communities in other to inform the communities about the services of SiB supported facilities, as well as case identification and referrals to participating facilities.

The SiB programme ensured the building of Child Friendly spaces (CFS) in University Teaching Hospital in Ibadan, St. Mary’s Catholic Hospital in Gwagwalada and Katsina Eye Centre. CFS have become a widely used approach to protect and provide psychosocial support to children. CFS - refers to spaces where hospitals create nurturing environments for children to access free and structured play, recreation, leisure and learning activities.

The SiB programme also developed, printed and distributed IEC materials and Job Aids to supported health facilities and communities. The IEC materials were translated into different local languages¹ before distribution. The programme also made efforts to create awareness related to eye health issues and the programme itself; a 13-episode radio magazine programme was developed and translated into local language. The radio magazine programme will be aired nationally.

In other to ensure quality of services in health facilities, the SiB programme works closely with two Technical Advisors (Paediatric Ophthalmologist and Refraction/Low Vision) to provide supportive supervision of health facilities at all levels. It is

¹ Different supported communities speak different languages.

planned that government partners will also provide supportive supervision to primary health care facilities.

Objective 3: Embed child eye health in the policies and programme work of the Ministries of Health and Education

The SiB programme ensured the development of an advocacy strategy at national level and for each state, and policy briefs, through engaging relevant stakeholders such as associations and government bodies. This resulted in the identification of key policy issues that are addressed by the SiB programme in Nigeria. These include:

- The need for a national policy on eye health
- Integrating child eye health into the school health programme
- Including eye health component into the National and State strategic plans
- Including eye health indicators into the Health Management and Information System(HMIS) tool and National Indicator Dictionary(NID)

Advocacy kits were also developed and printed for use during advocacy visits. Advocacy visits to relevant stakeholders have resulted in the reactivation of the dormant prevention of blindness committees. An advocacy visit to The Albino Foundation also resulted in the collaboration with the Foundation on low vision programme deliverables.

Objective 4: Pilot strategies for inclusive eye health

To understand the barriers that persons with disability face in relation to health services, a study on perception of persons with disability regarding inclusiveness of services was conducted by the SiB programme.

In other to improve accessibility, the SiB programme engaged in the construction of ramps and placement of signage at St. Mary's Catholic Hospital in Gwagwalada, Abuja, General Hospital at Doma, Nasarawa and a specialised school in Abuja.

To promote disability inclusion in health facilities, 100 Health Care Workers (HCWs) were trained on disability inclusion. OPDs and CBOs were also trained to mobilize, identify and refer clients with disability to pilot health facilities.

Objective 5: Establish the school eye health programme as a sustainable model to deliver eye health services to children

3300 school teachers were trained on screening and mainstreaming low vision children into regular schools. These teachers also conduct weekly morning assembly talks on eye health care. Although, these school teachers continuously screen pupils, the output of pupils screened and referrals from schools remains low.

Objective 6: Improve the quality of early intervention and education of blind children and children with severe visual impairment

The SiB programme in Nigeria procured equipment such as computers and braille machines for specialised schools. The programme also identified (through screening) children in supported special schools who were treated and regained their sight. Cornea opacity treatment is planned for children who were identified with this condition before the end of the programme.

The SiB programme in Nigeria worked closely with governments from supported states on the integration of children with low vision into mainstream schools, in line with the developed mainstream strategy.

Teachers from mainstream schools located nearby the specialised schools were identified and trained with the aid of developed training manuals. State actors like the State Universal Basic Education Board (SUBEB) and the State Ministry of Education (SMoE) were also trained. The aim of this training is to integrate children who regain some vision or who complete basic education, in order that they can continue their education.

Mid-term Review Findings

Progress of the SiB Programme to date and the quality of programme delivery

At the time of the mid-term review, the SiB programme had seven months left of programme implementation. Respondents across all clusters indicated that they were very satisfied with the programme and the outcome of the treatment that they received. The respondents were exultant and expressed gratitude for the impact the SiB programme has had on their lives.

The SiB programme has trained eye health professionals in service delivery and case management of eye health problems. Community health structures were also trained on case identification and referrals (Community Direct Distributors - 6116, Traditional Birth Attendants - 535 and Organizations of Persons with Disability/Community Based Organizations - 300).

Table 2: Eye health care professionals trained

Professionals	Numbers trained	Areas of training
Ophthalmologists	300	Orientation, low vision, surgeries (major/minor), referrals

Optometrists	30	Refraction, low vision, referrals and treatment
Ophthalmic Nurses	90	Refraction and referrals
Midwives	999	Identification of eye health problems in newborns and referrals
Community Health Extension Workers (CHEWS)	1389	Identification of eye health problems and referrals

The interviewed health professionals and teachers in cluster 1, 2 and 3 indicated that the quality of training was good and that they were provided with items like VA charts and torches for screening (especially teachers and CHEWS). However, in cluster 4 it was reported that VA charts and torches for screening were retrieved after trainings for teachers because a teacher began posing as an eye doctor and did screenings at home for community members. Concerns were also raised about the quality and short length of training.

Clusters 2 (especially along Nasarawa and Plateau state routes and the recent protests in Abuja) and 3 have been unsafe to travel by road. This has hindered the monitoring of some remote facilities in these clusters as well as the delivery of community-based activities. Cluster 1 and 4 are currently without significant security challenges.

Effectiveness of strategies and implementation of interventions

The use of SiB health facility registers and referral forms is commendable. Before this, they were no national data collection tools for eye health. Across all facilities visited for this review, the attendance registers for eye health is being used in all clusters. Although, it was observed in cluster 2 that the referral forms of the health facilities visited were not being used. The health facility focal person for eye health indicated that referrals were being done but with plain sheets of paper.

Tertiary health facilities currently provide beneficiaries with transportation stipends and feeding on arrival at the health facilities. This is applicable to all tertiary health facilities in all clusters. Though it was recorded that some parents in cluster 2 couldn't take their children for free eye treatment because they couldn't afford the transportation costs. These parents preferred to receive the transportation stipends before going to the health facility.

According to the respondents in all clusters, awareness about the SiB programme is very low in target communities. Respondents indicated that they became aware of the programme upon visiting the health facility and when referred. The SiB programme has more recently rolled out jingles and a radio drama series which will air in all supported states. This will create awareness about the SiB programme and drive demand for services.

Training for braille maintenance and repairs was done in cluster 2 – FCT School for the Blind, Jabi. This training was done without the provision of maintenance kits for the trainees. The trainees complained that the training was not of much relevance without the tools to repair faulty braille machines and utilise what they have learnt.

The quality of supplied equipment in some clusters is poor. Omoyeni Special School for the Blind in cluster 1 flagged the delivery of a faulty braille embosser supplied to the school. They indicated that the device was out-dated and was delivered with a faulty power pack and not functioning. A similar incident was reported in cluster 2 where Jos University Teaching Hospital received a faulty Acupen Tonometer which was delivered faulty form Germany and could not be used.

The idea of having cluster coordinators at different clusters have been effective, since these coordinators act as sentinels and also provide invaluable support in programme implementation as well as Monitoring and Evaluation (M&E)². However the work load for these coordinators is considerable and additional support staff were needed.

Targets

The SiB programme targets are considered somewhat achievable. Implementing partners indicated that programme targets can be achieved on or before December 2019. The table below shows the cumulative achievement from programme inception to June 2019.

² Although these cluster coordinators are not trained M&E personnel's, they help in data gathering.

Table 3: Achievement from programme inception to June 2019

Outputs	Cumulative achievement from programme inception to June 2019	Project target	% of overall project target achieved
Cataract Op Paediatric	1,626	2,215	73%
Other major surgical interventions (paediatric)	735	1,011	73%
Other minor surgical interventions (paediatric) including retinoblastoma	409	234	175%
School screening	656,554	1,300,000	51%
Other screening (Health facility)	403,947	235,430	172%
Spectacles supplied (children)	10,872	25,288	43%
Low Vision devices (children)	729	2,153	34%
People reached through targeted health education (e.g. community classes, street plays, etc.)	9,381,339	16,813,220	56%
Ophthalmologists	306	300	102%
Optometrists	72	30	240%
Ophthalmic assistant/ nurses	115	115	100%
PHC Workers trained in eye care	2,303	1,389	166%
MCH Workers trained in eye care	999	999	100%
TBA trained in CEH and PEC	535	569	94%
CDD	6,116	5,750	106%
CBOs/OPDs	300	498	60%
Teachers trained to screen	4,419	4,400	100%
Teachers of blind trained (on braille, ICT, mobility, maintenance)	57	55	104%

For low vision (34%), school screening (51%) and spectacles supplied (43%) achievement in relation to set targets is quite low; there is a need to focus on these areas to ensure that the targets are reached before programme closure.

Currently, the Seeing is Believing programme is in a strategic partnership with The Albino Foundation to ensure that children with albinism, who often experience low vision access the low vision services of the SiB programme. There is also a need to focus on completing the training of Community Based Organizations and Organizations of Persons with Disabilities (60%). Teachers were also trained on screening and referrals – these teachers were provided with VA charts and pen torches, which were observed during this evaluation.

Working with implementing partners

All implementing partners praised the partnership with the SiB programme delivered by CBM and Brien Holden Vision Institute, as this partnership has helped build their capacities and organizational strength. It was however noted that the partners need more capacity building sessions in eye care. The implementing partners complained about the late start to the implementation of the SiB programme. It was discussed that implementation had to be rushed as the end date of the programme was not adjusted to accommodate for the late start.

In cluster 2, General Hospital Kubwa in Abuja refused to accept the equipment supplied for their use in treating children with eye health problems because they need some government processes needed to be completed first. The PCU followed the required processes but the hospital still refused the equipment for unknown reasons.

4.0 Conclusion/Recommendations

Conclusion

In general, is the performance of the programme across all clusters was commendable, although there is a need to pay more attention to the quality of programme delivery across all clusters.

Clients who were interviewed post-operation³ were very satisfied with the outcome of the surgeries. These clients explained that they were well treated and catered for during their visit to the health facilities. A 12-year old client in cluster 2 said, *“Before my treatment I could not see well, my class teacher would tell me to come to the front of class so I can copy my notes, my class mates used to laugh at me. Now, I can see clearly and I do not need to go to the front of the class anymore. Thank you SiB”*.

Sufficient human resources to support the planned monitoring and evaluation framework were not in place during programme planning and inception resulting in cluster coordinators being overburdened with data collection activities. This has

³ After surgeries

weakened programme monitoring across all clusters as well as partner monitoring. It is important to note that partners recommended that routine monitoring visits should be employed.

Overall, the Seeing is Believing programme is well planned and executed. The strategy to work with partners has been particularly effective. This is true because, partners already have structures and experience working in eye health in their respective states/regions. This ensures that programme delivery is of high quality. Besides this, using partners can promote sustainability and acceptance even after programme implementation.

The use of health facilities at all 3 levels of care (primary, secondary and tertiary) is commendable because it ensures that the referral process is followed from start to finish and people have access to free eye health services offered by SiB. Besides these, the SiB programme has also made strong gains in the following areas as identified by interviewees:

- Training of health workers to test and manage eye health conditions
- Training of teachers to screen pupils
- Training of teachers on low vision mainstreaming
- Building child friendly spaces in selected health facilities
- Provision of equipment and consumables including drugs to participating health facilities
- Construction of ramps and other disability aids.

During programme inception, awareness campaigns were not exploited in some clusters with the exception of cluster 1. This has resulted in poor awareness among community members and the population at large. All beneficiaries interviewed in clusters 2, 3 and 4 indicated that they only became aware of the free eye health programme by chance – either through referral from a supported facility within their reach or through a previous beneficiary.

The Seeing is Believing programme has developed and maintained a strong partnership base. The SiB programme in Nigeria is in partnership with government agencies, CBOs, CSOs, and many other actors in eye health care in Nigeria.

Partnerships have the potential to unlock amplified benefits as partners share expertise, skills and resources.

Recommendations

One key finding from this study is the fact that the Seeing is Believing programme did not pay enough attention to monitoring the awareness creation efforts of partners about the programme amongst the targeted population in programme states. Many beneficiaries only heard about the programme after being referred from a

participating primary health facility; other affected individuals who do not visit participating health centres might not benefit from the SiB programme. An evidence of this is seen in the efforts of Jos University Teaching Hospital (JUTH), whose management engaged media houses in an aggressive campaign, which led to an increased client load.

The provision of transportation costs for clients in tertiary hospitals is commendable and should continue. Additional arrangements to transport extremely marginalised beneficiaries from their communities to the health facility can also be explored.

Referral systems employed by the SiB programme appear to be effective. This is evident as the Federal Ministry of Health is currently adapting the SiB registers for National use. Although, the referral forms are not being used in visited health facilities in cluster 2. There is a need for the cluster 2 coordinator and the implementing partner to engage in routine monitoring and reiterate the importance of the importance of the use of referral registers in these health facilities.

Quality of purchased equipment must be ensured before being supplied. Supply of faulty equipment is of no use and a loss to the programme. Partners should be encouraged to raise the issue of any faulty equipment quickly with the programme coordination unit.

Standardizing the benefits like transportation costs and feeding in all levels of care and in all clusters, should be explored. In addition, items like spectacles should be given with cases and ropes across all clusters.

Equipment and consumables in health facilities like Kubwa General Hospital in Abuja who refused using these items for unknown reasons should be sent to other health facilities where these items are needed and can be used for their intended use.

Although, the scope of the SiB programme does not cover the establishment of a child friendly space and provision for persons with disabilities in all supported health facilities, there is a need to establish these facilities as clients needing these services visit these facilities regularly.

Attitudes and perceptions on eye care is low among respondents of this study. Concerted efforts should be made to invest in interventions that should change the attitudes and perceptions of people about eye care.

All clusters need more monitoring to ensure quality of programme delivery. High levels of quality are essential to achieve any programme's objectives.

The PCU (Programme Coordinating Unit) should give more advance notice to implementing partners as this will aid proper scheduling and in turn enhance the quality of programme delivery.

In conclusion, as the SiB programme comes towards its end, the importance of intensive programme monitoring and awareness creation cannot be overemphasized.

- End

5.0 Appendix – Extensive Findings

5.1 CLUSTER 1

5.1.1 Parents/Care Givers:

- They are happy and appreciate the programme as ordinarily, most of them couldn't have been able to pay for the surgeries.
- The systems in the tertiary health facilities are difficult and burdensome for the clients.
- The clients complained about being asked by the facilities to pay for services but on further investigation, it was revealed that those services are not covered under the SiB programme package.
- Parents were enthusiastic about the free eye health care, following a clear understanding of the screening process, and promptly collect spectacles dispensed to their wards.
- Parents and teachers are clamouring that the age limit be extended to accommodate older children.
- Low level of awareness about the SiB programme, particularly in Oyo and Ogun State.

5.1.2 Beneficiaries: (Children)

- The children expressed satisfaction with the programme due to improvement in vision related tasks and performance in class.
- Enhanced confidence and ability to relate better with their peers.
- Delay in accessing prescribed spectacles long after screening had been completed due to:
 - Late delivery of lenses by the vendors.
 - Inadequate frames for neonates
- Some children reported being teased by their classmates

5.1.3 Regular Schools:

- Trained teachers are able to identify eye health defects, refer for refractive error and children affected got the spectacles and are using it.
- Those who were referred for other eye conditions received medications and are recovering.
- Teachers are well trained and making effective use of the equipment provided in screening and identification of children with refractive errors and other eye conditions.
- It was found that the trained teachers were provided with basic screening equipment such as Visual Acuity charts, Pen torches and measuring ropes to facilitate the effective delivery of their work.
- Despite the fact that the teachers are not being incentivised sufficiently⁴ under the programme, findings revealed that some of them are very enthusiastic and happy about the job that they are doing especially in Osun State due to the enabling environment provided by the government of the State through SUBEB and the SiB programme.
- There is high rate of false positives and referral to the health facilities.
- Findings revealed that some parents discourage their children from participating in the screening exercise as they claim to have their own personal doctors.
- Some teachers were of the opinion that jingles should be broadcast on local radio stations to increase awareness about the programme.

5.1.4 Special schools:

The situation at the special school in Oyo was found to be very concerning. Although, basic learning equipment has been provided to the special schools by the SiB programme, a lot of gaps still exist as follows:

- The structures including hostel facilities, classrooms and the general environment are dilapidated, lacking source of electricity and therefore improper for habitation.
- There is no academic structure in place and staffs are inadequate and lack experience on how to deal with children with special needs.
- The security situation is very poor (not fenced), environment was dirty and the children appeared unkempt.
- Inadequate learning equipment and supplies to meet needs of the children. For instance, with the school having a population of over 100 students, the school was supplied the following: 8 laptops, 1 braille embroider, 2 JAWS softwares and 10 typewriters. Other items like calculators, textbooks and papers were supplied and were sufficient according to the respondents.

⁴ 15 naira per child screened, approximately 0.033 GBP

- Wrong equipment was supplied to the Omoyeni Special School for the blind children. For instance, the brail embosser supplied to the school was outdated and not functioning. Furthermore, the power pack for the machine was not included inside the pack.

5.1.5 Implementing Partners:

Few NGOs specialize in eye care programming in Nigeria and CBM International, as a policy does not implement programmes directly. The assessment noted that the concept of working with government and other community partners is good and yielding positive outcomes as this make for programme sustainability.

- Presence of a CBM staff at the State level eased coordination.
- Inadequate involvement of partners in pre project decision-making and preparations.
- Delayed signing of Memorandum of Understanding (MoU) and release of funds resulted in delayed commencement of implementation.
- Inadequate capacity required for implementation of the SiB programme by some partners.
- Inadequate financial and human resource policies and operational guidelines delays approvals and implementation.
- Non-availability of organogram and clearly defined job descriptions.
- Inadequate medications including diagnostics in some of the health facilities.
- Partners are involved in awareness creation, outreaches, identification and referral of clients.
- The relationship between some partners and their state government is cordial.
- Partners are happy working with the SiB programme.
- Capacity building on eye care management is required for all partners.
- Referrals were done earlier before UCH was ready to start implementation.
- Inadequate funding for partners (ministry staffs) to embark on supportive supervision of health facilities and schools
- Poor communication between the secondary and tertiary centres.

5.1.6 Primary Health Care Facilities:

- Inadequate number of trained CHEWs at the PHC facilities.
- Findings revealed that the trained Nurses and CHEWs currently screen all the patients that patronize the health facilities for immunization and treatment of other ailments.
- Some parents who bring their children for services sometimes require eye care services which are not covered under the programme.
- The data quality in some of the primary health facilities was found to be poor.

- PHC workers are not motivated due to inadequate incentives and work overload.

5.1.7 Secondary Health Facilities:

- Findings revealed that training received on refraction and low vision was of very high quality and effective as it empowered them to initiate better refraction and low vision services.
- Findings revealed that patients with multiple disability were present at the health facility: for example, children with autism, downs syndrome, children who are deaf and dumb, as well as those with mental health conditions. The health personnel do not have the capacity to address hence, most of such patients are referred to tertiary health facilities.
- Inadequate number of trained staff to address cases of ocular emergency.
- Some of the Optometrists interviewed were clamouring for more training in vision sciences and orthotics.
- Inadequate number and variety of low vision devices including trial kits.
- Professional rivalry exists among the staff in some of the secondary health facilities visited.
- Inadequate number of trained optometrists in the secondary health facilities
- Many false positives were found to crowd the secondary health facilities from the PHCs and Schools, perhaps due to an issue with the level of expertise acquired during training.
- Delay in accessing prescribed spectacles due to engagement of inadequate number of opticians under cluster 1.
- Inadequate number of equipment (auto refractor) in Osun State.
- Space for implementation of eye care services was found to be a challenge in Osun State:
 - ✓ Facility is shared with other specialties
 - ✓ The State government revoked space provided for child-friendly corner.
- Inadequate supply of medications including diagnostics in some of the health facilities.
- Potential for greater involvement of private sector in implementation of the SiB programme.

5.1.8 Tertiary Health Facility (UCH Ibadan)

- The programme was found to be effective in that it led to the uptake of services for many indigent children who could not access services ordinarily at the tertiary health facilities.
- Availability and effective use of the child friendly unit at UCH Ibadan.

- Late commencement of the SiB programme and changes in some agreed terms was not reflected in the final contract, e.g. anaesthetic machines agreed upon was not delivered.
- Inadequate equipment such as anaesthetic machine, mounted telescope for low vision devices.
- The workload is considerable as they have to deal with regular clients in addition to that of the SiB programme.
- Doctors felt there was a need for incentives to meet surgical targets.

5.2 Cluster 2

5.2.1 Beneficiaries

Most beneficiaries met were seen at Jos University Teaching Hospital (JUTH), where they had just received treatment for their eye conditions, although a beneficiary who was treated some weeks back was visited at her home in Nasarawa state. This beneficiary was treated in JUTH for an eye injury on the left eye. Surgery was recommended and was successful.

- Upon injury, the client visited a primary health care facility supported by SiB; she was then referred to JUTH for free treatment.
- Success of the eye surgery was evident as the beneficiary indicated that she could see with the injured eye although not as well as before the injury.
- The beneficiary indicated that she was treated well by the health care professionals and that the procedure was explained politely and helpfully.
- Duration of stay in the hospital was satisfactory to the parents of the beneficiary and the beneficiary.
- Parents of the beneficiary praised the efforts of SiB for the free eye care. They explained that they would not have been able to afford the treatment of their daughter and thought that their daughter would go permanently blind before being treated.

5.2.2 Parents

- Parents were very appreciative of the support received from SiB
- Some parents believed that supernatural causes were responsible for their child's eye condition.
- All parents had not heard about the SiB programme before being referred for treatment of their wards
- Fathers were actively involved in bringing their children for treatment to the health facilities

5.2.3 Implementing Partner – HANDS

- The programme kicked off late, with a one-year delay in implementation. According to the implementing partner, this affected the pace at which the programme is being implemented as the three year programme needs to be completed in less than 3 years.
- Media publicity (jingles – both TV and Radio) have not been explored, hence awareness is very low in deserving communities. Although plans are on-going to air jingles and radio design documents on eye care at the time of this review.
- Security issues in some states, resulting in low turn-out whenever there is a need for screening
- Limited manpower and resources for programme delivery. HANDs opined that they do not have enough staff to carry out implementation of the SiB programme more effectively. It is however noted that the Programme Coordinating Unit made arrangements earlier for the recruitment of two (1 programme staff and 1 finance staff) additional staff members. The recruitment was not done as HANDS later indicated that it would not be necessary to recruit a new staff six months to the programme end.
- Some facilities are not working and are also not putting the equipment supplied to use e.g. Kubwa General Hospital, Abuja refused to accept the equipment supplied for their use in treating children with eye health problems because they need some government bureaucratic processes needs to be done. The PCU did the needed processes but the hospital still refused the equipment for unknown reasons.
- Budgets not being appropriately distributed (and often insufficient)
- Delay in getting materials like equipment for health facilities, and consumables - such as drugs required for the programme implementation from the project coordination unit. During the period of this review, health facilities were out of stock of drugs for managing eye conditions. However it was observed that plans were underway to deliver these drugs to the facilities.
- Delayed communication between project coordination unit and the implementing partner. It was explained that information often reaches the implementing partners rather late and close to the action period.
- Programme strategy is good and is touching the lives of the intended target groups. Systems are set in place to achieve all programme objectives.

5.2.4 Special School, Gindiri

- Items like computers, braille machines, talking watches, mobility items and braille paper were provided by SiB
- The school has 12 braille machines but only three are functional
- Although two teachers have been trained to repair braille machines, the cost of repairing the machines are high and the school cannot afford it.⁵
- Screening of the students was done at the school. Five students were identified for operative treatment. At the time of the review, only three students had been treated as the parents of two children signalled that they could not afford taking their wards for free treatment. They preferred receiving the transportation costs in their communities rather than at the health facilities.
- Many items supplied by SiB were considered not of good quality e.g. rim of braille papers; follow up is required with suppliers. Some items are supplied in damaged conditions, e.g. mobility aid for the blind. Although, this was only flagged during the midterm review as Gindiri special school signed and indicated that these equipment and materials were supplied in good condition during receipt.
- More braille machines are needed and renovation of the classes and study area.

5.2.5 School Pupils (Regular and Mainstream including primary and secondary pupils)

- Some students signalled that the first point of treatment for common eye problems is the patient medicine store. The first point of contact should be the primary health facility.
- Pupils also signalled that they are not taught about eye health problems in their school. However, they could identify friends and family members who have eye health problems and could identify signs and symptoms of eye health problems as they had seen IEC materials in health facilities and heard mass media jingles about eye health.
- A pupil indicated that her mother taught her to always pour urine into her eyes to soothe the eyes whenever irritated. This shows that incorrect information is still being communicated and there is a need to invest in interventions that should change attitudes and perceptions about eye care.
- Pupils indicated that they were screened in their schools by trained teachers. Pupils with any eye problem were referred to the nearest PHC centre.

⁵ Cost of buying of maintenance kits

5.2.6 Teachers

- Teachers noted that the most common eye problem faced by pupils in the school is itching and redness of the eyes.
- The programme created awareness amongst the teachers to investigate when pupils have poor grades. They realized that many of these pupils have eye problems.
- Teachers also opined that gained knowledge was also used in their environment and at home. In other words, teachers are able to screen other children at home or communities where they live.
- Teachers also indicated that children were excited about the screening exercise introduced in their schools.
- The teachers believed that some parents still believe that surgical treatment is bad for their wards and should not be explored for their children.

5.2.7 Primary Health Care Centres

- There is no evidence of referral forms being used in visited health facility although referrals are being done
- Patients with multiple disabilities visit the health facilities but no support is provided to aid people with disabilities.
- No child friendly space in the health facility visited.
- Health facility staffs are trained to manage basic eye health conditions and refer.

5.2.8 Secondary Health Facilities

- No provision of aids for people with disabilities at the visited health facility.
- Conjunctivitis is the most common eye problem seen in the facility among children. Eye injuries are also common among children.
- Eye health professionals were trained by SiB but the training was of fair quality as there were no demonstrations and practical sessions. Although the training was very relevant to eye health care and was in-depth.
- The referral centre (JUTH) is quite distant from many communities in Nasarawa state and environs.
- Supplied drugs are not sufficient. Supplied equipment is useful.
- Eye health care staffs are few in many facilities. The majority have only one staff trained – Community Health Extension Workers (CHEWs).

5.2.9 Tertiary Health Facility - JUTH

- No Information, Education and Communication materials were given to the tertiary health facility by SiB as this was not included in the tertiary health facility budget. It would have been valuable to provide them as client load is quite high at the tertiary facilities in comparison to other health care levels in Nigeria.

- Health facility premises do not cater for people with disabilities and does not have a child friendly space.
- Health facility has enough medications and personnel to cater for clients with eye health problems.
- All equipment supplied is of good quality and use except for an acupen thermometer which was supplied faulty.
- Among clients treated for eye health conditions, allergies are most common. Cataract is also common as well as congenital glaucoma.

Increase in clients with the advertising of the SiB programme on local TV by the management of the hospital.

5.3 Cluster 3

5.3.1 Parents & Beneficiaries

- Beneficiaries were referred from secondary health facilities in their respective states to HANDS and eventually to ECWA for treatment. Referral is via HANDS directly instead of to health facilities.
- Parents were very appreciative of the support received from SiB because of the improved vision and school performance of their children.
- Parents were happy because treatment was free and that they spent little or nothing to seek for medical help for their children.
- Treated children are less dependent on caregivers with regards to mobility as they now have improved vision.
- Parents were of the opinion that the programme continues and extends to cover other health conditions.

5.3.2 School Teachers

- Conjunctivitis is the main eye problem identified in the schools.
- Teachers could recall their training on screening and found the training relevant and useful. Teachers indicated that they could spot eye problems more easily now.
- Pupils are very excited about the screening exercise in their schools and more pupils are getting treatment for eye conditions.
- Teachers indicated that during the PTA meetings, parents were informed about the screening exercise and they were excited about it.
- Teachers indicated that screening does not affect their primary duty to teach.
- Teachers recommended that the programme continues and is expanded to cover more states

5.3.3 Community Leaders/Village Heads

- Village heads know about the SiB programme and were appreciative of the support their community members received from the programme.
- Village heads were able to recall children from their communities who benefited from the SiB programme.
- It was suggested that a conscious effort should be made by SiB to create more awareness about the programme. The community leaders also indicated that they will also play a role in creating awareness in their communities about the programme.
- It was recommended that transport cost to the health facility should be explored as this can be a hindrance to health seeking behaviour among community members as many communities are far from the referral point.

5.3.4 Primary Health Care Centres

- Information, Education and Communication (IEC) materials on eye health are not visible at a facility. Few were observed at Gano PHC.
- All health facilities visited are out of stock of eye health medications
- No child friendly space nor provision for persons with disabilities.
- Eye health registers are available in all visited health facilities but not being used in one facility.
- Patients with eye health conditions rarely visit PHCs, especially at Mariri PHC.
- No borehole/water main available at Mariri PHC.
- Eye health focal persons can recall training from SiB, training manuals were sighted at the health facilities and are being used.

5.3.5 Secondary Health Facilities

- Patients with multiple disabilities were observed at the health facilities, but all health facilities interviewed are not equipped to handle such cases
- Some health facilities have child friendly centres, e.g. Katsina Eye Centre (provided by SiB), but most do not have any.
- Clients need more persuading before they decide to visit the health facility. This is due to transportation costs to ECWA Eye hospital from neighbouring states, i.e. Katsina and Jigawa, and also road travel security challenges.
- Common eye problems seen in SHC are mostly allergic conjunctivitis, bacterial conjunctivitis and refraction errors.
- It was also discussed that communities have poor awareness of the SiB programme.
- Eye health staff are few in health facilities interviewed.

- Some health facilities presented NYSC⁶ (National Youth Service Corps) members for training under the programme. Trained NYSC members are not retained and leave with the gained knowledge.
- Information, Education and Communication (IEC) materials on eye health are not visible at the facility.

5.3.6 ECWA Eye Hospital

- ECWA Eye hospital has the capacity to conduct more surgeries than they are currently receiving, i.e. more patients are needed than are being sent to ECWA.
- Referral to ECWA Eye hospital has been poor. More patients are coming in from Kano than Katsina and Jigawa states.
- The Seeing is Believing programme has benefited ECWA Eye hospital by giving the hospital a positive outlook to community members.
- ECWA Eye hospital has been able to restore sight to six children in the School for the Blind. Now these children are in mainstream schools.
- Information sharing between the Programme Coordination Unit and ECWA Eye hospital has not been optimal, with information coming in at short notice.
- Surgical equipment procured by CBM/ the Programme Coordination Unit are of good quality and are being used. Although, more equipment is needed by the facility.
- No Training was done for any staff of ECWA Eye hospital under the programme. No Information, Education and Communication materials were given to the tertiary health facility by the programme. The premises cater for people with disabilities and has a child friendly space.

5.4 Cluster 4

5.4.1 Beneficiaries

- Children that benefited were happy with the project and satisfied with the quality of services that they accessed from the service providers.
- Only a few children are aware of some eye conditions
- Some children mentioned that they have problem with seeing distant objects.
- They complained that the spectacles were given to them without pouches or cases to help protect from damage.
- The beneficiaries reported that some parents are stopping them from wearing the glasses and that their peers are making jest of them because a stigma exists against children who wear glasses.
- The beneficiaries are of the opinion that children in the streets – without families should also be allowed so that they can also benefit from the free child eye care.

⁶ A compulsory national volunteering service for all fresh graduates in Nigeria

5.4.2 Parents/Care Givers:

- The caregivers were appreciative of the free eye care services rendered to their wards and reported encouraging others to also access the free care.
- Caregivers mentioned they were asked to pay for hospital cards despite the fact that the services were supposed to be completely free.
- The care givers complained about losses and damages to the spectacles because there were no ropes attached, pouches nor cases provided.
- The care givers reported not enjoying the full complement of the free eye care package; they received no feeding whilst admitted to the hospital, although the bed space was provided free by UCTH as part of their contribution.

5.4.3 Primary Health Care Facilities:

- There is increased awareness about eye health condition: for instance, the trained provider is now more conscious of the eyes and examines all children for eye conditions during immunization, and if older children complain of itching symptoms.
- Referral from primary health care facility to secondary was adjudged to be in effective as teachers refer directly to the secondary health facilities in Eket.
- The training conducted for the health providers could have been improved: content was limited and did not include use of VA chart) or training on visual assessment,, the duration of the training was short, and referral pathways were not well defined.
- Treatment of glaucoma patients is being done at Secondary Health facilities in contrast to the national guideline which recommends treatment of glaucoma at the tertiary level.
- IEC materials and job aids were conspicuously absent in some of the health facilities visited.
- Low level of awareness about the SiB programme.
- Basic medications were found to be out of stock.
- The training tool kit is inappropriate for PHCs (for example, the training manual contains non-African faces).
- The eye health desk officer in Calabar was unaware of what happens at the centres and wanted to be involved in the supervision of the centres.

5.4.4 Secondary Health Care Facilities:

- There is an increase in the inflow, a good volume of patients were found patronizing the secondary facilities.

- The programme does not discriminate against people based on religion, social status or gender.
- The trainings provided by SiB were appreciated by the eye health professionals; however they called for more trainings, equipment and incentives.
- The SiB programme is not integrated into the CRS (Cross River State) eye programme. The child eye health unit is separate and not part of the eye centre of the hospital and there are no other health personnel implementing apart from the trained optometrists. The ophthalmologist plays only an administrative role.

5.4.5 Tertiary Health Care Facilities

- There is no memorandum of understanding between Brien Holden Vision Institute or the programme coordination unit, the University of Calabar Teaching Hospital (UCTH) and University of Uyo Teaching Hospital (UUTH). The facility in Akwa Ibom is not an integral part of the programme. The relationship with UUTH has not been productive towards attaining the end result of patient care.
- UUTH are dissatisfied with the role they were allocated in the programme however, reluctantly they accepted to play the role of secondary eye care facility, even though they are capable with surgical expertise and requested to offer the necessary services.
- Delay of about a month for the delivery of lenses, which arrive at UUTH and UCTH in large batches, sometimes with allocation of wrong lenses and frames. This has hampered the hospitals' aim to be 'one-stop shops' for eye care.
- The opticians fitting the lenses have complained of the sudden influx of work and non-payment for fitting of spectacles by SiB in UUTH.
- The opticians and record officers are demotivated by a lack of incentives for working with the programme.
- There were issues around opening a bank account. SiB asked for an account to pay in money for the project. UUTH suggested that money should be paid into an unused personal account. No further discussion was carried forward on this issue.
- University of Uyo Teaching Hospital (UUTH) has referred a few patients to University of Calabar Teaching Hospital (UCTH). It is further reported by UUTH that most patients are indigent and cannot afford to travel to Calabar on their own accord. Therefore, patients are no more being referred to UCTH from UUTH.
- All referrals passes through the Cross River State Eye Centre before getting to the tertiary health facility, which is cumbersome and causes delay in uptake of services for those being referred from the other secondary centres in CRS.

5.4.6 Community Leaders

- Community leaders were not strategically targeted and involved as key stakeholders (gate keepers) in the programme under cluster 4.

5.4.7 Regular Schools

- Teachers were enthusiastic about the knowledge gained and would like further training, screening for teachers (inclusion) and some level of motivation.
- Findings revealed that teachers at primary schools were not trained as part of the SiB programme; rather ophthalmic nurses screen at the primary schools which was not considered sustainable.
- The nurses who work at the primary health centres received only torches without any new VA charts to use for school screening.
- Training for teachers was perceived to be inadequate; the trained teachers were said to have received only 3 hours training. Charts given to the teachers were retrieved after the screening of children by teachers.
- No effort is being made to get those who did not collect their spectacles to collect it since it was free.
- The screening was unplanned and a one off event. The training was only on VA, no information on disease control and referral. This reflected in the low level of eye health knowledge amongst the children.
- Teachers who were not in school on the day of the training event did not participate and their pupils missed out.
- The partner offering refraction and dispensing services for the school eye programme is a private facility within Uyo and immediate environs.
- A sizable number of children complained that they have pain or are unable to see each time they wear their prescribed glasses, while others complain of the inappropriateness of the sizes of frames.

5.4.8 Special Schools

- The teachers in the specialised schools for children with disabilities were happy that they gained new knowledge and expertise in identifying children who are visually impaired.
- The programme supported the development of a curriculum for education of special needs students, equipping of the braille lab, provision of braille kits and repair of 9 braille machines.
- There is low level of awareness about the specialised school and the SiB programme in cluster 4.
- The teachers are poorly motivated, as they are not even getting their statutory allowances or incentives from the programme.

- Teachers had an incorrect view that glasses provided to a child with low vision were supposed to improve vision rather than for the purpose of eye protection.
- There was a time lag between the time the teachers were trained and the commencement of implementation.