Council for the Blind Zimbabwe

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Strengthening Vision 2020 (V2020) in North-East Zimbabwe

End of Term Evaluation Draft Report

January 2020

PRÀTICAS CONSULTING GROUP
Defining insights

Research conducted
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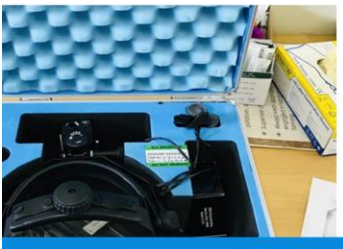

Basic information

Project title	Strengthening Vision 2020 (V2020) in North-East Zimbabwe
Funder	CBM & Standard Chartered Bank
Implementing Partners	CBM, Zimbabwe Council for the Blind (ZCfB) and Ministry of Health and Child Care
Location within country	Mashonaland West , Harare and Manicaland Provinces
Project Start & End Dates	01/01/2015 to 31/12/2019
Name of persons who compiled the evaluation report	Cassius .C. Mapuvire (Lead Consultant)
Period during which the evaluation was undertaken	January to February 2020

Contents

Acronyms & Abbreviations

ART	Antiretroviral treatment
ARMD	Age related macular degeneration
CBM	Christian Blind Mission
CSR	Cataract Surgical Rate.
ETR	End of Term Review
FODPZ	Federation of Organizations of Disabled People in Zimbabwe
HIV	Human Immune Virus
KII	Key Informant Interviews
MoHCC	Ministry of Health and Child Care
MoPSE	Ministry of Primary and Secondary Education
OECD_DAC	Organization for Economic Cooperation and Development _Development Assistance Committee Criteria
OPN	Ophthalmic Nurses
PHC	Primary Health Care
PLWHIV	People Living with HIV
PMS	Patients Management System
RDC	Rural District Council
ROP	Retinopathy of Prematurity
SSHIs	Semi structured Household Interviews
SKH	Sekuru Kaguvi Hospital
SiB	Seeing is Believing
ToRs	Terms of Reference
ToT	Training of Trainers
UBVIP	Upgradable Bio-ventilated Improved Pit
VHWs	Village Health Workers
WHO	World Health Organisation
ZCfB	Zimbabwe Council for the Blind

ZIMVAC	Zimbabwe Vulnerability Assessment Committee
ZNEHS	Zimbabwe National Eye Health Strategy

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1.0 Introduction

The evaluation was for the SiB project, which was implemented in the North East region of Zimbabwe. The project was implemented in two phases – the first phase started in 2015 and completed in 2017 and an extension phase started in 2018 and completed in 2019. ZCfB implemented the project in partnership with CBM, Standard Bank and the Ministry of Health and Child Care (MoHCC). CBM enjoys a long-standing relationship with Zimbabwe Council for the Blind (ZCfB) spanning over three decades. CBM Zimbabwe in partnership with ZCfB successfully implemented the 3-year first phase project funded by Standard Chartered Bank from 2015 and ended in December 2017 with support from the CBM Regional Office (Southern Region) and CBM UK. The second phase (extension) was granted based on achievements made in the first phase. The phases were complementary with the extension phase seeking to strengthen the gains realised from the first phase. The project was implemented in 3 out of Zimbabwe`s 10 Provinces reaching out to over 3,751,829 (2012 National census). The support with primary eye care was provided in three Northern Eastern Provinces namely, Sakubva Eye Hospital (Manicaland), Norton Eye Hospital (Mashonaland West), while support of tertiary eye care facilities was provided at Sekuru Kaguvi Eye Hospital (Harare).

Out of the total number of targeted beneficiaries, 80% comprised of a rural population and the rest fell under the urban sector. The support of Sekuru Kaguvi Eye Hospital tertiary centre aimed at further strengthening paediatric ophthalmology. The project sought to increase access to quality adult cataract surgery as well as availing affordable eye care services to the overall population.

The **overall objective** of the programme was to reduce avoidable blindness and visual impairment in all age groups in Mashonaland West, Manicaland, Harare provinces. The project aimed at reducing avoidable blindness by providing regular and affordable eye health care services for adults and paediatric clients in Mashonaland West, Harare and Manicaland provinces by 2020.

The programme encapsulated this through the following **core result areas,** namely:

Objective 1: Increase the quantity and improve the quality of eye-health services for adults and children over two years.

Objective 2: Increase the capacity of the eye-health workforce at primary, secondary and tertiary levels.

Objective 3: Improve the infrastructure for eye-health delivery at tertiary level (Sekuru Kaguvi Hospital (SKH) – adult section) as well as equip the three centers to be operational (SKH, Norton and Sakubva)

Objective 4: Ensure all eye-health services are inclusive.

2.0 Objective of the Evaluation

CBM sought the services of a consultant to conduct an End of Term Review (ETR) of the **Strengthening Vision 2020 (V2020) in North-East Zimbabwe.** The ETR intended to provide CBM and its partners (ZCfB, Standard Chartered Bank and MoHCC) with an analysis of the status of the programme's implementation, its achievements and challenges at the end of its implementation, from the first phase through to the second phase. Furthermore, the ETR sought to produce evidence on the project's effectiveness to inform improvement for future programming. The review aimed at assessing the sustainability of the work that has been done during the project's lifetime. The evaluation aimed at providing recommendations to local stakeholders about what needs to be done to consolidate/continue any gains (in terms of eye health services) made through this project.

The **objectives** of the end of project review were to:

1. Reflect on the relevance, overall strategy and achieved results of the programme as well as to identify any strengths and weaknesses;
2. Inform improvements to the programme and its implementation;
3. To establish lessons learnt and identify challenges and future opportunities to programme implementation.

2.1 Methodology and evaluation process

The consulting team from Praticas Consulting Group Pvt Ltd designed tools and shared with ZCfB and CBM for review and value addition. The tools were pretested at Norton Eye Health Unit in Mashonaland West Province of Zimbabwe on 14 January 2020. The Principal Consultant for Praticas Consulting Group who was served as the Lead Consultant for the purposes of the End of Term Review led the pre-testing process. This was followed by a review of the tools. Representative from ZCfB and CBM were part of the pre-testing team and gave feedback to consulting team.

Primary data collection started on 15 January 2020. Four teams conducted the study – each focusing on the 3 study sites of Norton, Sekuru Kaguvi and Sakubva Eye Hospitals. The fourth team was focusing on key informants and interacting with secondary stakeholders of the project at national level. Data collection was in two phases. The first phase was through one on one interaction while the second phase was through telephone interviews. CBM and ZCfB prior to field work did mobilisation and notification.

2.2 Ethical Considerations

In recognition of the evaluation principle of propriety, the evaluation team executed the task in a legally and ethically acceptable manner. This was with due consideration of the welfare of those involved in the evaluation. The evaluation adhered to contractual stipulations from the ZCfB and CBM. The do-no-harm principle was upheld throughout the interaction with project participants and stakeholders.

During the data collection phase, informed consent of the participants was sought. The evaluation team introduced themselves at every study site. They explained the informed consent principle and allowed project participants to make choices on participation. Participants were assured beforehand that their participation was voluntary and that they were free to withdraw at any point during the evaluation. As such each data collection tool had a consent section where participants signed to show that they are participating voluntarily. Participants were informed of the evaluation purpose and the benefits or lack thereof. The evaluation avoided discriminating against any stakeholders in any particular way.

Confidentiality was maintained by not collecting unnecessary personal information. The exception was on institutional interviews where informants were not speaking in their personal capacity. Data collected was stored in password protected computers and can only be accessed by the evaluation team members and by ZCfB and CBM on request. All sources of data used during the evaluation process was acknowledged and duly documented.

2.3 Public notification

Notification and seeking collective consent was done by CBM and ZCfB. Critical stakeholders such as government departments were notified through letters or phone calls by ZCfB and CBM. The project participants were informed through either the ZCfB and CBM team members or Village Health Workers/Health Promoters.

2.4 External factors which exert an influence on the implementation of the evaluation and its consequences

The evaluation study was conducted in a generally quiet and conducive socio-economic environment. The period was void of any socio-political activity and this allowed for free movement by the consulting team across the 3 main study sites. It is important to mention that the nature of the respondents (recipients of eye health care services) are spread across the country and were not necessarily resident within the geographical location of the eye health care units. This forced the consulting team to adjust the data collection methods and techniques to include telephone interviews. Instead of conducting Household semi structured interviews the exercise resorted to conducting Semi Structured Interviews with direct recipients and in the case of children, with their care givers. This had a positive effect as more respondents were interviewed than planned.

3.0 Methodical Process

This section will discuss the theoretical basis of the study. This is to anchor the process and justify the theory behind the study. The section will also dwell on the methodology and sampling for the study. The data collection techniques will be explained in this section and the numbers reached through the study will be mentioned in this section.

3.1 The theoretical basis for the review

The evaluation used a mix of approaches - elements of a Theory Driven Evaluation (TDE) and the revised OECD_DAC Criteria for Evaluation. This approach ensured that all key dimensions stipulated in the ToRs were incorporated. The review used reflexive controls - it compared the before and after situation of the 4 eye units and the project primary beneficiaries. This comparison was done using a Project Performance Matrix – a simple table which illustrates the targets (the before) and the actual (after) with some accompanying comments.

The review used a ***mixed methods approach*** where both ***qualitative*** and ***quantitative*** data was collected. The methodology strived to reveal progression towards the performance of the project. The desk and secondary literature review was the main way of quantifying project outputs and was done using a variety of checklists. The feedback from both primary and secondary respondents was mostly qualitative and sought to qualify the numbers established through the desk review and the checklists.

The theoretical base for the sample size for the qualitative values was guided by Coenen et al (2012) assertion on saturation for analysis. The argument is that as few as three groups are likely to reveal 90% of important themes. In this context the study kept the sample size for the qualitative responses small and avoided saturation while keeping the data manageable.

3.2 Data collection methods

3.2.1 Secondary data

Secondary data collection included an analysis of various project documents and guiding standards. The study reviewed relevant records at targeted institutions to enhance the consulting team's understanding of the context. The team reviewed various secondary literature such as the National Eye Health Strategy at country level and international standards at a global level. This interrogated the project for relevance and coherence. The process was reflexive, as already alluded. It compared the current situation against the inception stage of the project. The project had no baseline values and then used the target as the bench mark for establishing performance.

3.2.2 Primary data collection

Qualitative data collection

Qualitative data was gathered using a variety of participatory methods such as Narrative Assessment Technique tool, Key Informant interviews and Semi Structured Interviews. Each of these is discussed in detail below.

Narrative Assessment Technique Tool/Case study

A total of 6 stories were tracked (two for each of the 3 institutions) and 6 of these were fully documented. The evaluation sought to collect and analyse the stories from the

program's primary participants. The Narrative Assessment technique facilitated the co-creation of the stories by selected program participants and the enumerators. The enumerators through probing and questioning encouraged the respondents to tell their stories with the messages they perceived to be important to share. The enumerators made sure the respondents narrated how the context mattered in what happened; how change happened; what actions came in; and by what actors. The enumerators also helped the respondents to reflect on what happened and what their role was. They also helped to bring out the observations and analysis of what happened. The stories were critically assessed and brought out the nature and meaning of project processes and outcomes. In essence how the project has reduced avoidable blindness and provided regular and affordable eye health care services for adults and paediatric clients.

Sampling strategy - The study purposively targeted most significant change cases from the 3 centres. Through a discussion with implementers and partners the evaluation team purposively selected the most significant change cases and pursued them for documentation.

Key informant interviews (KII)

The review conducted a total of 31 Key Informant Interviews. The interviews were anchored by a detailed KIIs guides specific to targeted stakeholders.

Sampling strategy - The study purposively targeted decision makers and duty bearers at various levels. These included management and leadership at the 4 Eye Units, Ministry of Health and Child Care, DPOs representatives, implementing partners and community representatives such as village health workers.

Semi –Structured Interviews

A total of 383 semi structured interviews were conducted. These targeted beneficiaries (patient) of the Eye Health Services and members of their households in the case of children or those that were not capable of responding on their own. The interviews were guided by a framework of themes. The guide had a set of thematic questions to anchor the interviews. The interviewers allowed for new "ideas" around eye health care services provision and access. The semi structured interviews allowed for participation of more than one household. Not more than three persons were allowed at each interview. The widening of respondents enhanced triangulation at data source level.

Sampling strategy - The study randomly selected respondents within the targeted population. For each of the four Eye Health Services Centres the study targeted at least 126 respondents (63 adults & 63 children). These were randomly selected using registers from the Eye Health Units. The study failed to reach to the 127 for Sekuru Kaguvi and Norton and Sakubva Units had to do more. The challenges were the distribution of the patients who sought services at Sekuru Kaguvi Eye Hospital. Some of the patients came from far and wide across the country. The enumerators with support from Eye Units Coordinators and ZCfB representatives randomly selected 383

responding households. As already alluded to earlier on, the theoretical base for the sample size for the qualitative values was guided by Coenen et al (2012) assertion on saturation for analysis. The argument is that as few as three groups are likely to reveal 90% of important themes.

Checklist

Checklists were designed to quantify variables related to the project's core outputs and variables. The project's specific outputs were "counted" using a checklist. The checklists enabled the review process to quantify progress towards the targeted outputs.

The performance matrix

The performance matrix is a template that illustrate the project's performance. The template was used in the section illustrating project effectiveness. The template illustrates the targets, achievement and percentage performance for each of the key outputs. For easy understanding, the template categorises the outputs into thematic sets.

3.3 Data Entry, Analysis and Reporting

An enumeration exercise was done in the three main review sites and a total of 10 days were invested in this direct interaction with project participants at various levels. The data was captured and processed by the study team under the guidance of Lead Consultant. Quantitative information was analysed using excel whilst qualitative information was coded and summarised using the Thematic Approach. The consultants using a Thematic Analysis Framework developed specifically for the study, carried out data analysis.

A key part of the data collection and analysis process was the validation process (also referred to as 'data cleaning'). Validation checks were made to ensure that data is both complete and accurate. The process started with daily briefing meetings in the morning to remind enumerators of key considerations. At end of each enumeration day, the Lead Consultant would scrutinise the data and each enumerator would submit data sets after this analysis. This was to enable study to identify possible errors and ensure recorded data is of acceptable standard.

Semi Structured Interview and KIIs guides were coded so that each individual tool had a unique identifier in case there was need to seek clarity. Data from the SSHIs and key informant interviews were entered into a Thematic Analysis Framework. The Thematic Analysis Framework presents the information on similar subject from different respondents.

For each SSHIs and KIIs responses were entered and then sorted to display trends in the data. This facilitated the formulation of conclusions. This then informed the evaluation report.

3.4 Critical Assessment of evaluation methodology and process.

The methodology was the best fit for the study as it gave every subject the opportunity to participate. The purposive sampling allowed for all components to have an equal chance of being respondents. The mixed methodology approach was also the best as it allowed for triangulation of data. The qualitative data from the SSHIs and KIIs was triangulated with quantitative data generated through the Checklists.

4.0 The End of Term Evaluation findings

This section will define the end of term evaluation findings. The findings will include an analysis and appreciation of the programming context. The discussion will explore all aspects of the project from partnership to impact.

4.1 Conditions external to the partnership

The project was implemented in a generally safe and accommodative socio-economic environment. The external environment and factors were generally conducive in spite of the socio-economic challenges. The data collected revealed that socio-economic factors limited and impeded the prospective eye health patients from travelling to the units and access services. The economic decline reduced the capacity of household economies to provide input such as bus fares and provision of supplementary food to their members who would desire to access eye health care services. In spite of the challenges alluded to above the project managed to achieve most of its targets.

The political events towards the end of year 2017 which ushered in the new dispensation in the country were dramatic yet without negative impact on the project. Implementation space was safer and more open after the November 2017 developments. The peace and openness that characterised the political change was a positive trend, which facilitated project achievement in a way.

The doctors' strike, which has had a negative effect on health service delivery, was expected to have serious impact in the project targets. It was however observed that the three units were not fully affected by the strike. The semi-autonomous setting of the three units cushioned the project from the effects of the industrial action by the medical personnel.

4.2 Conditions internal to the partnership

The partnership (CBM - ZCfB - Ministry of Health and Child Care) was smooth as posited by representative respondents from the three organisations leadership (CBM Director, ZCfB Director and National Eye Health Chairperson). Observations in most partnerships reveal challenges around coordination and financial management. The

roles and responsibilities influence the type of coordination and in many instances; overstepping and "side-lining" of partners bring about turbulence and affect the flow of project. This was not so in this partnership. The roles and responsibilities were clear and shared from inception stage. The implementing partners CBM and ZCfB had conducive operational space to manage the project. CBM provided strategic guidance and support and also implemented alongside ZCfB. The Ministry of Health provided technical input - service provision and eye health care.

The classic feud between partners, which almost emanates from disbursements and acquittals, was not observed in this partnership. The both implementing and funding partner CBM availed support and this facilitated timely disbursements and acquittals.

It is also important to highlight that the project was an extension and probably had learned from the first phase hence the smooth flow of finance management and coordination.

4.3 Planning, coordination and reviews

The project relied on the National Eye Health platforms for planning, coordination and reviews. There was no intentional efforts at creating a specific platform for coordination and review of project performance. The platforms created by project were only at operational level. These were specific to each of the four units. Review and learning at partnership level was not facilitated. There is no evidence of ZCfB convening review meetings with Standard Chartered Bank, CBM and Ministry of Health. Through data validation and triangulation, it was observed that, there was no budget line to support project review meetings. This should be prioritised in future projects to ensure constant quarterly feedback from all stakeholders. The project utilised the opportunities created by other stakeholders and interventions. The risk was weakened coordination and issues peculiar to the SiB being overshadowed by other issues and national matters.

The Ministry of Health at national level also mentioned this gap and recommended that future projects should have specific planning, coordination and review platforms. Such platforms would ensure planning, budgeting, coordination was all-inclusive and input from the various partners would be formally deliberated on and decisions made at a partnership level.

> *"In future any planning and coordination should be all inclusive. Everything should include nurses; they work with doctors, specialists and administrators and cannot be left behind in any planning and coordination. Dates, activities and any key issues should be shared with all the unit team members and stakeholders"*
> *Female Nursing team member at SKH*

4.4 Capacity building of the Project-executing Organisation and its Partners

The project supported various trainings targeting different levels of the project stakeholders. The trained personnel were from ZCfB, CBM, Ministry of Health and community resource persons. The Ministry of Health personnel ranged from Village Health Workers to specialists such as Ophthalmologists. The trainings covered various aspects such as low vision, subjective refraction and diagnosis, fundoscopy, retinoblastoma counselling, accessibility, safeguarding and protection. The trainings according to eye health personnel at the four eye units empowered the MoHCC personnel in their ability to diagnose and assist patients as they were present with various conditions. The trainings also aided in fostering sustainability beyond the project life span.

The trainings according to medical doctors at all the eye units, empowered the MoHCC personnel. The trainings, which included technical trainings for technicians, gave the eye units capacity to continue with operations and ensure maintenance of equipment locally, this built the sustainability of the project at the institutions. The trainings also ensure that there is expediency and timely series. The capacity reduced waiting periods and enhanced patient to be able to access services. The training of Village Health Workers and Community Health Workers also ensured project was linked with targeted communities. The trainings empowered the primary health care workers with skills to share and raise awareness and in turn, this increased communities understanding and appreciation of eye health and increased health-seeking behaviours for the communities. The discussions with Village Heath Workers in Manicaland who serve under the Sakubva Eye Unit revealed that, they were now confident to articulate eye health issues and served as referral pathways resource person. The trainings enhanced the capacities of the various project stakeholders. Feedback from medical doctors such as Dr Patel at Sekuru Kaguvi revealed that the trainings were very important and had improved the efficacy of the hospital staff. Safeguarding was now an integral part of the hospital eye unit system. The evaluation attributes the absence of corruption cases, fraud, safeguarding violations and any to the effective trainings the SiB project provides.

The project worked closely with the Kadoma School for the Blind. The partnership availed various trainings and capacity building efforts. The school administration and related institutions were trained in budgeting and financial management, monitoring and evaluation guidelines, safeguarding and child protection, life skills and report writing. The trainings have had an immediate impact on the capacity of the school. According to the school head, the institution has influenced government departments and conducted outreaches. The outreaches focused on correcting misconception communities have on spectacles and surgery to avoid blindness. According to the school, there has been an increase in the number of parents and guardians who have allowed their children to be assessed for low vision and to get spectacles and corrective surgery.

5.0 Developmental Impact

5.1 Relevance - Was the intervention doing the right thing?

The World Health Organisation (WHO) estimates that more than 314 million people worldwide are estimated to be living with serious visual impairment. Out of these, 37 million (11.8%) are blind, 124 million (39.5%) have low vision with an additional 153 million (48.7%) who are visually impaired due to uncorrected refractive errors. It is also argued that Africa is disproportionately affected by blindness- Africa's population is only 10% of the world's population yet it accounts to close to 20% of the world's blind persons[1].

WHO estimates that 1% (approximately 125 000) of the Zimbabwean population is blind (VA< 3/60), with half of these cases being attributed to causes other than cataracts. WHO posits that over 80% of blindness is avoidable. A Rapid Assessment for Avoidable Blindness (RAAB) conducted in the first phase of the project in Manicaland, highlighted that the prevalence of blindness in the Province was sitting at 3.1%. Cataract was observed as the leading cause of avoidable blindness in the Province followed by glaucoma. In line with these findings the extension phase of the SIB project tried to focus more on intensifying outreaches in Manicaland and Mashonaland West Provinces. The outreaches were targeted at reducing cases of avoidable blindness and improving access to eye health services, for people living in the hard to reach areas who cannot afford to travel to where the services are.

It is also observed that Zimbabwe has been struggling with management of eye health care and support. The country has had a backlog according to the National Eye Health Strategy 2014 – 2018. The economic challenges facing the country during the tenure of the project further brought serious constraints on households. The competing needs for resources forced families to ignore eye health needs and concentrate on the basic household needs according to Village Health Workers. Families with person needing eye health care would ignore and this caused serious health challenges, the key informants interviewed reiterated. The economy, high cost of eye health service at private practices further diminished access to eye health care services for the ordinary citizens of Zimbabwe. In this context, any effort of supporting national efforts to fight avoidable blindness is thus relevant.

The SiB project purposed to respond and provided appropriate interventions across the country. The SiB project objectives and activities are aligned to the National Eye Health strategy of Zimbabwe 2014 – 2018. The efforts of the project were relevant as they sought to achieve the national targets and milestones.

The National Eye Health Strategy 2014 -2018 called for reorganization which entailed training, retraining and reorientation of service providers and policy makers, provision of infrastructure, equipment, medicines and other consumables for eye health that all levels of the system and community. In response, the SiB project facilitated various

[1] World Health Organisation (WHO)

trainings, equipment of eye health service units and supported the rehabilitation and refurbishment of structures at the targeted hospitals. The SiB project was fully aligned to the National Strategy and its targets and desired outputs resonate with the national strategy. The alignment meant that the project was then agile to respond to eye health needs at various levels – institutional capacities, individual health needs and support to communities to access services at local and affordable costs.

The National Eye Health Strategy for Zimbabwe 2014 -2018

For the effective prevention and control of eye diseases and conditions the Strategy seeks to strengthen the integration of Primary Eye Care (PEC) within Primary Health Care (PHC), which calls for the reorganization of the health system. This reorganization entails training, retraining and reorientation of service providers and policy makers, provision of infrastructure, equipment, medicines and other consumables for eye health that all levels of the system and community

5.2 Coherence - How well did the intervention fit – its complementarity and compatibility with other interventions?

The two projects, the first (2015 - 2017) and extension phase (2018 - 2019) of the SiB project implemented by the ZCfB and CBM were complementary. The first phase of the project had the following six major components: 1) Renovations and Infrastructure development; 2) Supply of medical equipment and consumables; 3) Subsidised cataract surgeries (adults and Paediatric); 4) Staff Trainings (OPNs, PHC nurses, VHWs and instruments technicians); 5) Community sensitisation meetings on eye care and screening of cataract patients; and 6) Supply of subsidised spectacles for Adults and children. The project aimed at reducing avoidable blindness by providing regular and affordable eye health care services for adults and paediatric clients in Mashonaland West, Harare and Manicaland provinces by 2019. The project also provided technical support to the partner ZCfB, in disability inclusive development (DID), safeguarding and low vision at SKH. With its **core result areas, being**:

- Increased the quantity and improve the quality of eye-health services for adults and children over two years.
- Increased the capacity of the eye-health workforce at primary, secondary and tertiary levels.
- Improved the infrastructure for eye-health delivery at tertiary level (Sekuru Kaguvi Hospital (SKH) – adult section) as well as equip the 3 centers to be operational (SKH, Norton and Sakubva)
- Ensured all eye-health services are inclusive.

The first phase facilitated infrastructural developments at the targeted eye units. The refurbishment of the eye units such as the works at Sekuru Kaguvi Paediatric Eye Unit, Sakubva and Norton Eye unit theatres, attended to the infrastructural gaps that were

observable prior to implementation. This enhanced the capacity of all the eye health units from a physical space and equipment level and then complemented with the various trainings already alluded earlier which strengthen the eye health care service provision. The trained personnel such as the nurses and medical personnel, the technician, the supply of drugs ensure the first phase achieved its targets. The success of the first phase reduced the burden on the eye units more so in the second phase. The capacity that was enhanced by the first phase was consolidated through the extension. The community resource person such as Village Health Workers who were trained continued to provide awareness on eye health. These were complimented by the new trainings in the extension phase. The design ensured there was continuity and any strengthening was building up the eye units' capacity for future service provision.

5.3 Compatibility with other interventions

The SiB project was implemented in an integrated way. The Eye health Units were pursuing government targets and informed by the Ministry of Health's National Eye Health Strategy for Zimbabwe 2014 -2018. It is also important to stress that the second phase of the SiB (2018 -2019) was coherent with the objectives of the first phase, which terminated in 2017.

Other eye health interventions by CBM such as the CBM-PEEK project and the Wilde Ganzen Funds complimented the SiB project. The Wilde Ganzen Funds were received from the Lions Club of Netherlands and complimented the Low Vision services and paediatric surgeries at SKH. The surgeries targeted children from the Copota and Kadoma Schools of the blind.

Another stand-alone intervention, the CBM-PEEK project complemented the SiB efforts. The project is being implemented in the SiB project sites, with the later referring patients, benefiting from the refurbishments and infrastructural development done during the first phase of SiB project. The CBM PEEK project is facilitating school and community screening. There is apparent complementarity and coherence among the SiB and the other interventions being implemented by CBM. The SiB projects augers well with the Masvingo Province Eye care programme implemented by the Reformed Church in Zimbabwe at Morgenster Eye Unit. Morgenster eye unit in Masvingo complemented the SiB initiatives through offering eye health services for children at Copota School for the Blind. The SIB project provided low vision services for children at the school with the support of the CBM Global Advisor for Low vision. The Masvingo eye health program would conduct follow up assessment to these children and offer surgical services for those that would have been assessed and found in need of surgery. SiB SKH provided surgical services for major referrals from Morgenster since SKH is one of the tertiary hospital for the country.

The CBM-PEEK project, which at time of evaluation was being implemented in Harare, Bulawayo and Mashonaland West, has school screening and community screening. School screening was only for Harare and Bulawayo; this complements the screening efforts by the SiB for the Harare area. The CBM-PEEK project has a component of

community screening in Mashonaland West but referrals are sent to Chinhoyi Hospital. This was in an effort to decongest the Norton Hospital. The hospital was overwhelmed by the high demand for services due to the SiB awareness raising which triggered demand. The hospital eye Health Unit Coordinator asserted this. The plans to expand the CBM-PEEK project into Masvingo and Manicaland in 2020 were expected to consolidate efforts by the SiB and facilitate sustainability. The CBM-PEEK project procured refraction equipment for SKH further complimenting the SiB initiatives.

5.4 Effectiveness - Did the intervention achieve its objectives?

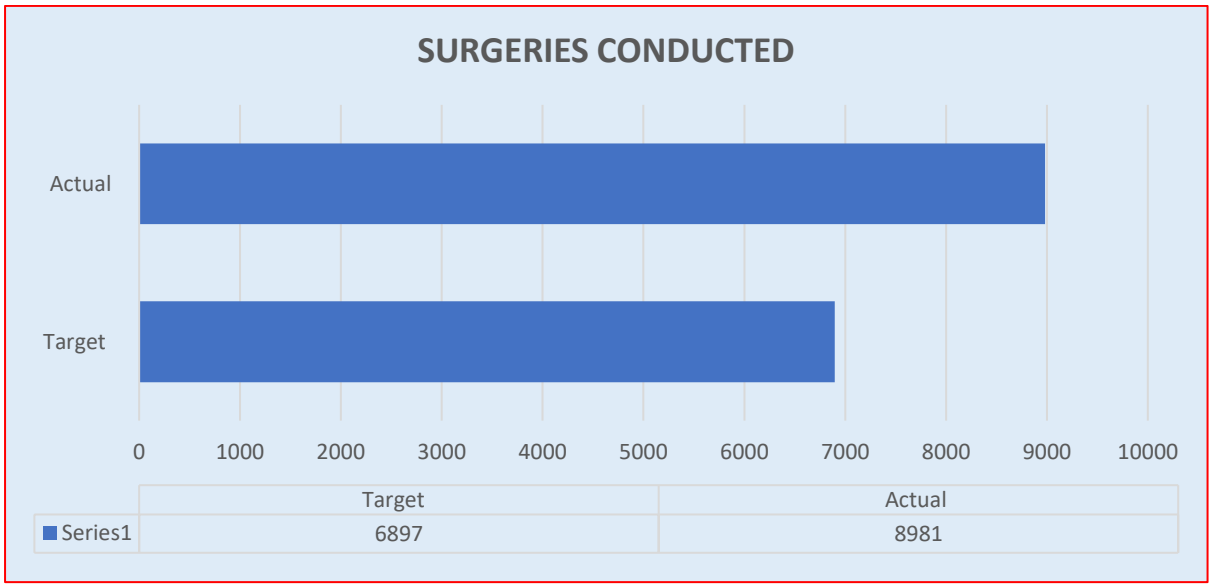
The SiB project implemented by CBM and ZCfB and its partners was successfully implemented. The project was able to achieve most of its outputs. Three of the thematic outputs i.e. Surgeries, Refractions and Awareness raising on eye health exceeded targets while two (trainings and screenings) performed below targets. The diagram 2 below is an effort at illustrating the overall performance by thematic area. A pictorial overview and a graph with targets and achievements for each of the outputs is illustrated in the discussion on efficiency.

Anecdotal evidence from the Ministry of Health and Child Care Department of Non-Communicable diseases (NCDs) posited that, outputs at SiB supported eye health institutions were higher compared to non-supported institutions across the country. More patients and procedures were conducted at the SiB supported facilities compared to the other. This assertion was not substantiated with figures because of the length of protocol procedures related to request for such information from Ministry of Health. The SiB supported facilities attracted patients beyond their traditional catchment areas defying the expected flow of service provision. This was more so at Norton hospital, anecdotal evidence suggest that the facility was accessible to patients from all the other provinces such as Mashonaland West , Midlands and the Matabeleland region. The eye unit attracts people beyond their catchment area due to the high quality of service provision and moreover, there is high demand of eye health services across the country.

More than 141,944 patients received some form of assistance from the four eye units. Of these 55% were female and 17% were children. In spite of the project providing services to more patients than the target, its reach to children was generally low. The misconceptions around spectacles and surgery mentioned by some stakeholders such as at the Kadoma School of the Blind could have had an effect on the uptake of services by children.

The SiB project conducted various trainings aimed at improving the capacity of health personnel in pursuance of the project objectives. The training of 95 Ophthalmic nurses against the project target of 25 provided the three eye units with capable personnel and had effect on multiple levels. Efficiency of the eye units in terms of ophthalmic service provision was enhanced. The trained nurses were then able to attend to patient seeking services and treatment because of efficiency.

Diagram 1: Surgeries conducted by the project



Through the effective and efficient team of specialist complementing efforts within their different roles, the project managed to exceed targets in terms of surgeries conducted. This is not the only over achievement but just a highlight to illustrate the effectiveness after capacity strengthening.

5.4.1 Training of specialist personnel

The CBM Global advisor for Low Vision supported the ophthalmic nurses at SKH who cascaded the training to other nurses from other districts. These were trained to serve the four eye units. 70 out of a target of 72 were trained. The specialist was compounding on the effect already alluded to which was brought by the efficient and effective ophthalmic nursing services. The qualitative feedback by patients interviewed during the evaluation process reveal that the nurses and specialist provided quality services.

When they removed the bandage covering my child's eye, he said "I can now see!", with a big smile on his face. I could not avoid crying, I was too excited to contain myself. My boy can see.

Mother of a child who received eye health care at SKH

An instrument technician was sent for training to India. This was a strategic investment by the project, which built the eye health care service provision. The trained equipment specialist was then able to carry onsite maintenance for eye health equipment and this provided timely repairs and continued service provision for eye health care service seekers (patients).

To ensure that eye health content and awareness messages were accurate and appropriate the SiB trained public health persons. These then shared accurate information on eye health care and services with their constituencies.

5.4.2 Training of community volunteers

The project went further to train community volunteers who would also support efforts on awareness, sensitisation and mobilisation of their constituencies on eye health care and services. The project was thus able to creating "tipping points" at various levels and this strategy can be attributed to the overall performance of the project.

5.4.3 Project performance matrix

The tables below will illustrate the project effectiveness. The tables will show the project targets and performance, which in essence answer the question around project being able to do what it intended to do. All the project outputs will be presented in this manner.

The project cumulatively supported more than 92,600 patients who sought the various services availed through the SiB intervention.

Table 1: Surgeries conducted

S/N	Expected Result Description	Project Target	Achieved	
			Actual	%
1	Cataract Op Adults	2959	4844	163%
2	Cataract Op paediatric	76	270	355%
3	Other major surgical intervention – Adults	1066	993	93%
4	Other minor surgical intervention – Adults	1834	1609	88 %
5	Other major surgical intervention – Children	449	597	133 %
6	Other minor surgical intervention – Children	483	415	86%
7	Cryotherapy	30	14	47 %
Totals		**6,897**	**8,742**	**127 %**

The project exceeded targets significantly for three out of seven outputs under surgeries. The compelling factors for exceeding the targets were said to be the mass mobilisation, the awareness raising and use of community resource persons such as Village Health Workers in facilitating the referral pathways. The institutions also served patients from beyond their targeted catchment areas. Records at Norton hospital

revealed that patients from as far away places as Beitbridge and Hwange sought for services at the hospital. The project achieved less on cryotherapy and other surgical interventions because the demand for such was less than what the project had projected. A good example is that few children required cryotherapy than had been anticipated.

Table 2: Screenings conducted

S/N	Expected Result Description	Project Target	Achieved	
			Actual	%
1	School screening	3200	3387	106 %
2	ROP screening	303	190	63 %
Totals		**3533**	**1778**	**50 %**

The project managed to exceed its targets for school screening. This can be attributed to the concerted efforts by CBM, ZCfB, MoHCC and Standard Chartered Bank. It is important to stress that the project efforts for mobilising school children targeted schools in Harare. The project realised that less children required ROP screening. Therefore, project targets were too high than the demand on the ground, hence failure to achieve the target.

Table 3: Refractions conducted

S/N	Expected Result Description	Project Target	Achieved	
			Actual	%
1	Refractions Adults	3811	10382	272%
2	Refractions Children	798	1368	171%
3	Spectacles Adults	1926	3407	177%
4	Spectacles Children	252	800	317%
5	Low Vision Devices Adults	40	78	195%
6	Low Vison Devices Children	76	35	46%
Totals		**6903**	**16,070**	**233%**

The SiB project exceeded its targeted outputs for refractions. This was for both adults and children. The project managed to exceed targets for children spectacles despite the myths and negative social norms discouraged children from getting spectacles. The myth that spectacles would worsen the situation discouraged adults (the parents

and caregivers) from giving their children consent to obtain spectacles. The efforts by the trained Village Health Workers and Kadoma School for the Blind and information shared by the three eye units to patients dispelled the myths and project exceeded targets.

The evaluation appreciated that the underperformance (46%) for the output on Low Vision devices for children was attributed to the decision by the project to put a cost recovery fee for low vision devices thereby promoting ownership. This recommendation did not work well, observations revealed that most children were from under-privileged backgrounds and they could not afford to pay for low vision devices, thus negatively impact on the project performance.

Table 4: Trainings conducted

S/N	Expected Result Description	Project Target	Achieved	
			Actual	%
1	Ophthalmic nurses/assistants	24	95	396%
2	Low Vison Specialist	72	70	97%
3	Equipment Specialist	1	1	100%
4	PHC	106	144	136%
5	Community persons including volunteers	800	470	59%
Totals		**1003**	**780**	**78%**

Trainings were effectively conducted and targets were reached and exceeded for two out five of the key outputs under this thematic area. The trainings facilitated the project activities as specialist were now able to effectively provide service while the community persons who included volunteers were better positioned to mobilise their communities for uptake of eye health care services.

Resource constraints contributed to the underperformance on one of the trainings outputs. The MoHCC recommended specific targeting of districts for the training of volunteers and was not committed to cascade the trainings to all the districts. This resulted in less volunteers such as VHWs being trained.

Table 5: Awareness raising on eye health care and services

S/N	Expected Result Description	Project Target	Achieved	
			Actual	%

1	People received pamphlets	4000	9574	239%
2	People reached through media	60000	105000	175%
Totals		**64000**	**114,574**	**179%**

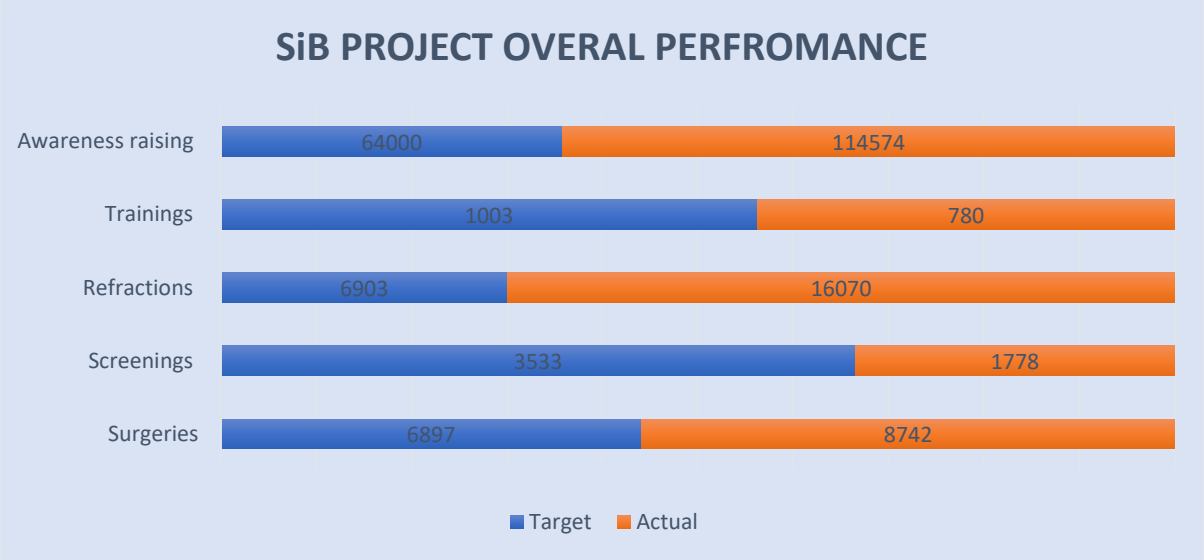
The targeted communities received information and content on eye health care. All the project sites were proliferated with relevant eye health content and information. The project exceeded targets for two outputs under this thematic area.

5.5 Efficiency - How well were resources used?

The project provided services and eye health care to 92,660 persons. Of the total reach, 51,189 were female and 15,822 were children. The overall budget for the 2 years was ***$717,545.00***. The actual expenditure was ***$686,534.00***. At evaluation time, the project expenditure had a variance of ***$31,011.00***, which was mainly comprised of the balance for the National Eye Health Strategy Review Consultant and the End of Term Evaluation Consultant.

With 92,660 patients reached to and a total investment of ***$717,545,*** each person was spending an average of about ***$7.80***. The project was thus economic and availed services in a cost effective manner. Efficiency was realised by the project model and more was obtained with less.

Diagram 2: The SiB Project Overall Performance



Overall, the SiB managed to achieve its targets. The achievement of the targets and meeting the project key performance indicators as illustrated by graph above is attributed to many strategies employed by the partnership of ZCfB, CBM and MoHCC. The project from start, i.e. the first phase of the project and its extension phase

continued to consolidate gains and building on capacity created gradually and systematically from start to completion of the last phase.

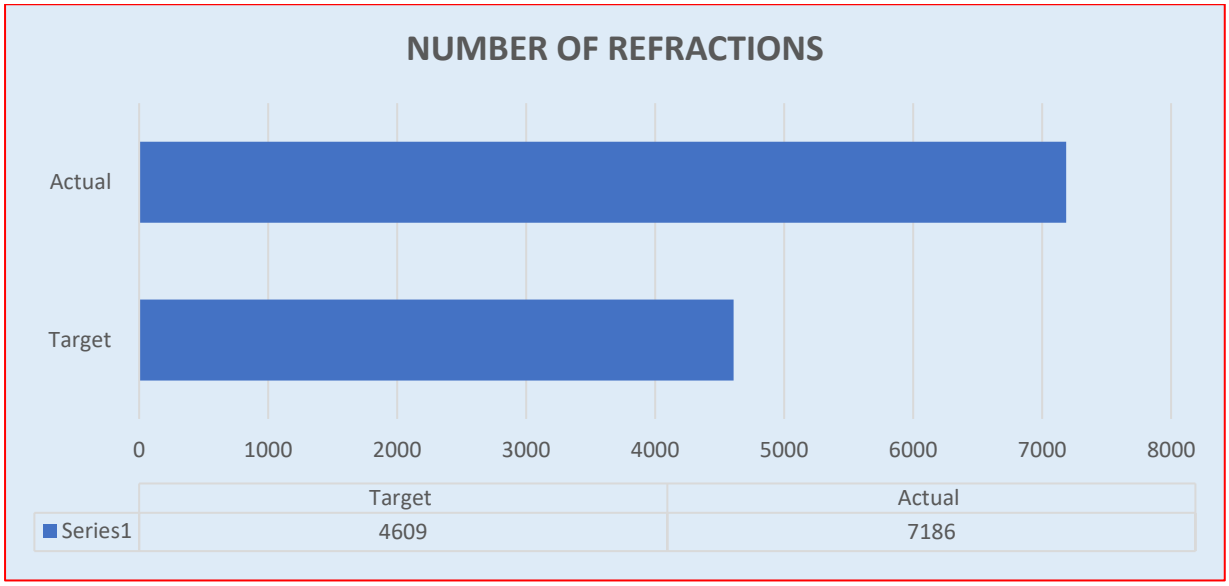
5.6 Impact - What difference did the intervention make?

5.6.1 Impact at institution level

The project impact is observable from two perspectives. The first is impact in terms of capacity to continue to provide services and eye health care to prospective patients beyond the life span of the project. This is mainly through the rehabilitation, retrofitting, equipping and training of the four eye units. The infrastructural and capacity building enhancement will allow the units to sustain support and services and this will be so even in the long term.

Feedback from the eye unit coordinators at the four units reveal that all the four sites have improved capacity. Prior to infrastructural support, and provision of equipment the eye units had limited capacity. The work done at the three sites enhanced the physical space, creating the space to accommodate patients and a conducive environment for the eye health staff to work in.

Diagram 3: Number of refractions performed



The ability to meet targets and achieve the project key performance indicators is all attributed to the capacitation as alluded in this discussion. The above diagram is an illustration of some of the project key performance and reveals the achievements.

The Norton accommodation space now allows the unit to provide decent accommodation to clients at the hospital as they wait for medical attention. The same can be said for Sakubva Hospital. The refurbishment of the Sekuru Kaguvi and provision of paediatric services also enhanced the hospital capacity as posited by the

Chief Government Ophthalmologist, another ophthalmologist at Sekuru Kaguvi Hospital also asserted this. The infrastructure at Sekuru Kaguvi Hospital is child friendly, secure for enhanced child protection, and safeguarding. It can be safely concluded that the refurbishments and infrastructural works at all the eye units including the newly renovated adult eye unit at SKH has improved the capacity of the eye units and this has long-term impact at service provision level.

5.6.2 Impact at patient level

The second perspective of the impact is at patient level. The outcomes realised at patient level after receiving eye health care services. There are improvements in the quality of life for the patients after eye health care and reduction in costs related to taking care of eye health and blind persons. The ability of persons who have received eye health care to fend for themselves and contribute to their household economies, the ability to attend school is commendable impact. The second level of project impact that is centred on the service recipients (patients) is mainly reflected through the qualitative feedback the study received. The improvement in the quality of life is gauged through stories, the lived realities by patients who received eye health care services. To illustrate this perspective, the evaluation tracked six cases and was able to fully document six stories. This was through a Narrative Assessment – a story building technique. The Narrative stories are an attempt at revealing the impact of the project at patient level. These are lived experiences by the patients. The stories are part of the annexes to this report.

The infrastructural rehabilitation and renovations will avail services at the four units long after project phase out. The training of specialist also ensured patients received accurate and appropriate eye health services. The costs related to quality eye health services at the participating institutions were reduced (subsidised) and became accessible to resource-constrained patients. This has had a positive impact on patients' household level economies.

> *The Sekuru Kaguvi Hospital side is very nice, the building, the attitude and the way they do their work, I would give them a score of 99, 5% out 100, compared to the main hospital, they are very different, I would give the main hospital a score of 0.9%*
>
> *Female eye patient at SKH*

5.6.3 Evidence based Impact

5.6.3.1 Rapid Assessment for Avoidable Blindness in Zimbabwe (RAAB)

The project conducted the first ever-Rapid Assessment for Avoidable Blindness in Zimbabwe (RAAB) during the first phase of the project (2015-17). Following some gains, gaps identified during implementation and RAAB findings, a follow up two-year

project extension was applied for, to compliment the first phase. The design had intended to conduct the RAAB Assessment as part of its evidence provision. The rapid assessment of avoidable blindness (RAAB) was conducted in Manicaland Province, Zimbabwe in 2016. This was a population-based survey and was organised by the Ministry of Health and Child Care, in collaboration with CBM, Zimbabwe Council for the Blind and the Community Eye Health Institute, University of Cape Town. The aim was to assess the current situation on blindness and visual impairment in Manicaland.

This initiative was impactful at strategic level as no national survey on blindness and visual impairment had been conducted in Zimbabwe before. According to the National eye, Health Chairperson, the study informed the SiB project. In Manicaland, an estimated 6 158 persons aged 50 years or older are bilateral blind, representing a blindness prevalence for the province of 3.1%. A further 4 989 persons aged 50 years or older are severely visually impaired and another 18 657 persons have moderate visual impairment. Among them 4 857 persons aged 50 years or older have functional low vision, requiring low vision services. Findings from the RAAB revealed that cataract was the leading cause of Blindness. The extension phase that started in 2018 was designed with evidence from the RAAB assessment.

Intensified awareness raising through training of community volunteers and primary care nurses, and the intensification of outreach services were responsive to the RAAB Assessment findings.

The MoHCC through feedback from the Chief Government Ophthalmologist asserted that the study was insightful and provided evidence, which according to the high-ranking government officials and high level decision makers at CBM and ZCfB, informed the SiB extension project activities and will continue to feed into strategic decision making at various levels. It is also important to reiterate that the evidence is already referred to by the key stakeholders Ministry of Health and CBM, ZCfB, and other players in the design of new interventions.

5.6.3.2 Disability audit by Federation of Organisations of Disabled People in Zimbabwe (FODPZ)

The SiB project recognises that accessibility is a prerequisite for inclusion; without access to buildings, social services and participation, full inclusion of persons with disabilities cannot be realized in the health sector. FODPZ and CBM share the same view that they consider accessibility not as an option, but rather as an essential human right as spelt out in Articles 3 and 9 of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). In the Zimbabwean constitution, Chapter 2 Section 22 recognizes the rights of Persons with disabilities and paragraph 4 states that "The State must take appropriate measures to ensure that buildings and amenities to which the public has access are accessible to persons with Disability." To facilitate the process of inclusion, the SiB project sought the support of FODPZ and conducted

a disability audit. The audit identified gaps in ensuring inclusion for patients. The disability inclusion efforts which involved retrofitting eye units, building ramps and ensuring sanitary facilities are accessible by persons with disabilities was informed by the disability audit.

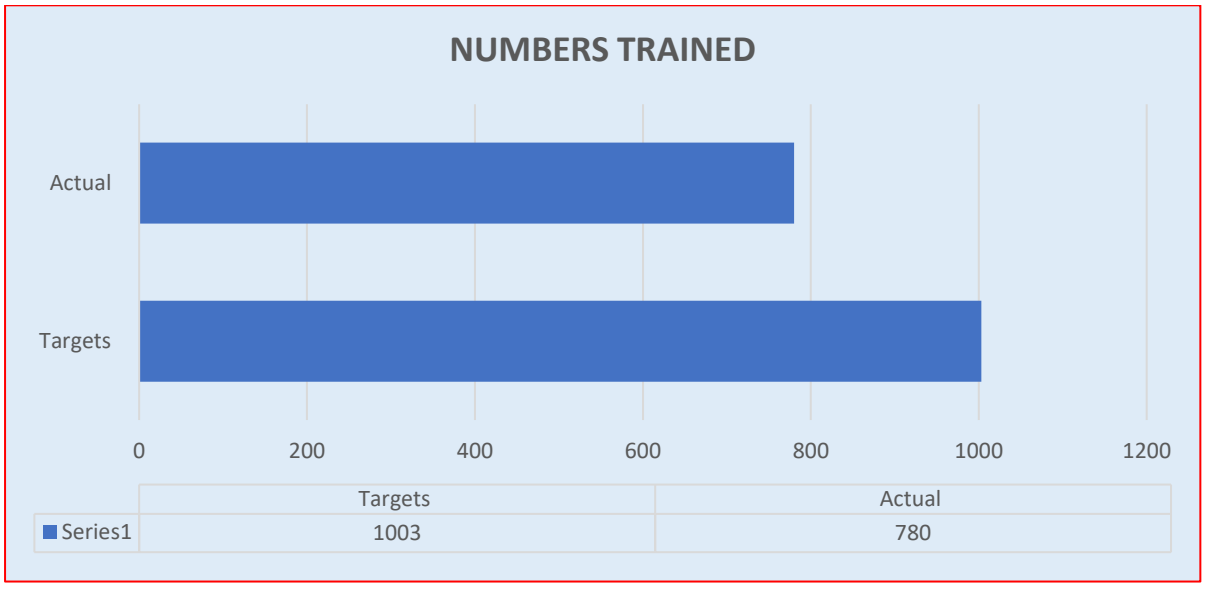
5.7 Sustainability - Will the benefits last beyond the intervention life span?

5.7.1 Trainings to build sustainability

The SiB project facilitated the training of various health personnel. These ranged from Primary Care Nurses to specialists. The SKH is a training institution and has a linkage with the University of Zimbabwe. The University of Zimbabwe has a mandate to train health personnel. The linkages enhance sustainability of initiatives and eye health provision. The two levels of trainings at SKH that of Ophthalmic Nurses and specialists such as Ophthalmologists will prop up sustainable of eye health services.

The empowerment of Village Health Workers to mobilise communities to seek and access eye health services is a sustainable approach. The Village Health Workers are based in communities and have access to their constituencies. They will constantly remind their communities of eye health care issues and the available services and the referral pathways.

Diagram 4: Number of specialists trained



In spite of the project missing some of its target on trainings, it availed critical trainings, which are already adding value and quality to the four eye units. This is a plausible sustainability strategy. The above graph illustrates the overall performance and

consolidates the assertion that sustainability has been built into the four eye units through trainings.

5.7.2 Rehabilitation of infrastructure and specialised equipment

Rehabilitation of structures at all the three eye units increased the capacity of the institutions. The rehabilitated structures such as the consultation rooms at SKH, the wards and theatre at Norton and Sakubva eye units provide sustainable resources, which will ensure services, are accessible and institutions has capacity to provide services. The SiB project provided specialised equipment; the equipment will be managed by the institutions and supported by the resident instrument technician at each eye unit. This element of service provision is rendered sustainable. The project procured the following specialised equipment: -

- Handheld direct ophthalmoscopes
- Slit lamps
- Tonometer heads
- Perkins tonometer
- Indirect ophthalmoscopes
- Coagulator models

The specialised equipment came with supply of a variety of consumables. The equipment and consumables were procured according to specific requisitions by the three eye units.

The equipment and consumables provided quality service, which then reflected in quality eye health care to patients and outcomes accruing at both institution and patient level in a sustainable manner.

5.7.3 Widening of services and a sustained awareness raising initiative.

A gap noticed by the CBM Low Vision Global Advisor, after noting the low uptake of low vision devices and spectacles influenced the project to conduct trainings targeting parents and care givers. The Low vision team of OPNs at SKH facilitated the trainings for parents. The efforts by the Kadoma School for the Blind around sensitization of parents and guardians on spectacles and corrective surgery were also an outcome of the initiatives. The school has managed to plan and conduct outreaches targeting parents and caregivers of children with low vison. Such local initiatives indicate positive uptake of the project activities and will foster sustainability. The school has collaborated with local government extension workers, traditional and religious leaders in sensitising communities on the positive effect spectacles and surgeries have, on reducing total blindness. The school has operationalised its outreach and this is most likely to continue beyond the project lifespan. The efforts also sensitised the

communities on eye health and on available services such as refraction, surgery among others. These initiatives also popularised the referral pathways and this is a sustainable strategy.

5.8 Overall Developmental Impact

5.8.1 Mobilization of community institutions and structures

The project intentionally sought to mobilise community institutions and resource persons. Resource persons such as the village health workers were mobilised. The institution in turn mobilised its constituencies and this increased knowledge on eye health care and subsequently influenced access and seeking of service by the communities. The village health workers were also trained and were made part of the referral pathway.

Village Health Workers were trained in primary level information dissemination, and they have sound primary eye care content. These trained resource persons also mobilised communities to access outreach services provided by the project. The same community resources person became a local and accessible link to eye health service and care – part of the referral pathways as it were. To further empower them their efforts were supported with IEC material. The project procured posters, brochures, t-shirts and hats with eye health information. The IEC material helped foster good eye health practises and equip patients with information on where to access services. Access to eye health information helped increase coverage of the program and increase the number of people accessing services which attributed to the project exceeding most of its targets in terms of service provision.

> *"In all our surrounding villages everyone has been given information on eye health care services we are providing., those with eye problems have been advised to come for assistance "*
>
> *Village Health Worker - Sakubva Hospital*

Schools and school-children were mobilised. This was an intentional strategy to ensure children and youth of school going age had access to eye health care services and support. The project around Harare managed to conduct outreaches targeting schools. The mobilisation was done using the school structures. The strategy was effective as schools and the students have knowledge on services available to them. The proliferation of eye health care content and concepts facilitated peer-to-peer counsel and advice among children and their communities. This is expected to continue beyond the project life span.

5.8.2 The multi stakeholder approach

The project was implemented in close collaboration with the relevant stakeholders. The partnership arrangement had CBM, ZCfB, Standard Chartered Bank and MoHCC implementing the project. CBM provided project monitoring support, facilitated visits

by the CBM technical advisors, and provide technical support on disability inclusion and safeguarding, alongside ZCfB and MoHCC.

The four eye units were linked to the hospital systems. They relied on support, and input from other departments and specialist within their hospitals. The four eye units also linked with other stakeholders. A good case is SKH where the Eye Unit works closely with the University of Zimbabwe school of Medicine.

The multi stakeholder model was not supported by a clear coordination and review platform. In some instances, was exclusive and excluded key persons across the partnership. It was observed that project coordination and review would be done and partner representatives would be left out of the deliberations. Anecdotal evidence indicates that ZCfB and CBM in the processes of the project would liaise and restrict interaction to doctors and medical specialist leaving out key stakeholders such as matrons and hospital administrators. The assertion is however refuted by the ZCfB program team who argue that matrons were part of the quarterly monitoring visits conducted by ZCfB, CBM and MoHCC. It may not have been intentional exclusion but rather a practise reinforced by the nature of the project and the services provided. The critical input from the doctors and medical specialists could have reinforced the negative behaviour.

It was observed by the evaluation that the project facilitated interaction of stakeholders and created multiple partnerships in the process. The Kadoma School for the Blind has partnerships beyond the ZCFB/CBM partnership. The school has collaborative efforts with organisation such as WILSA, Legal Resources Foundation, and Child line among others. This widened the capacity of the school to ensure children and those with low vison enjoy their rights.

> *The project went beyond "maziso" eyes; we are doing more for children rights and working with more others, not only ZCFB/CBM but also many other organisations.*
> *School Head – Kadoma School for the Blind Head*

The Standard Chartered Bank also played a part in facilitating project activities. Standard Chartered Bank staff volunteered at the four eye units. The staff would volunteer in cleaning and assisting the medical teams to conduct visual acuity test for patients. The bank funded the development of a Patient management database. The database was used to collect patient's information and assist with patient management. It is unfortunate that due to the changing monetary policies in the country (2018-19), the Standard Chartered bank volunteer team were constantly engaged in the upgrade of the banking systems and therefore leading to delays in the finalisation of the database.

5.8.3 Capacity building of Eye Health Units.

The four units were capacitated to be able to provide services and specialized eye health and care services. The training of specialist nurses, ophthalmologists and the

technician enhanced the institutions capacity. The approach was to exclusively focus on the eye health units and build their capacity. The project did not seek to integrate the capacity building to include the other sections of the hospital. It was argued that the eye health units were capacitated and become centers of excellence. This was without the complimenting sections of the hospital receiving similar support. The argument by the medical staff and teams was that sections of the hospital are all integrated and capacity building could have been done across the other sections.

"In future , the support and capacity building efforts should not neglect the mother (the main hospital) and concentrate on the son (the eye unit)"
Norton Eye Unit Coordinator

5.8.4 Feedback Mechanisms

The project designed operationalised a feedback mechanism as part of its MEAL framework. The mechanism was more prominent and effective at patient (project recipient) level. The system had a patient satisfaction survey, which every patient would complete. The responses were analysed and cases followed up for redress or remediation. Complaints received from patients through patient satisfaction surveys were shared with the hospitals during quarterly monitoring visits. The project had a patient data base. The database management did not yield the expected results due to amendments that took long.

All the four Eye Health Units have some suggestions boxes. These are not specifically for the eye units but rather for the entire hospital institution but nonetheless served the units.

The project conducted quarterly monitoring visits to the eye units to monitor progress of the project and making adjustments where necessary. During these visits the project would meet with the ophthalmologist, eye unit coordinator, matron, hospital administrator and the pharmacist, among others. This would help with information sharing with project stakeholders and help guide program implementation. Report from the monitoring visits would be shared with the relevant stakeholders.

6.0 Cross-cutting Issues

6.1 Gender dynamics in accessing SiB project services.

The project outputs reveal that most of service recipients were female. 92,660 persons received services from the three units and of these ***51,189*** were women. This is 55%

female while the current estimates indicate that 50.7 % of Zimbabwean population is female[2]. It is thus justifiable that most of the services recipients were female.

This could be attributed to the fact that women tend to seek medical services much more than males and in this project women were treated with respect and care without discrimination hence they continued to seek eye health services. They ensured that data is sex disaggregated at all levels. The project maintained registers and kept all records always gender disaggregated. At all levels and for all services, the outputs are gender disaggregated.

It was also observed through the key informant interviews that more than 80% of all Village Health workers and other community-based volunteers were female. The study could not establish clinically if this had a bearing on the high numbers of women seeking services at the four eye units. The evaluation in this instance infer and suggest that women's reproductive roles involve taking children and other members of families to hospitals or clinics.

6.2 Safeguarding and protection

The project managed to train twenty–two (22) ZCfB staff members, all ophthalmic nurses and ophthalmologist at the four eye units teams in safeguarding and protection. This was through direct input from CBM. The trainings were extended to the eye unit team members such as the nurses and doctors. All the eye Unit Coordinators had sound knowledge of safeguarding and protection of vulnerable patients. There was also evidence of operationalization of safeguarding concepts at all the four units. In practice, the mechanism is that no team member interacts or make observations on a patient alone and they have to be at least two adults at each observation.

The facilities were also safe as they were separated and clearly marked. Sanitation facilities for women and men were availed at all units. It was however observed that the sanitation facilities and the bathrooms at Norton and Sakubva were not separated for children and adults. This increases safeguarding and protection risks such as sexual abuse and the use of inappropriate language (adult themed) in the presence of minors, among other things. It compromises safeguarding, and protection of children. Children facilities should best be separated from adults. The absence of accommodation facilities for children also expose them to adults and create vulnerabilities to abuse and violations. An argument was made that the units did not offer paediatric services. Contrary to that, observations by the evaluation team revealed that consultations were not exclusive to adults only but also extended to children. Feedback from the hospital team revealed that in the past they have housed children in same facilities with adults.

SKH is the only exception, with facilities that are child friendly. The observation rooms and generally all spaces were child friendly and this makes children feel safe and comfortable at the institutions. The evaluation would recommend that it would be

[2] www.countrymeters.info

important for all institutions to create spaces that are child friendly and avoid mixing children with adults in the same spaces.

6.3 Corruption risks, vulnerabilities and impact

The project did not record any case of corruption or fraud. It was observed that the services and assistive devices such as spectacles were generally cheaper at the project-assisted sites compared to the open markets. The project put in place checks and balance mechanism. This ensured that diagnosis, prognosis and dispensing were tracked. A trail of the flow process was maintained and this controlled all the potential loopholes.

> *"I think they have been running a tight set up. Most things are signed for and some come straight from the Head Office. There is rapid checking. They have tried to be quite tight for whatever they are doing. Even fuel is signed for "*
>
> *Sakubva Hospital Eye Unit Coordinator*

To reduce risks of corruption the eye units displayed the price regime at public spaces within the hospitals. There were notices warning and informing patients to avoid being duped and made to pay more. The official prices were displayed and visible from various points of the eye health units. The eye unit Coordinators also shared information around fees and services available during their address to patients.

The project adhered to standard procurement procedures. All procurements were done in line with standard guidelines from CBM. Proper documentation of procurement processes also ensure that business was conducted in a transparent and accountable manner. The procurement processes were also made public and open to scrutiny. Evidence of adherence to procurement procedures was available as it is documented.

6.4 Youth participation

To ensure spectacles were appealing to children and youth and that they would not feed into stigmatisation of those that needed them, the project procured "fashionable" frames. This was a strategic move. It ensured dispensed spectacles were fully utilised and the recipients were comfortable wearing them. Anecdotal evidence revealed that the "fashionable" frames were now enticing youths and children to attempt getting spectacles in spite of them having perfect eyesight. There were risks and vulnerabilities emanating from this behaviour. The project had not prepared for this emerging issue as asserted by senior management at both ZCfB and CBM. This argument is based on anecdotal evidence and could not be proved beyond the qualitative feedback from key informants. It is imperative to highlight that the project was able to pick this emerging issue and managed to sensitise the prospective clients on the risks.

6.5 Disability inclusion

The project had a disability audit that was undertaken by Federation of Organizations of Disabled People in Zimbabwe(FODPZ). This is what informed how the project responded to accessibility issues at each eye centre.

Th project made meaningful efforts at ensuring that it partnered with organisation such as FODPZ , the partner which conducted the disability inclusion audit. The audit informed the project and meaningful adherence to univesal standard and guidelines on disability inclusion were adhered. The project was also premised on the CBM's rights-based approach for inclusion. The human rights model takes universal human rights as a starting point. People with a disability are seen to have a right to access all within their society on an equal basis with others. Disability-inclusive development should take a rights-based approach. This incorporates social model thinking where external barriers are identified in conjunction with the person with a disability being the focal point in the attainment of their rights. The rights-based approach adopts awareness, participation, comprehensive accessibility and a twin track approach (i.e. direct disability interventions and disability inclusion mainstreaming) as core disability-inclusive development principles.

A disability inclusive development training was also held for all staff at the four eye units. The training was provided by CBM.This training helped the team with an understanding on issues of accessibility and universal design for persons with disabilities. The aim of the project was to offer an inclusive eye health service for everyone who benefits from the project's initiative. The training focused on adaptations that can be made at the eye units and issues of appropriate language when addressing persons with disabilities.

To ensure facilities were accessible by persons with disabilities the project intentionally supported retrofitting at the three eye health units. The facilities received input to construct ramps for easy access for people on wheelchairs. The ramps allow for easy access to wards and sanitation facilities. It is important to mention that SKH still has some serious limitations for person with disabilities. The ZCfB dispensing space is upstairs. There is no ramp to scale the stairs and the elevator was not functional at the time of the evaluation. Persons with disabilities especially those who had challenges walking were excluded from accessing services from the ZCfB dispensing unit upstairs. Despite the few gaps identified and mentioned above, the project made significant efforts to improve access for persons with disabilities

Examples of retroffittings made at the eye centre include

- Disability Inclusive development (DID) training for all eye health staff at the eye centres
- Sign language training for SKH staff
- Norton has someone on call who has sign language skills whenever they get clients who are hard of hearing
- Ramps at all eye units
- Foldable shower stools at Norton eye unit bathrooms for people with physical impairments
- Mobility and orientation training for Sakubva and Norton staff (one representative at each centre was trained)

7.0 Lessons learned, Conclusions and Recommendations

7.1 Lessons learned

The following key learning were picked by the evaluation

- The joint monitoring efforts by the project partners provided a platform for learning and sharing. It can be further improved by spelling out the joint monitoring terms of reference for each session and documentation of each session and sharing the reports. A management response section could be included in the joint monitoring responses. The management responses will enable the management to track remedial or consolidation measures and ensure nothing is forgotten or not given enough consideration
- The project made assumptions that hospitals without paediatric services will not need separated child facilities such as sanitation and bedding. It was however observed that in spite of the hospitals not conducting paediatric surgeries, children still came to the eye units, sought consultation, and in few instances were housed as they waited or were on their way to SKH. This is a key lesson and demands that separated child friendly facilities are necessary at all the four units.
- Retrofitting was done at the four units. To some extent, this has enhanced mobility of person with disabilities. It was however evident that without functional elevators at SKH the facility becomes unfriendly for persons with disabilities. The services upstairs of SKH unit became inaccessible to persons with disabilities especially mobility challenges.
- The project facilitated joint monitoring sessions as already alluded to in this discussion. The project also facilitated quarterly meetings. A lesson picked is, there was need for the project to facilitate intra learning and interactions. The project could have facilitated interaction and convening of all the four units at coordination meetings. This could have enhanced peer-to-peer learning and sharing of best and emerging practices and models by the eye health units.
- There was evidence of interaction of the four three, ZCfB, CBM and MoHCC. It was observable that the three interacted mostly at bilateral level and there is no evidence of tripartite interactions. Facilitation of tripartite interactions can dispel speculations and clarify positions.
- A good practice was observed at Kadoma School for the Blind. The school with support from stakeholders beyond the ZCfB, CBM and MoHCC conducted outreaches, the model used by the school ensured there was no push back by communities and did not feed into stigma and discrimination. The school wholesomely targeted communities and shared information widely without specifically targeting households with challenges accepting surgery or refraction services. The outreach has had outcomes and usage and acceptance of spectacles and low vision services was said to be on the increase according to anecdotal evidence from the school.

- There is need to have an Outcome Evaluation. The patients served by the project are far and wide and stories from anecdotal evidence reveal positive outcomes. The need to harvest outcomes and document these is high.
- The industrial action by the eye health personnel derailed the program in meeting some of its objectives. The challenging economic environment has left most hospital staff demoralized due to poor remuneration, future project designs may need to consider incentivizing eye health personnel to boost their moral and improve eye health service provision. The incentives may focus on cushioning eye health workers welfares.
- The database for patient management did not yield the expected results due to amendments that took long. There is need to relook at the database and design it in a way that would be helpful for the eye units to generate reports.
- There is a clear need of having a clear patient feedback mechanism (whistle blower system), where patients know where to report their issues instead of having the patient satisfaction survey forms. Not all patients can write down their grievances, some issues may be sensitive.
- There is need to extend low vision services to other provinces, to build staff capacity in other provinces and foster sustainability of the program.
- The project has an effective feedback mechanism, which focused on patients giving feedback on services. The need for mechanisms, which will facilitate feedback intra partnership, is high. The argument maybe that the quarterly meetings and other interactions could facilitate feedback, but it is imperative to have a specific, clear and operationalized complaints and response mechanism with a monitoring plan and tracked by management. Quarterly meetings may not be conducive for sharing of complaints especially those that have to do with partnership modalities.

7.2 Conclusions

The end of term evaluation findings reveal that the SiB project has managed to increase the number of people accessing eye-care services, from a target of 82,334 persons, the project directly reached 141,944 beneficiaries. This is a compounded performance of 172% at project level. The project has also enhanced quality and it can be thus concluded that more patients received quality eye health care services through the four Eye Units supported by the project. It was observed that the services were "marketed" through outreaches and community resources persons and more people were then aware and sought for the services. The project also managed to empower communities through community based resource persons and awareness raising. This is expected to continue well beyond project lifespan.

Financial resources were well managed, there was no incidence of abuse or misappropriation and this further enhanced efficiency of the project. The project facilitated equipping of the eye unit, rehabilitation to make the units' disability and child friendly.

7.3 Recommendations

The following recommendations are suggested for the future and for similar projects that the partnership may endeavor to implement.

Recommendation 1: Create a project specific e-learning and sharing platform specific for the project. The project generated a lot of data and learning and could enhance similar project. Create opportunities for generated evidence through patient surveys, RAAB, Disability Audit among other to be accessible to other stakeholders beyond the four SiB partners.

Recommendation 2: The project made efforts to provide decent accommodation for patients at the eye units – Norton and Sakubva. This is commendable. Observations reveal that children were also seeking services and end up putting up at the facilities. It would be prudent in the interest of safe-guarding and child protection to separate children from adults especially those that do not come with a guardian or chaperons. Influence for separation of bedding and accommodation for adults and children.

Recommendation 3: Influence for further enhancement of the four units' disability inclusion retrofitting, by ensuring that ramps are accessible everywhere within the whole eye unit facility especially in the case of SKH where they are just outside and when inside the facility movement is then limiting for person with disability. Fully ensure the CBM's Human Rights Model for inclusion is operationalized especially at Sekuru Kaguvi Hospital.

Recommendation 4: Feedback through KIIs revealed that at times coordination platforms were exclusive and ended up excluding stakeholders at the eye unit. Stakeholders such as Matrons suggested that they were missed during mobilization of some of the coordination meetings and platforms. The project could ensure that coordination is all inclusive. Facilitate project specific coordination platforms that are all-inclusive and involve key players from the four partners (Ministry of Health and Child Care, ZCfB, Standard Chartered Bank and CBM)

Recommendation 5: The evaluation observed that the four units did not get an opportunity to interact and learn from each other. Facilitate interaction of the four units and learning and exchange visits beyond the coordination meetings with the eye unit coordinators quarterly.

Recommendation 6: The Kadoma School outreach model, which involved multi-stakeholders and intentionally avoided feeding into stigma and discrimination was effective and yielded positive results. This could be replicated.

Recommendation 7: Design specific messages and outreaches to dispel the misconceptions around spectacles and surgery mentioned by some stakeholders such as at the Kadoma School for the Blind.

Recommendation 8: The scope of the project was wide. The numbers involved could require a bigger investment which would ensure that outcomes are fully documented. The project could conduct an outcome evaluation – full-fledged study to establish the wholesome impact of the project. Conduct an outcome evaluation that will map and identify the various outcomes and changes among the eye health patients over time.

Recommendation 9: Increase awareness in communities and other health personnel on paediatric eye health to increase the uptake of paediatric eye health services.

Recommendation 10: Liaise with MoPSE to incorporate eye health content into school clubs content. Enrich existing school health clubs content to cover eye health. This will proliferate schools with accurate information and enhance eye health for the children and their peers.

ANNEXURES

NARRATIVE ASSESSMENT 1

Born with a low vision and growing with good vison

A story of Pride Nyambudzi an 8 year old boy , SiB project beneficiary

An Advent to cherish

The most important development for him stretches from the time his parents waited for an opportunity to be operated, which they stand to testify to this day that indeed it's a great story to tell. We are talking of a child who was born with a low vision. His sight was diminishing and deteriorating day by day. With time they noticed that he was blind. He could not see things from afar-in short-he was born with short sight. For once we thought he had albino eyes. When he was in grade 1 the teacher complained about his vision leading to them visiting the Eye unit. The nurse said he was diagnosed with cataracts. *"Tsanga yaisawonekewa kumberi but kuseri kweziso-One couldn't see the pupil of his eye properly as it was hidden"*. His parents rely on a torch for lighting purposes which further exacerbated the deterioration of his sight as well as his condition.

One person then referred them to sister Rutendo (Coordinator at Sakubva) who further referred them to Sekuru Kaguvi Eye Unit for children in Harare. She helped them get booked for 1 March 2018. Upon arrival, they were treated to a warm welcome by the Eye Unit staff. Dr Kufa took a look on the child and confirmed the child had cataract. It was their first time to handle a child his age and type of cataract for both eyes. They wanted to see what had caused cataract. They were charged ZWL$5 for consultation fee at Parirenyatwa. They were also made to pay for Eco fee as the surgeons wanted to establish what exactly caused the cataract. His father was there to witness Eco being done on him. The results were not a sad story to tell and raised their hopes that had gradually deteriorated to way below sea level as they never thought that at such a tender age Pride had lost his sight.

They were given a day which was in two weeks away to see Dr Kufa on the 1st of March we went to Parirenyatwa where Sekuru Kaguvi Eye Unit is domiciled for monthly Cliff tests. They were then booked for the 19th of June for Operation but unfortunately failed because the child had caught flu as well as chest pains which meant that more medication was needed. Another booking was set for the 9th of July which marked the journey to the great day.

The best life experience thus far since SiB programme started

On the day on which they had been booked they went and paid operation charges. A few questions were asked before admission. He was admitted for 5 days. Food was provided three times daily. Admission for the child was free and the mother was paying ZWL$10 a day. The hospital team came in to check on the child and by this time his sight had badly deteriorated and worsened. He could not stand and be exposed under intense light especially that of sun rays. By 6am the ambulance picked them to go to the theatre. In the meantime, Rutendo was checking in on them constantly. At around 11am they entered the theatre. His parents were scared to leave their child alone in

the theatre. He woke up around 3pm. His eyes were covered. The nurses were around. After an hour he woke up and everything was 100% perfect.

The hospital staff took them to the kitchen where he was given food. By 6pm the ambulance took them back to Sekuru Kaguvi. They came to assess the child on Thursday. He was left for the entire day with covered eyes. On Friday morning the bandages were removed. He was given medicines in the form of eyedrops to use for a given period of time for free. After sometime his parents noticed that he could see people from afar. This brought a sigh of relief and joy to them as they couldn't believe what they saw. The doctor came and directed them to pay ZWL$330 bill. Upon going back for the review, they were asked to look for the bills and were told that the total bill now stood at ZWL$800.

When he went back for the second review, they ordered that he should not go to school the whole term, he was to stay indoors. The Doctor was called and he told me to come for yet another review. *Maziso ake anga achiri maronda*-(His eyes were still clotted and full of sores) so they prescribed medication.

Unforgettable impact of SiB

It helped a lot because before he did see that they were still in a state of shock. Constant monitoring was always done on him. Even at school the parents would call the teacher to check on his progress. He resumed school last year 3rd term and now the teacher is saying there is great change. He can now fit in with other kids. A great change is visible and the family is happy for this great improvement.

The programme is good but it let down those who can't afford because the process is long. The problem is children are only referred to this Unit treated and without Parirenyatwa there is nowhere where eye operations on Children is done. It becomes different especially when one has been given a review date and needs to source bus fare. They had to stand the burden of travelling up and down from their place of residence to Harare which is more than 260km.

The onset of the haziness

Tragedy struck from the time he was young as this condition seems was inherent and gradually manifested itself as he progressed in years. The more he progressed in years, the more his eyes grew dim. This was not a good story to tell as his parents also could not stand to see his vision diminishing rapidly than they could bear. All thanks be to this programme (SiB) which resuscitated long gone hopes by restoring the sight of their son.

Post operation challenges: Lessons to remember

- They are efficient & effective in their work.
- They did almost everything for their son.
- The medical team & doctors were excellent.
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NARRATIVE ASSESSMENT 2

GOGO T MAKHOSA

1. An Advent to cherish

- She was blind for many years and her church mates brought her to Mutare. They heard about this programme and booked for her to come. Everything went well in as far as bookings were concerned and the operation itself went exceptionally well. In the morning they removed the bandages and her sight was restored.
- The most interesting story that happened after her eyesight was restored. On the 31st of December she saw my house which she was not able to see because of blindness. The joy wasn't hers alone but of her family members and the community who had known her and relegated her as well as labelled her as a blind old lady. This to her marked a new lease of life.

2. The best life experience thus far since SiB programme started

- Blindness started in August 2018 and she was operated in December 2018. She heard about this programme from her church members (Revelations Apostolic Ministries). She was admitted and operated on the same day. Her greatest desire was to be operated so that she can go back to her rural home. Operation couldn't be done on that very particular day simply because her Blood Pressure went up and was told to come in March and the operation was successful.

3. Unforgettable impact of SiB

- The first person she saw was the woman in Mutare and all the people came after-They were concrete and visible evidence that indeed this is a successful programme.
- She did not face any challenges throughout the process except for today, there was no medication, were asked to purchase from the chemistry (rhedoxicin). All along they had been getting medication from the unit though at some point medication is not available-which of course is a rare instance
- She finds joy in that she wakes up with my sight back like any other normal person. The joy is way inexplicable
- At her church people contributed for everything, that is; for the spectacles and medication. The church made it possible for her to reach the Unit.

4. The onset of the haziness

- Her sight gradually diminished the very moment cataract struck her eyes leading to her church members realising how worse her situation was becoming. This led to the realization that she needed to be taken to the hospital for further Eye Health Care-that is the removal of the cataract from her eyes.

5.What made it work there?

- This programme is changing people's lives because it's not easy being taken care of because of blindness as it is a painful experience. Her wish is that this programme continues.
- Now she is back to her normal self as she can perform her farming duties; something that she missed a lot because she realizes the proceeds from her harvest to purchase whatever she wants for example sugar and soap and other basic necessities.

6. What makes you think that the programme team made a difference?

- Their courtesy in dealing with people with various and divergent Eye Health Care related problems
- They are a competent and hospitable team who are at the same time empathetic

NARRATIVE ASSESSMENT 3

All my son's eyes, left and right can see

A story by Mr Mapfuwa, an SiB project beneficiary from Norton

The most important development came from the help he received from the doctors who worked tirelessly to help his child regain his sight as he couldn't use his right eye properly. His son barely could read or let alone see using his right eye. He heavily depended on the left one more than the usage of both eyes.

His family members suggested and recommended that he be taken to Jairos Jiri where he would receive proper care as they thought this could be some sort of disability. Some also recommended that he visit the Eye Unit where a lot of people with similar or even worse conditions were receiving help. He opted for the latter recommendation and took him to the Eye Unit. All the procedures went well and he was operated and cataract was removed from his eyes. Now all eyes are operating normally and he is so elated that his son can see and is not blind after all.

The best life experience thus far since SiB programme started

The most interesting story that can be told about his life starts from a person born with a condition that almost rendered him blind from a very tender age but through this programme his son's sight has been restored. All the lost hope is now revived. We are talking about an intelligent young man whose intelligence almost vanished into the thicket. Now he is performing well at school and the teachers always speak well of

his performance at school. Mr Mapfuwa give a hats-off ovation to this programme for what this programme has done for his son.

Unforgettable impact of SiB

The way his son's condition was overturned gave a strong lesson that one doesn't have to throw in the towel in such situations as they may not necessarily be out of control. Seeing that he was over worried and deeply concerned that his son's vision was low and thought this was the end of his sight yet the surgeons through this programme managed to avert it and restore him to normalcy gives him the greatest joy of which he thinks and knows his son equally shares the same joy. From now henceforth Mr Mapfuwa will recommend such programmes to people of like conditions.

The onset of the haziness

The story, as has been narrated earlier on begins when they realised that he had a condition they thought relates with albinism as his sight drastically deteriorated and took a nose dive. The story progresses to when he was taken to the theatre and the results that gave them the joy in the restoration of his sight-a reality they thought and never imagined would ever come.

The impetus for change

As caregivers to their son; they see to it that he follows the prescriptions and recommendations that they get from the doctors as well the Unit staff on what to do and not to do as they help their son on his journey towards full recovery. The team is dedicated; hospitable and very courteous.

Post operation challenges: Lessons to remember

Post therapy counselling for both caregivers and the son and on the dos and don'ts towards the journey to recovery. Constant reviews and check-ups

NARRATIVE ASSESSMENT 4

Can see again and play once more

The story of Tatenda Magara, a 12-year-old boy, SiB project beneficiary

An Advent to cherish

The most important development was when Tatenda received his sight after the tragedy that struck on the 18th of November 2018. On that day; he took his friend and classmate to play outside the house to the nearby bushes as their houses are located close to a thicket and bushes. He accidentally and unintentionally pulled the branch of a mutsine tree about a metre in height. That branch elastically came to his eye; hit him so hard on the eye so much that he could not see a thing. The pain was unbearably excruciating as and bled profusely on his eye. His friend; who was shell-shocked and dumbfounded took him home and his aunt and brother quickly rushed him to the Eye Unit where he was booked for the following day. He was shocked; dumbfounded and couldn't believe such a spectacle had befallen his friend. Tatenda struggled through the night because of the pain. After successfully going through the operation; he was told to stay indoors for 2 weeks and not to expose himself to smoky conditions. This sounded like a serious punishment as he couldn't bear the thought that for that long he will have to minimise his movements. It was also difficult to think that he would have to miss school for that long. He later realised that this was not a punishment after all but rather worked for his own benefit so that his recuperation is necessitated and facilitated. After that; he could see properly and could go to school where he can read properly. This to him is the most important development in his life that he will forever live to celebrate.

The best life experience thus far since SiB programme started

His injured eye was restored and the contact lens has enabled his eye to see properly as ever before. His friends and relatives never believed that it will be restored the way it did. Tatenda believes he is an epitome of the excellent deliverables of the SiB programme and a reference point for how successful and beneficial it is

This is a person who had lost hope on himself and thought that for the rest of his life he would have to live with the unfathomable and equally disturbing thought that he lost one of his eyes in childhood play but the winds of fortune blew his way as he can now and use both his eyes just like any other normal person does.

His sight is way better than before. The eye that was injured now operates as normal as ever before. His friends; relatives and neighbours had lost all hope that he will ever use both eyes after the accident considering the extent to which his other eye had been injured.

Unforgettable impact of SiB

He learnt not to imitate movies and films as well as things that are harmful in life and in particular his sight. He also learnt to have faith and trust such programmes as SiB and the impact they have on people.

The onset of the haziness

As I started earlier on; it all started on the 18th of November 2018 when he took his friend to play outside the house to the nearby bushes. He pulled the branch of a mutsine tree about a metre in height. That branch elastically came to his eye; hit him so hard on the eye so much that he could not see a thing. His friend took him home and his aunt and brother quickly rushed him to the Eye Unit and upon arrival he couldn't manage to be treated on that very same day but rather was booked for the following day. His friend was shocked; dumbfounded and couldn't believe such a spectacle had befallen Tatenda. After successfully going through the operation; he was told to stay indoors for 2 weeks. After that; he could see properly and can go to school where he can read properly.

The impetus for change

His brother and aunt have been there all the way. These are the same people who had closely monitor him as per the recommendations and instructions of the surgeon. The adherence to the instructions and recommendations facilitated and necessitated the recuperation from the injury and the restoration of the sight.

Credit should also be given to the competent; hospitable and courteous Norton Eye Health Clinic who from the very first moment he stepped on the premises worked meticulously to see to it that I am attended with all the due attention my situation deemed.

Post operation challenges: Lessons to remember

Post operation counselling and he also received from the Eye Unit Staff advices on how to handle himself in future so as to prevent similar eventualities

NARRATIVE ASSESSMENT 5

Celebrating life with my sight

A story by Gogo Remimah, an 89-year-old SiB project beneficiary

Receiving her sight back from both eyes is the greatest development and most development she will live to celebrate all the days of her life. This has given an elation and a long-lasting smile and an unending joy to her life. This is a woman who got almost blinded by a cataract on her eyes. She discovered it one day when she just had a hazy vision. Remimah is one person who doesn't bow down to ageing and the tolls that come along with them which explains why the fateful day struck when she was at the fields. She ignored the incessant hazy vision for two days and the more she ignored it; the more the eyes were losing sight. To her thoughts that finally old age was

catching up with me began knocking to an extent that she had to resort to using the walking stick.

Her last-born daughter; resident of Zimbabwe; upon hearing of her predicament and the burden that was slowly looming saw it fit to take her to Norton Eye Clinic whose fame was spreading so fast as she was wondering how the whole situation could be ameliorated. She had to come all the way to Malawi and collected her mother for the operation. She took to herself that to see that all bookings were done and payments made so that the operations are carried out and these were successfully done and now she can see.

As was said earlier on; Remimah no longer need the aid of the walking and escort.

The best life experience thus far since SiB programme started

If there was something she were to render for this programme, Remimah will laud and heap praises upon praises for helping her restore her sight. This is one person who had completely lost hope and never believed that she will ever see light and see properly like any other normal person would seeing that she is almost a nonagenarian left with barely less than a year to record 90 years. Today she can stand before all to bear witness and testify that this indeed is the best programme ever to happen to me as she is no longer blind. At some point she thought old age had caught up with her and doubted if an old woman like her and in her state would ever see again. Her sight is way better than before and doesn't even match any person of her age. After the operation; she now can do what she could not do during the days of her predicament as near-blindness had reduced me to a house-bound person. She finds it very comforting that at some point could not mouth it being a burden to her caretakers as she is still fit to do things on her own.

Unforgettable impact of SiB

To Remimah; no amount of words can express her gratitude for this programme and in particular Norton Eye Health Unit. The fact that the fame of the Unit spread as far as Malawi is testimony on its own of the powerful impact this programme has had in her life. The staff handled her well and never treated me as an alien; but rather gave me the attention she needed.

The onset of the haziness

It all started one morning when she felt like her eyes were itching and never paid much attention to them. The second day the itches were worse than before and her sight was hazy. Before she knew; she could barely see ten metres away. Her children and grandchildren were notified leading to the decision to come fetch her so she could be operated at the Norton Eye Clinic.

The impetus for change

Her relatives and those hired to take care of me have been there for her all the way. These are the same people who worked in cohorts and gave a collaborated effort for me to come to Zimbabwe so that she could get the much need assistance. They have been supportive in many ways. The staff at the Unit were friendly and hospitable. The post operation counselling was very helpful and she is putting her best foot forward to adhere to that which she was told

Post operation challenges: Lessons to remember

Remimah struggled with being made to stay indoors for quite some time; something she was and still am not used to do. She had to see the benefit it all than the pain one would go through for the period she was made to stay indoors and to avoid bending. This brought the sense of focus on the end result than what she was going through at that particular moment-that is; being made to stay indoors for the prescribed period

Perceptions about the hospital team

They are a very hospitable team. I received post operation counselling. Advices on how to handle herself in future so as to prevent similar eventualities. They are competent and diligent team. Fairness and absence of typical corruption tendencies is the order of the day.

NARRATIVE ASSESSMENT 6

Saved from the double blow of disability

A story by Henry Msaya, a 48-year-old man from Norton

The most important development was when I received my sight and got my sight and got the cataract removed from my eyes and got spectacles that I am using now. My story started about four years ago. I felt as if my eyes were enveloped by a clog of web so much that I developed a hazy vision for some days. At first, I would ignore it and the more I ignore it the more the sight would grow dim. For once I thought the ointments or some droplets would do the trick thinking that this was a temporary setback. The cataract grew worse by day till my relatives suggested that I visit the Eye unit which is just a stone's throw from my residence. I personally had witnessed how its fame grew and droves of people flocking the Unit which grew from just a few blocks to a powerhouse in terms of Eye Health Care. I can testify that I have housed people from as far as Gokwe and saw some coming from neighbouring countries like Malawi; Mozambique and lately South Africa.

"Back to my story; I had a double tragedy to handle-living with a disability from one end and grappling with the cataract on the other hand, which was mouthful to swallow

for my family members as they had to deal with assisting me move around the house as well as bear the brunt that I already am a person living with a disability. To me it sounded as if I am paying for my status quo and condition.

Upon visitation of the Norton Eye Unit; I was treated with a warm welcome and considerate staff who made sure that I don't have it in my mind that I imagine of the dual severity of my state. The state-of-the-art facility was in such a way that I could move around the building without being compromised.

I went to the theatre for the operation of both my eyes which was done successfully. After the reviews I saw it fit that I take it further by acquiring the spectacles and as it is now, I have the spectacles and despite the fact that I am a person living with a disability; I am happy that the issue of eye-sight is a dealt with once and for all-which to me is the most important development in my life"

The best life experience thus far since SiB programme started

"My injured eye was restored and the contact lens has enabled my eye to see properly as ever before. My friends and relatives never believed that it will be restored the way it was did. I am a living testimony that indeed the excellent deliverables of the SiB programme are real and I will forever live to be a reference point for how successful and beneficial it is "

"My sight is way better than before. My eye that was injured now operates as normal as ever before. My friends; relatives and neighbours were reeling in utter despair as they were subject to yet another challenge-that of giving care to a person with a disability and a person faced with eye-sight challenges. All thanks be given to the Norton Eye Clinic staff of course through the SiB programme who helped me regain my sight and deal with the cataract once and for all"

Unforgettable impact of SiB

- I learnt not to delay seeking medical attention in as far as Eye Health Care is concerned
- I also learnt to have faith and trust such programmes as SiB and the impact they have on people.

The onset of the haziness

"My story begins and should begin on the fateful day my eyes grew dim as a result of the cataract. That is the day I was faced with a double tragedy-living with a disability on one hand and on the other hand dealing with the fact that this cataract was fast becoming a threat to my sight. I am a quite thankful to the steps I took to ameliorate the situation before it grew worse than expected and anticipated"

The impetus for change

"My close relatives have been there for me all the way. They are the very same people who had closely monitor me to see to it that all the recommendations and instructions are adhered to. Such adherence to the instructions and recommendations facilitated and necessitated the healing process as well as the restoration of my sight"

Post operation challenges: Lessons to remember

"The post operation counselling that I received thereby further cementing hopes for a better and transformed life. I also received from the Eye Unit Staff advices on how to handle myself and what to do should the same challenge repeat itself"