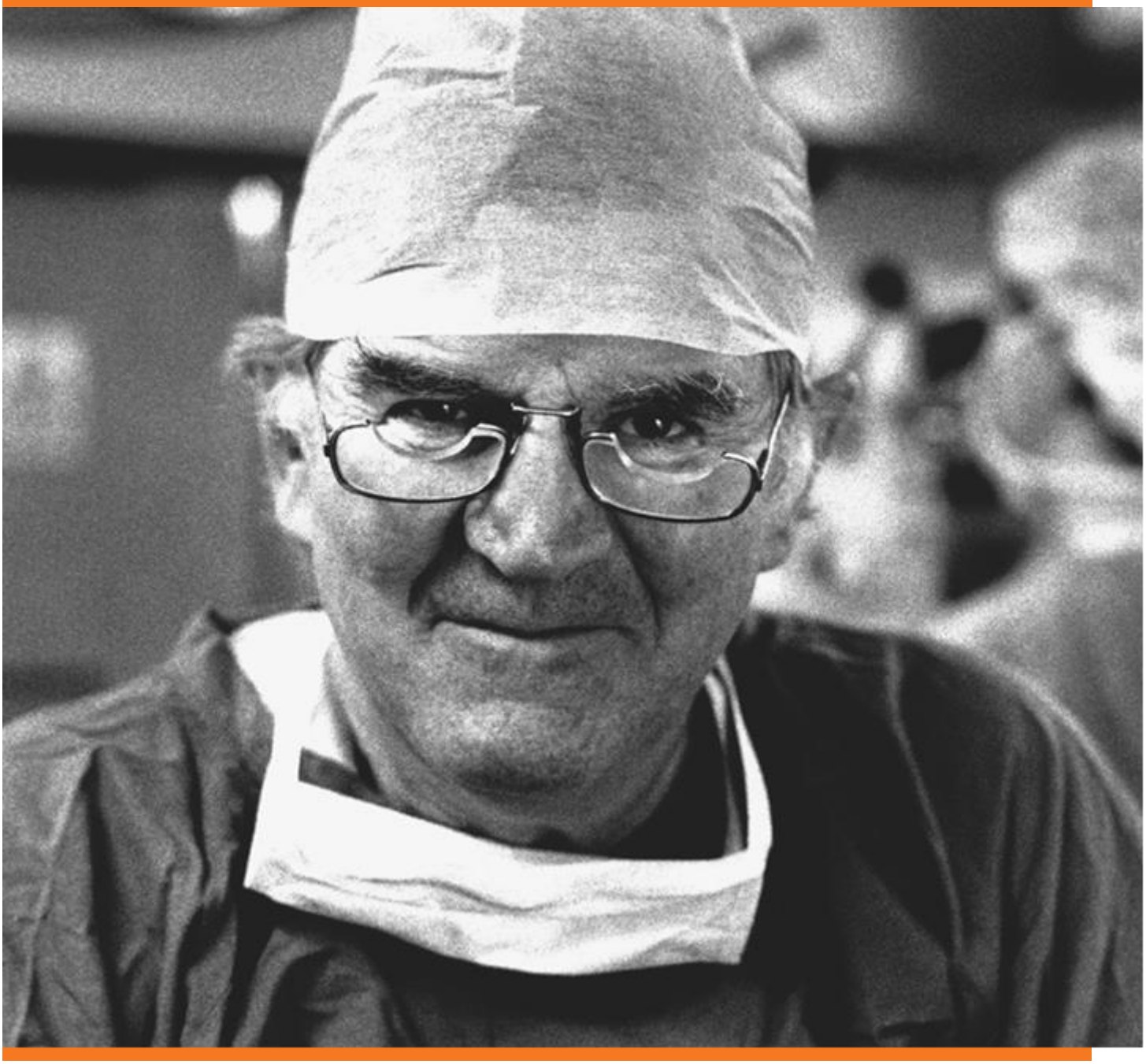
SEEING IS BELIEVING PROJECT LEARNING REVIEW

March 2020



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INDONESIA

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LIST OF ACRONYMS

DHO	District Health Office
M&E	Monitoring and Evaluation
MoE	Ministry of Education
MoH	Ministry of Health
NTB	Nusa Tenggara Barat Province
PE	Physical Education
PHO	Provincial Health Office
RAAB	Rapid Assessment of Avoidable Blindness
SIB	Seeing is Believing project
VIP	Vision for the Indonesian People project
VA	Visual Acuity

SEEING IS BELIEVING PROJECT LEARNING REVIEW

ADDRESSING CHILD BLINDNESS, LOW VISION, AND VISUAL IMPAIRMENT IN NUSA TENGGARA BARAT, INDONESIA

EXECUTIVE SUMMARY

Farzad Yazdanparast & Ming NI
March, 2020

The Fred Hollows Foundation

Background

Initiated in 2017, The Seeing is Believing (SIB) project sought to establish a school eye-health care program and strengthen community eye care service in five districts in Nusa Tenggara Barat (NTB) Province, with a focus on addressing visual impairment and other avoidable health conditions amongst children in primary and junior high schools. The Seeing is Believing project is part of a larger strategy by The Fred Hollows Foundation (The Foundation) to lower the rate of avoidable blindness in Indonesia, including working to ensure eye health services are accessible to all age groups in the region through a series of projects in NTB. The SIB project has been implemented in line with The Foundation's approach to strengthen the existing health system in partnerships at all levels to improve access to services by addressing human resource development, service delivery, community awareness & participation, research & advocacy, leadership & governance, finance as well as equipment when required.

Evaluation purpose and key evaluation questions

This summative learning review sought to document lessons emerging from SIB project. Learning from this review will be utilised to inform the design of new projects in Indonesia, as well as shared widely with key stakeholders in Indonesia and The Foundation for broader learning. Lessons learned will also contribute to The Foundation's report to The Standard Chartered Bank via the Seeing is Believing Consortium (The Fred Hollows Foundation, Helen Keller Foundation, Orbis and CBM).

With the Indonesia team as the primary audience, the learning review addressed the following questions key questions:

1. **Reflections on the project design:** What are the lessons from the project design process that contributed to or hindered project implementation and outcomes?

2. **Service provision:** Looking at both supply and demand (availability and accessibility), what can we learn from the way the following activities were conducted and how they contributed to or limited project outcomes?

3. **Partnership and collaboration:** What can we learn from the different partnerships, and how this worked in positively or negatively impacting project implementation and outcomes?

Methodology

Learning Review Design

The Learning Review design was qualitative in design, method and analysis in order to discover key learnings and challenges from implementing partners perspective in relation to the design, implementation and coordination of the SIB project in Indonesia.

Learning Review Team

The Learning Review Team was composed of four Fred Hollow Foundation staff members with expertise and roles in programming, innovation & human-centred design, evaluation & research technical advising. None of the review team were involved in the implementation of this SIB project.

Qualitative Tool Development

The semi-structured interview tool was initially developed using Helen Keller Institute's (funder) learning review question guide. Then the Learning Review team worked with The Foundation's Indonesian team, and regional team customising the tool to align with SIB's project aims.

The tool was divided into several sections with questions related to specific project roles and responsibilities. The tool and written consent form were developed in English and translated into Bahasa by FHF Indonesia staff member.

Informed Consent Form

The informed consent form consists of two parts, namely the information sheet and the informed consent sheet. The information sheet contains research objectives, voluntary participation, confidentiality of respondent's identity throughout the research process, recording of the interview process, willingness to get a copy of the research results, and where to send complaints. The informed consent form is in Annex 1.

Participants

Learning review staff provided The Foundation's Indonesia team with sampling criteria for interview participants that focused on interviewing individuals involved in the design, coordination and implementation of the project.

Participants from the following project roles were targeted:

- Steering committees
- Implementing schools: a) principals, b) teachers, c) parents
- Puskesmas health practitioners

Students were not involved in the learning review due to limited time to secure ethics approval.

An outline of interview participants is in Annex 2.

Analysis of Data

The research team used a mix of content and narrative analysis in analysing the interview data. Content analysis is a method that codes and analyses qualitative data using appropriate research/ evaluation questions developed before data collection. Thus, both the data collection and analysis process are approached with specific framing and/ or focus. Narrative analysis was used to bring together the different data sources (interview data and project output data) into a narrative highlighting shared experiences and learning. When appropriate, this learning review used stories and experiences shared by people to answer the research questions.

Learning review findings

Facilitators of project success

Integrating for sustainability

The project **integrated eye health into primary health services**, which was recognised by DHO, teachers and principals as a key driver of success. In addition, the project **built on existing programming** by Ministry of Health (MoH) and Ministry of Education (MoE) on health and physical education, which respondents attributed as contributing to sustainability of school eye health activities beyond the SIB project.

Joint programming/resource pooling

The parallel implementation of the Vision for the Indonesian People (VIP) enabled successful referral pathways and service provision. For example, the Vision Centres in Puskesmas (primary health centres) allowed greater accessibility of eye health services for parents/caregivers of children receiving SIB activities. The VIP community awareness projects seemed to raise the greater communities' knowledge of eye health services at outside of the student population involved in SIB. In addition, the Puskesmas health workers who were trained to support the SIB projects were also involved in VIP project activities increasing opportunity to practice eye health services on a routine basis.

Collaboration and partnership

The SIB project facilitated multiple levels of collaboration and partnership which enabled students to access eye health services. This included:

- A strong relationship between the puskesmas and schools enabled a clear referral pathway
- Strong collaboration between the puskesmas and spectacle manufacturers
- Collaboration within and between the Steering Group and Technical Advisory Group

Use of Evidence

The District Health Office (DHO) used RAAB evidence to advocate for student access to eye health services – drawing a link between eye health and learning. This led to early and productive engagement of government, and adequate resourcing of the program.

Cascade training

The 'train-the-trainers' approach was described as an effective model for teachers, doctors and nurses, who described it as having a 'big impact' and giving them more knowledge to enable screening to happen closer to the community, with fewer patients referred to the hospital.

Product quality

In addition to receiving spectacles free of charge, interviewees placed high importance on the quality of spectacles received and indicated that this contributed to their high satisfaction with services received.

Tools developed for eye health education in primary school

There were two eye health education games developed for students of different grades in the primary schools. Teachers and principals noted that the games were easy-to-use (simple) and students enjoyed playing with them, at times asking to play it again. The games were designed to deliver eye health education on basic eye health and refractive error. MoH officials stated that nonparticipating schools

requested copies of these games as well to use as part of their student health curriculum which MoH sees as a sign of successful intervention created to suit the goal of the project and increase student engagement in eye health related discussions.

Clear Protocol of the project activities

There was strong agreement amongst collaborating partners that the development of clear protocols for each project activity was crucial to the project quality, communication across all project sites, ease of monitoring and follow up. The protocols were developed by Technical Working Group with supports and approval from Steering Committee and localized by DHO which suited local conditions.

Challenges and opportunities

Teacher selection

Having only one teacher responsible for screening was deemed as insufficient given the large number of students in each of the schools participating in the project. In addition, trainers reported that there was low interest from some teachers, resulting in varied quality of screening in some schools.

Turnover of training participants

The on-going turnover of staff (teachers, nurses, doctors) negatively impact the quality of service delivery as new staff were not necessarily trained to deliver eye health services.

Student stigma

Although the project activities increased eye health awareness, there was evidence of on-going stigma pertaining to wearing glasses. This was evident amongst some parents and school staff interviewed.

Communication with parents

The communication pathways between parents and schools was not always clear, with some parents indicating that they were not aware of when their children were screened, or the outcomes of the screening process. If any students were identified with refractive error problems and requiring spectacles, teachers who did the screening would communicate with parents and go to visit the students' home to inform the result to parents. However, for the students whose visual acuity (VA) was deemed normal, communication of the screening seemed to depend on the students informing their parents.

Conclusions

The learning review highlighted the integral value of the provision of eye health services at the primary health level. In the SIB project, this included the following project outcomes:

- Greater awareness and demand for eye health services
- Better skilled health and education workforce
- Better access to eye health for students
- Improved collaboration between DHO, puskesmas and schools

- Stronger collaboration, appropriate involvement and more meaningful contributions from of eye health partners including government, schools, health centres, religious institutions.
- Further integration of eye health into the existing health system which may ensure the sustainability of screening and referral after project's end.

Recommendations

- Provide the option for teachers to self-select participation in an endeavour to increase the number of teachers available to conduct screening and potentially enhance screening quality.
- Consider involving parents, students or other teachers in supporting trained teacher to conduct screening for students on specific days.
- Split the teacher training into two half-day sessions to create an opportunity for teachers to practice skills learned and reconvene to address questions and issues identified.
- Enhance awareness work to reduce stigma and improve understanding of eye health and wearing spectacles.
- Support awareness raising and demand generation within the broader community for eye health
- Continue supporting the provision of accurate eye health information to schools
- Ensure clear and on-going communication with parents throughout the process of service provision

INTRODUCTION

Project background

Seeing is Believing

The Seeing is Believing (SIB) project is a three-year project to address the growing problem of avoidable blindness in Indonesia through an efficient and effective school eye health and community eye care program that will serve five Districts of Nusa Tenggara Barat Province: Mataram City, West Lombok, Central Lombok, East Lombok and West Sumbawa. The goal of the project is to establish a system within Nusa Tenggara Barat (NTB) Province where all children with visual impairment or other avoidable eye health conditions are identified early and have access to quality, affordable services**.**

The project activities are aimed at:

- introducing eye health education to all primary and junior high schools in the project area
- increasing human resource capabilities in visual acuity (teachers and primary health workers)
- increasing selected primary health care workers' skills in refraction
- establishing a central Vision Centre in Mataram City to allow for the availability of high-quality, low-cost eye wear, provide essential equipment for screening and refraction services
- increasing community awareness about eye health and vision care practices and available services
- supporting national and provincial level advocacy efforts.

The SIB project has three objectives:

OBJECTIVE 1:

A sustainable system is established in schools and in the community for the early identification and referral to appropriate service providers of refractive error and serious eye conditions among Grades 1-9 students, promoting uptake and utilization of services offered.

OBJECTIVE 2:

Support the establishment of refractive error services and referral pathways at the primary, secondary, and tertiary levels of the health system.

OBJECTIVE 3

Develop and implement a monitoring, evaluation, and research system in NTB that rigorously collects evidence and shares lessons learned through technical meetings and dissemination events that bring together experts from inside and outside Indonesia

METHODOLOGY

Evaluation purpose

The purpose of this review is to document lessons emerging from the SIB and VIP projects. Learning will be utilised primarily to inform the design of new projects in Indonesia, as well as shared widely across The Foundation for broader learning. This review is being conducted internally as an opportunity for cross-learning across countries and teams, as well as enhancing internal staff expertise in evaluation practice. The learning review will also be utilised in The Foundation's contribution to the

joint final project report for the *Ch(eye)ld Health – Addressing Child Blindness, Low Vision, and Visual Impairment in Indonesia* implemented in consortium with Helen Keller, Orbis and CBM.

Evaluation scope and key questions

Supported by the Foundation's Indonesia, East Asia Regional and Monitoring and Evaluation (M&E) teams, the review team looked at the following key learning areas, with a focus on both process and outcomes:

1. **Reflections on the project design:** What are the lessons from the project design process that contributed to or hindered project implementation and outcomes?
2. **Service provision:** Looking at both supply and demand (availability and accessibility), what can we learn from the way the following activities were conducted and how they contributed to or limited project outcomes?
3. **Partnership and collaboration**: What can we learn from the different partnerships, and how this worked in positively or negatively impacting project implementation and outcomes?

Approach

Documenting lessons learned, rather than an evaluation, with a focus on capturing key lessons and identifying evidence to support the learning.

Methodology consisted of:

- Review of existing project documentation – qualitative and quantitative data (to provide a summary of the project's achievements as well as identify lessons learned throughout project implementation)
- Interviews with key stakeholders (including FHF staff, project partners)
- Interviews with project participants (e.g. doctors, nurses, teachers, parents, principals)

Evaluation team

Role(s)	Responsibilities
Project Team: Ahmad Pua Too and Dr Evi Douren	• Provide project data for analysis • Writing up monitoring data in report • Coordinate field work, including interviews • Reviewing and providing input in report
Review Team Co-Leads: Farzad Yazdanparast and Ni Ming	• Ensuring the evaluation is conducted to appropriate professional and ethical standards • Delivering outputs as specified in the terms of reference, specifically conducting data collection, analysis and drafting & finalising report writing of both SIB & VIP by dates outlined in ToR with support of Technical Advisor and M&E team.

	• Keeping the evaluation steering group informed of progress

Review Team
Technical Advisor: Yadira Perez Hazel, Ph.D
	• Co-design tools
	• Conduct two capacity-building workshops for FHF country staff
	  ○ "Conducting Key Informant Interviews and Focus group Discussion"
	  ○ "Analysing qualitative data and creating emerging themes"
	• Quality Assurance and Ensuring the evaluation is conducted to appropriate professional and ethical standards
	• Support in analysing data
	• Review and input of both report drafts

Monitoring, Evaluation and Learning Advisor: Maud Mukova-Moses	• Project management • Support review team in development of tools and review of draft reports • Coordinate steering group meetings and inputs
Review steering group • East Asia Regional Team • Co-Leads • Country Manager • Review Team Technical Advisor • Monitoring, Evaluation & Learning Advisor	• Helping to scope the terms of reference • Help quality assure the review process and report • Bringing in learning and good practice from key stakeholders within The Fred Hollows Foundation to add value to the review • Supporting dissemination of the learning across The Foundation

Limitations

- Interviews were conducted via a translator, some meaning and detail may have been lost in translation
- The translators participated in the project steering committee which may have influenced the interviewees' response to the questions.
- There were time constraints to prepare and conduct interviews
- Human resource limitations were also noted for support with interviews and transcribing
- Children were not included in the learning review due to time constraints and timing with school calendars.

Ethical and other approvals obtained

Interviews were conducted primarily with project partners, with some interviews conducted with parents of children participating in the project. For all interviewees, the risk level for this project was assessed as “negligible risk”, thus not requiring review by a Human Research Ethics Committee (HREC). In line with the Foundation’s Research, Ethics and Data Management Policy, the review was monitored for emerging risks by review team and by the Foundation’s Indonesia team.

Interviewees were informed of the purpose of the review and that their participation was voluntary. All interviewees also provided verbal and written consent to participate in the review.

- Storage of interview audio recordings and transcripts are kept securely on FHF’s password protected cloud storage. The files can only be accessed by FHF internal staff.
- The signed consent forms are located in FHF’s Sydney office in a keylock secured file cabinet.

All interviewees were given the choice to have their name used or anoymised in the consent form. In this report we have respected their choices and only used identifying roles where given such permission.

EVALUATION FINDINGS

Strengths

Integrating the project into the existing school health (PE) curriculum and Ministry of Eye Health Strategic Plan was noted as a key strength of the project design as it provided an entry point to expand the existing curriculum within schools and strengthen referrals to Puskesmas (primary health centres) This approach also fostered collaboration between PHO (Provincial Health Office), DHO and MoE, contributing to raising DHO's awareness of the need for screening and other RE services for students. One of the MoH interviewees noted,

> *And now we understand many people in the educational program, in minister of education that many students now they are facing RE. So, we bring awareness and screening in educational sectors for our children.*

Participatory project design process: Interviewees highlighted that utilising a participatory approach to the project design enabled greater ownership by the PHO and DHO and helped facilitate the integration of project activities in alignment with relevant national policies and provincial and district level priorities. Strategies include conducting pre-design discussions with PHO, DHO and other key stakeholders, PHO playing a leading role in designing project logical framework and identifying a focal person in MoH to support project design and implementation.

Partnership and collaboration: The project facilitated strong partnerships at different levels with the MoH, MoE, schools, puskesmas and spectacles provider from provincial to puskesmas level. Respondents noted that once the partnership had passed the forming stage, they were clear of their roles and responsibilities. For example, PHO highlighted that their role included facilitating coordination between the school and puskesmas and ensuring that health service activities in the project's workplan were on track. PHO and the schools also came together to influence government to provide eye health services for students. For example, PHO noted that they used data from schools on the number of students requiring spectacles as evidence to the Ministry of Health. The level of coordination was noted by one parent, who said,

> *There's good coordination between the puskesmas and the school. The hospital is really far away from here. I hope that this coordination can continue so people in this village don't need to go to the hospital, they can just go to the puskesmas.*

Technical Working group and Steering Committee: From the interviews, the roles of each organization participating in the technical working group and steering committee were clear which facilitated strong and regular communication and feedback across members and implementing project sites. TWG developed protocols for each project activities prior to implementation which systemised the wide reach of the project. TWG also responded to specific project site needs and challenges and adapted the project activities to suit the situation in consultation with and final approval of steering committee & DHO. The SIB project was integrated with Indonesia's national health plan, called National Healthy School Project. This alignment was stated as a factor in ensuring the motivation of members of technical working group and steering committee and not adding project-specific workload. More importantly, steering committee members stated that the success and lessons learnt from SIB project will be used as the evidence to advocate to the national government to replicate the project and also make the project sustainable when SIB phases out.

Relationship between schools and puskesmas: These relationships provided a strong support and referral pathway for students following the initial Visual Acuity (VA) screening. For example, puskesmas staff visited schools and collaboratively worked with the Physical Education (PE) teachers to verify screening findings. On the other hand, some teachers made themselves available to accompany students who required spectacles to the puskesmas for secondary screening. Teacher interviews showed a clear understanding of the role of the puskesmas and the referral pathways available to students.

Cascaded TOT model: In order to reach the broad student base needed, a cascaded training of trainers (ToT) model was adopted. This involved a single trainer designing an eye health curriculum for puskesmas doctors and nurses, who attended a 5-day training. These health workers then trained PE teachers from schools in their local area, and the teachers subsequently carried out basic eye checks and referrals back to the puskesmas. There were some issues in the design of this approach (see challenges), but the cascaded training model was well received due to its effectiveness. One doctor said,

> *The training has had a big impact for us [doctors]. It's now easier for us. Before having the training, if a patient came with an eye problem, they always had to be referred to hospital, even for refractive error. But now they can make trial lenses and make glasses for the patient...It was refresher training on eyes generally. Also, good experience and knowledge on better refraction and correction. After the training, I had more confidence in these topics. And how to remove foreign bodies from eyes. It gave more confidence in doing that. It was all useful.*

While a nurse told us that she,

> *Didn't have much knowledge [of eye health] before the training, but now I have more knowledge. I know how to screen for eye health problems for patients. I can also do outreach at schools and communities...Before I got knowledge from seniors as they were eye health programmers. But after the training I got much more knowledge and experience in refractive error. I'm confident now to diagnose cataract patients, and can detect whether a cataract is mature or immature. All the training topics and materials were useful, it was compact and condensed so it's all useful.*

This was an efficient model that could be used again, with some tweaks (see recommendations).

To a large extent, teachers interviewed noted that the initial training received was adequate and could be easily integrated into their roles and teaching curriculum as PE teachers. Teachers also indicated an increase in knowledge and confidence to conduct screening, with one of the teachers indicating that after the training, he was confident in distinguishing between VA cases that required referral for spectacles, and cases that required referral to the hospital. However, some teachers indicated that they required a refresher training to renew their confidence in conducting screening.

Awareness raising and behaviour change: Although not an explicit goal of the program, the school screening services created much higher demand for eye health at the community level. Puskesmas staff provided anecdotal observations that since the screening began, they were screening far more teachers than previously, increasing the demand for refractive error services and the amount of business received by the vision centre. As an indirect outcome of the SIB project, the respondents attributed this to teachers being more aware of eye health and the importance of screening and thus changing their health seeking behaviour.

In addition, parents had significantly higher awareness of eye health risk factors. One parent noted that her child was educating her about eye health, saying her daughter told her to,

> *Eat vegetables so my eye health becomes better. She gives me reminders if I'm sitting too close to the TV, and scolds me if I'm on a gadget too long. She scolds me as she wants my eyes to get better'*. Another parent told us that when his son was '*using gadgets or watching TV, I didn't care. But now I pay attention to how my son uses his phone, and I tell him not to use it for a long time. If he's using his phone, max time is 1 hour, or I take the phone away from him. And if he watches TV now, he has to be further back.*

In addition, 35% of respondents told us that they wanted the program to broaden in scope. Now that they know about it, they wonder why only students can access it. These responses came from parents, doctors, nurses and school teacher and principal. The conclusion can be drawn that the school screening program was a useful proxy for raising awareness of eye health in the broader community.

Improved perceptions: The perception of students who need glasses improved following this program, including among teachers, principals and fellow students. One principal told us that previously they thought some children were just 'stupid', but after this program they realised these children just needed glasses. Some parents also thought that wearing glasses was related to an illness, but now realise it's not an illness to be cured.

Participant satisfaction: There was high satisfaction with the program across all participants we interviewed. Parents were satisfied that the program included glasses provision, not just screening, and that the glasses were high quality. One parent told us that before this program his son,

> *Already wore glasses, but we had to get new ones as the lenses had to change with the new prescription they gave. The glasses you provided are better in quality. We paid 500,000 rupiah for the glasses before, but the new ones are better quality*.

Principals were satisfied that the service was being provided to children to help their learning, with one telling us that,

> *We need [the program] because young people use IT and gadgets. The learning process also involves lots of gadgets and IT.*

As previously noted, puskesmas health workers were satisfied as it raised their skill level and allowed them to treat more patients rather than referring on. All participant groups were very positive that the program should continue, with one doctor saying,

> *Further refresher training is needed, as well as for new doctors.*

High collaboration and cooperation: The level of collaboration and cooperation between the DHO, puskesmas and schools was highlighted as a strength of the project, and an aspect to be replicated. Though there were some early issues between the Steering Committee and the Technical Working Group (see challenges), these were ironed out and led to productive partnerships between stakeholders. One of the trained primary school teachers noted the following regarding the support they received from Puskesmas:

> *I got enough supports from Puskesmas, because if I faced some problems, Puskesmas team would come to school to help. There is a letter from Puskesmas and they will inform the school of when they will come to schools in the week. I make a list of screening results and send to Puskesmas and DHO, once Puskesmas receives the list, they will plan and come to school.*

Improved accessibility: Puskesmas staff reported better access to services for the community through the vision centres. Community members no longer had to be referred on or travel farther distances to get screening and treatment. With greater awareness in the community of these services thanks to the school screening program, community members themselves could also more easily access services through the vision centres. The two aspects of the program complemented each other well and brought eye care closer to the community, with one doctor saying,

> *It is also good for local people, as they can get eye care without needing to go to the hospital.*

Challenges

Teacher quantity: Interviewees noted that having only one trained teacher was a challenge – due to the large number of students, the PE teacher was not always able to single-handedly conduct the screenings in an efficient and timely manner. Some teachers noted that they provided informal training to other teachers or students to assist them in conducting screenings (such as through the mini-doctors program).[1] While this alleviated the pressure and help adoption of the screening program, there were no measures in place to check adequacy of the informal training provided.

Teacher interest varied: While the cascade model was successful with broad positive feedback, a significant challenge raised by puskesmas trainers was the varying level of teacher interest. The program was designed to invite the school's sports teacher to receive the training and subsequently carry out the program in their school. The rationale behind the decision was that sports teachers look after children's health, and hence have the best skill alignment. This was true in many cases. One doctor told us that if a teacher finds,

> *More than 5 students with refractive error, we [puskesmas] go back to the school to do a follow up screening. Some teachers have good skills so their accuracy in detecting refractive error is 90%. But some teachers report that 50 kids have refractive error, but when we go there, we find out only 3 students actually have it. We found that some teacher didn't do the screening at all. So, we suggest only inviting teachers who are interested in the training.*

On the other hand, the trainers also encountered teachers who did not seem interested, and because the training was a full day with lots of information to cover, they reported some teachers flagging interest in the afternoon. This has knock-in impacts for effectiveness and efficiency. The puskesmas team returned to screen at a school if there were more than 5 students who had suspected refractive error. In one case, there were 50 students at a school who were identified. Upon returning to the school for screening however, the puskesmas team found only 3 students with confirmed refractive error. This wastes students' time as well as the time of busy doctors and nurses. A recommendation to address this is below.

Training quality: The training approach and training materials are quite friendly for teachers. But teachers noted that there was a need for more training and refresher courses. There is only one training for teachers which is not enough and there are no refresh trainings for them, although they can get supports from Puskesmas when they come to visit. There is also a need for systematic plan for

[1] Program *Dokter Cilik* or Small-Doctors Program - Small Doctors Program is part of Usaha Kesehatan Sekolah (School Health Unit) or UKS. The *Dokter Cilik*, usually elementary and junior high school students, are trained to increase and maintain personal hygiene and health. They then share this knowledge and practice through peer to peer learning, as well as with their families and surrounding communities.

monitoring training quality to ensure that the training information and technical skills are taught adequately. There is no monitoring of the trainings as part of the project monitoring plan.

Student stigma: We heard from principals, parents and teachers who reported stigma that is faced in some schools around wearing glasses, creating a barrier to uptake and correct use. Parents reported that their children wear glasses 'when needed', such as doing work or reading, but not when playing, while one doctor observed,

> *Another issue is bullying – if students use specs, they can get bullying from friends. This particularly happened in one school. The nurses gave specs, but students didn't use them. Students say their friends will mock them, especially students in rural areas.*

Low understanding: Increasing understanding has been a big benefit of this program, even so levels of understanding of eye health remain low. Parents were still unsure of how their children should be using glasses, principals reported that they would like more training to understand the issue. This impacts students' understanding, with one principal saying students thought the eye tests involved injections so they were hesitant to participate, while another principal said,

> *Students are young, so they didn't understand. They were afraid of being examined at first, but they now see the benefits.*

Health worker turnover: As doctors and nurses move to work in different puskesmas, the health workers who replace them may not necessarily have had the eye health training that was delivered. As a result, it is difficult to maintain the standard of service.

Vision centre sustainability: In the SIB project there is a subsidy for free glasses for students. There was a question on what would happen to this subsidy when the project finished. In short, how can students continue to get free glasses at school after project finishes?

Lessons Learned / Recommendations

Teachers self-select participation: In order to improve quality of school screening activity, it is recommended to allow teachers to opt-in to participating in the program, rather than only allowing sports teachers to participate. This will ensure that only interested teachers take part and help avoid situations where there are poor quality screenings taking place in schools.

Adjust the structure of the training days to allow follow up: Puskesmas trainers could run the training as two half-days, rather than a full day in order to maintain levels of concentration among teachers. The time in between the two sessions could be used to practice skills learned so far, and to raise awareness within schools of the program and eye health.

Training quality: The TOT training for Puskesmas and teachers can be designed as a series of trainings at different stages of implementation and depth of knowledge. Also, the eye health education games can be introduced in new ways, such as exam tool or tracking changes of knowledge of eye health for students. The pre and post training evaluation should be in place. The spot check of training is also

important to ensure the training quality. The checklist of quality insurance for trainings, screening and student knowledge increase while game playing will further strengthen the project's impact.

Integration screening and eye health education into existing science classes: In the project, the screening and eye health education were conducted by the physical education teachers who was assigned by the principal of school and requested by the technical working group. In Indonesia, there is one lesson related to eye health in science classes. The project should take this opportunity to integrate the eye screening and eye health education into this lesson. The principal of the school can help coordinate with PE teachers and science teachers in school to cooperate to accomplish the work and also it can be supplementary to the national health project run in schools.

Awareness work to reduce stigma and improve understanding: More groundwork needs to be done to improve the perception of wearing glasses among students, as well as tackle the low understanding of wearing glasses among school staff and parents. This could involve changes to the curriculum design that is delivered to teachers, such as in a module and materials on raising awareness and understanding within your school and community. After the training, teachers could then run an awareness session for other teachers and the principal within their school. In addition, further support is needed to continue providing accurate eye health information to schools.

Create links and relationships between working groups and clear milestones: If this model is replicated, it is recommended to create a Terms of Reference for each group, including expectations and milestones, as well as offer opportunities to build relationships between the groups.

Support awareness raising and demand generation within the broader community for eye health: Principals, teachers and parents consistently noted they wanted the program to be broadened out, while feedback from puskesmas staff noted the increase in service demand from teachers as a result of the program. There is clear appetite for more eye health services closer to the community, which can be capitalised by further increasing awareness of vision centres. The tools which help engage and empower community members will need to be developed to fit Indonesia's diverse communities.

Communication with parents throughout the process: Regular communication with parents from pre- to post-screening and spectacle provision is essential to ensure that parents are aware and consent to their children's participation. This is also important in ensuring that parents are informed of referral pathways for service provision beyond the life of the project.

Coordination: Multi-sectors cooperation is one of the key factors mentioned as leading to the project's successful implementation in all schools in Mataram. Health offices, education boards, religion offices from provincial level to district level were involved in this project and had regular coordination and review processes & procedures, such as meetings. The top-down project coordination was also indicated as a factor in successful project implementation. The provincial level and different government departments reached agreements and issued a joint letter to the schools supporting the project which made, the project coordination & implementation easier at the district level.

Sustainability of vision services: In the project, spectacles are provided to students freely with project subsidy. The sustainability of this service should be considered to ensure the long-term impact of this project. The business plan or operation plan between Puskesmas and optical shops should be discussed and developed so to ensure the sustainability of this services for students. Also incentive scheme, such as provision free glasses for teachers can also increase the motivation to do the screening and follow up, monitoring the glasses wearing of students.

CONCLUSIONS AND RECOMMENDATIONS

At the end of three years of project implementation, the School Eye Health project has delivered significant gains in partnership with communities in Lombok.

Puskesmas doctors and nurses are reporting improved eye health capacity, which means they can bring access to eye health closer to the community. Teachers, principals and parents are more aware of eye health, and critically students have access to screening services, referrals and treatment.

There is still work to do to improve compliance with wearing glasses among students, the level of training required, as well as understanding of eye health among the community. Even so, according to the interviews conducted there have been noticeable improvements in all these areas.

The level of coordination between different actors was consistently sited as a positive, and numerous interviews, including parents and principals, noted a desire to broaden the program to include more community groups, indicating improved understanding and greater demand for eye health services.

The high degree of integration into existing structures (schools, puskesmas, government departments) is a strong foundation to further build sustainable and equitable access to eye health that can save more children's sight.

ANNEXES

Annex 1: Informed consent form

Interview Consent Form

Project title: Learning Review of SiB and/or VIP

Learning Review Co-Leaders: Ming Ni and Farzad Yazdanparast, Fred Hollows Foundation

Interviewee Name: _____

Purpose:

The Fred Hollow's Foundation is undergoing a review of the Seeing is Believing Project, officially titled "Seeing is Believing—Nusa Tenggara Barat (NTB), Indonesia: Ch(eye)ld Health—Addressing Child Blindness, Low Vision, and Visual Impairment in Indonesia funded by the Helen Keller Foundation. We are conducting several interviews with project implementation staff and stakeholders in order to assess project successes, challenges and learnings. This learning review document will be shared with funders, relevant FHF program staff, partners and beneficiaries.

Project Aims:

The **Seeing is Believing (SiB)** project sought to address the growing problem of avoidable blindness in Indonesia through efficient and effective school eye health and community eye care program that served five districts of Nusa Tenggara Barat: Mataram City, West Lombok, Central Lombok, East Lombok and West Sumbawa. The goal of the project is to establish a system within NTB Province where all children with visual impairment or other avoidable eye health conditions are identified early and have access to quality, affordable services.

The **Vision of Indonesia People (VIP)** project to strengthen eye services in NTB Province by training primary and community health workers in eye health services and education and providing equipment, consumables, and eye treatments.

Interview Process:

The interview will take about 45 minutes or less. We don't anticipate that there are any risks associated with your participation, but you have the right to stop the interview or withdraw from this Learning Review activity of the Seeing is Believing (SiB) and/or the Vision for Indonesian People (VIP) program(s) at any time.

Thank you for agreeing to be interviewed as part of the Learning Review of the Fred Hollows Foundation's Seeing is Believing and/or VIP project above research project.

This consent form is necessary for us to ensure that you understand the purpose of your involvement and that you agree to the conditions of your participation. Would you therefore read the accompanying information sheet and then sign this form to certify that you approve the following:

- the interview will be recorded and a transcript will be produced
- the transcript of the interview will be analysed by Fred Hollows Foundation Learning Review Team

- access to the interview transcript will be limited to Learning review Team and Technical Advisory team and FHF management with whom they might collaborate as part of the evaluation process
- any summary interview content, or direct quotations from the interview, that are made available through publication or other public outlets will be anonymized so that you cannot be identified, and care will be taken to ensure that other information in the interview that could identify yourself is not revealed
- the actual recording will be (kept or destroyed state what will happen)
- any variation of the conditions above will only occur with your further explicit approval

Interview Consent Form

I also understand that my words may be quoted directly. Please tick the statement that you approve regarding the quotation of your interview responses.

_____ I agree to be quoted directly with the use of my name for the purpose of evaluating the SiB and/or VIP program.

_____ I agree to be quoted directly if my name is not published and a made-up name (pseudonym) is used. I agree that the program evaluators may publish documents that contain quotations by me for the purpose of evaluating the SiB and/or VIP program

All or part of the content of your interview may be used in evaluation papers, policy papers or news articles, on our website and in other media that we may produce such as spoken presentations, on other feedback events and/or in an archive of the project as noted above

By signing this form, I agree that;

1. I am voluntarily taking part in this interview. I understand that I don't have to take part, and I can stop the interview at any time;

2. The transcribed interview or extracts from it may be used as described above;

3. I have read the Information sheet;

4. I don't expect to receive any benefit or payment for my participation;

5. I can request a copy of the transcript of my interview and may make edits I feel necessary to ensure the effectiveness of any agreement made about confidentiality;

6. I have been able to ask any questions I might have, and I understand that I am free to contact the researcher with any questions I may have in the future.

Interview Consent Form

_____ _____

Printed Name Date

_____

Participants Signature

_____ _____

Evaluator's Signature Date

Contact Information

Name of researcher	E-mail:
Ming Ni, Fred Hollows Foundation	mni@hollows.org
Farzad Yazdanparast, Fred Hollows Foundation	farzad@hollows.org

You can also contact Evaluation Technical Advisor:

Name of researcher	E-mail:
Maud Mukova-Moses, Fred Hollows Foundation	mmukova-moses@hollows.org

What if I have concerns about this Learning Review?

If you are worried about this learning review, or if you are concerned about how it is being conducted, you can contact Research Advisor, Yadira Perez Hazel, yperez@hollows.org

Annex 2: Interview participants

Institution/Group	Number of interviewees
Interviews facilitated by Ming NI	
Ministry of Education office representative	1
Puskesmas Nurse	1
Puskesmas Principal	2
Primary school teacher	2
Secondary school teacher	2
DHO representative	2
GP and Nurse Trainer	1
PHO representative	3
Interviews facilitated by Farzad Yazdanparast	
Ophthalmologist	1
Puskesmas Principal	1
Parents (secondary school)	4
Parents (primary school)	4
Primary School Principal	1
Puskesmas Doctor	3
Puskesmas Nurse	2
Secondary school principal	1
Principal	1
FHF Indonesia staff	2
Total	**34**

Annex 3: Snap-shot story of change:

SITUATION: Parent noted that daughter was bright and hardworking and doing well at school, so the parent didn't think anything was wrong with their child's eyes.

INTERVENTION: The child received an eye screening at school as part of the SIB project.

RESULT: The daughter received needed spectacles and quickly thrived in class becoming top of the class.

CAUSE: The screening at school identified the student's need for spectacles even when the parent nor the child thought there was something wrong.

LEARNING: Eye screening can identify eye health issues before they cause problems to student's eye health and educational performance

THANK YOU

Contact details

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INDONESIA

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