

## Executive Summary

### Overview

This report presents findings of a mid-term review of the Orbis International Africa (OIA) project support to promote the uptake of child eye health services within the Ashanti Region, Ghana. The purpose of the project was to promote the uptake of child eye health services, by strengthening the Ghanaian health system. The project was funded by Standard Chartered Bank - Seeing is Believing (SiB). The project is part of a wider OIA programme in Ghana that aims to establish a comprehensive paediatric eye care service in the Ashanti Region. The evaluation was conducted by a team of 6 Orbis staff from Orbis International (OI) headquarters, New York office, the UK Affiliate office, the Orbis International Africa (OIA) regional, Cape Town office. The evaluation followed an empowerment evaluation approach to engage relevant project stakeholders in thinking and reflection on how to improve programme practice and used a mixed method approach. A review of the original project proposal, project quarterly progress reports and 6-monthly donor reports was conducted and a total of 28 key stakeholders were interviewed. Interviews included regional health representatives, district health representatives and community level project implementing partners from two districts, Atwima Kwanwoma District and Ejisu Jueban Municipal District. A total of five project staff interviews were held - three with project staff from the Orbis Ghana office and two from the OIA Cape Town office. The limitations of the evaluation included the unavailability of Queen Mothers, female chiefs who play a central role in traditional governance within communities, including maternal and child health, as well as, community members to participate in the interviews. Another limitation was that time in country was limited, as the evaluation team conducted an evaluation of the KATH project concurrently.

### Key Findings

Overall, the evaluation found the project design is consistent with project beneficiary needs and national priorities. The project design integrated eye health into the Ghana Health Service Community Health Programme, ensuring early identification and referral of patients in need of specialised eye health services. In addition, national and regional priorities to improve access to quality treatment for cataract, refractive error, glaucoma and eye injuries, was addressed through the project design.

In terms of project support, ophthalmic nurses at the district hospitals were trained in paediatric nursing to strengthen the capacity of the district health system to treat and refer patients with eye health conditions. The delivery of essential equipment to improve the hospitals' capacity to provide effective eye health diagnostic services is in progress and the project facilitated effective collaboration, coordination and communication between community and district health stakeholders. A significant increase in collaboration and communication between the district based Ophthalmic nurses, CHOs and SHEP Coordinators was reported. However, district and regional stakeholders reported a number of instances where patients faced financial constraints in accessing district hospital services after referral. In response, ophthalmic nurses are conducting community outreaches and the project will explore long term solutions through partnerships with other eye health NGOs. To strengthen the capacity of Community Health Officers (CHOs) to identify and refer patients with eye health conditions, the project made good progress, with 215 out of a planned 250 CHOs trained (86%)

by December 2018 and 7783 paediatric patients screened since the start of the project. These are patients who would not have had access to eye screening previously, as eye health was not integrated into this level of the health system.

For school eye screening, all SHEP Coordinators were trained and eye health screening is integrated into school screening in all four project districts, through a collaboration between Ghana Education Services and Ghana Health services. The project has significantly exceeded the output target for children screened, with 27,380 screened against a target of 15,000. However, there were delays experienced in children identified with refractive error receiving spectacles, with only 18% of the end of project target for spectacles dispensed met thus far. The reasons for the low achievement is multi-faceted: 1) SHEP Coordinators have screened unexpectedly high numbers of school children which has resulted in additional cases identified with potential refractive error, exceeding the capacity of the project optometrist to conduct all school follow ups and delivery of spectacles; 2) The project optometrist reported high numbers of false positive cases, increasing the amount of time spent at each school. To reduce the numbers of false positives, the project arranged for further on-the-job training for SHEP Coordinators by ophthalmic nurses and the optometrist. To improve the coordination of services, the project optometrist will report directly to the District Health Office and the project will facilitate the relationship between Ghana Health Services and Ghana Education Services.

Targeted community education project targets were exceeded with 7713 people reached through community education meetings and 2272 through facilitated film screenings and an estimated 671,000 reached through radio messaging. This can be attributed to the method employed, using the existing Community Health Management Committees. The approach leverages the relationships that exist between Ghana Health Service, Ghana Education Services and Queen Mothers in the districts, who have access to different platforms to include eye health education to communities: community outreaches programs, festivals, funerals, church services, health education talks in schools and in the communities. In addition, Queen Mothers mobilising events, has proved effective in reaching large numbers of community members. The project also combined eye health screening, with facilitated film screenings, making the events more attractive to community members.

The Orbis Ghana team employed effective relationship building tactics to strengthen partnerships and collaborations with relevant strategic project stakeholders to gain support. OIA programme management and finance developed an activity based budget, with estimated unit cost for all project activities, linked to the project logframe. All project activities expense receipts are coded accordingly, to ensure the project is updated on the current expenditure and budget available for all activities. The total project budget was \$434,010 to be spent over a three year period (1 January 2017-31 December 2019). By the end of December 2018 the project has spent 62% of the budget ( $\$267,016/\$434,010 \times 100$ ), with good progress made in terms of delivery of outputs. The budget was sufficient to cover the required implemented activities and in fact, the project introduced a number of cost savings initiatives during project implementation. Example of cost savings included negotiating free venues and reduced rates for catering for the training of CHOs, SHEP Coordinators and Queen Mothers.

## **Key Evaluation Questions**

The internal mid-term evaluation aimed to provide an over-view of the project design and assesses its relevance to beneficiary needs; as well as; an assessment of its progress towards achieving project outputs, which are the direct results expected to be achieved in the project life. In addition, factors which could affect the likelihood of achieving the objectives – the longer term results the project aims to achieve were explored. Lessons learned identified during the evaluation are documented and recommendations proposed based on the key findings.

## **Key Highlights of the mid-term review**

### *Collaborative relationships*

The project built collaborative relationships within the public health structure, integrating eye health into government structures, with no parallel systems set up, to ensure sustainability. There was considerable support for the project within the district and regional health levels. To ensure project sustainability, the regional directorate identified and appointed a focal person on eye health, with clinical and administrative responsibilities to champion eye healthcare implementation plans and coordinate activities within the four districts. In addition, project activities are included in the regional plans and eye health is included in regional monitoring visits.

### *Sharing knowledge and skills beyond direct training of beneficiaries*

A number of respondents related cases of sharing the knowledge and skills they gained from OIA supported training to colleagues. This highlights the effectiveness of the training provided. For example ophthalmic nurses reported training other ophthalmic nurses at the district hospital to ensure services are provided when they are on leave. In addition, the SHEP Coordinators, trained school based teachers to assist in school eye screening, in order to conduct the screenings more efficiently.

## **Lesson learned from the mid-term review**

### *Planning workshop*

A number of respondents interviewed referred to the planning workshop held at the start of the project as a good practice and requested additional regional coordination meetings. The planning meeting brought all relevant stakeholders together to review the project plans, objectives, targets and strategies. In attendance were a total of 34 people: the Orbis staff, District and Regional Directors of education and health, traditional leaders, Queen Mothers, Representative from Standard Chartered bank, KATH Regional hospital and the Optometrist for the district project. Participants worked in groups to review the project objectives and made suggestions regarding project implementation strategies and monitoring. The participants were enthusiastic, engaged and provided meaningful input which has been included in the project strategy going forward. For example, the project will implement regular opportunities for the stakeholders to engage at a district level, through district coordination meetings, to improve the coordination of services, monitoring, evaluation and strengthen referral systems.

### *Regular coordination meetings*

The project aimed at working within the existing public health structures to implement eye health services and report on activities and outcomes achieved. In this context, building relationships between diverse stakeholders is key and ensuring the stakeholders work together to implement activities, creates the required momentum to deliver on project objectives. This process takes time, but through regular coordination meetings, these relationships can be built. In addition, once established, the approach allows for a more streamlined project management structure, with Orbis staff playing a coordinating and facilitation role. The project strategy to convene and facilitate regular coordination meetings, bringing stakeholders together, with a focus on improving data quality, coordinated planning of upcoming activities and joint problem solving proved effective.

### *Integrating eye health into national health information systems*

When working at a district health level, aimed at strengthening a large number of primary health facilities and district health facilities, creating parallel structures for data reporting would require extensive human resource capacity and budgets. Integrating quality eye health indicators into the District Health Information Management System and not creating parallel data collection systems outside of the national system is key in ensuring sustainability of monitoring system and provides an opportunity to obtain sufficient data overtime, to support the prioritisation of eye health services. The project should continue to support improvements in data quality and compliance with the expanded eye health indicators and tools, within the four districts.