

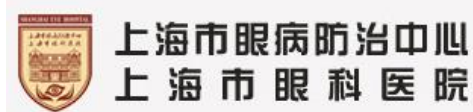


Children's Healthy Eye brings Educational Rewards

An External Evaluation
of Helen Keller International's Key Activities

Evaluator: Shanghai Eye Disease Control and Prevention Center

Evaluation Period: April 20th to June 1st, 2018



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1. EXECUTIVE SUMMARY

From April 20th to June 1st, Helen Keller International (HKI) commissioned the Shanghai Eye Disease Control and Prevention Center (SEDCPC) to conduct an evaluation on HKI's key activities in Children's Healthy Eyes Bring Educational Rewards (CHEER).

The evaluation team used the evaluation framework of "structure-process-outcome", and covered the areas of assessment on the activities implementation, the broad impacts, lessons learned, and achievements that can shed light on future projects in similar settings.

The activities succeeded in achieving many of the target outputs, including screening 1.32 million students twice or three times in five years, 1302 non-students from community screening, and providing 14,614 pairs of free glasses to children in need (data on April 30th). The impact of these activities includes raising eye health access for children with eye diseases and refractive error, building up service volume of project hospitals, raising access of children eye health service, and facilitating to establish a comprehensive eye care service network.

These activities underperformed with regards to referral uptake. The evaluation found out that for those who needed to be referred but did not actually do so, effective measures to prompt them to uptake the eye care service provided were lacking. The challenges include the limitation by economic well-being, education background, and health awareness of the students and the parents from accepting the eye care service.

The evaluation identified many strengths. First of all, the activities were supported and facilitated by strong government policy support. The involvement of organizations with authority and credentials have empowered the participants (screeners, project hospital staff) in terms of capability and information exposure. Cultural identification has helped enhance the service awareness and customer orientation. Fourthly, computerized information and internet-based technology have increased efficiency. Multiple approaches and methods to advertise have made the activities better known to the targeted population. However, there are some weaknesses. There is no thoughtful performance reviews that help sustain an enduring effective mechanism. There is room for improvement in terms of resources integration from multiple departments so as to make fullest utilization of the resources. Managing these challenges and grasping the opportunities will be crucial for future activities in children eye health projects in similar settings.

We strongly recommend that for future similar eye health programs, it is essential to ensure full support from the local governments, as strong governmental support is one of the key positive factors in CHEER. It is also of same importance to fully utilize computerized information and internet-based technology that enable timely report and summary of activities progress and quality, so that activities implementation can be managed and intervened more timely and efficient. In future similar eye health programs, more attention should be given to the establishment of a sustainable enduring effective mechanism and performance reviews.

We further recommend that more efforts to timely record and summarize achieved

accomplishment and to advocate for policy support, so that the network, built capacity of the participants, and the established services can be internalized and sustained.

2. INTRODUCTION

High prevalence of refractive errors (RE) has been a great challenge to the current eye health service delivery capacity in China, upon infrastructure, human resources, primary eye care and referral mechanism. Seeing is Believing Phase V (SiB V) program in China led by Orbis International with involvement of Helen Keller International (HKI), Brien Holden Vision International (BHVI) and Perkins International aimed to build up an effective, sustainable screening, referral and treatment pediatric ophthalmology activities system in Shanxi Province from community/school up to the provincial level through counties and prefectures.

CHEER would enhance the teaching and service delivery capacity of pediatric ophthalmology department in Shanxi Provincial Eye Hospital (SPEH) and other three selected prefecture hospitals via equipment and training of trainer opportunities. RE services and other basic pediatric ophthalmology at county level would also be improved. The eye screening in schools/communities, including the special schools and the orphanages would happen widely in the 15 selected counties in Shanxi province. Eye care campaigns, eye health educations would be arranged simultaneously for school students.

In CHEER program, HKI would support to equip the county optical screening teams, the school screening, the community/village screening, the distribution of free spectacles to children in need, the development and maintenance of the student eye health information system as well as the program management system. The total budget for HKI's program activities load is US\$1,362,878.00 (US\$1,086,525.00 from SiB and US\$276,353.00 from HKI).

HKI's objectives were:

- To establish the school-based eye health screening and referral pathway in the 15 selected counties and 3 prefectures, so that all the school students in the selected areas would be screened and those need eye services would be referred to either the county hospital or above for treatment or the optical shops for glasses;
- To establish the village/community eye health and multi-disabilities screening and referral pathway in the 15 selected counties and 3 prefectures, so that all non-schoolers in the selected areas who need eye services and rehabilitation service would be referred;
- To develop and implement capacity building activities for project hospitals staffs in the 15 selected counties and 3 prefectures;
- To have the school student eye health information system established in the 15 selected counties and 3 prefectures and being maintained in good running situation.

The expected outcomes were:

- School-based screening

- a. 1.3 million students will have their visual acuity and general eye check screened by the trained school teachers/health activitiesers (each school screened twice in 5 years;
- b. 100,100 children identified requiring glasses;
- c. 13,700 free pairs of glasses given;
- d. The school student eye health information system will be developed, used and maintained at the project life time;
- Village/Community screening
 - a. 1,237 children with eye diseases or multi-disabilities identified and referred;
- Free glasses
 - a. 13,700 pair of free glasses to children in need

To date, these activities have been completed against the target outputs. However, there is a need for an evaluation to determine:

- How have the activities been accomplished in terms of target output?
- How successful have the activities been in improving screening access to children and free glasses to the children in poverty?
- What is the broad impact of the activities?
- What lessons have been learned that can be applied for greater effect in this and similar settings?
- How can the achievements of the activities be capitalized on and the challenges experienced be overcome?

As part of the project plan, an external evaluation was undertaken by Shanghai Eye Disease Prevention and Treatment Center.

OBJECTIVES AND SCOPE OF THE EVALUATION

The evaluation will cover the following broad areas of investigation and analysis:

- a. Assessment of the activities implementation;
- b. Assessment of the achieved impacts;
- c. Identification and elaboration of the lessons learned;
- d. Identification and elaboration of challenges and obstacles;
- e. Recommendations

EVALUATION TEAM

The primary team responsible for the evaluation are:

- a. Zou Haidong, professor/senior doctor/party secretary of Shanghai Eye Disease Prevention and Treatment Center. Principle investigator of this external evaluation and responsible for organizing and designing the evaluation;
- b. Zhu Jianfeng, senior doctor/department head of Shanghai Eye Disease Prevention and Treatment Center. Responsible for field visits;
- c. He Xiangui, senior doctor/vice department head of Shanghai Eye Disease Prevention and Treatment Center. Responsible for on-site evaluation;
- d. Lin Senlin, doctor of Shanghai Eye Disease Prevention and Treatment Center. Responsible for on-site evaluation and report writing;

activities PLAN

Period	Phase	Actions
April 20 th to May 5 th	inception	HKI and Evaluation Team Meeting
		Proposal draft
		Stakeholder feedback
		Proposal finalised
May 5 th to May 8 th	preparation	Documents review
		Scheduling of field activities
May 8 th to May 10 th	Data collection	Interviews
		Observations
		Documents review
		Preliminary feedback
May 10 th to May 15 th	Data analysis	Interview transcription
		Data analysis
		Documents review
May 15 th to May 30 th	reporting	Draft final report
		HKI feedback
		Report revision
		HKI feedback
		Final report

3. EVALUATION METHODS

From April 20th to June 1st, the Shanghai Eye Disease Control and Prevention Center conducted an evaluation to assess HKI’s main responsibilities in CHEER. The evaluation was aimed to assess how the activities have been accomplished in terms of target output, how successful the activities have been in improving screening access to children and free glasses to the children in poverty, what the broad impacts of the activities are, what lessons have been learned that can be applied for greater effect in this and similar settings, and how the achievements of the activities be capitalized on and the challenges experienced be overcome?

The evaluation used the evaluation frameactivities of “structure-process-outcome” to evaluate the accomplishment of target output from the perspectives of input, implementation, and achieved outcomes. In this evaluation, the definitions were listed as below.

- Structure: mainly to understand the activities, goals, target outputs and so on. This includes the organizational structure, human resources, materials, capital investment, and computerized system development and other preparatory actions etc;

- Process: mainly to investigate the activities implementation and to understand how they function, to discover and solve problems timely. The evaluation index include acceptance and feasibility. This includes the policy support and performance during implementation process.
- Outcome: mainly to evaluation the outcomes of the activities. The evaluation index include outcomes (mainly direct and short term outcome) and efficiency. The evaluation index include the completion of target output, the satisfaction of the target population, and the external impact, etc.

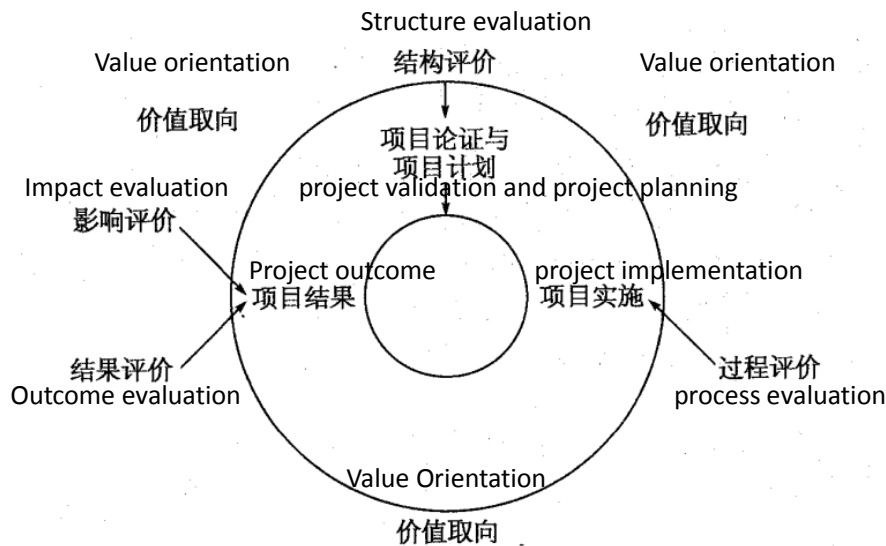


Figure1: evaluation frameactivities of “structure-process-outcome”

The following issues were investigated:

- The scientificity and feasibility of the activities, as well as the agreement with actual health needs;
- The activitiesing architecture and organizational structure of the activities, clarity of responsibilities and function assumed by different stakeholders;
- On-site activities performance and quality control;
- Activities completion status against target output, and achieved quality;
- Activities status, including the short-term impact of screening and free glasses distribution, and the long-term impact of system and network establishment;
- Analysis of activities implementation process;
- Facilitators and barriers of the key responsibilities;

EVALUATION STRATEGY

The evaluation strategy involved two key activities:

- Desk review of project documentation (CHEER project logframe, screening protocols, quarterly reports, monthly reports, screening data cleaning statistics and other relevant materials) as well as The National Thirteen-Fifth Eye Health Guidelines, policy documents and national and regional strategy documents;
- Identification of and interviews and discussions with stakeholders to gain knowledge and to ensure ownership of the evaluation and its outcomes;

FIELD VISIT AND INTERVIEWS

The field activities took place from 8 May to 10 May, 2018, and two evaluation teams were sent out to conduct interviews separately in different areas.

Positives aspects of the field visit included:

- The presentations and interviews during on-site evaluations were clear and rich in content;
- The documentations and materials on-site activities were kept complete and well categorized;
- The interviewees had clarity of thoughts and responded precisely and correctly to the questions. Detailed response and examples were given from their own perspective;
- HKI and project hospitals have provided the venues and support to ensure efficient evaluation;

Negative factors of the field visit were:

- The evaluation was conducted when all on-site evaluated activities had been completed, so there was no way to conduct observation of activities implementation and the evaluation relied on interviews, desk review, and documents review etc.

INTERVIEW GUIDELINE

Aspect	Guiding Questions
General Situation	Responsibilities assumed by the interviewee
	Specific performance on screening and free spectacles distribution
	How to ensure the provision of human resources, materials, and funding during activities implementation?
	How to ensure the activities progress during implementation?
	How to conduct quality control during implementation?
	What are the factors that influence the progress and quality of screening and free spectacles distribution?
	What are the feedback of the screening and free spectacles distribution? And why are those feedback?
External evaluation (blind schools, federate of the disabled etc)	Responsibilities assumed by the interviewee
	In what approach does the interviewee or the organization participate into the activities?
	What are the responsibilities/function of the organization in the activities? specific activities performance
	What are the factors that influence the progress and quality of screening and free spectacles distribution?
	How do they comment on the screening and the free spectacles and why?
Project managers in project hospitals	Responsibilities assumed by the interviewee
	Specific performance on screening and free spectacles distribution

	How to ensure the provision of human resources, materials, and funding during activities implementation?
	How to ensure the activities progress during implementation?
	How to conduct quality control during implementation?
	What are the factors that influence the progress and quality of screening and free spectacles distribution?
	How do they comment on the screening and the free spectacles and why?
Hospitals doctors/screening teachers/Key informants	Responsibilities assumed by the interviewee
	In what approach does the interviewee participate into the activities?
	Elaboration of their specific jobs and responsibilities
	How do they comment on the screening and the free spectacles and why?
Parents of the students	Identity of the interviewee
	In what approach does the interviewee get to know about the activities
	If they are satisfied with the process of the screening and the free spectacles and why?
	If they are satisfied with the outcome of the screening and the free spectacles and why?
	If they are compliant to screening suggestions and if not, why?

4. FINDINGS AND ANALYSIS

4.1 Activities Performance

As of April 2018, all school-based screening has been completed. Some village/community screening and free glasses to children in needed are still ongoing. As of April 2018, the target outcome and the total actual are listed as follows:

Output type	Activity	Total target	Total actual	Variance
1.2 Carry out village-level screening in 15 counties for	Screenings carried out in 3375 villages	3,375	3444	102%

children with vision and other disabilities using key informants in each village, supervised by screeners at the township level, with each village screened once in 5 years	1237 children with visual and other disabilities identified and referred to county-level hospitals	1,237	1302	105%
1.3 Carry out school-based vision screening and referral in conjunction with existing health screenings for all children attending elementary and secondary schools in 15 counties, such that each school is screened twice in 5 years	1.3 million children-screenings carried out (each school screened twice)	1,300,000	1,324,901	102%
	100,100 children identified requiring glasses	100,100	312708	312%
	13,700 free pairs of glasses given (Poorest 20% in Lvliang, 10% in Taiyuan and Jincheng)	13,700	14614	107%
1.6 Carry out pre-school-based screening and referral for vision disabilities, amblyopia, refractive error and strabismus at 20% of pre-schools (children aged >= 4 years only) in Taiyuan, with each school screened twice in 5 years	8500 children screened (assumes 40% in the under 6 age group attend pre-school facilities)	8,500	10,540	124%
	(changed to other type of VA testing system)	100	-	0%
2.1 Improved capacity at 15 county-level hospitals to train for and coordinate school-based vision screening and community-based disability screening using the key informant method	150 eye charts given to county-level facilities	150	150	100%
2.3 Improved capacity for accurate refraction at 15 county-level hospitals	15 county-level facilities receive portable auto-refractors, lensmeters, retinoscopes and loose lens sets	15	15	100%
3.6 Build capacity to train for and coordinate school and community vision screening occurring at the county level in three prefecture/city-level hospitals by the end of 5 years	Training in vision outreach screening program for one doctor and one nurse for two weeks at ZOC in Guangzhou for each of three hospitals = 3 nurses and 3 doctors - 6	6	6	100%

Performance against targets: village-level screening

Target	Target Met?	comments
Screenings carried out in 3375 villages	Yes	Screening has fully mobilized the medical force in village and county levels, and village screening has been conducted effectively.
1237 children with visual and other disabilities identified and referred to county-level hospitals	Yes	Through screening, a lot of non-students with visual disabilities or multi-disabilities were identified and referred.

Performance against targets: school-based screening

Target	Target Met?	comments
1.3 million children-screenings carried out (each school screened twice)	Yes	The support was gained from the education bureaus and school screening was strongly supported, and screening was conducted in order and efficiently .
100,100 children identified requiring glasses	Yes	A lot of students requiring glasses were identified

Performance against targets: free glasses

Target	Target Met?	comments
13,700 free pairs of glasses given (Poorest 20% in Lvliang, 10% in Taiyuan and Jincheng)	Yes	To provide free spectacles to children in need has greatly relieved their burden, and help improved their presenting vision. However, compared to the actual need, the quota is needed to raise.

4.2 Activities Impact

CHEER has been implemented in Shanxi Province for the past five years, and has brought enormous impact to Shanxi Province. Both school screening and community/village screening have proactively identified children with eye diseases, refractive error, and multi-disabilities, so that these children could receive timely and professional intervention to protect them from further visual impairment. All project hospitals have built up their brand and gained reputation from the residents by conducting screening, distributing free spectacles, by providing training to teachers and key informants, by providing eye care service to children in need of referral. These activities have also effectively built up their capacity to serve, which has laid a solid foundation for their sustainable development of ophthalmology departments and optometry departments. Those activities also served as positive exploration of establishing a local eye health model, and the outcome was delightful. All these efforts have increased the equity, access, and sustainability of children eye care service. The major impacts

brought by the key responsibilities of HKI are listed as follows.

1. **Increased access to eye services for children with eye diseases or refractive error:** School screening has performed screening on 1.32 million students (twice or three times in four years). Community/village screening has identified 1,302 children with visual disability or multi-disabilities. The children in need were timely intervened, and it would serve to save them from further distress brought by illness. 14,614 pairs of free spectacles were distributed to children in needed, the total value of which accounts to 1.31 million CNY.
2. **Increased serviced volume for project hospitals:** while conducting school screening and community/village screening, 18 project hospitals have completed massive clinical activities. The total ophthalmic outpatient volume of children under 16 years old in 2014 is 6,923 person times, 14,780 in 2015, 15,667 in 2016, 16,227 in 2017 (data from Ms Jianlin Zeng, Shanxi Provincial Eye Hospital). The annual increase is 24.95%.
3. **Raised access to children eye care service:** the screenings were conducted in collaboration with screening teachers, village doctors, staff from federation of the disabilities, and other departments to identified children with eye diseases or refractive error. Multiple and diverse approach of promotion and health education, such as television, broadcast, wechat vedio, flyers, and lectures on health awareness, have increased the awareness of eye health, and cultivated the appropriate ways to use eyes, and drawn them into participating the activities.

“测出很多孩子有视力问题的，给家长短信都发出去让他们预防，家长们反馈也都特别好，也很重视。”

” A lot of children with refractive error and eye disease were identified, and text messages were sent to to their parents with the reminder for prevention.

The feedback from the parents was positive, and they value the screening results. ”

(ZYX-JS)

4. **Foundation for establishment of eye care service network:** Through the screenings and the collaboration, the communication between hospitals staff, schools, village health system has been enhanced, and the activitiesing flow has been established and smoothed. This served as the foundation for establishing local eye care service network.

5. DISCUSSION AND RECOMMENDATIONS

5.1. Analysis on Activities Implementation Process

Screening and free spectacles distribution have achieved success. Based on the Consolidated Frameactivities For Implementation Research(CFIR), outer setting, inner setting, characteristics of the individual, and implementation process were analyzed, and facilitators and barriers were dug into.

5.1.1 Outer Setting

Outer setting refers the external requirements that are needed for activities implementation. Examples include policy support, needs and resources, that make the decision makers or service providers have the hope to make things better through interventions.

5.1.1.1 Policy and Incentive

The promotion of the services requires policy support, and widely spreading regulations and laws, suggestions, and guidelines released by government departments can better familiarize all stakeholders and engage them into real action. The screenings conducted in project areas have embraced strong policy support from Shanxi provincial ministry of health, Shanxi provincial ministry of education, Shanxi provincial federation of the disabled, which collectively released the official documents “The Announcement on the Implementation of Seeing is Believing-Children’s Healthy Eyes brings Educational Rewards Projects (Shangxi Health and Medical Administration [2013] No 60)”. The strong policy has created a good foundation for implementation, and ensured that all stakeholders were well aware of the importance of the intervention measures, and helped facilitate the project.

“咱今次卫计委，教育局和残联统一下发了红头文件，文件必须有教委出面，大家才能配合的去做。”

“This time, the health department, education department, and federation of the disables collectively released the official document. This needs endorsement from the education department. Only then would all the schools be willing to cooperate.”

(DTYZ-XY)

5.1.1.2 Needs and Resources

The activities organizers need to correctly understand the needs and the degree of the need, the barriers to translate the needs into demand, and the requirement to satisfy the needs, so as to better promote the health of the demander (those who need the service), to better allocate resources, to increase utilization of health resources. They mainly refer to degree of need for eye services of the students, and that this need is fully understood by the activities organizers. The needs of the children in poverty should be prioritized. The activities should be need-oriented.

From the on-site observations and the interviews, the demand for screening and free spectacles was high. First of all, from the screening, it was found out that many organizations, village doctors, parents, and students did not know that the children/themselves had eye diseases or refractive errors, or even denied that their children had diseases/disabilities. Not to mention the awareness and knowledge to seek for treatment. This was not only due to a lack of professional eye service facilities and clinicians, but also the weak eye health awareness.

“乡村筛查找出了700多个有问题的孩子，包括有些乡村医生知道哪个家的孩子有问题，但是家长都不愿承认。”

“Village screening has identified more than 700 children with disabilities or eye diseases. And there are some more who the village doctors know to have disabilities or eye diseases, but their parents are not willing to admit.”

(SYK-WT)

“很多特价(教)机构孩子并不知道自己有眼病，也不知道怎么去处理，也没有完善的机构去帮助他。”

“a lot of children in special schools do not know that they have eye diseases, and do not know what to do. And there are no appropriate organizations to help them.”

(SYK-WT)

“平时开学的体检，视力检查挺细，但对眼病关注很少。”

“The traditional physical checkup at schools include careful vision test, but little attention is given to eye diseases”

(DTS-YG)

Secondly, the on-site observation has found out that there was not vision centers/optometry departments in some evaluated project hospitals. The spectacle shops on the streets were of

varying quality, and sometimes the prescriptions given were not accurate. There were poor families that could not afford a pair of spectacles for their children in need.

In the meanwhile, the interviews with parents and students showed that they were friendly and supportive of the screening and expressed their willingness to continue to participate in this activity.

“家长还是挺支持的，尤其配免费眼镜的还是挺感激的。”

“Parents are quite supportive, and they are quite grateful to the free glasses.”

(DTS-YG)

The fundamental reason is that parents knew that the activities were technically supported by the hospital, and their trust in the hospitals has added more confidence into the services and glasses provided.

“我也不太懂，知道你们的医院是正规的。” “（此项工作）挺好的，服务态度也挺好的。”

“I don't understand it very well either, but I know your hospital is legal.” “It is good and the service attitude is very good.”

(ZYG-JZ)

In addition, free or cheaper glasses were provided for children, which reduced the family's financial burden, and more children wore glasses.

“有呀，到山西省眼科医院配一副眼镜得好几千，我们这也许就几百块，（他们的）家里条件不是很好。有时候他们出去一次，最后还是回到我们这了，感觉但我们这比外面便宜好多好多，又方便。”

“Yes. It might cost several thousand Yuan to get a pair of glasses in Shanxi Provincial Eye Hospital. It only cost several hundred Yuan here(a county project hospital. Their family is not doing well financially. One time they (tried to buy spectacles) outside, but ultimately they came back to us, because they thought spectacles were much cheaper, and it was more convenient.”

(ZYG-YS)

Finally, from the interview of the students, it is commented that the glasses provided by some project hospitals were fashionable and beautiful, taking full account of the aesthetic needs of the students that shown the customer-orientation in their service. And that has gained the support and praise of the students.

“孩子们还是很乐意积极地参加的。（会）戴，咱这个眼镜的质量还挺好的，别的不说，眼镜的设计也挺新颖的，镜框还挺时尚的。”

“The children are enthusiastic to take part in it. The children are willing to wear the glasses, because the quality of our glasses is pretty good. There are many strengths, including that the design of the spectacles is quite new, and the frames are quite fashionable.”

(DTYZ-XY)

但是，调查中仍然发现有家长会抗拒，主要是对眼病的了解少，是讳疾忌医的表现。

“有些家长害怕这种情况传出去对自己孩子不好，（所以）会很抗拒这个项目。”

(DTS-YZ)

5.1.1.3 Peer Competition

It refers to the competition pressure when the intervention is copied in other places. The competition pressure from the peers will encourage the stakeholders to invest more in the activities and push forward the activities.

Screening was first carried out with the support of the health bureaus, the education bureaus and the federation of the disabled. As the screening progressed, more and more schools supported the activity and participated into it, after hearing about the benefits brought by school screening. It has thus created a beneficial amenity to facilitate the implementation of screening. In the screening promotion by one project hospital, the project team would display the outcomes of screening in the form of a brochure and exhibition board, and would carry them to other schools for demonstration and display, such as Datong 1st Middle School, Datong 2nd Middle School. Some school principals got to know about the screening through the exhibition board and realized the benefits of screening brought to the students' eye health. They would proactively contact the project team and expressed their interest to have their students screened.

“有的学校校长看到其他中学都做了筛查，于是也想在自己学校进行筛查。”

“Some school principals saw other screening were done in other middle schools, so they also wanted us to conduct screening in their own schools.”

(DTS-XM)

5.1.2 Inner Setting

Inner setting refers to the ability and conditions to implement the activities. It mainly includes the ability of the implementation team and the environment/conditions where the implementation will take place. The structure of the activities has inherent complexity, and the influence and interaction among all levels of the structure bring many challenges to the activity itself.

5.1.2.1 Stakeholder Identification

The CHEER project is funded by the Standard Chartered Bank, and supported by 4 international NGOs including HKI. The project has shared its successful experience in important international forums, periodicals or magazines. That the project has been able to provide eye care services for children in Shanxi Province is also great news for all walks of life.

5.1.2.2 Cultural Ambience

It refers to if the project members recognize this public welfare activities or not, and if they are willing to carry out this public welfare activity, in line with their values, and more conducive to encouraging related members to participate in the activities. The evaluation found out that the hospitals involved in the activities are very supportive of this activities, such as the Jinzhong 1st hospital, which has been activitiesing on public welfare in recent years, such as the CHEER in September 2013. In 2014, they completed more than 1200 cases of cataract surgery for "Chinese Health Express" , and have been conducted numerous visits to the countryside, the community, and the school fro screening and health education in television. All of these efforts have gained them recognition and praise from all walks of life.

5.1.2.3 Organizational Structure and Capability

In the screening, a completed partner architecture among prefectures/county hospitals and schools was established through close cooperation. The members of the architecture have the ability and conditions for the implementation of the activities, including strong and powerful technical and financial support, adequate and competent personnel. The partner architecture include 4 NGOs, Shanxi Provincial Eye Hospital, 3 prefecture hospitals, 15 county hospitals and the education bureaus, health bureaus, the disabled federations, schools, village doctors in 3 cities and 15 counties. Take Jinzhong 1st Hospital as an example, the ophthalmology department has 31 staff, including 2 chief physicians, 2 deputy chief physicians, 3 doctors and 4 physicians (3

of them have master degree), 17 nurses and 3 optometrists. The department is equipped with IOL Master, Nd:YAG ophthalmic laser treatment equipment, and other equipment, and sufficient conditions for them to carry out the activities, in line with the requirement.

5.1.2.4 Capital Support

This activities involve the investment of all parties to perform the intervention. The sufficient supply of goods is a powerful requirement to ensure the smooth progress of the intervention. In these activities, HKI is responsible for the funding of school and community/village screening, and provides free glasses. Sufficient funds guarantee the smooth implementation of the activities.

5.1.2.5 Multi-sector Collaboration

It refers to if a stable cooperative relationship between the organizations of the implementation of the activities and other related external organizations. The existence of this relationship makes the activities more convenient, and can make fuller use of the resources of all organizations and improve the efficiency of activities. For example, in order to further promote the construction and development of the children's eye health care system in Datong city, Datong 3rd Hospital has set up a "CHEER project" committee, inviting the leadership of the hospital as a member of the directors, with clarified responsibilities of the project managers and members.

5.1.2.6 Organizational Communication

It refers to the communication and cooperation between the organization implementing the activities and other related external organizations. Members who support and facilitate the activities should strengthen communication with other external organizations, establish effective communication and cooperation mechanisms, and promote the activities.

In order to facilitate the smooth communication between the participants, the project hospitals staff have made a contact list including all the teachers trained in various schools to ensure that each teacher in different schools had their contacts, so that they could communicate with each other. The communication between the hospital staff and nurses is also very smooth. Timely feedback can save time and money for doctors and patients.

“我们经常在微信联系。我们和他们（省眼科医院）会经常联系，挂号也挺方便的，然后省眼科医院会具体通知我们哪天的哪个时候去，都安排好了，可方便呢现在，不往大同转，去三医院挂号也挺麻烦的，我们直接给

他联系好了，省好多钱，不用等。”

” We often contact in WeChat. We and them (SPEH) will often contact with each other, registration is very convenient, and then SPEH will tell us which day and when to go, all are arranged, it is convenient now, patients do not need to go to Datong City. It is very troublesome to register in Datong 3rd Hospital, we can directly arrange everything for the patient, and they save a lot of money, and do not have to wait. ”

(ZYX-YS)

Such communication and connection are also good for doctors' further training.

“以前没有，项目之后才认识的，进修的时候就是在省眼科医院，大家就更密切了”

“There is not such communication, after the project, we know each other when studying in the provincial Eye Hospital, now we are closer. ”

(ZYX-XSYS)

5.1.2.7 Involvement of Important Leaders

It refers to if the activities have the participation and commitment from the important leaders. It is important as it encourages the implementation of the activities and encourage accountability system of the leaders and managers.

The cooperation of school leaders directly affects the implementation of the screening. The support of the school can make the screening smoothly.

“我一直都挺配合的，因为我觉得对学生有好处，及早发现问题，也可以及早得到治疗。”

“I have always been very cooperative, because I think it is good for students to have early detection of problems and timely intervention. ”

(DTSE-JS)

But there are also some school leaders who do not cooperate, which makes it difficult for them to go to schools to conduct screening, and that directly affect screening efficiency.

“有的学校可能是有拒绝的态度，学校领导不配合，老师也不会配合，工作不好做。”

“Some schools refused, and school leaders do not cooperate. Some teachers do not cooperate either. It is difficult. ”

(DTSE-JS)

5.1.2.8 Organizational Incentive and Motivation

The incentives include bonus, performance appraisal, position promotion and salary increase, or those good for position promotion. The screeners (teachers, village doctors, etc.) who participate in the screening was given some subsidy, so as to encourage them to participate in the screening. For the medical staff in the hospital, CHEER project also provided part of the subsidy to enhance the enthusiasm of the staff.

5.1.2.9 Training and Advocacy

The acquisition of the relevant information and knowledge of the activities should be widely and easily accessible to all participants. Experts or other experienced staff should be invited to publicize their activities, providing publicity materials, and so on, to enhance their awareness.

The project hospital staff has carried out great publicity in the activities content. It not only ensured that the implementers understand the screening, and was familiar with the implementation process, but also ensured the students and parents' understanding of the screening.

In terms of publicity, the project hospital staff improved the awareness of the schools, teachers and students through a variety of ways of publicity, such as inviting doctors to the big health education activities, encouraging the class head to monitor to follow the screening, increasing the students' sense of participation, and ensuring the correctness of the information. When doing publicity in schools, communication between schools helped to expand the influence to other schools; the exhibition boards were made using the photos of schools after screening, and some schools that were reluctant to cooperate with the screening were attracted. They made some posters for the students to be placed in the doorway of the classroom all the year long for students to read.

“第一轮筛查结束后，整理了一些有意义的内容、照片等，制作了宣传手册，发到各个学校、社区，彼此分享了劳动成果。”

“After the first round of screening, a number of meaningful contents, photos, etc. were sorted out, and a brochure was produced and sent to various schools and communities to share the results of their activities.”

(DTS-XM)

“有的学校校长看到其他中学都做了筛查，于是也想在自己学校进行筛查，这就是我们当时想的直接在展板上展示各中学的结果来推动筛选在中学的进行。”

“Some school principals saw other secondary schools screening, and also wanted to screen in their own schools. This is what we wanted to show to promote screening in other schools.”

(DTS-XM)

In the community, the project hospital staff mainly used flyers, and organized meetings and other publicity methods. When the doctors were in hospital, the medical staff of the hospital promote the activities to the residents, and sometimes the medical staff would go directly to the villages to carry out publicity activities. These publicity activities had all played a great role and affected the parents and students on eye health awareness.

“（效果）还可以吧！因为非在校儿童这个群体本身不是很大，通过三医院组织的项目（指乡村筛查），影响到家长自己孩子的眼健康观念，对基层农民家庭及贫困家庭起到很大作用。”

“(the effect) is OK. Because the group of non school children is not a big group itself, through the screening organized by the Datong 3rd Hospital, it affected the eye health awareness of the parents and their children, and played a great role in the farmers' families and poor families at the grass-roots level.”

(DTS-YZ)

In rural areas, broadcasting is an effective and authoritative way of publicity, and can often achieve good results.

“村里面就是靠广播员，比如有什么事啊，就在广播里说有什么事找王大夫、李大夫啊什么的；这个一般就是村里面比较官方的，比较权威的。”

“The village relies on the broadcasting, for example, what is happening, for what you can turn to find Doctor Wang, Doctor Li and what; this is generally the village is more official, more authoritative.”

(DTS-YZ)

However, there were still some drawbacks. In the larger rural areas, the population was more scattered, and there was some broadcasting not working and blind areas, which would cause the villagers living in this area could not obtain the information.

The project hospital staff also used the media to carry out children's eye health publicity, to special schools, welfare institutes to carry out health education, or made mouse pad to attract students attention for eye health awareness.

In addition, it was also publicized through the WeChat platform with high popularity. Today, the use of WeChat is high. Through the publicity in the wechat group, it was able to spread quickly to a wide range of people. It was one of the most efficient means of modern health education.

In terms of the publicity of referral pathway, it requires not only the medical staff to clearly understand the process of referral, but also the teachers and students. The project hospital staff had tried to improve the awareness of teachers and teachers, so as to improve the uptake rate of referral.

“转诊流程就是学生有问题了怎么转到医院，转诊卡怎么一步步的来接触这个转诊流程。这个转诊流程是我们贴在医院的，我们也有纸质版的，纸质版的我们一般下发学校，贴在教室门口，学生老师就能看到讲者流程，让学生知道怎么去转诊，到了医院怎么去就诊，怎么看病。”

“Referral process is how the students have been referred to the hospital and how the referral card comes alongside the referral process step by step. The referral process is posted on the walls of the hospital, we also have a paper version, the paper version was given to schools, posted to the door of the classroom, students and teachers can see the whole process, students know how to proceed the referral to the hospital how to see the doctor, how to see the doctor.”

(DTS-XM)

5.1.2.10 Computerization and Informatization

The Project provided good computerized system for the smooth development of the screening. All the screening information was recorded real time. The system could carry out real-time progress management on the Internet. The system automatically generated a referral card. The system automatically sent the screening results to the parents, and the notification was checked in time. NGO through the system could check the progress of the screening, analysis of the screening, and give feedback to the hospital, and project hospital management staff could view the data. If the data were found to have problems, the could immediately notify the relevant personnel to modify / supplement the data in time. When the students went to the hospital inspection, medical staff in the hospitals recorded the service data, based on the

screening number, then the system would connect all screening records. Therefore doctors did not have to go over the paper report, do any inquiry and others. The teachers could use the system to follow up with the referral status of students.

The project hospital staff also provided support for the use of the computerized system. No matter which school's computerized system or network has problems, or if they did not know how to use the system, the project hospital staff would go to the school to help and to ensure that the project participants could cooperate with the screening.

“现在的校医都是年龄比较大，他们觉得让他们做体力劳动或者什么都没问题，一让他们弄电脑就很发愁，我们就亲自把名单导入进去，都弄好了，这样他们这个抵触就消除了，这些前期工作都是我们在做，我们帮他们弄好，他们就能很好的配合我们工作了。”

“Now the school doctors are older, they feel that it is OK for them to do physical labor, but ask them to use the computer is very difficult. We import the screening list into the computer, and we did all the activities. We helped them then they cooperated well with us.”

(DTS-XM)

5.1.2.11 Monitoring-Feedback, Quality Control Measures

During the activities, supervision system and feedback system were established to strictly control the quality of activities. Staff, selected from 18 cooperative hospitals, was selected as the project manager with rich management experience and coordination ability. They carried out management and coordinated for quarterly visits for the NGOs, timely feedback on the problems arising, QQ meetings held monthly, management of specific persons and regular activities. The management method of visiting and timely feedback shall promptly inspect the completeness and accuracy of the reported data. Management measures such as implementation of management rules and financial equipment have also been formulated. Establish web sites, manage screening, manage referral and manage projects. Members report the progress of the activities monthly, held regular meetings, let the members of the project understand the overall progress of the activities, and listen to the recommendations of the parties, find out the problems, summarize the experience, and determine the future activities.

5.1.3 Characteristics of Individuals

It includes the knowledge and beliefs about intervention, the attitude of implementing the eye care service for children, and whether it can bring benefits to students. Only the real

recognition of the benefits of this intervention can make the intervening practitioners more cooperate with their activities.

As an important promoter of the activities, the attitude of the teacher to the activities has influenced the implementation of the activities. From the interview, the evaluation has learned that the teachers were very supportive of the activities.

“没有（觉得占用了学生的学习时间），因为我们学校也会有其他的私立机构来做检查的，我们学校也都是欢迎的，因为这个是对学生有好处的，免费的，平时让家长带孩子去检查，也不一定会去。”

“No (did not feel screening occupied the student's study time), because our school also has other private eye institutes to do the screening, our school also welcome them, because it is good for the students, it is free. When you ask the parents to take children to check, they might not even go.”

(DTSE-JS)

The doctors in the hospital considered the health of the children and considered that the free glasses were very important for children's eye health.

“支持，挺好的项目（指HKI支持的筛查和免费配镜），以前外面的眼镜店挺多的，孩子们经常在外面配眼镜。自从筛查以后，大部分的孩子都到医院来配镜。问题是外面的眼镜店不正规，远视的他也会直接配镜，后续的都不管，我们这里后续治疗很好。”

“Supportive, it is good (screening and free glasses). There were plenty of optical shops outside, and children often got their glasses there. Since the screening, most children have come to the hospital for spectacles. The problem is that optical shops outside is not professional. They even give glasses to children with farsightedness, and did not follow up with them. Here we provide good treatment.”

(DTS-YG)

The project hospital staff provided professional training and training assessment to participants, ensuring that participants were professionally capable of completing the screening. Training content could be completed online, greatly improved convenience, including standardized process video (school screening / network operation), standardized process slides and so on. Training assessment could also be completed on the Internet, network examination and certification. These online resources not only improved activities efficiency and saved time. Convenience also encouraged teachers to participate in projects. The teachers of the school were

the first link of the screening. With the support of the education department, all the screening teachers (more than 4700) have received the network training, and the primary and secondary school teachers were arranged in batch for the training of children's eye care, including visual screening methods, eye diseases screening, and myopia prevention and control methods. Township and village doctors, CDPF rehabilitation personnel and village cadres have also carried out related training, and trained personnel needed to be tested before they could meet the requirements. The initial screening is the first step, the initial screening was easy to operate, the teacher and the village doctor joined, could greatly reduce the burden of hospital medical staff, and could save manpower, material and financial resources.

5.1.4 Process

The most common four basic steps are: planning, participation, implementation and evaluation.

5.1.4.1 Planning

The intervention program, which was based on the actual situation in Shanxi Province, has developed a detailed school screening protocol, which included screening training, screening supervision, data reporting and referral return visits. From the online training to the return visit, the process was designed to ensure that every participant in the activities was able to understand their responsibilities and activities. The project hospital staff also provided a reference plan for the possible problems. It also arranged the quality control scheme of the screening to ensure the accuracy of the collection of the data, and the activities plan was scientific. According to it, it has the maneuverability. In the process of implementation, the evaluation found out that each stakeholder understood this intervention plan and strictly followed the plan.

5.1.4.2 Participation of Stakeholders

Intervention can be implemented and used through comprehensive strategies such as social publicity, education, training and other similar activities. Make the team members responsible for the intervention to participate in the whole activities activities.

Before conducting screening in a school, the project hospital staff convened the stakeholders and organized the mobilization meeting. On the one hand, it conveyed the spirit of

the official document. On the other hand, the meeting would also require the leadership, such as the director of the Education Bureau, to show the importance of the screening and hoped that all the departments and personnel involved in the activities were also aware of that. Full attention to the mobilization meeting and the screening would be given with important leadership participation in the meeting and provided strong support for the screening.

“先开的会，领导们都在，教育局局长也在，学生科科长也在，就各个学校的老师也在，好像还挺重视的。”

“In the first meeting, the leaders were all there. The director of the Education Bureau was also there, and the chiefs in charge of student affairs were also there. The teachers in various schools seemed to be paying much attention to it.”

(ZYX-CY)

Teachers are the most trusted people by the students and parents. It is not easy to get the trust of the parents and students if the screening is only carried out through the medical staff. It would also lead to the suspicion that the hospital wanted to make more money. However, through the coordination of teachers, that teachers and schools were the guarantor of the trust, parents were willing to believe and understand the intention through their publicity and assurance.

“他第一次测，家长会想学校是要干嘛呀？要钱呀？经过班主任的介绍，这算是一个好的项目，国家也很支持，家长们也挺配合的。刚开始把孩子的视力发给家长的时候，家长以为是诈骗短信呢，后来我们通过家长群的方式通知家长，这也是我们刚开始的时候工作的不成熟。后来我们第二次筛选的时候，通过班主任编辑短信，告知家长。第二次就比较好。”

“when the students were screened for the first time, his parents suspected of what the school was going to do. Did the school want to earn money by it? After the introduction of the class teacher to the parents, this was considered to be a good project. The state is also very supportive, and the parents are very cooperative. When we began to send their children's vision screening results to their parents, parents thought it was a message of fraud. Later, we informed parents through the parents wechat group then everything was clear. It was also immature when we first started. Later, when we screened the second time, we passed the text message to the head teacher to revise and inform the parents. The second time is better.”

(SYK-WT)

In the community and in the countryside, the village doctor is the most direct contact with the villagers. Through the village doctors, the children who have eye diseases or multi-disabled could be found in time. These key informants have more information than the hospitals. They could be used to find children who were not in the welfare institutes or in the special schools. Their participation and the publicity thorough them have made things more effective. It was important to find more patients, so that we could provide services for more people in need.

“相对而言，村医更加了解村里的情况，在和村民日常交流时，让村民了解该项目。”

“Comparatively speaking, village doctors are more aware of the situation in the village, and they made the villagers to know about the project when communicating with villagers.”

(DTS-YZ)

Inviting the staff in the federation of the disabled to participate in the screening has an unexpected effect, because they were compassionate, and they would have a stronger sense of responsibility to help them. It was also easier for them to get the trust of others and pushed the screening forward.

5.1.4.3 Implementation

The activities were carried out or implemented strictly according to the plan.

5.1.4.4 Feedback and Evaluation

It refers to quantitative and qualitative feedback on the progress of activities. To ensure the quality implementation, it is important to ensure that there are regular progress report and lesson learnt sharing throughout the implementation process. There were regular and constant feedback and evaluation system. The evaluation found out that the 4 NGOs would carry out an assessment every six months and report on the progress of the activities on a monthly basis, using various approaches including reports, charts, qualitative feedback and empirical analysis. These conformed to the SMART principle and were characterized by being concrete, measurable, achievable, relevant and timely.

From the evaluation, it was found out that the 4 NGOs provided a monthly report on activities progress, reporting on school screening, rural / community screening and free glasses. It shows all team members were actively finding the problems implemented in the project, and making recommendations on the issues. For the problems found in the report, the results were

also fed back to the the local project managers, and the school teachers were urged to improve, in this way to ensure the smooth progress of the project.

5.2. Facilitators and Barriers

5.2.1 Strong Policy Support for Activities Implementation

The smooth development of school screening, community/village screening and free glasses is inseparable from the policy support. Under the current administrative system in China, policy decision-making and policy implementation are separated. The main task of the upper administrative departments is to formulate policies, while the lower level administrative departments are responsible for implementing policies and do not participate in policy-making. The upper administrative departments have the right to decide the tasks for the lower level administrative departments, and they have the authority and strong policy support, as well as full attention from the important leaders. It can ensure that the policy can be put into practice. It is the same case in these activities. The activities can not only rely on the health department, but also the cooperation of other departments such as education and the federation of the disabled. If there is not enough authority, there will be difficult when mobilizing other departments, and other departments will also have policies perfunctory.

The implementation was completed by the lower level department. Because there are too many levels between the departments or departments at the same level. If there is no accurate transmission of the policy and the formulation of a clear executive plan of the policy, there will be a policy resistance and a perfunctory policy between the executive departments of the same level, and the policy is difficult to implement^[1]. The Shanxi provincial health and Family Planning Commission, the Shanxi provincial education department and the Shanxi Federation of disabled persons jointly issued a document entitled "the notice of the implementation of the" healthy eyes for the education of children "[2013]60). It is important for the development and implementation of the activities that ensure smooth communication and coordination between levels.

“我们一直和教育局协商不了，最后就是我们领导弄了一个红头文件，然后就可以进学校了。”

"We have been unable to negotiate with the Education Bureaus. Finally, our leader has obtained an official documents (form upper level), and then we can enter the school (to conduct screening."

(DTS-YG)

“因为平级单位之间没法说是让你做这个，具体筛查的话，人家也是拖拖拉拉的。”

"Because (our hospital) is at same level with theirs, so we cannot ask them to do things, in terms of screening, they are procrastinating."

(DTS-YG)

5.2.2 Elevated Ability and Confidence by Organizational Authority

The CHEER project is the largest eye health project in China at present. It is funded by the Standard Chartered Bank. The project is supported by 4 international eye health organizations. They each have their respective advantages and strengths, and provide funding and technical support. With the cooperation of the SPEH, 3 prefecture-level hospitals and 15 county-level hospitals jointly serve the target population, with the support from the health bureaus and education bureaus. Lewis Gunn proposed adequate resources is one of the important conditions for the successful implementation of the project^[2].

In terms of school screening, community/village screening and free glasses distribution, HKI could ensure the funding for their completion and project staff could provide services for more students. For the hospitals and medical personnel involved in the activities, they have gained a great recognition among the people in the process of activities implementation, and improved the brand building of the hospital and the medical staff. Through receiving training, communicating with international experts and providing visual care and ophthalmology service to students who were actually referral, the capacity building of the team was done and the sustainable development of the ophthalmology department of the hospital has been prepared for its sustainability; for teachers, parents and students, compared to the ordinary glasses shop and hospital, the glasses provided by project hospitals were more trustworthy and professional. It serves as important basis for them to participate into the activities and cooperate with the team.

“当地医院的知名度不行，就是个人（学生家长）意识不会去。”

"The reputation of the local hospital is not good enough. for those individual will not go."

(SYK-WT)

“（我们）有测过他们（配镜店）的眼镜，有不准的。”

"We have tested their glasses (of the optical shops outside). The glasses are not of reliable quality."

5.2.3 Elevated Customer Orientation by Identification

As a public welfare activity, the cultural identity of project participants is very important to the activities implementation. Although the incentive mechanism is an important means in the process of activities implementation, the lack of incentives will lead to the lack of attention^[3]. It is always the case that the implementation of the activities should fully utilize the incentive measures and a reasonable incentive mechanism to guide the participants. But from the implementation of the activities, it is found out that cultural identity could also serve as an effective means to encourage the participation of relevant personnel. According to the personal-organizational agreement theory^[4], the employees' values will affect their working attitude. If they have experience in public welfare activities or recognized that public welfare activities could help others, their values and goals are more compatible with the mission and goals of the activities, and are more willing to cooperate with the activities along the way. It is of great significance to ensure the sustainability of the activities and to ensure the stability of the personnel, rather than simply using the monetary means to keep them working, or the administrative order from the leadership or other subsidy.

5.2.4 Improved Efficiency by Computerization and Informatization

The activities including setting up the computerized information system, which includes all process from screening training, screening supervision, data reporting, referral and return visit. All are realized by the computerized information system, which greatly improved the efficiency and the quality of the activities also has been ensured. The project manager could get the data real time, and audit the data to guarantee the quality of the data.

Efficient and convenient methods for activities implementation attracted more and more teachers and village doctors to participate in the activities. In order to ensure the smooth use of information system, the project hospital staff, in addition to the ordinary training, would send people to do one to one guiding on the use of the information system for the older and unskilled school doctors, and to help them to solve the possible problems in the preparatory phase and to ensure the activities have the cooperation from them.

“我们县医院指派人员手把手的教，教会了我们，也就（可以）去完成这

项工作。”

“the project staff of our county hospital would send people to teach us to teach us, and we can finish the activities.”

(ZYX-CY)

5.2.5 Increased Exposure by Multiple and Diverse Promotions

All project areas have adopted various ways to publicize widely the activities. They were both comprehensive and targeted. Since the target population was students, the schools, welfare homes and special schools were chosen as the main publicity positions. In terms of the ways of publicity, considering the coverage, scope and social influence of the publicity, various methods were adopted, including the exhibition board display of the early activities achievement, the publicity manual, the mouse pad, the television media, the broadcasting, the WeChat software and so on. The staff actively explored and developed special publicity and education methods. Practice has proved that the effect was good and greatly improved the awareness of the activities.

5.2.6 Limitation by Economic, Educational and Awareness Factors of Target Population

A very large number of people in the activities were restricted by economic conditions, educational level, health awareness and other factors, and the understanding of eye health services was insufficient. In addition to the lack of knowledge on prevention and health care of the eyes, they did not know how and where to seek medical services. Sometimes, parents did not recognize the fact that their own children have eye diseases, therefore the initiative to seek and use the eye care service was not high. Some parents believed that eye care services would not work and were useless, and they just would not take children for treatment.

“很多特价机（教）构孩子并不知道自己有眼病，也不知道怎么去处理。”

“Many children in special schools do not know that they have eye diseases, and do not know how to deal with them.”

(SYK-WT)

“乡村筛查找出了700多个有问题的孩子，包括有些乡村医生知道哪个家的孩子有问题，但是家长都不愿承认。”

“Village screening has identified more than 700 children with disabilities or eye diseases. And there are some more who the village doctors know to have

disabilities or eye diseases , but their parents are not willing to admit. ”

(SYK-WT)

“有些情况特别严重，有个孩子患了唐氏综合症，30 多年关在楼梯间不管不顾。这些人感觉我们提供的服务没什么用处，所以不去治疗。”

(SYK-WT)

“Some cases are particularly serious. One child has Down syndrome. Over the past 30 years, it has been kept in the staircase. These people feel that the services we offer are of no use, so they are not going to be treated.

(SYK-WT)

5.2.7 Lack of Performance Review System for Sustainability

These activities provided a certain degree of subsidy to teachers, village doctors and doctors involved in the activities to motivate them, but the evaluation found out that there was a lack of penalty in the implementation, and the evaluation also found out that even if the project hospital staff knew that the students who had not completed the referral, they would not continue to follow up and urge them to complete the examination in the hospital for treatment.

“有之前检查过的学生，第二年没有来。不会（跟踪他），也没有打电话让他赶紧再来检查一下。”

“Students who had eye checked before did not come for the second year. No (follow up), no phone calls to ask him to check it again. ”

(DTS-YG)

Appropriate and reasonable assessment mechanism can make the implementation work better. Adding these activities into the daily workload of the participants means a lot of work added. Under the current situation of the resources and manpower, assessment mechanism is a means to ensure the pro-activity of the staff. In order to establish a long-term mechanism of a multi-sector cooperation, it is advised to use performance evaluation mechanism, and include the eye care services provided to the students into the mechanism, in order to improve the implementation efficiency, to effectively play the functions of the multiple departments and to ensure the implementation of the activities.

5.2.8 Incomplete Integration and Utilization of Resources

One of the conditions for success in the implementation of activities is the ability to make appropriate integration of various resources. Eye care projects are expected to continue for a long time. The CHEER project involve a wide range of activities and people^[1]. These features indicate the need to mobilize the participation of multi-sectoral personnel, make full use of existing social resources, and create an awareness and full attention from the whole society.

The evaluation found that the village doctor, the education department and the federation of the disabled have certain channels to get the information of the targeted children. Now the informatization is high, but it has not been considered to use the integration of these information system, so as to find more children in need of help. Integrating existing resources and redistributing human resources and material resources can reduce duplication of work in various departments, thereby increasing efficiency and enabling wider coverage of services.

Reference

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