GIVING SIGHT TO SOWETO - END OF PROJECT EVALUATION

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ABBREVIATIONS

AVRI	-	Africa Vision Research Institute
BECN	-	Basic Eye Care Nurses
BHVI	-	Brien Holden Vision Institute
CHB	-	Chris Hani Baragwaneth
CHC	-	Community Health Centre
CPD	-	Continuous Professional Development
DHIS	-	District Health Information System
DOE	-	Department of Education
DOH	-	Department of Health
DSS	-	Decision Support System
EPWP	-	Expanded Public Works Programme
GSKZN	-	Giving Sight to KwaZulu Natal
GSS	-	Giving Sight to Soweto
GRC	-	Global Resource Centre
HR	-	Human Resources
JMD	-	Johannesburg Metropolitan Sub-District
MoU	-	Memorandum of Understanding
NCD	-	Non Communicable Diseases
NGO	-	Non-Governmental Organization
OSD	-	Occupation Specific Dispensation
PCM	-	Project Cycle Management
PHC	-	Primary Health Care
PEC	-	Primary Eye Care
PEHN	-	Primary Eye Health Nurses
RSA	-	Republic of South Africa
SCB	-	Standard Chartered Bank
SHN	-	School Health Nurses
SiB	-	Seeing is Believing
OGS	-	Optometry Giving Sight
SDG	-	Sustainable Development Goals
UEH	-	Universal Eye Health
UHC	-	Universal Health Coverage
V2020	-	Vision 2020: The Right to Sight
WBOT	-	Ward Based Outreach Teams

ACKNOWLEDGEMENTS

Prashasa Health Consultants Pvt.Ltd, Hyderabad, India wishes to profusely thank and place on record the support received from:

- The Implementing Agency Brien Holden Vision Institute Management staff at Durban
- The Project implementing agency office staff at Johannesburg
- The staff and management of all the clinics and health posts visited
- The beneficiaries who most willingly came forward to provide feedback
- The outreach teams like Health Promoters and PHC/PEC nurses

This exercise would not have been possible without the gracious time extended by the implementing agency as they thoroughly understood the time constraints of the external evaluating agency.

The Republic and Soweto always finds a special place in the scheme of things of PRASHASA

Thank you

EXECUTIVE SUMMARY

Brien Holden Vision Institute (BHVI) is a non-profit global scientific, research, innovation, education, licensing and public health organisation dedicated to providing creative and advanced solutions to ensure the provision of excellent vision for everyone, everywhere. The Institute's mission includes developing new solutions for vision care, especially refractive error and early disease detection, and to eliminate vision impairment and avoidable blindness, thereby raising the quality of life for all people, everywhere and helping to reduce disability and poverty for those in need. BHVI, South Africa implemented the project "GIVING SIGHT TO SOWETO" (GSS) supported by SEEING IS BELEIVING (SIB) program of the Standard Chartered Bank.

BHVI, South Africa implemented this project in collaboration with Provincial Department of Education-Gauteng and Provincial Department of Health-Gauteng between October 2012 & June 2017. The overall aim of the project was to Improve and strengthen comprehensive eye health services in Soweto by integrating it within the district health system.

The Project objectives included:

1. Increase the capacity of existing health personnel, and placement of appropriate human resources to improve eye health services within the DHS;
2. Optimize available infrastructure to deliver appropriate, comprehensive and specialized eye health services within the DHS;
3. Enhance screening and management of comprehensive eye health services and refractive errors in particular;
4. Strengthen referral systems and protocols;
5. Strengthen the District Health Information System (DHIS) by including eye health indicators in the District Health Information System (DHIS);
6. Increase health promotion and awareness about eye health.

This project was implemented in Sub-Districts D1 and D2 in Soweto, which is in the City of Johannesburg in Gauteng province, Johannesburg metropolitan is the economic hub of South Africa with a population of 3,701,534. The sub-district has 1 quaternary hospital (Chris Hani Baragwanath Hospital), 23 satellite PHC clinics, 5 Community Health Centres (CHCs), and one specialized TB hospital. Strengthening the South African Health System, particularly the two sub-districts, to deliver comprehensive eye care services was the foundation of this proposal. Giving Sight in Soweto therefore set out to;

- Directly provide services to detect, diagnose and manage ocular conditions of three priority areas, i.e. refractive error, low vision and rehabilitation, and childhood blindness.
- Train Health care workers to act as case finders for blinding conditions such as cataract, diabetic retinopathy, hypertensive retinopathy and glaucoma.

The proposed evaluation was a mandatory final project evaluation to be conducted by an external evaluator who has had experience in such evaluations in the health and development sector and especially eye care in the past. This was also included in the Project Cycle Management at the design of the project. The overall objective of this evaluation is to assess the extent to which the project goal, outcomes, objectives and outputs have been met over the project duration in the project coverage area.

A participatory approach towards finding the facts of the key evaluation questions for the 'Giving Sight to Soweto' project was undertaken between July 29th and 5th August 2017. The terms of reference developed by the implementing agency Brien Holden Vision Institute was reviewed before agreeing on the visits and observation.

The methodology included: Desk based review, field visits, stakeholder interviews and discussions and documentation and debriefing of the project implementation team.

From the review, the results of the project show that the initiative:

a. Is relevant to the population of the sub district in terms of availability, affordability, accessibility and acceptability of appropriately needed eye health service.
b. The numbers demonstrate that the project has adequately addressed the needs of secondary level eye care services including low vision and paediatric eye care services through trained and placed quality human resources.
c. The project has been very efficient in addressing the needs of beneficiaries by consultation and delivery of affordable correction in the form of spectacles.
d. The project has also been effective in delivering of a much needed eye care service in the population it has catered to through a network.
e. Steps to develop a sustainable model through facility development and up gradation and equipping, placement of quality trained staff, service delivery mechanism and a sound referral system has been achieved.

f. Advocacy to the district and provincial authorities and formalization of a policy and plan in consultation with the National authorities and other key stakeholders is due soon.
g. An area of concern is DHIS which hinders the component of policy and program development and evidence based planning and needs to be looked at immediately.

The project has all the ingredients to be scaled up as well as to be transplanted to another sub-district depending on the contextual analysis.

Efforts should be made to communicate and disseminate this project and learning internationally through publications and meetings/conferences.

BACKGROUND

Brien Holden Vision Institute (BHVI) is a non-profit global scientific, research, innovation, education, licensing and public health organisation dedicated to providing creative and advanced solutions to ensure the provision of excellent vision for everyone, everywhere. The Institute's mission includes developing new solutions for vision care, especially refractive error and early disease detection, and to eliminate vision impairment and avoidable blindness, thereby raising the quality of life for all people, everywhere and helping to reduce disability and poverty for those in need. BHVI, South Africa implemented the project "GIVING SIGHT TO SOWETO" (GSS) supported by SEEING IS BELEIVING (SIB) program of the Standard Chartered Bank.

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- Directly provide services to detect, diagnose and manage ocular conditions of three priority areas, i.e. refractive error, low vision and rehabilitation, and childhood blindness.
- Train Health care workers to act as case finders for blinding conditions such as cataract, diabetic retinopathy, hypertensive retinopathy and glaucoma.

In order to strengthen the eye care component of the district health system in Soweto, The Institute's strategy with Giving Sight in Soweto focused on;

- **Human Resources Development:** by training about 290 nurses and Optometrists in order to deliver eye health services at clinics and schools. The capacity to be developed at all levels of care to ensure delivery of comprehensive eye health services.
- **Infrastructure development:** by providing equipment to all trained nurses, optimally utilizing 23 PHC clinics and equipping 4 community health centres to provide basic refraction for presbyopia and spherical refraction for distance vision. Spectacles to be dispensed at community health centres.
- **Service Delivery:** Screening and eye health education at PHC level to help prevent blinding conditions before they become even more serious. Provision of refractive error and low vision services to reduce the number of people who are unnecessarily visually impaired.
- **Research, Monitoring and Evaluation;** The District Health Information Systems (DHIS) to be strengthened with the inclusion of eye health indicators; Data obtained from surveys to inform Departmental policy and planning in order to improve service delivery.

Purpose and objectives of the evaluation study

The proposed evaluation was a mandatory final project evaluation to be conducted by an external evaluator who has had experience in such evaluations in the health and development sector and especially eye care in the past. This was also included in the Project Cycle Management at the design of the project.

The overall objective of this evaluation is to assess the extent to which the project goal, outcomes, objectives and outputs have been met over the project duration in the project coverage area.

In addition; the criteria for above are the ones below

- To assess the effectiveness, relevance, efficiency, sustainability, and impact of the ending Giving Sight to Soweto project.

- To generate key lessons and identify promising practices for learning to improve future similar interventions

The evaluation is guided by the key elements below

	Evaluation criteria	Key Questions to be answered
1	Relevance	• To what extent are the objectives and design of the project fitting with the current policies of the district, province, country • To what extent was the project strategy and activities implemented relevant in responding to the eye health needs of the population in the project area • To what extent do achieved results (project goal, outcomes and outputs) continue to be relevant to the eye health needs of the population in the area? • Was the project relevant to the identified needs?
2	Efficiency	• How efficiently and timely has this project been implemented and managed in accordance with the Project Document? • Was the process of achieving results efficient? Specifically did the actual or expected results (outputs and outcomes) justify the costs incurred? • Could other more efficient ways and means of delivering more and better results (outputs and outcomes) with the available inputs been used and produced better results? • What are the strengths, weaknesses, opportunities and threats of the project's implementation process?
3	Effectiveness	• How effective has the project been in responding to the needs of the beneficiaries, and what results were achieved? • And what factors (internal and external) influenced achievement or non-achievement of the planned and unplanned outputs and outcomes? How did these factors influence achievements of the project goal, outcomes and objectives? • Are the eye units sufficiently resourced to deliver the necessary services?
4	Sustainability	• Local ownership; to what extent (breadth and depth) is local ownership evident? Assess the partnership levels and relationship between the project management and the implementing partners • Assess the sustainability potential of the project in the following areas; ii. Ability of the relevant Ministries and health facilities to continue offering the services with the same level of quality after June 2017. Consider political, financial, institutional, economic social and/or environmental issues. iii. Potential for replication or scaling up the comprehensive eye health model in other sub districts in the province.. • How are the achieved results, especially the positive changes generated

	Evaluation criteria	Key Questions to be answered
		by the project going to be sustained after this project ends? • How effective were the exit strategies, and approaches to phase out assistance provided by the project • What are the key factors that will require attention in order to improve prospects of sustainability of Project outcomes and the potential for replication of the approach?
5	Impact	• To what extent did the project have positive, intended or unintended impact on the primary beneficiaries? • What about impact on secondary beneficiaries including parents/guardians, families and the community? • What key changes have come about at community level? e.g attitude and knowledge of eye health, are there any gender biases when following through referrals? • Are any external factors likely to jeopardize the project's direct impact?
6	Knowledge generation	• What are the key lessons learned that can be shared with other stakeholders in eye health? • Are there any promising practices? If yes, what are they and how can these practices be replicated in other projects and/or in other countries that have similar interventions? • What outstanding issues still require action and commitment from district and provincial-level stakeholders? • What are the recommendations for similar projects and partnerships support in future?
7	Child Protection	• Were any rights of the child violated during the implementation of this project? Were any cases reported? • Were the people in direct contact with the child such as health workers and teachers aware of the rights of the child and the need to protect them?

Methodology

A participatory approach towards finding the facts of the key evaluation questions for the 'Giving Sight to Soweto' project was undertaken between July 29th and 5th August 2017. The terms of reference developed by the implementing agency Brien Holden Vision Institute was reviewed before agreeing on the visits and observation.

The methodology included:

a. Reviewing the project related documentation and its literature that was made available for desk research
b. Field based visits to clinics and schools and observations based on schedules drawn up by the project team.

c. Discussions with key stakeholders of the project – beneficiaries, implementing agency , clinic & facilities, district and provincial coordinators mainly

d. Documentation and annexures including clarifications from the project implementation team.

The reviews, observations and discussions were transcribed most often verbatim and sent to the project team of the implementation agency for corroboration and clarification before being included in the report.

Data Collection Table

	Evaluation criteria	Key Questions to be answered	Methods adopted
1	Relevance	• To what extent are the objectives and design of the project fitting with the current policies of the district, province, country • To what extent was the project strategy and activities implemented relevant in responding to the eye health needs of the population in the project area • To what extent do achieved results (project goal, outcomes and outputs) continue to be relevant to the eye health needs of the population in the area? • Was the project relevant to the identified needs?	• Review of documentation made available • Observation visits • Interviews with key stakeholders
2	Efficiency	• How efficiently and timely has this project been implemented and managed in accordance with the Project Document? • Was the process of achieving results efficient? Specifically did the actual or expected results (outputs and outcomes) justify the costs incurred? • Could other more efficient ways and means of delivering more and better results (outputs and outcomes) with the available inputs been used and produced better results? • What are the strengths, weaknesses, opportunities and threats of the project's implementation process?	• Analysis of Reports sent and description of the same. • Observation visits • Interviews with key stakeholders

	Evaluation criteria	Key Questions to be answered	Methods adopted
3	Effectiveness	• How effective has the project been in responding to the needs of the beneficiaries, and what results were achieved? • And what factors (internal and external) influenced achievement or non-achievement of the planned and unplanned outputs and outcomes? How did these factors influence achievements of the project goal, outcomes and objectives? • Are the eye units sufficiently resourced to deliver the necessary services?	• Analysis of Reports sent and description of the same. • Observation visits • Interviews with key stakeholders
4	Sustainability	• Local ownership; to what extent (breadth and depth) is local ownership evident? Assess the partnership levels and relationship between the project management and the implementing partners • Assess the sustainability potential of the project in the following areas; i. Ability of the relevant Ministries and health facilities to continue offering the services with the same level of quality after June 2017. Consider political, financial, institutional, economic social and/or environmental issues. ii. Potential for replication or scaling up the comprehensive eye health model in other sub districts in the province. • How are the achieved results, especially the positive changes generated by the project going to be sustained after this project ends? • How effective were the exit strategies, and approaches to phase out assistance provided by the project • What are the key factors that will require attention in order to improve prospects of sustainability of Project outcomes and the potential for replication of the approach?	• Analysis of Reports sent and description of the same. • Observation visits • Interviews with key stakeholders from the donor agency, district and provincial authorities.
5	Impact	• To what extent did the project have positive, intended or unintended impact on the primary beneficiaries? • What about impact on secondary beneficiaries including parents/guardians, families and the community?	• Observation visits • Interviews with key stakeholders. • Reviewing of policy briefs,

	Evaluation criteria	Key Questions to be answered	Methods adopted
		• What key changes have come about at community level? e.g attitude and knowledge of eye health, are there any gender biases when following through referrals? • Are any external factors likely to jeopardize the project's direct impact?	governmental documents and plans. • District and Provincial level discussions
6	Knowledge generation	• What are the key lessons learned that can be shared with other stakeholders in eye health? • Are there any promising practices? If yes, what are they and how can these practices be replicated in other projects and/or in other countries that have similar interventions? • What outstanding issues still require action and commitment from district and provincial-level stakeholders? • What are the recommendations for similar projects and partnerships support in future?	• Observations and discussions • Previous project evaluation reports
7	Child Protection	• Were any rights of the child violated during the implementation of this project? Were any cases reported? • Were the people in direct contact with the child such as health workers and teachers aware of the rights of the child and the need to protect them?	• Enquiring with project beneficiaries and beneficiary stakeholders • Any incident and action taken reports

Constraints

- The constraint was that the all the 14 clinics could not be visited for observing the delivery of services and for looking at facility and discussions.
- First-hand information on face value was accepted as the corroborative confirmation of the activities.

Limitation

The DHIS records were not available to see if the indicators were included in the reporting system and evidence of its use to further plan services was assumed as was conveyed.

Time was a premium and hence efficient use of the same was made in the available period.

Findings of the Evaluation

The following findings have been documented by:

a. Review of the reports sent by Brien Holden Vision Institute.

b. Observations from site visits to identified locations

c. Discussions and interviews with the key/main stakeholders.

a. Desk Review:

i. Increase the capacity of existing health personnel, and placement of appropriate human resources to improve eye health services within the DHS

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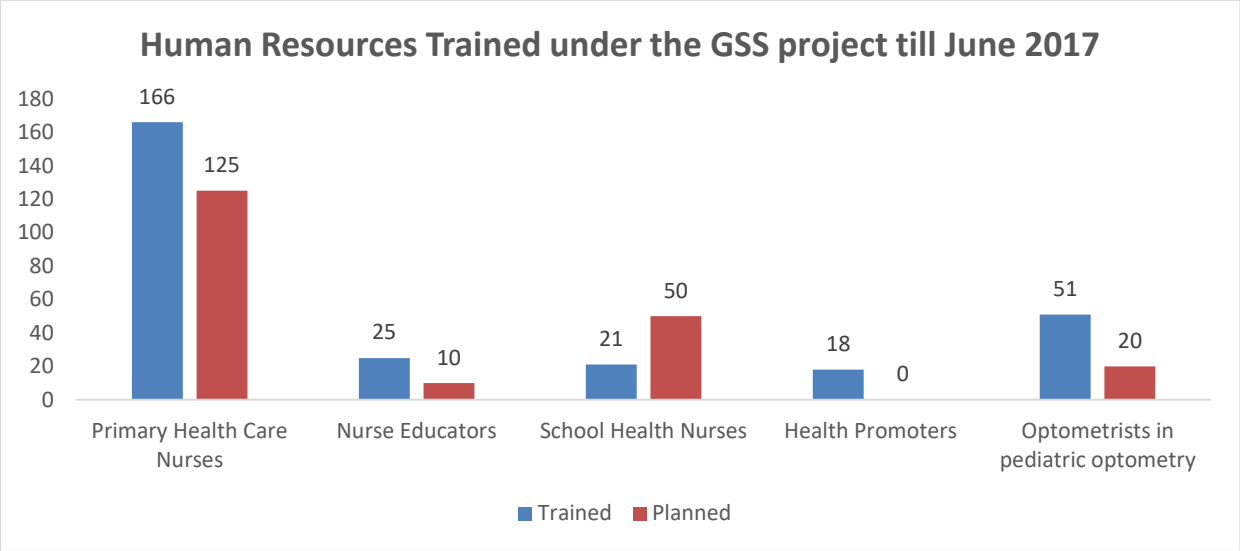


The training of professional nurses in primary eye care was conducted as planned however this approach has delivered minimal success as these nurses have not been practicing the skills developed. This is due to various reasons within the public system ranging from posting to enabling factors. Health promoters were trained in primary eye care as an alternate strategy out of the pool available. Nurse educators were also trained in primary eye care as a strategy to improve this competency in future graduates from the nursing college. Optometry services including access to eye exams, spectacles and referrals were established through establishment of 14 clinics in Soweto region, therefore improving access to these services.

School Health nurses were trained in PEC; these were the majority of the currently employed School Health nurses. Increased number of optometrists were deployed through support from the project, thus allowing services to be delivered at clinics closer to the patients as opposed to travelling to the main referral hospital that has been historically overloaded. Optometrists were also provided with CPD in paediatric optometry

ii. Optimize available infrastructure to deliver appropriate, comprehensive and specialized eye health services within the DHS

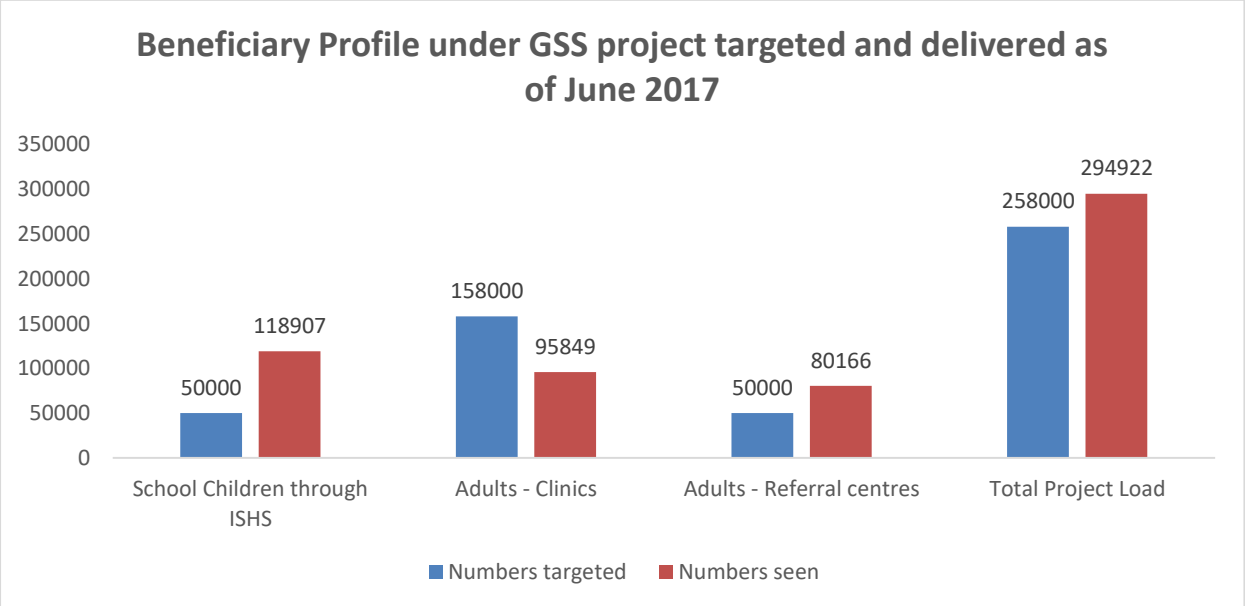
Primary health care practitioners and optometrists were provided with equipment to conduct eye screening and optometric eye exam including Low Vision assessments. These services were established at sites in consultation with the district management, who also provided equipment at additional sites to ensure optimum coverage of services within the district.

Equipment was also supplied to strengthen cataract surgery services available at the referral hospital in the district.

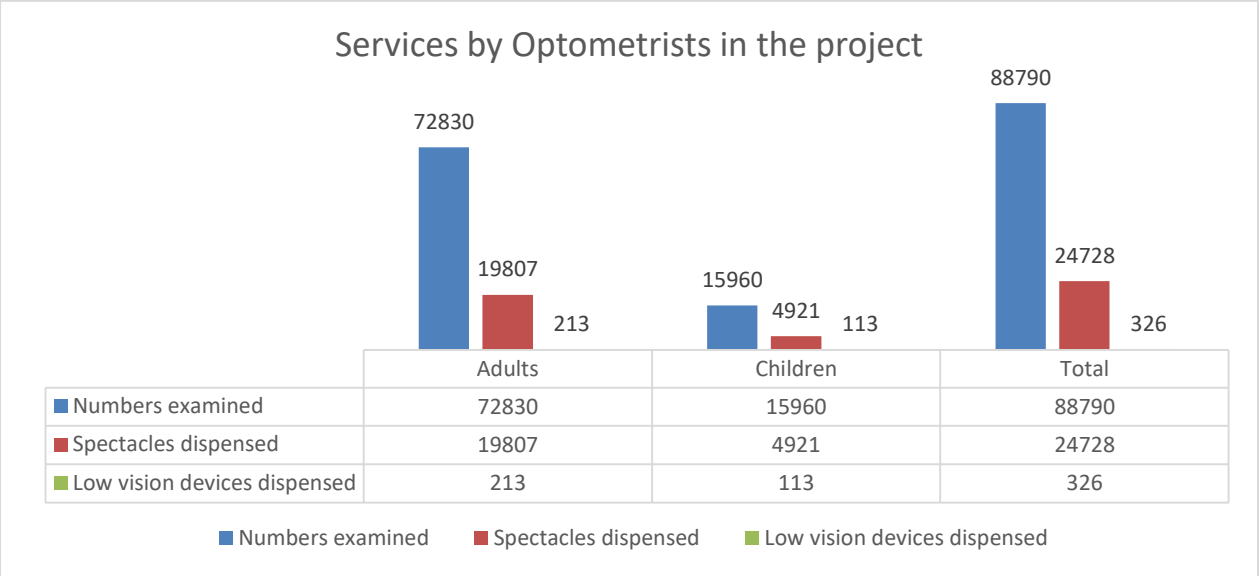
- 187 PEC screening kits were provided to personnel trained to deliver PEC services.
- 9 clinics have been supplied with optometry equipment and 7 of these were also provided with Low Vision kits. Additional equipment that has been ordered for 3 clinics have been also been installed at the time of writing the report.
- 1 cataract surgery kit was supplied to the district hospital receiving referrals from the clinics established.

iii. Enhance screening and management of comprehensive eye health services and refractive errors in particular

Screening by school health nurses and health promoters was established to the clinics. The availability of optometrists at the clinics has led to improved access to eye examinations and refractive error services including spectacles and low vision devices or referral for further management.



- The achievement at schools and the referral hospitals are both well in excess of planned targets. The numbers from clinics is however below target.



Referral protocols and referral system for patients to access optometric and ophthalmology services were established in consultation with the district management team. There are now 14 facilities that are able to receive patients who are referred from community and PHC levels. Chris Hani Baragwanath, Lenasia South and Hellen Joseph's Hospitals continue to receive referrals from the developed services at PHC, CHC and District hospitals levels.

iv. Strengthen the District Health Information System (DHIS) by including eye health indicators in the District Health Information System (DHIS).

The introduction of eye health at primary level indicators within the District Health Information System was advocated but achieved to a lesser degree. Evidence of this was not visible in the reporting systems. Brien Holden Vision Institute is regular in sending the information.

v. Increase health promotion and awareness about eye health.

Health promotion material was developed and delivered to all optometry service sites within the district. The project team supported the department at various health events during the project, these included diabetes awareness and anti-tobacco events. Screening of patients, provision of reading glasses, referral for further management and health awareness talks were delivered during these events.

75 447 patients have been reached, 1 704 through outreach events and 73 743 by health promotion materials distributed.

vi. Conduct Research, Monitoring and Evaluation to inform policy and planning

The review of the reports however did not outline any research component but the process and learning of the project have been embedded as part of the public eye health care systems through the establishment of a robust optometry service delivery eye care model. It is hoped that the evaluation of the project undertaken here shall lead to the scaling up and scoping of the particular project into a sustainable program.

b. Observations and Discussions with the main stakeholders.

The terms of reference of the evaluation that was outlined required the evaluation team consisting of an external evaluator with experience in eye care programs as well as public health to observe, discuss, deliberate and document the aspects of his study under the following headings. These included:

- *Whether Comprehensive Eye Care services is integrated within the District Health System in the project area?*
- *Whether there has been an improvement in the staff capacity of the eye care programs and deeper penetration of eye care services?*
- *What infrastructure capacity have been developed and how has it been equipped?*
- *What is the screening and management strategies for common eye problems with refractive error in specific?*
- *Has an appropriate referral system and standard or best protocols been developed under the project?*
- *Has the strengthening of the District Health Information Systems through data capture and points happened?*
- *How has Health Promotion and Education for Community Eye Health been delivered?*
- *Has a research manifesto been developed and how is the learning from the monitoring and evaluation going to be sustained?*
- *What is the policy advocacy mechanism for improvement in service delivery?*

The Giving Sight to Soweto project was implemented in Gauteng Province, Johannesburg – Soweto sub district between 2012-2015 and subsequently extended to 2017 June.

An Outlay of 625,615 USD was approved and disbursed under the project.

An envisaged Training of

a. 10 PHC educators
b. 125 Primary Eye Health Nurses

c. 50 School Health Nurses
d. 10 Basic Eye Health nurses
e. 10 Optometrists
f. 3 optometry clinic sites
g. Refresher for PECN, SHN and BECN.

was intimated as undertaken under the project.

Gauteng Province is one of the biggest in RSA with a population of 10.5 million and out of which Johannesburg is 3.8 million. There are 7 sub-districts and Soweto is one of the sub districts with about 1.3 million people. The population is largely lower-income, semi-urban, and is located to the South West of Johannesburg.

The health care system in Soweto comprises a very large with the Quaternary Care Referral Hospital – Chris Hani Baragwaneth Hospital – catering to about 3 million people. There are 5 Community Health Centres, 23 Satellite PHC clinics and 1 TB hospital in the sub district where the project was being undertaken.

Socio Economically the local issues are:

- Vulnerability of households
- Social Mobility
- Poverty Indicators
- No evidence based planning
- Access and utilization of services

Specifically the eye care challenges broadly include:

- Poor Eye care personnel
- Inadequate facilities
- Insufficient state funding
- Lack or negligible comprehensive eye care
- Poor infrastructural facilities including eye equipment.
- No research manifesto
- Poor data and hence monitoring and evaluation systems.

The policy context that existed during the project implementation phase includes:

- Integration of Eye Health within PHC Re-engineering
- Regulating the eye health package of services
- Empowering PHC nurses deliver Primary Eye Health services
- Undertaking Health promotion activities – Non-Communicable Diseases – like Diabetes Mellitus and Hypertension along with eye care.

This project concentrated wholly on service delivery for refractive error, low vision and childhood blindness through case finding through health care workers capacity building.

This would assist in the scale up the project later as part of eye care activities in all sub districts and model eye care program. This will include comprehensive eye care services, collecting data for information and policy making, employment of eye care personnel and early detection and treatment.

The strategies predominantly employed under the project were:

- Integrating optometry services as part of community eye health services.
- Provision of equipment for eye care services at all levels and space for clinic in the public health system.
- Carry out advocacy for eye care, research and development, data management and marketing of services.

The main stakeholders were Brien Holden Vision Institute, Provincial Department of Health, Provincial Department of Education, Johannesburg Metro Sub District, and African Vision Research Institute.

The funding agency was **Standard Chartered Bank – Seeing is believing Program**

Points of discussions with project implementers and stakeholders

- The project was supposed to end in 2016 but was given an extension till 2017.
- Clinics basically cater to adults; all get free consultation but have to purchase spectacles.
- Mechanism for carrying our referral services for surgical treatment and advanced medical treatment.
- The project has provided full set of out-patient service equipment to clinics identified.

- The project has also trained staff like primary eye care nurses, primary health community nurses, health promoters and educators.
- The project has instituted a cadre of optometrists within the Public System and provided training, equipping and service delivery facilitation.
- The facilitation of the provision of spectacles at affordable prices within a reasonable time frame is a huge service delivery component in the project.
- This GSS project is the best initiative to provide Vision Test and affordable spectacles and eye care to populations.
- The availability of an optometrist is very critical in the clinic to carry out a detailed eye test and provision of affordable treatment in the form of spectacles or referral.
- The optometrist being a specialist has strengthened the care, treatment and referral mechanism at the clinic level and has reduced waiting times, improved care access and provided an affordable eye care delivery system in the sub district.
- The optometrist can be helped by more support staff, appropriate space or premises and reasonable quality equipment in addition to the placement and autonomy secured.
- The role of the health promoters and primary eye health nurses as well as general nurses in health education for eyes and improving care by consultation services in the clinics by the optometrist are other big deliverables in the project.
- HR constraints are a reality in the clinics.
- As the service is evolving in the clinics, crowd and appointment management is an issue with the facilities as loads are increasing.
- Feed forward mechanism for referral has improved but feedback and data management for MIS is still distant and needs to be organised more systematically.
- Word of mouth from the clinics through staff and optometrists are encouraging more and more referrals for affordable eye care.
- Primary Health Care Nurses also help in awareness generation and referral through service activities which they carry out. Ex: During immunization contacts.
- As almost 80% of all clients within a clinic are elderly, this service has provided the much needed care for eyes by being available, affordable and accessible.
- The presence of the optometrist and clinic services has also increased the overall awareness and knowledge levels within the clinic and outreach teams.
- Currently the general clinic consultation rooms are able to provide screening to all attendees before referral to the eye clinic through availability of trained HR and vision testing supplies.

- The role of the head of the institution like the clinic manager or matron is very critical as making available the facility, scheduling and support to the optometrist.
- The clinics also make provision to absorb the cost of the equipment for primary eye care from its own resources and hence helps in sustaining the service.
- Ward Based Outreach Teams (WBOT) the new concept tried in the sub district and now trialled in the whole of the province provides a way of reaching out with information and preliminary screening and possible referral for eye conditions.
- WBOT has the database of residents and provides the baseline for service delivery if it can be used. It also provides predominantly screening and referral for NCD's.
- The possible role of the WBOT include – Screen, referral, Educate, Adherence/compliance, follow up and is home based care.
- The optometrists employed within the public system are confronted and challenged by setting up the facility from the scratch, manoeuvring the system to see their patients, manage the load and provide affordable care.
- Passion, patience and perseverance are important criteria for a public optometrist it was felt.
- The health promoters assist the optometrist by referral and health education on eyes.
- The optometrist harp on excellent team work within the public system which has been the cornerstone of care and service provision.
- Beneficiary available talked about the importance of having the service, affordable character, quality of spectacles and very good and easy access to the clinic in view of the location.
- The turnaround time for spectacles was a little longer but willingness to pay for this service was almost 100%.
- The project has delivered on affordability, accessibility and availability of service with reasonable quality. It has also reduced waiting list in the referral tertiary care hospital for simple things related to the eye.
- The profile of the clinics has improved as well as the image as continuous eye care service are now being available with the presence of well-trained HR in an optometrist.
- It is proposed to improve the feeder clinics to the clinics through primary health care and community health care networks going forward.
- This model delivery system can be further scaled up to the whole province as well as other sub districts.

- In order to avoid saturation of the optometrist, the clinics propose to develop a triaging system from the primary health care to the staff nurse and also the WBOT program in the sub district.
- Nearly 90% of the nurses working in the clinics have been PEC trained it was conveyed and on inquiry it was found to be true.
- The important aspect related to this triaging mechanism lies in the recognition for the work done by the nurses.
- There is a need for development of a decision support system for eye care for the consulting rooms of the clinics it was felt so that management of only serious cases or referral cases can go to the optometrist.
- The nurses manning the clinics are very willing to follow this DSS provided they get recognised for the same as well as skilled.
- Almost a cross section of the beneficiaries interviewed felt that it is a most need based service, affordable eye checks followed by high quality affordable spectacles, high impact for middle aged and elderly to continue and regain livelihood and prevent social isolation.
- The word of mouth marketing through satisfied clients themselves has increased numbers and there is a need to sustain the service so that preparations in the clinic and other locations can improve their numbers.
- Primary eye care nurses and staff nurses have their capacity built for eyes but do not practice regularly as now there is a service and also not having equipment and refresher has acted as barriers to the practice of the same.
- PECN and General Nurses opine that those who are trained already need to train others and this can lead to screening and management of minor eye illnesses. Almost all clinics visited have supplies like eye drops that can be prescribed to common eye illnesses.
- The duration of PEC training was not sufficient it was felt by some of the PECN's.
- Three Optometrists have already been placed in the public service. Another 4 more waiting to be placed going forward. The criteria of passion, compassion, being a solution oriented person helps the optometrist in the public system.
- A system of referral using the already capacitated HR from the community, general clinic to the eye clinic and to the referral facility needs to be fast tracked or institutionalised based on the project experience.
- Documentation, crowd management, grievance redressal for patient related and spectacle related issues, absence of a support staff in the clinics are things that needs to be addressed by the authorities.

- Transition management from the project to the public system has been a barrier for the successful embedding of the project as a program in the public system.
- Data extraction and management as part of the District Health Information System is also critical for demonstrating project embedding and impact and at the moment it is still in an incipient stage.
- The assistant in the project could not be supported and also from the clinic and it has become incumbent on the optometrist most of the times to support the services of the support staff through personal funds or take help on a pro-rata basis.
- The BRIEN HOLDEN VISION INSTITUTE has to be commended for training optometrist, facilitating the clinic set up and placement within the public system.
- The project evolved in 2011 and incubated well by 2013-14 as that was the time when the optometrist and equipment and clinical space became identified.
- The initial load of 10-15 patients per day is increasing to 35-40 patients per day and about 2/3rds are managed in the clinic and less than 1/3rd requires referral to CHB.
- The availability of this service and the assurance that quality, personalised and appropriate personnel being available has led to clients coming on their own.
- PEHN, staff nurses and outreach staff are helping in screening and referral and increasing patient volumes.
- The services can be helped if refresher training or reorientation training is provided to clinic staff as well as WBOT teams.
- The clinic has to contend with many reports and documentation along with patient care is time consuming. The assistant is still not tuned to undertake documentation.
- Volunteers from EPWP program sometimes help the optometrist but the assistance is not sustained and continuous. Financial support to this assistance is also still to be worked out.
- Some of the clinics run once a week as opposed to 2 times as there is a need for service in other clinics.
- PHCN are able to provide consulting services to chronic conditions on a daily basis and hence are also well placed to do primary eye care.
- Triaging is working well for referrals from some clinics and the optometrists also make efforts to secure appointments from St.Johns hospital, CHB complex.
- A possibility to explore the mobile unit as an intermediary before the clinics can function as standalone optometry units can be considered with the optometrist manning it to reach out to communities.

- Elders and pensioners, widows and widowers seem to the most vulnerable populations needing outreach rather than facilitating in-reach.
- Locum optometrists in the interim before all clinics are capacitated with a full time public service optometrist needs to be considered.
- GSS project has the complete capacity to be embedded in the Global Vision 2020 initiative.
- There is a need to decompress certain optometry clinics ex: Chiawelo as the numbers are becoming unmanageable. The Locum approach maybe a good option.
- The People First (Batho Pele) approach confers the right to patients and populations to approach any clinic for services across not only the province but also the country and hence it may be difficult to manage the data.
- A beneficiary who has been wearing spectacles for the last 30 years and which is indispensable for her livelihood lauded the project for its quick turnaround and very affordable spectacles. The quality of which is excellent with regards to customisation and cost and better than high street expensive glasses.
- Assured service, accessible facility and affordable spectacles makes it a boon to population it was felt.
- With the sensitization of clinic staff in most of the clinics the PHCN are able to cater to chronic's for their primary eye care needs and refer to the optometrist only when there is a problem beyond their scope.
- Refresher training is an absolute necessity for the PHCN staff in PEC and it will further re-inforce and deliver systematic eye care from the facility.
- The clinic services has helped people in decreasing costs especially unwanted costs like indirect costs in referrals to advanced tertiary care centres for trivial eye conditions.
- Staff constraints within the system as well as clinic spaces are barriers to delivery of eye to the populations in some clinics.
- For the clinics, the optometry service has built trust of people, improved image and brand, boosted morale of staff and made services available under one roof in the communities.
- Better Access, time and money being biggest savings from the project coupled with quality affordable service have been main deliverables from the project.
- Data management from clinics and in DHIS is hindered by absence of a system and support personnel. Documentation sometimes is time consuming and cannot be completed on time and fully.
- Apart from Eye Health the Mental Health program in the sub district and province has an effective triaging system it was reported.

- The Catchment area of clinics are large and the utility of a mobile service should be considered as a fixed day fixed facility clinic in the areas not currently catered by the clinics with the same referral and management mechanism.
- Awareness campaigns should also be included for eye health if services needs to be penetrated deeper.
- Another beneficiary very satisfied with the correction due to being able to buy them from her pension as well as continue her social and work obligations felt the word needs to be communicated to many others of her ilk.
- The number of times a clinic is run needs to be increased from the current one day in some clinics it was felt.
- Care being of high quality and appropriate referral and affordable spectacles (less than R750) is something that populations can afford.
- Staff nurses who care for chronic patients are able to after training clearly manage or refer patients to the appropriate personnel and facilities but prefer refresher with a more abridged training version and recent updates.
- It is felt that one day clinic is becoming too crowded and not meeting the purpose and in course of time may actually become counterproductive with the loads not being catered too - a view expressed by staff as well as population representatives.
- Although the booking system commonly employed books 20 appointments per day, walk ins are also accommodated and sometimes need to be seen. The current one day clinic seems insufficient as facility, equipment exists but no optometrist.
- As diabetes mellitus is emerging as an important condition, more equipment in the clinics can help to rule out whether referral is needed ot just follow up.

Points of discussion with Provincial and District Health Management authorities.

- The provincial and district program managers are incidentally optometrists and hence provide the much needed advocacy for the program.
- After nearly 5 years of the very impactful program implementation through the GSS, the public health system has now started to really equip the clinics with equipment, identify space and place HR.
- The CSR and refractive error services have improved remarkably and the credit goes to the efforts done through the project. This learning is going to be implemented in other sub districts as well.

- Advocacy and Policy influencing has been the deliverables for the province and district from this project which are huge.
- Developing a service delivery model with affordable spectacles are the biggest achievements for the province and Soweto sub district.
- Lot of what has been learnt is being implemented in the draft eye health plan for the province and definitely in the district.
- The challenge is to work on provincial contracts and finding the budget for spectacles and especially for the needy.
- There is now a separate directorate for eye health and which speaks well of the efforts at the provincial level.
- There has been very little effort on evidence based planning and this will catalyse the province to undertake research and also generate data for evidence based planning.
- DHIS definitely needs to be strengthened for eye health it was felt.
- Transplanting this model into another district seems to be a very appropriate idea it was felt.
- The Draft eye health strategic plan has been a big deliverable from the implementation and learning of the GSS project.
- Cadres, skills, clinics and systems are the elements of the proposed strategic eye health plan.
- Eye Health has a separate Deputy Directorate and headed by an optometrist as program manager within the National Department of Health Directorate.
- Scaling and Scoping of the project, strengthening information systems and generating evidence for planning are immediate plans going forward.
- Professional development, awareness generation, advocacy, improved accessibility and development of a referral system that needs to be strengthened are big positives in the project.
- The link between the tertiary referral centre and the newly developed and placed optometrists in the clinics needs more time and effort.
- The inventory management and delivery system for spectacles has been a revelation in the project and efforts to make sure that minor irritants are ironed out are considered.
- Concurrently a WE-SEE project has also enabled cross learning and some lessons are being considered to be implemented going forward.

Points that emerged out of discussion with project proposer of BRIEN HOLDEN VISION INSTITUTE

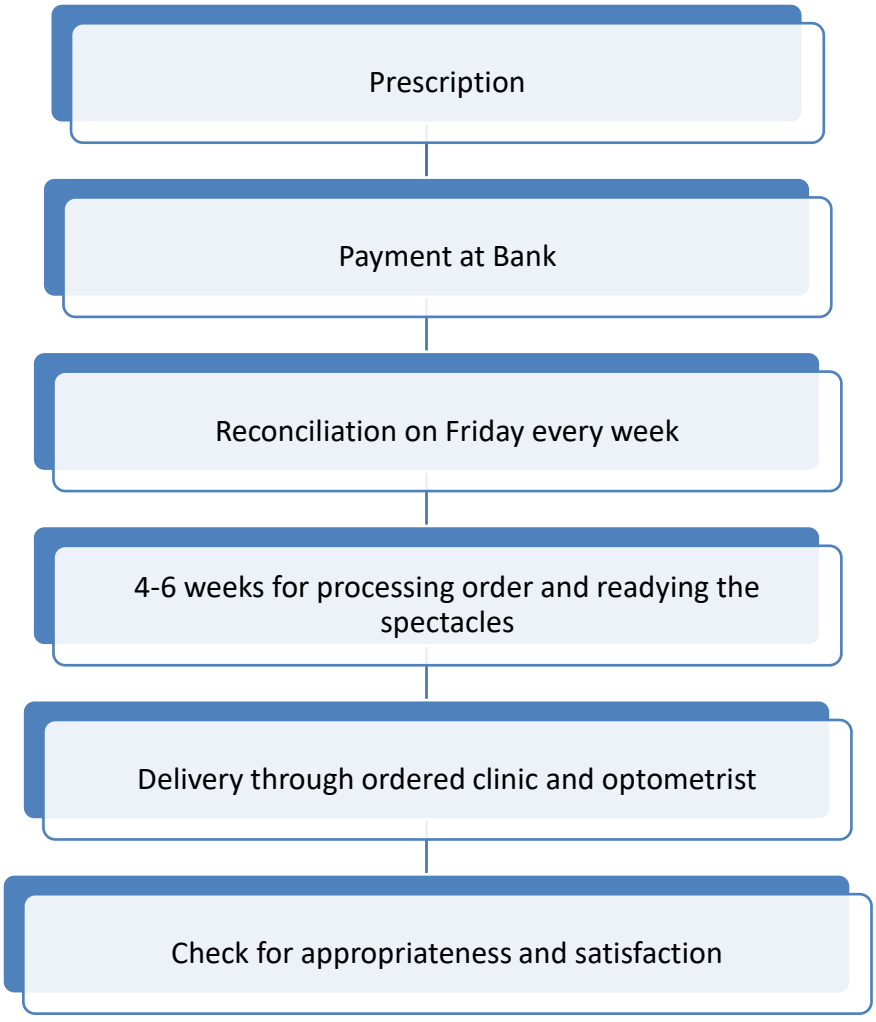
- It was communicated that the success of the Giving Sight to Kwazulu Natal provided both the template and framework for this project. The proposer was also happy that the

evaluator also conducted the external evaluation of the GSKZN project which later helped in the conceptualization of the GSS project.

- Since the bank staff of SCB and the SiB were based in Gauteng it was easier for overall oversight of the project and hence it was carried out in Soweto.
- Soweto provided a good skeleton infrastructure and network to undertake the project although saturation with all initiatives was something that was at the back of the mind of funders.
- A good stakeholders' analysis was deliberately not attempted as it would have let to greater expectations in the local community.
- Soweto provided a wider canvas to experiment as populations are denser and townships better demarcated.
- "One size" fits all was not what was attempted and the project evolved and hence led to extension of the deliverables.
- Human resources and tweaking of the design was done in order to maximise the benefits.
- Having 2 optometrists at the helm in province and district was a very big advocacy and facilitating situation for the project and its sustenance.
- In essence secondary level care was now attempted to be done at the primary level for making it accessible, available, affordable and acceptable to the community.
- The MoU with respective public entities and departments were formalised to build the project over the project period.
- All local private optometrists were also brought on board for this project.
- Creation of posts, training of optometrists, and placement in public facilities were also done.
- Relationship building and advocacy are most important things in any project that was also carried out in this project.
- Nurses were identified as the fulcrum for this system and project and hence capacitating them formed the important part of the project.
- OSD (Occupational Specific Dispensation) was leveraged in case of optometrists and their placements.
- DHIS does not have a comprehensive as well as a compatible reporting system and hence it is taking time to put in place one.
- Information available definitely points to available, accessible and affordable care. 99% of those who ordered spectacles purchased them.

- Scope for research so as to plan the facility based on evidence and compliance and uptake of spectacles and quality of vision and impact studies are possible with data and information available.
- Strengthening of comprehensive primary eye care systems, implementation – or policy to action and interdepartmental collaboration and cooperation has been achieved under the project.
- Scaling up of the model and embedding the developed model are now important next steps in the progress of the project and sustenance.
- The deliverables of the project needs to be communicated to the policy makers it was felt.

Spectacle Processing Flow chart



Framework for Integration of CECS into DHS

Sl.No	Head	Points that has emerged as developments in the project.
1	Staff Capacity	3 optometrists on rotation placed in the working clinics. Primary Eye Health Nurses and General nurses provided training for PEC. Health Promoters also capacitated. Optometrists provided with CPD
2.	Infrastructure capacity	Full-fledged well equipped optometry clinics in 3 -4 clinics of the public health system with rotating optometry services available at least 2 times per week in each clinic. In total there are 14 clinics that are reasonably well equipped to the last count.
3.	Screening and Management	The elderly who come to the clinic are now screened to the extent possible and referred to the optometrist who corrects refractive errors and facilitates referral to the St. Johns in CHB hospital complex.
4.	Referral System and Policies	The referral system at the tertiary and quaternary centres are evolving and the clinics and community system is stabilizing. Efforts are on to develop SOP's for referral at each level
5.	DHIS strengthening	Cataract Surgical rate, spectacle issuance rate, infrastructure and HR indicators are outlined but collection and abstraction is still not institutionalized.
6.	CEH Promotion and Education	Health Promotion, Ward Based Outreach Teams, Community Awareness and Referral networks are being put in place and the project has delivered on it.
7.	Research	Currently there is limited emphasis on research and it was not taken up in the project. Data is available for analysis if prioritized.
8.	Policy Context	A model system of eye care service delivery has been developed in the sub-district and learning from the GSS project can be scaled up or scoped to the other sub-districts and across the whole province. There is separate Deputy Director for Eye Health to drive these initiatives.
9.	Child Rights and Protection	The project adhered to honoring the tenets of Child Rights and there was no reported instance of violation of either the rights or privacies of children and did not warrant any intervention from child protection agencies in particular.

Recommendations

- There is an increase in the capacity of existing health personnel through training and sensitisation programs since the inception of the project but the refresher and updating program through short modules or capsules in the work environment is important and needs to be undertaken.
- Although 14 clinics in the sub district have been identified only 3-4 of them have really taken off working to almost optimal capacity. Efforts have to be made to get the other clinics functional so that these clinics can also cater to the needs of the population.
- Three optometrists have been already been absorbed in the public eye health system at the sub district level and they are providing services on selected days through the clinics. Their utility, use and time should be carefully considered to place them in appropriate clinics that are attracting workload for eye healthcare.
- The training and deployment of optometrist are happening gradually but in the right direction and it is hoped that it will be completed soon as necessary advocacy and support mechanism within the system have been identified and catalysed as well as the deliverables from the experience from the equipped clinics have only reinforced the need.
- Many Primary Eye Care nurses and general nurses in clinics are also trained in Primary Eye Care and they are able to assist the optometrists in appropriate referral for eye care that necessitates a referral service. It would help if all general consultation rooms and clinics are provided basic eye equipment like an eye chart and light source to further enable in PEC.
- It is very critical to identify human resources who have been trained already within the system and currently not using the skills of the training either due to enabling factors or posting duties within the system. An audit and re-assignment of responsibilities and provision of enabling factors should be undertaken immediately.
- In the absence of a cadre of personnel who can provide outreach for eye health and with the health promoters not really tuned to eye health, efforts to work with the Ward Based Outreach Teams (WBOT) and piggy back eye health on NCD's may be an option.
- The affordable spectacle ordering and delivery mechanism has been very well streamlined and functional but the compliance to use and assessing the impact of the same can further provide a strong foundation for sustaining the learning and scoping and scaling of the project.
- The facilities have provided space for the establishment of the eye clinics and it has been equipped and optometrists have started the service but there is a lack of supportive staff for management of appointments and management of clinic records. The services in the clinic

and the trained optometrist can be utilised only if the supportive staff is identified and provided.

- All the clinic managements where the services have been established recognise the importance and image building impact of the eye clinics but find it hard to second staff due to human resource insufficiency within their own centres or clinics. They have assured to advocate for the same if supported in their efforts by Brien Holden Vision Institute during the dissemination process.
- While the referral network has been established from the community to the clinics and Chris Hani Baragwaneth facility for tertiary care, only feed-forward mechanism exists and no feedback mechanism as there is no information about whether the referrals have indeed been treated and compliant with treatment.
- The data management and reporting are a big shortcoming in the system and there is no mechanism even after 5 years of the project that a sound mechanism to extract critical information or abstract eye health indicators for care or planning purpose being available and even if available seen by the reviewer. A minimum basic set of eye health indicators that can be extracted as part of the DHIS system is absolutely critical and has to be done immediately.
- The “Batho Pele – People First” approach for health care seeking as a rights based approach allows anybody in the province or country to approach any facility for care and hence recording data and making use of it needs to be organised based on whether somebody comes from the sub-district or elsewhere.
- Standard operating protocols for care at each of the levels of care for eye health needs to be developed or institutionalized as per requirement of the clinics to cater to PHC Nurses or General Nurses or WBOT teams.
- Sustaining the model and scaling up to another sub district requires that the capacity utilization and mix and match of human resources and processes established be thoroughly studied and documented before it is attempted. Scaling up is definitely a possibility if the learning from the experience is well reviewed.
- A mobile facility or tele medicine/eye health facility can be considered given the geographical reach and access to clinics in those facilities/clinics that are quite distant from facilities.
- The mobile facility can be operated like a full-fledged optometry clinic in areas where clinics are yet to be fully established with the use of locum positions of optometrists and project mode.

- The district and provincial program managers being optometrists themselves incidentally have the background and wherewithal to sustain the developments thus far and scale to scope in other sub districts in the province.
- Having a dedicated provincial person to cater to the eye health policy making responsibility helps in the process in Gauteng. This has to be leveraged for the scaling up to the next sub district with the learnings from the project.
- The GSKZN initiative implemented earlier has also helped immensely in the planning and implementation of the current project and the learning from its evaluation has to be disseminated to the district, provincial and other stakeholders.
- It is recommended that a full dissemination of the conceptualisation, implementation, deliverables and problems surmounted be made to primary stakeholders of the project with demonstration of case studies by inviting beneficiaries who have benefited from the project.
- It is urgently recommended to draw up a research manifesto before the scaling up exercise to promote evidence based planning in a neighbouring sub district.
- The link between the tertiary referral centre and the newly developed and placed optometrists in the clinics needs to be formalised as early as possible to streamline work flow and management.
- The inventory management and delivery system for spectacles has been a revelation in the project and efforts to make sure that minor irritants are ironed out are considered and the process streamlined.
- Concurrently a WE-SEE project was also implemented and can be used for cross learning going forward.
- "One size" fits all was not what was attempted and the project evolved and hence led to extension of the deliverables. This approach is helpful in future scaling up.
- The MoU with respective public entities and departments were formalised to build the project over the project period and should be the approach going forward.
- OSD (Occupational Specific Dispensation) was leveraged in case of optometrists and their placements and this approach could also be followed for other category of staff and also for building a sustainable system.
- Strengthening of comprehensive primary eye care systems, implementation – or policy to action and interdepartmental collaboration and cooperation has been achieved under the project and has provided a framework for developing a model eye health system.
- A project manual based on the implementation of GSKZN and GSS project needs to be developed so that it can be used by those to implement similar such initiatives elsewhere.

- The project has provided a model for Vision 2020: The Right to Sight; Universal Eye Health (UEH), Global Action Plan (GAP) and Sustainable Development Goals (SDG) and need to be communicated to all stakeholders in the most appropriate way possible for policy and advocacy.

Conclusions

The GSS project has been a significant development in the sub district of Soweto in the JMD area. The project review has allowed for understanding the various facts of planning, implementation and learning from the project.

From the review, it has been seen that the project:

a. Is relevant to the population of the sub district in terms of availability, affordability, accessibility and acceptability of appropriately needed eye health service.
b. The numbers demonstrate that the project has adequately addressed the needs of secondary level eye care services including low vision and paediatric eye care services through trained and placed quality human resources.
c. The project has been very efficient in addressing the needs of beneficiaries by consultation and delivery of affordable correction in the form of spectacles.
d. The project has also been effective in delivering of a much needed eye care service in the population it has catered to through a network.
e. Steps to develop a sustainable model through facility development and up gradation and equipping, placement of quality trained staff, service delivery mechanism and a sound referral system has been achieved.
f. Advocacy to the district and provincial authorities and formalization of a policy and plan in consultation with the National authorities and other key stakeholders is due soon.
g. An area of concern is DHIS which hinders the component of policy and program development and evidence based planning and needs to be looked at immediately.

The project has all the ingredients to be scaled up as well as to be transplanted to another sub-district depending on the contextual analysis.

Efforts should be made to communicate and disseminate this project and learning internationally through publications and meetings/conferences.

Annexures

Annexure - 1 Data reporting form to DHIS by Brein Holden Vision Institute

GAUTENG CLINICS STATISTICS 2016-2017					Soweto
Month	Clinic	**Total seen**	**Referred**	**Spectacles**	**Medical Treatment**
July	Chiawelo	345	102	103	0
	Mofolo	214	22	139	0
	Orlando	95	32	44	0
	Tladi	47	5	29	0
		701	**161**	**315**	**0**
August	Chiawelo	464	109	223	0
	Mofolo	198	64	98	0
	Orlando	79	17	30	0
	Tladi	51	17	18	0
		792	**207**	**369**	**0**
September	Chiawelo	387	137	117	0
	Mofolo	267	144	111	0
	Orlando	106	18	49	0
	Tladi	80	25	36	0
		840	**324**	**313**	**0**
October	Chiawelo	377	113	148	0
	Mofolo	236	97	116	0
	Orlando	97	15	41	0
	Tladi	79	14	41	0
		789	**239**	**346**	**0**
November	Chiawelo	408	125	111	0
	Mofolo	265	76	112	0
	Orlando	98	23	40	0
	Tladi	57	13	38	0
		828	**237**	**301**	**0**
December	Chiawelo	259	75	67	0
	Mofolo	156	49	54	0
	Orlando	54	9	24	0
	Tladi	18	3	9	0
		487	**136**	**154**	**0**

January	Chiawelo	156	29	63	0
	Mofolo	99	20	54	0
	Orlando	64	11	28	0
	Tladi	59	10	25	0
		378	**70**	**170**	**0**
February	Chiawelo	168	21	50	0
	Mofolo	79	9	44	0
	Orlando	68	20	30	0
	Tladi	66	21	23	0
		381	**71**	**147**	**0**
March	Chiawelo	178	31	63	0
	Mofolo	65	21	27	0
	Orlando	67	15	22	0
	Tladi	59	7	30	0
		369	**74**	**142**	**0**
April	Chiawelo	204	16	146	0
	Mofolo	102	16	27	0
	Orlando	47	17	22	0
	Tladi	54	5	26	0
		407	**54**	**221**	**0**
May	Chiawelo	415	49	212	0
	Mofolo	248	48	137	0
	Orlando	53	15	19	0
	Tladi	77	9	43	0
		793	**121**	**411**	**0**
June	Chiawelo	317	19	141	0
	Mofolo	236	53	136	0
	Orlando	65	8	34	0
	Tladi	91	7	56	0
		709	**87**	**367**	**0**

Annexure – 2 Equipment list for clinics provided by Brein Holden Vision Institute

CLINIC EQUIPMENT LISTS					
Name of Project	**Internally Funded**	**Externally Funded**	**Product**		**QTY to**
	(BHVI)		**Description**	**Code**	**Supply**
GSS -SIB			Low Vision Equipment		
			Vertometer		
			Tonometer		
			Frame Heater		
			Display Unit		
			Slit Lamp		
			Chair and Stand		
			Trial Case		
			Trial Frame		
			Cross Cylinders		
			Ophthalmoscope		
			Screw Drivers		
			Set of Pliers		
			Distance VA Illeterate Chart		
			Distance VA Ileterate Chart		
			Near VA Cards		
			Pen Light Torch with Batteries		
			Pinhole Occluder		

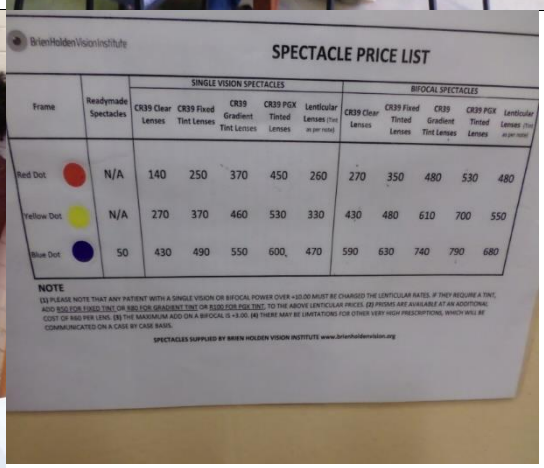
Annexure – 3 Schedule of visits:

CLINICS AND SCHOOL FOR EVALUATION				
PROJECTS	**CLINIC/ SCHOOL**	**WHO TO BE INTERVIWED**	**DATES**	**METHOD**
GSS	**CHIAWELO**	**PHC & School Health Nurses**	31/07/2017	Face to Face
		1. Pinky Mafandza (011 986 2159)		
		2. Margaret		
		Health Promoters		
		1. Rennie Motsumi (083 998 8919)		
		2. Brenda Makunga (083 595 9903)		
		3. Silibaleng Mabota (071 936 4776)		
		CHC Clinic Manager		
		1. Ms Khumalo (011 984 4120/ 3275)		
		Optometrist		
		1. Sonia Chauke		
		Beneficiaries		
		1. Tony Ntshundisane (072 351 5814)		
		2. Tebogo Magagane (078 232 1117)		
	TLADI	**PHC & School Health Nurses**	3/8/2017	Face to Face
		1. Celestina Thebe (011 930 6816)		
		2. Jacobeth Mofaledi (011 930 6816)		
		CHC Clinic Manager		
		1. Augustina Lefoka (Deputy Clinic Manager) (011 930 6816)		
		Optometrist		
		1. Sonia Chauke		
	ORLANDO	**PHC & School Health Nurses**	4/8/2017	Face to Face
		1. Mduduzi Shelembe (011 935 5186)		
		2. Zandile Mkhonza (072 623 6207)		
		3. Pinkie B. Getlate (083 974 8196)		
		CHC Clinic Manager		

		1. Mrs Zandile Nhlapho (Deputy Facility Manager) (076 806 4172)		
		Optometrist		
		1. Tryphina Diale		
		Health Promoters		
		1. Busisiwe Sikosana (011 935 5186)		
		Beneficiaries		
		1. Cecelia Dlamini (083 516 4500)		
		2. Alice Madonsela		
		2. Xolani Sikhosana		
	MOFOLO	**PHC & School Health Nurses**	1/8/2017	
		1. Nhlanhla Matimatjatji (011 983 5462)		
		2. Nomfiso Sibeko (011 983 5420)		
		3. Thokozile Khoza (011 983 5462)		
		CHC Clinic Manager		
		1. M. Tshabalala (Facility Manager) (011 983 5441)		
		2. Luyanda Nkala (Ophthamilc Nurses)		
		Optometrist		
		1. Tryphina Diale		
		Health Promoters		
		1. Mpho Skosana (078 269 4932)		
		2. Mapula Ramohane		
		Beneficiaries		
		1. Flora Pitso (078 307 3818)		
		2. Mpho Nyelele		
		3. Penelope Seripe		
		4. Rose Gunundu (063 892 97970		
		5. Susan Moqha (076 821 6494) (LDC)		
WE SEE	**DIEPKLOOF**	**PHC & School Health Nurses**	3/8/2017	Face to Face
		1. Rebecca Melato		
		CHC Clinic Manager		

		1. D. Xinti (011 985 6245/ 082 896 3431)		

Annexure – 4 Photographs of the evaluation



Giving Sight to Soweto evaluation photos from Clinics (Chiawelo, Mofolo, Diepkloof, Tladi, Orlando), Beneficiaries, Provincial and District Authorities and spectacle price list