



**Mid-term external evaluation of the
Inclusive Vision Programme in the Democratic Republic of
Congo, Rwanda and Tanzania**

Achieved with the support of the Belgian Development Cooperation

**Évaluation externe à mi-parcours du
Programme Vision Inclusive, conduit en République
Démocratique du Congo, au Rwanda et en Tanzanie**

Réalisée avec le soutien de la Coopération Belge au Développement

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Acronyms

AVP	Acuité Visuelle Postopératoire
CCBRT	Comprehensive Community Based Rehabilitation in Tanzania
CSU	Couverture Sanitaire Universelle
DAC	Development Assistance Committee
DGD	Directorate-General for Development Cooperation and Humanitarian Aid
DPS	Division Provinciale de la Santé
DRC	Democratic Republic of Congo
ECIM	Eye Care Indicator Menu
FGD	Focus Group Discussion
HReH	Human Resources for eye Health
IFSO	Infirmiers en Santé Oculaire
IGA	Income Generating Activities
IPEC	Integrated People centred approach to Eye health Care
IT	Itinerant Teacher
ITP	Itinerant Teacher Programme
KCMC	Kilimanjaro Christian Medical Centre
KEU	Kabgayi Eye Unit
KII	Key Informant Interview
LFTW	Light for the World
LpIM	Lumière pour le Monde
MCSO	Monitoring Cataract Surgical Outcomes
OCO	Ophthalmic Clinical Officer
OECD	Economic Co-operation and Development
OMS	Organization Mondiale pour la Santé
PNSOV	Programme National Santé Oculaire et vision
PVA	Postoperative Visual Acuity
QoC	Quality of Care
RC4D	Rotary Clubs for Development
RECO	Relais Communautaires
ToR	Terms of Reference
TSO	Technicien supérieur en ophtalmologie
WHO	World Health Organization

Résumé exécutif

Contexte

La santé oculaire a été reconnue comme essentielle à la réalisation d'une couverture sanitaire universelle et à l'accomplissement d'une série d'objectifs de développement durable. Les troubles de la vue et la cécité à tous les stades de la vie peuvent avoir un impact considérable sur les résultats scolaires, l'emploi, la santé et le bien-être. Comme l'a approuvé la soixante-treizième Assemblée Mondiale de la Santé dans sa résolution WHA73.4 en 2020, pour relever les nombreux défis auxquels sont confrontés les soins de santé oculaire, en particulier les inégalités d'accès, les soins de santé oculaire doivent être intégrés aux systèmes de santé et à la couverture sanitaire universelle (CSU) : chaque individu doit pouvoir bénéficier des services de santé de qualité suffisante dont il a besoin, sans avoir à subir de difficultés financières.

Description du programme

Lumière pour le Monde (LpIM) et Rotary Clubs for Development (RC4D), deux organisations de coopération non gouvernementales belges, ont élaboré un programme commun intitulé " Vision Inclusive" couvrant trois pays d'Afrique centrale et orientale – RDC, Rwanda et Tanzanie - et ont obtenu un financement pour le soutenir de la Direction générale de la coopération au développement et de l'aide humanitaire (DGD) belge. Les deux organisations apportent leurs différentes expertises : le programme s'appuie sur les résultats obtenus au cours des années de soutien de LpIM dans ces pays et, plus récemment, sur le programme qui l'a précédé, appelé "l'Avenir en Vue". En RDC, RC4D a travaillé sur une approche holistique pour améliorer l'accès aux soins de santé de qualité, en se concentrant sur les enfants des rues, les mutuelles de santé et les associations locales mettant en place des activités génératrices de revenus. Leur expertise combinée s'est traduite par la formulation d'un résultat spécifique pour la RDC : Davantage de femmes, d'hommes, de filles et de garçons, en particulier les plus vulnérables, bénéficient d'un soutien holistique pour accéder à des services sociaux de base de qualité, y compris des soins oculaires intégrés aux soins de santé primaires et une éducation inclusive ou professionnelle à Kinshasa et dans six provinces du sud du Congo.

Les objectifs généraux liés aux soins oculaires dans les pays soutenus par le programme actuel comprennent une portée élargie, pour soutenir le développement de services de soins oculaires primaires et spécialisés efficaces, de qualité et accessibles à tous. Plus spécifiquement, l'objectif de ce programme quinquennal conjoint, 2022-2026, est de contribuer à l'amélioration des conditions de vie des femmes, des hommes et des enfants dans les zones ciblées :

- **En RDC**, en améliorant l'accès de ces populations aux soins de santé primaires, y compris les soins ophtalmologiques, et en favorisant l'éducation inclusive des enfants malvoyants dans le sud du pays et l'insertion socioprofessionnelle des enfants des rues à Kinshasa.
- **Au Rwanda et en Tanzanie**, en améliorant l'accès et la qualité des soins ophtalmologiques, et en améliorant l'accès à l'éducation inclusive ou spécialisée pour les enfants souffrant de déficiences visuelles.

Objectifs de l'évaluation externe à mi-parcours

Cette évaluation à mi-parcours s'est concentrée sur le thème de l'intégration des soins oculaires à tous les niveaux du système de santé, qui vise à améliorer l'accès à des soins complets et continus pour tous, en particulier les plus vulnérables. Avec des objectifs d'apprentissage forts, l'évaluation a été conçue pour fournir une analyse à deux niveaux différents :

- **Opérationnel** : examiner les progrès du programme par rapport aux résultats escomptés et réviser, si nécessaire, les stratégies pour atteindre ces résultats ciblés.
- **Stratégique** : examiner comment les stratégies développées contribuent à soutenir l'intégration de la santé oculaire dans les systèmes de santé, et quelles adaptations, le cas échéant, devraient être apportées au cadre logique pour optimiser les résultats.

Les stratégies élaborées et mises en œuvre par le programme ont été examinées et analysées à l'aide des critères sélectionnés du Comité d'aide au développement (CAD) de l'OCDE pour évaluer les programmes d'aide au développement, à savoir l'efficacité, l'efficacité et la durabilité ; d'autres critères du CAD ont été utilisés en fonction du contexte de chaque programme. La prise en compte de thèmes transversaux, tels que l'égalité des sexes et le principe "ne laisser personne de côté" (LNOB), a été couverte sous les critères d'efficacité. En outre, des questions d'évaluation spécifiques ont été définies pour chaque pays, et ont été également évaluées à l'aide des critères pertinents du CAD.

Bien que le programme Vision Inclusive intègre aussi une composante éducative dans tous les pays, étant donné que l'évaluation s'est concentrée sur l'intégration des soins de santé oculaire, nous avons donné la priorité aux interventions liées au secteur de la santé pour notre revue. Cependant, étant donné que l'intégration de la santé oculaire englobe également des composantes liées à l'intégration entre les différents secteurs ou que le continuum de soins comprend également des interventions liées à la réhabilitation, certains aspects spécifiques des composantes éducatives du programme ont été examinés (par exemple, les synergies entre les différents secteurs promus, le référencement entre les activités de dépistage scolaire et les soins oculaires nécessaires, l'impact des activités génératrices de revenus (AGR) sur l'accès aux soins oculaires pour les bénéficiaires ciblés, etc.).

Approche de l'évaluation externe à mi-parcours

L'évaluation à mi-parcours s'est déroulée entre août 2024 et décembre 2024. L'équipe de consultants a utilisé une combinaison de méthodes quantitatives et qualitatives pour réaliser l'évaluation. Les entretiens avec des informateurs clés ont été la principale méthode utilisée pour la collecte des données qualitatives. Ces entretiens ont été menés avec diverses parties prenantes afin de recueillir des points de vue sur l'expérience de mise en œuvre, la perception de la valeur des différents éléments du programme et l'impact perçu de ceux-ci sur le processus d'intégration de la santé oculaire dans le système de santé. L'évaluation repose également sur un examen exhaustif des documents produits dans le cadre du programme. Les données collectées ont aussi été triangulées en utilisant deux approches différentes : 1) la tenue de sessions de débriefing et de travail participatif avec les partenaires dans les pays, ainsi que 2) l'administration de questionnaires en ligne. Enfin, l'évaluation a été menée en fonction de différents critères, mais en focalisant sur l'efficacité, l'efficience et la durabilité des interventions clés du programme contribuant à promouvoir l'intégration de la santé oculaire dans les systèmes de santé.

Principaux résultats

Le programme est vu par les différentes parties prenantes interrogées comme très pertinent, en cohérence avec les directives nationales, et contribuant à soutenir le processus d'intégration des soins oculaires dans les systèmes de santé des trois pays. Si les interventions développées pour chacun des pays n'ont pas été spécifiquement articulées autour des quatre axes stratégiques recommandés par l'OMS pour promouvoir des « soins oculaires intégrés centrés sur la personne » (IPEC), la stratégie du programme intègre néanmoins chacun de ces quatre axes. L'accès de la population aux services de santé est facilité et la demande pour ces services augmentée, en réduisant les barrières financières via la tarification échelonnée des cliniques soutenues, la prise en charge des soins pour les plus vulnérables ou le partenariat avec les mutuelles de santé.

Le processus de décentralisation est soutenu par le programme, et contribue aussi à intégrer les soins de santé oculaire à différents niveaux, que ce soit en assurant des formations techniques, visites de supervision, ou en amenant un soutien en matériel et équipement.

Le renforcement des capacités est fait par le biais de différentes stratégies, allant de visites d'ophtalmologues externes (missions de compagnonnage) jusqu'à des stages de courte durée soit dans les pays ou soit à l'étranger ou des visites de mentorship. Ces efforts ont un impact notable sur les capacités et compétences du personnel, quoique des besoins demeurent pour développer et consolider les expertises dans les sous spécialités ophtalmologiques dans les institutions se définissant comme des centres de référence. Aussi, le programme gagnerait à développer un plan de renforcement des capacités incluant tous les niveaux, afin de pouvoir suivre et évaluer l'impact des interventions menées, comme lors des supervisions faites au niveau primaire par les cliniques/structures de référence soutenues par le programme.

Une collaboration inter sectorielle est menée avec le secteur de l'éducation dans les trois pays, comme avec par exemple les activités de dépistage scolaire. Dans tous les pays, la bonne collaboration avec les acteurs du secteur de l'éducation (inclusive ou générale) est rapportée et les cibles pour les activités de dépistage scolaire et référencement des enfants nécessitant des soins sont atteintes voir dépassées.

De même, des initiatives de collaboration intra sectorielle sont initiées, par exemple avec les services de néonatalogie ou de diabétologie, ou certains personnels de ces services sont formés par les structures de santé soutenues par le programme, et des référencement sont assurés entre les services quand cela est nécessaire. Le suivi de ces activités demande à être renforcé, ainsi que le rapportage, pour pouvoir mesurer les gains, identifier les bonnes pratiques, et appuyer le processus d'intégration de manière plus formalisée.

Pour conclure, le programme Vision Inclusive, mené par LpIM et en RDC avec le RC4D, contribue de façon significative à développer un environnement propice à l'intégration de la santé oculaire dans les systèmes de santé dans chaque pays. Que ce soit en Tanzanie, où le programme organise des ateliers régionaux pour analyser les performances en santé oculaire des hôpitaux soutenus, ou dans le secteur de l'éducation inclusive, ou les efforts menés ont contribué à assurer le financement à 100% des professeurs itinérants par les autorités locales ; ou au Rwanda, où le support amené par KEU a permis que les soins ophtalmologiques soient disponibles tous les jours dans les CSs du district de Muhanga. Le programme Vision Inclusive a également contribué à soutenir le rapportage des indicateurs de santé oculaire dans les systèmes nationaux d'information sanitaire (SNIS). Comme par exemple en RDC, où, dans les zones soutenues par RC4D, la disponibilité dans le SNIS des données concernant les soins oculaires, et l'appui fournit au PNSOV et à la DPS pour réaliser des missions de suivi et supervision de l'intégration des soins oculaires ont permis au PNSOV de consolider la mise en œuvre du plan stratégique national de santé oculaire universelle dans les 3 Zones de santé pilotes de la Ville de Kinshasa.

Recommandations

Les recommandations spécifiques à chaque pays peuvent être trouvées dans les sections afférentes à chaque pays. Les recommandations générales sont reprises ci-dessous :

EQ	Catégorie	Recommandation
Court-terme (C)		
Efficacité	HReH	GEN-C1 – Développer un plan de renforcement des capacités (budgétisé) et adressant les différents niveaux. Inclure le suivi et évaluation de l’impact des activités menées par les partenaires dans les structures de niveau inférieur.
		GEN-C2 - Renforcer les formations et activités menées par les relais communautaires, qui représentent un moyen de sensibilisation efficace des populations, et contribuent à soutenir l’intégration de la santé oculaire au niveau communautaire.
	Accès	GEN-C3 - Désagréger les données pour pouvoir évaluer le pourcentage de consultations/ opérations réalisées lors des cliniques mobiles, vs. dans les cliniques/ structures partenaires, afin de revoir les stratégies de sensibilisation (demande de services) et celles visant l’amélioration de l’accès aux soins comme nécessaire.
	Assurance de qualité - services	GEN-C4 - Inclure le suivi des “erreurs de référencement” (c’est-à-dire par exemple des cas référés vers les niveaux supérieurs sur base d’un premier diagnostic erroné, ou des cas qui auraient pu être pris en charge directement au niveau inférieur) pour pouvoir évaluer les capacités du personnel des niveaux inférieurs et l’impact des formations conduites par les structures de santé partenaires du programme au niveau secondaire et primaire.
		GEN-C5 - Le rapportage des résultats des interventions chirurgicales de la cataracte devrait être standardisé dans les trois pays. Compte tenu du défi que représentent les patients qui ne reviennent pas pour un suivi, les programmes devraient également évaluer l'acuité visuelle à la sortie, à l'aide de mesures non corrigées et/ou du test au sténopé, afin de garantir une collecte de données cohérente et complète. Parmi les trois modèles examinés, celui de KEU est le modèle à suivre pour évaluer les résultats des opérations de la cataracte.
	Assurance de qualité - programme	GEN-C6 - Permettre aux coordinateurs pays des programmes à un tableau de bord Power BI, fournissant des informations en temps réel pour rationaliser l’analyse des données, surveiller les performances et prendre des décisions éclairées pour des corrections de cap en temps opportun. Un tableau de bord Power BI est disponible chez LpIM (à travers L-Int) ; cependant, il n'est pas accessible à tous les membres du personnel pays concernés de LpIM et du RC4D.
Durabilité	Partage des bonnes pratiques	GEN-C7 - Le programme permet de promouvoir un modèle de gestion durable des structures/ cliniques partenaires, et contribue au développement des ressources, comme les modules de gestion ‘Blueprint’ développés en RDC. Il serait important de partager ces ressources, les leçons apprises, études de cas et les bonnes pratiques au sein des programmes de LpIM et RC4D, mais aussi avec les autres pays et partenaires, afin de renforcer la dynamique régionale.
		GEN-C8 - De même, pour la mise en place de la centrale d’achat de médicament (CAMELU, en RDC). Il serait intéressant de partager cette initiative, les leçons apprises et bonnes pratiques avec les autres acteurs internationaux en santé oculaire.
Moyen-terme (M)		

EQ	Catégorie	Recommandation
Durabilité	Intégration	GEN-M1 - Développer une stratégie et un plan spécifique par pays pour appuyer le processus d'intégration de la santé oculaire à tous les niveaux du système de santé.
	Collaboration inter sectorielle	GEN-M2 - Continuer le plaidoyer pour renforcer la collaboration intersectorielle ; développer de nouveaux axes de collaboration intersectorielle, comme par exemple promouvoir l'accès à la santé oculaire pour les fonctionnaires d'état ou dans le secteur privé.
	Assurance de qualité - services	GEN-M3 - Avec l'adoption récente d'un outil d'évaluation et suivi de la qualité des soins, il est recommandé que le programme engage un ophtalmologiste senior pour superviser son utilisation et son interprétation cohérentes dans les trois pays.

Executive Summary

Context

Eye health has been recognised as essential to achieving universal health coverage, and key to progressing a range of Sustainable Development Goals. Vision impairment and blindness at any stage of life can significantly impact education outcomes, employment, health and wellbeing. As approved by the Seventy-third World Health Assembly (WHA) in its resolution WHA73.4 in 2020, in order to meet the many challenges facing eye health care, in particular inequalities in access, eye health care must be integrated into health systems and universal health coverage (UHC): every individual should be able to benefit from the health services of sufficient quality that they need, without having to suffer financial hardship.

Programme description

Light for the World (LFTW) and Rotary Clubs for Development (RC4D), two Belgian non-governmental cooperation organisations, have drawn up a joint programme called 'Inclusive Vision' covering three countries in Central and East Africa – DRC, Rwanda and Tanzania - and secured funding to support it from the Belgian Directorate General for Development Cooperation and Humanitarian Aid (DGD). The two organisations bring their different expertise: the project builds from the results achieved during years of support from LFTW in these countries and, most recent, the predecessor programme called 'Future in Sight'. In DRC, RC4D has worked on a holistic approach to improve quality healthcare access, focusing on children of the street, mutual health insurance and local associations with income-generating activities. Their combined expertise has been translated in the formulation of a specific outcome for DRC: more women, men, girls and boys, especially the most vulnerable, benefit from holistic support to access quality basic social services, including eye care integrated into primary healthcare and inclusive or vocational education in Kinshasa and six provinces in southern Congo.

Overall eye care-related objectives in the supported countries for the current programme include a broadened scope, to support the development of efficient, quality, and accessible primary and specialized eye care services to all. More specifically, the aim of this joint five-year programme, 2022-2026, is to help improve the living conditions of women, men and children in the target areas:

- **In the DRC**, by improving access for these populations to primary healthcare, including eye care, and by promoting inclusive education for visually impaired children in the south of the country and improving the socio-professional integration of street children in Kinshasa.
- **In Rwanda and Tanzania**, by improving access to and the quality of eye care, and by improving access to inclusive or specialised education for children and youth with visual impairments.

Evaluation objectives

The focus of this mid-term evaluation was on the theme of integrating eye care at all levels of the health system, which aims at improving access to comprehensive and continuous care for everyone, especially the most vulnerable. With strong learning objectives, the evaluation was designed to provide an analysis at two different levels:

- **Operational:** to review progress of the programme towards expected results and revise, if needed, strategies to achieve these targeted outcomes.
- **Strategic:** to review how the strategies developed contribute to support eye health integration into health systems, and what adaptations, if any, should be made to the logical framework to optimize the results.

The strategies developed and implemented by the programme were reviewed and analysed using selected OECD Development Aid Committee (DAC) criteria to evaluate development aid programmes, i.e. effectiveness, efficiency and sustainability; other DAC criteria were used as pertinent for each programme context. Consideration of transversal thematic, such as gender and 'leave no one behind' (LNOB), was covered under the effectiveness criteria. In addition, specific evaluation questions were defined for each country and assessed using relevant DAC criteria.

Although the Inclusive Vision programme has an educational component in all countries, given the focus of the evaluation on integration of eye health, interventions related to the health sector were prioritised for our review. However, as integration of eye health also includes integration across sectors and as the continuum of care also encompasses interventions related to rehabilitation, some specific aspects of the educational components of the programme were

reviewed (e.g. synergies between the different sectors promoted, referral pathway between school screening activities and needed eye care, impact of income generating activities (IGA) on access to eye care for targeted beneficiaries etc)

Evaluation approach

The mid-term evaluation took place between August 2024 and December 2024. The consultant team used a combination of quantitative and qualitative methods to conduct the evaluation. Key informant interviews were the primary data collection method used for qualitative data. These interviews were conducted with various stakeholders to gather perspectives on the implementation of the program, the perceived value of the different program elements and their perceived impact on integration of eye health within the health system. The evaluation also included an exhaustive review of the documents produced as part of the program. Triangulation of data was ensured using two different approaches: 1) conducting debriefing and participatory work sessions with partners in countries, as well as 2) administering online questionnaires. Finally, the evaluation was carried out according to different criteria, but focused on effectiveness, efficiency and sustainability of key program interventions contributing to promote integration of eye health into health systems.

Key results

The programme is seen in the three countries as very relevant by the different stakeholders interviewed, in line with national policies, and strongly supporting the process of integration of eye care into the health systems. Although the interventions defined for each country have not been specifically articulated around the IPEC strategic pillars to support integration process, the program nevertheless addresses each of the four strategic pillars as recommended by the WHO. The population's access to eye health services is facilitated and the demand for these services increased, by reducing financial barriers through tiered pricing of supported clinics, the provision of subsidized care for the most vulnerable or the partnership with health insurance companies.

Decentralization process is supported by the programme, also contributing to integration of eye health care at the different levels of care, whether by providing technical training, supervisory visits, or by providing support in materials and equipment.

Capacity building is done through different strategies, ranging from visits from external ophthalmologists to short-term internships abroad or in country (paramedical & medical staff) or mentorship visits. These efforts have a significant impact on the capacities and skills of staff, although a need remains to develop and consolidate expertise in ophthalmological subspecialties in institutions identified as reference structure. Also, the program would benefit from developing a capacity building plan including all levels, in order to be able to monitor and evaluate the impact of the interventions carried out, such as for example during supervision carried out at the primary level by clinics/reference structures supported by the programme.

Inter-sectoral collaboration is ensured with the education sector in the three countries, for example with school screening activities. In all countries, good collaboration with stakeholders from the education sector (inclusive or general) is reported and the targets for school screening activities and referral of children requiring care are met or even exceeded.

Likewise, intra-sectoral collaboration initiatives have been conducted, for example with neonatology or diabetology services, where team members from these services are trained by the program's partner structures, and referrals are ensured between services when necessary. Monitoring these activities need to be strengthened, as well as reporting, to be able to measure gains, identify good practices, and support the integration process in a formalized way.

To conclude, the Inclusive Vision programme, led by LFTW and in the DRC with RC4D, contributes significantly to developing an environment conducive to the integration of eye health into health systems in each country. Whether in Tanzania, where the program organizes regional workshops to analyze the eye health performance of supported hospitals, or in the inclusive education sector, where the efforts carried out have contributed to ensuring 100% funding for itinerant teachers by local authorities; or in Rwanda, where the support provided by KEU enabled ophthalmological care to be available every day in the Health centers of the Muhanga district. The Inclusive Vision programme also supports the reporting of eye health indicators in the national health information systems (NHIS). As for example in DRC, where, in the areas supported by RC4D, the availability of eye health data in NHIS, and the support provided to the PNSOV and the DPS to carry out monitoring and supervision missions, have allowed the PNSOV to consolidate the implementation of the national strategic plan for universal eye health in the 3 pilot health zones of the City of Kinshasa

Recommendations

Country specific recommendations can be found in each country's results section of the report. General recommendations are presented below:

EQ	Category	Recommendation
Short-term (S)		
Effectiveness	HReH	GEN-C1 - Develop a capacity building plan (with budget) addressing the different levels of cares targeted. Include monitoring and evaluation of the impact of activities carried out by partners at lower-level structures.
		GEN-C2 - Strengthen training and support provided to community health workers, which represent an effective way of raising awareness among populations and contribute to supporting the integration of eye health at the community level.
	Access	GEN-C3 - Disaggregate data to be able to evaluate the percentage of consultations/surgeries carried out during mobile clinics, vs. at partner clinics/structures, in order to review awareness strategies (to increase demand side) and those aimed at improving access to care, as necessary.
	Quality assurance - services	GEN-C4 - Include monitoring of “false referrals”, to be able to assess the capabilities of staff from lower levels, and the impact of trainings conducted by the structures supported by the programme at the secondary and primary levels.
		GEN-C5 - The reporting of cataract surgical outcomes should be standardised across all three countries. Given the challenge of patients not returning for follow-up, programmes should also assess visual acuity at discharge, using uncorrected measurements and/or the pinhole test, to ensure consistent and comprehensive data collection. Among the three templates reviewed, the one from KEU is the model to follow for monitoring cataract surgical outcomes on a quarterly basis.
	Quality assurance – programme	GEN-C6 - Enable country programme coordinators to access a Power BI dashboard, providing real-time insights to streamline data analysis, monitor performance, and make informed decisions for timely course corrections. A Power BI dashboard is available at the corporate level at LFTW (through L-Int); however, it is not accessible to all relevant staff members within LFTW and RC4D.
Sustainability	Sharing of good practices	GEN-C7 - The programme helps promoting a sustainable management model for partner structures/clinics, and contributes to the development of resources, such as the ‘Blueprint’ management modules developed in DRC. It would be beneficial to share these resources, lessons learned, case studies and good practices within LFTW and RC4D programmes, but also with other countries and partners, in order to strengthen regional dynamics.
		GEN-C8 - Likewise, regarding the establishment of the drug purchasing center (CAMELU, in the DRC) it would be an added value to share this initiative, the lessons learned and good practices with other international actors in eye health.
Mid-term (M)		
Sustainability	Integration	GEN-M1 - Develop a country-specific strategy and plan to support the process of integration of eye health at all levels of the health system.
	Collaboration inter-sectorial	GEN-M2 - Continue advocacy to strengthen intersectoral collaboration; develop new areas of inter-sectoral collaboration, such as promoting access to eye health for state civil servants or in the private sector.
	Quality Assurance - services	GEN-M3 - With the recent adoption of a quality standards assessment tool, it is recommended that the programme engage a senior ophthalmologist to oversee its consistent use and interpretation across all three countries.

1 Introduction

Nous avons le plaisir de présenter à Lumière pour le Monde (LpIM) et à Rotary Clubs For Development (RC4D) notre rapport final pour l'évaluation externe à mi-parcours du programme Vision Inclusive 2022-2026. Dans ce document, nous revenons d'abord brièvement sur les objectifs de l'évaluation et les méthodes utilisées pour la collecte et l'analyse des données. Nous présentons ensuite les résultats de l'analyse conduite aux deux différents niveaux (stratégique et opérationnel), par pays, avant de partager dans la dernière section les leçons apprises, ainsi que les conclusions générales et les recommandations.

Les annexes comprennent nos documents de référence tels que notre plan de travail (annexes 1 et 2) matrice d'évaluation utilisée (annexe 3), les rôles des membres de l'équipe d'évaluation (annexe 4), la liste des documents examinés (annexe 5), les outils utilisés pendant l'évaluation (annexes 6 à 9) et un résumé des indicateurs utilisés par l'Organisation Mondiale de la Santé (OMS) pour la stratégie "soins oculaires intégrés centrés sur la personne" (annexe 10).

2 Objectifs de l'évaluation

Grâce au financement de la Coopération belge au développement (DGD), LpIM, et RC4D en RDC, ont mis en place le programme Vision Inclusive (2022-2026), pour soutenir le développement de services de soins oculaires primaires et spécialisés efficaces, de qualité et accessibles à tous. L'évaluation externe à mi-parcours de ce programme a un double objectif d'apprentissage et de redevabilité. D'une part, elle fournit au financeur du programme, à la direction de LpIM et de RC4D et au grand public une évaluation indépendante de la mesure dans laquelle les objectifs du programme et les interventions clefs menées ont contribué à soutenir le processus d'intégration de la santé oculaire au sein des systèmes de santé. Elle explore les facteurs qui ont contribué aux succès du programme ainsi que les défis qui ont entravé les progrès et la manière dont ils ont été relevés. D'autre part, l'évaluation identifie et documente les principaux enseignements tirés du programme dans ses différents contextes, tout en formulant des recommandations spécifiques et exploitables pour améliorer les interventions soutenues et informer les prochaines générations de programmes. Les résultats de l'évaluation soutiendront en outre LpIM et RC4D dans leurs efforts de communication externe et de plaidoyer.

3 Méthodologie

L'évaluation s'est déroulée entre Août 2024 et Décembre 2024 et a été menée par une équipe de cinq consultants, assistée de l'équipe de gestion de Tropical Health. L'équipe était composée de deux consultants internationaux - une chef de mission et un expert technique - et de trois consultants nationaux, un dans chaque pays cible de l'évaluation. La méthodologie appliquée et les difficultés rencontrées durant l'évaluation sont décrites ci-dessous.

3.1 Approche générale

L'intégration de la santé oculaire dans les systèmes de santé englobe différentes interventions et composantes clés. Afin de développer un cadre d'évaluation et de définir les aspects clés de l'intégration qui ont été examinés, nous avons utilisé la définition suivante :

"Pour mettre en place un système de soins de santé solide incluant les soins oculaires, ces derniers doivent être intégrés dans les politiques et systèmes de soins de santé existants à tous les niveaux. Cela signifie que les soins oculaires doivent être dispensés à domicile, à l'école et dans d'autres structures communautaires, et intégrés aux structures d'hospitalisation et de soins ambulatoires aux niveaux secondaire et tertiaire¹. "Pour relever les nombreux défis qui se posent dans le domaine des soins oculaires - notamment les inégalités d'accès et le manque d'intégration dans le système de santé - les soins oculaires doivent faire partie intégrante de la couverture sanitaire universelle. Nous pensons que l'intégration au

¹ Intégrer les soins ophtalmologiques primaires aux soins de santé primaires : un parcours à suivre -Noopur Gupta, Souvik Manna, Suraj Singh Senjam, Vivek Gupta et Praveen Vashist

sens propre du terme consiste à empêcher les soins oculaires de fonctionner en vase clos et à les rendre pertinents pour les objectifs plus larges des soins de santé. (OMS)

En 2019, le rapport mondial sur la vision de l'Organisation Mondiale de la Santé (OMS) a recommandé la mise en œuvre de "soins oculaires intégrés centrés sur la personne" (IPEC), un continuum d'interventions sanitaires dans lequel les services s'écartent d'une approche verticale, avec des soins oculaires, cloisonnés et axés sur la maladie, pour adopter des approches holistiques centrées sur la personne et favorisant l'accès à un éventail complet de soins tout au long de la vie. Le changement de perspective dans la pratique des soins oculaires pour permettre des approches holistiques et intersectorielles tout au long de la vie sont des principes clés pour atteindre l'IPEC². Afin de centrer cette évaluation à mi-parcours sur l'intégration de la santé oculaire et conformément aux recommandations globales de l'OMS visant à promouvoir l'IPEC, nous avons utilisé le cadre IPEC de l'OMS pour guider l'évaluation.

3.2 Méthodologie

Nous avons utilisé une combinaison de méthodes quantitatives et qualitatives pour réaliser l'évaluation. Le tableau 1 ci-dessous présente un aperçu des méthodes utilisées.

Tableau 1 : Aperçu des méthodes de collecte des données d'évaluation et portée de l'enquête par méthode

Méthodes	Champ d'application de l'enquête
Données secondaires	
Examen des documents	Vue d'ensemble du contexte. Analyse des réussites, des défis et de l'apprentissage.
Analyse des données quantitatives	Vue d'ensemble des principaux résultats, y compris les considérations liées au genre et aux LNOB, le cas échéant. Analyse approfondie de l'efficacité, de l'efficience et de la durabilité. Analyse de la cohérence et de l'impact, lorsqu'ils ont été sélectionnés comme critères principaux.
Données primaires	
Questionnaires auto-administrés	Recueillir les réflexions des parties prenantes sur le cahier des charges/cadre logique du programme, sur les progrès accomplis dans la réalisation des effets et des résultats escomptés. Recueillir des informations sur l'état d'avancement de la mise en œuvre des recommandations formulées sur la base des conclusions de l'évaluation finale du programme précédent et acceptées par la direction du LplM. Recueillir des informations programmatiques afin d'alimenter notre cartographie des interventions de santé oculaire développées/renforcées conformément aux lignes directrices de l'IPEC.
Entretiens avec des informateurs clés	Expérience du programme, examen qualitatif des effets perçus, des facteurs de réussite et des défis et obtention d'avis sur les perspectives de durabilité, l'apprentissage et les recommandations d'amélioration pour le reste du programme.
Discussions de groupe	Il est proposé de se limiter aux domaines de l'éducation et de l'AGR, afin de recueillir l'expérience des familles d'enfants et de jeunes déficients visuels en Tanzanie, au Rwanda et en RDC, ainsi que des parties prenantes de l'AGR en RDC.
Débriefing et séances de travail participatives	Validation des résultats par chaque partenaire pays. Validation des leçons apprises initiales et des bonnes pratiques. Analyse des processus de changement, y compris les facteurs facilitants et les obstacles. Discussion des recommandations potentielles pour la suite du programme.

Les entretiens avec des informateurs clés (KII) ont été la principale méthode utilisée pour la collecte des données qualitatives. Ces entretiens ont été menés avec diverses parties prenantes afin de recueillir des points de vue sur l'expérience de mise en œuvre, la perception de la valeur des différents éléments du programme et l'impact perçu de ceux-ci sur l'intégration de la santé oculaire dans les systèmes de santé. La durée moyenne des entretiens a été d'environ de 60 minutes, bien que plusieurs entretiens aient eu une durée supérieure à 60 minutes. Les informateurs clés ont été sélectionnés de manière ciblée. Certains entretiens ont été réalisés en petits groupes (par exemple, deux à trois membres du personnel ayant le même titre professionnel ou les mêmes domaines de responsabilité). De même, certains entretiens ont été réalisés de manière virtuelle ou en mode hybride (le consultant international se joignant virtuellement à un entretien mené en personne par le consultant national). Pour tous les entretiens, le ou les consultants ont expliqué les

² Soins oculaires intégrés et centrés sur la personne : A scoping review on engaging communities in eye care in low- and middle-income settings- Ling Lee- National library of medicine

objectifs de l'évaluation au(x) répondant(s) et obtenu leur consentement écrit ou verbal avant débiter l'entretien. Le ou les consultants ont aussi obtenu le consentement de chaque répondant pour l'enregistrement audio des entretiens. L'évaluation repose également sur un examen exhaustif des documents produits dans le cadre du programme. Les données collectées ont été triangulées en utilisant deux approches différentes : 1) à la suite des KIIs, la tenue de sessions de débriefing et de travail participatif avec les partenaires dans les pays, ainsi que 2) l'administration d'un questionnaire en ligne.

Tableau 2 – Aperçu des données collectées (prévu et réalisé)

Method		DRC	Tanzania	Rwanda
Documents	Disponibles Available	70	21	27
	Revus Reviewed	51 Docs « extra » -Blueprint- pas revus en détail	21	24 Rwamagana monitoring sheets pas revues
Entretiens avec des informateurs clés	Informateurs – prévu Informants – planned	30-35	25-30	20-25
	Informateurs – réalisé Informants – done	21	21	28
Discussions de groupe	Participants - prévu Participants - planned	3-5	6-10	3-5
	Participants – réalisé Participants - done	2	7	6
Questionnaires auto-administrés	Participants – prévu Participants – planned	18	15	42 (9 proposés par LpIM)
	Participants – réalisé Participants – done	6	7	5

3.3 Analyse des données

Pour faciliter l'analyse des données qualitatives, les entretiens ont été enregistrés sur support audio. Les fichiers audios ont ensuite été traités par le biais des logiciels Otter (anglais) ou Sonix (français) pour obtenir des transcriptions (rendues anonymes) verbatim de chaque entretien. Les données de toutes les sources ont été triangulées pour interpréter et valider les résultats pour chacun des domaines d'intervention du programme, pour chaque pays ainsi que pour l'analyse transversale.

Revue et analyse au niveau stratégique : comprenant la revue du cadre logique, de la théorie du changement (TdC) et des stratégies développées et mises en œuvre dans chaque pays. Pour guider cette revue et analyser la progression et les contributions du programme à ses objectifs, nous avons utilisé le cadre des recommandations stratégiques clés de l'IPEC, présenté dans la **Error! Reference source not found.** ci-dessous. Cela nous a permis de réaliser une "cartographie" des activités et stratégies actuelles soutenues par le programme qui contribuent à une plus grande intégration des services de soins ophtalmologiques dans l'ensemble du continuum de soins. Nous avons évalué leur niveau de mise en œuvre, en identifiant les progrès réalisés/ bonnes pratiques/ défis et lacunes, ce qui nous a permis de formuler des recommandations sur mesure pour les stratégies futures ou la révision des interventions prévues afin de soutenir davantage l'intégration de la santé oculaire dans les systèmes de santé.

Figure 1 - Stratégie IPEC de l'OMS - les quatre piliers



Revue et analyse au niveau opérationnel : En se basant sur les 14 questions communes aux trois pays, ainsi que sur les questions spécifiques par pays fournies dans les Termes de référence (ToR), nous avons développé une matrice d'évaluation. Cette matrice a été utilisée comme grille d'analyse pour catégoriser les données collectées par thèmes et sous-thèmes. De plus, les lignes directrices de l'IPEC fournissent également un ensemble complet d'indicateurs d'intrants, d'extrants, de résultats et d'impact qui soutiennent le processus d'intégration des soins ophtalmologiques dans les systèmes de santé. Nous avons donc sélectionné et ajusté la définition de certains indicateurs de base, conformément aux domaines d'intervention du programme et en collaboration avec LpIM et RC4D. Cela nous a permis d'évaluer les résultats quantitatifs et d'examiner les stratégies et les actions mises en œuvre par le programme "Vision inclusive" pour soutenir l'intégration de la santé oculaire dans les systèmes de santé. Ces indicateurs sont présentés dans le tableau 3 ci-dessous.

Tableau 3 - Indicateurs IPEC sélectionnés et adaptés pour guider l'évaluation à mi-parcours du programme Vision inclusive

Indicateur	Catégorie	Définition	Raison d'être
Les soins oculaires intégrés dans le plan national de santé	Intrants et processus - Gouvernance des soins oculaires	Existence de plans nationaux ou infranationaux de haut niveau, au-delà des plans opérationnels, qui intègrent les soins oculaires au niveau des activités et dans le contexte d'actions spécifiques.	L'intégration des soins oculaires dans les plans de santé nationaux est un objectif clé de l'IPEC.
Protection du risque financier pour la chirurgie de la cataracte	Intrants et processus - Financement des soins oculaires	Pourcentage des bénéficiaires ciblés les plus vulnérables bénéficiant de mécanismes de prépaiement (par exemple : tarifs adaptés, régimes d'assurance maladie, etc.) qui couvrent au moins 75 % du coût de l'opération de la cataracte.	La cataracte non opérée reste la principale cause de cécité évitable. La protection financière est au cœur de la santé publique universelle.
Densité et répartition du personnel ophtalmologique	Contribution et processus - Main-d'œuvre dans le domaine des soins oculaires	Nombre de travailleurs ophtalmologiques formés, ventilés par profession : a) ophtalmologistes ; b) optométristes ; et c) personnel paramédical ophtalmologique.	Disposer d'une main-d'œuvre suffisante et bien formée est une stratégie clé pour l'IPEC.
Résultats de la chirurgie de la cataracte (acuité visuelle)	Résultat - Qualité des services de soins oculaires	Pourcentage d'yeux opérés chez les atteignant de : 1. Bon résultat de la chirurgie de la cataracte : obtention d'une AV	De bons résultats en matière d'acuité visuelle sont essentiels pour restaurer le fonctionnement visuel et améliorer la qualité de vie. Le suivi et l'évaluation des résultats visuels après une opération de la

Indicateur	Catégorie	Définition	Raison d'être
		postopératoire de 6/12 ou plus au moment du suivi. 2. Résultat "sous-optimal" de la chirurgie de la cataracte : atteinte d'une AV postopératoire inférieure à 6/12, et égale ou supérieure à 6/60 (déficience visuelle légère et modérée) au moment du suivi. 3. Mauvais résultat de la chirurgie de la cataracte : atteinte d'une AV postopératoire pire que 6/60 (déficience visuelle grave ou cécité) au moment du suivi.	cataracte permettent d'identifier d'éventuelles lacunes et d'adopter des mesures pour améliorer les résultats et renforcer la confiance de la population recommandée pour l'opération.
Disponibilité des services de rééducation visuelle	Résultat - Accès aux services de soins ophtalmologiques	Les services de réadaptation visuelle devraient comprendre au minimum l'orientation vers des spécialistes de la réadaptation, des programmes et un soutien psychologique pour les personnes atteintes de déficience visuelle ou de cécité, la fourniture de dispositifs optiques, non optiques et électroniques, des services de conseil pour optimiser l'environnement de vie des personnes atteintes de déficience visuelle,	Intégration intersectorielle : La disponibilité de ces services améliore l'accès et constitue un aspect crucial des soins oculaires complets.
Couverture des programmes de soins oculaires à l'école	Résultat - Couverture des soins oculaires	Pourcentage d'enfants en âge d'aller à l'école, dans les zones ciblées par le programme, qui bénéficient d'un dépistage périodique des troubles de la vue et de l'acuité visuelle.	Intégration intersectorielle : l'inclusion du dépistage des troubles de la vue dans les services et initiatives de santé scolaire, suivie de la fourniture en temps utile de lunettes et d'autres services de soins oculaires, est importante pour atténuer l'impact des troubles de la vue non pris en charge.
Dépistage des affections oculaires congénitales et néonatales chez le nouveau-né	Résultat - Couverture des soins oculaires	Pourcentage de nouveau-nés soumis à un dépistage des affections oculaires congénitales et néonatales, de préférence dans les 72 heures suivant la naissance, ou lors de la première rencontre avec un établissement de santé.	Intégration dans le secteur de la santé : le dépistage des nouveau-nés, de préférence dans les 72 heures suivant la naissance, est recommandé pour assurer un diagnostic précoce et une orientation en temps utile des affections oculaires congénitales et néonatales.

3.4 Limites et mesures d'atténuation

Les difficultés rencontrées ainsi que les mesures d'atténuation adoptées sont résumées dans le tableau 4 ci-dessous.

Tableau 4 – Limites de l'évaluation et mesures d'atténuation

Limites	Mesures d'atténuation
Dans tous les pays, des défis de calendrier ont été rencontrés pour la conduite des KIIs. Parfois, certains informateurs n'étaient pas disponibles aux dates retenues, ou dans certaines structures partenaires, d'autres activités avaient été prévues aux mêmes dates, ou des urgences médicales ont retenu le personnel ciblé pour les KIIs.	Certains de ces entretiens ont été reportés, voir conduits pendant la fin de semaine pour pallier ces contretemps quand cela était possible. S'il n'était pas possible de décaler l'entretien en personne, les consultants nationaux ont alors effectué un entretien par téléphone.
Des problèmes techniques (connexion internet) ont été rencontrés, et n'ont pas permis aux consultants internationaux de se joindre virtuellement aux sessions de débriefing	Un guide pour conduire ces sessions a été développé, afin d'assurer une consistance et cohérence de l'approche pour tous les pays. Quand les consultants internationaux ne

Limites	Mesures d'atténuation
	pouvaient pas se joindre, un débriefing a été organisé avec les consultants nationaux.
Questionnaire auto-administré en ligne : Le taux de participation fut de 33% en RDC, 56% au Rwanda et de 46% en Tanzanie. Il est toutefois rare que des enquêtes en ligne obtiennent un taux de plus de 50-60%. Des difficultés de connexion internet peuvent en partie expliquer ces résultats. Certains des répondants visés ont également donné de leur temps dans le cadre des entretiens semi-structurés. Pour le Rwanda, pour certains répondants, seulement le titre du poste (Directeur Général) et un numéro de téléphone ont été transmis aux consultants. Certains répondants ciblés peuvent n'avoir qu'une connaissance limitée du programme Vision Inclusive et ne pas avoir reçu d'informations, ou l'avoir oublié, sur Tropical Health, préférant alors ne pas répondre au questionnaire. Enfin, il est possible que les courriels d'invitation se soient retrouvés dans la corbeille des courriels indésirables.	Les coordonnateurs-pays de LplM ont envoyé le dernier courriel de rappel pour l'enquête, ce qui a permis de recueillir des données supplémentaires.

3.5 Présentation des résultats

Pour chaque pays, les résultats sont présentés de la manière suivante :

- Revue et analyse au niveau stratégique : Les résultats sont présentés en fonction des recommandations stratégiques de l'IPEC. Pour chacun des axes stratégiques recommandés, les stratégies développées et mises en place par le programme sont revues, en analysant les progrès réalisés, bonnes pratiques, défis rencontrés et lacunes.
- Revue et analyse au niveau opérationnel : La revue commence par la présentation des résultats par indicateur IPEC sélectionné. Puis, en accord avec les termes de référence pour l'évaluation, la section de chaque pays se concentre sur l'efficacité, l'efficience et la durabilité du programme, (tableau 5 ci-dessous) en présentant d'abord une synthèse de la performance par critère (efficacité, efficience, durabilité) représentée par une échelle des performances classifiées et codées par couleur. La clé de lecture de cette échelle est fournie dans le tableau 5. Ensuite, nous analysons les résultats obtenus et les progrès réalisés/ bonnes pratiques ou les défis rencontrés/ lacunes observées.

La section de chaque pays se termine avec les principales leçons apprises et les recommandations à court et moyen terme. Le rapport se conclut par des remarques d'ordre général, ainsi que les recommandations générales pour le programme.

Tableau 5: Critères d'évaluation

Critère d'évaluation	Questions d'évaluation (EQ)	Thématiques couvertes	Score de la performance*
Efficacité <i>L'intervention atteint-elle ses objectifs ?</i>	EQ1: Accès EQ2: Changements EQ3: Dépistage scolaire EQ4/5/6 : Résultats	- Genre et LNOB - Améliorations apportées à la prestation de services - Stratégies/interventions mises en œuvre pour atténuer les obstacles financiers à l'accès aux soins - Retour d'information des bénéficiaires - Mieux intégrer les services ophtalmologiques dans les soins de santé primaires - Renforcement des services ophtalmologiques aux différents niveaux - Soutien au continuum des soins oculaires - Pertinence des interventions - Activités de santé oculaire contribuant à la promotion de la santé - Référencement - Facteurs internes et externes qui ont limité ou facilité l'intégration des soins oculaires - Synergies entre les différentes composantes du projet - Cohérence - Impact	

Critère d'évaluation	Questions d'évaluation (EQ)	Thématiques couvertes	Score de la performance*
Efficience <i>Quelle est la qualité de l'utilisation des ressources ?</i>	EQ7: Management financier EQ8: Respect du calendrier des interventions EQ9: Capacités EQ10: Contraintes et opportunités	- Transformation efficace des ressources en résultats - Mécanismes de suivi et d'évaluation de routine et d'apprentissage	
Durabilité <i>Les avantages et gains du projet sont-ils durables ?</i>	EQ11: Partenariats EQ12: Renforcement des capacités EQ13 : Durabilité EQ14 : Collaboration	- Comment les partenariats et le travail en partenariat ont été optimisés - Probabilité de la durabilité - Progrès réalisés en matière de plaidoyer - Comment les activités de renforcement des capacités ont été identifiées - Alignement du plan de renforcement des capacités sur les stratégies/priorités nationales - Comment le renforcement des capacités a-t-il été "optimisé" - Probabilité de succès / la confiance perçue - Facteurs favorisant la durabilité et menaces - Collaboration avec d'autres acteurs - Coordination du programme	
* Échelle pour le score de performance :			
Défis majeurs		Des progrès en cours, Des défis rencontrés	Progrès notables

4 République Démocratique du Congo

Brève description de l'approche du programme

Outcome commun de LpIM et RC4D: « Davantage de femmes, d'hommes, de filles et de garçons, surtout les plus vulnérables, bénéficient d'un appui holistique pour accéder aux soins oculaires et l'enseignement inclusif ou professionnalisant dans quatre provinces du Congo. »

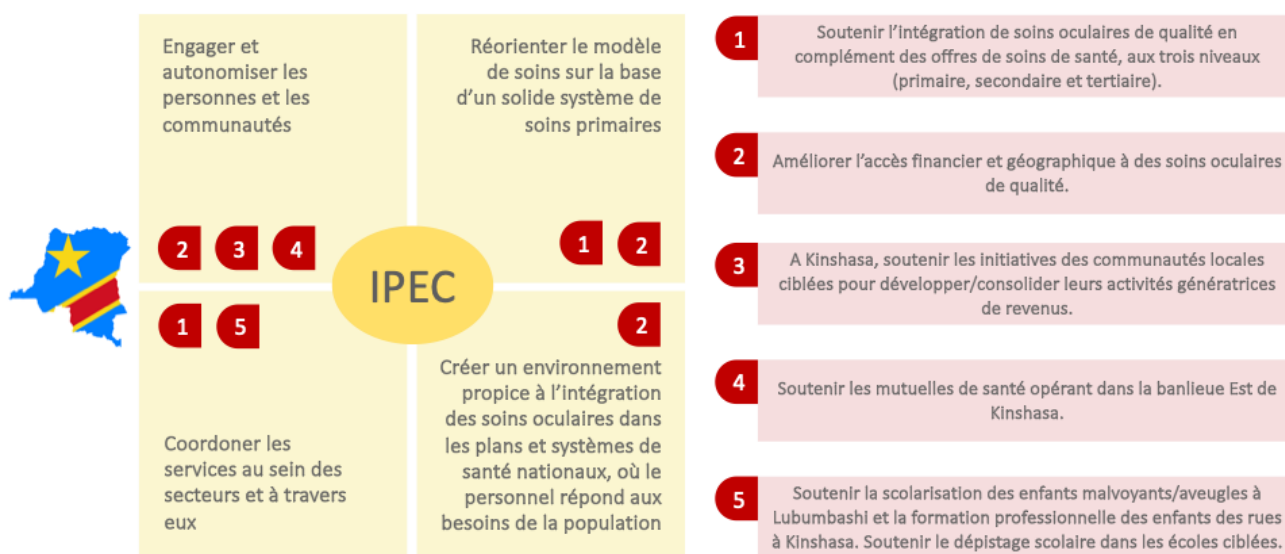
Le changement intervient dans le domaine des soins de santé primaires où sont intégrés les soins oculaires. Les acteurs des zones de santé cibles (centres de santé, hôpitaux et bureaux centraux des zones) intègrent effectivement les activités des soins oculaires et visuels dans le paquet existant d'activités avec l'appui des unités ophtalmologiques du niveau provincial. Ces soins spécialisés sont ainsi rapprochés des populations, notamment des zones de santé éloignées, afin de toucher les populations les plus vulnérables. Pour pouvoir jouer efficacement leur rôle dans ce processus, les unités ophtalmologiques provinciales renforcent, elles-mêmes également, leurs capacités techniques.

Pour cela, le programme envisage des changements axés autour de trois composants clés identifiées dans la théorie de changement :

1. Les acteurs opérationnels du secteur de la santé améliorent leurs capacités d'offre des soins de santé, dont les soins oculaires pour mieux répondre à la demande de la population ciblée.
2. Les mutuelles de santé & la tarification échelonnée facilitent davantage l'accès financier de la population ciblée aux services de santé.
3. Les acteurs du secteur éducatif améliorent leurs capacités pour offrir l'éducation inclusive et l'encadrement adapté permettant une meilleure inclusion des enfants vulnérables (en situation de rue, malvoyants) dans la société.

4.1 Niveau stratégique

En RDC, le programme Vision Inclusive contribue à soutenir le processus d'**intégration** de la santé oculaire dans le système de santé en privilégiant les **cinq axes stratégiques d'intervention** suivants :



En comparant les axes de stratégie choisis par LpIM et RC4D avec les stratégies recommandées par l'IPEC, nous constatons que, si la formulation de la stratégie d'intervention et de la théorie du changement n'énonçait pas spécifiquement les liens avec les stratégies IPEC de soutien au processus d'intégration, les différents axes sont néanmoins abordés, avec un focus sur les stratégies visant à impliquer et autonomiser les personnes et les communautés. Ceci est en lien avec le résultat final escompté : « Davantage de femmes, d'hommes, de filles et de garçons, surtout les plus vulnérables, bénéficient d'un appui holistique pour accéder aux soins oculaires et l'enseignement inclusif ou professionnalisant dans quatre provinces du Congo ».

De plus pour chacun des axes ciblés, le programme Vision Inclusive a développé différentes interventions, à savoir :

Engager et autonomiser les personnes et les communautés

Intervention : Faciliter l'accès de la population aux services de santé, et accroître la demande pour ces services, en réduisant les barrières financières via la tarification échelonnée des cliniques soutenues (approche « Robin des Bois »)

Progrès réalisés	- La mise en place effective de la grille tarifaire forfaitaire à 3 étages ; tarif pour patients premium, tarif ordinaire et soins subventionnés aux indigents, permet de faciliter l'accès aux soins, y compris pour les plus vulnérables, en limitant le poids financier. - Développement de stratégies (service VIP, contrats avec des entreprises, etc.) qui permettent aussi aux partenaires de financer les soins subventionnés, à travers leur service social, aux patients indigents. - L'accès aux soins est aussi facilité par l'application de tarifs bas, en comparaison avec d'autres structures ; ex: prix de la consultation à COSY est de \$5, mais \$17 en cliniques universitaires.
Défis	Le transport peut encore représenter une barrière à l'accès aux soins. Par exemple, lors d'une consultation faite en clinique mobile, s'il y a un référencement vers une clinique partenaire pour bénéficier du traitement requis, les frais de transport peuvent être remboursés pour les plus vulnérables une fois arrivé à la clinique partenaire. Mais il n'existe pas de mécanisme permettant de faire l'avance de ces frais, ce qui peut être une barrière à l'accès aux soins.

Intervention : A Kinshasa, 1) Faciliter l'accès de la population aux services de santé, et accroître la demande pour ces services, dans la banlieue est de Kinshasa, grâce au travail de la mutuelle de santé ; 2) Encourager l'adhésion à la mutuelle à travers une amélioration des activités génératrices de revenus (AGR) des petits producteurs, en très large partie des femmes, qui s'organisent en coopératives

Bonnes pratique	Les indicateurs formulés dans le cadre logique permettent de suivre les activités en lien avec le soutien aux mutuelles de santé et les activités génératrices de revenus, ainsi que leurs résultats (par exemple, nous retrouvons un indicateur sur la proportion d'AGR ayant une croissance du chiffre d'affaires).
Défis	- Les offres des mutuelles de santé ne couvrent pas tous les soins oculaires, comme par exemple les lunettes. - Le suivi des indicateurs ciblés (# de personnes ayant adhéré aux mutuelles de santé partenaires, # de patients mutualistes reçus dans les centres de santé, HGR, cliniques partenaires ; l'utilisation moyenne des centres de santé mutualistes ; opérationnalisation de la coopérative) montre en 2024 des difficultés à atteindre les objectifs (début des activités retardé, insécurité).
Lacune	Il n'y a pas d'indicateur dans le cadre logique permettant de suivre l'impact des AGRs sur les adhésions des bénéficiaires à une mutuelle de santé, ce qui est pourtant formulé comme un chemin pour le changement dans la Théorie du changement (« L'adhésion à la mutuelle est encouragée à travers une amélioration des activités génératrices de revenus des petits producteurs, en très large partie des femmes, qui s'organisent en coopératives »).

Intervention : Soutenir la scolarisation des enfants malvoyants/aveugles à Lubumbashi et la formation professionnelle des enfants des rues à Kinshasa. Soutenir le dépistage scolaire dans les écoles ciblées

Progrès réalisés	Atteintes des cibles en 2023 pour le soutien des enfants vulnérables à Lubumbashi et Kinshasa. (103% de la cible atteinte).
Lacune	Il n'y a pas ou peu de données sur les synergies entre les composantes du programme visant les enfants des rues et la santé oculaire.

Réorienter le modèle de soins sur la base d'un solide système de soins primaires

Intervention : Améliorer l'accès géographique à des soins oculaires de qualité en consolidant les centres des soins oculaires existants et en développant de nouveaux centres

Progrès réalisés	Afin d'appuyer le processus de décentralisation d'activités de santé oculaire dans les zones de santé, et de contribuer à assurer des meilleures prestations des soins oculaires du 3ème échelon, le programme soutient, en plus des 4 cliniques partenaires déjà existantes, la transformation du service d'ophtalmologie de l'hôpital Saint-Joseph de Limete à Kinshasa en un Département autonome d'ophtalmologie, et un nouveau centre de référence provincial des soins oculaires (Mulami Muimpe) à Kananga. Le plateau technique de l'hôpital Saint-Joseph de Limete est renforcé (équipement, infrastructures, autres intrants) ainsi que ses capacités de ressources humaines à différents niveaux pour mieux jouer son rôle de structure de niveau provincial. Les structures ciblées par le programme appliquent une politique de gestion spéciale qui autonomise leur management.
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	- Le programme soutient aussi les centres de santé et hôpitaux généraux de référence des Zones de Santé en promouvant l'intégration des activités des soins oculaires dans leurs paquets de soins respectifs et en soutenant un système de référence et contre-référence des cas d'affections oculaires avec l'Hôpital St-Joseph de Limete et les partenaires Centres des Soins oculaires Provinciaux au sud de la RDC. - Des campagnes de proximité sont conduites régulièrement par les cliniques partenaires. Ces campagnes sont payantes, ce qui contribue à leur faisabilité. Cela permet aussi d'informer les personnes de l'existence de ces services, en clinique au « même » prix, et donc de les encourager à ne pas attendre les campagnes pour se faire consulter.
Lacune	L'indicateur dans le cadre logique permettant de mesurer le nombre de consultations ophtalmiques ou de chirurgie ne spécifie pas le nombre de consultations ou chirurgies pratiquées lors des campagnes de proximité alors que la base des données des intervenant les désagrége bien en station fixe, en clinique mobiles et en mission chirurgicale. Cela permettrait de suivre les résultats de ces campagnes, mais aussi de comparer le pourcentage d'intervention réalisé en campagnes par rapport à celui réalisé dans les structures, et permettrait donc d'avoir une meilleure vision de la demande spontanée ou du référencement des soins dans ces structures. Cela permettrait également d'adapter, si besoin, les stratégies de sensibilisation et d'information.

Intervention : Soutenir l'intégration des soins oculaires de qualité en complément des offres de soins de santé, aux 3 niveaux

Bonne pratique	Il existe un indicateur global dans le cadre logique pour mesurer l'intégration des soins oculaires dans les zones de santé (« Nombre des zones de santé ayant intégré complètement les paquets d'activités des soins oculaires dans leurs trois niveaux -communauté, centre de santé et hôpital général de référence »).
Progrès réalisés	- En 2023, sur les 11 zones de santé ciblées pour l'intégration du paquet d'activité des soins oculaires aux 3 niveaux ; 9 zones ont intégré les activités au niveau communautaire (par ex: formations ASCs, IFSOs, TSOs). 80% de la cible a été atteinte. - Les cliniques soutenues ont formulé un plan pour développer leur offre (sous-spécialités) et certaines ont mis en place un « comité de pilotage provincial des soins oculaires & vision » (par exemple CoR). - Les centres de santé et hôpitaux généraux de référence des 10 zones de santé des provinces du sud ont été approvisionnés en intrants nécessaires pour la délivrance des soins du paquet d'activités oculaires. Ces hôpitaux des zones ont collaboré, avec les cliniques spécialisées (par exemple, lors de formations sur l'enregistrement des données dans le SNIS).
Lacune	- Au niveau du rapportage, l'appui fourni par les cliniques de référence provinciales aux différents échelons inférieurs n'est pas rapporté systématiquement ; comme par exemple le support technique- lors de formation ou le support logistique. Cela permettrait plus de visibilité sur ces interventions soutenant aussi le processus de décentralisation, un meilleur suivi et si nécessaire une revue des cibles visées. Très faible utilisation des services offerts par les unités ophtalmologiques décentralisés dans les zones de santé et cela, malgré la formation des Relais Communautaires des zones de santé concernées telle que recommandée par le programme DGD 2017-2021.

Coordonner les services au sein des secteurs et à travers eux

Intervention : Soutenir l'intégration des soins oculaires de qualité en complément des offres de soins de santé, aux 3 niveaux

Progrès réalisés	Dans le cadre du sous-projet « 1000 bébés » initié en 2024, une approche pilote de dépistage précoce d'enfants nés avec une cataracte congénitale est effectué (en utilisant un matériel Arclight, qui est un ophtalmoscope simplifié) par les services des consultations préscolaires en charge de la vaccination dans les CPS a été adopté en assurant la formation des infirmiers titulaires des centres de santé à l'usage de cet équipement.
Lacunes	- Dans le cadre logique, nous ne retrouvons pas d'indicateur pour suivre le référencement/ contre référencement des centres de santé -> hôpitaux de référence -> cliniques ophtalmologiques du niveau provincial. - Il n'y a pas d'indicateur annexe pour suivre l'intégration des services de santé oculaire avec les autres services de santé (par ex. # de référencement inter services). La collecte de ces données permettrait d'avoir une meilleure vision de l'intégration intra secteur de la santé oculaire, et par exemple contribuerait à l'élaboration d'action de plaidoyer pour améliorer la coordination entre les services de santé visés. - Il n'y a pas de plan intégré de suivi et assurance de la qualité. Les données sur les résultats de la chirurgie de la cataracte sont recueillies par les partenaires depuis le début de 2024. L'acuité visuelle avant l'opération est enregistrée, ce qui est utile, de même que l'acuité visuelle à 10 jours et à 30 jours après l'opération. Par contre, le fichier Excel ne permet pas de rapidement détecter si les critères de référence de l'OMS sont atteints. Le fichier pourrait inclure un tableau récapitulatif trimestriel avec la proportion de patients dont l'AV post-opératoire des

chirurgies de la cataracte est de 6/18 ou mieux (ou équivalent métrique), pire que 6/18 jusqu'à 6/60, ou pire que 6/60. Aussi, comme plusieurs patients ne reviennent pas pour les visites de suivi, le programme pourrait mesurer l'AV post-opératoire à la sortie de l'hôpital (vision non-corrigée ou avec test du sténopé).

Intervention : Soutenir la scolarisation des enfants malvoyants/aveugles à Lubumbashi et la formation professionnelle des enfants des rues à Kinshasa. Soutenir le dépistage scolaire dans les écoles ciblées

Progrès réalisés	- Les différents informateurs interrogés ont tous noté la bonne collaboration avec les acteurs du secteur éducation inclusive (support à la plateforme d'éducation inclusive). - Les sessions de dépistage scolaire ont été assurées, ainsi que le référéncement des enfants nécessitant des soins ou un accès à l'éducation inclusive/ spécialisée. Les cibles sont atteintes en 2023 (262 enfant malvoyants scolarisés-115% de la cible atteinte).
Lacunes	Si les cibles pour le soutien à la professionnalisation/ formation des enfants des rues sont atteintes en 2023, il n'y a pas ou peu de données sur les synergies entre cette composante du programme et la santé oculaire (257 enfants en situation de rue ayant achevé le cycle d'une formation professionnelle 128% de la cible atteinte). Par exemple, nous ne savons pas comment l'accès de ces enfants aux soins oculaires est assuré, combien bénéficient de consultations ophtalmologiques et des soins requis). Approfondir et rapporter sur la synergie entre les différentes composantes du projet, en plus d'assurer l'accès aux soins oculaires pour ces enfants vulnérables, est aussi une opportunité d'intégration de la santé oculaire avec le secteur socio-professionnel, et est en cohérence avec les objectifs du programme.

Créer un environnement propice à l'intégration des soins oculaires dans les plans et systèmes de santé nationaux.

Intervention : En collaboration avec le PNSOV, soutenir le processus d'intégration des soins oculaires dans le système de santé

Contexte	En RDC, des plans nationaux de stratégie de santé oculaire existent. De plus, l'accès universel aux soins de santé demeure un objectif majeur du gouvernement congolais dans le secteur de la santé.
Progrès réalisés	- À ce jour, selon le PNSOV, que ce soit à Kinshasa ou dans les provinces du sud du Congo, à part LplM et RC4D, aucun autre acteur n'appuie l'intégration des soins oculaires dans le système de santé. - Les zones de santé ainsi que les structures provinciales des soins oculaires appuyées par le programme Vision Inclusive sont les seules qui encodent, avec un bon taux de complétude, leurs informations en lien avec les soins oculaires dans le SNIS sur toutes les zones de santé du pays. Ce qui a permis au PNSOV de consolider la mise en œuvre du plan stratégique national de santé oculaire universelle dans les 3 Zones de santé pilotes de la Ville de Kinshasa, grâce à : ✓ La disponibilité dans le SNIS des données concernant les soins oculaires. ✓ L'appui du programme pour réaliser deux missions de suivi et supervision de l'intégration des soins oculaires dans les paquets de soins existants ont été réalisées par le PNSOV et la DPS dans les 3 zones de santé. <i>En lien aussi avec les projets précédents :</i> - Le quasi-auto-financement des cliniques est atteint à 80% (rapporté lors des KIIs, mais pas de documentation fournie). - Un guide pour la gestion des cliniques ophtalmologique (Blueprint) a été développé. Ce guide exhaustif inclue aussi un module sur le management d'un service social. La deuxième édition en est cours de rédaction. Ce guide sera accessible au niveau national, avec la possibilité de formation sur son utilisation. - Centrale d'Achat : Camelu : activité pionnière pour le développement d'un marché intérieur d'intrants oculaires, de manière transparente et responsable, en assurant l'achat puis la redistribution d'items oculaires de qualité acceptable et retraceable aux centres des soins oculaires partenaires. Pour y parvenir, Camelu a développé les activités d'acquisition, de stockage et de redistribution d'intrants oculaires suivant les normes édictées par l'OMS, et en coordination avec le programme national. - Si des défis existent -par ex : retard dans les premiers approvisionnements, le contrat avec la centrale d'achat est en cours de finalisation. Une stratégie a été développée pour permettre son autofinancement, tout en maintenant des prix compétitifs des intrants. De plus, les cliniques partenaires n'ont pas d'obligation d'achat à Camelu au cas où les prix de Camelu seraient plus chers comparés aux prix d'une même qualité ailleurs, ce qui permettra d'assurer la compétitivité des prix. Il est aussi prévu – à un stade ultérieur - que Camelu soit ouvert à d'autres structures.

	Pour la seconde moitié du programme (et avec un financement complémentaire), il est prévu le développement d'un modèle de département ophtalmologique à l'hôpital Saint-Joseph de Kinshasa (cf question spécifique).
Défis	- Les cibles de formation des prestataires ne sont pas atteintes en 2023 (17 reportées- 34% des cibles atteintes). - Il a été cité lors d'un entretien que, pour soutenir l'intégration au niveau primaire, il fallait améliorer l'information et la sensibilisation des populations sur l'existence des services disponibles afin d'augmenter la demande, une responsabilité qui incombe aussi au PNSOV.

4.2 Niveau opérationnel

Revue des progrès du programme Vision Inclusive, par rapport aux indicateurs IPEC sélectionnés

Indicateur	Catégorie	Définition	En RDC
Soins oculaires intégrés dans plan national de santé	Processus - Gouvernance	Existence de plans nationaux ou infranationaux, au-delà des plans opérationnels	- Oui des plans nationaux de stratégie de santé oculaire existent. De plus, l'accès universel aux soins de santé demeure un objectif majeur du gouvernement congolais dans le secteur de la santé.
Protection du risque financier pour la chirurgie de la cataracte	Intrants et processus - Financement	Pourcentage des bénéficiaires ciblés les plus vulnérables bénéficiant de mécanismes de prépaiement qui couvrent au moins 75 % du coût de l'opération de la cataracte.	- Oui- existence d'un service social, permettant la gratuité des soins pour les plus vulnérables - Existence d'une grille tarifaire - Mais il n'y a pas d'indicateur disponible pour suivre le % de bénéficiaires ciblés bénéficiant de ces services.
Densité et répartition du personnel ophtalmologique	Contribution et processus - Main-d'œuvre	Nombre de travailleurs ophtalmologiques formés, ventilés par profession : a) ophtalmologistes ; b) optométristes ; et c) personnel paramédical ophtalmologique.	- Cibles de formation pour les 4 cliniques - Ophtalmologistes (sous spécialités) 4 initialement prévus (en cours 1- l'inscription pour les 3 autres personnes n'ayant pas aboutie) - TSO : 2 (en cours 2) - Aux autres niveaux : Support technique/ formation de TSOs/ IFOS / ASCs (pas d'indicateur partagé)
Résultats de la chirurgie de la cataracte (acuité visuelle)	Résultat - Qualité des services	Pourcentage d'yeux opérés lors du suivi atteignant : 1. "Bon résultat » AV postopératoire de min 6/12 2. Résultat "sous-optimal" : atteinte d'une AV postopératoire inférieure à 6/12, et égale ou supérieure à 6/60 (déficience visuelle légère et modérée) 3. "Mauvais résultat « : atteinte d'une AV postopératoire pire que 6/60 (déficience visuelle grave ou cécité)	- Le suivi de la qualité des résultats de la chirurgie de la cataracte est effectué par les partenaires, mais il n'est pas communiqué systématiquement dans le rapportage, sauf depuis le début de 2024.
Disponibilité des services de rééducation visuelle	Résultat - Accès	Les services de réadaptation visuelle devraient comprendre au minimum l'orientation vers des spécialistes de la réadaptation, des programmes et un soutien psychologique pour les personnes atteintes de déficience visuelle ou de cécité, la fourniture de dispositifs optiques, non optiques et électroniques, des services de conseil pour optimiser l'environnement de vie des personnes atteintes de déficience visuelle,	Intégration intersectorielle soutenue : <u>Collaboration avec le secteur éducation inclusive/ spécialisée</u> : cibles (atteinte en cours) - 262enfants malvoyant suivis - 74 enfants inscrits dans centre spécialisé en 2023-2024 (NURU) - Appui à la plateforme d'éducation inclusive provinciale Haut-Katanga - Soutien de l'offre d'éducation inclusive - Soutenir l'élaboration de la sous stratégie nationale éducation inclusive. Existence dans chacune des cliniques partenaires de LpIM d'un « Service Basse-Vision » qui assure

Indicateur	Catégorie	Définition	En RDC
			la réadaptation des personnes avec cécité irréversible et malvoyance.
Couverture des programmes de soins oculaires à l'école	Résultat - Couverture des soins oculaires	Pourcentage d'enfants en âge d'aller à l'école, dans les zones ciblées par le programme, qui bénéficient d'un dépistage périodique des troubles de la vue et de l'acuité visuelle.	<u>Intégration intersectorielle</u> : inclusion du dépistage scolaire des troubles de la vue+ référencement dans les structures adaptées. Si le pourcentage d'enfants dépistés en âge d'aller à l'école n'est pas suivi dans les indicateurs de la logframe, des données quantitatives sont collectées annuellement et permettent de suivre la couverture des programmes de soins oculaires dans la zone du projet Cumulativement, pour les années 2022-2023 et 2023-2024, 2434 enfants scolarisés en primaire et secondaire ont été dépistés par le projet.
Dépistage des affections oculaires congénitales et néonatales chez le nouveau-né	Résultat - Couverture des soins oculaires	Pourcentage de nouveau-nés soumis à un dépistage des affections oculaires congénitales et néonatales, de préférence dans les 72 heures suivant la naissance, ou lors de la première rencontre avec un établissement de santé.	<u>Collaboration intra sectorielle</u> : Sous le projet « 1000 bébés » le dépistage précoce d'enfants nés avec cataractes congénitales effectués par les CS – programme de vaccination. Personnel formé par les partenaires de LpIM/ RC4D.

4.3 Efficacité, efficacité et durabilité

Critère d'évaluation	Questions d'évaluation	Score de la performance*
Efficacité <i>L'intervention atteint-elle ses objectifs ?</i>	EQ1: Accès EQ2: Changements EQ3: Dépistage scolaire EQ4/5/6 : Résultats	
Efficience <i>Quelle est la qualité de l'utilisation des ressources ?</i>	EQ7: Management financier EQ8: Respect du calendrier des interventions EQ9 : Capacités EQ10: Contraintes et opportunités	
Durabilité <i>Les avantages et gains du projet seront-ils durables ?</i>	EQ11: Partenariats EQ12: Renforcement des capacités EQ13: Durabilité EQ14: Collaboration	
* Échelle pour le score de performance :		
Défis majeurs	Des progrès en cours, Des défis rencontrés	Progrès notables

Efficacité

Principaux progrès réalisés et bonnes pratiques

Les cliniques partenaires ont organisé des sorties en cliniques mobiles, mais aussi des safaris chirurgicaux, améliorant ainsi l'accessibilité aux soins des communautés en réduisant les barrières géographiques. Au cours de ces expéditions, les femmes et les personnes handicapées reçoivent des soins sans discrimination. Pour les cliniques partenaires du programme ayant mis en œuvre précédemment les programmes au Sud de la RDC, l'accessibilité aux soins pour les femmes n'est pas rapportée comme un problème dans la communauté actuellement. En 2022-2023, Pour les cliniques COSJ et COSY, le nombre des femmes bénéficiant des services est même plus élevé que celui des hommes.

Le programme semble par contre avoir apporté un changement dans la zone d'intervention de la clinique Mulami Muimpe.

La formation des relais communautaires (RECO) et des infirmiers a contribué à avoir une assise communautaire pour influencer l'attitude, et stimuler l'utilisation des services des soins oculaires délivrés au sein de leur communauté.

"Nous avons remarqué la différence entre les hommes et les femmes"; "Dans le passé, le nombre des hommes surpassait les femmes, mais actuellement, là, nous voyons qu'il y a l'équilibre"

(KIs- personnel de la clinique partenaire - Mulami Muimpe)

Les infirmiers formés à Saint-Joseph de Kinshasa pour leurs zones de santé respectives ont lancé des services oculaires dans leurs centres, activités qui commencent à prendre de l'ampleur. Ils se sentent également investi dans le domaine de l'ophtalmologie et souhaitent avoir plus de formation, la plupart exprimant le désir de poursuivre comme TSO. L'appui en équipement par RC4D leur permet d'assurer le minimum des soins, en assurant la qualité, et de procéder au référencement si nécessaire des patients à l'Hôpital St-Joseph.

Les services sociaux installés au sein des institutions permettent, selon certains critères sociaux établis, d'identifier les patients vulnérables qui ne peuvent pas payer le coût de leurs soins, et de pouvoir bénéficier de soins subventionnés.

La collaboration avec le secteur éducation pour intégrer le dépistage scolaire dans les activités est vu comme très productif dans les institutions pilotes. L'implication des inspecteurs de l'enseignement, par leur autorité, a permis le respect du programme par les enseignants, et une meilleure collaboration des parents dans l'intérêt de l'enfant. Cela démontre les besoins existants dans la communauté quant à la sensibilisation et information nécessaires sur les maladies oculaires et la prise en charge d'un handicap visuel. Cela démontre aussi la productivité d'une collaboration avec les autorités locales, les parents, les enseignants et les services médicaux pour la prise en charge holistique des enfants.

Principales lacunes et défis

L'intégration n'est pas encore effective dans plusieurs zones de santé. Par exemple, dans une province étendue comme le Haut Katanga, seules cinq zones de santé sur les huit sont couvertes, ce qui montre qu'il y a encore beaucoup de travail à faire.

"Nous ne pouvons pas couvrir toute la province du Haut Katanga, faute des moyens...il faudra faire des supervisions dans ces zones de santé"

(KI- autorités locales)

Pour arriver à effectuer correctement l'ensemble des tâches requises, le personnel bénéficierait de formations continues, pour renforcer ses capacités. Les répondants aux entretiens ont aussi mentionné leur besoin de formations formelles, diplômantes au besoin, pour avoir un personnel qualifié et légitimer leur expérience.

Il y a là l'opportunité pour le PNSOV de jouer son rôle d'organe normatif et de régulation, avec comme objectif final, favoriser le processus d'intégration en augmentant le personnel qualifié en soins oculaires. Cela a été initié et soutenu financièrement par LpIM et RC4D. Des moyens additionnels sont nécessaires pour continuer ce processus, y compris au-delà des zones couvertes par le programme.

Synthèse et analyse

Les activités menées par les cliniques partenaires sont efficaces, entraînant une amélioration de l'accessibilité pour les personnes ciblées aux soins. Cependant, la zone d'activité reste réduite par rapport aux besoins de la population. Une extension de la couverture géographique des activités et le renforcement des moyens financiers et logistiques seraient nécessaires pour atteindre plus de communautés éloignées et de personnes vulnérables.

Leçons apprises

Le dépistage scolaire a eu un impact positif sur la sensibilisation et la demande des services pour les enfants. Ce modèle de collaboration entre les services de santé oculaires, les autorités locales de l'éducation, les enseignants et les parents

pourrait être répliqué avec d'autres secteurs, par exemple dans la fonction publique ou d'autres corps de métier où le dépistage de problèmes de santé oculaire et visuelle peuvent apporter une vraie valeur ajoutée pour assurer l'accès aux soins tout au long de la vie.

Efficiencia

Principaux progrès réalisés et bonnes pratiques

Les cliniques ont rigoureusement mis en place un système de gestion des ressources du projet. Le personnel de gestion des cliniques partenaires a bénéficié d'une formation sur la gestion et le leadership. Les outils de gestion sont adaptés et permettent aussi d'effectuer une évaluation trimestrielle des activités, menées dans chacune des cliniques.

Principales lacunes/ défis

Le personnel des cliniques a exprimé dans une certaine mesure une inadéquation entre les besoins à couvrir et l'allocation des ressources pour certaines activités. Par exemple il y a besoin de plus de fonds pour les activités de sensibilisation et la mobilisation des RECO, pour pouvoir atteindre plus des personnes dans les communautés.

Des retards d'approvisionnement en médicaments par Camelu ont été mentionnés, avec par exemple beaucoup de retard pour la première réquisition annuelle.

Synthèse et analyse

La gestion des activités du projet paraît efficiente, et en accord avec la planification budgétaire faite, avec un système de gestion transparent. Un point d'amélioration noté est le fait d'avoir une gestion plus participative, en incluant par exemple les points de vue des parties prenantes, y compris les gestionnaires des cliniques dès la phase de design du programme.

Leçons apprises

Les objectifs spécifiques sont atteints dans les délais (par exemple le nombre de sensibilisation, le nombre des personnes formées, le nombre des safari menés) mais l'objectif final d'appui à l'intégration nécessite des actions plus larges, et à un niveau plus stratégique, comme par exemple développer un plan de renforcement des capacités (budgétisé) pour les HDs et structures du niveau primaire, continuer le plaidoyer pour renforcer la collaboration intra et intersectorielle ; développer de nouveaux axes de collaboration inter sectorielle, comme par exemple promouvoir l'accès à santé oculaire pour les fonctionnaires d'état ou dans le secteur privé.

Certaines activités demandent plus des moyens que les fonds alloués pour être optimisées.

Durabilité

Principaux progrès réalisés et bonnes pratiques

Différentes interventions et activités contribuent à soutenir la durabilité des gains et impact du programme :

- Le choix stratégique des partenaires qui bénéficient de l'appui de LpIM et du RC4D.
- Le système de gestion rigoureuse mis en place par les cliniques partenaires, qui leur permet de fonctionner, bien que l'autonomie financière complète ne soit pas encore assurée.
- Le cofinancement de la construction du département d'Ophtalmologie de l'Hôpital Saint-Joseph de Kinshasa, impliquant l'hôpital lui-même et RC4D, est un bon exemple de gage de la durabilité des acquis du projet. Cela rassure sur la qualité éventuelle de la gestion et de la protection de l'œuvre, au-delà de la durée du projet et pour l'avenir de l'hôpital, afin de pouvoir jouer pleinement son rôle d'hôpital provincial de référence pour les soins oculaires.
- La collaboration avec les organisations associatives joue aussi un rôle favorisant l'intégration. Par exemple, parmi les membres des coopératives, se comptent aussi des relais communautaires formés par le programme, qui peuvent appuyer la synergie entre les composants du programme, et inciter les autres membres à adhérer à la mutuelle de santé, et indirectement contribuer à l'amélioration de l'accès aux soins oculaires.

Principales lacunes/ défis

La collaboration entre les cliniques soutenues et le secteur de l'éducation est noté comme très positif, plus qu'avec le secteur de la santé, pourtant autorité de tutelle. Dans certaines provinces, les structures soutenues n'arrivent pas encore à avoir un appui technique du PNSOV pour pouvoir rapporter.

L'appui pour l'intégration des soins oculaires dans le système de santé au niveau national est faible ; en effet à part LpIM et RC4D, il n'y a pas d'autre partenaire pour la santé oculaire, et le budget du ministère de la santé n'approvisionne pas le fonctionnement du Programme National de Santé Oculaire et de la Vision.

Synthèse et analyse

Le programme a permis de créer un réseau de cliniques qui peuvent par leur influence, promouvoir un mode de gestion durable et contribuer au processus d'intégration des soins ophtalmologiques dans le système de santé. Il y a besoin de continuer l'appui à ce processus pour assurer la pérennisation dans le long terme.

Leçons apprises

Au cours de la mise en œuvre du programme, la collaboration avec le secteur de l'éducation, notamment par l'implication des inspecteurs pour la conception et le suivi de la mise en œuvre des activités de dépistage scolaire ont été remarquables. Les enseignants et les parents rapportent leur bonne collaboration, possible aussi grâce à l'implication des autorités scolaires.

Les accompagnateurs formés aident les familles des enfants suivis, ainsi que les communautés pour comprendre non seulement l'importance de cette activité de dépistage scolaire, mais surtout pour sensibiliser sur la santé oculaire et contribuer à diminuer les stigmas et attitudes négatives à l'égard des aides visuelles dont les lunettes.

Les relais communautaires constituent une source de sensibilisation efficace, du moment qu'ils participent à d'autres activités communautaires en dehors de la santé oculaire, ce qui permet aussi de contribuer au processus d'intégration.

Les infirmiers des centres périphériques qui ont été formés sous le programme ont été productifs comme le démontre l'augmentation des références des cas pour la prise en charge dans les cliniques partenaires de référence.

“Avec la plateforme de l'éducation, ça marche bien, et avec la formation des inspecteurs qui vont ensuite former les enseignants, nous aurons cet accès facile dans les écoles pour examiner les enfants”

(KII, personnel de clinique partenaire)

“Je pense que par exemple pour la Division de la santé, avec sa branche du programme national, que LpIM et le RC4D doivent appuyer, c'est la division provinciale qui doit vraiment asseoir le programme, et nous savons que pour le programme de santé oculaire il n'y a pas d'autre partenaire que Lumière pour le Monde et le RC4D »

(KII- équipe managériale d'une clinique partenaire)

4.4 Questions spécifiques au pays

SQ 1 *Comment le projet de construction d'une unité d'ophtalmologie à l'hôpital St Joseph de Kinshasa se positionne-t-il par rapport à l'intégration des soins oculaires dans le système de santé ?*

La construction du CSO de Saint-Joseph vient concrétiser le processus de développement d'infrastructures d'un hôpital dont le département d'Ophtalmologie a vocation d'être un centre de référence provincial de la capitale. L'hôpital Saint-Joseph a un service d'Ophtalmologie qui a historiquement servi de centre de formation, et peut continuer à jouer ce rôle. Avec le développement de l'infrastructure et l'amélioration de son plateau technique, les standards des soins peuvent donc s'améliorer. De plus, si l'accessibilité est renforcée, la population en bénéficiera grandement.

Il a été noté le besoin de renforcer la supervision et le mentorat des IFOs et TSO formés, ainsi que de renforcer le développement des sous spécialités pour réduire le nombre des transferts et référencement.

SQ2 *Comment le projet de construction d'une unité d'ophtalmologie à l'hôpital Mulami Muimpe de Kananga se situe-t-il par rapport à l'intégration des soins oculaires dans le système de santé ?*

Le projet de construction de Mulami Muimpe de Kananga est venu répondre au besoin d'infrastructures pour les soins oculaires dans une province qui en manquait complètement.

L'équipement de qualité déployé, ainsi que le recrutement et la formation d'un personnel qualifié apportent à la population de cette contrée un centre et des services auxquels elle peut faire confiance.

Il y a cependant besoin de pouvoir coordonner les activités de la clinique dans la ligne de la stratégie nationale et impliquer le PNSOV pour que la structure puisse rapporter les activités dans le SNIS, afin que les activités menées soient visibles officiellement, et que l'impact des activités soit mesuré.

SQ3 Comment le projet de construction d'une nouvelle clinique d'ophtalmologie avec sous-spécialisations, Sainte Yvonne à Lubumbashi, se situe-t-il par rapport à l'intégration des soins oculaires dans le système de santé ?

Le projet de construction d'une nouvelle clinique pour Ste Yvonne est une opportunité de développer des services de sous-spécialités au sein d'une vaste population urbaine. C'est aussi une clinique avec vocation de référence provinciale, qui se doit de desservir des populations vulnérables. Il en découle une forte demande pour des services, de qualité, accessibles à tous d'une part, et d'autre part une demande de services « VIP » (accueil, standards d'hébergement, confort) pour une catégorie de la population plus aisée.

Il a été rapporté lors des entretiens les besoins suivants :

- Relever le niveau du plateau technique
- Développer en priorité les spécialités dont la demande est potentiellement élevée

Pour cela il y a lieu de planifier le développement de l'infrastructure et la formation des acteurs des différents services pour les sous-spécialités envisagées.

4.5 Avenir en Vue – Suivi des recommandations

La principale tendance, basée sur les réponses de six participants à l'enquête en ligne, indique que le statut perçu de la plupart des recommandations est soit « en cours », soit « entièrement mises en œuvre ». Les réponses sont mitigées pour plusieurs des recommandations, en particulier pour deux d'entre elles, où la moitié des répondants ont indiqué « pas encore entamé »: “Investir dans la formation de conseillers aux patients pour augmenter le taux d'acceptation de la chirurgie de la cataracte”, et “Pour les visites de compagnonnage à venir, ainsi que pour l'évaluation de la qualité de manière plus générale, développer et utiliser un outil standard pour collecter et présenter les observations et recommandations des experts externes”. Les résultats complets figurent en annexe 11

4.6 Recommandations à court et moyen terme

EQ	Catégorie	Recommandation
Court-terme (C)		
Efficacité	Accès, genre et LNOB	DRC-C1 - Inclure un indicateur dans le cadre logique pour mesurer l'accès aux soins pour les plus vulnérables (ex: % de patients au tarif ordinaire, % de patients ayant des soins subventionnés)
		DRC-C2 - Afin aussi de contribuer à vérifier les hypothèses de la ToC, mesurer et suivre les synergies entre les différents composants du programme (comme lien entre les AGR et le nombre d'adhésion à la mutuelle)
	Référencement	DRC-C3 - Inclure le suivi des référencements dans le rapportage (des centres de santé-> hôpitaux de référence -> cliniques ophtalmologiques du niveau provincial.)
	Collaboration intra sectorielle	DRC-C4 - Inclure le suivi des référencements entre les différents services de santé (neonatalogie, maladies chroniques...)
	Qualité des soins	DRC-C5 - Assurer systématiquement la supervision et le mentorat des IFO et TSO formés par les cliniques partenaires
		DRC-C6 - Inclure un indicateur de suivi / assurance qualité dans le cadre logique (prévu dès 2024). En ce qui concerne la qualité des chirurgies de la cataracte, le fichier Excel ne permet pas de rapidement détecter si les critères de référence de l'OMS sont atteints. Le fichier

EQ	Catégorie	Recommandation
		pourrait inclure un tableau récapitulatif trimestriel avec la proportion de patients dont l'AV post-opératoire des chirurgies de la cataracte est de 6/18 ou mieux (ou équivalent métrique), pire que 6/18 jusqu'à 6/60, ou pire que 6/60. Aussi, comme plusieurs patients ne reviennent pas pour les visites de suivi, le programme pourrait mesurer l'AV post-opératoire à la sortie de l'hôpital (vision non-correctée ou avec test du sténopé).
		DRC-C7 - Ste-Yvonne : Relever le niveau du plateau technique
Efficiencia	HReH	DRC-C8 - St-Joseph de Kinshasa : renforcer la supervision et le mentorat des IFO et TSO formés DRC-C9 - Inclure le suivi du support fourni par les cliniques partenaires aux différents niveaux dans le rapportage. DRC-C 10 - Afin de continuer à appuyer l'intégration des soins de santé oculaires de qualité comme complément aux paquets des soins de santé de base, il serait intéressant de développer un plan de renforcement des capacités intégrant aussi le suivi et la supervision (budgétisé) et adressant les différents niveaux en collaboration avec la DPS. Ce plan viserait à accompagner le processus de décentralisation de certaines activités des soins oculaires du niveau provincial vers les niveaux inférieurs, à soutenir la gouvernance locale (appui à la DPS pour la décentralisation) ainsi qu'à contribuer à renforcer l'accès aux services au niveau primaire (offre, qualité)
Durabilité	CAMELU	DRC-C11 - Continuer le plaidoyer pour des facilités administratives et douanières en faveur du partenaire CAMELU.
Moyen-terme (M)		
Efficacité	Accès, genre et LNOB	DRC-M1 - Former davantage de RECO et accompagnateurs pour élargir les zones de couverture géographique. DRC-M2 - Renforcer la capacité logistique pour élargir les zones et la durée des missions des safari.
Efficiencia	HReH Management financier	DRC-M3 - Assurer la formation continue et la formation formelle avec contrat de fidélité pour le personnel bénéficiant des formations diplômantes. DRC-M4 - St-Joseph Kinshasa: Renforcer le développement des sous-spécialités pour réduire le besoin de transfert et référencement. DRC-M5 - Mulami Muimpe: renforcer la formation du personnel pour répondre au rôle de centre de référence DRC-M6 - St-Yvonne: Prioriser les spécialités à haute demande DRC-M7 - Assurer dès le design du programme la participation des cliniques partenaires dans les décisions et l'orientation des allocations des lignes budgétaires.
Durabilité	Intégration	DRC-M8 - Mener un plaidoyer pour l'intégration des médicaments et consommables ophtalmiques sur la liste des médicaments essentiels. DRC-M9 - Identifier d'autres partenaires de santé et coordonner les activités en faveur de l'intégration des soins ophtalmologiques dans le système de santé.
	Collaboration	DRC-M10 - Mulami Muimpe: renforcer la collaboration avec la DPS pour une intégration effective.
	Accès et demande de services	DRC-M11 - Analyser les principales raisons menant à la sous-utilisation des services de santé oculaire aux niveaux inférieurs par les communautés. Renforcer l'information des populations quant aux services existants. Suivre le pourcentage d'opérations et consultations réalisées en safari par rapport à celles faites en structures, pour adapter les stratégies de sensibilisation et soutenir la demande de services.
	SNIS	DRC-M12 - Impliquer le PNSOV pour que les structures puissent rapporter les activités dans le SNIS, afin que les activités menées soient visibles officiellement, et que l'impact des activités soit mesuré.

5 Tanzania

Brief description of programme approach

Outcome in Tanzania: In Dar es Salaam, Morogoro, Dodoma and Ruvuma Regions women, men, children affected by eye health conditions benefit from comprehensive and quality eye health care and visually impaired & blind girls and boys from 14 districts take part in inclusive and special needs education including vocational training.

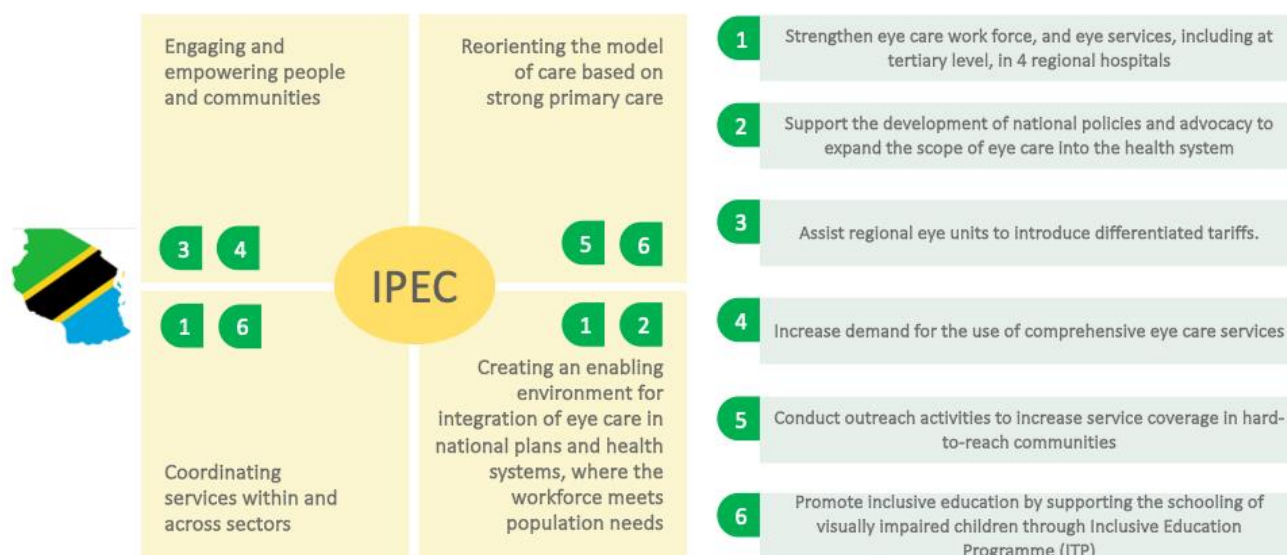
In the previous programme 2017-2021, LFTW focused in Tanzania mainly on child-related eye health initiatives. Under Inclusive Vision, the overall eye care-related objective has shifted to a broadened scope by supporting the development of efficient, quality, and accessible primary eye care services to all. The shift involves an increase in regional primary eye care services, including paediatrics services and increase in training facilities for Eye Care Staff. It also involves working closely with Regional and Local Government Authorities.

To improve delivery of comprehensive eye health services of partner-hospitals in terms of quantity and quality, the programme aims to:

1. Improve National facilities for training of eye care staff at tertiary hospitals (CCBRT KCMC)
2. Improve provision of eye care services at tertiary hospitals (CCBRT, the zonal hospital Benjamin Mkapa Hospital in Dodoma) and three regional referral hospitals
3. Improve the eye health workforce (medical, paramedical and administrative) in terms of quality and quantity
4. Support partners Eye Units to have stronger management and improved and modern infrastructure and appropriate equipment.
5. Support better integration of eye care services at the different levels of the country's pyramid.
6. Increase demand for utilisation of comprehensive eye care services

5.1 Strategic level

In Tanzania, the Inclusive Vision program contributes to supporting the process of **integrating** eye health into the health system by prioritizing the following **six strategic areas of intervention**:



A comparison between the strategic axes of intervention defined by LFTW and the strategies recommended by IPEC reveals that all key pillars are addressed, with a balanced focus on each key strategy. In addition, for each of the targeted areas of intervention, the Inclusive Vision programme has developed different interventions, such as:

Engaging and empowering people and communities

Intervention: Increase demand for the use of comprehensive eye care services - Through the Inclusive Vision programme, female and male community and primary health workers and health-teachers have been trained in detecting and referring people with eye problems to appropriate health care facilities.

Good practice	The logframe includes an indicator to track the number of referrals made by teachers for children with eye conditions. While this provides valuable insight into referral outcomes, it may be also beneficial to monitor the number of referrals made by health workers and the percentage of false positive among those referred. This additional data could help assess the screening capabilities of both health workers and teachers.
Gap	There is no logframe indicator to track the number of patients referred by community and primary health workers.
Challenge	- In 2023, < 40% of cumulative 2022-2024 targets are reached for: - No. of female and male teachers trained in detecting and referring children with eye problems to health care facilities (55% of target reached). - No. of girls/boys referred to eye units by teachers and after school- screenings (38% of target reached).

Intervention: Assist regional eye units to introduce differentiated tariffs

Progress made	There is an effective differentiated tariffs mechanism implemented, but as noted in reports, CCBRT, KCMC, SJMH and SFRH need to develop innovative packages, and allocate appropriate space.
Gap	The logframe does not include an indicator to track the % of most vulnerable patients benefiting from these services. It would also be useful to track # of patients covered by health insurance (community or national) and the % of patients paying “ViP services”

Re-orienting model of care based on a strong primary care level

Intervention: Conduct outreach increasing service coverage in hard-to-reach communities

Progress made	- In 2023, Partners performed a total of 88,717 consultations against the target of 94,014 consultations (94% of target reached). - In 2023, All partners performed a total of 6,962 surgeries against a target of 6,533 (107% of target reached).
Gap	There is no disaggregated indicator in the logframe to track the number of outreach camps conducted and the number of patients reached through mobile clinics. This would enable the programme to monitor the outcomes of mobile clinics, as well as the number of surgeries/ consultations done in partners structures (referrals or walk in patients) and review as needed information and sensitization strategies.

Intervention: Support the schooling of visually impaired children through inclusive education programme (ITP)

Progress made	- In 2023: 296 teachers in Morogoro and Ruvuma regions were trained to detect and refer children with eye problems to health care facilities (160% of target reached). - In 2023, 863 girls/boys who were blind or had low vision were enrolled in pre-primary, primary and secondary education and received regular multidisciplinary support (107% of target reached). - In 2024, collaboration with another organisation (Sightsavers) is planned, which will allow to increase the coverage of school screening in Dodoma.
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Coordinating services within and across sectors

Intervention: Strengthen eye services at the tertiary level, including in 4 regional hospitals

Progress made	In 2023, the number of paediatric consultations by MRRH and BMH is 2,945, against the target of 1,350 (218% of target reached). This achievement was made possible through the implementation of school screening and
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	the referral of children. This figure is expected to increase in 2024 as more effective school screening will be conducted in Dodoma by BMH and the Dodoma Regional Referral Hospital. - In 2024, it is anticipated that in Morogoro the early identification of children through screening services at the Reproductive Child Health clinics (RCH) will contribute to refer more children to eye care services. (under the “Early Detection” Project). This collaboration with other health programmes will foster synergies and complementarity with the Inclusive Vision initiative, promote intra sectorial collaboration, and support the integration of eye health into the health system. Joint efforts by the government of Tanzania, partners, and comprehensive programme initiatives - like review meetings, regular follow-up and monitoring of partners performance, and discussions with management teams – have been instrumental in achieving overall programme progress.
Gap	There is no logframe indicator to track referrals across different levels of care (from community/ primary level to secondary and tertiary levels, and intra sectorial referrals). Some of the respondents to the online survey highlighted the following: more efforts and support are needed in community awareness creation for eye care services, and there is a need for government and partners such as local and international organisations to allocate more funding to eye care programmes, including training of healthcare professionals, procurement of equipment, and infrastructure development

Intervention: Support the schooling of visually impaired children through inclusive education programme (ITP)	
Progress made	In 2023, 296 teachers in Morogoro and Ruvuma regions were trained to detect and refer children with eye problems to health care facilities (160% of target reached).
Challenges	Some targets were not fully reached in 2023 35% of ITs are released for 100% from classroom teaching (target 2023: 40%) - In 2023, 178/189 schools were oriented in the inclusive education approach to become a more inclusive school (school committee training, teacher training, parents) (94% of target reached). 742 boys and girls with various eye conditions were referred to eye units following school screening. Most of the referrals were from MRRH, SJMH and SFRH. (84% of target reached)

Creating an enabling environment for integration of eye care into national plans and health system

Intervention: Strengthen eyecare work force, and eye services , including at the tertiary level and in 4 regional hospitals	
Progress made	- LFTW strengthened eye care work force and capacity of the partner hospitals in the three key areas: human resource development, disease control and in the appropriate technological development. - In 2023, 8 eye care staff received scholarship to become ophthalmologist/sub-specialist (114% of target reached), and 2 eye care staff received scholarship to become optometrist/low vision therapist (100% of target reached). - In the area of appropriate technology, partner eye care units were supplied with equipment and tools, aligned with the package of activities they need to perform, to contribute to enhancement of quality of the eye care - In terms of disease control, the programme set up a budget for each partner for sensitization at community level regarding eye diseases and type of eye care services available at partner clinics.
Challenges	In 2023, not all HReH targets were reached. For example: - Reports indicate that the trained staff were motivated with the skills and experience gained upon returning to their clinics and contributed to the program’s outcomes. However, only 15 staff out of 31 planned staff, were enrolled in internships at the CCBRT academy. (48% of the target reached). 7 expert missions out of the planned 12, were organized (58% of target reached). Among others, KCMC conducted 1 mission to BMH and 2 to SJMH, and CCBRT 1 mission to MRRH. These missions also contributed to promote regional dynamic.
Progress towards sustainability	- Hospitals have been encouraged to make sure that eye care services and related costs are covered by the national and community health care insurance schemes, and to develop sustainable financial long-term plans to promote sustainability. - The programme intends to introduce regional workshops, which will be used to develop strategies to boost services in Morogoro, Dodoma and Ruvuma regions. As part of the preparation for the regional workshops, the programme will generate historical data which will show the trends in service uptake and will identify and analyze reasons for poor performance for each partner. This analysis will serve as a valuable input for the workshop, fostering evidence-based decision making and enhancing ownership among stakeholders.

- On the inclusive education front, the **salaries of the itinerant teachers**, who are responsible for providing educational support to children with visual impairment, are **fully covered by the local government authorities**.

5.2 Operational level

Review of the progress of the Inclusive Vision programme using selected IPEC indicators

Indicator	Category	Definition	In Tanzania
Eye care integrated into the national health plan	Eye Care Governance	Existence of high-level, national or subnational plans, beyond operational plans.	- National plans are available e.g.: Vision 2025 (new eye health strategic plan will be released soon). - PHCW/RCH workers are trained to screen babies for ocular abnormalities (for early identification). - Existing National Eye Care Strategic Plan.
Financial risk protection for cataract surgery	Input and process - Eye Care Financing	Percentage of the most vulnerable targeted beneficiaries benefitting from mechanisms of prepayment (e.g.: adapted tariffs, health insurance schemes etc..) that covers min 75% of the cost of the cataract surgery.	- Introduction of differentiated tariffs. - Robin Hood approach at St Francis and St Joseph Hospitals. - Waver/exemption for patients identified as too poor to pay. - Subsidised price for cataract surgery for patients recruited by the programme. - There is no indicator in the logframe to track the percentage of vulnerable beneficiaries benefitting from these mechanisms.
Eye care workforce density and distribution	Input and process - Eye Care Workforce	Number of eye care workers trained, disaggregated by professions: a) Ophthalmologists; b) Optometrists; and c) Allied Ophthalmic Personnel.	- In 2023, 8 eye care staff received a scholarship to become an ophthalmologist/sub-specialist (target: 7) 2 eye care staff received a scholarship to become an optometrist/low vision therapist (target: 2). - Eye care workers are now available at health facilities across levels of care
Cataract surgical outcome (visual acuity)	Output – Eye Care Service Quality	Percentage of eyes in adults with: “Good” cataract surgical outcome: “Suboptimal” cataract surgical outcome: “Poor” cataract surgical outcome	- There is no integrated plan for quality improvement, nor an indicator included in logframe. (started in 2024-) - Use of a new quality assurance tool is also planned (such as the Quality Standards Assessment Tool), in collaboration with Sightsavers International and MoH. - MCSO has been introduced in all partner’s hospitals.
Availability of vision rehabilitation services	Output – Eye Care Service Access	Vision rehabilitation services should include at minimum, referral to rehabilitation specialists; programmes and psychological support for persons with vision impairment or blindness; provision of optical, non-optical and electronic devices; advisory services to optimize the living environment for persons with vision impairment,	Collaboration with inclusive education / itinerant teaching project (ITP) and specialized education sector.
School eye care programmes coverage	Outcome – Eye Care Coverage	Percentage of school-age children in targeted areas supported by the programme, undertaking periodic eye care screening for eye and vision conditions.	296 teachers trained in eye care screening. 742 boys and girls (target: 880) with various eye conditions, were referred to eye units after school screening. Most of the referrals were from MRRH, SJMH and SFRH. - But there is no indicator on the % of children screened.

Indicator	Category	Definition	In Tanzania
Newborn screening coverage for congenital and neonatal eye conditions	Outcome – Eye Care Coverage	Percentage of newborns screened for the detection of congenital and neonatal eye conditions, preferably within 72 hours of birth, or at first encounter with a health facility.	- Integration within health sector: in Morogoro, early identification of children and screening services at Reproductive child health clinics (RCH) (synergy with the early detection project).

5.3 Effectiveness, efficiency and sustainability

Evaluation criteria	Evaluation questions	Score de la performance*
Effectiveness <i>Is the intervention achieving its objectives?</i>	EQ1: Access EQ2: Changes EQ3: School screening EQ4/5/6: Outcomes	
Efficiency <i>How well are resources being used?</i>	EQ7: Financial management EQ8: Timely implementation EQ9: Capacities EQ10: Constraints et opportunities	
Sustainability <i>Will the gains and impact of the programme be sustainable?</i>	EQ11: Partnership EQ12: Capacity building EQ13: Sustainability EQ14: Collaboration	
* Performance scale:		
Major challenges	Progress underway; Some challenges	Good progress

Effectiveness

Key progresses made and good practices

The early identification of children with ocular problems can be a major challenge. In many cases, children with eye problems present late for treatment, often due to limited awareness among parents and health workers at primary health care level about paediatric eye conditions, as well as children's reluctance to report vision issues. The programme has trained health care workers at the RCH level to screen newborns for eye problems. This has enabled the early identification and management of children before they develop complications or even die in the case of retinoblastoma.

While at St Francis, the eye care team visits and screen patients at neonatal and paediatric clinics to identify children with eye problems, at BMH health workers have been referring to the eye department all children diagnosed with eye problems.

Persons with disabilities often find themselves unable to access services. For exemple at SJMH, physically-challenged people could not use the facilities because the buildings were not designed to cater for them, particularly for stairs and toilets. The Inclusive Vision programme, through partners, has taken into consideration the issue of accessibility for persons with disabilities by constructing hospital building with ramps and adapted toilets for physically challenged patients. The programme also has sent to BMH, an expert to assess level of accessibility of the structure. This is well in line with the programme theme/focus on gender, inclusion and LNOB approach.

The use of traditional medicines to treat eye problems is common among rural populations, who have limited access to modern medicines/treatment. This has been a cause of concern among eye health professionals as such local medicines/treatment are often causing harm. This programme has engaged with more than 300 traditional healers in Ifakara, conducting seminars to sensitize them on the potential harm of using traditional medicines to treat eye diseases. The idea was to involve the traditional healers so they would refer patients to St Francis. Although no data was collected on the impact of this activity, this was reported by stakeholders a good initiative in curbing the potential harmful use of traditional medicines to treat eye conditions.

Main gaps and challenges

The National Eye Care Coordinator and the eye care focal person from PORALG were involved at the design phase of the project, but there is less involvement during the programme implementation and monitoring phases. According to the LFTW office, several attempts were made to involve them in supervision, but the two national coordinators have been very busy with other responsibilities. Although the national coordinators have now visited the project areas and activities, as of the time of this evaluation, both could not fully participate in the interviews as they knew very little about the progress of the programme.

"... I know Light for the World is implementing pediatric ophthalmology services because we have an MoU with them but I know very little regarding the ongoing project implementation because I have never had a chance to visit and see how the project is being implemented..."

(KII- one of the national eye care focal person.)

Limitation of space at BMH is another challenge. The introduction of paediatric ophthalmology at BMH brought the need for additional space for paediatric clinic. The current space is not enough to host both adult and paediatric clinics hence it faced congestion. For example, the kids playing/waiting areas is set up along the corridor.

Summary and analysis

Despite some challenges the programme is generally a success story. The partners' hospitals are very satisfied and so are other beneficiaries like parents of children who have benefited from the activities. This programme aligns well with the NECSP, for which one of the priorities is to increase HReH and make sure the country is well served in terms of paediatric ophthalmology services.

The collaboration between LFTW and ECF and SSI is very strong and works very well. Each partner has specific roles in the project and there is no duplication of efforts.

Lessons Learned

The selected partner hospitals have the capacity to deliver services thanks to the investment made by the programme but also because the good collaboration with LFTW has reinforced engagement of the partners hospitals in reaching programme's objectives.

Efficiency

Key progress made and good practices

LFTW has been open to collaborating with other organizations in the programme area. For example, VSO Tanzania has been conducting school screening in Morogoro. LFTW and VSO organized a meeting to understand each other's activities and find areas of collaboration. Currently, VSO Tanzania project has been referring children to LFTW project.

"... LFTW has been very cooperative, very flexible and very accommodating. They are always open to new collaboration and opportunities to work with other organisation in the project sites"

(KII with one respondent from Morogoro)

BMH held meetings in the neighbouring regions, which form part of their catchment area, to inform the eye health workers about the starting of paediatric ophthalmology services at BMH. This has supported referral mechanisms between the BMH and the RRHs in its catchment area.

"... funds delay for up to five months, imagine being late for five months to start activities implementations. ... there is a danger of missing the target or working under pressure at the end of the year to catch up with the target."

(KII with a respondent from one of the government hospitals)

Main gaps and challenges

Delays were faced (Up to five months) in funding disbursing to the partner hospitals. This has been reported to happen at the beginning of each financial year. It may be caused partly by delays in completion/submission of reports and plans by the partner hospitals but also because of LFTW internal approval processes. Although unused funds from the previous year have been utilized to close the gap, delays were felt as adding pressure on the partners hospital to complete the activities and meet targets the end of the year, in

"... CCBRT has an academy with very good training programmes. The problem is that the academy is not accredited by the government which means if you are trained and get certificate from the academy it does not add value to your career progress because the MoH does not recognize the training/qualification."

(KII with one respondent trained at CCBRT)

particular for BMH and Morogoro RRH. St Joseph and St Francis reported to have been using their funds to implement the activities and get reimburse once the funds are sent to them.

Currently, CCBRT is used as a training center for attachments and fellowship through the CCBRT academy. However, the academy is not accredited by the government so certificates from CCBRT are not recognized by the MoH.

The programme has trained RHC workers on how to screen babies for eye problems. These health workers, mostly nurses, had very little exposure to eye care management during their formal training and eye examination is not part of their routine responsibilities. Trained RHC workers take eye examinations as an extra work and as part of a specific project. Thus, they have not been really engaged nor proactive in the activities, and for example, only send data if someone from the programme asks.

Summary and analysis

The programme has significantly contributed to HReH development in the regions and at tertiary facilities. This will go extra miles in eye health care services delivery beyond the programme lifetime.

Also, the training of RCH workers in early identification of children with eye problems has created awareness not only among the RCH workers but also among the parents.

Sustainability

Key progresses made and good practices

Collaboration with different partners, such as Sightsavers, has been reported as an added value, especially regarding gender, inclusion and disability approaches. Sightsavers has a focal person responsible for gender, inclusion and disability thematic. LFTW has benefited from this expertise to ensure the three areas are well integrated into the programme.

A MoU has been signed between LFTW and Ministry of health, of Education and the President office. The government at region and district level has been well involved since the start of the project. Throughout the interviews, they demonstrated a good understanding of the project. At the national level, although PORALG and MoH focal point were less familiar with the programme activities and progress, the MoEd Special Need Directorate seem to be well informed about the programme's progress.

Regarding the Itinerant Teachers Programme, it should be noted that although transportation allowance and motorbikes are supported by the programme, the salaries of the teachers are paid by the government, which contributes to ensure the sustainability of the intervention

The programme has made significant investment in infrastructure and HReH. These investments will last beyond the programme lifetime and will significantly contribute to the sustainability of the services.

Main gaps/challenges

Investments from the government in eye health are made, but do not cover all the population's needs. This is likely to endanger the sustainability of the gains achieved by Inclusive Vision programme.

RCH workers view eye care as a project work rather than part of their routine work. This attitude is likely to hamper the sustainability of the project gains.

St. Francis and St Joseph are operating in profit model for them to be able to sustain their services beyond the lifetime of the project. The project wants to achieve the targets which sometimes means operating on patients at a very low price. The respondents noted that this is conflicting and there is a need for discussion.

"...unlike government hospitals, we have to raise funds through patient fee to cover our running costs. Working with this project has a lot of benefits to the hospital in terms of HReH, infrastructure and equipment and raising the profile of the hospital but then sometimes we have to deliver services at below the price to reach the target..."

(KII with one respondent from one of the partner hospitals)

Summary and analysis

The investment made by the programme in terms of awareness creation/community sensitization, HReH and infrastructure are very important for sustainability. The government needs to reinforce his role by giving eye care its due importance. Advocacy is still needed to ensure eye care is included in national health priorities.

Lessons Learned

The partners' hospital staff are very much aware of the potential challenges of sustaining the gains made by the programme. They agree that there is a need for strong advocacy and lobbying to the government so that eye care gets its due attention from the government.

5.4 Country specific questions

SQ1 - To what extent is the choice of new partners in the Tanzania programme justified (2017 = start of the Saint Joseph Mission Hospital and Saint Francis Referral Hospital partnership; 2022 = start of the Morogoro Regional Hospital and Benjamin Mkapa Hospital partnership)?

Benjamin Mkapa Hospital – BMH (Dodoma)

It was a site initially selected for school screening. But children identified in Dodoma had to be referred to KCMC or CCBRT for surgery. Also, the Central Zone of Tanzania had not center for paediatric services to serve Dodoma, Singida, Tabora and Iringa regions. Children needing eye care had to travel to Kilimanjaro and Dar es salaam. With LFTW supporting pediatric services through BMH, the Central Zone is now covered.

St. Francis Hospital

This hospital is located in Ifakara district (four- hour drive from Morogoro) and is recognized as a referral hospital. There are three other districts (Ulanga, Malinyi and Mlimba) which are even further away from Morogoro town but closer to St. Francis Hospital. Children screened from the three districts and Ifakara are referred to St Francis for management instead of travelling to Morogoro RRH.

St. Joseph Hospital

For many years there has been no partner supporting eye health care in Ruvuma region, with very limited eye health care services in the region. Patients including children, had to travel to Ilembula Hospital in Iringa region and children still had to travel to KCMC or Dar es salaam (more than 12-hour drive). A surgeon from Mvumi hospital visited regularly.

Morogoro RRH- MRRH

Morogoro was first selected as a site for school screening. But children identified in school screening needed to be further examined before being referred to CCBRT, which is now possible at MRRH

5.5 Future in Sight - Recommendations follow-up

Among the seven respondents to the online survey, there was no consensus on the implementation status of any of the recommendations made as part of the end evaluation of Future in Sight, the predecessor programme to Inclusive Vision. For most recommendations, a significant number of respondents selected "I don't know enough to answer." One recommendation, in particular, stood out with the majority of responses falling under "not yet started" or "I don't know enough to answer": **Conduct training on financial management, M&E procedures, and digitalized tools for partner hospitals.** Three respondents indicated that the following recommendation was fully implemented: **Trainings: review and ensure all training curriculum used are in line with national standards and global recommendations. Ensure that Infection Prevention and Control and Health Care Waste Management are included in all training curriculum.** The full results are presented in annex 11.

5.6 Recommendations

EQ	Category	Recommendation
Short-term (S)		
Effectiveness	Access, gender and LNOB	TZ-S1 - Include in reporting the follow up of percentage of most vulnerable benefitting for eye care services.
		TZ-S2 - Since Mbeya referral Hospital has started paediatric ophthalmology services, LFTW and Ruvuma should consider referring children to Mbeya instead of KCMC to reduce costs and distance.
		TZ-S3 - St-Francis and Dodoma hospitals as referral hospitals need to be supported in their vision to be able to offer all paediatric services instead of referring children to other referral hospitals.
	Referrals	TZ-S4 - Include in reporting follow up of referrals from primary, secondary levels to tertiary level. TZ-S5 - It may be also beneficial to monitor the number of referrals made by health workers and the percentage of false positive among those referred. This additional data could help assess the screening capabilities of both health workers and teachers.
	School screening	TZ-S6 - Regular teachers in specials schools/mainstream classrooms also need to be engaged during training and supportive supervision because they teach special need children from primary one onwards. TZ-S7 - Female and male teachers trained in detecting and referring children with eye problems to health care facilities need to be regularly followed up and supervised, to contribute to increasing the number of girls/boys referred to eye units by teachers and after school- screenings.
	Quality assurance	TZ-8 - Include quality assurance plans and measures in reporting (planned for 2024). Currently, only CCBRT has provided data on cataract surgical outcomes. Unlike in the DRC, these data include the proportion of patients with good vision 4 to 11 weeks post-operation. However, the proportion of patients returning for follow-up remains unknown. It is recommended that the program also measure visual acuity at discharge (uncorrected and/or with a pinhole test) to provide a more comprehensive assessment of surgical outcomes.
Efficiency	Financial management	TZ-S9 - In Ruvuma and Dodoma there are other eye NGOs such as Eye Corps and KCCO funding outreach. The project could consider leveraging resources from these and other NGOs to achieve the project objectives.
		TZ-S10 – Anticipated planning, including early development of budget and contracts should be ensured, to reduce potential funding delays
Medium-term (M)		
Effectiveness	Access	TZ-M1 - There is still a need to improve the capacity of St. Francis in terms of HReH and equipment so that children identified in the four districts can be managed at St. Francis
Sustainability	Collaboration	TZ-M2 - There is now an ophthalmologist at the Ruvuma RRH and there is another NGO (Eye Corps) supporting activities in Ruvuma. The next step would be for key partners (St Joseph, Ruvuma RRH and Eye Corps) to create one regional implementation plan to leverage resources and avoid duplication of efforts.
		TZ-M3 - MoH and PORALG should be engaged at the initiation of the project and throughout the project implementation through supportive supervision.
	Lobbying	TZ-M4 - To the government to make funds available to eye care to sustain the gains made by the project.
		TZ-M5 - LFTW to team up with other eye care partners to advocate to MoH and PORALG to set budgets for eye care at all levels and for RCH package to include eye examination as part of regular activity
	HIS	TZ-M6 - LFTW should work with other eye NGOs in country to advocate for eye health indicators to be included in the RCH report.

6 Rwanda

Brève description de l'approche du programme

Outcome au Rwanda : D'ici 2026, davantage d'enfants, de femmes et d'hommes souffrant d'une affection oculaire bénéficieront de soins oculaires de qualité à la clinique ophtalmologique de Kabgayi – clinique de référence de niveau national – localisée dans la province du Sud ; 38 hôpitaux de district du pays ont renforcé leurs capacités médicales ; et davantage d'enfants malvoyants et aveugles prennent part à une éducation inclusive ou spécialisée de qualité

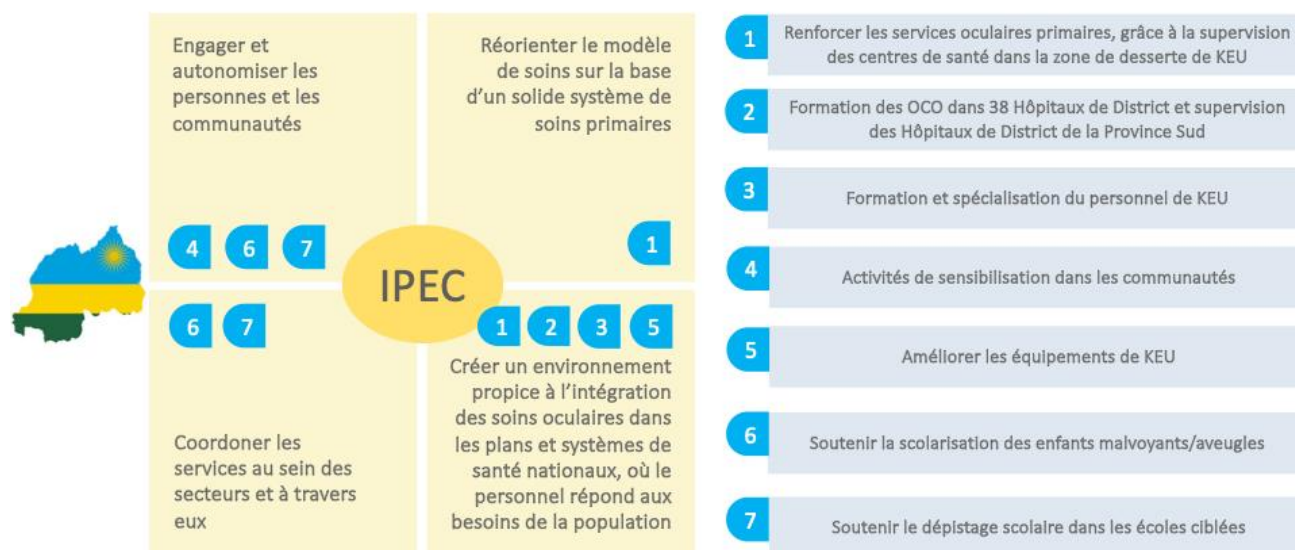
Dans le programme 2017-2021, une attention particulière était mise sur le développement de soins ophtalmologiques de qualité accessibles à tous et toutes, et sur la décentralisation de ceux-ci vers les hôpitaux de district (niveau secondaire) dans la province du Sud. Les changements visés d'ici 2026 se situent dans la continuité de cette stratégie avec une portée plus large. Ils visent à renforcer et stabiliser la KEU dans son fonctionnement et son rôle en tant que centre de référence en santé oculaire au Rwanda. Plus spécifiquement, les changements attendus se situent dans :

1. La capacité pour la KEU de dispenser des services de santé oculaire spécialisés et de qualité à la population
2. La capacité de renforcer les compétences médicales de 38 hôpitaux de district et des professionnels de la santé avec son centre de formation
3. La capacité à développer une gouvernance durable et stable.

Dans cette optique, le changement au niveau de l'offre médicale se concrétise par le fait que la clinique dispense des consultations et opérations spécialisées de qualité et en quantité pour le traitement des principales maladies oculaires mais aussi dans l'offre des formations dispensées par la KEU en renforçant son centre de formation. La clinique participe ainsi à la décentralisation des soins oculaires vers le niveau secondaire du système pyramidal des soins de santé du pays.

6.1 Niveau stratégique

Au Rwanda, le programme Vision Inclusive contribue à soutenir le processus d'intégration de la santé oculaire dans le système de santé en privilégiant les **sept axes stratégiques d'intervention** suivants :



En comparant les axes de stratégie choisis par LpIM avec les stratégies recommandées par l'IPEC (figure ci-dessus), nous voyons que, si la formulation de la stratégie d'intervention et théorie du changement n'énonçait pas spécifiquement les liens avec les stratégies IPEC de soutien au processus d'intégration, les différents axes sont néanmoins adressés, avec un focus sur deux stratégies : 1) engager et autonomiser les personnes et les communautés, et 2) contribuer à créer un environnement propice à l'intégration. La stratégie visant à soutenir le processus d'intégration, vers laquelle la majorité des actions sont orientées, est en lien avec un des résultats finaux escomptés : « participer à la décentralisation des soins oculaires vers le niveau secondaire du système pyramidal des soins de santé du pays. »

Pour chacun des axes d'intervention ciblés, le programme Vision Inclusive a développé différentes interventions, à savoir :

Engager et autonomiser les personnes et les communautés

Intervention : Activités de sensibilisation dans les communautés

Progrès réalisés	4 campagnes de sensibilisation ont été menées et coordonnées en 2023 par KEU, au niveau provincial et national, sur les maladies oculaires et leurs traitements (100% des cibles atteintes).
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Intervention : Faciliter l'accès financier de la population aux services de santé

Bonnes pratique	Un indicateur est inclus dans le cadre logique sur le nombre de familles vulnérables ayant bénéficié du service social de KEU pour le traitement d'un enfant touché par une maladie oculaire (comme un rétinoblastome ou cataracte congénitale). En 2023, 524 familles ont bénéficié de ce soutien (35% de la cible atteinte). Néanmoins, les visites multiples ou visites de suivi ne sont pas comptabilisées. L'indicateur est à revoir pour mieux refléter le soutien amené, notamment en y incluant aussi les adultes issus de familles vulnérables, mais aussi permettre d'anticiper la charge et les ressources nécessaires au service social de KEU pour fonctionner.
Progrès réalisés	Le service d'ophtalmologie de KEU continue à offrir les soins oculaires à un prix accessible comparativement aux autres hôpitaux privés (ce point ressort des KIIs, mais nous n'avons pas d'études partagées).
Défis	Des collaborations avec des organisations de base communautaire ou autres ONG nationales et internationales pour accompagner les enfants malvoyants suivis par la cellule éducation inclusive de Kabgayi ont été planifiées mais n'ont pas encore été réalisées.

Intervention : Soutenir la scolarisation des enfants malvoyants/aveugles

Progrès réalisés	- En 2023, 79 parents d'enfants malvoyants ont été sensibilisés à l'inclusion des enfants malvoyants et aveugles (198% de la cible atteinte). - En 2023, 367 chefs d'école, directeurs, préfets et personnes focales ont été sensibilisés à l'inclusion des enfants malvoyants en milieu scolaire (200% de la cible atteinte).
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Intervention : Soutenir le dépistage scolaire dans les écoles ciblées

Progrès réalisés	Les activités de dépistage dans les écoles ciblées sont mises effectivement en place. En 2023, 1150 enfants ont été référés à KEU suite à ce dépistage (580% de la cible atteinte)
Lacunes	Un indicateur sur le nombre des enfants dépistés et référés est inclus, mais il n'y a pas de données (dans le cadre logique) quant au % d'enfants dépistés par rapport au nombre total d'enfants.

Réorienter le modèle de soins sur la base d'un solide système de soins primaires

Intervention : Renforcer les services oculaires primaires, grâce à la supervision des centres de santé dans la zone de desserte de KEU

Bonne pratique	Un indicateur sur le nombre de mission de mentorship de KEU vers le niveau primaire est inclus dans le cadre logique.
Défis	16 missions d'évaluation (mentorship) sur les soins oculaires menées par la KEU dans les centres de santé (niveau primaire) placés sous sa tutelle dans le District de Muhanga (25% de la cible atteinte). La cible n'a pas été atteinte, principalement en raison de la charge de travail de KEU. Nous n'avons pas d'information supplémentaire quant aux résultats, défis rencontrés, points d'action dans le cadre de ces missions (il n'y a pas de rapport de mission disponible dans la documentation partagée pour cette évaluation.)

Intervention : Cliniques et chirurgies mobiles effectuées par l'équipe médicale de la KEU dans les HD, les écoles pour enfants aveugles et malvoyants de Rwamagana et Kibeho, les camps de réfugiés et les prisons

Progrès réalisés	- En 2023, 14 consultations mobiles (116% de la cible atteinte) et 13 chirurgies mobiles (325% de la cible atteinte) ont été conduites par KEU. - Collaboration : Pour les cliniques mobiles, KEU a fait le dépistage lors d'événements organisés par d'autres partenaires (ex: See you foundation, UPHLS, CBM) et les patients ont été référés à Kabgayi pour le traitement.
Défis	- Augmentation des chirurgies planifiées : La planification des chirurgies de cataracte dans les HDs est faite selon le programme du Ministère de la Santé. L'équipe est régulièrement sollicitée pour opérer dans les différents HDs ayant un bon nombre de patients identifiés en attente de chirurgie de cataracte. Cela a pu induire des problèmes de charge de travail et planification pour KEU. - Lors des cliniques mobiles, les référencement suivent le système national (d'abord vers les hôpitaux du district, puis référencement « libre » des hôpitaux districts vers les structures tertiaires). KEU n'a pas donc de vision sur le référencement des patients dépistés lors des cliniques mobiles, ni sur la disponibilité/qualité des soins effectués sur ces patients par d'autres structures, ce qui pourrait avoir un impact sur la demande de soins, si le suivi ou la qualité des soins dispensés dans d'autres structures n'est pas optimal. - Si un patient dépisté lors des cliniques mobiles n'a pas les moyens financiers de se déplacer, il n'y a pas de système pour faciliter son transport jusqu'à la KEU (remboursement des frais possible, mais pas d'avance).

Coordonner les services au sein des secteurs et à travers eux

Intervention : Soutenir l'intégration de soins oculaires de qualité en complément des offres de santé aux 3 niveaux	
Progrès réalisés	Collaboration avec les services de dépistage du diabète/maladies chroniques, et soins de néonatalogie : il existe un lien de référencement avec ces services, qui a été renforcé par les missions de mentorships dans les HD et CS, les cliniques/chirurgies mobiles dans les HD, et les formations des TSOs des HD. - En 2023, 46.228 consultations (124% de la cible atteinte) et 7.050 chirurgies (128% de la cible atteinte) ont été réalisées par KEU. 106 TSOs des HDs formés en 2023 (132% de la cible atteinte), mais les modalités de ces formations en 2023 ont été modifiées : durée de formation inférieure à celle planifiée. De plus, il n'y a pas de données partagées sur l'impact de ces formations sur les capacités des TSOs. 5 membres du personnel médical ou paramédical de la KEU (71% de la cible atteinte) ont été inscrits à des formations diplômantes, qualifiantes ou certifiantes ; 8 missions de formations ont été menées sur place à la KEU par des experts ophtalmologues (400% de la cible atteinte).
Défis	En 2023, 10 missions d'évaluation sur les soins oculaires menées par la KEU dans les 11 hôpitaux de district dans la province du sud (niveau secondaire) (45% de la cible atteinte) et 16 menées dans les centres de santé primaire (25% de la cible atteinte). Ces difficultés pour KEU sont principalement liées à la charge de travail. Les objectifs de support et renforcement des capacités aux niveaux inférieurs, afin de contribuer à soutenir le processus de décentralisation, et la planification, semblent être à revoir. Dans le cadre du questionnaire en ligne, la question du manque de ressources humaines et d'équipement ophtalmique a été soulevée. Il a également été suggéré de mettre à contribution des éducateurs communautaires.
Lacunes	- Dans le cadre logique, il n'y a pas d'indicateur pour suivre le référencement/contre référencement des centres de santé -> hôpitaux de district -> KEU, ou du référencement inter services. Dans les rapports, il n'y a pas, ou peu de données sur ces activités. - Il n'y a pas d'indicateur de suivi /assurance qualité, alors que KEU assure un suivi de la qualité de ces prestations. Le suivi de ces aspects qualité est à inclure dans le monitoring global des activités.

Intervention : Soutenir la scolarisation des enfants malvoyants/aveugles et Soutenir le dépistage scolaire dans les écoles ciblées	
Progrès réalisés	- En 2023, 254 filles et garçons malvoyants scolarisés (111% de la cible atteinte) ont bénéficié d'un suivi individualisé de la cellule éducation inclusive de Kabgayi et 162 filles et garçons aveugles ou malvoyants (95% de la cible atteinte) sont inscrits à l'Ecole HVP Rwamagana. 4 enseignants itinérants sont actifs (100% de la cible atteinte) au sein de la cellule éducation inclusive de Kabgayi. - En 2023, 1150 enfants ont été référés (586% de la cible atteinte) à la KEU après un dépistage scolaire dans les écoles de la province du sud.
Défis	Le nombre d'enfants référés à la KEU après un dépistage scolaire est très largement supérieur aux cibles prévues, ce qui a un impact sur le budget et la planification de ces activités. Mais, dès 2024, la Cellule EI et les responsables

de KEU ont mis en place une fiche journalière des enfants qui viennent se faire soigner à KEU. Pour optimiser les effectifs des enfants qui se présentent par rapport aux rendez-vous préfixés par le médecin. De même, une convention de collaboration signée entre la cellule et la KEU afin de définir les modalités de suivi dont peuvent bénéficier les enfants.

Créer un environnement propice à l'intégration des soins oculaires dans les plans et systèmes de santé nationaux

Intervention : En collaboration avec le programme national, soutenir le processus d'intégration des soins oculaires dans le système de santé

Contexte	- Au Rwanda, un plan national de stratégie de santé oculaire existe. De plus, un plan national ambitieux qui vise à multiplier par quatre le nombre de professionnels de la santé d'ici 2028 a été lancé. Il y a aussi une stratégie nationale développée en santé oculaire qui vise à renforcer le niveau secondaire de système de santé. (cohérence des objectifs du programme Vision Inclusive avec les plans stratégiques nationaux). Un protocole national de dépistage des maladies oculaires pour chaque patient atteint de maladie chronique a été développé. Mais : - La santé oculaire fonctionne en silo, au niveau du ministère alors que les autres départements de santé sont sous le RBC (Rwanda Biomedical Center). - Il n'y a pas de plan stratégique de santé intégré, ce qui freine l'intégration des soins oculaires dans le système de santé. Par exemple, au niveau du programme, les représentants de KEU ne sont pas invités dans d'autres réunions de santé, ce qui impacte négativement les possibilités de collaboration et coordination inter et intra sectorielles. - Avec le changement de la Politique Nationale concernant la catégorisation de la population Rwandaise, le nombre de la population vulnérable soutenu à 100 % par l'État par l'assurance maladie (MUSA) diminue. Selon la situation, KEU estime recevoir dans le futur, un grand nombre de patients vulnérables qui nécessiteront l'assistance sociale. De plus, l'assurance maladie (obligatoire) ne couvrent pas les outils de basse vision/lunettes. Il y a un travail de plaidoyer à développer, pour KEU, pour que les banques, entreprises, contribuent à son soutien financier, afin de pérenniser le fonctionnement du service social aux plus vulnérables (comme en RDC, il serait peut-être envisageable de développer des services VIP, abonnements pour les entreprises, etc.).
Progrès réalisés	- Avant, les soins ophtalmologiques n'étaient dispensés que deux fois par semaine dans les centres de santé. Maintenant, y compris avec le support amené par KEU (comme la formation de TSOs, les activités de supervision conduites) ils sont disponibles tous les jours (district de Muhanga). - KEU a formé les centres de santé à l'enregistrement des données dans le DHIS.
Défis	Pas de support institutionnel de KEU, malgré sa position de centre agréé de référencement. - Il existe une différence de rémunération entre KEU et l'hôpital général de Kabgayi, ce qui peut amener des frustrations au sein des équipes. - Un effet négatif de la décentralisation a été rapporté lors des KIIs : Pour appuyer le processus de décentralisation, des formations des TSO ont été conduites par KEU sur la santé oculaire, afin d'améliorer le référencement, et recevoir seulement les cas compliqués à KEU. Un effet négatif non anticipé et rapporté lors des entretiens est que cela a induit une « perte » de recettes pour KEU (les cas simples nécessitant « moins d'intrants » ne sont plus soignés à KEU). - Il n'y a qu'un seul fournisseur pour les consommables, comme requis par la loi pour l'enregistrement/régulation des fournisseurs). Parfois, KEU rencontre des défis d'approvisionnement (menaces de rupture de stock/pas de choix/prix libres par fournisseur/pas de concurrence possible).

6.2 Niveau opérationnel

Revue des progrès du programme Vision Inclusive, par rapport aux indicateurs IPEC sélectionnés

Indicateur	Catégorie	Définition	Au Rwanda
Soins oculaires intégrés dans le plan national de santé	Processus - Gouvernance	Existence de plans nationaux ou infranationaux, au-delà des plans opérationnels	Existence de plan national pour la santé oculaire, mais pas de plan de santé intégré.
Protection du risque financier pour la chirurgie de la cataracte	Intrants et processus - Financement	Pourcentage des bénéficiaires ciblés les plus vulnérables bénéficiant de mécanismes de prépaiement qui couvrent au moins 75 % du coût de l'opération de la cataracte.	Il existe un service social, permettant la gratuité des soins pour les plus vulnérables Mais il n'y a pas de donnée disponible sur le pourcentage des plus vulnérables ciblés bénéficiant de ce service
Densité et répartition du personnel ophtalmologique	Contribution et processus - Main-d'œuvre	Nombre de travailleurs ophtalmologiques formés, ventilés par profession : a) ophtalmologistes ; b) optométristes ; et c) personnel paramédical ophtalmologique.	1. 106 TSOs des HDs formés (cible: 80) 2. 5 membres du personnel médical ou paramédical de la KEU inscrits à des formations diplômantes, qualifiantes ou certifiantes (cible: 7) 3. 12 missions de formations menées sur place à la KEU par des experts ophtalmologues (cible: 3)
Résultats de la chirurgie de la cataracte (acuité visuelle)	Résultat - Qualité des services	Pourcentage d'yeux opérés lors du suivi atteignant : 1. "Bon résultat » AV postopératoire de min 6/12 2. Résultat "sous-optimal" : atteinte d'une AV postopératoire inférieure à 6/12, et égale ou supérieure à 6/60 (déficience visuelle légère et modérée) 3. "Mauvais résultat « : atteinte d'une AV postopératoire pire que 6/60 (déficience visuelle grave ou cécité).	Suivi de la qualité des résultats de la chirurgie de la cataracte effectué par KEU, mais non communiqué systématiquement dans le rapportage du programme Pas d'indicateur spécifique inclus dans le cadre logique. Mais des données de suivi qualité existent.
Disponibilité des services de rééducation visuelle	Résultat - Accès	Les services de réadaptation visuelle devraient comprendre au minimum l'orientation vers des spécialistes de la réadaptation, des programmes et un soutien psychologique pour les personnes atteintes de déficience visuelle ou de cécité, la fourniture de dispositifs optiques, non optiques et électroniques, des services de conseil pour optimiser l'environnement de vie des personnes atteintes de déficience visuelle.	<u>Intégration intersectorielle</u> : collaboration avec le secteur éducation inclusive/spécialisée ✓ 254 filles et garçons malvoyants (cible 2023: 228) scolarisés ont bénéficié d'un suivi individualisé de la cellule éducation inclusive de Kabgayi et 162 filles et garçons aveugles ou malvoyants (cible: 170) sont inscrits à l'Ecole HVP Rwamagana. ✓ 4 enseignants itinérants actifs au sein de la cellule éducation inclusive de Kabgayi (cible: 4). ✓ 1150 enfants référés à la KEU en 2023 après un dépistage scolaire dans les écoles de la province du sud (cible: 196). ✓ Appui au programme ITP et à la cellule d'éducation inclusive.
Couverture des programmes de soins oculaires à l'école	Résultat - Couverture des soins oculaires	Pourcentage d'enfants en âge d'aller à l'école, dans les zones ciblées par le programme, qui bénéficient d'un dépistage périodique des troubles de la vue et de l'acuité visuelle.	<u>Intégration intersectorielle</u> : inclusion du dépistage scolaire des troubles de la vue + référencement dans les structures adaptées. Pas de données quantitatives ou de % d'enfants dépistés en âge d'aller à l'école, dans les zones ciblées par le programme dans le cadre logique.
Dépistage des affections oculaires congénitales et néonatales chez le nouveau-né	Résultat - Couverture des soins oculaires	Pourcentage de nouveau-nés soumis à un dépistage des affections oculaires congénitales et néonatales, de préférence dans les 72 heures suivant la naissance, ou lors de la première rencontre avec un établissement de santé.	<u>Collaboration intersectorielle</u> avec les services de néonatalogie et des maladies chroniques rapportée, mais pas d'indicateur spécifique/donnée dans le rapportage.

6.3 Efficacité, efficacité et durabilité

Critère d'évaluation	Questions d'évaluation	Score de la performance*
Efficacité <i>L'intervention atteint-elle ses objectifs ?</i>	EQ1: Accès EQ2: Changements EQ3: Dépistage scolaire EQ4/5/6 : Résultats	
Efficience <i>Quelle est la qualité de l'utilisation des ressources ?</i>	EQ7: Management financier EQ8: Respect du calendrier des interventions EQ9 : Capacités EQ10: Contraintes et opportunités	
Durabilité <i>Les avantages et gains du projet seront-ils durables ?</i>	EQ11: Partenariats EQ12: Renforcement des capacités EQ13: Durabilité EQ14: Collaboration	
* Échelle pour le score de performance :		
Défis majeurs	Des progrès en cours, Des défis rencontrés	Progrès notables

Efficacité

Principaux progrès réalisés et bonnes pratiques

La formation des TSOs, la sensibilisation lors des cliniques/chirurgies mobiles, et les missions de mentorat menées par KEU ont augmenté le nombre de patients pris en charge au niveau des HD., et il a ensuite été observé une diminution nette des transferts vers KEU de ces cas pouvant être pris en charge au niveau des HD.

Grace aussi aux formations des infirmiers des CS menées par d'autres acteurs, les consultations pour les problèmes oculaires, auparavant organisées deux fois la semaine au niveau des CS sont maintenant conduites quotidiennement, et font partie des indicateurs pour le financement basé sur la performance (PBF), approche instaurée par le Ministère de la santé. De plus, le personnel des CS a été formé sur les outils de rapportage pour inclure leurs données dans le système national d'information sanitaire (ex: cataracte).

Les Techniciens Supérieurs en Ophtalmologie (TSO) des Hôpitaux de District (HD) ont été formés, ainsi que les médecins et les TSO de KEU, en différentes spécialités à l'étranger ou au Rwanda lors de missions d'expert. KEU bénéficie de la présence d'un ophtalmologue spécialiste de la chirurgie de la rétine, qui assure aussi le rôle de formateur. Ce qui contribue aussi à la bonne visibilité et réputation de KEU, qui peut gérer certaines chirurgies complexes et assure la formation continue de son personnel.

En matière de recrutement du personnel, la politique nationale est compétitive et ne tient pas compte du genre. La sélection et l'identification des personnes à former se fondent principalement sur l'ancienneté, les performances et les besoins informés par la demande de services à fournir. Néanmoins, l'indicateur du cadre logique concernant la formation du personnel de la KEU a fixé une cible selon le genre.

L'accessibilité financière aux soins oculaires est renforcée par le système national de mutuelle de santé et les assurances-maladies privées, ainsi que par la prise en charge des cas vulnérables via le service social de KEU, avec provision de consommables, traitement y compris la chirurgie, hébergement, lunettes et autres aide-visuelles, ainsi que du matériel scolaire adapté pour les enfants dépistés via le programme de professeurs itinérants (ITP).

Il est à noter également, le remerciement et l'appréciation des parents et des enseignants des enfants (élèves) dont la vue a été améliorée/restaurée, et l'amélioration significative de leurs performances scolaires, ainsi que la diminution rapportée de la stigmatisation envers les personnes handicapées.

Grace à cette intervention, la relation parent-enseignant est devenue très étroite, et les parents ont gagné en confiance dans l'interaction avec l'équipe enseignante et dans leur communauté.

« Autrefois je ne me souciais pas de l'éducation de mes enfants, mais dès que nous nous sommes inscrits dans ce programme, je me suis intéressée plus aux matières scolaires, avec plus d'interaction avec les enseignants »

(Parent (mère)-FGD)

La rétroinformation des patients ayant bénéficiés de soins oculaires est généralement faite oralement, par les patients qui retrouvent la vue après une opération de la cataracte. Cependant, le manque de formalisation ne permet pas de procéder à une analyse approfondie.

Il a été souligné la très bonne organisation et coordination entre les parents, les enseignants, KEU et le programme ITP pour la prise en charge des enfants inscrits dans le programme. Le dépistage se fait au début de l'année scolaire. Pour les enfants enrôlés dans le programme, le professeur itinérant se réunit avec les parents et l'enseignant (point focal) pour expliquer le processus et la prise en charge individualisée de chaque enfant. La liste des enfants est envoyée à KEU, et chaque enfant est accueilli sur rendez-vous pour minimiser la durée d'attente. La prise en charge est gratuite ; de même pour les actes médicaux et les consommables. Pour certains enfants issus de familles vulnérables, il arrive que les frais de transport pour l'enfant et le parent qui l'accompagne, ainsi que la provision de matériel scolaire soient pris en charge par le programme.

Vu les très bons résultats, ces activités de dépistage scolaire ont été étendues à d'autres écoles, tant publiques que celles appartenant à d'autres conventions religieuses. La prise en charge des enfants inclut désormais tous les enfants diagnostiqués, et non seulement les enfants malvoyants comme initialement prévu.

Principales lacunes/ défis

L'insuffisance du personnel au sein de KEU est citée comme un défi majeur lors des entretiens, par rapport à la demande croissante de services ophtalmologiques. De plus, en 2024, d'autres activités organisées au niveau national/Ministère de la défense, comme les « Army Weeks » qui ont duré plus de six mois, ont perturbé la planification des activités de KEU, par la mobilisation de son personnel technique. Un autre point qui a été noté est le barème salarial du personnel, qui reste en inadéquation avec son statut (niveau tertiaire). En plus de cela, KEU est toujours en attente de son accréditation en tant qu'Institut de formation.

La liste des médicaments et consommables médicaux établie par Rwanda Food and Drug Authority (RFDA) limite le champ de prescription de médicaments et consommables, et il y a souvent un risque de rupture de stock.

L'accessibilité aux soins pour les personnes vulnérables vivant loin de KEU et dépistés par exemple lors des cliniques mobiles ou référées est impacté par l'absence de mécanismes permettant de faire l'avance des frais de transport.

Bien que la mobilisation et la sensibilisation des communautés, surtout dans les zones où se font les dépistages scolaires se soient grandement améliorées, certains mythes et mauvaises informations perdurent (certaines personnes/parents pensent que ces maladies sont héréditaires, ou dues au vieillissement, et que l'on n'y peut rien).

En 2024, les activités de dépistage scolaire ont été impactées par les mesures préventives de la fièvre hémorragique (Marburg) instaurées (activité reportée au mois de novembre 2024).

Synthèse et analyse

De façon générale, l'appui tant technique que financier de LpLM a considérablement contribué à l'intégration des soins oculaires à tous les niveaux du système de santé. Le programme vise à améliorer l'accès à des soins oculaires complets et continus pour tous, sans discrimination de genre, et inclut la prise en charge des cas vulnérables (frais de transport, actes et soins médicaux, logement et nourriture). Les cliniques mobiles menées contribuent à réduire les barrières géographiques, et en organisant des cliniques mobiles dans les prisons et les camps de réfugiés le programme et le dépistage scolaire contribue aux principes LNOB.

« Dans la mentalité rwandaise, l'éducation et la santé des enfants relèvent souvent du ressort des femmes (mères), mais par ce projet, je réalise combien il est important pour les hommes, pères de s'impliquer »

(Parent (Père) -FGD)

Leçons apprises

La perception de réussite scolaire des enfants pris en charge par le programme, que ce soit du point de vue des parents ou professeurs, a permis un changement de mentalité, chez les autres élèves mais aussi de la communauté, à l'égard des personnes avec handicap, et a contribué à une société plus inclusive et équitable.

Efficiences

Principaux progrès réalisés et bonnes pratiques

Au niveau des RH, un médecin spécialiste en chirurgie de la rétine a été recruté. Ainsi la chirurgie de la rétine fait partie du plateau technique offert par KEU. Ce spécialiste assure aussi le rôle de formateur en chirurgie de la rétine à l'un des ophtalmologues de KEU. Des formations de courte durée du personnel de KEU ont eu lieu et d'autres sont en cours. Des équipements modernes, comme des slit lamps, ont été acquis sous le programme pour faciliter la prise en charge des patients (diagnostic et traitement). Les consommables médicaux ont été achetés et distribués dans les HDs et CS, et il n'y a pas eu de rupture de stock. Les infrastructures de KEU sont actuellement en bon état, mais devront être mises à niveau pour répondre aux normes de statut d'un Institut de Formation (comme par exemple développer des espaces/des salles de cours, laboratoire...)

Principales lacunes/ défis

La rédaction des rapports et suivi financier des activités à KEU est assurée par l'officier MEL, en plus de ses attributions de suivi et évaluation de toutes les activités de KEU. Un gestionnaire (administratif/ financier) prévu dans le budget de KEU, devrait être recruté prochainement.

Le personnel de KEU reste insuffisant pour assurer la mise en œuvre de toutes les activités. La KEU accumule des demandes de la part de plusieurs bailleurs mais aussi du Ministère de la santé et/ou de la défense (Army week)

Synthèse et analyses

La gestion du programme semble efficiente, avec des activités réalisées dans la majorité selon le calendrier prévu. Certaines activités, comme le recrutement du médecin spécialiste en chirurgie de la rétine qui assure aussi un rôle de formateur dans la structure, permettent aussi d'« optimiser » l'impact et l'efficacité du programme.

Durabilité

Principaux progrès réalisés et bonnes pratiques

Les activités du programme sont cohérentes avec le plan stratégique national. La prise de conscience de la communauté sur l'importance de la santé oculaire, la coordination et bonne collaboration entre les partenaires, ainsi que la mise en avant des témoignages des personnes qui ont retrouvé la vue après les opérations de cataracte contribuent à garantir la durabilité du projet.

Le programme contribue significativement au renforcement des capacités du personnel en santé oculaire et est en lien avec la volonté politique nationale visant à accroître l'effectif du personnel médical y compris pour la santé oculaire.

Principales lacunes/défis

Le domaine de la santé oculaire au Rwanda est très dépendant des partenaires, avec très peu d'ophtalmologistes (+/- 30) ou d'autres spécialités en soins oculaires. Les soins ophtalmologiques (chirurgie, lunettes et autres aide-visuelles) coûtent chers et ne sont pas tous couverts par les assurances maladies.

Synthèse et analyse

L'amélioration de la mobilisation communautaire, grâce notamment au dépistage scolaire, le renforcement des capacités du personnel de santé oculaire et le support technique et financier amené par le programme aux structures, ont grandement contribué à assurer la durabilité des gains du programme. Cependant, la pérennité financière du partenaire KEU demeure un défi compte tenu des besoins financiers du service social pour permettre la prise en charge des cas vulnérables qui sont de plus en plus nombreux.

« Il m'arrive de ne pas fermer l'oeil la nuit, me demandant si j'ai pris la bonne décision dans le choix des personnes à inscrire pour la gratuité des soins et ceux à décliner. La demande d'assistance est tellement forte que le plus souvent je suis en dilemme dans la prise de décision »

(KI Service Social KEU)

6.4 Questions spécifiques au pays

SQ1 - Dans quelle mesure le choix de nouveaux partenaires dans le programme est-il justifié (2024 = début du partenariat avec l'hôpital de Ruhengeri)?

Le partenariat avec cet hôpital est naissant, et les premières activités d'identification des besoins en cours. La documentation fournie, ou les entretiens menés n'ont pas permis de répondre à cette question. Certains entretiens avec des représentants du Ministère de la Santé ont fait mention de possibles autres partenaires que LpLM soutenant cet hôpital. Il serait intéressant d'approfondir cette question, à savoir si d'autres partenaires sont effectivement impliqués dans le support à cet hôpital, pour dans ce cas assurer une collaboration optimale et éviter toute duplication des efforts.

Depuis la conduite de la collecte de données, le ministère de la santé a désigné d'autres acteurs pour soutenir cet hôpital, et LpLM évalue actuellement la possibilité d'un appui à l'HD de Mibilizi dans la province de l'ouest.

SQ2 - Dans quelle mesure le renforcement de KEU en tant qu'Institut de formation contribue-t-il à l'intégration des soins oculaires, et quels enseignements en ont été tirés ?

KEU est déjà connu comme centre de référence national en soins ophtalmologiques desservant tout le pays et certaines parties des pays limitrophes, offrant des soins et services de santé de façon inclusive, prenant en charge les personnes les plus vulnérables. Devenir un centre de formation accrédité permettra de continuer à assurer une expertise technique, et continuer à développer un paquet d'activités de soins oculaires plus sophistiqués, Cela pourrait aussi contribuer aux recettes et à renforcer son autonomie financière.

6.5 Avenir en Vue – Suivi des recommandations

Selon les données du questionnaire en ligne, pour la plupart des recommandations relatives à KEU, le statut perçu est principalement « en cours » ou « entièrement mis en œuvre ». Nous observons une tendance similaire pour les recommandations relatives à l'école de Rwamagana. Les résultats complets figurent en [annexe 11](#)

6.6 Recommandations à court et moyen terme

EQ	Catégorie	Recommandation
Court-terme (C)		
Efficacité	Référencement	RWA-C1 - Inclure dans le rapportage un suivi des données des référencement (% de patients référés arrivés à KEU pour suivre le référencement/ contre référencement des centres de santé -> hôpitaux de district -> KEU, ou du référencement inter services.
	Collaboration intra sectorielle	RWA-C2 - Inclure le suivi des référencement entre les différents services de santé (< néonatalogie, maladies chroniques, etc.).
	Qualité des soins	RWA-C3 - Inclure un indicateur de suivi / assurance qualité dans le cadre logique (prévu dès 2024).
		RWA-C4 - Renforcer le système de collecte de la retro-information des patients/leur aidants (messages et appels téléphoniques, boîte de suggestion, communication orale et e-mails) et produire régulièrement la synthèse afin d'informer les prises de décision sur les améliorations à faire et les bonnes pratiques à poursuivre.
		RWA-C5 - Le rapportage des données par KEU sur les résultats de la chirurgie de la cataracte inclut les principales informations recherchées : acuité visuelle à la sortie de l'hôpital et au suivi, ainsi qu'un tableau montrant clairement la proportion d'yeux pour chaque catégorie de résultats- bon (KEU utilise 6/12 selon les dernières recommandations de l'OMS), moyen et faible.
Efficience	HReH	RWA-C6 - Revoir le plan de renforcement des capacités (support technique amené par KEU, mission de supervision vers le niveau primaire et secondaire) : compte tenu de la faisabilité et charge de travail de KEU. Développer d'autres approches, comme par exemple inclure une supervision formative à distance.
	Planification budgétaire	RWA-C7 - Par rapport aux prises en charge par le service social de KEU : revoir l'indicateur dans le cadre logique, qui ne tient pas compte des visites multiples/visites de suivi et la prise en charge des adultes, afin de mieux refléter le soutien amené, mais aussi d'anticiper la charge et les ressources nécessaires au service social de KEU pour fonctionner.

EQ	Catégorie	Recommandation
	Management financier	RWA-C8 - Un tableau détaillé des lignes de dépenses éligibles par LpIM existe. il serait utile pour le personnel visé de KEU de bénéficier d'une autre orientation sur les documents de l'accord cadre afin de s'y référer avant d'engager toute dépense.
Moyen-terme (M)		
Efficacité	Accès et demande de services	RWA-M1 - Inclure les ASCs dans le plan de renforcement des capacités (ressource dans la mobilisation et sensibilisation communautaire.) Les enfants (élèves) ayant bénéficié du programme éducation inclusive pourraient aussi être des « mentors juniors » pour appuyer le changement de mentalité et perception à l'égard des maladies oculaires.
Efficience	HReH	RWA-M2 - Développer de nouvelles stratégies de rétention du personnel, mais aussi de leadership/ team building, afin de contribuer à motiver les équipes. Peut-être aussi développer des stratégies de soutien pour le personnel, par exemple du service social, pour limiter la surcharge émotionnelle/tensions professionnelles.
	Approvisionnement	RWA-M3 - Anticiper l'approvisionnement en médicaments et consommables médicaux tout en incluant des stocks de sécurité, afin d'éviter toute rupture de stock, et soumettre au RFDA pour approbation au début de l'année, la liste souvent sollicitée dans les prescriptions, mais non enregistrée au RFDA afin d'éviter toute rupture de stock.
Durabilité	Intégration	RWA-M4 - Mener un plaidoyer auprès des assurances afin d'étendre la couverture des soins oculaires.
	Pérennité financière	RWA-M5 - Il y a un travail de plaidoyer, y compris auprès des autorités de district, à développer pour KEU, pour trouver d'autres partenaires qui contribuent à son soutien financier, afin aussi de pérenniser le fonctionnement du service social aux plus vulnérables (comme en RDC, il serait peut-être envisageable de développer des abonnements pour les entreprises, ou mettre en place un système de partage de recettes encaissées par les HDs lors de soins appuyés par KEU (matériel, consommables et médicaments).
	Collaboration intra sectorielle	RWA-M6 - Pour assurer la continuité des soins oculaires au niveau des HDs dans les services de maternité/néonatalogie et services des maladies chroniques, former au moins deux infirmiers(ères) par structure.
	HReH	RWA-M7 - Prioriser le processus en cours de demande d'accréditation de KEU comme Institut de Formation (courte et longue durée).

7 Suivi général de L’Avenir en Vue / Future in Sight general follow-up

Several recommendations from the final evaluation report for the Future in Sight programme were relevant across all three countries. The table below summarizes the responses gathered through the online questionnaire, detailing an aggregate of the current **perceived status** of implementation for each recommendation **provided by the survey respondents**. There were seven respondents from Tanzania, six from the DRC, and five from Rwanda. The survey results related to the country-specific recommendations are provided in [Annex 11](#). The profile of the respondents (e.g. Ministry of Health, clinics, etc.) in each country are also provided in the Annex.

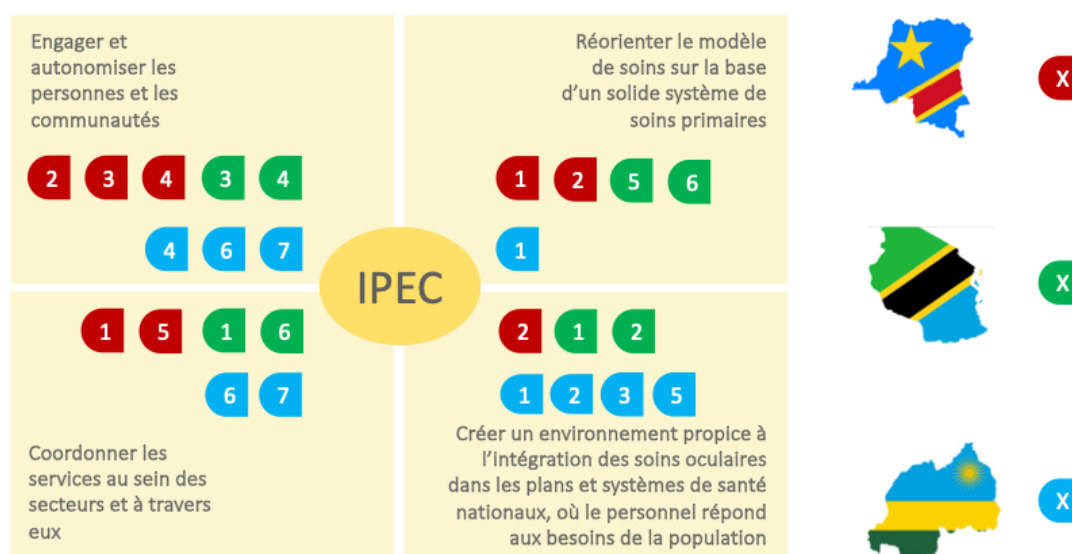
Recommendation	Perceived status by survey respondents	DRC (%)	RWA (%)	TZA (%)
Ensure more systematic data collection and analysis with a view to managing and improving the quality of care and programmes (e.g. equity angle)	Not yet started	0	0	0
	In Progress	67	60	43
	Fully implemented	17	20	0
	I don’t know enough to answer	17	20	57
Implement quality management and improvement programmes more systematically (which would also be facilitated by a greater degree of digitisation of data).	Not yet started	33	0	14
	In Progress	33	80	29
	Fully implemented	17	0	0
	I don’t know enough to answer	17	20	57
Invest in continuous capacity building approaches, e.g. by considering supervision and mentoring systems as key activities for the post-training phase.	Not yet started	0	0	0
	In Progress	60	80	2
	Fully implemented	20	20	14
	I don’t know enough to answer	20	0	57
For the paediatric component, implement programmes that cover the entire continuum of care, from early detection in communities to low vision and rehabilitation services.	Not yet started	20	0	0
	In Progress	40	100	29
	Fully implemented	20	0	14
	I don’t know enough to answer	0	0	57
Invest more in management and budgeting systems to facilitate strategic planning to increase the long-term sustainability of eye hospitals and clinics.	Not yet started	0	20	0
	In Progress	33	60	29
	Fully implemented	33	20	14
	I don’t know enough to answer	33	0	57

* Due to rounding, some totals may not sum to exactly 100%.

8 Conclusions et recommandations générales

8.1 Conclusions générales

Le programme est vu par les différentes parties prenantes interrogées comme très pertinent, en cohérence avec les directives nationales, et contribuant à soutenir le processus d'intégration des soins oculaires dans les systèmes de santé des trois pays. Les objectifs du programme visent à améliorer l'accès des populations, y compris les plus vulnérables, aux soins de santé oculaire, en agissant sur l'offre et la demande de ces services. En parallèle, si les interventions développées pour chacun des pays n'ont pas été spécifiquement articulées autour d'une stratégie visant à contribuer au processus d'intégration, le programme adresse néanmoins chacun des quatre axes stratégiques IPEC recommandés par l'OMS (voir les sections pays pour plus de détails sur les interventions cibles de chaque pays, 5 en RDC, 6 en Tanzanie et 7 au Rwanda).



Engager et autonomiser les populations : L'accès de la population aux services de santé est facilité et la demande pour ces services augmentée, en réduisant les barrières financières via la tarification échelonnée des cliniques soutenues, la prise en charge des soins pour les plus vulnérables ou le partenariat avec les mutuelles de santé. De plus, l'accès aux services d'ophtalmologie est aussi facilité par l'application de tarifs bas dans les structures partenaires du programme, en comparaison avec d'autres structures ; comme par exemple en RDC, où le prix de la consultation ophtalmologique à COSY est de \$5, mais \$17 en cliniques universitaires.

Réorienter le modèle de soins sur la base d'un solide système de soins primaires : Le processus de décentralisation est soutenu par le programme, et contribue aussi à intégrer les soins de santé oculaire aux différents niveaux, que ce soit en assurant des formations techniques, visites de supervision, ou en amenant un soutien en matériel et équipement. Par exemple au Rwanda, les soins ophtalmologiques n'étaient dispensés que deux fois par semaine dans les CSs. Maintenant, avec le support amené par KEU (comme la formation de TSOs, les activités de supervision conduites), ainsi que grâce à la collaboration avec d'autres acteurs comme le programme de CBM qui vise à renforcer le personnel infirmier dans les CS, les soins ophtalmologiques sont disponibles tous les jours (district de Muhanga).

Le renforcement des capacités est fait par le biais de différentes stratégies, allant de visites d'ophtalmologues externes (missions de compagnonnage) jusqu'à des stages de courte durée au pays ou à l'étranger (personnel paramédical et médical) ou des visites de mentorship. Ces efforts ont un impact notable sur les capacités et compétences du personnel, quoique des besoins subsistent pour développer et consolider les expertises dans les sous spécialités ophtalmologiques dans les institutions se définissant comme des centres de référence. Aussi, le programme gagnerait à développer un plan de renforcement des capacités incluant tous les niveaux, afin de pouvoir suivre et évaluer l'impact des interventions menées, comme par exemple lors des supervisions faites au niveau primaire ou secondaire par les cliniques/structures de référence soutenues par le programme.

Coordonner les services au sein des secteurs et à travers eux : Une collaboration inter-sectorielle est menée avec le secteur de l'éducation dans les trois pays, comme avec par exemple les activités de dépistage scolaire. Dans tous les pays, la bonne collaboration avec les acteurs du secteur de l'éducation (inclusive ou générale) est rapportée et les cibles pour les activités de dépistage scolaire et référencement des enfants nécessitant des soins sont atteintes voir dépassées. Comme par exemple en Tanzanie, où les cibles en lien avec le nombre de consultations pédiatriques par les hôpitaux BMH et MRRH sont très largement dépassées (2,945 enfants consultés pour une cible de 1,350), un résultat rendu possible grâce aux activités de dépistage scolaire menées.

De même, des initiatives de collaboration intra sectorielle sont initiées, par exemple avec les services de néonatalogie ou de diabétologie, ou certains personnels de ces services sont formés par les structures partenaires du programme, et des référencements sont assurés entre les services quand cela est nécessaire. Un exemple de ces activités est en RDC, la synergie instaurée avec le projet « 1000 bébés » ou le dépistage précoce d'enfants nés avec cataractes congénitales est effectué avec un Arclight, (ophtalmoscope simplifié) par les services des consultations préscolaires en charge de vaccination dans les CPS, formés par les cliniques partenaires du programme Vision Inclusive. Le suivi de ces activités demande à être renforcé, ainsi que le rapportage, pour pouvoir mesurer les gains, identifier les bonnes pratiques, et appuyer le processus d'intégration de manière plus formalisée.

Créer un environnement propice à l'intégration de la santé oculaire dans les systèmes de santé : Pour conclure, le programme Vision Inclusive, mené par LplM et en RDC avec RC4D, contribue de façon significative à développer un environnement propice à l'intégration de la santé oculaire dans les systèmes de santé dans chaque pays. Que ce soit en Tanzanie, où le programme organise des ateliers régionaux pour analyser les performances en santé oculaire des hôpitaux soutenus, ou dans le secteur de l'éducation inclusive, que les efforts conduits aient contribué à assurer le financement à 100% des professeurs itinérants par les autorités locales; ou au Rwanda, où le support amené par KEU en collaboration avec d'autres acteurs, a permis que les soins ophtalmologiques soient disponibles tous les jours dans les centres de santé du district de Muhanga. Le programme Vision Inclusive a également contribué à soutenir le rapportage des indicateurs de santé oculaire dans les systèmes nationaux d'information sanitaire (SNIS). Comme par exemple en RDC, où, dans les zones soutenues par RC4D, la disponibilité dans le SNIS des données concernant les soins oculaires, et l'appui fournit au PNSOV et à la DPS pour réaliser deux missions de suivi et supervision de l'intégration des soins oculaires ont permis au PNSOV de consolider la mise en œuvre du plan stratégique national de santé oculaire universelle dans les trois Zones de santé pilotes de la Ville de Kinshasa.

8.2 Synthèse des bonnes pratiques et leçons apprises

Pays	Bonnes pratiques	Leçons apprises
RDC	- Les indicateurs formulés dans le cadre logique permettent de suivre les activités en lien avec le soutien aux mutuelles de santé et les activités génératrices de revenus, ainsi que leurs résultats (par exemple, nous retrouvons un indicateur sur la proportion d'AGR ayant une croissance du chiffre d'affaires). - Il existe un indicateur global dans le cadre logique mesurer l'intégration des soins oculaires dans les zones de santé (« Nombre des zones de santé ayant intégré complètement les paquets d'activités des soins oculaires dans leurs trois niveaux -communauté, centre de santé et hôpital général de référence »). - Le cofinancement de la construction du département d'Ophtalmologie de l'Hôpital Saint-Joseph de Kinshasa, impliquant l'hôpital lui-même et RC4D, est un bon exemple de gage de la durabilité des acquis du projet. Cela rassure sur la qualité de la gestion et l'implication du personnel au-delà de la durée du projet. - Les infirmiers des centres périphériques qui ont été formés sous le programme ont été productifs comme le	- Le dépistage scolaire a eu un impact positif sur la sensibilisation et la demande des services pour les enfants. Ce modèle de collaboration entre les services de santé oculaires, les autorités locales de l'éducation, les enseignants et les parents pourrait être répliqué avec d'autres secteurs, par exemple dans la fonction publique ou d'autres corps de métier où le dépistage de problèmes de santé oculaire peuvent apporter une vraie valeur ajoutée pour assurer l'accès aux soins tout au long de la vie. - Les objectifs spécifiques annuels du programme sont atteints dans les délais (par exemple le nombre de sensibilisation, le nombre des safari menés...) mais l'objectif final d'appui à l'intégration nécessite des actions plus larges, et à un niveau plus stratégique, comme par exemple développer un plan de renforcement des capacités pour les HDs et structures du niveau primaire, continuer le plaidoyer pour renforcer la collaboration intra et intersectorielle ; développer de nouveaux axes de collaboration inter sectorielle.

Pays	Bonnes pratiques	Leçons apprises
	démontre l'augmentation des références des cas pour la prise en charge dans les cliniques partenaires de référence.	- La collaboration avec les organisations associatives joue aussi un rôle favorisant l'intégration. Par exemple, parmi les membres des coopératives, se comptent aussi des relais communautaires formés par le programme, qui peuvent appuyer la synergie entre les composants du programme, et inciter les autres membres à adhérer à la mutuelle de santé, et indirectement contribuer à l'amélioration de l'accès aux soins oculaires. - La collaboration avec le secteur de l'éducation, notamment par l'implication des inspecteurs pour la conception et le suivi de la mise en œuvre des activités de dépistage scolaire, ont été remarquables. Les enseignants et les parents rapportent leur bonne collaboration, possible aussi grâce à l'implication des autorités scolaires. - Les relais communautaires contribuent au processus d'intégration de la santé oculaire, en participant à d'autres activités communautaires en dehors de la santé oculaire.
TZN	- Un indicateur est inclus dans le cadre logique pour suivre le nombre de référencement d'enfants ayant des problèmes oculaires fait par les enseignants. Cet indicateur donne un bon aperçu des résultats des activités de dépistage scolaire. - Le programme a formé des agents de santé au niveau des cliniques de santé reproductive, au dépistage des problèmes oculaires chez les nouveau-nés. Cela a permis une identification et une prise en charge précoces des enfants avant qu'ils ne développent des complications. - Le programme a pris en compte la question de l'accessibilité pour les personnes en situation de handicap, en construisant un bâtiment hospitalier doté de rampes et de toilettes adaptées, ou en formant des interprètes en langue des signes. Cela contribue à renforcer le focus du programme mis sur le genre, l'inclusion et l'approche LNOB. - Le programme a collaboré avec plus de 300 guérisseurs traditionnels à Ifakara, organisant des séminaires pour les sensibiliser aux méfaits potentiels de l'utilisation des médecines traditionnelles pour traiter les maladies oculaires. Bien qu'aucune donnée n'ait été collectée sur l'impact de cette activité, les parties prenantes ont signalé qu'il s'agissait d'une bonne initiative pour limiter l'utilisation potentiellement nocive des médecines traditionnelles pour traiter les affections oculaires. - La collaboration avec différents partenaires, tels que Sightsavers, ou VSO Tanzanie, a été rapportée comme une valeur ajoutée, que ce soit pour accroître la couverture des activités (référencement entre programmes), ou pour bénéficier d'une collaboration technique (comme par exemple la collaboration avec la personne référente pour le handicap chez Sightsavers).	- Le personnel hospitalier des partenaires a rapporté les défis potentiels liés à la pérennisation des acquis du programme. Ils conviennent tous de la nécessité de mener un plaidoyer et un lobbying intenses auprès du gouvernement afin que les soins oculaires reçoivent l'attention requise. - Les hôpitaux partenaires sélectionnés ont la capacité de fournir des services grâce à l'investissement réalisé par le programme mais aussi grâce à la bonne collaboration mise en œuvre avec LpIM, qui a renforcé l'engagement et la volonté des hôpitaux partenaires de contribuer à la réalisation des objectifs du programme. - Le programme a contribué de manière significative au développement des RH dans les régions. Cela permet de contribuer à assurer la prestation de services en soins de santé oculaire, au-delà de la durée de vie du programme. - La formation des agents des cliniques de santé reproductive à l'identification précoce des enfants souffrant de problèmes oculaires a sensibilisé non seulement les agents des cliniques, mais également les parents à la santé oculaire.
RWD	- Un indicateur sur le nombre de mission de supervision de KEU vers le niveau primaire est inclus dans le cadre logique, et permet de suivre les activités de	- La réussite scolaire des enfants pris en charge par le programme, perçue par les parents/ enseignants, a permis un changement de mentalité, chez les autres élèves mais aussi de la communauté, à l'égard des

Pays	Bonnes pratiques	Leçons apprises
	renforcement des capacités effectuées au niveau primaire. - Un indicateur est inclus dans le cadre logique sur le nombre de familles vulnérables ayant bénéficié du service social de KEU pour le traitement d'un enfant touché par une maladie oculaire (comme un retinoblastome ou cataracte congénitale). - La formation des TSOs, la sensibilisation lors des cliniques/chirurgies mobiles, et les missions de mentorat menées par KEU ont augmenté le nombre de patients pris en charge au niveau des HD, et il a ensuite été observé une diminution nette des transferts vers KEU de ces cas pouvant être pris en charge au niveau des HD. - Le médecin spécialiste en chirurgie de la rétine recruté à KEU assure aussi un rôle de formateur dans la structure, permettant d'« optimiser » le renforcement de capacités dans la structure et plus généralement l'efficacité du programme. - KEU organise aussi des cliniques mobiles lors d'événements organisés par d'autres partenaires (Ex: See you foundation, UPHLS, CBM) et les patients sont ensuite référés à KEU pour le traitement, ce qui permet d'étendre la couverture géographique des activités de manière efficiente.	personnes avec handicap, ce qui contribue aussi à une société plus inclusive et équitable. - Pour que le processus d'intégration de la santé oculaire soit effectif, l'implication des autorités nationales de santé est nécessaire. Il n'y a pas de plan stratégique de santé intégré au Rwanda, ce qui freine l'intégration des soins oculaires dans le système de santé. Par exemple, les représentants de KEU ne sont pas invités dans d'autres réunions de santé, ce qui impacte négativement les possibilités de collaboration et coordination inter et intra sectorielles. - Un potentiel effet négatif de la décentralisation a été rapporté lors des KIIs: Pour appuyer le processus de décentralisation, des formations des TSO ont été conduites par KEU sur la santé oculaire, afin d'améliorer le référencement, et recevoir seulement les cas compliqués à KEU. Un effet négatif non anticipé et rapporté lors des entretiens est que cela a induit une « perte » de recettes pour KEU (les cas simples, nécessitant « moins d'intrants » ne sont plus soignés à KEU). Si appuyer le processus de décentralisation, et renforcer le model de soins au niveau primaire et secondaire est essentiel, il semble important d'anticiper les effets induits sur les structures au niveau tertiaire, et de développer des plans stratégiques en conséquence (mettre l'accent sur les soins spécialisés, le rôle d'Institut de formation etc..).

8.3 Recommandations générales

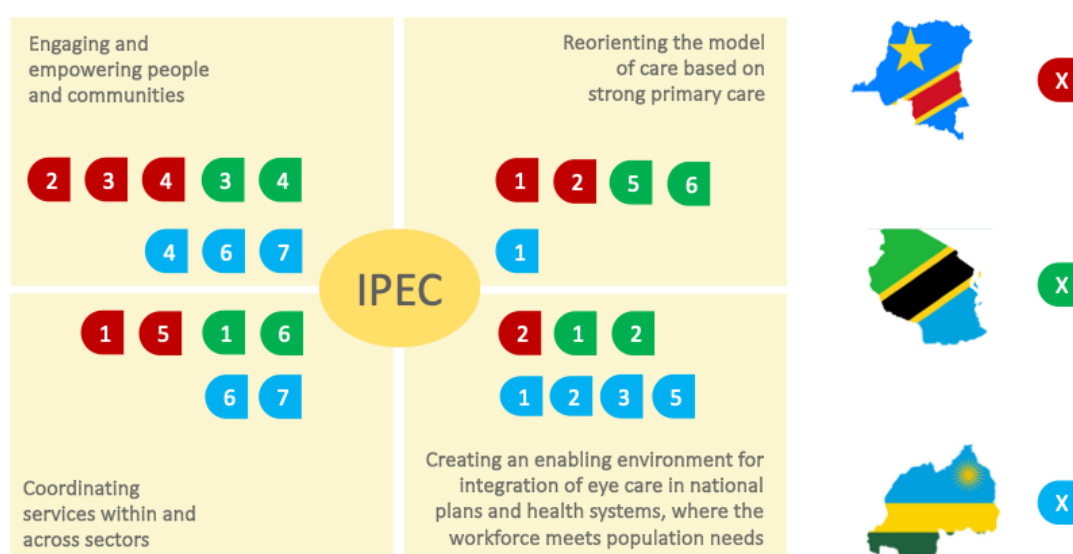
EQ	Catégorie	Recommandation
Court-terme (C)		
Efficacité	HReH	GEN-C1 - Développer un plan de renforcement des capacités (budgétisé) adressant les différents niveaux. Inclure le suivi et évaluation de l'impact des activités menées par les partenaires dans les structures de niveau inférieur.
		GEN-C2 - Renforcer les formations et activités menées par les relais communautaires, qui représentent un moyen de sensibilisation efficace des populations, et contribuent à soutenir l'intégration de la santé oculaire au niveau communautaire.
	Accès	GEN-C3 - Désagréger les données pour pouvoir évaluer le pourcentage de consultations/opérations réalisées lors des cliniques mobiles, vs. dans les cliniques/ structures partenaires, afin de revoir les stratégies de sensibilisation (demande de services) et celles visant l'amélioration de l'accès aux soins comme nécessaire
	Assurance de qualité - services	GEN-C4 - Inclure le suivi des "faux positifs" (références), pour pouvoir évaluer les capacités du personnel et l'impact des formations conduites au niveau secondaire et primaire.
		GEN-C5 - Le rapportage des résultats des interventions chirurgicales de la cataracte devrait être standardisé dans les trois pays. Compte tenu du défi que représentent les patients qui ne reviennent pas pour un suivi, les programmes devraient également évaluer l'acuité visuelle à la sortie, à l'aide de mesures non corrigées et/ou du test au sténopé, afin de garantir une collecte de données cohérente et complète. Parmi les trois modèles examinés, celui de KEU est le modèle à suivre pour évaluer les résultats des opérations la cataracte.
	Assurance de qualité - programme	GEN-C6 - Permettre aux coordinateurs pays des programmes à un tableau de bord Power BI, fournissant des informations en temps réel pour rationaliser l'analyse des données, surveiller les performances et prendre des décisions éclairées pour des corrections de cap en temps opportun. Un tableau de bord Power BI est disponible chez LpIM (à travers Light for the

EQ	Catégorie	Recommandation
		World International); cependant, il n'est pas accessible à tous les membres du personnel pays concernés de LplM et du RC4D.
Durabilité	Partage des bonnes pratiques	GEN-C7 - Le programme permet de promouvoir un modèle de gestion durable des structures/ cliniques partenaires, et contribue au développement de ressources, comme les modules de gestion 'Blueprint' développés en RDC. Il serait important de partager ces ressources, les leçons apprises, études de cas et les bonnes pratiques au sein des programmes de LplM et RC4D, mais aussi avec les autres pays et partenaires, afin de renforcer la dynamique régionale
		GEN-C8 - De même, pour la mise en place de la centrale d'achat de médicament (CAMELU, en RDC). Il serait intéressant de partager cette initiative, les leçons apprises et bonnes pratiques avec les autres acteurs internationaux en santé oculaire
Moyen-terme (M)		
Durabilité	Intégration	GEN-M1 - Développer une stratégie et un plan spécifique par pays pour appuyer le processus d'intégration de la santé oculaire à tous les niveaux du système de santé.
	Collaboration inter sectorielle	GEN-M2 - Continuer le plaidoyer pour renforcer la collaboration intersectorielle ; développer de nouveaux axes de collaboration inter sectorielle, comme par exemple promouvoir l'accès à santé oculaire pour les fonctionnaires d'état ou dans le secteur privé.
	Assurance de qualité - services	GEN-M3 - Avec l'adoption récente d'un outil d'évaluation et suivi de la qualité des soins, il est recommandé que le programme engage un ophtalmologiste senior pour superviser son utilisation et son interprétation cohérentes dans les trois pays.

9 Overall conclusions and recommendations

9.1 Overall conclusions

The programme is seen by the various stakeholders interviewed in the three countries as very relevant, in line with national strategies, and helping to support the process of integrating eye care into health systems. The programme aims to improve access to eye health care, including for the most vulnerable, by improving the supply and demand side. Although the designed country interventions are not specifically articulated around a strategy to support integration, the programme addresses each of the four IPEC strategic axes recommended by WHO (see country sections for more details on targeted interventions, 5 in DRC, 6 in Tanzania and 7 in Rwanda).



Engaging and empowering people and communities: By reducing financial barriers through the introduction of differentiated tariffs in supported clinics, the provision of subsidised care for the most vulnerable or working in partnership with health insurance companies, access to health services has been significantly improved, and demand for these services has increased. In addition, access to eye health services is also facilitated by the application of low prices in the program's partner structures compared to other structures, such as in the DRC, where the price of an ophthalmological consultation at COZY is \$5 compared to \$17 in university clinics.

Reorienting the model of care based on a strong primary care level: Decentralisation process is supported by the programme, and contributes to integration of eye health care at the different levels of the health systems, whether by providing technical training, supervision visits, or by providing support in materials and equipment. For example, in Rwanda, eye care services were only provided twice a week in HDs. Now, with the support provided by KEU (such as training of TSOs, supervision of activities conducted), they are available every day (in Muhanga district).

Capacity building is implemented through a range of strategies, including visits from external ophthalmologists, short-term internships abroad for paramedical staff and mentorship visits. These efforts significantly enhance the capacities and skills of staff, though there is still a need to further develop and consolidate expertise in ophthalmological subspecialties, particularly in institutions positioning themselves as reference centres. To maximize the impact of these initiatives, the program would benefit from developing a comprehensive capacity building plan that includes all levels of care. Such a plan would allow for systematic monitoring and evaluation of, interventions, such as the supervision carried out at the primary level by clinics/reference structures supported by the programme.

Coordinating services with and across sectors: Intersectoral collaboration is ensured with the education sector in the three countries, for example with school screening activities. In all countries, good collaboration with stakeholders from the education sector (inclusive or general) has been reported and targets for school screening activities and referrals of children requiring eye care are met or even exceeded. For instance, in Tanzania, the targets for the number of paediatric

consultations at BMH and MRRH hospitals are largely exceeded (2,945 children consulted for a target of 1,350), a result made possible thanks to the school screening activities conducted.

Likewise, intra-sectoral collaboration initiatives have been conducted, for example with neonatology or diabetology services, where some staff from these services have been trained by the program's partner structures, and referrals are ensured between services when necessary. An example of these activities is, in DRC, the synergy established with the "1000 babies" project where early screening of children born with congenital cataracts is carried out with an Arclight, (simplified ophthalmoscope) by the preschool consultation services in charge of vaccination in CPS, trained by partner clinics of the Vision Inclusive programme. Monitoring of these activities needs to be strengthened, as well as reporting, to be able to measure gains, identify good practices, and support the integration process in a more formalized way.

Creating an enabling environment for integration of eye care: To conclude, the Inclusive Vision programme, led by LFTW and in DRC with RC4D, has contributed significantly to developing an environment conducive to integration of eye health into health systems in each country. Whether in Tanzania, where the program organizes regional workshops to analyse the eye health performance of supported hospitals, or in the inclusive education sector, where the efforts undertaken have contributed to ensuring 100% funding for itinerant teachers. by local authorities; or in Rwanda, where the support provided by KEU in collaboration with other partners enabled eye health care to be available every day in the HDs of the Mwuanga district. The Inclusive Vision programme has also contributed to support reporting of eye health indicators in the national health information systems (NHIS). As for example in DRC, where, in the areas supported by RC4D, availability of eye health data in NHIS, and the support provided to the PNSOV and the DPS to carry out monitoring and supervision missions have allowed the PNSOV to consolidate the implementation of the national strategic plan for universal eye health in the 3 pilot health zones of the City of Kinshasa.

9.2 Overview of good practices and lessons learnt

Country	Good practices	Lessons learnt
DRC	- There is an Indicator in the logframe that allows monitoring of activities related to the support of health insurance and income-generating activities, as well as their results (for example, there is an indicator on the proportion of IGAs with an increase in incomes.) - There is a global indicator in the logframe defined to measure level of integration of eye care in health zones ("Number of health zones having completely integrated eye care activity packages into their three levels of care - community, health center and general referral hospital"). - Co-funding of the construction of the Ophthalmology department of the Saint-Joseph Hospital in Kinshasa, involving the hospital itself and the RC4D, is a good example guaranteeing the sustainability of the project's achievements. This reassures about the quality of management and staff involvement beyond the duration of the project. - Nurses from primary and secondary level of care, who were trained under the program have been productive in eye health, as demonstrated by the increase in referrals for treatment to partner clinics.	- School screening has had a positive impact on awareness and demand for services for children. This model of collaboration between eye health services, local education authorities, teachers and parents could be replicated with other sectors, for example in the civil service or other professions where eye health screening can provide an added value to ensure access to care throughout life. - The specific annual objectives of the program are achieved in a timely manner (for example the number of awareness campaigns, the number of safaris conducted etc..) but the overall objective of supporting integration requires broader actions, and at strategic level, such as developing a capacity building plan for structures at the primary and secondary level, continuing advocacy to strengthen intra- and intersectoral collaboration). - Collaboration with civil organizations also plays a role in promoting integration. For example, among the members of the cooperatives, there are also community workers trained by the program, who can support the synergy between the components of the program, and encourage other members to enrol in health insurance, and so can contribute to the improve access to eye care. - Community health workers are effective in sensitization of the population and can contribute to integration when they also participate in community activities not linked to eye health.

Country	Good practices	Lessons learnt
TZN	- There is an indicator included in the logframe to follow up the number of referrals from teachers of children with eye health conditions. This indicator provides a good overview of the referral outcomes. - The programme has trained health care workers at RCH level on screening newborn babies for eye problems. This has enabled early identification and management of children before they develop complications. - Inclusive vision programme, through partners, has taken into consideration the issue of accessibility for persons with disabilities by constructing hospital building with ramps and adapted toilets for physically challenged patients. This is well in line with the programme theme/focus on gender, inclusion and LNOB approach. - The programme has engaged with more than 300 traditional healers in Ifakara, conducting seminars to sensitize them on the potential harm of using traditional medicines to treat eye diseases. Although no data was collected on the impact of this activity, this was reported by stakeholders a good initiative in curbing the potential harmful use of traditional medicines to treat eye conditions. - Collaboration with different partners, such as Sightsavers, or VSO Tanzania, has been reported as an added value, either to increase coverage of activities (referral between programs) or to benefit from technical collaboration (as for example collaboration with the focal person for disability from Sightsavers).	- The partners' hospital staff are aware of the potential challenges of sustaining the gains made by the programme. They all reported the importance of strong advocacy and lobbying to the government, so eye care gets its due attention from the government. - The selected partner hospitals have the capacity to deliver services thanks to the investment made by the programme but also because of the good collaboration implemented with LFTW, which has been reported to reinforce engagement of the partners hospitals in reaching programme's objectives. - The programme has significantly contributed to HReH development in the regions and at tertiary facilities. This will go extra miles in eye health care services delivery beyond the programme lifetime. - Training of RCH workers in early identification of children with eye problems has created awareness not only among the RCH workers but also among the parents.
RWD	- There is indicator on the number of supervision missions conducted by KEU at primary level included in the logframe. this allows monitoring of capacity building activities conducted at primary level. - There is an indicator included in the logframe on the number of vulnerable families who have benefited from the KEU social service for the treatment of a child affected by an eye disease (such as retinoblastoma or congenital cataract). - Nurses in Health Centers (CS), and nurses and doctors at district hospital level (HD) in chronic disease departments (Diabetes, hypertension), maternity and neonatology have been trained in eye health by the programme. Following this, a diminution in referral of cases that could be handled at the HDs level has been observed at KEU. - The retinal surgery specialist recruited at KEU also plays a training role in the structure, which contributes to "optimize" capacity building activities in the structure and more generally reinforce efficiency of the programme. - KEU also organizes mobile clinics during events organized by other partners (Ex: See you, UPHLS, CBM) and patients are then referred to KEU for treatment, which helps to extend the geographical coverage of KEU activities in an efficient manner.	- The academic success of the children with eye health issues supported by the program has enabled a change in mentality, among other students but also in the community, towards people with disabilities, which also contributes to a more inclusive and equitable society. - For eye health integration process to be effective, the involvement of national health authorities is necessary. There is no integrated strategic health plan in Rwanda, which hinders the integration of eye care into the health system. For example, KEU representatives are not invited to other health meetings, which negatively impacts the possibilities for inter- and intra-sectoral collaboration and coordination. - A potential negative effect of decentralization was reported during the KIIs: To support the decentralization process, TSO training on eye health was conducted by KEU, in order to improve referral, and only receive complicated cases at KEU. An unanticipated negative effect reported during interviews is that this led to a "loss" of incomes for KEU (simple cases requiring "less inputs" are no longer treated at KEU). If supporting the decentralization process and strengthening the care model at the primary and secondary level is essential, it seems important to anticipate the effects induced on the structures at the tertiary level, and to develop strategic plans accordingly (focusing on the specialized care, the role of training institute etc.).

9.3 Overall recommendations

EQ	Category	Recommendation
Short-term (S)		
Effectiveness	HRH	GEN-C1 - Develop a capacity building plan (with budget) addressing the different levels of cares targeted. Include monitoring and evaluation of the impact of activities carried out by partners at lower-level structures.
		GEN-C2 - Strengthen training and support provided to community health workers, which represent an effective way of raising awareness among populations and contribute to supporting the integration of eye health at the community level.
	Access	GEN-C3 - Collect data to determine the percentage of consultations/surgeries carried out during mobile clinics, vs. at partner clinics/structures, in order to review awareness raising strategies (to increase demand side - outside mobile clinics) and those aimed at improving access to care, as necessary.
	Quality assurance - services	GEN-C4 - Include monitoring of “false positives” (referrals), to be able to assess the capabilities of staff and the impact of training conducted at the secondary and primary levels.
		GEN-C5 - The reporting of cataract surgical outcomes should be standardised across all three countries. Given the challenge of patients not returning for follow-up, programmes should also assess visual acuity at discharge, using uncorrected measurements and/or the pinhole test, to ensure consistent and comprehensive data collection. Among the three templates reviewed, the one from KEU is the model to follow for monitoring cataract surgical outcomes on a quarterly basis.
	Quality assurance – programme	GEN-C6 - Enable country programme coordinators to access a Power BI dashboard, providing real-time insights to streamline data analysis, monitor performance, and make informed decisions for timely course corrections. A Power BI dashboard is available at the corporate level at LFTW (through Light for the World International); however, it is not accessible to all relevant staff members within LFTW and RC4D.
Sustainability	Partage de bonnes pratiques	GEN-C7 - The programme helps promoting a sustainable management model for partner structures/clinics, and contributes to the development of resources, such as the ‘Blueprint’ management modules developed in DRC. It would be beneficial to share these resources, lessons learned, case studies and good practices within LFTW and RC4D programmes, but also with other countries and partners, in order to strengthen regional dynamics.
		GEN-C8 - Likewise, regarding the establishment of the drug purchasing center (CAMELU, in the DRC). It would be an added value to share this initiative, the lessons learned and good practices with other international actors in eye health.
Mid-term (M)		
Sustainability	Integration	GEN-M1 - Develop a country-specific strategy and plan to support the process of integration of eye health at all levels of the health system.
	Collaboration inter-sectorial	GEN-M2 - Continue advocacy to strengthen intersectoral collaboration; develop new areas of inter-sectoral collaboration, such as promoting access to eye health for state civil servants or in the private sector.
	Quality Assurance - services	GEN-M3 - With the recent adoption of a quality standards assessment tool, it is recommended that the programme engage a senior ophthalmologist to oversee its consistent use and interpretation across all three countries.

Annex 1 - Workplan and deliverables

This evaluation was comprised of three phases: i) planning phase; ii) data collection implementation phase; iii) debriefing and reporting. We set out in Table 1 below a work plan for carrying out this mid-term evaluation, which will conclude by the end of January 2025, as agreed with LFTW and RC4D during the inception. The numbers in the cells indicate the proposed calendar date for key activities as they relate to the submission of deliverables and the feedback expected from the Evaluation Steering Committee. We provide in [annex 2](#) schedule for field visits.

Table 1 – Work plan

Key activities	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25
Contract									
Contract signing									
Mobilization									
Management and oversight									
Phase 1: Preparations / Inception									
In-briefing meeting with the evaluation steering committee									
Access and review of key initial documentation									
Stakeholder mapping and selection as evaluation participants									
Meeting with evaluation steering committee to agree conceptual framework									
Internal design meetings									
Evaluation and data collection tools design									
Report writing									
Inception report - draft		6							
Feedback from evaluation steering committee		20							
Inception report - final		27							
Phase 2: Implementation									
Field visits preparations									
Self-administered questionnaires									
Document review and secondary review of quantitative data									
Global key informants' interviews									
Country visits (see annex 1 for illustrative country schedules)									
Preliminary findings analysis									
Phase 3: Reporting									
Debriefing online sessions by country (progress and preliminary findings)				7					
Further data analysis and report writing									
Draft evaluation report				28					
Draft evaluation report – presentation and review of recommendations				28					
Feedback from evaluation steering committee					19				
Final report						16			
Draft posters – 1 overall programme + 3 country posters						16			
Sign-off of final report by evaluation steering committee						23			
Feedback on posters from evaluation steering committee						23			
Final posters – 1 overall programme + 3 country posters						29			
Sign-off of final posters by evaluation steering committee						31			
Phase 4: Feedback and dissemination									
LFTW and RC4D management response									
Dissemination of report and management response to DGD									
Publication of report on website									

We have constructed our work plan to ensure we deliver the expected evaluation outputs as outlined in Table 2 below.

Table 2 - Proposed deliverables and timelines

Output	Deadline
Draft inception report	6 th September 2024
Final inception report	27 th September 2024
Debriefing online by country	7 th November 2024
Draft evaluation report and presentation	28 th November 2024
Final evaluation report	16 th January 2025
Draft poster with key findings, conclusions, lessons and recommendations	16 th January 2025
Final posters	29 th January 2025

Annex 2 - Country Work Schedules

Tanzania			Data collection method used for each stakeholder					Other	
Day	Partner	Stakeholder	KII	FGD	Debrief	PWS	Online Quest	Evaluation participants	Location for NC where overnight
Monday 14/10 evening Consultant travels from Moshi to Dar es Salaam by air									
Day 1 (Tuesday 15)									
9.00 – 10:30	LftW	Country coordinator and programme coordinator	KII				Online quest	NC	
10.30-11.30	Travel to CCBRT office								
11.30 – 13.00	CCBRT	Leadership and managerial team	KII				Online quest	NC	
13.00-14.00	Lunch								
14.00-15.00	CCBRT	Eye health staff	KII					NC	
15.30 – 17.30	CCBRT	Leadership, managerial team and Eye health staff			debrief	PWS		NC-IC	Dar es Salaam (hotel TBD)
DAY 2 Wed 16/10									
7.00-8.30	Travel from Dar es Salaam to Ifakara with a stop at Morogoro- By train								
9.00-10.00	Regional Ministry of Health	Eye Care Coordinator Morogoro	KII					NC	
10.30-11.30	Local Government	District Special Needs Education Officers of Local Government Authorities Morogoro and Regional Education Officer- Morogoro	KII					NC	
11.30-12.30	Lunch								
13.00-14.30	Morogoro Regional Hospital	Leadership and managerial team (Regional Eye Care Coordinator, Medical Officer in charge of Morogoro regional hospital, Head of Eye Department)	KII				Online quest	NC	Hotel TBC

Tanzania			Data collection method used for each stakeholder					Other	
Day	Partner	Stakeholder	KII	FGD	Debrief	PWS	Online Quest	Evaluation participants	Location for NC where overnight
15.00-16.30	Morogoro Regional Hospital	Eye health staff	KII					NC	
Day 3 Thursday 17/10									
9.30-11.00	Morogoro Regional Hospital	Leadership, managerial team and Eye health staff (see above details)			debrief	PWS		NC+IC	
11.00-12.00	Lunch								
13.00-14.00	ITP	Itinerant Teacher	KII					NC	
14.00-15.00	ITP	(5 parents)Parents/ caregivers of children enrolled in ITP (Morogoro Town)		FGD				NC	
15.00-16.00	ITP	Regular School teacher in the inclusive education project	KII					NC	
16.00-19.00	Travel to Ifakara by car								
Day 4 Friday 18/10									
9.30-11.00	Saint Francis	Leadership and managerial team (Director of clinical services of St Francis, Head of Eye Department, Hospital Director General)	KII				Online quest	NC	
11.00-12.30	Saint Francis	Eye health staff	KII		NC			NC	
12.30-13.30	Lunch								
13.30-15.00	Saint Francis	Leadership, managerial team and Eye health staff (see above details)			debrief	PWS		IC+NC	
15.00 -20.00	Travel back to Morogoro by car (3 hours) , and then bus to Gairo								
Day 5 Saturday 19/10									

Tanzania			Data collection method used for each stakeholder					Other	
Day	Partner	Stakeholder	KII	FGD	Debrief	PWS	Online Quest	Evaluation participants	Location for NC where overnight
9.00-10.00	ITP	Itinerant teacher (Gairo)	KII					NC	
10.00-11.00	ITP	(up to 5) Parents/ caregivers of children enrolled in ITP (Gairo)	KII					NC	
11.00-12.00	ITP	Regular Teacher (Gairo)	KII					NC	
12.00-14.00	Lunch and travel to Dodoma (by train?)								
14.00-15.00	Saint Joseph Hospital	Leadership and managerial team (Medical officer In charge, Head of Eye Department, Nursing officer(head) , HR and Administration)	KII				Online quest	NC	virtual
15.00-16.00	Saint Joseph Hospital	Eye health staff	KII					NC	virtual
16.00-17.30	Saint Joseph Hospital	Leadership, managerial team and Eye health staff			Debrief	PWS		NC+IC	virtual
Day 6 Sunday 20									
All day: Collating and analysing notes. Debrief internal Th									Dodoma
Day 7 Monday 21/10									
9.00-10.30	zonal hospital Benjamin Mkapa Hospita	Leadership and managerial team (Head of eye department , Director of Research and publication , others to be communicated	KII					NC	
10.30-11.30	zonal hospital Benjamin Mkapa Hospita	Eye health staff	KII					NC	
11.30-12.30	Lunch								
12.30-14.00	zonal hospital Benjamin Mkapa Hospita	Leadership, managerial team and Eye health staff (see above)			debrief	PWS		NC+IC	

Tanzania			Data collection method used for each stakeholder					Other	
Day	Partner	Stakeholder	KII	FGD	Debrief	PWS	Online Quest	Evaluation participants	Location for NC where overnight
14.30-15.30	National government	National Eye Health Coordinator. + Regional Eye Care Coordinator Dodoma (local government)	KII					NC	
15.30-16.30	National government	Director of special needs education (focal person for PORALG)+ District Special Needs education officer (Dodoma) and Regional Education officer Dodoma	KII					NC	
Day 8 Tuesday 22/10									
Morning	Travel back to Moshi								
13.00-14.00	Local Government (Ruvuma)	Regional Eye Care Coordinator Ruvuma	KII					NC	virtual
14.00-15.00	Eye care foundation	Programme coordinator	KII					NC	Remote interview
15.00-16.00	Sightsavers	Programme coordinator	KII					NC	Remote interview
Day 9 Wednesday 23/10									
9.00-10.30	KCMC	Leadership and managerial team (Head of Eye Department)	KII				Online quest	NC	
10.30-12.00	KCMC	Eye health staff	KII					NC	
12.00-13.00	lunch								
13.00-15.00	KCMC	Leadership, managerial team and Eye health staff			debrief	PWS		NC+IC	
Day 10 Thursday 24/10									
All day	Tropical Health	Collating and analysing notes. Debrief internal TH	Progress review between national and international consultant						

Democratic Republic of Congo									
Day	Partner	Stakeholder	KII	FGD	Debrief	PWS	Online Quest	Evaluation participants	Location for NC where overnight
Sunday 13/10									
Travel Goma to Lubumbashi by air (Lubumbashi, hotel TBC)									
DAY 1 (Lundi 14/10)									
9.00-10.00	Contact avec responsable Bureau LpM et confirmation de l'agenda terrain_								
10.00-12.00	LFTW	Country director	KII				ONLINE QUEST	NC+IC	
14.00-15.00	Provincial Ministry of Health	Provincial Eye Care Coordinator	KII				Online Quest		
DAY 2 (Mardi 15/10)									
MORNING	Travel to Kolwezi from Lubumbashi via vehicle, installation OI hotel								
13.00-14.00	Lunch								
14.30-16.00	Mwangaza	KII Leadership, managerial team (4 personnes maximum : médecin directeur ; administrateur gestionnaire ; directeur nursing, directeur service optique)	KII				ONLINE QUEST	NC	
16.00-17.30	Mwangaza	Eye health staff (1 to 4 persons maximum)	KII					NC	
DAY 3 (Mercredi 16/10)									
9.00-10.30	Mwangaza	Leadership, managerial team and Eye health staff			debrief	PWS		NC+IC	
10.30-13.30	Lunch and Travel from Kolwezi to Likasi by car								

Democratic Republic of Congo									
Day	Partner	Stakeholder	KII	FGD	Debrief	PWS	Online Quest	Evaluation participants	Location for NC where overnight
14.30-16.00	St-Joseph	Leadership, managerial team	KII				Online quest	NC	
16.00-17.30	St-Joseph	Eye health staff	KII					NC	
Day 4 (Jeudi 17/10)									
9.00-10.30	St-Joseph	Leadership, managerial team and Eye health staff			Debrief	PWS		NC+ IC	
10.30-13.30	travel to Lubumbashi- lunch								
14.00-15.00	inclusive education platform	(maximum 5 parents) Parents/ caregivers of children enrolled	KII					NC	
15.30-16.30	inclusive education platform	Leadership, managerial team (comité technique de la plateforme)		FGD				NC	
DAY 5 (Vendredi 18/10)									
9.00-10.00	Centrale d'Achat des Médicaments de Lubumbashi (Camel)	Leadership, managerial team	KII					NC	
11.00-12.30	St-Yvonne	Leadership, managerial team	KII				Online quest	NC	
12.30-13.30	Lunch								
13.30-15.00	St-Yvonne	Eye health staff	KII					NC	
15.30-17.00	St-Yvonne	Leadership, managerial team and eye health staff			Debrief	PWS		NC+IC	
DAY 6 (Samedi 19)									
10.00-11.30	St-Raphael	Leadership, managerial team	KII				Online quest	NC	Virtual. Lubumbashi (hotel TBD)

Democratic Republic of Congo									
Day	Partner	Stakeholder	KII	FGD	Debrief	PWS	Online Quest	Evaluation participants	Location for NC where overnight
12.00-13.00	Lunch								
14.00-15.30	St-Raphael	Eye health staff	KII					NC	Virtual Lubumbashi (hotel TBD)
15.30-17.00	St-Raphael	Leadership, managerial team and Eye health staff			Debrief	PWS		IC+NC	Virtual Lubumbashi (hotel TBD)
Day 7 (Dimanche 20)									
All day: collect and analyse data									
Day 8 (Lundi 21/10)									
9.00-10.30	Mulami Muimpe	Leadership, managerial team	KII				Online quest	NC	Virtual Lubumbashi (hotel TBD)
10.30-12.00	Mulami Muimpe	Eye health staff	KII					NC	Virtual Lubumbashi (hotel TBD)
12.00-13.00	Lunch								
13.30-15.00	Mulami Muimpe	Leadership, managerial team and Eye health staff			Debrief	PWS		NC+IC	Virtual Lubumbashi (hotel TBD)
afternoon	National consultant travels from Lubumbashi to Kinshasa by air								
DAY 9 (Mardi 22/10)									
8.30-10.30	RC4D	Country director	KII				Online quest	NC+IC	
11.00-12.30	L'hôpital Saint-Joseph de Limete	Leadership, managerial team	KII				Online quest	NC	
12.30-13.30	Lunch								
13.30-15.00	L'hôpital Saint-Joseph de Limete	Eye health staff	KII					NC	

Democratic Republic of Congo									
Day	Partner	Stakeholder	KII	FGD	Debrief	PWS	Online Quest	Evaluation participants	Location for NC where overnight
15.00-16.30	L'hôpital Saint-Joseph de Limete	Leadership, managerial team and Eye health staff			Debrief	PWS		IC+NC	
Day 10 (Mercredi 23/10)									
9.00-10.00	La coopérative des petits producteurs REAVFA	Leadership, managerial team.	KII					NC	
10.30-12.00	La coopérative des petits producteurs REAVFA	Women enrolled in programme		FGD				NC	
12.00-13.00	Lunch								
13.30-14.30	mutuelle Boboto	Leadership, managerial team	KII					NC	
Day 11 (Jeudi 24/10)									
9.00-10.00	Don Bosco Lukunga	Leadership, managerial team	KII					NC	
11.00-12.00	Lunch and travel to ORPER								
15.00-16.00	l'Œuvre de reclassement et de protection des enfants de la rue (ORPER)	Leadership, managerial team	KII					NC	
DAY 12 (Vendredi 25/10)	Travel back to Goma Collating and analysing notes. Debrief internal TH								

Rwanda									
Day	Partner	Stakeholder	KII	FGD	Debrief	PWS	Online Quest	Evaluation participants	Location for NC where overnight
DAY 1 Monday 14/10									
8.00-10.00	Travel from Kigali to Kabgavi – car								
10.00-11.30	Unité de soins oculaires de Kabgavi	Eye health staff	KII					NC	
11.30-12.30	Lunch								
12.30-14.00	Unité de soins oculaires de Kabgavi	Leadership, managerial team. M&E and QA coordinator	KII				Online quest	NC	
14.00-16.00	Travel back to Kigali								
16.30-18.00	LFTW country and programme representative		KII				Online quest	NC+IC	
DAY 2 Tuesday 15/10									
7.30-9.30	Travel from Kigali to Kabgavi – car								
9.30-10.30	Cellule Éducation Inclusive (E.I) de Kabgavi	coordinator	KII		f			NC	
11.00-12.00	Unité de soins oculaires de Kabgavi	Social worker	KII					NC	
12.00-13.00	Lunch								
13.00-14.30	Unité de soins oculaires de Kabgavi	Leadership, managerial team and Eye health staff			Debrief	PWS		NC+IC	
14.30-15.00	travel to one school								

15.00-16.00	1 School included in programme	(3 to 5)Parents of children enrolled in school screening (FGD to be conducted at central location)		FGD				NC	
16.00-17.00	1 School included in programme	Teachers	KII					NC	
17.00-19.00	Travel back to Kigali								
DAY 3 Wednesday 16/10									
7.00-9.00	Travel to location								
9.00-10.30	Provincial Hospital - sample	Leadership, managerial team	KII				Online quest	NC	
11.30 -12.30	Provincial Hospital - sample	Leadership, managerial team	KII				Online quest	NC	
12.30-13.30	LUNCH								
14.00-15.00	Province health authority	Eye health coordinator	KII				Online quest	NC	
15.30-16.30	1 School included in programme	Parents of children enrolled in school screening		FGD				NC	
16.30-17.30	1 School included in programme	Teachers	KII					NC	
17.30-19.00	TRAVEL BACK								
DAY 4 Thursday 17/10									
9.00-10.00	REB	Responsable des besoins spéciaux et de l'inclusion	KII					NC	
10.30-12.00	Ministère de la santé - National	Coordinateur national des soins oculaires	KII				Online quest	NC	
12.00-13.00	lunch								
13.30-14.30	Association ROCOX (QCOs)	coordonateur	KII					NC	

15.30-16.30	Ruhengeri hospital	Chief of ophthalmic department	KII				Online quest	NC	remote
DAY 5 Friday 18/10									
8.00-10.00	Travel to location								
10.00-11.00	District hospital sample	Leadership, managerial team	KII					NC	
11.00-12.00	District hospital sample	OCO trained under the programme	KII						
12.00-13.00	Lunch								
14.00-15.00	1 School included in programme	Parents of children enrolled in school screening		FGD				NC	
15.00-16.00	1 School included in programme	Teachers	KII					NC	
16.00-18.00	Travel back								
DAY 6 Saturday 19/10									
9.00-17.00	OCOs	5 OCOs trained under the programme	KII					NC	remote
DAY 7									
All day	Collating and analysing notes. Debrief internal TH								

Annex 3 - Evaluation Matrix

The evaluation matrix below outlines the programme domains of intervention and evaluation focus, and criteria covered in each domain along with the primary data collection techniques and secondary data that will be utilised to answer evaluation questions under each domain.

Category	Criteria / Evaluation Question	Sub-questions	Secondary Data Sources	Primary Data Sources	Stakeholders / Participant Categories
Effectiveness: is the intervention achieving its objectives? <i>The extent to which the intervention achieved, or is expected to achieve, its objectives, and its results</i>					
ACCESS	EQ1. Given the integration of eye health within the country's health system, how have the two organizations and their programme partners contributed to improving access to eye care for the population?	1.1 Gender and 1.2 LNOB: access to care for women, children and vulnerable people? What has been learnt from the programme in terms of what works / what could be improved to mainstream gender equity? What strategies/approaches have been used for reaching women children and vulnerable people? (Full coverage vs targeted, specific approaches developed for sensitization, screening?) How inclusion has been ensured? 1.3 What service delivery improvements (additional eye care services / specialized cares; reach/numbers served, accessibility, QoC, follow-up care, drug supply), what is the magnitude of improvement? 1.4 Who has benefited, who hasn't, what has been done to reach those most in need and improve their access to eye care? (Reach) 1.5 What strategies/ interventions have been implemented to mitigate financial barriers to access eye care? 1.6 How beneficiaries' feedback has been taken into account, in order to improve access to eye care?	Project documents, M&E reports and databases, field visits reports, partners reports, including on monitoring quality of care (QoC) and surgical outcomes, price listing charged per patients, number of cataract patients operated without co-payment, PT surveys, Gender and LNOB country strategy,	KII, FGDs (sub questions 1,1,1,2, 1,4;1,5;1,6), participatory working sessions, questionnaires (for sub question 1,3)	Project team, MoH, eye health and managerial staff from partners, beneficiaries from education and community interventions

Category	Criteria / Evaluation Question	Sub-questions	Secondary Data Sources	Primary Data Sources	Stakeholders / Participant Categories
CHANGES	EQ2. With regard to the integration of eye health into the country's health system, how have the two organisations and their joint programme partners contributed to the changes?	2.1 What needs to be done to better integrate eye services into primary health care? Who needs to be more involved to achieve this? _How has the programme contributed to reinforce community and primary care level interventions? What are the successes and Lessons Learned (LL) 2.2 To what extent have ophthalmology services at different levels (national, regional, district, community) been strengthened and what should be the next steps? _ _what has been gender representation in capacity building activities? _ what have been the results of retrospective assessments about capacity pre-post intervention and impact on division of labour and service delivery? have any challenges regarding staff retention post-training been faced? _ how have management and leadership capacity building contributed to strengthen ophthalmology services at the different levels? 2.3 How has the programme contributed to support the continuum of eye care? What are the successes and LL? 2.4 Relevance How have the project activities aligned with the plans, policies, and commitments of national and regional government?	Project documents, M&E reports and databases, partners reports, capacity building reports, national strategies and plans	KII, participatory working sessions	project team, MoH, eye health and managerial staff from partners,
SCHOOL SCREENING	EQ3. In what way and how do eye health activities in schools (school screening) contribute to strengthening the integrated health system at different levels?	3.1 to what extent do eye health activities in school contribute to community health promotion? 3.2 how well has the referral pathway from school activities to required eye care services been working? what can be improved? what has been learned?	Project documents, M&E reports and databases, partners reports	KII	project team, MoH, eye health and managerial staff from partners, ITs, MoE, managerial staff from

Category	Criteria / Evaluation Question	Sub-questions	Secondary Data Sources	Primary Data Sources	Stakeholders / Participant Categories
					education partners
OUTCOMES	EQ4. Have the expected results been achieved or not? Which ones? And why?	4.1 What internal and external factors have constrained or facilitated the integration of eye care? 4. 2 To what extent have synergies between the different components/outcomes of the project enhanced the overall outcomes (e.g. supporting community IGA and health insurance to improve access to eye care?) or are these 'siloed' components in practice.. 4.3 What has the project done well that improved integration? How do we know this? What conditions are needed to achieve these outcomes? 4.4 How has programme learning been conducted and to what extent could relevant learning be acted upon during implementation? Coherence 4.5 Are the planned activities the most effective in achieving the expected results? Should other complementary activities be considered? How has the program caused the intended outcomes? Were the proposed interventions the right ones to achieve the changes foreseen? Are there any changes that need to be made to the ToC and logframe for future programmes? 4.6 impact: What contributions have the projects made towards the intended programme outcomes and impact? (Supporting integration of eye care into primary health level, increasing access to eye care..)	project documents, MEL reports, partners reports	KII, self-administered questionnaires (sub question 4,5), participatory working sessions	project team, MoH, eye health and managerial staff from partners, MoE, education and community interventions partners
Efficiency: how well are resources being used? <i>The extent to which the intervention delivers, or is likely to deliver, results in an economic and timely way.</i>					

Category	Criteria / Evaluation Question	Sub-questions	Secondary Data Sources	Primary Data Sources	Stakeholders / Participant Categories
FIN MNGT	EQ5. Is the allocation of programme resources cost-effective?	5. 1Have the resources been transformed efficiently through the activities into results? _ Could the same or similar results have been achieved at lower cost?	project documents, financial reports, MEL reports, capacity building plans and reports	KII	project team, managerial staff from partners
TIMELY	EQ6. Are the strategies chosen by LFTW and RC4D and the activities underway likely to lead to the achievement of results on time?				
CAPACITY	EQ7. Is the capacity of the local teams sufficient to implement the strategies and activities (technical expertise, human resources, management, etc.)?	7.1 What mechanisms for routine M&E and learning were planned? What processes have been in place to facilitate learning and problem-solving? Involving partners and stakeholders and different levels?			
CONSTRAINTS AND OPPORTUNITIES	EQ8. What constraints and opportunities have been identified?				
Sustainability: will the benefits last? <i>The extent to which the net benefits of the intervention continue or are likely to continue.</i>					

Category	Criteria / Evaluation Question	Sub-questions	Secondary Data Sources	Primary Data Sources	Stakeholders / Participant Categories
PARTNERSHIPS	EQ 9. To what extent are the partners and direct collaborations able or likely to safeguard the achievements and ensure the continuation of activities after the end of the programme?	9.1 How well have partnerships and partnership working been leveraged to efficiently pursue aims and objectives, including CBA? 9.2 How likely is it that sustainability strategy will be achieved the intended medium/long term impact? 9. 3 Have any advocacy gains been made to help ensure the improvements made by the programme are sustained? 9.4 Factors supporting sustainability and threats to sustainability	project documents, partners reports, sustainability country strategy, advocacy strategy	KII, participatory working sessions,	project team, managerial staff from partners, MoE, managerial staff from education and IGA partners
CAPACITY BUILDING	EQ10. Has the programme made sufficient provision for capacity-building activities?	10.1 how capacity building activities have been identified? To what extent does the capacity building plan align with national strategies/ priorities? 10.2 based on IPEC competencies framework, what domains were prioritized , if any? what should be the next steps to contribute to strengthen impact? 10. 3 how capacity building was " optimized " to contribute to maximize impact of interventions and sustain their results?	capacity building plans and reports, partners reports	KII, self-administered questionnaires (sub question 10,2)	project team, managerial staff from partners, managerial staff from education and IGA partners
SUSTAIN	EQ11. Are the achievements of integrating eye care into primary and secondary care packages likely to be sustained (technically, financially and socially)?	11,1 What is the likelihood of success / perceived confidence in sustainability of various components ? Factors supporting sustainability and threats to sustainability	project documents and partners reports	KII,	project team, managerial staff from partners, MoH

Category	Criteria / Evaluation Question	Sub-questions	Secondary Data Sources	Primary Data Sources	Stakeholders / Participant Categories
COLLABORATION	EQ12. Among the same beneficiaries, are there other actors whose interventions effectively contribute to the sustainability of the effects sought by the programme?	12.1 How collaboration with other key actors has been promoted? What has been working well, what could be improved? 12.2 how coordination of the program has been ensured from design, allowing synergy with other key programmes / actors?	project documents and partners reports	KII,	project team, managerial staff from partners,
Specific Evaluation Questions					
SQ DRC	SQ 1 How does the project to build an ophthalmology unit at St Joseph's Hospital in Kinshasa position itself in relation to the integration of eye care into the health system? Analysis according to evaluation criteria and formulation of recommendations. SQ2 How does the project to build an ophthalmology unit at the Mulami Muimpe hospital in Kananga compare with the integration of eye care into the healthcare system? Analysis according to evaluation criteria and formulation of recommendations. SQ3 How does the project to build a new ophthalmology clinic with sub-specialisations, Sainte Yvonne in Lubumbashi,		project documents and partners reports	KII	project team, managerial staff from partners, MoH

Category	Criteria / Evaluation Question	Sub-questions	Secondary Data Sources	Primary Data Sources	Stakeholders / Participant Categories
	compare with the integration of eye care into the healthcare system? Analysis according to evaluation criteria and formulation of recommendations.				
TZN	SQ4 To what extent is the choice of new partners in the Tanzania programme justified (2017 = start of the Saint Joseph Mission Hospital and Saint Francis Referral Hospital partnership; 2022 = start of the Morogoro Regional Hospital and Benjamin Mkapa Hospital partnership)?		project documents and partners reports	KII	
RWD	SQ 5 To what extent is the choice of new partners in the Rwanda programme justified (2024 = start of the partnership with Ruhengeri Hospital)?		project documents and partners reports	KII	project team, managerial staff from partners, MoH

Category	Criteria / Evaluation Question	Sub-questions	Secondary Data Sources	Primary Data Sources	Stakeholders / Participant Categories
For the training institutes of partners KCMC, CCBRT and KEU	SQ 6 To what extent is the strengthening of the training institutes of the KCMC, CCBRT Academy and KEU partners contributing to the integration of eye care, and what lessons have been learned?		project documents and partners reports	KII	project team, managerial staff from partners, MoH
In relation to the final evaluation of the 2017-2021 LFTW programme	SQ 7 The final evaluation made valuable recommendations in relation to the integration of eye care. To what extent have these recommendations been implemented? What are the avenues for strengthening?		Project documents, Partner's reports	KII, self-administered questionnaires	project team, managerial staff from partners

Annex 4 - Team roles

Key to the success of this evaluation will be to have clear roles and responsibilities amongst the evaluation team members agreed and communicated to all. We present the team's respective agreed roles in Table 7 below.

Table 7: Evaluation team members' role

Position	Key responsibilities
Team Leader (TL) Sabrina La Torre	- Attend and lead the team in the initial briefing and ongoing communication with LFTW/RC4D - Coordinate team members' inputs, facilitate internal evaluation planning meetings - Lead the development and finalization of evaluation framework and tools - Oversee data collection with support from the Senior Technical Advisor - Coordinate data analysis and findings synthesis; lead all analysis with contributions from other team members - Lead on main report development - Prepare presentation of assessment findings to be given at final debriefing meetings
Senior Technical Advisor Robert Geneau	- Participate in key meetings with LFTW/RC4D, country teams, and stakeholders as necessary - Provide inputs into the evaluation methodology and tools development, focusing on clinical eye health - Support oversight of data collection - Lead analysis with a focus on clinical eye health with contributions from other team members - Provide inputs into other data analysis and the main evaluation report
Country Experts Jason Pithuwa (DRC) Beatrice Uwayezu (RW) Edson Eliah Mwaipopo (TZ)	- Adapt evaluation tools to respective context - Undertake country-level data collection (sub-national and national), lead on KIIs and FGDs, leading in-country briefings, debriefing meetings with partners - Report on country-level findings contributing contextual interpretation during results analysis and report writing - Lead on specific analyses and report sections writing as agreed within the team leader
Quality Assurance Caroline Vanderick	- Participate in key meetings with the LFTW and partners, as needed - Ensure evaluation is appropriately resourced and run efficiently - Contribute to key internal evaluation design / results review workshops - Lead internal performance review meetings and support trouble shooting Review all deliverables, ensuring consistency and quality across all outputs and adherence to LFTW guidance
Project Manager Katie Nield	- Hire and mobilise evaluation team - Support team management and oversight, including ensuring that the team is on track for a timely implementation and for timesheet processing - Coordinate subscriptions to necessary team collaboration platforms and software - Ensure logistics and operational support for data collection - Manage evaluation budget and support Finance Manager in invoicing to LFTW

Throughout the assessment period, we will adopt an engagement strategy with key stakeholders that will aim to ensure confidentiality, clarity of and transparency over the evaluation objectives, approach and limitations, developing a broad acceptance for, and participation in, the evaluation while maintaining its objectivity. We will work closely with LFTW to develop a mutual understanding of the context of the work. We will establish clear communication lines between the LFTW, the evaluation team and Tropical Health. We will remain flexible throughout the assessment without compromising quality. Our work plan will be closely monitored, and technical progress regularly reviewed, with actions promptly decided upon for course correction, where needed. All deliverables will be duly quality assured using our internal quality assurance system as well as through LFTW and this evaluation governance mechanisms.

Annex 5 - List of documents received and reviewed

#	Document category
Inclusive Vision programme	
A	Proposals INCLUSIVE VISION, including ToC, Logframe
B	LFTW/RC4D overall eye health integration in health systems approach / strategic plans / reports
C	LFTW/RC4D overall gender, LNOB, advocacy approach / strategic plans / reports
	LFTW: country strategies, '1 programme-372-public-en—1701418927',
D	LFTW/RC4D training/ capacity building approach / plans and reports
	LFTW general & per country
E	LFTW/RC4D budgets and financial reports
F	LFTW/RC4D annual and quarterly reports
G	LFTW/RC4D monitoring & evaluation reports and datasheets
H	Field support visits/ technical visits reports
I	Partner reports (annual reports, training reports, monitoring reports, supervision reports, patient surveys, quality outcomes surveys) for eye health, and education partners. And in DRC also for community activities partners (IGA), <i>mutuelle de santé</i> ...
	Congo 2022 & 2023 : monitoring and narratif
	Rwanda 2022 & 2023 : monitoring and narrative, statistiques
National documents	
J	National health strategic plans and reports, including on care integration, 'Leave No One Behind' (LNOB), equity in access to health care (e.g. gender, people with disabilities)
K	National eye health strategic plans, and evaluation/progress reports if available

Category	#	Document title	Received (Yes ✓ / No X)	Reviewed (Yes ✓ / No X)
A	1.	0 220509 Modifications Dossier LPLM RC4D.pdf	V	V
A	2.	1 programme-372-public-en--1701418927.pdf	V	V
A	3.	Annexe 11 Convention LPLM RC4D 2022-2026 Vision Inclusive.pdf	V	V
A	4.	230525 RDC Annexe 12 Cadre Logique 2022-2026 LPLM et RC4D_FINAL.p	V	V
A	5.	230525 RDC Annexe 12 Cadre Logique 2022-2026 LPLM et RC4D_FINAL.xlsx	V	V
A	6.	3 LFTW Budget-programme DGD 22-26 Finalv2022.xlsx	V	V
A	7.	4 RC4D Budget-excel-NGOprgs2022-2026 VFAJUSTE220429.xlsx	V	V
A	8.	5 LFTW Budget-programme DGD 22-26 Finalv2023_09.xlsx	V	V
A	9.	6 2211 RC4D Budget-excel-NGOprgs2022-2026 VFAJUSTE2.xlsx	V	V
A	10.	7 2211_RC4D_ajustements_budgétaires.xlsx	V	V
A	11.	FTW Cadre logique_Rwanda_V2022.pdf	V	V
A	12.	LFTW Cadre logique_Rwanda_V2022.xlsx	V	V
A	13.	LFTW TZ Logical Framework 2022-2026 FINALv2022.pdf	V	V
A	14.	LFTW TZ Logical Framework 2022-2026 FINALv2022.xlsx	V	V
A	15.	RDC Annexe 1 ToC 2022-2026-FNL2022_0.pdf	V	V
A	16.	RDC Annexe 2 Analyse Risques.pdf	V	V
A	17.	RDC Annexe 3 Cartev2022.pdf	V	V
A	18.	RDC outcome-373-public-en--1699447825.pdf	V	V
A	19.	RW-Annexe 1 ToC Rwanda.pdf	V	V
A	20.	RW-Annexe 2 Analyse des risques Rwanda.pdf	V	V
A	21.	RW-Annexe 3 Carte Rwanda.pdf	V	V
A	22.	RW-outcome-375-public-en--1697114615.pdf	V	V

Category	#	Document title	Received (Yes √ / No X)	Reviewed (Yes √ / No X)
A	23.	TZ Annex1 TOC LFTW TZ 22-26 Finalv220622.pdf	√	√
A	24.	TZ Annexe 2 LFTW DGD 22-26 Risk Analysis_0.pdf	√	√
A	25.	TZ Annexe3_map_0.pdf	√	√
A	26.	TZ outcome-374-public-en--1697115295.pdf	√	√
A	27.	EXTRA: 0 Notification LFTW vfinale.pdf	√	√
A	28.	Extra 1 annexe 1 AM LFTW - Rotary signé le 03.02.2022.pdf	√	√
A	29.	Extra 2 Annexe3_BudgetApprouvé_LFTW.pdf	√	√
A	30.	EXTRA: 3 LFTW_Rotary AM engagement complémentaire.pdf	√	√
B	31.	201112 LFTW Country Strategy Tanzania 2022-26_Final.pdf	√	√
B	32.	Country Strategy RDC 2022-26.pdf	√	√
B	33.	Version DEF - Country Strategy Rwanda 2022-2031.pdf	√	√
C	34.	(LNOB GENDER ADVOCACY strategies)	NO	
D	35.	(CBA plans and reports)	NO	
E	36.	IATI 2022.xlsx	√	√
E	37.	2022 LFTW jaarrekening en commissarisverslag.pdf	√	√
E	38.	2022 LFTW verslag DGD commissaris.pdf	√	√
E	39.	2022 LftW_beheerskosten 2022 uitgaven detail.xlsx	√	√
E	40.	2022 LftW_Budget_Aanpassingen.xlsx	√	√
E	41.	2022 LftW_Rapport_Fin_2022-2026.xlsx	√	√
E	42.	2022 LftW_Rapport_Fin_2022-2026_C.xlsx	√	√
E	43.	2022 LftW_RDC OK 2022 uitgaven detail.xlsx	√	√
E	44.	2022 LftW_Rwanda OK 2022 uitgaven detail.xlsx	√	√
E	45.	2022 LftW_Tanzania OK 2022 uitgaven detail.xlsx	√	√
E	46.	IATI 2023.xlsx	√	
E	47.	2023 LFTW Jaarrekening en commissarisverslag.pdf	√	
E	48.	2023 LFTW verslag DGD.pdf	√	
E	49.	2023 Lftw_BK uitgaven.xlsx	√	
E	50.	2023 LftW_Budget_Aanpassingen.xlsx	√	
E	51.	2023 LftW_Rapport_Fin_2022-2026.xlsx	√	
E	52.	2023 LftW_RDC_OK uitgaven.xlsx	√	
E	53.	2023 Lftw_Rwanda_OK uitgaven.xlsx	√	
E	54.	2023 Lftw_Tanzania_OK uitgaven.xlsx	√	
DRC				
D	55.	RDC 2022-2026 Planification Formations.xlsx	√	√
E	56.	LFTW RDC consolidatie OK 2022.xlsx	√	√
E	57.	LFTW RDC consolidatie OK 2023.xlsx	√	√
E	58.	LFTW RDC2022-2026 Budget par axeV2023.xlsx	√	√
F	59.	LL2022-RC4D-LFTW_1-CD.pdf	√	√
F	60.	LL2023-RC4D-LFTW_1-CD.pdf	√	√
F	61.	PS2022-BE-BCE_KBO-0460240749-prg2022-1-CD.pdf	√	√
F	62.	PS2023-BE-BCE_KBO-0460240749-prg2022-1-CD.pdf	√	√
F	63.	RDC_2023_Suivi Cadre Logique_Vision Inclusive.xlsx	√	√
F	64.	RDC_Rapport Annuel_Vision Inclusive_2023_05042023.docx	√	√
G	65.	1 Revue Objectifs 2023 LPLM RDC.docx	√	√

Category	#	Document title	Received (Yes √ / No X)	Reviewed (Yes √ / No X)
G	66.	2 RDC FU TOC 2022-2026.xlsx	√	√
G	67.	3 Objectifs 2024 LPLM RDC.docx	√	√
G	68.	4 Planning d'activités 2024 du Bureau.xlsx	√	√
G	69.	Indicateurs des cliniques partenaires 2023.pptx	√	√
G	70.	Objectifs 2024 LPLM RDC.docx	√	√
G	71.	RDC Points de concertation.docx	√	√
G	72.	2024 KPI RDC.xlsx	√	√
G	73.	RAPPORT 2022 RDC_VERSION CA LFTW.docx	√	√
H	74.	2022 Rapport_CLOM_Optic LUANGHY.pdf	√	√
H	75.	2022_Rapport Mission_CLOM_Dr. Hubert.pdf	√	√
H	76.	2022_Tdrs mission_CLOM Optometriste LAGANE.pdf	√	√
H	77.	2022_Tdrs mission_CLOM Optometriste LAGANE.pdf	√	√
H	78.	2022_Tdrs mission_CLOM Optometriste LAGANE.pdf	√	√
H	79.	2022 Mission Rapport FR_COSY_Dr. Sylvain.pdf	√	√
H	80.	2022 Mission Report ENG_COSY_Dr. Sylvain.pdf	√	√
H	81.	2022 Tdrs mission_Cosy_Dr. Sylvain.pdf	√	√
H	82.	2022 Report Murli OPTIC 2.pdf	√	√
H	83.	2022 TdR Murli OPTIC 2.pdf	√	√
H	84.	2022_Contract Murli_OPTIC 1.docx	√	√
H	85.	2022_Murli Report 23-27 05 2022_OPTIC 1.pdf	√	√
H	86.	2023	NO	
I	87.	2022 COSJ_Rapport Narratif LFTW DGD 22-26_final.docx	√	√
I	88.	CLOM_Monitoringsheet 22-26.xlsx	√	√
I	89.	CLOM_Monitoringsheet-2023.xlsx	√	√
I	90.	CLOM_Rapport Narratif 2023_Planification 2024.docx	√	√
I	91.	CLOM_Rapport Narratif DGD 22-26_final.doc	√	√
I	92.	COMM_Monitoringsheet 2023.xlsx	√	√
I	93.	COMM_Rapport Narratif 2023_Planification 2024.docx	√	√
I	94.	COR_Rapport Narratif 2023_Planification 2024.docx	√	√
I	95.	COSJ_Monitoringsheet 2023 (1).xlsx	√	√
I	96.	COSJ_Monitoringsheet 22-26 (1).xlsx	√	√
I	97.	COSJ_Rapport Narratif 2023_Planification 2024.docx	√	√
I	98.	COSR_Monitoringsheet 2023_FORMAT_DEF.xlsx	√	√
I	99.	COSR_Monitoringsheet 22-26.xlsx	√	√
I	100.	COSR_Rapport Narratif LFTW DGD 22-26 Revu (1).docx	√	√
I	101.	COSY_Monitoringsheet 2023.xlsx	√	√
I	102.	COSY_Monitoringsheet 22-26 (2).xlsx	√	√
I	103.	COSY_Rapport Narratif 2023_Planification 2024.docx	√	√
I	104.	Cosy_rapport Narratif LFTW DGD 22-26.docx	√	√
J	105.	PLANS STRATEGIQUES NATIONAUX SANTE ET RAPPORTS	NO	
K	106.	Paquet d'Intervention Signé_2019.pdf	√	√
K	107.	Stratégie SIGNE_2019.pdf	√	√
EXTRA	108.	2015 SEPT BLUEPRINT 01-L'Accueil des patients.pdf	√	√
EXTRA	109.	2015 SEPT BLUEPRINT 02-l'enregistrement des patients.pdf	√	
EXTRA	110.	2015 SEPT BLUEPRINT 03-La caisse.pdf	√	
EXTRA	111.	2015 SEPT BLUEPRINT 04-Les Consultations et le Suivi.pdf	√	
EXTRA	112.	2015 SEPT BLUEPRINT 05-Le Service Social.pdf	√	√

Category	#	Document title	Received (Yes √ / No X)	Reviewed (Yes √ / No X)
EXTRA	113.	2015 SEPT BLUEPRINT 06-La Pharmacie.pdf	√	
EXTRA	114.	2015 SEPT BLUEPRINT 07-Hospitalisation des Patients.pdf	√	
EXTRA	115.	2015 SEPT BLUEPRINT 08-Le Bloc Opératoire.pdf	√	
EXTRA	116.	2015 SEPT BLUEPRINT 09-Le Service Optique.pdf	√	
EXTRA	117.	2015 SEPT BLUEPRINT 10-Thérapie Visuelle.pdf	√	
EXTRA	118.	2015 SEPT BLUEPRINT 11-Franchir les barrières.pdf	√	
EXTRA	119.	2015 SEPT BLUEPRINT 12-La gestion des finances.pdf	√	
EXTRA	120.	2015 SEPT BLUEPRINT 13-Motiver et soutenir les ressources Humaines.pdf	√	
EXTRA	121.	2015 SEPT BLUEPRINT 14-La gestion des infrastructures est les biens de la clinique.pdf	√	
EXTRA	122.	2015 SEPT BLUEPRINT 15-Le Transport.pdf	√	
EXTRA	123.	2015 SEPT BLUEPRINT 16-Gestion et Plannification de la clinique.pdf	√	
EXTRA	124.	2015 SEPT BLUEPRINT 17-La gouvernance juridique.pdf	√	
EXTRA	125.	2015 SEPT BLUEPRINT 18-La collaboration avec les autorités.pdf	√	
EXTRA	126.	2015 SEPT BLUEPRINT 19-La gestion des connaissances.pdf	√	
EXTRA	127.	2015 SEPT BLUEPRINT 20-Le Partenariat avec LPLM.pdf	√	
RWANDA				
D	128.	2022-2026 - Rw Planification Formations_KEU.xlsx	√	√
E	129.	Rwanda 2022-2026 Budget par Axe.xlsx	√	√
E	130.	Rwanda consolidatie OK 2022.xlsx	√	√
E	131.	Rwanda consolidatie OK 2023.xlsx	√	√
F	132.	LFTW Rwanda_Monitoringsheet 22-26_Rapport 2023.xlsx	√	√
F	133.	LL2022-LFTW_2-RW.pdf	√	√
F	134.	LL2023-LFTW_2-RW.pdf	√	√
F	135.	PS2022-BE-BCE_KBO-0460240749-prg2022-2-RW.pdf	√	√
F	136.	PS2023-BE-BCE_KBO-0460240749-prg2022-2-RW.pdf	√	√
G	137.	2024 KPI Rwanda.xlsx	√	√
H	138.	2022_Agenda_visit KEU_Orthoptist et Strabismus surgery_Godts et Prinsen.p	√	√
H	139.	2022_Report_mission KEU_Orthoptist et Strabismus surgery_Godts et Prinsen.	√	√
I	140.	KEU_Monitoringsheet 2023_DEF.xlsx	√	√
I	141.	KEU_Statistiques 2022 (12 mois).xlsx	√	√
I	142.	Monitoringsheet 2023_Rwamagana_DEF.xlsx	√	√
I	143.	Rapport narratif 2023_HVP Rwamagana_DEF.docx	√	√
I	144.	Résultat Monitoring individuel au HVP Rwamagana 2022.xlsx	√	
I	145.	RW_KEU_Monitoringsheet 2022_DEF.xlsx	√	√
I	146.	RW_KEU_Rapport Narratif 2022_DEF.docx	√	√
I	147.	Rw_Projet EI_Monitoringsheet 2022_DEF.xls	√	√
I	148.	Rw_Projet EI_Monitoringsheet 2023.xlsx	√	√
I	149.	RW_Projet EI_Rapport Narratif 2022_DEF.docx	√	√
I	150.	RW_Projet EI_Rapport Narratif 2023_DEF.doc	√	√
I	151.	RW_Projet EI_Statistiques 2022_DEF.xls	√	√
I	152.	RW_Projet EI_Statistiques 2023_DEF.xls	√	√
I	153.	RW_Rwamagana_Monitoringsheet 2022_DEF.xlsx	√	
I	154.	RW_Rwamagana_Rapport narratif 2022_DEF.docx	√	

Category	#	Document title	Received (Yes √ / No X)	Reviewed (Yes √ / No X)
I	155.	TdC_KEU_2023_DEF.xlsx	V	V
J	156.	Plans stratégiques nationaux SANTE et rapports	NO	
K	157.	Plans stratégiques nationaux SANTE OCULAIRE et rapports	NO	
TANZANIA				
D	158.	EYE HEALTH PARTNERS TRAINING _KCCO.docx	V	V
D	159.	Training BROCHURE KCCO.pdf	V	V
D	160.	Scholarship DR JAMES Y BWIRE-Testimonial.docx	V	V
D	161.	Scholarship JESCA PROGRESS REPORT.docx	V	V
D	162.	Scholarship lilys progress report_.docx	V	V
D	163.	Scholarship semester 2 progress report -1.docx	V	V
D	164.	Scholarship SEMESTER 2 PROGRESS REPORT TO LIGHT FOR THE WORLD.docx	V	V
D	165.	Scholarship TESTIMONIAL TO LIGHT FOR THE WORLD.docx	V	V
D	166.	2023 Tanzania Planning Scholarships-Internships.xls	V	V
E	167.	Tanzania consolidatie OK 2022.xlsx	V	V
E	168.	Tanzania consolidatie OK 2023.xlsx	V	V
E	169.	TZ 2022-2026 Budgets par axe.xlsx	V	V
F	170.	LFTW TZ Logical Framework 2022-2026 FINALv2022.pdf	V	V
F	171.	LFTW TZ_2023 Monitoringsheet DGD Inclusive Vision VF.xlsx	V	V
F	172.	LL2022-LFTW_3-TZ.pdf	V	V
F	173.	LL2023-LFTW_3-TZ.pdf	V	V
F	174.	PS2022-BE-BCE_KBO-0460240749-prg2022-3-TZ.pdf	V	V
F	175.	PS2023-BE-BCE_KBO-0460240749-prg2022-3-TZ.pdf	V	V
G	176.	2024 TZ KPI.xlsx	V	V
H	177.	Field support visits - technical visits reports	NO	
I	178.	Partner reports	NO	
J	179.	National health strategic plans and reports	NO	
K	180.	National eye health strategic plans and reports	NO	
EXTRA	181.	Early detection project annual report 2023. Final report.docx	V	V
EXTRA	182.	Integration of Eye Health into RCH Clinics in Morogoro regio_Improved version for MoH August 2023.pdf	V	V
EXTRA	183.	TZ_Early Detection_Monitoringsheet 2023-2024.xlsx	V	V

Annex 6 - Topic guides for interviews and focus group discussions

Annex 6.A - Democratic Republic of Congo

6.A.1 KII Guide: Managerial and leadership staff from partners clinics – DRC

Introduction of the interview to the informant

Notes for the Facilitator

- This topic guide is to be used to facilitate KIIs with Managerial and leadership staff from partners clinics in DRC
- Not all topics will be relevant to all informants. The modules and questions should be selected and tailored according to the person's involvement in the project and area of expertise.
- For some topics, informants may be asked to reflect on their own role in the project, and for others, they should be asked to comment on the roles of other actors, as appropriate.
- Although the questions are numbered, they may be asked in a different order, and topics that have already come up spontaneously in the interview may be skipped.
- Prompts are included in the guide to probe for more information around a topic. In addition, standard probes should be used to encourage respondents to elaborate ("can you tell me more about that?"), to ensure the person has nothing further to add on a topic ("anything else?"), and to probe for evidence (how do we know this?)
- Standard procedures for KII note-taking should be used.
- The discussion should be held in an appropriate environment that allows for privacy.
- All participants should read the information sheet and give written informed consent to participate.

[Greetings, introduce self] Thank you for taking the time to speak with me today.

I am working on a project with Tropical Health, a consultancy firm.

We have been asked to conduct the Mid Term evaluation of the Inclusive Vision programme implemented in DRC, Rwanda and Tanzania by Light For The World and Rotary Clubs For Development (in DRC). Key focus of the MTE is on the integration of eye care into the health system in the DRC, Rwanda and Tanzania.

You have been identified as a key [partner/actor/stakeholder] in the project.

I would like to speak with you about your involvement in the project and ask your opinions about the programme's work in [country/region/district].

The purpose of this work is to assess how effective the programme has been and to understand what has and hasn't worked well.

The results of this evaluation will be shared with LFTW, RC4D staff and the donor to help improve programmes here and in other countries.

Our interview will take about 1 to 1.5 hour. During the interview I will take notes so I can remember what you said, and I will record our conversation.

I want to mention a few important points before we start:

- There are no "right" or "wrong" answers to any of the questions. We are interested in hearing your opinions, whatever they are.
- Your participation in this interview is voluntary. If you don't want to answer a question or need to stop the interview at any time, just say so.

- Whatever you tell me will be kept confidential. That means that it will be shared only with the members of the consultancy team conducting the evaluation. Any information we include in our report will not identify you.

Do you have any questions before we begin?

Can you please confirm that you received and reviewed the information and informed consent sheet?

>>> All respondents to sign information and informed consent sheet.

Now that I've told you about the topics we'll discuss and answered your questions, are you comfortable proceeding with the interview? Are you comfortable with me beginning the recording?

Interview and respondent information to be recorded

• Date of interview:
• Name:
• Organisation/Institution:
• Role in the organization and time in that role:
• Gender:
• Disability status:
• District:
• Facility name (if relevant):
• Length of interview (start/end time) • Start time: • End time:
• Location of interview:
• Any notes on interview context and other persons present:

Interview Guide

INTRODUCTORY QUESTION

- Please tell me briefly about your role and involvement with this programme.
 - How long have you been in your current position?

TOPIC AREAS – TO BE PRIORITIZED ACCORDING TO INFORMANT’S INVOLVEMENT AND EXPERTISE, AND, AS DATA COLLECTION PROGRESSES, AREAS REQUIRING FURTHER EXPLORATION

A.	ACCESS: EQ1. Given the integration of eye health within the country's health system, how have the two organisations and their programme partners contributed to improving access to eye care for the population?
Access, gender equity and inclusion, and beneficiaries feedback	
1.	In your opinion, how successful has been the project so far in reaching women, girls, persons with disabilities or persons living in remote areas ? • What do you think were the factors that contributed to this (success / weakness)? • What approaches have you used to ensure that women, girls, PWDs, persons living in remote areas with eye problems are identified? • Which approaches have been the most and least effective? How have you observed this?
2.	Who has benefited, who hasn't, from the intervention? • What has been done to reach those most in need and improve their access to eye care?
3.	What strategies/ interventions have been implemented to mitigate financial barriers to access eye care? • Can you provide some examples of interventions done at the different levels (community, primary, secondary and tertiary level?) • What have been the main successes of the approaches implemented? (e.g. of approaches: creation of VIP services, contract with local companies; to contribute to finance outreaches or support implementation of “robin des bois” approach; working with mutuelles, etc.) • What are the main challenges faced to mitigate financial barriers for patients to access eye care? • What could be done to facilitate access for the most vulnerable?
4.	How has beneficiary feedback been used to improve access to eye care? • What has the programme done to strengthen the ways hospital partners and health facilities collect feedback from patients? • What has been learned from the patient feedback received?
Supply: strengthening service delivery	
5.	What service delivery improvements have been made under this programme? (additional eye care services / specialized cares; reach/numbers served, accessibility, QoC, follow-up care, drug supply, DHIS) • Can you please provide some examples? • What is the magnitude of improvement? • In your perspective, what additional improvement will be needed to continue contributing to integrate eye care into the health system?
B.	CHANGES: EQ2 With regard to the integration of eye health into the country's health system, how have the two organisations and their joint programme partners contributed to the changes?
Integrate services into primary health care	
6.	What has been done under the programme to better integrate eye services into primary health care? • How has the programme contributed to reinforce community and primary care level interventions? • What are the successes and Lessons Learned (LL)? • What are the main challenges faced?

7.	What else needs to be done to better integrate eye services into primary health care? • Who needs to be more involved to achieve this? • What other activities or interventions would help to better integrate eye services into primary health care
Strengthening eye care services	
8.	To what extent have ophthalmology services at different levels (provincial, zonal, community) been strengthened? • Can you please provide some examples? • What have been the key successes? • And the key challenges faced? • In your perspective, what additional intervention with regards to equipment, infrastructure, trainings... should be conducted to promote integration of eye care at provincial, zonal and community level?
EQ10 Capacity Building	
9.	Regarding capacity building in your structure: • How capacity building activities have been identified? • What have been the results of retrospective assessments about capacity pre-post intervention and impact on division of labour and service delivery? • Have any challenges regarding staff retention post-training been faced? • How was capacity building "optimized" to contribute to maximize impact of interventions and sustain their results? What should be the next steps to contribute to strengthen its impact?
10.	How did management and leadership capacity building contribute to strengthen ophthalmology services in your structure?
11.	As a provincial referral structure, what capacity building, supervision and/ or mentorship activities targeting community/ primary level have been ensured (with the different health zones)? • What have been the main successes? • What have been the key challenges faced? Any lessons learnt? • What else could be done in terms of capacity building intervention to strengthen integration of eye care into community/ primary level?
Continuum of care	
12.	How has the programme contributed to support the continuum of eye care? • How referral between the different levels is ensured? • How referral within a structure is ensured? (For example, from diabetes consultation to eye care services? Or from MCH to ophthalmology) • What are the successes and LL? • What are the challenges faced? Any Lessons learnt?
13.	How coordination with other health sectors (such as MCH, neonatology; chronic diseases) has been promoted to better integrate eye services into primary health care? • What are the successes and Lessons Learned (LL)? • What are the main challenges faced? • What else should be done to enhance coordination with these sectors?
Relevance	
14.	In your view, how well did the project objectives match the needs of the targeted populations?

	Was there anything that didn't fit well or that could have been done differently to match the needs of people in the targeted areas?
15.	How have the project activities aligned with the plans, policies, and commitments of national and regional government?
C: SCHOOL SCREENING: EQ 3, In what way and how do eye health activities in schools (school screening) contribute to strengthening the integrated health system at different levels?	
16.	To what extent do eye health activities in school contribute to community health promotion? - In your view, has there been any evidence of a change in demand for eye care services for the targeted populations? - How have you observed this?
17.	How well has the referral pathway from school activities to required eye care services been working? - What have been the key successes? - What can be improved? - What has been learned?
18.	Regarding coordination with inclusive education platform: - What have been the key successes? - What can be improved? - What has been learned?
D. OUTCOMES: EQ4. Have the expected results been achieved or not? Which ones? And why?	
19.	With regards to integration of eye care at the different level of the health system, what have been the main achievements of the programme so far? - How do we know this? - What internal and external factors have constrained or facilitated the integration of eye care at the different level of the health system? - What have been the key successes? - What have been the main challenges faced? - What has been learned?
20.	To what extent have synergies between the different components/outcomes of the project enhanced the overall outcomes - Supporting community IGA and mutuelle to improve access to eye care - Providing support to the health zones to contribute to integrate eye care into primary health package? - Working with the inclusive education platform?
21.	How has programme learning been conducted and to what extent could relevant learning be acted upon during implementation? - What approaches did you use to identify and reflect on learning during the project? - How often do you do this?
Coherence	
22.	Are the planned activities the most effective in achieving the expected results? - Should other complementary activities be considered? - What, if anything, could have been done differently in the project design to make it more effective? - Are there any changes that need to be made to the ToC and logframe for this intervention or future programmes?
Impact	

23.	What contributions have the projects made towards the intended programme outcomes and impact? (<i>“More women, men, girls and boys, especially the most vulnerable, benefit from holistic support to access eye care and inclusive or vocational education in four provinces of the Congo”</i>) • Overall, what have been the main strengths or successes of the project? • What have been some of the main challenges or gaps faced in the programme? • How feasible was the project design given the implementation context • Is there anything, either positive or negative, that has been different from what was expected?
E. Efficiency: how well are resources being used?	
EQ 5, 6, 7, 8. Is the allocation of programme resources cost-effective?	
24.	Have the resources been transformed efficiently through the activities into results? • What have been any challenges with regards to financial management? • What have been any challenges with regards to supply management and the coordination with Camelu for example? • Could the same or similar results have been achieved at lower cost? • What approaches or decisions have contributed to the efficient use of resources?
25.	Are the strategies chosen by LFTW and RC4D and the activities underway likely to lead to the achievement of results on time? • How do we know that?
26.	Regarding capacity of the teams to implement the strategies and activities (technical expertise, human resources, management, etc.)? • What mechanisms for routine M&E and learning have been planned? • How data from MEL have been analysed and utilized? • What processes have been in place to facilitate learning and problem-solving?
Sustainability: will the benefits last?	
Partnerships: EQ 9. To what extent are the partners and direct collaborations able or likely to safeguard the achievements and ensure the continuation of activities after the end of the programme?	
27.	How well have partnerships and partnership working been leveraged to efficiently pursue aims and objectives, including CBA? (e.g.: with Camelu, with the inclusive education platform, with LFTW, with health zones etc) • To what extent have the strengths of the different partners been leveraged for the overall programme aims? • What has worked well? • What could have been done differently? • What has worked well with regards to ways of working and communicating with partners? • How were the partners involved in any programme review meetings, and during the inception phase?
28.	EQ11 Are the achievements of integrating eye care into primary and secondary care packages likely to be sustained (technically, financially and socially)? • How likely is it that sustainability will be achieved the intended medium/long term impact? • What is the likelihood of success / perceived confidence in sustainability of various components (technical, financial and social) • What are the factors supporting sustainability and the threats to sustainability?
29.	Have any advocacy gains been made to help ensure the improvements made by the programme are sustained? • Can you please provide some examples?

EQ12 Collaboration	
30.	Among the same beneficiaries, are there other actors whose interventions effectively contribute to the sustainability of the effects sought by the programme? • How collaboration with these other key actors has been promoted? • What has been working well, what could be improved? • How coordination of the program has been ensured from design, allowing synergy with other key programmes / actors?
SPECIFIC QUESTIONS- to be selected according to the structure interviewed	
31.	COSJ: How does the project to build an ophthalmology unit at St Joseph's Hospital in Kinshasa position itself in relation to the integration of eye care into the health system? • How does this contribute to improve access to eye care, including for the most vulnerable? • How does this contribute to improve integration of eye care into primary health package? • How does this contribute to strengthen integration of eye care into health system at secondary and tertiary levels? • Are the achievements of integrating eye care into primary and secondary care packages likely to be sustained? • Do you have any recommendations to improve its contributions toward integration of eye care into health system? COMM: How does the project to build an ophthalmology unit at the Mulami Muimpe hospital in Kananga compare with the integration of eye care into the healthcare system? • How does this contribute to improve access to eye care, including for the most vulnerable? • How does this contribute to improve integration of eye care into primary health package? • How does this contribute to strengthen integration of eye care into health system at secondary and tertiary levels? • Are the achievements of integrating eye care into primary and secondary care packages likely to be sustained? • Do you have any recommendations to improve its contributions toward integration of eye care into health system? COSY: How does the project to build a new ophthalmology clinic with sub-specialisations, Sainte Yvonne in Lubumbashi, compare with the integration of eye care into the healthcare system? How does this contribute to improve access to eye care, including for the most vulnerable? • How does this contribute to improve integration of eye care into primary health package? • How does this contribute to strengthen integration of eye care into health system at secondary and tertiary levels? • Are the achievements of integrating eye care into primary and secondary care packages likely to be sustained? • Do you have any recommendations to improve its contributions toward integration of eye care into health system?
CLOSING QUESTIONS	
32.	Is there anything else you wish to share about this project? Are there any lessons learnt or recommendations for improvements that you would like to share? Closing / thank you for time

6.A.2 KII guide: Eye health staff from partners clinics - DRC

Notes for the Facilitator

- This topic guide is to be used to facilitate KIIs with Eye Health staff from partners clinics in DRC
- Not all topics will be relevant to all informants. The modules and questions should be selected and tailored according to the person's involvement in the project and area of expertise.
- For some topics, informants may be asked to reflect on their own role in the project, and for others, they should be asked to comment on the roles of other actors, as appropriate.
- Although the questions are numbered, they may be asked in a different order, and topics that have already come up spontaneously in the interview may be skipped.
- Prompts are included in the guide to probe for more information around a topic. In addition, standard probes should be used to encourage respondents to elaborate ("can you tell me more about that?"), to ensure the person has nothing further to add on a topic ("anything else?"), and to probe for evidence (how do we know this?)
- Standard procedures for KII note-taking should be used.
- The discussion should be held in an appropriate environment that allows for privacy.
- All participants should read the information sheet and give written informed consent to participate.

Introduction of the interview to the informant

[Greetings, introduce self] Thank you for taking the time to speak with me today.

I am working on a project with Tropical Health, a consultancy firm.

We have been asked to conduct the Mid Term evaluation of the Inclusive Vision programme implemented in DRC, Rwanda and Tanzania by Light For The World and Rotary Clubs For Development (in DRC). Key focus of the MTE is on the integration of eye care into the health system in the DRC, Rwanda and Tanzania.

You have been identified as a key [partner/actor/stakeholder] in the project.

I would like to speak with you about your involvement in the project and ask your opinions about the programme's work in [country/region/district].

The purpose of this work is to assess how effective the programme has been and to understand what has and hasn't worked well.

The results of this evaluation will be shared with LFTW, RC4D staff and the donor to help improve programmes here and in other countries.

Our interview will take about 1 to 1.5 hour. During the interview I will take notes so I can remember what you said, and I will record our conversation.

I want to mention a few important points before we start:

- There are no "right" or "wrong" answers to any of the questions. We are interested in hearing your opinions, whatever they are.
- Your participation in this interview is voluntary. If you don't want to answer a question or need to stop the interview at any time, just say so.
- Whatever you tell me will be kept confidential. That means that it will be shared only with the members of the consultancy team conducting the evaluation. Any information we include in our report will not identify you.

Do you have any questions before we begin?

Can you please confirm that you received and reviewed the information and informed consent sheet?

>>> All respondents to sign information and informed consent sheet.

Now that I've told you about the topics we'll discuss and answered your questions, are you comfortable proceeding with the interview? Are you comfortable with me beginning the recording?

Interview and respondent information to be recorded

• Date of interview:
• Name:
• Organisation/Institution:
• Role in the organization and time in that role:
• Gender:
• Disability status:
• District:
• Facility name (if relevant):
• Length of interview (start/end time) • Start time: • End time:
• Location of interview:
• Any notes on interview context and other persons present:

Interview Guide

INTRODUCTORY QUESTION

- Please tell me briefly about your role and involvement with this programme.
 - How long have you been in your current position?

TOPIC AREAS – TO BE PRIORITIZED ACCORDING TO INFORMANT'S INVOLVEMENT AND EXPERTISE, AND, AS DATA COLLECTION PROGRESSES, AREAS REQUIRING FURTHER EXPLORATION

A.	ACCESS: EQ1. Given the integration of eye health within the country's health system, how have the two organisations and their programme partners contributed to improving access to eye care for the population?
Access, Gender equity and Inclusion, and Beneficiaries feedback	
	In your opinion, how successful has been the project in reaching women, girls, persons with disabilities or persons living in remote areas? • What do you think were the factors that contributed to this (success / weakness)? • What approaches have you used to ensure that women, girls, PWDs, persons living in remote areas with eye problems are identified? • Which approaches have been the most and least effective? How have you observed this?
2.	Who has benefited, who hasn't, from the intervention? • What has been done to reach those most in need and improve their access to eye care?
3.	What strategies/ interventions have been implemented to mitigate financial barriers to access eye care? • Can you provide some examples of interventions done at the different levels (community, primary, second level?) • What are the main challenges faced to mitigate financial barriers for patients to access eye cares? • What could be done to facilitate access for the most vulnerable?
4.	How beneficiaries' feedback has been taken into account, in order to improve access to eye care? • What has been learned from the patient feedback received? • What can be improved to ensure beneficiaries feedback is collected?
Supply: strengthening service delivery	
5.	What service delivery improvements have been made under this programme? (additional eye care services / specialized cares; reach/numbers served, accessibility, QoC, follow-up care, drug supply, DHIS) • Can you please provide some examples? • In your perspective, what additional improvements would be needed to continue contributing to integrate eye care into the health system?
6.	How is quality of care ensured under the project? • Are there any specific tools used to collect data on the quality of cares provided? • How do you monitor the quality of the cares you provide? • In your perspective, what could be improved to ensure quality of cares? (quality protocols, systematic monitoring of outcomes etc)
7.	How final disposal of health care waste is managed in your structure? (incinerator?) • In your perspective, is there something that could be improved to ensure health care waste management?
B.	CHANGES: EQ2 With regard to the integration of eye health into the country's health system, how have the two organisations and their joint programme partners contributed to the changes?
Integrate services into primary health care	
8.	What has been done under the programme to better integrate eye services into primary health care? • How has the programme contributed to reinforce community and primary care level interventions? • What are the successes and Lessons Learned (LL)?

	What are the main challenges faced?
9.	What else needs to be done to better integrate eye services into primary health care? What other activities or interventions would help to better integrate eye services into primary health care?
Strengthening eye care services	
10.	To what extent have ophthalmology services at different levels (provincial, zonal, community) been strengthened? - Can you please provide some examples? - What have been the key successes? - And the key challenges faced? - In your perspective, what additional intervention with regards to equipment, infrastructure, trainings... should be conducted to promote integration of eye care at provincial, zonal and community level?
EQ10 Capacity Building	
11.	Regarding capacity building in your structure: - How capacity building activities have been identified? - Is mentorship/ supportive supervision ensured in your structure? If so, how, and at which frequency? - What additional training do you think should be provided to contribute to better integration of eye care at provincial level?
12.	As a provincial referral structure, what capacity building, supervision and/ or mentorship activities targeting community/ primary level have been ensured (with the different health zones)? - What have been the main successes? - What have been the key challenges faced? Any lessons learnt? - What else could be done in terms of capacity building interventions to strengthen integration of eye care into community/ primary level?
Continuum of cares	
13.	How has the programme contributed to support the continuum of eye care? - How referral between the different levels is ensured? - How referral within a structure is ensured? (For example, from diabetes consultation to eye care services? Or from MCH to ophthalmology) - What are the successes and LL? - What are the challenges faced? Any Lessons learnt?
14.	How coordination with other health sectors (such as MCH, neonatology; chronic diseases) has been promoted to better integrate eye services into primary health care? - What are the successes and Lessons Learned (LL)? - What are the main challenges faced? - What else should be done to enhance coordination with these sectors?
Relevance	
15.	In your view, how well did the project objectives match the needs of the targeted populations? Was there anything that didn't fit well or that could have been done differently to match the needs of people in the targeted areas?

16.	How have the project activities aligned with the plans, policies, and commitments of national and regional/provincial government?
C: SCHOOL SCREENING: EQ 3, In what way and how do eye health activities in schools (school screening) contribute to strengthening the integrated health system at different levels?	
17.	To what extent do eye health activities in school contribute to community health promotion? - In your view, has there been any evidence of a change in demand for eye care services for the targeted populations? - How have you observed this?
18.	How well has the referral pathway from school activities to required eye care services been working? - What have been the key successes? - What can be improved? - What has been learned?
19.	Regarding coordination with inclusive education platform: - What have been the key successes? - What can be improved? - What has been learned?
D. OUTCOMES: EQ4. Have the expected results been achieved or not? Which ones? And why?	
20.	With regards to integration of eye care at the different level of the health system, what have been the main achievements of the programme so far? - How do we know this? - What have been the key successes? - What have been the main challenges faced? - What has been learned?
Impact	
21.	What contributions have the projects made towards the intended programme outcomes and impact? (<i>“More women, men, girls and boys, especially the most vulnerable, benefit from holistic support to access eye care and inclusive or vocational education in four provinces of the Congo”</i>) - Overall, what have been the main strengths or successes of the project? - What have been some of the main challenges or gaps faced in the programme? - How feasible was the project design and planned activities given the implementation context? - Is there anything, either positive or negative, that has been different from what was expected?
Sustainability: will the benefits last?	
Partnerships: EQ 9. To what extent are the partners and direct collaborations able or likely to safeguard the achievements and ensure the continuation of activities after the end of the programme?	
22.	How well have partnerships and partnership working been leveraged to efficiently pursue aims and objectives, including CBA? (e.g.: with Camelu, with the inclusive education platform, with LFTW, with health zones etc) - To what extent have the strengths of the different partners been leveraged for the overall programme aims? - What has worked well? - What could have been done differently? - What has worked well with regards to ways of working and communicating with partners? - How were the partners involved in any programme review meetings, and during the inception phase?
23.	EQ11 Are the achievements of integrating eye care into primary and secondary care packages likely to be sustained (technically, financially and socially)? How likely is it that sustainability will be achieved the intended medium/long term impact?

	- What is the likelihood of success / perceived confidence in sustainability of various components (technical, financial and social) - What are the factors supporting sustainability and the threats to sustainability?
SPECIFIC QUESTIONS- to be selected according to the structure interviewed	
24.	COSJ: How does the project to build an ophthalmology unit at St Joseph's Hospital in Kinshasa position itself in relation to the integration of eye care into the health system? - How does this contribute to improve access to eye care, including for the most vulnerable? - How does this contribute to improve integration of eye care into primary health package? - How does this contribute to strengthen integration of eye care into health system at secondary and tertiary levels? - Are the achievements of integrating eye care into primary and secondary care packages likely to be sustained? - Do you have any recommendations to improve its contributions toward integration of eye care into health system? COMM: How does the project to build an ophthalmology unit at the Mulami Muimpe hospital in Kananga compare with the integration of eye care into the healthcare system? - How does this contribute to improve access to eye care, including for the most vulnerable? - How does this contribute to improve integration of eye care into primary health package? - How does this contribute to strengthen integration of eye care into health system at secondary and tertiary levels? - Are the achievements of integrating eye care into primary and secondary care packages likely to be sustained? - Do you have any recommendations to improve its contributions toward integration of eye care into health system? COSY: How does the project to build a new ophthalmology clinic with sub-specialisations, Sainte Yvonne in Lubumbashi, compare with the integration of eye care into the healthcare system? How does this contribute to improve access to eye care, including for the most vulnerable? - How does this contribute to improve integration of eye care into primary health package? - How does this contribute to strengthen integration of eye care into health system at secondary and tertiary levels? - Are the achievements of integrating eye care into primary and secondary care packages likely to be sustained? - Do you have any recommendations to improve its contributions toward integration of eye care into health system?
	CLOSING QUESTIONS
25.	Is there anything else you wish to share about this project? Are there any lessons learnt or recommendations for improvements that you would like to share? Closing / thank you for time

6.A.3 KII guides: Provincial Health Division (DPS) -National Eye Health and Vision Program coordinator (PNSOV)- DRC

Notes for the Facilitator

- This topic guide is to be used to facilitate KIIs with DPS and PNSOV coordinators in DRC
- Not all topics will be relevant to all informants. The modules and questions should be selected and tailored according to the person's involvement in the project and area of expertise.
- For some topics, informants may be asked to reflect on their own role in the project, and for others, they should be asked to comment on the roles of other actors, as appropriate.
- Although the questions are numbered, they may be asked in a different order, and topics that have already come up spontaneously in the interview may be skipped.
- Prompts are included in the guide to probe for more information around a topic. In addition, standard probes should be used to encourage respondents to elaborate ("can you tell me more about that?"), to ensure the person has nothing further to add on a topic ("anything else?"), and to probe for evidence (how do we know this?)
- Standard procedures for KII note-taking should be used.
- The discussion should be held in an appropriate environment that allows for privacy.
- All participants should read the information sheet and give written informed consent to participate.

Introduction of the interview to the informant

[Greetings, introduce self] Thank you for taking the time to speak with me today.

I am working on a project with Tropical Health, a consultancy firm.

We have been asked to conduct the Mid Term evaluation of the Inclusive Vision programme implemented in DRC, Rwanda and Tanzania by Light For The World and Rotary Clubs For Development (in DRC). Key focus of the MTE is on the integration of eye care into the health system in the DRC, Rwanda and Tanzania.

You have been identified as a key [partner/actor/stakeholder] in the project.

I would like to speak with you about your involvement in the project and ask your opinions about the programme's work in [country/region/district].

The purpose of this work is to assess how effective the programme has been and to understand what has and hasn't worked well.

The results of this evaluation will be shared with LFTW, RC4D staff and the donor to help improve programmes here and in other countries.

Our interview will take about 1 hour. During the interview I will take notes so I can remember what you said and I will record our conversation.

I want to mention a few important points before we start:

- There are no "right" or "wrong" answers to any of the questions. We are interested in hearing your opinions, whatever they are.
- Your participation in this interview is voluntary. If you don't want to answer a question or need to stop the interview at any time, just say so.
- Whatever you tell me will be kept confidential. That means that it will be shared only with the members of the consultancy team conducting the evaluation. Any information we include in our report will not identify you.

Do you have any questions before we begin?

Can you please confirm that you received and reviewed the information and informed consent sheet?

>>> All respondents to sign information and informed consent sheet.

Now that I've told you about the topics we'll discuss and answered your questions, are you comfortable proceeding with the interview? Are you comfortable with me beginning the recording?

Interview and respondent information to be recorded

• Date of interview:
• Name:
• Organisation/Institution:
• Role in the organization and time in that role:
• Gender:
• Disability status:
• District:
• Facility name (if relevant):
• Length of interview (start/end time)
• Start time: • End time:
• Location of interview:
• Any notes on interview context and other persons present:

Interview Guide

INTRODUCTORY QUESTION

- Please tell me briefly about your role and involvement with this programme.
 - How long have you been in your current position?

TOPIC AREAS – TO BE PRIORITIZED ACCORDING TO INFORMANT'S INVOLVEMENT AND EXPERTISE, AND, AS DATA COLLECTION PROGRESSES, AREAS REQUIRING FURTHER EXPLORATION

A.	ACCESS: EQ1. Given the integration of eye health within the country's health system, how have the two organisations and their programme partners contributed to improving access to eye care for the population?
Access, Gender equity and Inclusion, and Beneficiaries feedback	
	In your opinion, how successful has been the project in reaching women, girls, persons with disabilities or persons living in remote areas? • In your experience, what have been the most effective approaches to ensure that women, girls, PWDs, persons living in remote areas with eye problems are identified and managed? • What are the main barriers faced by women, girls, PWDs, persons living in remote areas to access services?
2.	What strategies/ interventions have been implemented to mitigate financial barriers to access eye care? • Can you provide some examples of interventions done at the different levels (community, primary, second and tertiary level?) • What have been the main successes of the approach (es) implemented? (e.g. of approaches: creation of VIP services, contract with local companies; to contribute to finance outreaches or support implementation of "robin des bois" approach; working with mutuelles) • What are the main challenges faced to mitigate financial barriers for patients to access eye cares? • What could be done to facilitate access for the most vulnerable?
Supply: strengthening service delivery	

3.	What service delivery improvements do you think the programme has contributed to ensure? (additional eye care services / specialized cares; reach/numbers served, accessibility, QoC, follow-up care, drug supply, DHIS) • Can you please provide some examples? • What is the magnitude of improvement? • In your perspective, what additional improvement will be needed to continue contributing to integrate eye care into the health system?
B.	CHANGES: EQ2 With regard to the integration of eye health into the country's health system, how have the two organisations and their joint programme partners contributed to the changes?
	Definition of integration <i>To achieve a robust health care system that includes eye care, eye care should be integrated within the existing health care policies and system at all levels. This means that eye care needs to be delivered in homes, schools, and other community settings; and integrated with inpatient and outpatient settings at the secondary and tertiary levels. To address many of the challenges faced in the field of eye care – including inequities in access and lack of integration within the health system – eye care needs to be an integral part of universal health coverage (UHC) We feel integration in the true sense is to prevent eye care from functioning in a silo and making it relevant to the broader goals of healthcare.</i> (WHO)
4.	In your opinion, what should be the different areas of focus for eye health interventions, to contribute to a better integration of eye care within the health system? • What are the main policies that supports integration at primary secondary and tertiary levels? (e.g.: national health strategic plans integrating eye care, list of essential eye care medicine included, eye care specific intervention included in UHC strategies..) please provide examples • What are the main barriers, challenges, to integrate eye care within the health system? • What additional activities/ interventions would you recommend promoting better integration?
Integrate services into primary health care	
5	What has been done under the programme to better integrate eye services into primary health care? • How has the programme contributed to reinforce community and primary care level interventions?
6.	What else needs to be done to better integrate eye services into primary health care? • Who needs to be more involved to achieve this? • What other activities or interventions would help to better integrate eye services into primary health care?
Strengthening eye care services	
7	Under the programme, to what extent have ophthalmology services at different levels (provincial, zonal, community) been strengthened? • Can you please provide some examples? • In your perspective, what additional intervention with regards to equipment, infrastructure, trainings... should be conducted to promote integration of eye care at provincial, zonal and community level?
Continuum of cares	
8	How has the programme contributed to support the continuum of eye care? • How referral between the different levels is ensured? • How referral within a structure is ensured? (For example, from diabetes consultation to eye care services? Or from MCH to ophthalmology) • What are the challenges faced? Any Lessons learnt?
9.	How coordination with other health sectors (such as MCH, neonatology; chronic diseases) has been promoted to better integrate eye services into primary health care? • What are the successes and Lessons Learned (LL)?

	- What are the main challenges faced? - What else should be done to enhance coordination with these sectors?
Relevance	
10.	In your view, how well did the project objectives match the needs of the targeted populations? Was there anything that didn't fit well or that could have been done differently to match the needs of people in the targeted areas?
11.	How have the project activities aligned with the plans, policies, and commitments of national and regional / provincial government?
C: SCHOOL SCREENING: EQ 3, In what way and how do eye health activities in schools (school screening) contribute to strengthening the integrated health system at different levels?	
12.	How well has the referral pathway from school activities to required eye care services been working? - What have been the key successes? - What can be improved? - What has been learned?
13.	Regarding coordination with inclusive education platform: - What have been the key successes? - What can be improved? - What has been learned?
D. OUTCOMES: EQ4. Have the expected results been achieved or not? Which ones? And why?	
14.	With regards to integration of eye care at the different level of the health system, what have been the main achievements of the programme so far? How do we know this?
15.	To what extent have synergies between the different components/outcomes of the project enhanced the overall outcomes - Supporting community IGA and mutuelle to improve access to eye care - Providing support to the health zones to contribute to integrate eye care into primary health package? - Working with the inclusive education platform
Impact	
16.	What contributions have the projects made towards the intended programme outcomes and impact? (<i>"More women, men, girls and boys, especially the most vulnerable, benefit from holistic support to access eye care and inclusive or vocational education in four provinces of the Congo"</i>) - Overall, what have been the main strengths or successes of the project? - What have been some of the main challenges or gaps faced in the programme? - Is there anything, either positive or negative, that has been different from what was expected?
Sustainability: will the benefits last?	
17.	EQ11 Are the achievements of integrating eye care into primary and secondary care packages likely to be sustained (technically, financially and socially)? - How likely is it that sustainability will be achieved the intended medium/long term impact? - What is the likelihood of success / perceived confidence in sustainability of various components (technical, financial and social) - What are the factors supporting sustainability and the threats to sustainability?
18.	Have any advocacy gains been made to help ensure the improvements made by the programme are sustained? Can you please provide some examples?
SPECIFIC QUESTIONS- to be selected according to area	
19.	COSJ: How does the project to build an ophthalmology unit at St Joseph's Hospital in Kinshasa position itself in relation to the integration of eye care into the health system? - How does this contribute to improve access to eye care, including for the most vulnerable? - How does this contribute to improve integration of eye care into primary health package?

	• How does this contribute to strengthen integration of eye care into health system at secondary and tertiary levels? • Are the achievements of integrating eye care into primary and secondary care packages likely to be sustained? • Do you have any recommendations to improve its contributions toward integration of eye care into health system?
	COMM: How does the project to build an ophthalmology unit at the Mulami Muimpe hospital in Kananga compare with the integration of eye care into the healthcare system? • How does this contribute to improve access to eye care, including for the most vulnerable? • How does this contribute to improve integration of eye care into primary health package? • How does this contribute to strengthen integration of eye care into health system at secondary and tertiary levels? • Are the achievements of integrating eye care into primary and secondary care packages likely to be sustained? • Do you have any recommendations to improve its contributions toward integration of eye care into health system?
	COSY: How does the project to build a new ophthalmology clinic with sub-specialisations, Sainte Yvonne in Lubumbashi, compare with the integration of eye care into the healthcare system? How does this contribute to improve access to eye care, including for the most vulnerable? • How does this contribute to improve integration of eye care into primary health package? • How does this contribute to strengthen integration of eye care into health system at secondary and tertiary levels? • Are the achievements of integrating eye care into primary and secondary care packages likely to be sustained? • Do you have any recommendations to improve its contributions toward integration of eye care into health system?
	CLOSING QUESTIONS
20.	Is there anything else you wish to share about this project? Are there any lessons learnt or recommendations for improvements that you would like to share? Closing / thank you for time

6.A.4 KII guides: Centrale d'Achat des Médicaments de Lubumbashi (CAMELU) - DRC

Notes for the Facilitator

- This topic guide is to be used to facilitate KIIs with Managerial and leadership staff from CAMELU in DRC
- Not all topics will be relevant to all informants. The modules and questions should be selected and tailored according to the person's involvement in the project and area of expertise.
- For some topics, informants may be asked to reflect on their own role in the project, and for others, they should be asked to comment on the roles of other actors, as appropriate.
- Although the questions are numbered, they may be asked in a different order, and topics that have already come up spontaneously in the interview may be skipped.
- Prompts are included in the guide to probe for more information around a topic. In addition, standard probes should be used to encourage respondents to elaborate ("can you tell me more about that?"), to ensure the person has nothing further to add on a topic ("anything else?"), and to probe for evidence (how do we know this?)
- Standard procedures for KII note-taking should be used.
- The discussion should be held in an appropriate environment that allows for privacy.
- All participants should read the information sheet and give written informed consent to participate.

Introduction of the interview to the informant

[Greetings, introduce self] Thank you for taking the time to speak with me today.

I am working on a project with Tropical Health, a consultancy firm.

We have been asked to conduct the Mid Term evaluation of the Inclusive Vision programme implemented in DRC, Rwanda and Tanzania by Light For The World and Rotary Clubs For Development (in DRC). Key focus of the MTE is on the integration of eye care into the health system in the DRC, Rwanda and Tanzania.

You have been identified as a key [partner/actor/stakeholder] in the project.

I would like to speak with you about your involvement in the project and ask your opinions about the programme's work in [country/region/district].

The purpose of this work is to assess how effective the programme has been and to understand what has and hasn't worked well.

The results of this evaluation will be shared with LFTW, RC4D staff and the donor to help improve programmes here and in other countries.

Our interview will take about 1 hour. During the interview I will take notes so I can remember what you said, and I will record our conversation.

I want to mention a few important points before we start:

- There are no "right" or "wrong" answers to any of the questions. We are interested in hearing your opinions, whatever they are.
- Your participation in this interview is voluntary. If you don't want to answer a question or need to stop the interview at any time, just say so.
- Whatever you tell me will be kept confidential. That means that it will be shared only with the members of the consultancy team conducting the evaluation. Any information we include in our report will not identify you.

Do you have any questions before we begin?

Can you please confirm that you received and reviewed the information and informed consent sheet?

>>> All respondents to sign information and informed consent sheet.

Now that I've told you about the topics we'll discuss and answered your questions, are you comfortable proceeding with the interview? Are you comfortable with me beginning the recording?

Interview and respondent information to be recorded

• Date of interview:
• Name:
• Organisation/Institution:
• Role in the organization and time in that role:
• Gender:
• Disability status:
• District:
• Facility name (if relevant):
• Length of interview (start/end time)
• Start time:
• End time:
• Location of interview:
• Any notes on interview context and other persons present:

Interview Guide

INTRODUCTORY QUESTION

- Please tell me briefly about your role and involvement with this programme.
 - How long have you been in your current position?

TOPIC AREAS – TO BE PRIORITIZED ACCORDING TO INFORMANT'S INVOLVEMENT AND EXPERTISE, AND, AS DATA COLLECTION PROGRESSES, AREAS REQUIRING FURTHER EXPLORATION

A.	Background information
Development of CAMELU <i>Dans le cadre de mise en œuvre de l'accord de partenariat LpIM-Camelu d'approvisionnement des centres des soins oculaires cible de Vision Inclusive la Centrale d'Achat des Médicaments de Lubumbashi (CAMELU) a effectué sa première livraison en 2023 avec une bonne satisfaction structures cibles</i>	
	Can you please provide some details on the process/ key steps implemented, from the identification of needs to the first delivery of medicines in 2023? • What have been the key successes? • What have been the key challenges? • What would you have done differently? • Any lessons learnt?
Supply: strengthening service delivery	
2.	From your perspectives, what are the main improvements/ added values regarding drug supply and its impact on service delivery gained with the CAMELU? • Can you please provide some examples? • In your perspective, what additional improvement would be needed to continue contributing to integrate eye care into the health system?
B.	CHANGES: EQ2 With regard to the integration of eye health into the country's health system, how have the two organisations and their joint programme partners contributed to the changes?
Relevance	
3.	In your view, how well did the project objectives match the needs of the targeted health infrastructures? • Was there anything that didn't fit well or that could have been done differently to match their needs?

	- What have been the main challenges? (e.g./ conflict of calendars, respects of procedures etc) - Any lessons learnt?
4.	How have the project activities aligned with plans, policies, and commitments of national and regional government? Are eye health medicines including in national list of essential medicines?
D. OUTCOMES: EQ4. Have the expected results been achieved or not? Which ones? And why?	
5.	With regards to integration of eye care at the different level of the health system, what have been the main contributions of this partnership between LFTW- CAMELU- partners clinics. How do we know this? - What have been the key successes? - What have been the main challenges faced? - What has been learned?
Sustainability: will the benefits last?	
Partnerships: EQ 9. To what extent are the partners and direct collaborations able or likely to safeguard the achievements and ensure the continuation of activities after the end of the programme?	
6.	How well have partnerships and partnership working been leveraged to efficiently pursue aims and objectives, including CBA? (e.g.: with Camelu, with LFTW, with partners clinics, health zones etc) - To what extent have the strengths of the different partners been leveraged for the overall programme aims? - What has worked well? - What could have been done differently? - What has worked well with regards to ways of working and communicating with partners? - How were the partners involved in any programme review meetings, and during the inception phase?
7.	EQ11 Are the functioning of CAMELU likely to be sustained (technically, financially and socially)? - How likely is it that sustainability will be achieved the intended medium/long term impact? - What are the factors supporting sustainability and the threats to sustainability?
8.	Have any advocacy gains been made to help ensure the improvements made by the programme are sustained? Can you please provide some examples?
CLOSING QUESTIONS	
9.	Is there anything else you wish to share about this project? Are there any lessons learnt or recommendations for improvements that you would like to share? Closing / thank you for time

6.A.5 KII guides: National Inclusive Education Unit, Ministry of Primary, Secondary and Vocational Education; Haut-Katanga Educational Province; inclusive education platform- DRC

Notes for the Facilitator

- This topic guide is to be used to facilitate KIIs with National Inclusive Education Unit, Ministry of Primary, Secondary and Vocational Education; Haut-Katanga Educational Province; inclusive education platform in DRC
- Not all topics will be relevant to all informants. The modules and questions should be selected and tailored according to the person's involvement in the project and area of expertise.
- For some topics, informants may be asked to reflect on their own role in the project, and for others, they should be asked to comment on the roles of other actors, as appropriate.
- Although the questions are numbered, they may be asked in a different order, and topics that have already come up spontaneously in the interview may be skipped.
- Prompts are included in the guide to probe for more information around a topic. In addition, standard probes should be used to encourage respondents to elaborate ("can you tell me more about that?"), to ensure the person has nothing further to add on a topic ("anything else?"), and to probe for evidence (how do we know this?)
- Standard procedures for KII note-taking should be used.
- The discussion should be held in an appropriate environment that allows for privacy.
- All participants should read the information sheet and give written informed consent to participate.

Introduction of the interview to the informant

[Greetings, introduce self] Thank you for taking the time to speak with me today.

I am working on a project with Tropical Health, a consultancy firm.

We have been asked to conduct the Mid Term evaluation of the Inclusive Vision programme implemented in DRC, Rwanda and Tanzania by Light For The World and Rotary Club For Development (in DRC). Key focus of the MTE is on the integration of eye care into the health system in the DRC, Rwanda and Tanzania.

You have been identified as a key [partner/actor/stakeholder] in the project.

I would like to speak with you about your involvement in the project and ask your opinions about the programme's work in [country/region/district].

The purpose of this work is to assess how effective the programme has been and to understand what has and hasn't worked well.

The results of this evaluation will be shared with LFTW, RC4D staff and the donor to help improve programmes here and in other countries.

Our interview will take about 1 hour. During the interview I will take notes so I can remember what you said, and I will record our conversation.

I want to mention a few important points before we start:

- There are no "right" or "wrong" answers to any of the questions. We are interested in hearing your opinions, whatever they are.
- Your participation in this interview is voluntary. If you don't want to answer a question or need to stop the interview at any time, just say so.
- Whatever you tell me will be kept confidential. That means that it will be shared only with the members of the consultancy team conducting the evaluation. Any information we include in our report will not identify you.

Do you have any questions before we begin?

Can you please confirm that you received and reviewed the information and informed consent sheet?

>>> All respondents to sign information and informed consent sheet.

Now that I've told you about the topics we'll discuss and answered your questions, are you comfortable proceeding with the interview? Are you comfortable with me beginning the recording?

Interview and respondent information to be recorded

• Date of interview:
• Name:
• Organisation/Institution:
• Role in the organization and time in that role:
• Gender:
• Disability status:
• District:
• Facility name (if relevant):
• Length of interview (start/end time)
• Start time:
• End time:
• Location of interview:
• Any notes on interview context and other persons present:

Interview Guide

INTRODUCTORY QUESTION

- Please tell me briefly about your role and involvement with this programme.
 - How long have you been in your current position?

TOPIC AREAS – TO BE PRIORITIZED ACCORDING TO INFORMANT'S INVOLVEMENT AND EXPERTISE, AND, AS DATA COLLECTION PROGRESSES, AREAS REQUIRING FURTHER EXPLORATION

A.	ACCESS: EQ1. Given the integration of eye health within the country's health system, how have the two organisations and their programme partners contributed to improving access to eye care for the population?
Access, Gender equity and Inclusion, and Beneficiaries feedback	
1.	In your opinion, how successful has been the project in reaching girls, children with disabilities or children living in remote areas? • In your experience, what have been the most effective approaches to ensure that girls, children with disabilities or children living in remote areas with eye problems are identified and managed? • What are the main barriers faced by girls, children with disabilities or children living in remote areas to access eye care services?
B.	CHANGES: EQ2 With regard to the integration of eye health into the country's health system, how have the two organisations and their joint programme partners contributed to the changes?
	Definition of integration <i>To achieve a robust health care system that includes eye care, eye care should be integrated within the existing health care policies and system at all levels. This means that eye care needs to be delivered in homes, schools, and other community settings; and integrated with inpatient and outpatient settings at the secondary and tertiary levels. To address many of the challenges faced in the field of eye care – including inequities in access and lack of integration within the health system – eye care needs to be an integral part of universal health coverage (UHC)</i>

	<i>We feel integration in the true sense is to prevent eye care from functioning in a silo and making it relevant to the broader goals of healthcare.</i> (WHO)
2.	In your opinion, how coordination between education and eye health has contributed to a better integration of eye care within the health system? - What are the main policies that supports integration at community level (school screening) (e.g.: national education strategic plans; eye care specific intervention included in UHC strategies..) please provide examples - What are the main barriers, challenges, to integrate eye care screening within education system? - What additional activities/ interventions would you recommend promoting better integration?
Integrate services into primary health care	
3	What has been done under the programme to better integrate eye services into community health? How has the programme contributed to reinforce community care level interventions?
4.	What else needs to be done to better integrate eye services into community/ primary health care? - Who needs to be more involved to achieve this? - What other activities or interventions would help to better integrate eye services into community/primary health care?
Relevance	
5.	In your view, how well did the project objectives match the needs of the targeted populations? Was there anything that didn't fit well or that could have been done differently to match the needs of people in the targeted areas?
6	How have the project activities aligned with the plans, policies, and commitments of national and regional / provincial government?
C: SCHOOL SCREENING: EQ 3, In what way and how do eye health activities in schools (school screening) contribute to strengthening the integrated health system at different levels?	
7.	How well has the referral pathway from school screening to required eye care services been working? - What have been the key successes? - What can be improved? - What has been learned? - What other activities or changes would you recommend optimizing results?
8	Regarding coordination with the school educational teams: - What have been the key successes? - What can be improved? - What has been learned? - What other activities or changes would you recommend optimizing results?
9	Regarding coordination with the families/ communities - What have been the key successes? - What can be improved? - What has been learned? - What other activities or changes would you recommend optimizing results?
10.	Regarding coordination with inclusive education platform:

	• What have been the key successes? • What can be improved? • What has been learned? • What other activities or changes would you recommend optimizing results?
11	To what extent do eye health activities in school contribute to community health promotion? • In your view, has there been any evidence of a change in demand for eye care services for the targeted populations? • How have you observed this?
D. OUTCOMES: EQ4. Have the expected results been achieved or not? Which ones? And why?	
12.	To what extent have synergies between the different components/outcomes of the project enhanced the overall outcomes • Providing support to the health zones to contribute to integrate eye care into primary health package • Working with the inclusive education platform
Impact	
13.	What contributions have the projects made towards the intended programme outcomes and impact? (<i>“More women, men, girls and boys, especially the most vulnerable, benefit from holistic support to access eye care and inclusive or vocational education in four provinces of the Congo”</i>) • Overall, what have been the main strengths or successes of the project? • What have been some of the main challenges or gaps faced in the programme? • Is there anything, either positive or negative, that has been different from what was expected?
Sustainability: will the benefits last?	
14.	EQ11 Are the achievements of integrating eye care into community and primary care packages likely to be sustained (technically, financially and socially)? • How likely is it that sustainability will be achieved the intended medium/long term impact? • What is the likelihood of success / perceived confidence in sustainability of various components (technical, financial and social) • What are the factors supporting sustainability and the threats to sustainability?
15.	Have any advocacy gains been made to help ensure the improvements made by the programme are sustained? • Can you please provide some examples?
16	How well have partnerships and partnership working been leveraged to efficiently pursue aims and objectives, including CBA? (e.g.: with the inclusive education platform, with LFTW, with health zones, with targeted schools etc) • To what extent have the strengths of the different partners been leveraged for the overall programme aims? • What has worked well? • What could have been done differently? • What has worked well with regards to ways of working and communicating with partners? • How were the partners involved in any programme review meetings, and during the inception phase?

	CLOSING QUESTIONS
17.	Is there anything else you wish to share about this project? Are there any lessons learnt or recommendations for improvements that you would like to share? Closing / thank you for time

6.A.6 KII guides Mainstreaming and socio economic/ vocational education partners (targeted schools, Don Bosco, Lisanga, ORPER)- DRC

Notes for the Facilitator

- This topic guide is to be used to facilitate KIIs with Mainstreaming and vocational education partners in DRC
- Not all topics will be relevant to all informants. The modules and questions should be selected and tailored according to the person's involvement in the project and area of expertise.
- For some topics, informants may be asked to reflect on their own role in the project, and for others, they should be asked to comment on the roles of other actors, as appropriate.
- Although the questions are numbered, they may be asked in a different order, and topics that have already come up spontaneously in the interview may be skipped.
- Prompts are included in the guide to probe for more information around a topic. In addition, standard probes should be used to encourage respondents to elaborate ("can you tell me more about that?"), to ensure the person has nothing further to add on a topic ("anything else?"), and to probe for evidence (how do we know this?)
- Standard procedures for KII note-taking should be used.
- The discussion should be held in an appropriate environment that allows for privacy.
- All participants should read the information sheet and give written informed consent to participate.

Introduction of the interview to the informant

[Greetings, introduce self] Thank you for taking the time to speak with me today.

I am working on a project with Tropical Health, a consultancy firm.

We have been asked to conduct the Mid Term evaluation of the Inclusive Vision programme implemented in DRC, Rwanda and Tanzania by Light For The World and Rotary Club For Development (in DRC). Key focus of the MTE is on the integration of eye care into the health system in the DRC, Rwanda and Tanzania.

You have been identified as a key [partner/actor/stakeholder] in the project.

I would like to speak with you about your involvement in the project and ask your opinions about the programme's work in [country/region/district].

The purpose of this work is to assess how effective the programme has been and to understand what has and hasn't worked well.

The results of this evaluation will be shared with LFTW, RC4D staff and the donor to help improve programmes here and in other countries.

Our interview will take about 1 hour. During the interview I will take notes so I can remember what you said, and I will record our conversation.

I want to mention a few important points before we start:

- There are no "right" or "wrong" answers to any of the questions. We are interested in hearing your opinions, whatever they are.
- Your participation in this interview is voluntary. If you don't want to answer a question or need to stop the interview at any time, just say so.
- Whatever you tell me will be kept confidential. That means that it will be shared only with the members of the consultancy team conducting the evaluation. Any information we include in our report will not identify you.

Do you have any questions before we begin?

Can you please confirm that you received and reviewed the information and informed consent sheet?

>>> All respondents to sign information and informed consent sheet.

Now that I've told you about the topics we'll discuss and answered your questions, are you comfortable proceeding with the interview? Are you comfortable with me beginning the recording?

Interview and respondent information to be recorded

• Date of interview:
• Name:
• Organisation/Institution:
• Role in the organization and time in that role:
• Gender:
• Disability status:
• District:
• Facility name (if relevant):
• Length of interview (start/end time)
• Start time:
• End time:
• Location of interview:
• Any notes on interview context and other persons present:

Interview Guide

INTRODUCTORY QUESTION

- Please tell me briefly about your role and involvement with this programme.
 - How long have you been in your current position?

TOPIC AREAS – TO BE PRIORITIZED ACCORDING TO INFORMANT'S INVOLVEMENT AND EXPERTISE, AND, AS DATA COLLECTION PROGRESSES, AREAS REQUIRING FURTHER EXPLORATION

A.	ACCESS: EQ1. Given the integration of eye health within the country's health system, how have the two organisations and their programme partners contributed to improving access to eye care for the population?
Access, Gender equity and Inclusion, and Beneficiaries feedback	
1.	In your opinion, how successful has been the project in reaching girls, children with disabilities children living in remote areas or vulnerable children? • In your experience, what have been the most effective approaches to ensure that girls, children with disabilities, children living in remote areas or vulnerable children with eye problems are identified and managed? • What are the main barriers faced by girls, children with disabilities, children living in remote areas or vulnerable children to access eye care services?
B.	CHANGES: EQ2 With regard to the integration of eye health into the country's health system, how have the two organisations and their joint programme partners contributed to the changes?
	Definition of integration <i>To achieve a robust health care system that includes eye care, eye care should be integrated within the existing health care policies and system at all levels. This means that eye care needs to be delivered in homes, schools, and other community settings; and integrated with inpatient and outpatient settings at the secondary and tertiary levels. To address many of the challenges faced in the field of eye care – including inequities in access and lack of integration within the health system – eye care needs to be an integral part of universal health coverage (UHC)</i> <i>We feel integration in the true sense is to prevent eye care from functioning in a silo and making it relevant to the broader goals of healthcare.</i>

	(WHO)
2.	In your opinion, how coordination between education (vocational or mainstreaming) and eye health has contributed to a better integration of eye care within the health system? - What are the main policies that supports integration at community level (school screening) (e.g.: national education strategic plans; eye care specific intervention included in UHC strategies..) please provide examples - What are the main barriers, challenges, to integrate eye care screening within education system? - What additional activities/ interventions would you recommend promoting better integration?
Integrate services into primary health care	
3	What has been done under the programme to better integrate eye services at school or in socio economic/vocational training structures? How has the programme contributed to reinforce community health care level interventions?
4.	What else needs to be done to better integrate eye services into community / primary health care? - Who needs to be more involved to achieve this? - What other activities or interventions would help to better integrate eye services into community/primary health care?
Relevance	
5.	In your view, how well did the project objectives match the needs of the targeted populations? Was there anything that didn't fit well or that could have been done differently to match the needs of people in the targeted areas?
6	How have the project activities aligned with the plans, policies, and commitments of national and regional / provincial government?
C: SCHOOL SCREENING: EQ 3, In what way and how do eye health activities in schools (school screening) contribute to strengthening the integrated health system at different levels?	
<i>Questions from 7 to 11 to be asked only to targeted mainstream schools</i>	
7.	How well has the referral pathway from school screening to required eye care services been working? - What have been the key successes? - What can be improved? - What has been learned? - What other activities or changes would you recommend optimizing results?
8	Regarding coordination between partner clinic and school teams: - What have been the key successes? - What can be improved? - What has been learned? - What other activities or changes would you recommend optimizing results?
9	Regarding communication with the families/ communities - What have been the key successes? - What can be improved? - What has been learned? - What other activities or changes would you recommend optimizing results?

10.	Regarding coordination with inclusive education platform: • What have been the key successes? • What can be improved? • What has been learned? • What other activities or changes would you recommend optimizing results?
11	From your perspective to what extent do eye health activities in school contribute to community health promotion? • In your view, has there been any evidence of a change in demand for eye care services for the targeted populations? • How have you observed this?
Questions from 7a to 11a to be asked only to socio educative, vocational training partners	
7a	Under the programme, what have been the activities conducted in your structure to improve access to eye health for children/ youths?
8.a	How well has the referral pathway from eye health screening to required eye care services been working? • What have been the key successes? • What can be improved? • What has been learned? • What other activities or changes would you recommend optimizing results?
9a	Regarding coordination between eye health clinics/ LFTW and your teams: • What have been the key successes? • What can be improved? • What has been learned? • What other activities or changes would you recommend optimizing results?
10.a	Regarding coordination with inclusive education platform: • What have been the key successes? • What can be improved? • What has been learned? • What other activities or changes would you recommend optimizing results?
11a	From your perspective to what extent do eye health activities in socio economic/ vocational training structures contribute to community health promotion? • In your view, has there been any evidence of a change in demand for eye care services for the targeted populations? • How have you observed this?
D. OUTCOMES: EQ4. Have the expected results been achieved or not? Which ones? And why?	
12.	To what extent have synergies between the different components/outcomes of the project enhanced the overall outcomes • Collaboration with eye health clinics/ health zones? • Working with the inclusive education platform?
Impact	

13.	What contributions have the projects made towards the intended programme outcomes and impact? (<i>“More women, men, girls and boys, especially the most vulnerable, benefit from holistic support to access eye care and inclusive or vocational education in four provinces of the Congo”</i>) • Overall, what have been the main strengths or successes of the project? • What have been some of the main challenges or gaps faced in the programme? • Is there anything, either positive or negative, that has been different from what was expected?
Sustainability: will the benefits last?	
14.	EQ11 Are the achievements of integrating eye care into community and primary care packages likely to be sustained (technically, financially and socially)? • How likely is it that sustainability will be achieved the intended medium/long term impact? • What is the likelihood of success / perceived confidence in sustainability of various components (technical, financial and social) • What are the factors supporting sustainability and the threats to sustainability?
15.	Have any advocacy gains been made to help ensure the improvements made by the programme are sustained? • Can you please provide some examples?
16	How well have partnerships and partnership working been leveraged to efficiently pursue aims and objectives? (e.g.: with the inclusive education platform, with LFTW, with health zones, with partners clinics) • What has worked well? • What could have been done differently?
CLOSING QUESTIONS	
17.	Is there anything else you wish to share about this project? Are there any lessons learnt or recommendations for improvements that you would like to share? Closing / thank you for time

6.A.7 KII guides: LFTW and RC4D - DRC

Notes for the Facilitator

- This topic guide is to be used to facilitate KIIs with LFTW and RC4D programme staff in DRC
- Not all topics will be relevant to all informants. The modules and questions should be selected and tailored according to the person's involvement in the project and area of expertise.
- For some topics, informants may be asked to reflect on their own role in the project, and for others, they should be asked to comment on the roles of other actors, as appropriate.
- Although the questions are numbered, they may be asked in a different order, and topics that have already come up spontaneously in the interview may be skipped.
- Prompts are included in the guide to probe for more information around a topic. In addition, standard probes should be used to encourage respondents to elaborate ("can you tell me more about that?"), to ensure the person has nothing further to add on a topic ("anything else?"), and to probe for evidence (how do we know this?)
- Standard procedures for KII note-taking should be used.
- The discussion should be held in an appropriate environment that allows for privacy.
- All participants should read the information sheet and give written informed consent to participate.

Introduction of the interview to the informant

[Greetings, introduce self] Thank you for taking the time to speak with me today.

I am working on a project with Tropical Health, a consultancy firm.

We have been asked to conduct the Mid Term evaluation of the Inclusive Vision programme implemented in DRC, Rwanda and Tanzania by Light For The World and Rotary Club For Development (in DRC). Key focus of the MTE is on the integration of eye care into the health system in the DRC, Rwanda and Tanzania.

You have been identified as a key [partner/actor/stakeholder] in the project.

I would like to speak with you about your involvement in the project and ask your opinions about the programme's work in [country/region/district].

The purpose of this work is to assess how effective the programme has been and to understand what has and hasn't worked well.

The results of this evaluation will be shared with LFTW, RC4D staff and the donor to help improve programmes here and in other countries.

Our interview will take about 1 to 1.5 hour. During the interview I will take notes so I can remember what you said, and I will record our conversation.

I want to mention a few important points before we start:

- There are no "right" or "wrong" answers to any of the questions. We are interested in hearing your opinions, whatever they are.
- Your participation in this interview is voluntary. If you don't want to answer a question or need to stop the interview at any time, just say so.
- Whatever you tell me will be kept confidential. That means that it will be shared only with the members of the consultancy team conducting the evaluation. Any information we include in our report will not identify you.

Do you have any questions before we begin?

Can you please confirm that you received and reviewed the information and informed consent sheet?

>>> **All respondents to sign information and informed consent sheet.**

Now that I've told you about the topics we'll discuss and answered your questions, are you comfortable proceeding with the interview? Are you comfortable with me beginning the recording?

Interview and respondent information to be recorded

• Date of interview:
• Name:
• Organisation/Institution:
• Role in the organization and time in that role:
• Gender:
• Disability status:
• District:
• Facility name (if relevant):
• Length of interview (start/end time)
• Start time:
• End time:
• Location of interview:
• Any notes on interview context and other persons present:

Interview Guide

INTRODUCTORY QUESTION

- Please tell me briefly about your role and involvement with this programme.
 - How long have you been in your current position?

TOPIC AREAS – TO BE PRIORITIZED ACCORDING TO INFORMANT'S INVOLVEMENT AND EXPERTISE, AND, AS DATA COLLECTION PROGRESSES, AREAS REQUIRING FURTHER EXPLORATION

A.	ACCESS: EQ1. Given the integration of eye health within the country's health system, how have the two organisations and their programme partners contributed to improving access to eye care for the population?
Access, Gender equity and Inclusion, and Beneficiaries feedback	
33.	In your opinion, how successful has been the project in reaching women, girls, persons with disabilities or persons living in remote areas? • What do you think were the factors that contributed to this (success / weakness)? • What approaches have been used to ensure that women, girls, PWDs, persons living in remote areas with eye problems are identified? • Which approaches have been the most and least effective? How have you observed this?
34.	Who has benefited, who hasn't, from the intervention? • What has been done to reach those most in need and improve their access to eye care?
35.	What strategies/ interventions have been implemented to mitigate financial barriers to access eye care? • Can you provide some examples of interventions done at the different levels (community, primary, second and tertiary level?) • What have been the main successes of the approach implemented? (e.g. of approaches: creation of VIP services, contract with local companies; to contribute to finance outreaches or support implementation of "robin des bois" approach; working with mutuelles) • What are the main challenges faced to mitigate financial barriers for patients to access eye cares? • What could be done to facilitate access for the most vulnerable?

36.	How beneficiaries' feedback has been taken into account, in order to improve access to eye care? - What has the programme done to strengthen the ways hospital partners and health facilities collect feedback from patients? - What has been learned from the patient feedback received?
Supply: strengthening service delivery	
37.	What service delivery improvements have been made under this programme? (additional eye care services / specialized cares; reach/numbers served, accessibility, QoC, follow-up care, drug supply, DHIS) - Can you please provide some examples? - What is the magnitude of improvement? - In your perspective, what additional improvement will be needed to continue contributing to integrate eye care into the health system?
B.	CHANGES: EQ2 With regard to the integration of eye health into the country's health system, how have the two organisations and their joint programme partners contributed to the changes?
	Definition of integration <i>To achieve a robust health care system that includes eye care, eye care should be integrated within the existing health care policies and system at all levels. This means that eye care needs to be delivered in homes, schools, and other community settings; and integrated with inpatient and outpatient settings at the secondary and tertiary levels. To address many of the challenges faced in the field of eye care – including inequities in access and lack of integration within the health system – eye care needs to be an integral part of universal health coverage (UHC)</i> <i>We feel integration in the true sense is to prevent eye care from functioning in a silo and making it relevant to the broader goals of healthcare.</i> (WHO)
6	In your opinion, what should be the different areas of focus for eye health interventions, to contribute to a better integration of eye care within the health system? - From your perspective, what are the key sectors/ focus of intervention of the programme that have contributed to promote integration? - What are the main barriers, challenges, to integrate eye care within the health system? - What additional activities/ interventions would you recommend strengthening integration?
Integrate services into primary health care	
7	What has been done under the programme to better integrate eye services into primary health care? - How has the programme contributed to reinforce community and primary care level interventions? - What are the successes and Lessons Learned (LL)? - What are the main challenges faced?
8	What else needs to be done to better integrate eye services into primary health care? - Who needs to be more involved to achieve this? - What other activities or interventions would help to better integrate eye services into primary health care
Strengthening eye care services	
9	To what extent have ophthalmology services at different levels (provincial, zonal, community) been strengthened? - Can you please provide some examples? - What have been the key successes?

	• And the key challenges faced? • In your perspective, what additional intervention with regards to equipment, infrastructure, trainings... should be conducted to promote integration of eye care at provincial, zonal and community level?
EQ10 Capacity Building	
10	Regarding capacity building under the programme: • How capacity building activities have been identified? • What have been the results of retrospective assessments about capacity pre-post intervention and impact on division of labour and service delivery? • Have any challenges regarding staff retention post-training been faced? • How was capacity building "optimized" to contribute to maximize impact of interventions and sustain their results? What should be the next steps to contribute to strengthen its impact?
11	From your perspective, how management and leadership capacity building have contributed to strengthen ophthalmology services in your structure?
12	From your perspective, how have the partners clinics play their technical role as provincial referral structures? • How have capacity building, supervision and/ or mentorship activities targeting community/ primary level been conducted (with the different health zones)? • What have been the main successes? • What have been the key challenges faced? Any lessons learnt? • What else could be done in terms of capacity building intervention to strengthen integration of eye care into community/ primary level?
Continuum of cares	
13	How has the programme contributed to support the continuum of eye care? • How referral between the different levels is ensured? • How referral within a structure is ensured? (For example, from diabetes consultation to eye care services? Or from MCH to ophthalmology) • What are the key successes? • What are the challenges faced? Any Lessons learnt?
14	How coordination with other health sectors (such as MCH, neonatology; chronic diseases) has been promoted to better integrate eye services into primary health care? • What are the successes and Lessons Learned (LL)? • What are the main challenges faced? • What else should be done to enhance coordination with these sectors?
Relevance	
15	In your view, how well did the project objectives match the needs of the targeted populations? • Was there anything that didn't fit well or that could have been done differently to match the needs of people in the targeted areas?
16	How have the project activities aligned with the plans, policies, and commitments of national and regional government?

C: SCHOOL SCREENING: EQ 3, In what way and how do eye health activities in schools (school screening) contribute to strengthening the integrated health system at different levels?	
17	To what extent do eye health activities in school contribute to community health promotion? • In your view, has there been any evidence of a change in demand for eye care services for the targeted populations?
18	How well has the referral pathway from school activities to required eye care services been working? • What have been the key successes? • What can be improved? • What has been learned?
19	Regarding coordination with inclusive education platform: • What have been the key successes? • What can be improved? • What has been learned?
D. OUTCOMES: EQ4. Have the expected results been achieved or not? Which ones? And why?	
20	With regards to integration of eye care at the different level of the health system, what have been the main achievements of the programme so far? • How do we know this? • What internal and external factors have constrained or facilitated the integration of eye care at the different level of the health system? • What have been the key successes? • What have been the main challenges faced? • What has been learned?
21	To what extent have synergies between the different components/outcomes of the project enhanced the overall outcomes? • Supporting community IGA and mutuelle to improve access to eye care • Working with the inclusive education platform? • Working with vocational trainings / socio economic initiatives?
22	From your perspective, what has been the added value of working with different categories of partnerships, regarding integration of eye care into health system? • Supporting community IGA and mutuelle to improve access to eye care • Working with the inclusive education platform? • Working with vocational trainings / socio economic initiatives?
23	From your perspective, what has been the key challenges of working with different categories of partnerships, regarding integration of eye care into health system? • Supporting community IGA and mutuelle to improve access to eye care • Working with the inclusive education platform? • Working with vocational trainings / socio economic initiatives? • What else would you do differently, what changes would you make, if any?
24	How has programme learning been conducted and to what extent could relevant learning be acted upon during implementation? • What approaches did you use to identify and reflect on learning during the project? • How often do you do this?

Coherence	
25	Are the planned activities the most effective in achieving the expected results? • Should other complementary activities be considered? • What, if anything, could have been done differently in the project design to make it more effective? • Are there any changes that need to be made to the ToC and logframe for this intervention or future programmes?
Impact	
26	What contributions have the projects made towards the intended programme outcomes and impact? (<i>“More women, men, girls and boys, especially the most vulnerable, benefit from holistic support to access eye care and inclusive or vocational education in four provinces of the Congo”</i>) • Overall, what have been the main strengths or successes of the project? • What have been some of the main challenges or gaps faced in the programme? • How feasible was the project design given the implementation context • Is there anything, either positive or negative, that has been different from what was expected?
E. Efficiency: how well are resources being used?	
EQ 5, 6, 7, 8. Is the allocation of programme resources cost-effective?	
27	Have the resources been transformed efficiently through the activities into results? • What have been any challenges with regards to financial management? • What have been any challenges with regards to supply management and the coordination with Camelu for example? • Could the same or similar results have been achieved at lower cost? • What approaches or decisions have contributed to the efficient use of resources?
28	Are the strategies chosen by LFTW and RC4D and the activities underway likely to lead to the achievement of results on time? • How do we know that?
29	Regarding capacity of the teams to implement the strategies and activities (technical expertise, human resources, management, etc.)? • What mechanisms for routine M&E and learning have been planned? • How data from MEL have been analysed and utilized? • How technical support has been identified? What have been the results of these support visits? How results can be optimized
Sustainability: will the benefits last?	
Partnerships: EQ 9. To what extent are the partners and direct collaborations able or likely to safeguard the achievements and ensure the continuation of activities after the end of the programme?	
30	How well have partnerships and partnership working been leveraged to efficiently pursue aims and objectives, including CBA? (e.g.: with partners clinics, Camelu, with the inclusive education platform,, with health zones etc) • To what extent have the strengths of the different partners been leveraged for the overall programme aims? • What has worked well? • What could have been done differently? • What has worked well with regards to ways of working and communicating with partners?

	How were the partners involved in any programme review meetings, and during the inception phase?
31	EQ11 Are the achievements of integrating eye care into primary and secondary care packages likely to be sustained (technically, financially and socially)? - How likely is it that sustainability will be achieved the intended medium/long term impact? - What is the likelihood of success / perceived confidence in sustainability of various components (technical, financial and social) - What are the factors supporting sustainability and the threats to sustainability?
32	Have any advocacy gains been made to help ensure the improvements made by the programme are sustained? Can you please provide some examples?
EQ12 Collaboration	
33	Among the same beneficiaries, are there other actors whose interventions effectively contribute to the sustainability of the effects sought by the programme? (e.g. CBM) - How collaboration with these other key actors has been promoted? - What has been working well, what could be improved? - How coordination of the program has been ensured from design, allowing synergy with other key programmes / actors?
SPECIFIC QUESTIONS-	
34	COSJ: How does the project to build an ophthalmology unit at St Joseph's Hospital in Kinshasa position itself in relation to the integration of eye care into the health system? - How does this contribute to improve access to eye care, including for the most vulnerable? - How does this contribute to improve integration of eye care into primary health package? - How does this contribute to strengthen integration of eye care into health system at secondary and tertiary levels? - Are the achievements of integrating eye care into primary and secondary care packages likely to be sustained? - Do you have any recommendations to improve its contributions toward integration of eye care into health system? COMM: How does the project to build an ophthalmology unit at the Mulami Muimpe hospital in Kananga compare with the integration of eye care into the healthcare system? - How does this contribute to improve access to eye care, including for the most vulnerable? - How does this contribute to improve integration of eye care into primary health package? - How does this contribute to strengthen integration of eye care into health system at secondary and tertiary levels? - Are the achievements of integrating eye care into primary and secondary care packages likely to be sustained? - Do you have any recommendations to improve its contributions toward integration of eye care into health system? COSY: How does the project to build a new ophthalmology clinic with sub-specialisations, Sainte Yvonne in Lubumbashi, compare with the integration of eye care into the healthcare system? How does this contribute to improve access to eye care, including for the most vulnerable? - How does this contribute to improve integration of eye care into primary health package?

	• How does this contribute to strengthen integration of eye care into health system at secondary and tertiary levels? • Are the achievements of integrating eye care into primary and secondary care packages likely to be sustained? • Do you have any recommendations to improve its contributions toward integration of eye care into health system?
	CLOSING QUESTIONS
35	Is there anything else you wish to share about this project? Are there any lessons learnt or recommendations for improvements that you would like to share? Closing / thank you for time

6.A.8 FGD guides: Parents/ caregivers of children involved in the school screening programme - DRC

Notes for the Facilitator

- This topic guide is to be used to facilitate FGD with parents/ caregivers of children involved in the programme
- This is a semi-structured interview guide.
- For some topics, informants should be asked to reflect on their own role in the project, and for others, they should be asked to comment on the roles of other actors, as appropriate.
- Although the questions are numbered, they may be asked in a different order, and topics that have already come up spontaneously in the interview may be skipped.
- Standard probes should be used to encourage respondents to elaborate (“can you tell me more about that”), and to ensure that the respondent has nothing further to add on a topic (“anything else?”)
- As data collection progresses, questions should be refined based on information obtained and will become increasingly focused on the individual’s experience and opinions. Interviews may also seek to focus on key topics of interest that warrant further exploration, while allowing for open enquiry with all respondents, so as not to limit the scope of opinion or topics covered.
- In some cases, this topic guide will be used to interview two or more individuals at the same time. Where more than one respondent is present, the Evaluation team will use prompts to encourage reflective discussion and exchange between the informants (e.g. of **challenges, lessons learned, areas for improvement, etc.**)..

Introduction of the interview to the informant

[Greetings, introduce self] Thank you for taking the time to speak with me today.

I am working on a project with Tropical Health, a consultancy firm.

We have been asked to conduct the Mid Term evaluation of the Inclusive Vision programme implemented in DRC, Rwanda and Tanzania by Light For The World and Rotary Club For Development (in DRC). Key focus of the MTE is on the integration of eye care into the health system in the DRC, Rwanda and Tanzania.

You have been identified as a key [partner/actor/stakeholder] in the project.

Our goal is to understand and document your experience so that we can learn from it and make recommendations for future projects.

The questions will take about 1 hour

I want to mention a few important points before we start:

- There are no “right” or “wrong” answers to any of the questions. We are interested in hearing your opinions, whatever they are.
- Your participation in this interview is voluntary. If you don’t want to answer a question or need to stop the interview at any time, just say so.
- Whatever you tell me will be kept confidential. That means that it will be shared only with the members of the consultancy team conducting the evaluation. Any information we include in our report will not identify you.

Do you have any questions before we begin?

Can you please confirm that you received and reviewed the information and informed consent sheet?

>>> All respondents to sign information and informed consent sheet.

Now that I’ve told you about the topics we’ll discuss and answered your questions, are you comfortable proceeding with the interview? Are you comfortable with me beginning the recording?

Interview and respondent information to be recorded

• Date of interview:
• Name:
• Organisation/Institution:
• Role in the organization and time in that role:
• Gender:
• Disability status:
• District:
• Facility name (if relevant):
• Length of interview (start/end time)
• Start time:
• End time:
• Location of interview:
• Any notes on interview context and other persons present:

Interview Guide

INTRODUCTORY QUESTION

[Greetings, informal conversation]

Please tell me about how you have been involved in the project (age of child enrolled in date of enrolment- degree of disability-)

TOPIC AREAS – TO BE PRIORITIZED ACCORDING TO INFORMANT’S INVOLVEMENT AND EXPERTISE, AND, AS DATA COLLECTION PROGRESSES, AREAS REQUIRING FURTHER EXPLORATION

ACCESS	
	How did you hear about the eye health services offered at school for children/ youths with visual impairment?
B.	CHANGES: EQ2 With regard to the integration of eye health into the country's health system, how have the two organisations and their joint programme partners contributed to the changes?
Relevance	
2.	How would you characterize the need for this project? • Why? What makes you think it was X [e.g. an important need or not a priority]? • Before the project started, how would you have characterized the level (probe high/medium/low if necessary) of community awareness regarding disability services and inclusion support available for children?
D. OUTCOMES: EQ4. Have the expected results been achieved or not? Which ones? And why?	
3.	What support has your child had to help him/her come to school and learn? • What do you think of this support? • Is there anything that would stop your child to continue their education?
4.	Are you satisfied with the progress your child is making at school? • Why/why not? • What could help continue improving your child progress?
5.	How well has the referral pathway from school activities to required eye care services been working? • Did you face any difficulties to ensure your child receive the eye care needed? • How was your experience at the health facility (e.g.: waiting time, attitude of staff, fees to pay etc) • Is there something that can be improved?

	CLOSING QUESTIONS
6.	Before we finish, is there anything else you would like to tell me about the support your child has received with this program? • what were the most positive aspects? • what could be improved? Closing / thank you for time

6.A.9 FGD guides: Women involved in IGA (La coopérative des petits producteurs REAVFA)- DRC

Notes for the Facilitator

- This topic guide is to be used to facilitate FGD with Women involved in IGA (La coopérative des petits producteurs REAVFA)
- This is a semi-structured interview guide.
- For some topics, informants should be asked to reflect on their own role in the project, and for others, they should be asked to comment on the roles of other actors, as appropriate.
- Although the questions are numbered, they may be asked in a different order, and topics that have already come up spontaneously in the interview may be skipped.
- Standard probes should be used to encourage respondents to elaborate (“can you tell me more about that”), and to ensure that the respondent has nothing further to add on a topic (“anything else?”)
- As data collection progresses, questions should be refined based on information obtained and will become increasingly focused on the individual’s experience and opinions. Interviews may also seek to focus on key topics of interest that warrant further exploration, while allowing for open enquiry with all respondents, so as not to limit the scope of opinion or topics covered.
- In some cases, this topic guide will be used to interview two or more individuals at the same time. Where more than one respondent is present, the Evaluation team will use prompts to encourage reflective discussion and exchange between the informants (e.g. of challenges, lessons learned, areas for improvement, etc.)..

Introduction of the interview to the informant

[Greetings, introduce self] Thank you for taking the time to speak with me today.

I am working on a project with Tropical Health, a consultancy firm.

We have been asked to conduct the Mid Term evaluation of the Inclusive Vision programme implemented in DRC, Rwanda and Tanzania by Light For The World and Rotary Clubs For Development (in DRC). Key focus of the MTE is on the integration of eye care into the health system in the DRC, Rwanda and Tanzania.

You have been identified as a key [partner/actor/stakeholder] in the project.

Our goal is to understand and document your experience so that we can learn from it and make recommendations for future projects.

The questions will take about 1 hour

I want to mention a few important points before we start:

- There are no “right” or “wrong” answers to any of the questions. We are interested in hearing your opinions, whatever they are.
- Your participation in this interview is voluntary. If you don’t want to answer a question or need to stop the interview at any time, just say so.
- Whatever you tell me will be kept confidential. That means that it will be shared only with the members of the consultancy team conducting the evaluation. Any information we include in our report will not identify you.

Do you have any questions before we begin?

Can you please confirm that you received and reviewed the information and informed consent sheet?

>>> All respondents to sign information and informed consent sheet.

Now that I’ve told you about the topics we’ll discuss and answered your questions, are you comfortable proceeding with the interview? Are you comfortable with me beginning the recording?

Interview and respondent information to be recorded

• Date of interview:
• Name:
• Organisation/Institution:
• Role in the organization and time in that role:
• Gender:
• Disability status:
• District:
• Facility name (if relevant):
• Length of interview (start/end time)
• Start time:
• End time:
• Location of interview:
• Any notes on interview context and other persons present:

Interview Guide

INTRODUCTORY QUESTION

[Greetings, informal conversation]

Please tell me about how you have been involved in the project (date of enrolment, role)

TOPIC AREAS – TO BE PRIORITIZED ACCORDING TO INFORMANT'S INVOLVEMENT AND EXPERTISE, AND, AS DATA COLLECTION PROGRESSES, AREAS REQUIRING FURTHER EXPLORATION

ACCESS	
	How did you hear about this project? • What were the reasons that motivated you to be enrolled in the project?
B.	CHANGES: EQ2 With regard to the integration of eye health into the country's health system, how have the two organisations and their joint programme partners contributed to the changes?
Relevance	
2.	How would you characterize the need for this project? • Why? What makes you think it was X [e.g. an important need or not a priority]?
D. OUTCOMES: EQ4. Have the expected results been achieved or not? Which ones? And why?	
3.	What have been the key successes of the project? • And the key challenges? • What would you do differently?
4.	What has been the added value of this project regarding your financial outcomes? • Is there any specific services/ first necessity items that you were not able to access, but can now?
5.	And what about your access to health services in general, and to eye health in particular: • Are there any health care services that you / your family were not able to access, but can now? • Do you think you/ your family would need to access eye health services? • Would you say that your access to health services has been improved since your participation in this project? Can you please provide some examples? • Would you say that your access to eye health services has been improved since your participation in this project? Can you please provide some examples? • If no, what are the main barriers for you to access health services, and in particular eye health services?
6.	Are you enrolled in a health assurance? • If so, would you say that this project has facilitated your/ your relative enrolment?

	• If not, what are the main barriers that you faced? (e.g.: lack of information, not a priority, lack of financial means...)
	CLOSING QUESTIONS
7.	Before we finish, is there anything else you would like to tell me about the support your child has received with this program? • what were the most positive aspects? • what could be improved? Closing / thank you for time

6.A.10 KII guideline- Mutuelle Boboto- DRC

Notes for the Facilitator

- This topic guide is to be used to facilitate KIIs with Managerial and leadership staff from mutuelle Boboto in DRC
- Not all topics will be relevant to all informants. The modules and questions should be selected and tailored according to the person's involvement in the project and area of expertise.
- For some topics, informants may be asked to reflect on their own role in the project, and for others, they should be asked to comment on the roles of other actors, as appropriate.
- Although the questions are numbered, they may be asked in a different order, and topics that have already come up spontaneously in the interview may be skipped.
- Prompts are included in the guide to probe for more information around a topic. In addition, standard probes should be used to encourage respondents to elaborate ("can you tell me more about that?"), to ensure the person has nothing further to add on a topic ("anything else?"), and to probe for evidence (how do we know this?)
- Standard procedures for KII note-taking should be used.
- The discussion should be held in an appropriate environment that allows for privacy.
- All participants should read the information sheet and give written informed consent to participate.

Introduction of the interview to the informant

[Greetings, introduce self] Thank you for taking the time to speak with me today.

I am working on a project with Tropical Health, a consultancy firm.

We have been asked to conduct the Mid Term evaluation of the Inclusive Vision programme implemented in DRC, Rwanda and Tanzania by Light For The World and Rotary Clubs For Development (in DRC). Key focus of the MTE is on the integration of eye care into the health system in the DRC, Rwanda and Tanzania.

You have been identified as a key [partner/actor/stakeholder] in the project.

I would like to speak with you about your involvement in the project and ask your opinions about the programme's work in [country/region/district].

The purpose of this work is to assess how effective the programme has been and to understand what has and hasn't worked well.

The results of this evaluation will be shared with LFTW, RC4D staff and the donor to help improve programmes here and in other countries.

Our interview will take about 1 hour. During the interview I will take notes so I can remember what you said and I will record our conversation.

I want to mention a few important points before we start:

- There are no "right" or "wrong" answers to any of the questions. We are interested in hearing your opinions, whatever they are.
- Your participation in this interview is voluntary. If you don't want to answer a question or need to stop the interview at any time, just say so.
- Whatever you tell me will be kept confidential. That means that it will be shared only with the members of the consultancy team conducting the evaluation. Any information we include in our report will not identify you.

Do you have any questions before we begin?

Can you please confirm that you received and reviewed the information and informed consent sheet?

>>> All respondents to sign information and informed consent sheet.

Now that I've told you about the topics we'll discuss and answered your questions, are you comfortable proceeding with the interview? Are you comfortable with me beginning the recording?

Interview and respondent information to be recorded

• Date of interview:
• Name:
• Organisation/Institution:
• Role in the organization and time in that role:
• Gender:
• Disability status:
• District:
• Facility name (if relevant):
• Length of interview (start/end time)
• Start time:
• End time:
• Location of interview:
• Any notes on interview context and other persons present:

Interview Guide

INTRODUCTORY QUESTION

- Please tell me briefly about your role and involvement with this programme.
 - How long have you been in your current position?

TOPIC AREAS – TO BE PRIORITIZED ACCORDING TO INFORMANT'S INVOLVEMENT AND EXPERTISE, AND, AS DATA COLLECTION PROGRESSES, AREAS REQUIRING FURTHER EXPLORATION

A. Background information	
Improving access to eye care services for the most vulnerable	
1	From your perspectives, have the mid term targets defined been achieved? (7000 persons have joined the mutual health insurance) • What have been the key successes? • What have been the main challenges faced? • What has been learned? • What else could be done to encourage the most vulnerable to get an health insurance ?
2	The project also include indicators related to the number of patients benefitting from health insurance received in health centers or ophthalmic clinics • Are these indicators monitored at the mutuelle Boboto level? • If so, what is the process implemented to monitor these indicators? • What have been the key successes? • What have been the main challenges faced? • What do you think are the main barriers for beneficiaries of the health insurance to seek eye care services when needed? • What else could be done to encourage these persons to seek eye care services?
B.	CHANGES: EQ2 With regard to the integration of eye health into the country's health system, how have the two organisations and their joint programme partners contributed to the changes?
Relevance	

3	In your view, how well did the project objectives match the needs of the targeted population? - Was there anything that didn't fit well or that could have been done differently to match their needs? - Any lessons learnt?
4	How have the project activities aligned with plans, policies, and commitments of national and regional government?
D. OUTCOMES: EQ4. Have the expected results been achieved or not? Which ones? And why?	
5	With regards to integration of eye care in the health system, and contribution to achieving universal health coverage, what have been the main contributions of this partnership between LFTW- mutuelle Boboto-partners clinics. How do we know this? - What have been the key successes? - What have been the main challenges faced? - What has been learned?
Sustainability: will the benefits last?	
Partnerships: EQ 9. To what extent are the partners and direct collaborations able or likely to safeguard the achievements and ensure the continuation of activities after the end of the programme?	
6	How well have partnerships and partnership working been leveraged to efficiently pursue aims and objectives of the programme? (eg: with LFTW, with partners clinics, etc) - What has worked well? - What could have been done differently? - What has worked well with regards to ways of working and communicating with partners? - How were the partners involved in any programme review meetings, and during the inception phase?
7	EQ11 Are the enrolments of beneficiaries of mutuelle Boboto likely to be sustained after the programme ends? - How likely is it that sustainability will be achieved the intended medium/long term impact ? - What are the factors supporting sustainability and the threats to sustainability?
8	Have any advocacy gains been made to help ensure the improvements made by the programme are sustained? Can you please provide some examples?
CLOSING QUESTIONS	
9	Is there anything else you wish to share about this project? Are there any lessons learnt or recommendations for improvements that you would like to share? Closing / thank you for time

Annex 6.B – Rwanda

6.B.1 KII guides: Managerial and leadership staff from KEU- RWD

Notes for the Facilitator

- This topic guide is to be used to facilitate KIIs with Managerial and leadership staff from KEU in Rwanda
- Not all topics will be relevant to all informants. The modules and questions should be selected and tailored according to the person's involvement in the project and area of expertise.
- For some topics, informants may be asked to reflect on their own role in the project, and for others, they should be asked to comment on the roles of other actors, as appropriate.
- Although the questions are numbered, they may be asked in a different order, and topics that have already come up spontaneously in the interview may be skipped.
- Prompts are included in the guide to probe for more information around a topic. In addition, standard probes should be used to encourage respondents to elaborate ("can you tell me more about that?"), to ensure the person has nothing further to add on a topic ("anything else?"), and to probe for evidence (how do we know this?)
- Standard procedures for KII note-taking should be used.
- The discussion should be held in an appropriate environment that allows for privacy.
- All participants should read the information sheet and give written informed consent to participate.

Introduction of the interview to the informant

[Greetings, introduce self] Thank you for taking the time to speak with me today.

I am working on a project with Tropical Health, a consultancy firm.

We have been asked to conduct the Mid Term evaluation of the Inclusive Vision programme implemented in DRC, Rwanda and Tanzania by Light For The World and Rotary Clubs For Development (in DRC). Key focus of the MTE is on the integration of eye care into the health system in the DRC, Rwanda and Tanzania.

You have been identified as a key [partner/actor/stakeholder] in the project.

I would like to speak with you about your involvement in the project and ask your opinions about the programme's work in [country/region/district].

The purpose of this work is to assess how effective the programme has been and to understand what has and hasn't worked well.

The results of this evaluation will be shared with LFTW, RC4D staff and the donor to help improve programmes here and in other countries.

Our interview will take about 1 to 1.5 hour. During the interview I will take notes so I can remember what you said, and I will record our conversation.

I want to mention a few important points before we start:

- There are no "right" or "wrong" answers to any of the questions. We are interested in hearing your opinions, whatever they are.
- Your participation in this interview is voluntary. If you don't want to answer a question or need to stop the interview at any time, just say so.
- Whatever you tell me will be kept confidential. That means that it will be shared only with the members of the consultancy team conducting the evaluation. Any information we include in our report will not identify you.

Do you have any questions before we begin?

Can you please confirm that you received and reviewed the information and informed consent sheet?

>>> All respondents to sign information and informed consent sheet.

Now that I've told you about the topics we'll discuss and answered your questions, are you comfortable proceeding with the interview? Are you comfortable with me beginning the recording?

Interview and respondent information to be recorded

• Date of interview:
• Name:
• Organisation/Institution:
• Role in the organization and time in that role:
• Gender:
• Disability status:
• District:
• Facility name (if relevant):
• Length of interview (start/end time)
• Start time:
• End time:
• Location of interview:
• Any notes on interview context and other persons present:

Interview Guide

INTRODUCTORY QUESTION

- Please tell me briefly about your role and involvement with this programme.
 - How long have you been in your current position?

TOPIC AREAS – TO BE PRIORITIZED ACCORDING TO INFORMANT'S INVOLVEMENT AND EXPERTISE, AND, AS DATA COLLECTION PROGRESSES, AREAS REQUIRING FURTHER EXPLORATION

A.	ACCESS: EQ1. Given the integration of eye health within the country's health system, how have the two organisations and their programme partners contributed to improving access to eye care for the population?
Access, Gender equity and Inclusion, and Beneficiaries feedback	
	In your opinion, how successful has been the project in reaching women, girls, persons with disabilities or persons living in remote areas? • What do you think were the factors that contributed to this (success / weakness)? • What approaches have you used to ensure that women, girls, PWDs, persons living in remote areas with eye problems are identified? • Which approaches have been the most and least effective? How have you observed this?
2.	Who has benefited, who hasn't, from the intervention? • What has been done to reach those most in need and improve their access to eye care?
3.	What strategies/ interventions have been implemented to mitigate financial barriers to access eye care? • Can you provide some examples of interventions done at the different levels? (community- e.g.: outreaches, tertiary level) • What have been the main successes of the approach implemented? (e.g. of approaches: creation of a service for patients with private insurances, support provided to most vulnerable) • What are the main challenges faced to mitigate financial barriers for patients to access eye cares? • Targets for 2023 were 1500 family benefiting from social services. "only"524 were supported in 2023. What could be the main reasons explaining targets were not achieved?

	- What could be done to facilitate access for the most vulnerable? - How can sustainability of the approaches implemented be maintained?
4.	How beneficiaries' feedback has been taken into account, in order to improve access to eye care? - What has the programme done to strengthen the ways feedback from patients is collected? - What has been learned from the patient feedback received?
5.	How gender equity has been promoted within KEU structure? (access to trainings, leadership position etc..?) - What have been the main successes? - What are the main challenges faced to ensure gender equity? - What could be done to improve this situation?
Supply: strengthening service delivery	
6.	What service delivery improvements have been made under this programme? (additional eye care services / specialized cares; reach/numbers served, accessibility, QoC, follow-up care, drug supply, DHIS) - Can you please provide some examples? - What is the magnitude of improvement? - In your perspective, what additional improvement will be needed to continue contributing to integrate eye care into the health system?
B.	CHANGES: EQ2 With regard to the integration of eye health into the country's health system, how have the two organisations and their joint programme partners contributed to the changes?
Integrate services into primary health care	
7.	What has been done under the programme to better integrate eye services into primary health care? - How has the programme contributed to reinforce community and primary care level interventions? - What are the successes and Lessons Learned (LL)? - What are the main challenges faced?
8.	What else needs to be done to better integrate eye services into primary health care? - Who needs to be more involved to achieve this? - What other activities or interventions would help to better integrate eye services into primary health care
Strengthening eye care services	
9.	To what extent have ophthalmology services at different levels (HD, CS) been strengthened? (e.g.: mentorship, supervision, financial support, trainings of OCOs...) - Can you please provide some examples? - What have been the key successes? - And the key challenges faced? - In your perspective, what additional intervention with regards to equipment, infrastructure, trainings... should be conducted to promote integration of eye care at provincial, zonal and community level?
10.	Regarding KEU role as training/ technical support facility - What do you think are the main strengths for KEU to endorse this role? - What do you think are the main challenges for KEU to endorse this role? (e.g.: workload etc...) - In your perspective; what have been the key successes of KEU as a training institute? - What could be improved? Any lessons learnt?

EQ10 Capacity Building	
11.	Regarding capacity building in your structure: • How capacity building activities have been identified? • What have been the results of retrospective assessments about capacity pre-post intervention and impact on division of labour and service delivery? • Have any challenges regarding staff retention post-training been faced? • How was capacity building "optimized" to contribute to maximize impact of interventions and sustain their results? What should be the next steps to contribute to strengthen its impact?
12.	How have management and leadership capacity building contributed to strengthen ophthalmology services in your structure?
Continuum of cares	
13.	How has the programme contributed to support the continuum of eye care? • How referral between the different levels is ensured? • How referral within Kabgayi hospital is ensured? (For example, from diabetes consultation to eye care services? Or from MCH to ophthalmology) • What are the successes and LL? • What are the challenges faced? Any Lessons learnt?
14.	How coordination with other health sectors (such as MCH, neonatology; chronic diseases) has been promoted to better integrate eye services into primary health care? • What are the successes and Lessons Learned (LL)? • What are the main challenges faced? • What else should be done to enhance coordination with these sectors?
Relevance	
15.	In your view, how well did the project objectives match the needs of the targeted populations? • Was there anything that didn't fit well or that could have been done differently to match the needs of people in the targeted areas?
16.	How have the project activities aligned with the plans, policies, and commitments of national and regional government?
C: SCHOOL SCREENING: EQ 3, In what way and how do eye health activities in schools (school screening) contribute to strengthening the integrated health system at different levels?	
17.	To what extent do eye health activities in school contribute to community health promotion? • In your view, has there been any evidence of a change in demand for eye care services for the targeted populations? • How have you observed this?
18.	How well has the referral pathway from school activities to required eye care services been working? • What have been the key successes? • What can be improved? • What has been learned?
19.	Initial targets for referral were approx.. 200 children referred. In 2023, around 1150 children have been referred to KEU for eye cares. How would you explain this difference? • How this "workload" has been managed by KEU and the inclusive education platform? • What tools have been developed to ensure proper follow up of these children?

	- Is there any gap/ challenge faced? - Is there any lesson learnt on the best ways to implement and manage school screening activities/ referral to eye health care?
20.	Regarding coordination with inclusive education platform: - What have been the key successes? - What can be improved? - What has been learned?
D. OUTCOMES: EQ4. Have the expected results been achieved or not? Which ones? And why?	
21.	With regards to integration of eye care at the different level of the health system, what have been the main achievements of the programme so far? - How do we know this? - What internal and external factors have constrained or facilitated the integration of eye care at the different level of the health system? - What have been the key successes? - What have been the main challenges faced? - What has been learned?
22.	To what extent have synergies between the different components/outcomes of the project enhanced the overall outcomes - Providing support to the CS and HD to contribute to integrate eye care into primary health package? - Working with the inclusive education platform?
23.	How has programme learning been conducted and to what extent could relevant learning be acted upon during implementation? - What approaches have you used to identify and reflect on learning during the project? - How often do you do this?
Coherence	
24.	Are the planned activities the most effective in achieving the expected results? - Should other complementary activities be considered? - What, if anything, could have been done differently in the project design to make it more effective? - Are there any changes that need to be made to the KEU ToC and logframe for this intervention or future programmes?
Impact	
25.	What contributions have the programme made towards the intended programme outcomes and impact? (<i>“D’ici 2026, davantage d’enfants, de femmes et d’hommes souffrant d’une affection oculaire bénéficient de soins oculaires de qualité à la clinique ophtalmologique de Kabgayi – clinique de référence de niveau national – localisée dans la province du Sud; 38 hôpitaux de district du pays ont renforcé leurs capacités médicales; et davantage d’enfants malvoyants et aveugles prennent part à une éducation inclusive ou spécialisée de qualité. »</i>) - Overall, what have been the main strengths or successes of the programme? - What have been some of the main challenges or gaps faced in the programme? - How feasible was the project design given the implementation context - Is there anything, either positive or negative, that has been different from what was expected?
E. Efficiency: how well are resources being used?	
EQ 5, 6, 7, 8. Is the allocation of programme resources cost-effective?	
26.	Have the resources been transformed efficiently through the activities into results?

	- What have been any challenges with regards to financial management? - Could the same or similar results have been achieved at lower cost? - What approaches or decisions have contributed to the efficient use of resources? (e.g: relocation of funding for ex to buy additional specific eye care equipment)
27.	Are the strategies chosen by LFTW and the activities underway likely to lead to the achievement of results on time? (e.g: capacity building activities, supervision of HDs etc..) How do we know that?
28.	Regarding capacity of the teams to implement the strategies and activities (technical expertise, human resources, management, etc.)? - What mechanisms for routine M&E and learning have been planned? - How data from MEL have been analysed and utilized? - What processes have been in place to facilitate learning and problem-solving?
Sustainability: will the benefits last?	
Partnerships: EQ 9. To what extent are the partners and direct collaborations able or likely to safeguard the achievements and ensure the continuation of activities after the end of the programme?	
29.	How well have partnerships and partnership working been leveraged to efficiently pursue aims and objectives, including CBA? (e.g.: with HDs and CSs, with the inclusive education platform, with LFTW etc) - To what extent have the strengths of the different partners been leveraged for the overall programme aims? - What has worked well? - What could have been done differently? - What has worked well with regards to ways of working and communicating with partners? - How were the partners involved in any programme review meetings, and during the inception phase?
30.	EQ11 Are the achievements of integrating eye care into primary and secondary care packages likely to be sustained (technically, financially and socially)? - How likely is it that sustainability will be achieved the intended medium/long term impact? - What is the likelihood of success / perceived confidence in sustainability of various components (technical, financial and social) - What are the factors supporting sustainability and the threats to sustainability?
31.	Have any advocacy gains been made to help ensure the improvements made by the programme are sustained? Can you please provide some examples?
32.	With regards to the new policies implemented (e.g: - La politique nationale concernant la catégorisation sociale de la population Rwandaise), how do you think Universal Health Coverage objective could be supported? - What are the factors supporting UHC and the threats to UHC? - In your perspective, what intervention/ new activities could be implemented to contribute to UHC, and support access to eye care for the most vulnerable?
EQ12 Collaboration	
33.	Among the same beneficiaries, are there other actors whose interventions effectively contribute to the sustainability of the effects sought by the programme? - How collaboration with these other key actors has been promoted? - What has been working well, what could be improved? - How coordination of the program has been ensured from design, allowing synergy with other key programmes / actors?

SPECIFIC QUESTIONS-	
34.	To what extent is the choice of new partners in the Rwanda programme justified? (2024 start of the partnership with Ruhengeri Hospital How does this contribute to improve access to eye care, including for the most vulnerable? • How does this contribute to improve integration of eye care into primary health package? • How does this contribute to strengthen integration of eye care into health system at secondary and tertiary levels? • Do you have any recommendations to improve its contributions toward integration of eye care into health system?
	In your perspective, to what extent is the strengthening of the training institute of the KEU partner contributing to the integration of eye care, and what lessons have been learned?
CLOSING QUESTIONS	
35.	Is there anything else you wish to share about this project? Are there any lessons learnt or recommendations for improvements that you would like to share? Closing / thank you for time

6.B.2 KII guides: Eye health staff from KEU- Rwanda

Notes for the Facilitator

- This topic guide is to be used to facilitate KIIs with Eye Health staff from KEU in RWD
- Not all topics will be relevant to all informants. The modules and questions should be selected and tailored according to the person's involvement in the project and area of expertise.
- For some topics, informants may be asked to reflect on their own role in the project, and for others, they should be asked to comment on the roles of other actors, as appropriate.
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Introduction of the interview to the informant

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You have been identified as a key [partner/actor/stakeholder] in the project.

I would like to speak with you about your involvement in the project and ask your opinions about the programme's work in [country/region/district].

The purpose of this work is to assess how effective the programme has been and to understand what has and hasn't worked well.

The results of this evaluation will be shared with LFTW, RC4D staff and the donor to help improve programmes here and in other countries.

Our interview will take about 1 to 1.5 hour. During the interview I will take notes so I can remember what you said, and I will record our conversation.

I want to mention a few important points before we start:

- There are no "right" or "wrong" answers to any of the questions. We are interested in hearing your opinions, whatever they are.
- Your participation in this interview is voluntary. If you don't want to answer a question or need to stop the interview at any time, just say so.
- Whatever you tell me will be kept confidential. That means that it will be shared only with the members of the consultancy team conducting the evaluation. Any information we include in our report will not identify you.

Do you have any questions before we begin?

Can you please confirm that you received and reviewed the information and informed consent sheet?

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• Date of interview:
• Name:
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• Role in the organization and time in that role:
• Gender:
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• District:
• Facility name (if relevant):
• Length of interview (start/end time)
• Start time:
• End time:
• Location of interview:
• Any notes on interview context and other persons present:

Interview Guide

INTRODUCTORY QUESTION

- Please tell me briefly about your role and involvement with this programme.
 - How long have you been in your current position?

TOPIC AREAS – TO BE PRIORITIZED ACCORDING TO INFORMANT'S INVOLVEMENT AND EXPERTISE, AND, AS DATA COLLECTION PROGRESSES, AREAS REQUIRING FURTHER EXPLORATION

A. ACCESS: EQ1. Given the integration of eye health within the country's health system, how have the two organisations and their programme partners contributed to improving access to eye care for the population?	
Access, Gender equity and Inclusion, and Beneficiaries feedback	
	In your opinion, how successful has been the project in reaching women, girls, persons with disabilities or persons living in remote areas? • What do you think were the factors that contributed to this (success / weakness)? • What approaches have you used to ensure that women, girls, PWDs, persons living in remote areas with eye problems are identified? • Which approaches have been the most and least effective? How have you observed this?
2.	Who has benefited, who hasn't, from the intervention? • What has been done to reach those most in need and improve their access to eye care?
3.	What strategies/ interventions have been implemented to mitigate financial barriers to access eye care? • Can you provide some examples of interventions done at the different levels? (community- e.g.: outreaches, tertiary level) • What are the main challenges faced to mitigate financial barriers for patients to access eye cares? • What could be done to facilitate access for the most vulnerable?
4.	How beneficiaries' feedback has been taken into account, in order to improve access to eye care? • What has been learned from the patient feedback received? • What can be improved to ensure beneficiaries feedback is collected?

Supply: strengthening service delivery	
5.	What service delivery improvements have been made under this programme? (additional eye care services / specialized cares; reach/numbers served, accessibility, QoC, follow-up care, drug supply, DHIS) - Can you please provide some examples? - In your perspective, what additional improvements would be needed to continue contributing to integrate eye care into the health system?
6.	How is quality of care ensured under the project? - Are there any specific tools used to collect data on the quality of cares provided? - How do you monitor the quality of the cares you provide? - In your perspective, what could be improved to ensure quality of cares? (quality protocols, systematic monitoring of outcomes etc)
7.	How final disposal of health care waste is managed in your structure? (incinerator?) In your perspective, is there something that could be improved to ensure health care waste management?
B.	CHANGES: EQ2 With regard to the integration of eye health into the country's health system, how have the two organisations and their joint programme partners contributed to the changes?
Integrate services into primary health care	
8.	What has been done under the programme to better integrate eye services into primary health care? - How has the programme contributed to reinforce community and primary care level interventions? - What are the successes and Lessons Learned (LL)? - What are the main challenges faced?
9.	What else needs to be done to better integrate eye services into primary health care? What other activities or interventions would help to better integrate eye services into primary health care?
Strengthening eye care services	
10.	To what extent have ophthalmology services at different levels (HD, CS) been strengthened? (e.g: mentorship, supervision, financial support, trainings of OCOs...) - Can you please provide some examples? - What have been the key successes? - And the key challenges faced? - In your perspective, what additional intervention with regards to equipment, infrastructure, trainings... should be conducted to promote integration of eye care at provincial, zonal and community level?
EQ10 Capacity Building	
11.	Regarding capacity building in your structure: - How capacity building activities have been identified? - Is mentorship/ supportive supervision ensured in your structure? If so, how, and at which frequency? - What additional training do you think should be provided to contribute to better integration of eye care at tertiary level?
12.	Regarding KEU role as training/ technical support facility - What do you think are the main strengths for KEU to endorse this role? - What do you think are the main challenges for KEU to endorse this role? (e.g: workload etc...) - In your perspective; what have been the key successes of KEU as a training institute?

	What could be improved? Any lessons learnt?
Continuum of cares	
13.	How has the programme contributed to support the continuum of eye care? - How referral between the different levels is ensured? - How referral within Kabgayi hospital is ensured? (For example, from diabetes consultation to eye care services? Or from MCH to ophthalmology) - What are the successes and LL? - What are the challenges faced? Any Lessons learnt?
14.	How coordination with other health sectors (such as MCH, neonatology; chronic diseases) has been promoted to better integrate eye services into primary health care? - What are the successes and Lessons Learned (LL)? - What are the main challenges faced? - What else should be done to enhance coordination with these sectors?
Relevance	
15.	In your view, how well did the project objectives match the needs of the targeted populations? Was there anything that didn't fit well or that could have been done differently to match the needs of people in the targeted areas?
16.	How have the project activities aligned with the plans, policies, and commitments of national and regional/provincial government?
C: SCHOOL SCREENING: EQ 3, In what way and how do eye health activities in schools (school screening) contribute to strengthening the integrated health system at different levels?	
17.	To what extent do eye health activities in school contribute to community health promotion? - In your view, has there been any evidence of a change in demand for eye care services for the targeted populations? - How have you observed this?
18.	How well has the referral pathway from school activities to required eye care services been working? - What have been the key successes? - What can be improved? - What has been learned?
19.	Regarding coordination with inclusive education platform: - What have been the key successes? - What can be improved? - What has been learned?
D. OUTCOMES: EQ4. Have the expected results been achieved or not? Which ones? And why?	
20.	With regards to integration of eye care at the different level of the health system, what have been the main achievements of the programme so far? - How do we know this? - What have been the key successes? - What have been the main challenges faced? - What has been learned?
Impact	

21.	What contributions have the programme made towards the intended programme outcomes and impact? (<i>“D’ici 2026, davantage d’enfants, de femmes et d’hommes souffrant d’une affection oculaire bénéficieront de soins oculaires de qualité à la clinique ophtalmologique de Kabgayi – clinique de référence de niveau national – localisée dans la province du Sud; 38 hôpitaux de district du pays ont renforcé leurs capacités médicales; et davantage d’enfants malvoyants et aveugles prennent part à une éducation inclusive ou spécialisée de qualité. »</i>) • Overall, what have been the main strengths or successes of the project? • What have been some of the main challenges or gaps faced in the programme? • How feasible was the project design and planned activities given the implementation context? • Is there anything, either positive or negative, that has been different from what was expected?
Sustainability: will the benefits last?	
Partnerships: EQ 9. To what extent are the partners and direct collaborations able or likely to safeguard the achievements and ensure the continuation of activities after the end of the programme?	
22.	How well have partnerships and partnership working been leveraged to efficiently pursue aims and objectives, including CBA? (e.g.: with HDs and CSs, with the inclusive education platform, with LFTW etc) • To what extent have the strengths of the different partners been leveraged for the overall programme aims? • What has worked well? • What could have been done differently? • What has worked well with regards to ways of working and communicating with partners? • How were the partners involved in any programme review meetings, and during the inception phase?
23.	EQ11 Are the achievements of integrating eye care into primary and secondary care packages likely to be sustained (technically, financially and socially)? • How likely is it that sustainability will be achieved the intended medium/long term impact? • What is the likelihood of success / perceived confidence in sustainability of various components (technical, financial and social) • What are the factors supporting sustainability and the threats to sustainability?
SPECIFIC QUESTIONS- to be selected according to the structure interviewed	
24.	In your perspective, to what extent is the strengthening of the training institutes of the KEU partner contributing to the integration of eye care, and what lessons have been learned?
CLOSING QUESTIONS	
25.	Is there anything else you wish to share about this project? Are there any lessons learnt or recommendations for improvements that you would like to share? Closing / thank you for time

6.B.3 KII guides: Social worker from KEU- Rwanda

Notes for the Facilitator

- This topic guide is to be used to facilitate KIIs with social worker at KEU in RWD
- Not all topics will be relevant to all informants. The modules and questions should be selected and tailored according to the person's involvement in the project and area of expertise.
- For some topics, informants may be asked to reflect on their own role in the project, and for others, they should be asked to comment on the roles of other actors, as appropriate.
- Although the questions are numbered, they may be asked in a different order, and topics that have already come up spontaneously in the interview may be skipped.
- Prompts are included in the guide to probe for more information around a topic. In addition, standard probes should be used to encourage respondents to elaborate ("can you tell me more about that?"), to ensure the person has nothing further to add on a topic ("anything else?"), and to probe for evidence (how do we know this?)
- Standard procedures for KII note-taking should be used.
- The discussion should be held in an appropriate environment that allows for privacy.
- All participants should read the information sheet and give written informed consent to participate.

Introduction of the interview to the informant

[Greetings, introduce self] Thank you for taking the time to speak with me today.

I am working on a project with Tropical Health, a consultancy firm.

We have been asked to conduct the Mid Term evaluation of the Inclusive Vision programme implemented in DRC, Rwanda and Tanzania by Light For The World and Rotary Clubs For Development (in DRC). Key focus of the MTE is on the integration of eye care into the health system in the DRC, Rwanda and Tanzania.

You have been identified as a key [partner/actor/stakeholder] in the project.

I would like to speak with you about your involvement in the project and ask your opinions about the programme's work in [country/region/district].

The purpose of this work is to assess how effective the programme has been and to understand what has and hasn't worked well.

The results of this evaluation will be shared with LFTW, RC4D staff and the donor to help improve programmes here and in other countries.

Our interview will take about 1 to 1.5 hour. During the interview I will take notes so I can remember what you said, and I will record our conversation.

I want to mention a few important points before we start:

- There are no "right" or "wrong" answers to any of the questions. We are interested in hearing your opinions, whatever they are.
- Your participation in this interview is voluntary. If you don't want to answer a question or need to stop the interview at any time, just say so.
- Whatever you tell me will be kept confidential. That means that it will be shared only with the members of the consultancy team conducting the evaluation. Any information we include in our report will not identify you.

Do you have any questions before we begin?

Can you please confirm that you received and reviewed the information and informed consent sheet?

>>> All respondents to sign information and informed consent sheet.

Now that I've told you about the topics we'll discuss and answered your questions, are you comfortable proceeding with the interview? Are you comfortable with me beginning the recording?

Interview and respondent information to be recorded

• Date of interview:
• Name:
• Organisation/Institution:
• Role in the organization and time in that role:
• Gender:
• Disability status:
• District:
• Facility name (if relevant):
• Length of interview (start/end time)
• Start time:
• End time:
• Location of interview:
• Any notes on interview context and other persons present:

Interview Guide

INTRODUCTORY QUESTION

- Please tell me briefly about your role and involvement with this programme.
 - How long have you been in your current position?

TOPIC AREAS – TO BE PRIORITIZED ACCORDING TO INFORMANT'S INVOLVEMENT AND EXPERTISE, AND, AS DATA COLLECTION PROGRESSES, AREAS REQUIRING FURTHER EXPLORATION

A.	ACCESS: EQ1. Given the integration of eye health within the country's health system, how have the two organisations and their programme partners contributed to improving access to eye care for the population?
Access, Gender equity and Inclusion, and Beneficiaries feedback	
	In your opinion, how successful has been the project in reaching women, girls, persons with disabilities or persons living in remote areas? • What do you think were the factors that contributed to this (success / weakness)? • What approaches have you used to ensure that women, girls, PWDs, persons living in remote areas with eye problems are identified? • Which approaches have been the most and least effective? How have you observed this?
2.	Who has benefited, who hasn't, from the intervention? • What has been done to reach those most in need and improve their access to eye care?
3.	What strategies/ interventions have been implemented to mitigate financial barriers to access eye care? • Can you provide some examples of interventions done at the different levels? (community- e.g.: outreaches, tertiary level) • What have been the main successes of the approach implemented? (e.g of approaches: creation of a service for patients with private insurances, support provided to most vulnerable) • What are the main challenges faced to mitigate financial barriers for patients to access eye cares? • Targets for 2023 were 1500 family benefiting from social services. "only"524 were supported in 2023. What could be the main reasons explaining targets were not achieved? • What could be done to facilitate access for the most vulnerable? • How can sustainability of the approaches implemented be maintained?

Relevance	
4.	In your view, how well did the project objectives match the needs of the targeted populations? Was there anything that didn't fit well or that could have been done differently to match the needs of people in the targeted areas?
5.	How have the project activities aligned with the plans, policies, and commitments of national and regional/provincial government?
Impact	
6.	What contributions have the programme made towards the intended programme outcomes and impact? (<i>“D’ici 2026, davantage d’enfants, de femmes et d’hommes souffrant d’une affection oculaire bénéficient de soins oculaires de qualité à la clinique ophtalmologique de Kabgayi – clinique de référence de niveau national – localisée dans la province du Sud; 38 hôpitaux de district du pays ont renforcé leurs capacités médicales ; et davantage d’enfants malvoyants et aveugles prennent part à une éducation inclusive ou spécialisée de qualité. »</i>) - Overall, what have been the main strengths or successes of the project? - What have been some of the main challenges or gaps faced in the programme? - Is there anything, either positive or negative, that has been different from what was expected?
Sustainability: will the benefits last?	
Partnerships: EQ 9. To what extent are the partners and direct collaborations able or likely to safeguard the achievements and ensure the continuation of activities after the end of the programme?	
7.	With regards to the new policies implemented (e.g: - La politique nationale concernant la catégorisation sociale de la population Rwandaise), how do you think Universal Health Coverage objective could be supported? - What are the factors supporting UHC and the threats to UHC? - In your perspective, what intervention/ new activities could be implemented to contribute to UHC, and support access to eye care for the most vulnerable?
CLOSING QUESTIONS	
8.	Is there anything else you wish to share about this project? Are there any lessons learnt or recommendations for improvements that you would like to share? Closing / thank you for time

6.B.4 KII guides: National / Province health authority- coordinators- RWD

Notes for the Facilitator

- This topic guide is to be used to facilitate KIIs with National / Province health authority- coordinators in RWD
- Not all topics will be relevant to all informants. The modules and questions should be selected and tailored according to the person's involvement in the project and area of expertise.
- For some topics, informants may be asked to reflect on their own role in the project, and for others, they should be asked to comment on the roles of other actors, as appropriate.
- Although the questions are numbered, they may be asked in a different order, and topics that have already come up spontaneously in the interview may be skipped.
- Prompts are included in the guide to probe for more information around a topic. In addition, standard probes should be used to encourage respondents to elaborate ("can you tell me more about that?"), to ensure the person has nothing further to add on a topic ("anything else?"), and to probe for evidence (how do we know this?)
- Standard procedures for KII note-taking should be used.
- The discussion should be held in an appropriate environment that allows for privacy.
- All participants should read the information sheet and give written informed consent to participate.

Introduction of the interview to the informant

[Greetings, introduce self] Thank you for taking the time to speak with me today.

I am working on a project with Tropical Health, a consultancy firm.

We have been asked to conduct the Mid Term evaluation of the Inclusive Vision programme implemented in DRC, Rwanda and Tanzania by Light For The World and Rotary Clubs For Development (in DRC). Key focus of the MTE is on the integration of eye care into the health system in the DRC, Rwanda and Tanzania.

You have been identified as a key [partner/actor/stakeholder] in the project.

I would like to speak with you about your involvement in the project and ask your opinions about the programme's work in [country/region/district].

The purpose of this work is to assess how effective the programme has been and to understand what has and hasn't worked well.

The results of this evaluation will be shared with LFTW, RC4D staff and the donor to help improve programmes here and in other countries.

Our interview will take about 1 hour. During the interview I will take notes so I can remember what you said and I will record our conversation.

I want to mention a few important points before we start:

- There are no "right" or "wrong" answers to any of the questions. We are interested in hearing your opinions, whatever they are.
- Your participation in this interview is voluntary. If you don't want to answer a question or need to stop the interview at any time, just say so.
- Whatever you tell me will be kept confidential. That means that it will be shared only with the members of the consultancy team conducting the evaluation. Any information we include in our report will not identify you.

Do you have any questions before we begin?

Can you please confirm that you received and reviewed the information and informed consent sheet?

>>> All respondents to sign information and informed consent sheet.

Now that I've told you about the topics we'll discuss and answered your questions, are you comfortable proceeding with the interview? Are you comfortable with me beginning the recording?

Interview and respondent information to be recorded

• Date of interview:
• Name:
• Organisation/Institution:
• Role in the organization and time in that role:
• Gender:
• Disability status:
• District:
• Facility name (if relevant):
• Length of interview (start/end time)
• Start time:
• End time:
• Location of interview:
• Any notes on interview context and other persons present:

Interview Guide

INTRODUCTORY QUESTION

- Please tell me briefly about your role and involvement with this programme.
 - How long have you been in your current position?

TOPIC AREAS – TO BE PRIORITIZED ACCORDING TO INFORMANT'S INVOLVEMENT AND EXPERTISE, AND, AS DATA COLLECTION PROGRESSES, AREAS REQUIRING FURTHER EXPLORATION

A.	ACCESS: EQ1. Given the integration of eye health within the country's health system, how have the two organisations and their programme partners contributed to improving access to eye care for the population?
Access, Gender equity and Inclusion, and Beneficiaries feedback	
	In your opinion, how successful has been the project in reaching women, girls, persons with disabilities or persons living in remote areas? • In your experience, what have been the most effective approaches to ensure that women, girls, PWDs, persons living in remote areas with eye problems are identified and managed? • What are the main barriers faced by women, girls, PWDs, persons living in remote areas to access services?
2.	What strategies/ interventions have been implemented to mitigate financial barriers to access eye care? • Can you provide some examples of interventions done at the different levels (community, primary, second and tertiary level?) • What have been the main successes of the approach (es) implemented? (e.g of approaches: creation of a service for patients with private insurances, support provided to most vulnerable) • What are the main challenges faced to mitigate financial barriers for patients to access eye cares? • What could be done to facilitate access for the most vulnerable?
Supply: strengthening service delivery	

3.	What service delivery improvements do you think the programme has contributed to ensure? (additional eye care services / specialized cares; reach/numbers served, accessibility, QoC, follow-up care, drug supply, DHIS) • Can you please provide some examples? • What is the magnitude of improvement? • In your perspective, what additional improvement will be needed to continue contributing to integrate eye care into the health system?
B.	CHANGES: EQ2 With regard to the integration of eye health into the country's health system, how have the two organisations and their joint programme partners contributed to the changes?
	Definition of integration <i>To achieve a robust health care system that includes eye care, eye care should be integrated within the existing health care policies and system at all levels. This means that eye care needs to be delivered in homes, schools, and other community settings; and integrated with inpatient and outpatient settings at the secondary and tertiary levels. To address many of the challenges faced in the field of eye care – including inequities in access and lack of integration within the health system – eye care needs to be an integral part of universal health coverage (UHC) We feel integration in the true sense is to prevent eye care from functioning in a silo and making it relevant to the broader goals of healthcare.</i> (WHO)
4.	In your opinion, what should be the different areas of focus for eye health interventions, to contribute to a better integration of eye care within the health system? • What are the main policies that supports integration at primary secondary and tertiary levels? (e.g.: national health strategic plans integrating eye care, list of essential eye care medicine included, eye care specific intervention included in UHC strategies..) please provide examples • What are the main barriers, challenges, to integrate eye care within the health system? • What additional activities/ interventions would you recommend promoting better integration?
Integrate services into primary health care	
5	What has been done under the programme to better integrate eye services into primary health care? • How has the programme contributed to reinforce community and primary care level interventions?
6.	What else needs to be done to better integrate eye services into primary health care? • Who needs to be more involved to achieve this? • What other activities or interventions would help to better integrate eye services into primary health care?
Strengthening eye care services	
7	To what extent have ophthalmology services at different levels (HD, CS) been strengthened? (e.g: mentorship, supervision, financial support, trainings of OCOs...) • Can you please provide some examples? • What have been the key successes? • And the key challenges faced? • In your perspective, what additional intervention with regards to equipment, infrastructure, trainings... should be conducted to promote integration of eye care at provincial, zonal and community level?
8.	Regarding KEU role as training/ technical support facility • What do you think are the main strengths for KEU to endorse this role? • What do you think are the main challenges for KEU to endorse this role? (e.g: workload etc...) • In your perspective; what have been the key successes of KEU as a training institute?

	What could be improved? Any lessons learnt?
Continuum of cares	
9	How has the programme contributed to support the continuum of eye care? - How referral between the different levels is ensured? - How referral within KEU structure is ensured? (For example, from diabetes consultation to eye care services? Or from MCH to ophthalmology) - What are the challenges faced? Any Lessons learnt?
10.	How coordination with other health sectors (such as MCH, neonatology; chronic diseases) has been promoted to better integrate eye services into primary health care? - What are the successes and Lessons Learned (LL)? - What are the main challenges faced? - What else should be done to enhance coordination with these sectors?
Relevance	
11.	In your view, how well did the project objectives match the needs of the targeted populations? Was there anything that didn't fit well or that could have been done differently to match the needs of people in the targeted areas?
12.	How have the project activities aligned with the plans, policies, and commitments of national and regional / provincial government?
C: SCHOOL SCREENING: EQ 3, In what way and how do eye health activities in schools (school screening) contribute to strengthening the integrated health system at different levels?	
13.	How well has the referral pathway from school activities to required eye care services been working? - What have been the key successes? - What can be improved? - What has been learned?
14.	Regarding coordination with inclusive education platform: - What have been the key successes? - What can be improved? - What has been learned?
D. OUTCOMES: EQ4. Have the expected results been achieved or not? Which ones? And why?	
15.	With regards to integration of eye care at the different level of the health system, what have been the main achievements of the programme so far? How do we know this?
16.	To what extent have synergies between the different components/outcomes of the project enhanced the overall outcomes - Providing support to the CS and HD to contribute to integrate eye care into primary health package? - Working with the inclusive education platform?
Impact	
17.	What contributions have the projects made towards the intended programme outcomes and impact? (<i>“D’ici 2026, davantage d’enfants, de femmes et d’hommes souffrant d’une affection oculaire bénéficier de soins oculaires de qualité à la clinique ophtalmologique de Kabgayi – clinique de référence de niveau national – localisée dans la province du Sud; 38 hôpitaux de district du pays ont renforcé leurs capacités médicales ; et davantage d’enfants malvoyants et aveugles prennent part à une éducation inclusive ou spécialisée de qualité. »</i>)

	- Overall, what have been the main strengths or successes of the project? - What have been some of the main challenges or gaps faced in the programme? - Is there anything, either positive or negative, that has been different from what was expected?
Sustainability: will the benefits last?	
18.	EQ11 Are the achievements of integrating eye care into primary and secondary care packages likely to be sustained (technically, financially and socially)? - How likely is it that sustainability will be achieved the intended medium/long term impact? - What is the likelihood of success / perceived confidence in sustainability of various components (technical, financial and social) - What are the factors supporting sustainability and the threats to sustainability?
19.	Have any advocacy gains been made to help ensure the improvements made by the programme are sustained? Can you please provide some examples?
20	With regards to the new policies implemented (e.g: - La politique nationale concernant la catégorisation sociale de la population Rwandaise), how do you think Universal Health Coverage objective could be supported? - What are the factors supporting UHC and the threats to UHC? - In your perspective, what intervention/ new activities could be implemented to contribute to UHC, and support access to eye care for the most vulnerable?
SPECIFIC QUESTIONS- to be selected according to area	
21	To what extent is the choice of new partners in the Rwanda programme justified? (2024 start of the partnership with Ruhengeri Hospital How does this contribute to improve access to eye care, including for the most vulnerable? - How does this contribute to improve integration of eye care into primary health package? - How does this contribute to strengthen integration of eye care into health system at secondary and tertiary levels? - Do you have any recommendations to improve its contributions toward integration of eye care into health system? In your perspective, to what extent is the strengthening of the training institute of the KEU partner contributing to the integration of eye care, and what lessons have been learned?
CLOSING QUESTIONS	
22.	Is there anything else you wish to share about this project? Are there any lessons learnt or recommendations for improvements that you would like to share? Closing / thank you for time

6.B.5 KII guides: LFTW - RWD

Notes for the Facilitator

- This topic guide is to be used to facilitate KIIs with LFTW programme staff in RWD
- Not all topics will be relevant to all informants. The modules and questions should be selected and tailored according to the person's involvement in the project and area of expertise.
- For some topics, informants may be asked to reflect on their own role in the project, and for others, they should be asked to comment on the roles of other actors, as appropriate.
- Although the questions are numbered, they may be asked in a different order, and topics that have already come up spontaneously in the interview may be skipped.
- Prompts are included in the guide to probe for more information around a topic. In addition, standard probes should be used to encourage respondents to elaborate ("can you tell me more about that?"), to ensure the person has nothing further to add on a topic ("anything else?"), and to probe for evidence (how do we know this?)
- Standard procedures for KII note-taking should be used.
- The discussion should be held in an appropriate environment that allows for privacy.
- All participants should read the information sheet and give written informed consent to participate.

Introduction of the interview to the informant

[Greetings, introduce self] Thank you for taking the time to speak with me today.

I am working on a project with Tropical Health, a consultancy firm.

We have been asked to conduct the Mid Term evaluation of the Inclusive Vision programme implemented in DRC, Rwanda and Tanzania by Light For The World and Rotary Clubs For Development (in DRC). Key focus of the MTE is on the integration of eye care into the health system in the DRC, Rwanda and Tanzania.

You have been identified as a key [partner/actor/stakeholder] in the project.

I would like to speak with you about your involvement in the project and ask your opinions about the programme's work in [country/region/district].

The purpose of this work is to assess how effective the programme has been and to understand what has and hasn't worked well.

The results of this evaluation will be shared with LFTW, RC4D staff and the donor to help improve programmes here and in other countries.

Our interview will take about 1 to 1.5 hour. During the interview I will take notes so I can remember what you said, and I will record our conversation.

I want to mention a few important points before we start:

- There are no "right" or "wrong" answers to any of the questions. We are interested in hearing your opinions, whatever they are.
- Your participation in this interview is voluntary. If you don't want to answer a question or need to stop the interview at any time, just say so.
- Whatever you tell me will be kept confidential. That means that it will be shared only with the members of the consultancy team conducting the evaluation. Any information we include in our report will not identify you.

Do you have any questions before we begin?

Can you please confirm that you received and reviewed the information and informed consent sheet?

>>> All respondents to sign information and informed consent sheet.

Now that I've told you about the topics we'll discuss and answered your questions, are you comfortable proceeding with the interview? Are you comfortable with me beginning the recording?

Interview and respondent information to be recorded

• Date of interview:
• Name:
• Organisation/Institution:
• Role in the organization and time in that role:
• Gender:
• Disability status:
• District:
• Facility name (if relevant):
• Length of interview (start/end time)
• Start time:
• End time:
• Location of interview:
• Any notes on interview context and other persons present:

Interview Guide

INTRODUCTORY QUESTION

- Please tell me briefly about your role and involvement with this programme.
 - How long have you been in your current position?

TOPIC AREAS – TO BE PRIORITIZED ACCORDING TO INFORMANT'S INVOLVEMENT AND EXPERTISE, AND, AS DATA COLLECTION PROGRESSES, AREAS REQUIRING FURTHER EXPLORATION

A.	ACCESS: EQ1. Given the integration of eye health within the country's health system, how have the two organisations and their programme partners contributed to improving access to eye care for the population?
Access, Gender equity and Inclusion, and Beneficiaries feedback	
1.	In your opinion, how successful has been the project in reaching women, girls, persons with disabilities or persons living in remote areas? • What do you think were the factors that contributed to this (success / weakness)? • What approaches have been used to ensure that women, girls, PWDs, persons living in remote areas with eye problems are identified? • Which approaches have been the most and least effective? How have you observed this?
2.	Who has benefited, who hasn't, from the intervention? • What has been done to reach those most in need and improve their access to eye care?
3.	What strategies/ interventions have been implemented to mitigate financial barriers to access eye care? • Can you provide some examples of interventions done at the different levels? (community- e.g.: outreaches, tertiary level) • What have been the main successes of the approach implemented? (e.g of approaches: creation of a service for patients with private insurances, support provided to most vulnerable) • What are the main challenges faced to mitigate financial barriers for patients to access eye cares? • Targets for 2023 were 1500 family benefiting from social services. "only"524 were supported in 2023. What could be the main reasons explaining targets were not achieved? • What could be done to facilitate access for the most vulnerable?

	How can sustainability of the approaches implemented be maintained?
4.	How beneficiaries' feedback has been taken into account, in order to improve access to eye care? - What has the programme done to strengthen the ways hospital partners and health facilities collect feedback from patients? - What has been learned from the patient feedback received?
Supply: strengthening service delivery	
5.	What service delivery improvements have been made under this programme? (additional eye care services / specialized cares; reach/numbers served, accessibility, QoC, follow-up care, drug supply, DHIS) - Can you please provide some examples? - What is the magnitude of improvement? - In your perspective, what additional improvement will be needed to continue contributing to integrate eye care into the health system?
B.	CHANGES: EQ2 With regard to the integration of eye health into the country's health system, how have the two organisations and their joint programme partners contributed to the changes?
	Definition of integration <i>To achieve a robust health care system that includes eye care, eye care should be integrated within the existing health care policies and system at all levels. This means that eye care needs to be delivered in homes, schools, and other community settings; and integrated with inpatient and outpatient settings at the secondary and tertiary levels. To address many of the challenges faced in the field of eye care – including inequities in access and lack of integration within the health system – eye care needs to be an integral part of universal health coverage (UHC)</i> <i>We feel integration in the true sense is to prevent eye care from functioning in a silo and making it relevant to the broader goals of healthcare.</i> (WHO)
6	In your opinion, what should be the different areas of focus for eye health interventions, to contribute to a better integration of eye care within the health system? - From your perspective, what are the key sectors/ focus of intervention of the programme that have contributed to promote integration? - What are the main barriers, challenges, to integrate eye care within the health system? - What additional activities/ interventions would you recommend strengthening integration?
Integrate services into primary health care	
7	What has been done under the programme to better integrate eye services into primary health care? - How has the programme contributed to reinforce community and primary care level interventions? - What are the successes and Lessons Learned (LL)? - What are the main challenges faced?
8	What else needs to be done to better integrate eye services into primary health care? - Who needs to be more involved to achieve this? - What other activities or interventions would help to better integrate eye services into primary health care
Strengthening eye care services	
9	To what extent have ophthalmology services at different levels (HD, CS) been strengthened? (e.g: mentorship, supervision, financial support, trainings of OCOs...)

	• Can you please provide some examples? • What have been the key successes? • And the key challenges faced? • In your perspective, what additional intervention with regards to equipment, infrastructure, trainings... should be conducted to promote integration of eye care at provincial, zonal and community level?
10	Regarding KEU role as training/ technical support facility • What do you think are the main strengths for KEU to endorse this role? • What do you think are the main challenges for KEU to endorse this role? (e.g: workload etc...) • In your perspective; what have been the key successes of KEU as a training institute? • What could be improved? Any lessons learnt?
EQ10 Capacity Building	
11	Regarding capacity building under the programme: • How capacity building activities have been identified? • What have been the results of retrospective assessments about capacity pre-post intervention and impact on division of labour and service delivery? • Have any challenges regarding staff retention post-training been faced? • How was capacity building "optimized" to contribute to maximize impact of interventions and sustain their results? What should be the next steps to contribute to strengthen its impact?
12	From your perspective, how management and leadership capacity building have contributed to strengthen ophthalmology services in your structure?
13	From your perspective, how has KEU played its technical role as referral structures? • How have capacity building, supervision and/ or mentorship activities targeting primary/ secondary level been conducted (with the different HD and CS)? • What have been the main successes? • What have been the key challenges faced? Any lessons learnt? • What else could be done in terms of capacity building intervention to strengthen integration of eye care into community/ primary level?
Continuum of cares	
14	How has the programme contributed to support the continuum of eye care? • How referral between the different levels is ensured? • How referral within Kabgayi hospital is ensured? (For example, from diabetes consultation to eye care services? Or from MCH to ophthalmology) • What are the successes and LL? • What are the challenges faced? Any Lessons learnt?
15	How coordination with other health sectors (such as MCH, neonatology; chronic diseases) has been promoted to better integrate eye services into primary health care? • What are the successes and Lessons Learned (LL)? • What are the main challenges faced? • What else should be done to enhance coordination with these sectors?
Relevance	

16	In your view, how well did the project objectives match the needs of the targeted populations? Was there anything that didn't fit well or that could have been done differently to match the needs of people in the targeted areas?
17	How have the project activities aligned with the plans, policies, and commitments of national and regional government?
C: SCHOOL SCREENING: EQ 3, In what way and how do eye health activities in schools (school screening) contribute to strengthening the integrated health system at different levels?	
18	To what extent do eye health activities in school contribute to community health promotion? In your view, has there been any evidence of a change in demand for eye care services for the targeted populations?
19	How well has the referral pathway from school activities to required eye care services been working? - What have been the key successes? - What can be improved? - What has been learned?
20	Initial targets for referral were approx.. 200 children referred. In 2023, around 1150 children have been referred to KEU for eye cares. How would you explain this difference? - How this "workload" has been managed by KEU and the inclusive education platform? - What about potential impact on budget? - What tools have been developed to ensure proper follow up of these children? - Is there any gap/ challenge faced? - Is there any lesson learnt on the best ways to implement and manage school screening activities/ referral to eye health care?
21	Regarding coordination with inclusive education platform: - What have been the key successes? - What can be improved? - What has been learned?
D. OUTCOMES: EQ4. Have the expected results been achieved or not? Which ones? And why?	
22	With regards to integration of eye care at the different level of the health system, what have been the main achievements of the programme so far? - How do we know this? - What internal and external factors have constrained or facilitated the integration of eye care at the different level of the health system? - What have been the key successes? - What have been the main challenges faced? - What has been learned?
23	To what extent have synergies between the different components/outcomes of the project enhanced the overall outcomes - Providing support to the CS and HD to contribute to integrate eye care into primary health package? - Working with the inclusive education platform?
24	From your perspective, what has been the added value of working with different categories of partnerships, regarding integration of eye care into health system? Providing support to the CS and HD to contribute to integrate eye care into primary health package?

	Working with the inclusive education platform?
25	From your perspective, what has been the key challenges of working with different categories of partnerships, regarding integration of eye care into health system? - Providing support to the CS and HD to contribute to integrate eye care into primary health package? - Working with the inclusive education platform? - What else would you do differently, what changes would you make, if any?
26	How has programme learning been conducted and to what extent could relevant learning be acted upon during implementation? - What approaches did you use to identify and reflect on learning during the project? - How often do you do this?
Coherence	
27	Are the planned activities the most effective in achieving the expected results? - Should other complementary activities be considered? - What, if anything, could have been done differently in the project design to make it more effective? - Are there any changes that need to be made to the ToC and logframe for this intervention or future programmes?
Impact	
28	What contributions have the projects made towards the intended programme outcomes and impact? (<i>“D’ici 2026, davantage d’enfants, de femmes et d’hommes souffrant d’une affection oculaire bénéficient de soins oculaires de qualité à la clinique ophtalmologique de Kabgayi – clinique de référence de niveau national – localisée dans la province du Sud; 38 hôpitaux de district du pays ont renforcé leurs capacités médicales ; et davantage d’enfants malvoyants et aveugles prennent part à une éducation inclusive ou spécialisée de qualité. »</i>) - Overall, what have been the main strengths or successes of the project? - What have been some of the main challenges or gaps faced in the programme? - How feasible was the project design given the implementation context - Is there anything, either positive or negative, that has been different from what was expected?
E. Efficiency: how well are resources being used?	
EQ 5, 6, 7, 8. Is the allocation of programme resources cost-effective?	
29	Have the resources been transformed efficiently through the activities into results? - What have been any challenges with regards to financial management? - Could the same or similar results have been achieved at lower cost? - What approaches or decisions have contributed to the efficient use of resources?
30	Are the strategies chosen by LFTW and the activities underway likely to lead to the achievement of results on time? How do we know that?
31	Regarding capacity of the teams to implement the strategies and activities

	(technical expertise, human resources, management, etc.)? • What mechanisms for routine M&E and learning have been planned? • How data from MEL have been analysed and utilized? • How technical support has been identified? What have been the results of these support visits? How results can be optimized
Sustainability: will the benefits last?	
Partnerships: EQ 9. To what extent are the partners and direct collaborations able or likely to safeguard the achievements and ensure the continuation of activities after the end of the programme?	
32	How well have partnerships and partnership working been leveraged to efficiently pursue aims and objectives, including CBA? (e.g.: with HDs and CSs, with the inclusive education platform, with LFTW etc) • To what extent have the strengths of the different partners been leveraged for the overall programme aims? • What has worked well? • What could have been done differently? • What has worked well with regards to ways of working and communicating with partners? • How were the partners involved in any programme review meetings, and during the inception phase?
33	EQ11 Are the achievements of integrating eye care into primary and secondary care packages likely to be sustained (technically, financially and socially)? • How likely is it that sustainability will be achieved the intended medium/long term impact ? • What is the likelihood of success / perceived confidence in sustainability of various components (technical, financial and social) • What are the factors supporting sustainability and the threats to sustainability?
34	Have any advocacy gains been made to help ensure the improvements made by the programme are sustained? • Can you please provide some examples?
EQ12 Collaboration	
35	Among the same beneficiaries, are there other actors whose interventions effectively contribute to the sustainability of the effects sought by the programme? (e.g. CBM) • How collaboration with these other key actors has been promoted? • What has been working well, what could be improved? • How coordination of the program has been ensured from design, allowing synergy with other key programmes / actors?
SPECIFIC QUESTIONS-	
36	To what extent is the choice of new partners in the Rwanda programme justified? (2024 start of the partnership with Ruhengeri Hospital How does this contribute to improve access to eye care, including for the most vulnerable? • How does this contribute to improve integration of eye care into primary health package? • How does this contribute to strengthen integration of eye care into health system at secondary and tertiary levels? • Do you have any recommendations to improve its contributions toward integration of eye care into health system? In your perspective, to what extent is the strengthening of the training institute of the KEU partner contributing to the integration of eye care, and what lessons have been learned?

	CLOSING QUESTIONS
37	Is there anything else you wish to share about this project? Are there any lessons learnt or recommendations for improvements that you would like to share? Closing / thank you for time

6.B.6 KII guides Cellule Éducation Inclusive (E.I) de Kabgayi- coordinator; Ministry of Education; Ministry of Gender and Family Promotion; Rwanda Education Board- Rwanda

Notes for the Facilitator

- This topic guide is to be used to facilitate KIIs with Cellule Éducation Inclusive (E.I) de Kabgayi- coordinator; Ministry of Education; Ministry of Gender and Family Promotion; Rwanda Education Board in RWD
- Not all topics will be relevant to all informants. The modules and questions should be selected and tailored according to the person's involvement in the project and area of expertise.
- For some topics, informants may be asked to reflect on their own role in the project, and for others, they should be asked to comment on the roles of other actors, as appropriate.
- Although the questions are numbered, they may be asked in a different order, and topics that have already come up spontaneously in the interview may be skipped.
- Prompts are included in the guide to probe for more information around a topic. In addition, standard probes should be used to encourage respondents to elaborate ("can you tell me more about that?"), to ensure the person has nothing further to add on a topic ("anything else?"), and to probe for evidence (how do we know this?)
- Standard procedures for KII note-taking should be used.
- The discussion should be held in an appropriate environment that allows for privacy.
- All participants should read the information sheet and give written informed consent to participate.

Introduction of the interview to the informant

[Greetings, introduce self] Thank you for taking the time to speak with me today.

I am working on a project with Tropical Health, a consultancy firm.

We have been asked to conduct the Mid Term evaluation of the Inclusive Vision programme implemented in DRC, Rwanda and Tanzania by Light For The World. Key focus of the MTE is on the integration of eye care into the health system in the DRC, Rwanda and Tanzania.

You have been identified as a key [partner/actor/stakeholder] in the project.

I would like to speak with you about your involvement in the project and ask your opinions about the programme's work in [country/region/district].

The purpose of this work is to assess how effective the programme has been and to understand what has and hasn't worked well.

The results of this evaluation will be shared with LFTW staff and the donor to help improve programmes here and in other countries.

Our interview will take about 1 hour. During the interview I will take notes so I can remember what you said, and I will record our conversation.

I want to mention a few important points before we start:

- There are no “right” or “wrong” answers to any of the questions. We are interested in hearing your opinions, whatever they are.
- Your participation in this interview is voluntary. If you don’t want to answer a question or need to stop the interview at any time, just say so.
- Whatever you tell me will be kept confidential. That means that it will be shared only with the members of the consultancy team conducting the evaluation. Any information we include in our report will not identify you.

Do you have any questions before we begin?

Can you please confirm that you received and reviewed the information and informed consent sheet?

>>> All respondents to sign information and informed consent sheet.

Now that I’ve told you about the topics we’ll discuss and answered your questions, are you comfortable proceeding with the interview? Are you comfortable with me beginning the recording?

Interview and respondent information to be recorded

• Date of interview:
• Name:
• Organisation/Institution:
• Role in the organization and time in that role:
• Gender:
• Disability status:
• District:
• Facility name (if relevant):
• Length of interview (start/end time)
• Start time:
• End time:
• Location of interview:
• Any notes on interview context and other persons present:

Interview Guide

INTRODUCTORY QUESTION

- Please tell me briefly about your role and involvement with this programme.
 - How long have you been in your current position?

TOPIC AREAS – TO BE PRIORITIZED ACCORDING TO INFORMANT’S INVOLVEMENT AND EXPERTISE, AND, AS DATA COLLECTION PROGRESSES, AREAS REQUIRING FURTHER EXPLORATION

A.	ACCESS: EQ1. Given the integration of eye health within the country's health system, how have the two organisations and their programme partners contributed to improving access to eye care for the population?
Access, Gender equity and Inclusion, and Beneficiaries feedback	
1.	In your opinion, how successful has been the project in reaching girls, children with disabilities or children living in remote areas? • In your experience, what have been the most effective approaches to ensure that girls, children with disabilities or children living in remote areas with eye problems are identified and managed?

	What are the main barriers faced by girls, children with disabilities or children living in remote areas to access eye care services?
B.	CHANGES: EQ2 With regard to the integration of eye health into the country's health system, how have the two organisations and their joint programme partners contributed to the changes?
	Definition of integration <i>To achieve a robust health care system that includes eye care, eye care should be integrated within the existing health care policies and system at all levels. This means that eye care needs to be delivered in homes, schools, and other community settings; and integrated with inpatient and outpatient settings at the secondary and tertiary levels. To address many of the challenges faced in the field of eye care – including inequities in access and lack of integration within the health system – eye care needs to be an integral part of universal health coverage (UHC)</i> <i>We feel integration in the true sense is to prevent eye care from functioning in a silo and making it relevant to the broader goals of healthcare.</i> (WHO)
2.	In your opinion, how coordination between education and eye health has contributed to a better integration of eye care within the health system? - What are the main policies that supports integration at community level (school screening) (e.g.: national education strategic plans; eye care specific intervention included in UHC strategies..) please provide examples - What are the main barriers, challenges, to integrate eye care screening within education system? - What additional activities/ interventions would you recommend promoting better integration?
Integrate services into primary health care	
3	What has been done under the programme to better integrate eye services into community/ primary health? How has the programme contributed to reinforce community / primary care level interventions?
4.	What else needs to be done to better integrate eye services into community/ primary health care? - Who needs to be more involved to achieve this? - What other activities or interventions would help to better integrate eye services into community/primary health care?
Relevance	
5.	In your view, how well did the project objectives match the needs of the targeted populations? Was there anything that didn't fit well or that could have been done differently to match the needs of people in the targeted areas?
6	How have the project activities aligned with the plans, policies, and commitments of national and regional / provincial government?
C: SCHOOL SCREENING: EQ 3, In what way and how do eye health activities in schools (school screening) contribute to strengthening the integrated health system at different levels?	
7.	How well has the referral pathway from school screening to required eye care services at KEU been working? - What have been the key successes? - What can be improved? - What has been learned?

	What other activities or changes would you recommend optimizing results?
8	Regarding coordination with the school educational teams: - What have been the key successes? - What can be improved? - What has been learned? - What other activities or changes would you recommend optimizing results?
9	Regarding coordination with the families/ communities - What have been the key successes? - What can be improved? - What has been learned? - What other activities or changes would you recommend optimizing results?
10.	Regarding coordination with KEU: - What have been the key successes? - What can be improved? - What has been learned? - What other activities or changes would you recommend optimizing results?
11	To what extent do eye health activities in school contribute to community health promotion? - In your view, has there been any evidence of a change in demand for eye care services for the targeted populations? - How have you observed this?
D. OUTCOMES: EQ4. Have the expected results been achieved or not? Which ones? And why?	
12.	To what extent have synergies between the different components/outcomes of the project enhanced the overall outcomes Collaboration between the inclusive education platform and KEU?
13	Initial targets for referral were approx.. 200 children referred. In 2023, around 1150 children have been referred to KEU for eye cares. How would you explain this difference? - How this “workload” has been managed by KEU and the inclusive education platform? - What tools have been developed to ensure proper follow up of these children? - Is there any gap/ challenge faced? - Is there any lesson learnt on the best ways to implement and manage school screening activities/ referral to eye health care?
Impact	
14.	What contributions have the projects made towards the intended programme outcomes and impact? (<i>“D’ici 2026, davantage d’enfants, de femmes et d’hommes souffrant d’une affection oculaire bénéficient de soins oculaires de qualité à la clinique ophtalmologique de Kabgayi – clinique de référence de niveau national – localisée dans la province du Sud; 38 hôpitaux de district du pays ont renforcé leurs capacités médicales ; et davantage d’enfants malvoyants et aveugles prennent part à une éducation inclusive ou spécialisée de qualité. »</i>) - Overall, what have been the main strengths or successes of the project? - What have been some of the main challenges or gaps faced in the programme? - Is there anything, either positive or negative, that has been different from what was expected?
Sustainability: will the benefits last?	

15.	EQ11 Are the achievements of integrating eye care into community care (school screening) packages likely to be sustained (technically, financially and socially)? • How likely is it that sustainability will be achieved the intended medium/long term impact ? • What is the likelihood of success / perceived confidence in sustainability of various components (technical, financial and social) • What are the factors supporting sustainability and the threats to sustainability?
16.	Have any advocacy gains been made to help ensure the improvements made by the programme are sustained? • Can you please provide some examples?
17	How well have partnerships and partnership working been leveraged to efficiently pursue aims and objectives, including CBA? (e.g.: with the inclusive education platform, with LFTW, with KEU, with targeted schools etc) • To what extent have the strengths of the different partners been leveraged for the overall programme aims? • What has worked well? • What could have been done differently? • What has worked well with regards to ways of working and communicating with partners? • How were the partners involved in any programme review meetings, and during the inception phase?
	CLOSING QUESTIONS
18.	Is there anything else you wish to share about this project? Are there any lessons learnt or recommendations for improvements that you would like to share? Closing / thank you for time

6.B.7 KII guides: Mainstreaming education partners - RWD

Notes for the Facilitator

- This topic guide is to be used to facilitate KIIs with Mainstreaming education partners in RWD
- Not all topics will be relevant to all informants. The modules and questions should be selected and tailored according to the person's involvement in the project and area of expertise.
- For some topics, informants may be asked to reflect on their own role in the project, and for others, they should be asked to comment on the roles of other actors, as appropriate.
- Although the questions are numbered, they may be asked in a different order, and topics that have already come up spontaneously in the interview may be skipped.
- Prompts are included in the guide to probe for more information around a topic. In addition, standard probes should be used to encourage respondents to elaborate ("can you tell me more about that?"), to ensure the person has nothing further to add on a topic ("anything else?"), and to probe for evidence (how do we know this?)
- Standard procedures for KII note-taking should be used.
- The discussion should be held in an appropriate environment that allows for privacy.
- All participants should read the information sheet and give written informed consent to participate.

Introduction of the interview to the informant

[Greetings, introduce self] Thank you for taking the time to speak with me today.

I am working on a project with Tropical Health, a consultancy firm.

We have been asked to conduct the Mid Term evaluation of the Inclusive Vision programme implemented in DRC, Rwanda and Tanzania by Light For The World and Rotary Clubs For Development (in DRC). Key focus of the MTE is on the integration of eye care into the health system in the DRC, Rwanda and Tanzania.

You have been identified as a key [partner/actor/stakeholder] in the project.

I would like to speak with you about your involvement in the project and ask your opinions about the programme's work in [country/region/district].

The purpose of this work is to assess how effective the programme has been and to understand what has and hasn't worked well.

The results of this evaluation will be shared with LFTW, RC4D staff and the donor to help improve programmes here and in other countries.

Our interview will take about 1 hour. During the interview I will take notes so I can remember what you said, and I will record our conversation.

I want to mention a few important points before we start:

- There are no "right" or "wrong" answers to any of the questions. We are interested in hearing your opinions, whatever they are.
- Your participation in this interview is voluntary. If you don't want to answer a question or need to stop the interview at any time, just say so.
- Whatever you tell me will be kept confidential. That means that it will be shared only with the members of the consultancy team conducting the evaluation. Any information we include in our report will not identify you.

Do you have any questions before we begin?

Can you please confirm that you received and reviewed the information and informed consent sheet?

>>> All respondents to sign information and informed consent sheet.

Now that I've told you about the topics we'll discuss and answered your questions, are you comfortable proceeding with the interview? Are you comfortable with me beginning the recording?

Interview and respondent information to be recorded

• Date of interview:
• Name:
• Organisation/Institution:
• Role in the organization and time in that role:
• Gender:
• Disability status:
• District:
• Facility name (if relevant):
• Length of interview (start/end time)
• Start time:
• End time:
• Location of interview:
• Any notes on interview context and other persons present:

Interview Guide

INTRODUCTORY QUESTION

- Please tell me briefly about your role and involvement with this programme.
 - How long have you been in your current position?

TOPIC AREAS – TO BE PRIORITIZED ACCORDING TO INFORMANT'S INVOLVEMENT AND EXPERTISE, AND, AS DATA COLLECTION PROGRESSES, AREAS REQUIRING FURTHER EXPLORATION

A.	ACCESS: EQ1. Given the integration of eye health within the country's health system, how have the two organisations and their programme partners contributed to improving access to eye care for the population?
Access, Gender equity and Inclusion, and Beneficiaries feedback	
1.	In your opinion, how successful has been the project in reaching girls, children with disabilities children living in remote areas or vulnerable children? • In your experience, what have been the most effective approaches to ensure that girls, children with disabilities, children living in remote areas or vulnerable children with eye problems are identified and managed? • What are the main barriers faced by girls, children with disabilities, children living in remote areas or vulnerable children to access eye care services?
B.	CHANGES: EQ2 With regard to the integration of eye health into the country's health system, how have the two organisations and their joint programme partners contributed to the changes?
	Definition of integration <i>To achieve a robust health care system that includes eye care, eye care should be integrated within the existing health care policies and system at all levels. This means that eye care needs to be delivered in homes, schools, and other community settings; and integrated with inpatient and outpatient settings at the secondary and tertiary levels. To address many of the challenges faced in the field of eye care – including inequities in access and lack of integration within the health system – eye care needs to be an integral part of universal health coverage (UHC)</i> <i>We feel integration in the true sense is to prevent eye care from functioning in a silo and making it relevant to the broader goals of healthcare.</i> (WHO)

2.	In your opinion, how coordination between education and eye health has contributed to a better integration of eye care within the health system? - What are the main policies that supports integration at community level (school screening) (e.g.: national education strategic plans; eye care specific intervention included in UHC strategies..) please provide examples - What are the main barriers, challenges, to integrate eye care screening within education system? - What additional activities/ interventions would you recommend promoting better integration?
Integrate services into primary health care	
3	What has been done under the programme to better integrate eye services at school? How has the programme contributed to reinforce community health care level interventions?
4.	What else needs to be done to better integrate eye services into community health care? - Who needs to be more involved to achieve this? - What other activities or interventions would help to better integrate eye services into community/primary health care?
Relevance	
5.	In your view, how well did the project objectives match the needs of the targeted populations? Was there anything that didn't fit well or that could have been done differently to match the needs of people in the targeted areas?
6	How have the project activities aligned with the plans, policies, and commitments of national and regional / provincial government?
C: SCHOOL SCREENING: EQ 3, In what way and how do eye health activities in schools (school screening) contribute to strengthening the integrated health system at different levels?	
<i>Questions from 7 to 11 to be asked only to targeted mainstream schools</i>	
7.	How well has the referral pathway from school screening to required eye care services at KEU been working? - What have been the key successes? - What can be improved? - What has been learned? - What other activities or changes would you recommend optimizing results?
8	Regarding coordination between KEU and school teams: - What have been the key successes? - What can be improved? - What has been learned? - What other activities or changes would you recommend optimizing results?
9	Regarding communication with the families/ communities - What have been the key successes? - What can be improved? - What has been learned? - What other activities or changes would you recommend optimizing results?
10.	Regarding coordination with inclusive education platform: What have been the key successes?

	• What can be improved? • What has been learned? • What other activities or changes would you recommend optimizing results?
11	From your perspective to what extent do eye health activities in school contribute to community health promotion? • In your view, has there been any evidence of a change in demand for eye care services for the targeted populations? • How have you observed this?
12	Initial targets for referral were approx.. 200 children referred. In 2023, around 1150 children have been referred to KEU for eye cares. How would you explain this difference? • How this “workload” has been managed by KEU and the inclusive education platform? • What tools have been developed to ensure proper follow up of these children? • Is there any gap/ challenge faced? • Is there any lesson learnt on the best ways to implement and manage school screening activities/ referral to eye health care?
D. OUTCOMES: EQ4. Have the expected results been achieved or not? Which ones? And why?	
13.	To what extent have synergies between the different components/outcomes of the project enhanced the overall outcomes • Collaboration with KEU? • Working with the inclusive education platform?
Impact	
14.	What contributions have the projects made towards the intended programme outcomes and impact? (<i>“D’ici 2026, davantage d’enfants, de femmes et d’hommes souffrant d’une affection oculaire bénéficie de soins oculaires de qualité à la clinique ophtalmologique de Kabgayi – clinique de référence de niveau national – localisée dans la province du Sud; 38 hôpitaux de district du pays ont renforcé leurs capacités médicales ; et davantage d’enfants malvoyants et aveugles prennent part à une éducation inclusive ou spécialisée de qualité. »</i>) • Overall, what have been the main strengths or successes of the project? • What have been some of the main challenges or gaps faced in the programme? • Is there anything, either positive or negative, that has been different from what was expected?
Sustainability: will the benefits last?	
15.	EQ11 Are the achievements of integrating eye care into community health care packages (school screenings) likely to be sustained (technically, financially and socially)? • How likely is it that sustainability will be achieved the intended medium/long term impact ? • What is the likelihood of success / perceived confidence in sustainability of various components (technical, financial and social) • What are the factors supporting sustainability and the threats to sustainability?
16.	Have any advocacy gains been made to help ensure the improvements made by the programme are sustained? • Can you please provide some examples?
17	How well have partnerships and partnership working been leveraged to efficiently pursue aims and objectives? (e.g.: with the inclusive education platform, with LFTW, KEU)

	• What has worked well? • What could have been done differently?
	CLOSING QUESTIONS
18.	Is there anything else you wish to share about this project? Are there any lessons learnt or recommendations for improvements that you would like to share? Closing / thank you for time

6.B.8 FGD guides; Parents/ caregivers of children involved in the school screening programme - RWD

Notes for the Facilitator

- This topic guide is to be used to facilitate FGD with parents/ caregivers of children involved in the programme
- This is a semi-structured interview guide.
- For some topics, informants should be asked to reflect on their own role in the project, and for others, they should be asked to comment on the roles of other actors, as appropriate.
- Although the questions are numbered, they may be asked in a different order, and topics that have already come up spontaneously in the interview may be skipped.
- Standard probes should be used to encourage respondents to elaborate (“can you tell me more about that”), and to ensure that the respondent has nothing further to add on a topic (“anything else?”)
- As data collection progresses, questions should be refined based on information obtained and will become increasingly focused on the individual’s experience and opinions. Interviews may also seek to focus on key topics of interest that warrant further exploration, while allowing for open enquiry with all respondents, so as not to limit the scope of opinion or topics covered.
- In some cases, this topic guide will be used to interview two or more individuals at the same time. Where more than one respondent is present, the Evaluation team will use prompts to encourage reflective discussion and exchange between the informants (e.g. of challenges, lessons learned, areas for improvement, etc.)..

Introduction of the interview to the informant

[Greetings, introduce self] Thank you for taking the time to speak with me today.

I am working on a project with Tropical Health, a consultancy firm.

We have been asked to conduct the Mid Term evaluation of the Inclusive Vision programme implemented in DRC, Rwanda and Tanzania by Light For The World and Rotary Clubs For Development (in DRC). Key focus of the MTE is on the integration of eye care into the health system in the DRC, Rwanda and Tanzania.

You have been identified as a key [partner/actor/stakeholder] in the project.

Our goal is to understand and document your experience so that we can learn from it and make recommendations for future projects.

The questions will take about 1 hour

I want to mention a few important points before we start:

- There are no “right” or “wrong” answers to any of the questions. We are interested in hearing your opinions, whatever they are.
- Your participation in this interview is voluntary. If you don’t want to answer a question or need to stop the interview at any time, just say so.
- Whatever you tell me will be kept confidential. That means that it will be shared only with the members of the consultancy team conducting the evaluation. Any information we include in our report will not identify you.

Do you have any questions before we begin?

Can you please confirm that you received and reviewed the information and informed consent sheet?

>>> All respondents to sign information and informed consent sheet.

Now that I’ve told you about the topics we’ll discuss and answered your questions, are you comfortable proceeding with the interview? Are you comfortable with me beginning the recording?

Interview and respondent information to be recorded

• Date of interview:
• Name:
• Organisation/Institution:
• Role in the organization and time in that role:
• Gender:
• Disability status:
• District:
• Facility name (if relevant):
• Length of interview (start/end time)
• Start time:
• End time:
• Location of interview:
• Any notes on interview context and other persons present:

Interview Guide

INTRODUCTORY QUESTION

[Greetings, informal conversation]

Please tell me about how you have been involved in the project (age of child enrolled in date of enrolment- degree of disability-)

TOPIC AREAS – TO BE PRIORITIZED ACCORDING TO INFORMANT’S INVOLVEMENT AND EXPERTISE, AND, AS DATA COLLECTION PROGRESSES, AREAS REQUIRING FURTHER EXPLORATION

ACCESS	
	How did you hear about the eye health services offered at school for children/ youths with visual impairment?
B.	CHANGES: EQ2 With regard to the integration of eye health into the country's health system, how have the two organisations and their joint programme partners contributed to the changes?
Relevance	
2.	How would you characterize the need for this project? • Why? What makes you think it was X [e.g. an important need or not a priority]? • Before the project started, how would you have characterized the level (probe high/medium/low if necessary) of community awareness regarding disability services and inclusion support available for children?
D. OUTCOMES: EQ4. Have the expected results been achieved or not? Which ones? And why?	
3.	What support has your child had to help him/her come to school and learn? • What do you think of this support? • Is there anything that would stop your child to continue their education?
4.	Are you satisfied with the progress your child is making at school? • Why/why not? • What could help continue improving your child progress?
5.	How well has the referral pathway from school activities to required eye care services at KEU been working? • Did you face any difficulties to ensure your child receive the eye care needed? • How was your experience at the health facility (e.g.: waiting time, attitude of staff, fees to pay etc) • Is there something that can be improved?
	CLOSING QUESTIONS

6.	Before we finish, is there anything else you would like to tell me about the support your child has received with this program? • what were the most positive aspects? • what could be improved? Closing / thank you for time
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Annex 6.C - Tanzania

6.C.1 KII guides: Managerial and leadership staff from CCRBT and KCMC - Tanzania

Notes for the Facilitator

- This topic guide is to be used to facilitate KIIs with Managerial and leadership staff CCRBT and KCMC in Tanzania
- Not all topics will be relevant to all informants. The modules and questions should be selected and tailored according to the person's involvement in the project and area of expertise.
- For some topics, informants may be asked to reflect on their own role in the project, and for others, they should be asked to comment on the roles of other actors, as appropriate.
- Although the questions are numbered, they may be asked in a different order, and topics that have already come up spontaneously in the interview may be skipped.
- Prompts are included in the guide to probe for more information around a topic. In addition, standard probes should be used to encourage respondents to elaborate ("can you tell me more about that?"), to ensure the person has nothing further to add on a topic ("anything else?"), and to probe for evidence (how do we know this?)
- Standard procedures for KII note-taking should be used.
- The discussion should be held in an appropriate environment that allows for privacy.
- All participants should read the information sheet and give written informed consent to participate.

Introduction of the interview to the informant

[Greetings, introduce self] Thank you for taking the time to speak with me today.

I am working on a project with Tropical Health, a consultancy firm.

We have been asked to conduct the Mid Term evaluation of the Inclusive Vision programme implemented in DRC, Rwanda and Tanzania by Light For The World and Rotary Clubs For Development (in DRC). Key focus of the MTE is on the integration of eye care into the health system in the DRC, Rwanda and Tanzania.

You have been identified as a key [partner/actor/stakeholder] in the project.

I would like to speak with you about your involvement in the project and ask your opinions about the programme's work in [country/region/district].

The purpose of this work is to assess how effective the programme has been and to understand what has and hasn't worked well.

The results of this evaluation will be shared with LFTW, RC4D staff and the donor to help improve programmes here and in other countries.

Our interview will take about 1 to 1.5 hour. During the interview I will take notes so I can remember what you said, and I will record our conversation.

I want to mention a few important points before we start:

- There are no "right" or "wrong" answers to any of the questions. We are interested in hearing your opinions, whatever they are.
- Your participation in this interview is voluntary. If you don't want to answer a question or need to stop the interview at any time, just say so.
- Whatever you tell me will be kept confidential. That means that it will be shared only with the members of the consultancy team conducting the evaluation. Any information we include in our report will not identify you.

Do you have any questions before we begin?

Can you please confirm that you received and reviewed the information and informed consent sheet?

>>> All respondents to sign information and informed consent sheet.

Now that I've told you about the topics we'll discuss and answered your questions, are you comfortable proceeding with the interview? Are you comfortable with me beginning the recording?

Interview and respondent information to be recorded

• Date of interview:
• Name:
• Organisation/Institution:
• Role in the organization and time in that role:
• Gender:
• Disability status:
• District:
• Facility name (if relevant):
• Length of interview (start/end time)
• Start time: • End time:
• Location of interview:
• Any notes on interview context and other persons present:

Interview Guide

INTRODUCTORY QUESTION

- Please tell me briefly about your role and involvement with this programme.
 - How long have you been in your current position?

TOPIC AREAS – TO BE PRIORITIZED ACCORDING TO INFORMANT'S INVOLVEMENT AND EXPERTISE, AND, AS DATA COLLECTION PROGRESSES, AREAS REQUIRING FURTHER EXPLORATION

A.	ACCESS: EQ1. Given the integration of eye health within the country's health system, how have the two organisations and their programme partners contributed to improving access to eye care for the population?
Access, Gender equity and Inclusion, and Beneficiaries feedback	
	In your opinion, how successful has been the project in reaching women, girls, persons with disabilities or persons living in remote areas? • What do you think were the factors that contributed to this (success / weakness)? • What approaches have you used to ensure that women, girls, PWDs, persons living in remote areas with eye problems are identified? • Which approaches have been the most and least effective? How have you observed this?
2.	Who has benefited, who hasn't, from the intervention? • What has been done to reach those most in need and improve their access to eye care?
3.	What strategies/ interventions have been implemented to mitigate financial barriers to access eye care? • Can you provide some examples of interventions done at the different levels? (e.g: community- e.g.: outreaches, tertiary level: Robin hood approach) • What have been the main successes of the approach(es) implemented? • What are the main challenges faced to mitigate financial barriers for patients to access eye cares? • What could be done to facilitate access for the most vulnerable? • How can sustainability of the approaches implemented be maintained?

4.	How beneficiaries' feedback has been taken into account, in order to improve access to eye care? - What has the programme done to strengthen the ways feedback from patients is collected? - What has been learned from the patient feedback received?
Supply: strengthening service delivery	
5.	What service delivery improvements have been made under this programme in your structure? (additional eye care services / specialized cares; reach/numbers served, accessibility, QoC, follow-up care, drug supply, DHIS) - Can you please provide some examples? - What is the magnitude of improvement? - In your perspective, what additional improvement will be needed to continue contributing to integrate eye care into the health system?
B.	CHANGES: EQ2 With regard to the integration of eye health into the country's health system, how have the two organisations and their joint programme partners contributed to the changes?
Integrate services into primary health care	
6.	What has been done under the programme to better integrate eye services into primary health care? - How has the programme contributed to reinforce community and primary care level interventions? - What are the successes and Lessons Learned (LL)? - What are the main challenges faced?
7.	What else needs to be done to better integrate eye services into primary health care? - Who needs to be more involved to achieve this? - What other activities or interventions would help to better integrate eye services into primary health care
Strengthening eye care services	
8.	To what extent have ophthalmology services at different levels been strengthened? (e.g: mentorship of partners hospital eye care staff, trainings of community and primary health workers etc..) - Can you please provide some examples? - What have been the key successes? - And the key challenges faced? - In your perspective, what additional intervention with regards to equipment, infrastructure, trainings... should be conducted to promote integration of eye care at primary, secondary and tertiary level?
9.	Regarding CCRBT/ KCMC role as training/ technical support facility - What do you think are the main strengths of the structures to endorse this role? - What do you think are the main challenges for the structures to endorse this role? (e.g: workload etc...) - In your perspective; what have been the key successes as a training institute? - What could be improved? Any lessons learnt?
EQ10 Capacity Building	
10.	Regarding capacity building in your structure: - How capacity building activities have been identified? - What have been the results of retrospective assessments about capacity pre-post intervention and impact on division of labour and service delivery? - Have any challenges regarding staff retention post-training been faced?

	How was capacity building "optimized" to contribute to maximize impact of interventions and sustain their results? What should be the next steps to contribute to strengthen its impact?
Continuum of cares	
11.	How has the programme contributed to support the continuum of eye care? - How referral between the different levels is ensured? - How referral within CCRBT/ KCMC hospital is ensured? (For example, from diabetes consultation to eye care services? Or from MCH to ophthalmology) - What are the successes and LL? - What are the challenges faced? Any Lessons learnt?
12.	How coordination with other health sectors (such as MCH, neonatology; chronic diseases) has been promoted to better integrate eye services into primary health care? - What are the successes and Lessons Learned (LL)? - What are the main challenges faced? - What else should be done to enhance coordination with these sectors?
Relevance	
13.	In your view, how well did the project objectives match the needs of the targeted populations? Was there anything that didn't fit well or that could have been done differently to match the needs of people in the targeted areas?
14.	How have the project activities aligned with the plans, policies, and commitments of national and regional government?
C: Itinerant teacher's programme: In what way and how do eye health activities in schools contribute to strengthening the integrated health system at different levels?	
15.	To what extent do eye health activities in school contribute to community health promotion? - In your view, has there been any evidence of a change in demand for eye care services for the targeted populations? - How have you observed this?
16.	Regarding coordination with ITP: - What have been the key successes? - What can be improved? - What has been learned?
D. OUTCOMES: EQ4. Have the expected results been achieved or not? Which ones? And why?	
17.	With regards to integration of eye care at the different level of the health system, what have been the main achievements of the programme so far? - How do we know this? - What internal and external factors have constrained or facilitated the integration of eye care at the different level of the health system? - What have been the key successes? - What have been the main challenges faced? - What has been learned?
18.	To what extent have synergies between the different components/outcomes of the project enhanced the overall outcomes - Providing support to partners hospital at tertiary level? - Training community and primary health care workers? - Working with the itinerant teacher's programme?

19.	How has programme learning been conducted and to what extent could relevant learning be acted upon during implementation? - What approaches have you used to identify and reflect on learning during the project? - How often do you do this?
Coherence	
20.	Are the planned activities the most effective in achieving the expected results? - Should other complementary activities be considered? - What, if anything, could have been done differently in the project design to make it more effective? - Are there any changes that need to be made to the ToC and logframe for this intervention or future programmes?
Impact	
21.	What contributions have the programme made towards the intended programme outcomes and impact? (<i>“In the Dar es Salaam, Morogoro, Dodoma and Ruvuma Regions, adults and children affected by eye health conditions benefit from comprehensive and quality eye health care and visually impaired & blind girls and boys from 14 districts take part in inclusive and special needs education, including vocational training »</i>) - Overall, what have been the main strengths or successes of the programme? - What have been some of the main challenges or gaps faced in the programme? - How feasible was the project design given the implementation context - Is there anything, either positive or negative, that has been different from what was expected?
E. Efficiency: how well are resources being used?	
EQ 5, 6, 7, 8. Is the allocation of programme resources cost-effective?	
22.	Have the resources been transformed efficiently through the activities into results? - What have been any challenges with regards to financial management? - Could the same or similar results have been achieved at lower cost? - What approaches or decisions have contributed to the efficient use of resources? (e.g: relocation of funding for ex to buy additional specific eye care equipment)
23.	Are the strategies chosen by LFTW and the activities underway likely to lead to the achievement of results on time? (e.g: capacity building activities) How do we know that?
24.	Regarding capacity of the teams to implement the strategies and activities (technical expertise, human resources, management, etc.)? - What mechanisms for routine M&E and learning have been planned? - How data from MEL have been analysed and utilized? - What processes have been in place to facilitate learning and problem-solving?
Sustainability: will the benefits last?	
Partnerships: EQ 9. To what extent are the partners and direct collaborations able or likely to safeguard the achievements and ensure the continuation of activities after the end of the programme?	
25.	How well have partnerships and partnership working been leveraged to efficiently pursue aims and objectives, including CBA? (e.g.: with partners hospital, with the IT programme, with LFTW etc)

	- To what extent have the strengths of the different partners been leveraged for the overall programme aims? - What has worked well? - What could have been done differently? - What has worked well with regards to ways of working and communicating with partners? - How were the partners involved in any programme review meetings, and during the inception phase?
26.	EQ11 Are the achievements of integrating eye care into primary and secondary care packages likely to be sustained (technically, financially and socially)? - How likely is it that sustainability will be achieved the intended medium/long term impact ? - What is the likelihood of success / perceived confidence in sustainability of various components (technical, financial and social) - What are the factors supporting sustainability and the threats to sustainability?
27.	Have any advocacy gains been made to help ensure the improvements made by the programme are sustained? Can you please provide some examples?
EQ12 Collaboration	
28.	Among the same beneficiaries, are there other actors whose interventions effectively contribute to the sustainability of the effects sought by the programme? - How collaboration with these other key actors has been promoted? - What has been working well, what could be improved? - How coordination of the program has been ensured from design, allowing synergy with other key programmes / actors?
SPECIFIC QUESTIONS-	
29.	To what extent is the choice of new partners in the Tanzania programme justified (2017 = start of the Saint Joseph Mission Hospital and Saint Francis Referral Hospital partnership; 2022 = start of the Morogoro Regional Hospital and Benjamin Mkapa Hospital partnership)? - How does this contribute to improve integration of eye care into primary health package? - How does this contribute to strengthen integration of eye care into health system? - Do you have any recommendations to improve contributions toward integration of eye care into health system? In your perspective, to what extent is the strengthening of the training institute of the CCRBT/ KCMC contributing to the integration of eye care, and what lessons have been learned?
CLOSING QUESTIONS	
30.	Is there anything else you wish to share about this project? Are there any lessons learnt or recommendations for improvements that you would like to share? Closing / thank you for time

6.C.2 KII guides: Managerial and leadership staff partners hospitals - Tanzania

Notes for the Facilitator

- This topic guide is to be used to facilitate KIIs with Managerial and leadership staff from partners hospitals in Tanzania
- Not all topics will be relevant to all informants. The modules and questions should be selected and tailored according to the person's involvement in the project and area of expertise.
- For some topics, informants may be asked to reflect on their own role in the project, and for others, they should be asked to comment on the roles of other actors, as appropriate.
- Although the questions are numbered, they may be asked in a different order, and topics that have already come up spontaneously in the interview may be skipped.
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- Standard procedures for KII note-taking should be used.
- The discussion should be held in an appropriate environment that allows for privacy.
- All participants should read the information sheet and give written informed consent to participate.

Introduction of the interview to the informant

[Greetings, introduce self] Thank you for taking the time to speak with me today.

I am working on a project with Tropical Health, a consultancy firm.

We have been asked to conduct the Mid Term evaluation of the Inclusive Vision programme implemented in DRC, Rwanda and Tanzania by Light For The World and Rotary Clubs For Development (in DRC). Key focus of the MTE is on the integration of eye care into the health system in the DRC, Rwanda and Tanzania.

You have been identified as a key [partner/actor/stakeholder] in the project.

I would like to speak with you about your involvement in the project and ask your opinions about the programme's work in [country/region/district].

The purpose of this work is to assess how effective the programme has been and to understand what has and hasn't worked well.

The results of this evaluation will be shared with LFTW, RC4D staff and the donor to help improve programmes here and in other countries.

Our interview will take about 1 to 1.5 hour. During the interview I will take notes so I can remember what you said, and I will record our conversation.

I want to mention a few important points before we start:

- There are no "right" or "wrong" answers to any of the questions. We are interested in hearing your opinions, whatever they are.
- Your participation in this interview is voluntary. If you don't want to answer a question or need to stop the interview at any time, just say so.
- Whatever you tell me will be kept confidential. That means that it will be shared only with the members of the consultancy team conducting the evaluation. Any information we include in our report will not identify you.

Do you have any questions before we begin?

Can you please confirm that you received and reviewed the information and informed consent sheet?

>>> All respondents to sign information and informed consent sheet.

Now that I've told you about the topics we'll discuss and answered your questions, are you comfortable proceeding with the interview? Are you comfortable with me beginning the recording?

Interview and respondent information to be recorded

• Date of interview:
• Name:
• Organisation/Institution:
• Role in the organization and time in that role:
• Gender:
• Disability status:
• District:
• Facility name (if relevant):
• Length of interview (start/end time)
• Start time:
• End time:
• Location of interview:
• Any notes on interview context and other persons present:

Interview Guide

INTRODUCTORY QUESTION

- Please tell me briefly about your role and involvement with this programme.
 - How long have you been in your current position?

TOPIC AREAS – TO BE PRIORITIZED ACCORDING TO INFORMANT'S INVOLVEMENT AND EXPERTISE, AND, AS DATA COLLECTION PROGRESSES, AREAS REQUIRING FURTHER EXPLORATION

A.	ACCESS: EQ1. Given the integration of eye health within the country's health system, how have the two organisations and their programme partners contributed to improving access to eye care for the population?
Access, Gender equity and Inclusion, and Beneficiaries feedback	
	In your opinion, how successful has been the project in reaching women, girls, persons with disabilities or persons living in remote areas? • What do you think were the factors that contributed to this (success / weakness)? • What approaches have you used to ensure that women, girls, PWDs, persons living in remote areas with eye problems are identified? • Which approaches have been the most and least effective? How have you observed this?
2.	Who has benefited, who hasn't, from the intervention? • What has been done to reach those most in need and improve their access to eye care?
3.	What strategies/ interventions have been implemented to mitigate financial barriers to access eye care? • Can you provide some examples of interventions done at the different levels? (e.g: community- e.g.: outreaches, tertiary level: Robin hood approach) • What have been the main successes of the approach(es) implemented? • What are the main challenges faced to mitigate financial barriers for patients to access eye cares? • What could be done to facilitate access for the most vulnerable? • How can sustainability of the approaches implemented be maintained?
4.	How beneficiaries' feedback has been taken into account, in order to improve access to eye care? • What has the programme done to strengthen the ways feedback from patients is collected?

	What has been learned from the patient feedback received?
Supply: strengthening service delivery	
5.	What service delivery improvements have been made under this programme in your structure? (additional eye care services / specialized cares; reach/numbers served, accessibility, QoC, follow-up care, drug supply, DHIS) - Can you please provide some examples? - What is the magnitude of improvement? - In your perspective, what additional improvement will be needed to continue contributing to integrate eye care into the health system?
B.	CHANGES: EQ2 With regard to the integration of eye health into the country's health system, how have the two organisations and their joint programme partners contributed to the changes?
Integrate services into primary health care	
6.	What has been done under the programme to better integrate eye services into primary health care? - How has the programme contributed to reinforce community and primary care level interventions? - What are the successes and Lessons Learned (LL)? - What are the main challenges faced?
7.	What else needs to be done to better integrate eye services into primary health care? - Who needs to be more involved to achieve this? - What other activities or interventions would help to better integrate eye services into primary health care
Strengthening eye care services	
8.	To what extent have ophthalmology services at different levels been strengthened? (e.g: mentorship of partners hospital eye care staff, trainings of eye care staff, training of community and primary health workers etc..) - Can you please provide some examples? - What have been the key successes? - And the key challenges faced? - In your perspective, what additional intervention with regards to equipment, infrastructure, trainings... should be conducted to promote integration of eye care at primary, secondary and tertiary level?
9.	Regarding CCRBT/ KCMCM role as training/ technical support facility - What do you think are the main strengths of the structures to endorse this role? - What do you think are the main challenges for the structures to endorse this role? (e.g: workload etc...) - In your perspective; what have been the key successes as a training institute? - What could be improved? Any lessons learnt?
EQ10 Capacity Building	
10.	Regarding capacity building in your structure: - How capacity building activities have been identified? - What have been the results of retrospective assessments about capacity pre-post intervention and impact on division of labour and service delivery? - Have any challenges regarding staff retention post-training been faced? - How was capacity building "optimized" to contribute to maximize impact of interventions and sustain their results? What should be the next steps to contribute to strengthen its impact?
11.	How have management and leadership capacity building contributed to strengthen ophthalmology services in your structure?

Continuum of cares	
12.	How has the programme contributed to support the continuum of eye care? • How referral between the different levels is ensured? • How referral within your structure is ensured? (For example, from diabetes consultation to eye care services? Or from MCH to ophthalmology) • What are the successes and LL? • What are the challenges faced? Any Lessons learnt?
13.	How coordination with other health sectors (such as MCH, neonatology; chronic diseases) has been promoted to better integrate eye services into primary health care? • What are the successes and Lessons Learned (LL)? • What are the main challenges faced? • What else should be done to enhance coordination with these sectors?
Relevance	
14.	In your view, how well did the project objectives match the needs of the targeted populations? • Was there anything that didn't fit well or that could have been done differently to match the needs of people in the targeted areas?
15.	How have the project activities aligned with the plans, policies, and commitments of national and regional government?
C: Itinerant teacher's programme: In what way and how do eye health activities in schools contribute to strengthening the integrated health system at different levels?	
16.	To what extent do eye health activities in school contribute to community health promotion? • In your view, has there been any evidence of a change in demand for eye care services for the targeted populations? • How have you observed this?
17.	Regarding coordination with ITP: • What have been the key successes? • What can be improved? • What has been learned?
D. OUTCOMES: EQ4. Have the expected results been achieved or not? Which ones? And why?	
18.	With regards to integration of eye care at the different level of the health system, what have been the main achievements of the programme so far? • How do we know this? • What internal and external factors have constrained or facilitated the integration of eye care at the different level of the health system? • What have been the key successes? • What have been the main challenges faced? • What has been learned?
19.	To what extent have synergies between the different components/outcomes of the project enhanced the overall outcomes • Reinforcing CCRBT/ KCMC role as training institute? • Training community and primary health care workers? • Working with the itinerant teacher's programme?

20.	How has programme learning been conducted and to what extent could relevant learning be acted upon during implementation? - What approaches have you used to identify and reflect on learning during the project? - How often do you do this?
Coherence	
21.	Are the planned activities the most effective in achieving the expected results? - Should other complementary activities be considered? - What, if anything, could have been done differently in the project design to make it more effective? - Are there any changes that need to be made to the ToC and logframe for this intervention or future programmes?
Impact	
22.	What contributions have the programme made towards the intended programme outcomes and impact? (<i>“In the Dar es Salaam, Morogoro, Dodoma and Ruvuma Regions, adults and children affected by eye health conditions benefit from comprehensive and quality eye health care and visually impaired & blind girls and boys from 14 districts take part in inclusive and special needs education, including vocational training »</i>) - Overall, what have been the main strengths or successes of the programme? - What have been some of the main challenges or gaps faced in the programme? - How feasible was the project design given the implementation context - Is there anything, either positive or negative, that has been different from what was expected?
E. Efficiency: how well are resources being used?	
EQ 5, 6, 7, 8. Is the allocation of programme resources cost-effective?	
23.	Have the resources been transformed efficiently through the activities into results? - What have been any challenges with regards to financial management? - Could the same or similar results have been achieved at lower cost? - What approaches or decisions have contributed to the efficient use of resources? (e.g: relocation of funding for ex to buy additional specific eye care equipment)
24.	Are the strategies chosen by LFTW and the activities underway likely to lead to the achievement of results on time? (e.g: capacity building activities) How do we know that?
25.	Regarding capacity of the teams to implement the strategies and activities (technical expertise, human resources, management, etc.)? - What mechanisms for routine M&E and learning have been planned? - How data from MEL have been analysed and utilized? - What processes have been in place to facilitate learning and problem-solving?
Sustainability: will the benefits last?	
Partnerships: EQ 9. To what extent are the partners and direct collaborations able or likely to safeguard the achievements and ensure the continuation of activities after the end of the programme?	
26.	How well have partnerships and partnership working been leveraged to efficiently pursue aims and objectives, including CBA? (e.g.: with CCRBT/ KCMC, with the IT programme, with LFTW etc) To what extent have the strengths of the different partners been leveraged for the overall programme aims?

	• What has worked well? • What could have been done differently? • What has worked well with regards to ways of working and communicating with partners? • How were the partners involved in any programme review meetings, and during the inception phase?
27.	EQ11 Are the achievements of integrating eye care into primary and secondary care packages likely to be sustained (technically, financially and socially)? • How likely is it that sustainability will be achieved the intended medium/long term impact ? • What is the likelihood of success / perceived confidence in sustainability of various components (technical, financial and social) • What are the factors supporting sustainability and the threats to sustainability?
28.	Have any advocacy gains been made to help ensure the improvements made by the programme are sustained? • Can you please provide some examples?
EQ12 Collaboration	
29.	Among the same beneficiaries, are there other actors whose interventions effectively contribute to the sustainability of the effects sought by the programme? • How collaboration with these other key actors has been promoted? • What has been working well, what could be improved? • How coordination of the program has been ensured from design, allowing synergy with other key programmes / actors?
SPECIFIC QUESTIONS-	
30.	To what extent is the choice of new partners in the Tanzania programme justified (2017 = start of the Saint Joseph Mission Hospital and Saint Francis Referral Hospital partnership; 2022 = start of the Morogoro Regional Hospital and Benjamin Mkapa Hospital partnership)? • How does this contribute to improve integration of eye care into primary health package? • How does this contribute to strengthen integration of eye care into health system? • Do you have any recommendations to improve contributions toward integration of eye care into health system?
	In your perspective, to what extent is the strengthening of the training institute of the CCRBT/ KCMC contributing to the integration of eye care, and what lessons have been learned?
CLOSING QUESTIONS	
31.	Is there anything else you wish to share about this project? Are there any lessons learnt or recommendations for improvements that you would like to share? Closing / thank you for time

6.C.3 KII guides: Eye care staff from CCRBT/ KCMC/partners hospitals - Tanzania

Notes for the Facilitator

- This topic guide is to be used to facilitate KIIs with Eye care staff from CCRBT/ KCMC/ partners hospitals in Tanzania
- Not all topics will be relevant to all informants. The modules and questions should be selected and tailored according to the person's involvement in the project and area of expertise.
- For some topics, informants may be asked to reflect on their own role in the project, and for others, they should be asked to comment on the roles of other actors, as appropriate.
- Although the questions are numbered, they may be asked in a different order, and topics that have already come up spontaneously in the interview may be skipped.
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- Standard procedures for KII note-taking should be used.
- The discussion should be held in an appropriate environment that allows for privacy.
- All participants should read the information sheet and give written informed consent to participate.

Introduction of the interview to the informant

[Greetings, introduce self] Thank you for taking the time to speak with me today.

I am working on a project with Tropical Health, a consultancy firm.

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You have been identified as a key [partner/actor/stakeholder] in the project.

I would like to speak with you about your involvement in the project and ask your opinions about the programme's work in [country/region/district].

The purpose of this work is to assess how effective the programme has been and to understand what has and hasn't worked well.

The results of this evaluation will be shared with LFTW, RC4D staff and the donor to help improve programmes here and in other countries.

Our interview will take about 1 to 1.5 hour. During the interview I will take notes so I can remember what you said, and I will record our conversation.

I want to mention a few important points before we start:

- There are no "right" or "wrong" answers to any of the questions. We are interested in hearing your opinions, whatever they are.
- Your participation in this interview is voluntary. If you don't want to answer a question or need to stop the interview at any time, just say so.
- Whatever you tell me will be kept confidential. That means that it will be shared only with the members of the consultancy team conducting the evaluation. Any information we include in our report will not identify you.

Do you have any questions before we begin?

Can you please confirm that you received and reviewed the information and informed consent sheet?

>>> All respondents to sign information and informed consent sheet.

Now that I've told you about the topics we'll discuss and answered your questions, are you comfortable proceeding with the interview? Are you comfortable with me beginning the recording?

Interview and respondent information to be recorded

• Date of interview:
• Name:
• Organisation/Institution:
• Role in the organization and time in that role:
• Gender:
• Disability status:
• District:
• Facility name (if relevant):
• Length of interview (start/end time)
• Start time:
• End time:
• Location of interview:
• Any notes on interview context and other persons present:

Interview Guide

INTRODUCTORY QUESTION

- Please tell me briefly about your role and involvement with this programme.
 - How long have you been in your current position?

TOPIC AREAS – TO BE PRIORITIZED ACCORDING TO INFORMANT'S INVOLVEMENT AND EXPERTISE, AND, AS DATA COLLECTION PROGRESSES, AREAS REQUIRING FURTHER EXPLORATION

A. ACCESS: EQ1. Given the integration of eye health within the country's health system, how have the two organisations and their programme partners contributed to improving access to eye care for the population?	
Access, Gender equity and Inclusion, and Beneficiaries feedback	
	In your opinion, how successful has been the project in reaching women, girls, persons with disabilities or persons living in remote areas? • What do you think were the factors that contributed to this (success / weakness)? • What approaches have you used to ensure that women, girls, PWDs, persons living in remote areas with eye problems are identified? • Which approaches have been the most and least effective? How have you observed this?
2.	Who has benefited, who hasn't, from the intervention? • What has been done to reach those most in need and improve their access to eye care?
3.	What strategies/ interventions have been implemented to mitigate financial barriers to access eye care? • Can you provide some examples of interventions done at the different levels? (e.g: community- e.g.: outreaches, tertiary level: Robin hood approach) • What have been the main successes of the approach(es) implemented? • What are the main challenges faced to mitigate financial barriers for patients to access eye cares? • What could be done to facilitate access for the most vulnerable? • How can sustainability of the approaches implemented be maintained?
4.	How beneficiaries' feedback has been taken into account, in order to improve access to eye care?

	- What has the programme done to strengthen the ways feedback from patients is collected? - What has been learned from the patient feedback received?
Supply: strengthening service delivery	
5.	What service delivery improvements have been made under this programme in your structure? (additional eye care services / specialized cares; reach/numbers served, accessibility, QoC, follow-up care, drug supply, DHIS) - Can you please provide some examples? - What is the magnitude of improvement? - In your perspective, what additional improvement will be needed to continue contributing to integrate eye care into the health system?
6.	How is quality of cares ensured under the project? - Are there any specific tools used to collect data on the quality of cares provided? - How do you monitor the quality of the cares you provide? In your perspective, what could be improved to ensure quality of cares? (quality protocols, systematic monitoring of outcomes etc)
7.	How final disposal of health care waste is managed in your structure? (incinerator?) In your perspective, is there something that could be improved to ensure health care waste management?
B.	CHANGES: EQ2 With regard to the integration of eye health into the country's health system, how have the two organisations and their joint programme partners contributed to the changes?
Integrate services into primary health care	
8.	What has been done under the programme to better integrate eye services into primary health care? - How has the programme contributed to reinforce community and primary care level interventions? - What are the successes and Lessons Learned (LL)? - What are the main challenges faced?
9.	What else needs to be done to better integrate eye services into primary health care? - Who needs to be more involved to achieve this? - What other activities or interventions would help to better integrate eye services into primary health care
Strengthening eye care services	
10.	To what extent have ophthalmology services in your structure been strengthened? (e.g: mentorship of partners hospital eye care staff, trainings of eye care staff, training of community and primary health workers etc..) - Can you please provide some examples? - What have been the key successes? - And the key challenges faced? - In your perspective, what additional intervention with regards to equipment, infrastructure, trainings... should be conducted to promote integration of eye care at primary, secondary and tertiary level?
11.	Regarding CCRBT/ KCMCM role as training/ technical support facility - What do you think are the main strengths of the structures to endorse this role? - What do you think are the main challenges for the structures to endorse this role? (e.g: workload etc...) - In your perspective; what have been the key successes as a training institute? - What could be improved? Any lessons learnt?
EQ10 Capacity Building	
12.	Regarding capacity building in your structure:

	• How capacity building activities have been identified? • Is mentorship/ supportive supervision ensured in your structure? If so, how, and at which frequency? • What additional training do you think should be provided to contribute to better integration of eye care at tertiary level?
Continuum of cares	
13.	How has the programme contributed to support the continuum of eye care? • How referral between the different levels is ensured? • How referral within your structure is ensured? (For example, from diabetes consultation to eye care services? Or from MCH to ophthalmology) • What are the successes and LL? • What are the challenges faced? Any Lessons learnt?
14.	How coordination with other health sectors (such as MCH, neonatology; chronic diseases) has been promoted to better integrate eye services into primary health care? • What are the successes and Lessons Learned (LL)? • What are the main challenges faced? • What else should be done to enhance coordination with these sectors?
Relevance	
15.	In your view, how well did the project objectives match the needs of the targeted populations? • Was there anything that didn't fit well or that could have been done differently to match the needs of people in the targeted areas?
16.	How have the project activities aligned with the plans, policies, and commitments of national and regional government?
C: Itinerant teacher's programme: In what way and how do eye health activities in schools contribute to strengthening the integrated health system at different levels?	
17.	To what extent do eye health activities in school contribute to community health promotion? • In your view, has there been any evidence of a change in demand for eye care services for the targeted populations? • How have you observed this?
18.	Regarding coordination with ITP: • What have been the key successes? • What can be improved? • What has been learned?
D. OUTCOMES: EQ4. Have the expected results been achieved or not? Which ones? And why?	
19.	With regards to integration of eye care at the different level of the health system, what have been the main achievements of the programme so far? • How do we know this? • What internal and external factors have constrained or facilitated the integration of eye care at the different level of the health system? • What have been the key successes? • What have been the main challenges faced? • What has been learned?
Impact	

20.	What contributions have the programme made towards the intended programme outcomes and impact? (<i>“In the Dar es Salaam, Morogoro, Dodoma and Ruvuma Regions, adults and children affected by eye health conditions benefit from comprehensive and quality eye health care and visually impaired & blind girls and boys from 14 districts take part in inclusive and special needs education, including vocational training »</i>) • Overall, what have been the main strengths or successes of the programme? • What have been some of the main challenges or gaps faced in the programme? • How feasible was the project design given the implementation context • Is there anything, either positive or negative, that has been different from what was expected?
Sustainability: will the benefits last?	
Partnerships: EQ 9. To what extent are the partners and direct collaborations able or likely to safeguard the achievements and ensure the continuation of activities after the end of the programme?	
21.	How well have partnerships and partnership working been leveraged to efficiently pursue aims and objectives, including CBA? (e.g.: with CCRBT/ KCMC, with the IT programme, with LFTW etc) • To what extent have the strengths of the different partners been leveraged for the overall programme aims? • What has worked well? • What could have been done differently? • What has worked well with regards to ways of working and communicating with partners? • How were the partners involved in any programme review meetings, and during the inception phase?
22.	EQ11 Are the achievements of integrating eye care into primary and secondary care packages likely to be sustained (technically, financially and socially)? • How likely is it that sustainability will be achieved the intended medium/long term impact ? • What is the likelihood of success / perceived confidence in sustainability of various components (technical, financial and social) • What are the factors supporting sustainability and the threats to sustainability?
SPECIFIC QUESTIONS-	
23.	To what extent is the choice of new partners in the Tanzania programme justified (2017 = start of the Saint Joseph Mission Hospital and Saint Francis Referral Hospital partnership; 2022 = start of the Morogoro Regional Hospital and Benjamin Mkapa Hospital partnership)? • How does this contribute to improve integration of eye care into primary health package? • How does this contribute to strengthen integration of eye care into health system? • Do you have any recommendations to improve contributions toward integration of eye care into health system? In your perspective, to what extent is the strengthening of the training institute of the CCRBT/ KCMC contributing to the integration of eye care, and what lessons have been learned?
CLOSING QUESTIONS	
24.	Is there anything else you wish to share about this project? Are there any lessons learnt or recommendations for improvements that you would like to share? Closing / thank you for time

6.C.4 KII guides National Eye health coordinator/ Local Government -Eye care focal person- TZN

Notes for the Facilitator

- This topic guide is to be used to facilitate KIIs with National Eye health coordinator/ Local Government -Eye care focal person
- Not all topics will be relevant to all informants. The modules and questions should be selected and tailored according to the person's involvement in the project and area of expertise.
- For some topics, informants may be asked to reflect on their own role in the project, and for others, they should be asked to comment on the roles of other actors, as appropriate.
- Although the questions are numbered, they may be asked in a different order, and topics that have already come up spontaneously in the interview may be skipped.
- Prompts are included in the guide to probe for more information around a topic. In addition, standard probes should be used to encourage respondents to elaborate ("can you tell me more about that?"), to ensure the person has nothing further to add on a topic ("anything else?"), and to probe for evidence (how do we know this?)
- Standard procedures for KII note-taking should be used.
- The discussion should be held in an appropriate environment that allows for privacy.
- All participants should read the information sheet and give written informed consent to participate.

Introduction of the interview to the informant

[Greetings, introduce self] Thank you for taking the time to speak with me today.

I am working on a project with Tropical Health, a consultancy firm.

We have been asked to conduct the Mid Term evaluation of the Inclusive Vision programme implemented in DRC, Rwanda and Tanzania by Light For The World and Rotary Clubs For Development (in DRC). Key focus of the MTE is on the integration of eye care into the health system in the DRC, Rwanda and Tanzania.

You have been identified as a key [partner/actor/stakeholder] in the project.

I would like to speak with you about your involvement in the project and ask your opinions about the programme's work in [country/region/district].

The purpose of this work is to assess how effective the programme has been and to understand what has and hasn't worked well.

The results of this evaluation will be shared with LFTW, RC4D staff and the donor to help improve programmes here and in other countries.

Our interview will take about 1 hour. During the interview I will take notes so I can remember what you said and I will record our conversation.

I want to mention a few important points before we start:

- There are no "right" or "wrong" answers to any of the questions. We are interested in hearing your opinions, whatever they are.
- Your participation in this interview is voluntary. If you don't want to answer a question or need to stop the interview at any time, just say so.
- Whatever you tell me will be kept confidential. That means that it will be shared only with the members of the consultancy team conducting the evaluation. Any information we include in our report will not identify you.

Do you have any questions before we begin?

Can you please confirm that you received and reviewed the information and informed consent sheet?

>>> **All respondents to sign information and informed consent sheet.**

Now that I've told you about the topics we'll discuss and answered your questions, are you comfortable proceeding with the interview? Are you comfortable with me beginning the recording?

Interview and respondent information to be recorded

• Date of interview:
• Name:
• Organisation/Institution:
• Role in the organization and time in that role:
• Gender:
• Disability status:
• District:
• Facility name (if relevant):
• Length of interview (start/end time)
• Start time:
• End time:
• Location of interview:
• Any notes on interview context and other persons present:

Interview Guide

INTRODUCTORY QUESTION

- Please tell me briefly about your role and involvement with this programme.
 - How long have you been in your current position?

TOPIC AREAS – TO BE PRIORITIZED ACCORDING TO INFORMANT'S INVOLVEMENT AND EXPERTISE, AND, AS DATA COLLECTION PROGRESSES, AREAS REQUIRING FURTHER EXPLORATION

A.	ACCESS: EQ1. Given the integration of eye health within the country's health system, how have the two organisations and their programme partners contributed to improving access to eye care for the population?
Access, Gender equity and Inclusion, and Beneficiaries feedback	
	In your opinion, how successful has been the project in reaching women, girls, persons with disabilities or persons living in remote areas? • In your experience, what have been the most effective approaches to ensure that women, girls, PWDs, persons living in remote areas with eye problems are identified and managed? • What are the main barriers faced by women, girls, PWDs, persons living in remote areas to access services?
2.	What strategies/ interventions have been implemented to mitigate financial barriers to access eye care ? • Can you provide some examples of interventions done at the different levels? (e.g: community- e.g.: outreaches , tertiary level: Robin hood approach) • What have been the main successes of the approach (es) implemented ? (e.g ? (e.g of approaches: creation of a service for patients with private insurances, support provided to most vulnerable) • What are the main challenges faced to mitigate financial barriers for patients to access eye cares? • What could be done to facilitate access for the most vulnerable?
Supply: strengthening service delivery	

3.	What service delivery improvements do you think the programme has contributed to ensure? (additional eye care services / specialized cares; reach/numbers served, accessibility, QoC, follow-up care, drug supply, DHIS) • Can you please provide some examples? • What is the magnitude of improvement? • In your perspective, what additional improvement will be needed to continue contributing to integrate eye care into the health system?
B.	CHANGES: EQ2 With regard to the integration of eye health into the country's health system, how have the two organisations and their joint programme partners contributed to the changes?
	Definition of integration <i>To achieve a robust health care system that includes eye care, eye care should be integrated within the existing health care policies and system at all levels. This means that eye care needs to be delivered in homes, schools, and other community settings; and integrated with inpatient and outpatient settings at the secondary and tertiary levels. To address many of the challenges faced in the field of eye care – including inequities in access and lack of integration within the health system – eye care needs to be an integral part of universal health coverage (UHC) We feel integration in the true sense is to prevent eye care from functioning in a silo, and making it relevant to the broader goals of healthcare.</i> (WHO)
4.	In your opinion, what should be the different areas of focus for eye health interventions, to contribute to a better integration of eye care within the health system? • What are the main policies that supports integration at primary secondary and tertiary levels? (e.g.: national health strategic plans integrating eye care, list of essential eye care medicine included, eye care specific intervention included in UHC strategies..) please provide examples • What are the main barriers, challenges, to integrate eye care within the health system? • What additional activities/ interventions would you recommend to promote better integration?
Integrate services into primary health care	
5	What has been done under the programme to better integrate eye services into primary health care? • How has the programme contributed to reinforce community and primary care level interventions?
6.	What else needs to be done to better integrate eye services into primary health care? • Who needs to be more involved to achieve this? • What other activities or interventions would help to better integrate eye services into primary health care?
Strengthening eye care services	
7	To what extent have ophthalmology services at different levels been strengthened? (e.g: mentorship of partners hospital eye care staff, trainings of community and primary health workers etc..) • Can you please provide some examples? • What have been the key successes? • And the key challenges faced? • In your perspective, what additional intervention with regards to equipment, infrastructure, trainings... should be conducted to promote integration of eye care at provincial , zonal and community level?
8.	Regarding CCRBT/ KCMCM role as training/ technical support facility • What do you think are the main strengths of the structures to endorse this role? • What do you think are the main challenges for the structures to endorse this role ? (e.g: workload etc...) • In your perspective; what have been the key successes as a training institute?

	What could be improved? Any lessons learnt?
Continuum of cares	
9	How has the programme contributed to support the continuum of eye care? - How referral between the different levels is ensured? - How referral within hospital structure is ensured ? (for example, from diabetes consultation to eye care services? Or from MCH to ophthalmology) - What are the challenges faced? Any Lessons learnt?
10.	How coordination with other health sectors (such as MCH, neonatology; chronic diseases) has been promoted to better integrate eye services into primary health care? - What are the successes and Lessons Learned (LL)? - What are the main challenges faced? - What else should be done to enhance coordination with these sectors ?
Relevance	
11.	In your view, how well did the project objectives match the needs of the targeted populations? Was there anything that didn't fit well or that could have been done differently to match the needs of people in the targeted areas?
12.	How have the project activities aligned with the plans, policies, and commitments of national and regional / provincial government?
C: Itinerant teachers programme: In what way and how do eye health activities in schools contribute to strengthening the integrated health system at different levels?	
13	To what extent do eye health activities in school contribute to community health promotion? - In your view, has there been any evidence of a change in demand for eye care services for the targeted populations? - How have you observed this?
14	Regarding coordination with ITP: - What have been the key successes? - What can be improved? - What has been learned?
D. OUTCOMES: EQ4. Have the expected results been achieved or not? Which ones? And why?	
15	With regards to integration of eye care at the different level of the health system, what have been the main achievements of the programme so far? - How do we know this? - What internal and external factors have constrained or facilitated the integration of eye care at the different level of the health system? - What have been the key successes? - What have been the main challenges faced? What has been learned?
16	To what extent have synergies between the different components/outcomes of the project enhanced the overall outcomes - Providing support to partners hospital at tertiary level? - Training community and primary health care workers? - Working with the itinerant teachers programme?
Impact	

17.	What contributions have the programme made towards the intended programme outcomes and impact? (<i>“In the Dar es Salaam, Morogoro, Dodoma and Ruvuma Regions, adults and children affected by eye health conditions benefit from comprehensive and quality eye health care and visually impaired & blind girls and boys from 14 districts take part in inclusive and special needs education, including vocational training »</i>) • Overall, what have been the main strengths or successes of the programme? • What have been some of the main challenges or gaps faced in the programme? • How feasible was the project design given the implementation context • Is there anything, either positive or negative, that has been different from what was expected?
Sustainability: will the benefits last?	
18.	EQ11 Are the achievements of integrating eye care into primary and secondary care packages likely to be sustained (technically, financially and socially)? • How likely is it that sustainability will be achieved the intended medium/long term impact ? • What is the likelihood of success / perceived confidence in sustainability of various components (technical, financial and social) • What are the factors supporting sustainability and the threats to sustainability?
19.	Have any advocacy gains been made to help ensure the improvements made by the programme are sustained? • Can you please provide some examples?
SPECIFIC QUESTIONS- to be selected according to area	
20	To what extent is the choice of new partners in the Tanzania programme justified (2017 = start of the Saint Joseph Mission Hospital and Saint Francis Referral Hospital partnership; 2022 = start of the Morogoro Regional Hospital and Benjamin Mkapa Hospital partnership)? • How does this contribute to improve integration of eye care into primary health package? • How does this contribute to strengthen integration of eye care into health system? • Do you have any recommendations to improve contributions toward integration of eye care into health system? In your perspective, to what extent is the strengthening of the training institute of the CCRBT/ KCMC contributing to the integration of eye care, and what lessons have been learned ?
CLOSING QUESTIONS	
21.	Is there anything else you wish to share about this project? Are there any lessons learnt or recommendations for improvements that you would like to share? Closing / thank you for time

6.C.5 KII guides LFTW - Tanzania

Notes for the Facilitator

- This topic guide is to be used to facilitate KIIs with LFTW programme staff in TZN
- Not all topics will be relevant to all informants. The modules and questions should be selected and tailored according to the person's involvement in the project and area of expertise.
- For some topics, informants may be asked to reflect on their own role in the project, and for others, they should be asked to comment on the roles of other actors, as appropriate.
- Although the questions are numbered, they may be asked in a different order, and topics that have already come up spontaneously in the interview may be skipped.
- Prompts are included in the guide to probe for more information around a topic. In addition, standard probes should be used to encourage respondents to elaborate ("can you tell me more about that?"), to ensure the person has nothing further to add on a topic ("anything else?"), and to probe for evidence (how do we know this?)
- Standard procedures for KII note-taking should be used.
- The discussion should be held in an appropriate environment that allows for privacy.
- All participants should read the information sheet and give written informed consent to participate.

Introduction of the interview to the informant

[Greetings, introduce self] Thank you for taking the time to speak with me today.

I am working on a project with Tropical Health, a consultancy firm.

We have been asked to conduct the Mid Term evaluation of the Inclusive Vision programme implemented in DRC, Rwanda and Tanzania by Light For The World and Rotary Clubs For Development (in DRC). Key focus of the MTE is on the integration of eye care into the health system in the DRC, Rwanda and Tanzania.

You have been identified as a key [partner/actor/stakeholder] in the project.

I would like to speak with you about your involvement in the project and ask your opinions about the programme's work in [country/region/district].

The purpose of this work is to assess how effective the programme has been and to understand what has and hasn't worked well.

The results of this evaluation will be shared with LFTW, RC4D staff and the donor to help improve programmes here and in other countries.

Our interview will take about 1 to 1.5 hour. During the interview I will take notes so I can remember what you said, and I will record our conversation.

I want to mention a few important points before we start:

- There are no "right" or "wrong" answers to any of the questions. We are interested in hearing your opinions, whatever they are.
- Your participation in this interview is voluntary. If you don't want to answer a question or need to stop the interview at any time, just say so.
- Whatever you tell me will be kept confidential. That means that it will be shared only with the members of the consultancy team conducting the evaluation. Any information we include in our report will not identify you.

Do you have any questions before we begin?

Can you please confirm that you received and reviewed the information and informed consent sheet?

>>> All respondents to sign information and informed consent sheet.

Now that I've told you about the topics we'll discuss and answered your questions, are you comfortable proceeding with the interview? Are you comfortable with me beginning the recording?

Interview and respondent information to be recorded

• Date of interview:
• Name:
• Organisation/Institution:
• Role in the organization and time in that role:
• Gender:
• Disability status:
• District:
• Facility name (if relevant):
• Length of interview (start/end time)
• Start time:
• End time:
• Location of interview:
• Any notes on interview context and other persons present:

Interview Guide

INTRODUCTORY QUESTION

- Please tell me briefly about your role and involvement with this programme.
 - How long have you been in your current position?

TOPIC AREAS – TO BE PRIORITIZED ACCORDING TO INFORMANT'S INVOLVEMENT AND EXPERTISE, AND, AS DATA COLLECTION PROGRESSES, AREAS REQUIRING FURTHER EXPLORATION

A. ACCESS: EQ1. Given the integration of eye health within the country's health system, how have the two organisations and their programme partners contributed to improving access to eye care for the population?	
Access, Gender equity and Inclusion, and Beneficiaries feedback	
1.	In your opinion, how successful has been the project in reaching women, girls, persons with disabilities or persons living in remote areas? • What do you think were the factors that contributed to this (success / weakness)? • What approaches have been used to ensure that women, girls, PWDs, persons living in remote areas with eye problems are identified? • Which approaches have been the most and least effective? How have you observed this?
2.	Who has benefited, who hasn't, from the intervention? • What has been done to reach those most in need and improve their access to eye care?
3.	What strategies/ interventions have been implemented to mitigate financial barriers to access eye care? • Can you provide some examples of interventions done at the different levels? (e.g: community- e.g.: outreaches, tertiary level: Robin hood approach) • What have been the main successes of the approach implemented? (e.g of approaches: creation of a service for patients with private insurances, support provided to most vulnerable) • What are the main challenges faced to mitigate financial barriers for patients to access eye cares? • What could be done to facilitate access for the most vulnerable?

	How can sustainability of the approaches implemented be maintained?
4.	How beneficiaries' feedback has been taken into account, in order to improve access to eye care? - What has the programme done to strengthen the ways hospital partners and health facilities collect feedback from patients? - What has been learned from the patient feedback received?
Supply: strengthening service delivery	
5.	What service delivery improvements have been made under this programme? (additional eye care services / specialized cares; reach/numbers served, accessibility, QoC, follow-up care, drug supply, DHIS) - Can you please provide some examples? - What is the magnitude of improvement? - In your perspective, what additional improvement will be needed to continue contributing to integrate eye care into the health system?
B.	CHANGES: EQ2 With regard to the integration of eye health into the country's health system, how have the two organisations and their joint programme partners contributed to the changes?
	Definition of integration <i>To achieve a robust health care system that includes eye care, eye care should be integrated within the existing health care policies and system at all levels. This means that eye care needs to be delivered in homes, schools, and other community settings; and integrated with inpatient and outpatient settings at the secondary and tertiary levels. To address many of the challenges faced in the field of eye care – including inequities in access and lack of integration within the health system – eye care needs to be an integral part of universal health coverage (UHC)</i> <i>We feel integration in the true sense is to prevent eye care from functioning in a silo and making it relevant to the broader goals of healthcare.</i> (WHO)
6	In your opinion, what should be the different areas of focus for eye health interventions, to contribute to a better integration of eye care within the health system? - From your perspective, what are the key sectors/ focus of intervention of the programme that have contributed to promote integration? - What are the main barriers, challenges, to integrate eye care within the health system? - What additional activities/ interventions would you recommend strengthening integration?
Integrate services into primary health care	
7	What has been done under the programme to better integrate eye services into primary health care? - How has the programme contributed to reinforce community and primary care level interventions? - What are the successes and Lessons Learned (LL)? - What are the main challenges faced?
8	What else needs to be done to better integrate eye services into primary health care? - Who needs to be more involved to achieve this? - What other activities or interventions would help to better integrate eye services into primary health care
Strengthening eye care services	
9	To what extent have ophthalmology services at different levels been strengthened? (e.g: mentorship of partners hospital eye care staff, trainings of community and primary health workers etc..)

	• Can you please provide some examples? • What have been the key successes? • And the key challenges faced? • In your perspective, what additional intervention with regards to equipment, infrastructure, trainings... should be conducted to promote integration of eye care at provincial, zonal and community level?
10	Regarding CCBRT/ KCMC role as training/ technical support facility • What do you think are the main strengths of the structures to endorse this role? • What do you think are the main challenges for the structures to endorse this role? (e.g: workload etc...) • In your perspective; what have been the key successes as a training institute? • What could be improved? Any lessons learnt?
EQ10 Capacity Building	
11	Regarding capacity building under the programme: • How capacity building activities have been identified? • What have been the results of retrospective assessments about capacity pre-post intervention and impact on division of labour and service delivery? • Have any challenges regarding staff retention post-training been faced? • How was capacity building "optimized" to contribute to maximize impact of interventions and sustain their results? What should be the next steps to contribute to strengthen its impact?
12	From your perspective, how management and leadership capacity building have contributed to strengthen ophthalmology services in your structure?
13	From your perspective, how have CCBRT/ KCMC played their technical role as referral / training structures? • How have capacity building, supervision and/ or mentorship activities been conducted (with the different referral partners hospitals)? • What have been the main successes? • What have been the key challenges faced? Any lessons learnt? • What else could be done in terms of capacity building intervention to strengthen integration of eye care into health system?
Continuum of cares	
14	How has the programme contributed to support the continuum of eye care? • How referral between the different levels is ensured? • How referral within partners hospitals is ensured? (For example, from diabetes consultation to eye care services? Or from MCH to ophthalmology) • What are the successes and LL? • What are the challenges faced? Any Lessons learnt?
15	How coordination with other health sectors (such as MCH, neonatology; chronic diseases) has been promoted to better integrate eye services into primary health care? • What are the successes and Lessons Learned (LL)? • What are the main challenges faced? • What else should be done to enhance coordination with these sectors?

Relevance	
16	In your view, how well did the project objectives match the needs of the targeted populations? Was there anything that didn't fit well or that could have been done differently to match the needs of people in the targeted areas?
17	How have the project activities aligned with the plans, policies, and commitments of national and regional government?
C: Itinerant teacher's programme: In what way and how do eye health activities in schools contribute to strengthening the integrated health system at different levels?	
18	To what extent do eye health activities in school contribute to community health promotion? In your view, has there been any evidence of a change in demand for eye care services for the targeted populations? How have you observed this?
19	Regarding coordination with ITP: - What have been the key successes? - What can be improved? What has been learned?
20	How well has the referral pathway from school activities to required eye care services been working? - What have been the key successes? - What can be improved? - What has been learned?
D. OUTCOMES: EQ4. Have the expected results been achieved or not? Which ones? And why?	
21	With regards to integration of eye care at the different level of the health system, what have been the main achievements of the programme so far? - How do we know this? - What internal and external factors have constrained or facilitated the integration of eye care at the different level of the health system? - What have been the key successes? - What have been the main challenges faced? - What has been learned?
22	To what extent have synergies between the different components/outcomes of the project enhanced the overall outcomes - Providing support to the partners hospital (tertiary level) to contribute to integrate eye care into health system? - Working with the ITP?
23	From your perspective, what has been the added value of working with different categories of partnerships, regarding integration of eye care into health system? - Providing support to the partners hospital (tertiary level) to contribute to integrate eye care into primary health package? - Working with the ITP?
24	From your perspective, what has been the key challenges of working with different categories of partnerships, regarding integration of eye care into health system?

	• Providing support to the partners hospital (tertiary level) to contribute to integrate eye care into primary health package? • Working with the inclusive education platform? • What else would you do differently, what changes would you make, if any?
25	How has programme learning been conducted and to what extent could relevant learning be acted upon during implementation? • What approaches did you use to identify and reflect on learning during the project? • How often do you do this?
Coherence	
26	Are the planned activities the most effective in achieving the expected results? • Should other complementary activities be considered? • What, if anything, could have been done differently in the project design to make it more effective? • Are there any changes that need to be made to the ToC and logframe for this intervention or future programmes?
Impact	
27	What contributions have the programme made towards the intended programme outcomes and impact? (<i>“In the Dar es Salaam, Morogoro, Dodoma and Ruvuma Regions, adults and children affected by eye health conditions benefit from comprehensive and quality eye health care and visually impaired & blind girls and boys from 14 districts take part in inclusive and special needs education, including vocational training »</i>) • Overall, what have been the main strengths or successes of the project? • What have been some of the main challenges or gaps faced in the programme? • How feasible was the project design given the implementation context • Is there anything, either positive or negative, that has been different from what was expected?
E. Efficiency: how well are resources being used?	
EQ 5, 6, 7, 8. Is the allocation of programme resources cost-effective?	
28	Have the resources been transformed efficiently through the activities into results? • What have been any challenges with regards to financial management? • Could the same or similar results have been achieved at lower cost? • What approaches or decisions have contributed to the efficient use of resources?
29	Are the strategies chosen by LFTW and the activities underway likely to lead to the achievement of results on time? • How do we know that?
30	Regarding capacity of the teams to implement the strategies and activities (technical expertise, human resources, management, etc.)? • What mechanisms for routine M&E and learning have been planned? • How data from MEL have been analysed and utilized? • How technical support has been identified? What have been the results of these support visits? How results can be optimized

Sustainability: will the benefits last?	
Partnerships: EQ 9. To what extent are the partners and direct collaborations able or likely to safeguard the achievements and ensure the continuation of activities after the end of the programme?	
31	How well have partnerships and partnership working been leveraged to efficiently pursue aims and objectives, including CBA? (e.g.: with referral hospital, with the ITP, with LFTW etc) - To what extent have the strengths of the different partners been leveraged for the overall programme aims? - What has worked well? - What could have been done differently? - What has worked well with regards to ways of working and communicating with partners? - How were the partners involved in any programme review meetings, and during the inception phase?
32	EQ11 Are the achievements of integrating eye care into primary and secondary care packages likely to be sustained (technically, financially and socially)? - How likely is it that sustainability will be achieved the intended medium/long term impact ? - What is the likelihood of success / perceived confidence in sustainability of various components (technical, financial and social) - What are the factors supporting sustainability and the threats to sustainability?
33	Have any advocacy gains been made to help ensure the improvements made by the programme are sustained? Can you please provide some examples?
EQ12 Collaboration	
34	Among the same beneficiaries, are there other actors whose interventions effectively contribute to the sustainability of the effects sought by the programme? (e.g. CBM) - How collaboration with these other key actors has been promoted? - What has been working well, what could be improved? - How coordination of the program has been ensured from design, allowing synergy with other key programmes / actors?
35	Synergy with other LFTW programmes - Can you please provide some examples of potential synergy with the early detection project, which could contribute to support integration of eye health into health system? - How collaboration between these programmes has been promoted? - What has been working well, what could be improved?
SPECIFIC QUESTIONS-	
36	To what extent is the choice of new partners in the Tanzania programme justified (2017 = start of the Saint Joseph Mission Hospital and Saint Francis Referral Hospital partnership; 2022 = start of the Morogoro Regional Hospital and Benjamin Mkapa Hospital partnership)? - How does this contribute to improve integration of eye care into primary health package? - How does this contribute to strengthen integration of eye care into health system? - Do you have any recommendations to improve contributions toward integration of eye care into health system?
	In your perspective, to what extent is the strengthening of the training institute of the CCRBT/ KCMC contributing to the integration of eye care, and what lessons have been learned?

	CLOSING QUESTIONS
37	Is there anything else you wish to share about this project? Are there any lessons learnt or recommendations for improvements that you would like to share? Closing / thank you for time

6.C.6 KII guides: Ministry of Education-science and Technology (MoEST); Special Needs Education Officers of Local Government Authorities- TZN

Notes for the Facilitator

- This topic guide is to be used to facilitate KIIs Ministry of Education-science and Technology (MoEST), Special Needs Education Officers of Local Government Authorities
- Not all topics will be relevant to all informants. The modules and questions should be selected and tailored according to the person's involvement in the project and area of expertise.
- For some topics, informants may be asked to reflect on their own role in the project, and for others, they should be asked to comment on the roles of other actors, as appropriate.
- Although the questions are numbered, they may be asked in a different order, and topics that have already come up spontaneously in the interview may be skipped.
- Prompts are included in the guide to probe for more information around a topic. In addition, standard probes should be used to encourage respondents to elaborate ("can you tell me more about that?"), to ensure the person has nothing further to add on a topic ("anything else?"), and to probe for evidence (how do we know this?)
- Standard procedures for KII note-taking should be used.
- The discussion should be held in an appropriate environment that allows for privacy.
- All participants should read the information sheet and give written informed consent to participate.

Introduction of the interview to the informant

[Greetings, introduce self] Thank you for taking the time to speak with me today.

I am working on a project with Tropical Health, a consultancy firm.

We have been asked to conduct the Mid Term evaluation of the Inclusive Vision programme implemented in DRC, Rwanda and Tanzania by Light For The World. Key focus of the MTE is on the integration of eye care into the health system in the DRC, Rwanda and Tanzania.

You have been identified as a key [partner/actor/stakeholder] in the project.

I would like to speak with you about your involvement in the project and ask your opinions about the programme's work in [country/region/district].

The purpose of this work is to assess how effective the programme has been and to understand what has and hasn't worked well.

The results of this evaluation will be shared with LFTW staff and the donor to help improve programmes here and in other countries.

Our interview will take about 1 hour. During the interview I will take notes so I can remember what you said, and I will record our conversation.

I want to mention a few important points before we start:

- There are no "right" or "wrong" answers to any of the questions. We are interested in hearing your opinions, whatever they are.
- Your participation in this interview is voluntary. If you don't want to answer a question or need to stop the interview at any time, just say so.
- Whatever you tell me will be kept confidential. That means that it will be shared only with the members of the consultancy team conducting the evaluation. Any information we include in our report will not identify you.

Do you have any questions before we begin?

Can you please confirm that you received and reviewed the information and informed consent sheet?

>>> All respondents to sign information and informed consent sheet.

Now that I've told you about the topics we'll discuss and answered your questions, are you comfortable proceeding with the interview? Are you comfortable with me beginning the recording?

Interview and respondent information to be recorded

• Date of interview:
• Name:
• Organisation/Institution:
• Role in the organization and time in that role:
• Gender:
• Disability status:
• District:
• Facility name (if relevant):
• Length of interview (start/end time)
• Start time:
• End time:
• Location of interview:
• Any notes on interview context and other persons present:

Interview Guide

INTRODUCTORY QUESTION

- Please tell me briefly about your role and involvement with this programme.
 - How long have you been in your current position?

TOPIC AREAS – TO BE PRIORITIZED ACCORDING TO INFORMANT'S INVOLVEMENT AND EXPERTISE, AND, AS DATA COLLECTION PROGRESSES, AREAS REQUIRING FURTHER EXPLORATION

A.	ACCESS: EQ1. Given the integration of eye health within the country's health system, how have the two organisations and their programme partners contributed to improving access to eye care for the population?
Access, Gender equity and Inclusion, and Beneficiaries feedback	
1.	In your opinion, how successful has been the project in reaching girls, children with disabilities or children living in remote areas? • In your experience, what have been the most effective approaches to ensure that girls, children with disabilities or children living in remote areas with eye problems are identified and managed? • What are the main barriers faced by girls, children with disabilities or children living in remote areas to access eye care services?
B.	CHANGES: EQ2 With regard to the integration of eye health into the country's health system, how have the two organisations and their joint programme partners contributed to the changes?
	Definition of integration <i>To achieve a robust health care system that includes eye care, eye care should be integrated within the existing health care policies and system at all levels. This means that eye care needs to be delivered in homes, schools, and other community settings; and integrated with inpatient and outpatient settings at the secondary and tertiary levels. To address many of the challenges faced in the field of eye care – including inequities in access and lack of integration within the health system – eye care needs to be an integral part of universal health coverage (UHC)</i>

	<i>We feel integration in the true sense is to prevent eye care from functioning in a silo and making it relevant to the broader goals of healthcare.</i> (WHO)
2.	In your opinion, how coordination between education and eye health has contributed to a better integration of eye care within the health system? • What are the main policies that supports integration at community level (school programme) (e.g.: national education strategic plans; eye care specific intervention included in UHC strategies..) please provide examples • What are the main barriers, challenges, to integrate eye care screening within education system? • What additional activities/ interventions would you recommend promoting better integration?
Integrate services into primary health care	
3	What has been done under the programme to better integrate eye services into community (school)/ primary health? • How has the programme contributed to reinforce community / primary care level interventions?
4.	What else needs to be done to better integrate eye services into community/ primary health care? • Who needs to be more involved to achieve this? • What other activities or interventions would help to better integrate eye services into community/primary health care?
Relevance	
5.	In your view, how well did the project objectives match the needs of the targeted populations? • Was there anything that didn't fit well or that could have been done differently to match the needs of people in the targeted areas?
6	How have the project activities aligned with the plans, policies, and commitments of national and regional / provincial government?
C: Itinerant teacher's programme: In what way and how do eye health activities in schools contribute to strengthening the integrated health system at different levels?	
7.	How well has the referral pathway from school eye health activities to required eye care services been working? • What have been the key successes? • What can be improved? • What has been learned? • What other activities or changes would you recommend optimizing results?
8	Regarding coordination of the ITP: • What have been the key successes? • What can be improved? • What has been learned? • What other activities or changes would you recommend optimizing results?
9	Regarding coordination with the families/ communities • What have been the key successes? • What can be improved? • What has been learned?

	What other activities or changes would you recommend optimizing results?
10.	Regarding coordination with the school educational teams: - What have been the key successes? - What can be improved? - What has been learned? - What other activities or changes would you recommend optimizing results?
11	Regarding coordination with the hospitals: - What have been the key successes? - What can be improved? - What has been learned? - What other activities or changes would you recommend optimizing results?
12	To what extent do eye health activities in school contribute to community health promotion? - In your view, has there been any evidence of a change in demand for eye care services for the targeted populations? - How have you observed this?
D. OUTCOMES: EQ4. Have the expected results been achieved or not? Which ones? And why?	
13.	To what extent have synergies between the different components/outcomes of the project enhanced the overall outcomes Collaboration between the ITP, schools (mainstream and specialized) and referral hospitals
Impact	
14.	What contributions have the projects made towards the intended programme outcomes and impact? (<i>"In the Dar es Salaam, Morogoro, Dodoma and Ruvuma Regions, adults and children affected by eye health conditions benefit from comprehensive and quality eye health care and visually impaired & blind girls and boys from 14 districts take part in inclusive and special needs education, including vocational training »</i>) - Overall, what have been the main strengths or successes of the project? - What have been some of the main challenges or gaps faced in the programme? - Is there anything, either positive or negative, that has been different from what was expected?
Sustainability: will the benefits last?	
15.	EQ11 Are the achievements of integrating eye care into community care (school eye health activities) packages likely to be sustained (technically, financially and socially)? - How likely is it that sustainability will be achieved the intended medium/long term impact ? - What is the likelihood of success / perceived confidence in sustainability of various components (technical, financial and social) - What are the factors supporting sustainability and the threats to sustainability?
16	How well have partnerships and partnership working been leveraged to efficiently pursue aims and objectives, including CBA? (e.g.: with the ITP, with LFTW, with referral hospitals, with targeted mainstream and specialized schools etc) - To what extent have the strengths of the different partners been leveraged for the overall programme aims? - What has worked well? - What could have been done differently?

	• What has worked well with regards to ways of working and communicating with partners? • How were the partners involved in any programme review meetings, and during the inception phase?
	CLOSING QUESTIONS
17.	Is there anything else you wish to share about this project? Are there any lessons learnt or recommendations for improvements that you would like to share? Closing / thank you for time

6.C.7 KII guides: Mainstreaming education partners – TZN

Notes for the Facilitator

- This topic guide is to be used to facilitate KIIs with Mainstreaming education partners in TZN
- Not all topics will be relevant to all informants. The modules and questions should be selected and tailored according to the person's involvement in the project and area of expertise.
- For some topics, informants may be asked to reflect on their own role in the project, and for others, they should be asked to comment on the roles of other actors, as appropriate.
- Although the questions are numbered, they may be asked in a different order, and topics that have already come up spontaneously in the interview may be skipped.
- Prompts are included in the guide to probe for more information around a topic. In addition, standard probes should be used to encourage respondents to elaborate ("can you tell me more about that?"), to ensure the person has nothing further to add on a topic ("anything else?"), and to probe for evidence (how do we know this?)
- Standard procedures for KII note-taking should be used.
- The discussion should be held in an appropriate environment that allows for privacy.
- All participants should read the information sheet and give written informed consent to participate.

Introduction of the interview to the informant

[Greetings, introduce self] Thank you for taking the time to speak with me today.

I am working on a project with Tropical Health, a consultancy firm.

We have been asked to conduct the Mid Term evaluation of the Inclusive Vision programme implemented in DRC, Rwanda and Tanzania by Light For The World and Rotary Clubs For Development (in DRC). Key focus of the MTE is on the integration of eye care into the health system in the DRC, Rwanda and Tanzania.

You have been identified as a key [partner/actor/stakeholder] in the project.

I would like to speak with you about your involvement in the project and ask your opinions about the programme's work in [country/region/district].

The purpose of this work is to assess how effective the programme has been and to understand what has and hasn't worked well.

The results of this evaluation will be shared with LFTW, RC4D staff and the donor to help improve programmes here and in other countries.

Our interview will take about 1 hour. During the interview I will take notes so I can remember what you said, and I will record our conversation.

I want to mention a few important points before we start:

- There are no "right" or "wrong" answers to any of the questions. We are interested in hearing your opinions, whatever they are.
- Your participation in this interview is voluntary. If you don't want to answer a question or need to stop the interview at any time, just say so.
- Whatever you tell me will be kept confidential. That means that it will be shared only with the members of the consultancy team conducting the evaluation. Any information we include in our report will not identify you.

Do you have any questions before we begin?

Can you please confirm that you received and reviewed the information and informed consent sheet?

>>> All respondents to sign information and informed consent sheet.

Now that I've told you about the topics we'll discuss and answered your questions, are you comfortable proceeding with the interview? Are you comfortable with me beginning the recording?

Interview and respondent information to be recorded

• Date of interview:
• Name:
• Organisation/Institution:
• Role in the organization and time in that role:
• Gender:
• Disability status:
• District:
• Facility name (if relevant):
• Length of interview (start/end time)
• Start time:
• End time:
• Location of interview:
• Any notes on interview context and other persons present:

Interview Guide

INTRODUCTORY QUESTION

- Please tell me briefly about your role and involvement with this programme.
 - How long have you been in your current position?

TOPIC AREAS – TO BE PRIORITIZED ACCORDING TO INFORMANT'S INVOLVEMENT AND EXPERTISE, AND, AS DATA COLLECTION PROGRESSES, AREAS REQUIRING FURTHER EXPLORATION

A.	ACCESS: EQ1. Given the integration of eye health within the country's health system, how have the two organisations and their programme partners contributed to improving access to eye care for the population?
Access, Gender equity and Inclusion, and Beneficiaries feedback	
1.	In your opinion, how successful has been the project in reaching girls, children with disabilities children living in remote areas or vulnerable children? • In your experience, what have been the most effective approaches to ensure that girls, children with disabilities, children living in remote areas or vulnerable children with eye problems are identified and managed? • What are the main barriers faced by girls, children with disabilities, children living in remote areas or vulnerable children to access eye care services?
B.	CHANGES: EQ2 With regard to the integration of eye health into the country's health system, how have the two organisations and their joint programme partners contributed to the changes?
	Definition of integration <i>To achieve a robust health care system that includes eye care, eye care should be integrated within the existing health care policies and system at all levels. This means that eye care needs to be delivered in homes, schools, and other community settings; and integrated with inpatient and outpatient settings at the secondary and tertiary levels. To address many of the challenges faced in the field of eye care – including inequities in access and lack of integration within the health system – eye care needs to be an integral part of universal health coverage (UHC)</i> <i>We feel integration in the true sense is to prevent eye care from functioning in a silo and making it relevant to the broader goals of healthcare.</i>

	(WHO)
2.	In your opinion, how coordination between education and eye health has contributed to a better integration of eye care within the health system? - What are the main policies that supports integration at community level (e.g.: national education strategic plans; eye care specific intervention included in UHC strategies..) please provide examples - What are the main barriers, challenges, to integrate eye care screening within education system? - What additional activities/ interventions would you recommend promoting better integration?
Integrate services into primary health care	
3	What has been done under the programme to better integrate eye services at school? How has the programme contributed to reinforce community health care level interventions?
4.	What else needs to be done to better integrate eye services into community health care? - Who needs to be more involved to achieve this? - What other activities or interventions would help to better integrate eye services into community/primary health care?
Relevance	
5.	In your view, how well did the project objectives match the needs of the targeted populations? Was there anything that didn't fit well or that could have been done differently to match the needs of people in the targeted areas?
6	How have the project activities aligned with the plans, policies, and commitments of national and regional / provincial government?
C: ITP: EQ 3, In what way and how do eye health activities in schools contribute to strengthening the integrated health system at different levels?	
7.	How well has the referral pathway from eye health intervention at schools to required eye care services been working? - What have been the key successes? - What can be improved? - What has been learned? - What other activities or changes would you recommend optimizing results?
8	Regarding coordination between ITP and school teams: - What have been the key successes? - What can be improved? - What has been learned? - What other activities or changes would you recommend optimizing results?
9	Regarding communication with the families/ communities - What have been the key successes? - What can be improved? - What has been learned? - What other activities or changes would you recommend optimizing results?
10	From your perspective to what extent do eye health activities in school contribute to community health promotion?

	- In your view, has there been any evidence of a change in demand for eye care services for the targeted populations? - How have you observed this?
D. OUTCOMES: EQ4. Have the expected results been achieved or not? Which ones? And why?	
11.	To what extent have synergies between the different components/outcomes of the project enhanced the overall outcomes - Collaboration with referral hospital? - Working with the IT programme?
Impact	
12	What contributions have the projects made towards the intended programme outcomes and impact? (<i>“D’ici 2026, davantage d’enfants, de femmes et d’hommes souffrant d’une affection oculaire bénéficient de soins oculaires de qualité à la clinique ophtalmologique de Kabgayi – clinique de référence de niveau national – localisée dans la province du Sud; 38 hôpitaux de district du pays ont renforcé leurs capacités médicales ; et davantage d’enfants malvoyants et aveugles prennent part à une éducation inclusive ou spécialisée de qualité. »</i>) - Overall, what have been the main strengths or successes of the project? - What have been some of the main challenges or gaps faced in the programme? - Is there anything, either positive or negative, that has been different from what was expected?
Sustainability: will the benefits last?	
13.	EQ11 Are the achievements of integrating eye care into community health care packages (school programme) likely to be sustained (technically, financially and socially)? - How likely is it that sustainability will be achieved the intended medium/long term impact ? - What is the likelihood of success / perceived confidence in sustainability of various components (technical, financial and social) - What are the factors supporting sustainability and the threats to sustainability?
14	Have any advocacy gains been made to help ensure the improvements made by the programme are sustained? Can you please provide some examples?
15	How well have partnerships and partnership working been leveraged to efficiently pursue aims and objectives? (e.g.: with the ITP, with LFTW, Referral hospitals) - What has worked well? - What could have been done differently?
CLOSING QUESTIONS	
16.	Is there anything else you wish to share about this project? Are there any lessons learnt or recommendations for improvements that you would like to share? Closing / thank you for time

6.C.8 KII guides: IT programme- teachers - TZN

Notes for the Facilitator

- This topic guide is to be used to facilitate KIIs with IT programme in TZN
- Not all topics will be relevant to all informants. The modules and questions should be selected and tailored according to the person's involvement in the project and area of expertise.
- For some topics, informants may be asked to reflect on their own role in the project, and for others, they should be asked to comment on the roles of other actors, as appropriate.
- Although the questions are numbered, they may be asked in a different order, and topics that have already come up spontaneously in the interview may be skipped.
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Introduction of the interview to the informant

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You have been identified as a key [partner/actor/stakeholder] in the project.

I would like to speak with you about your involvement in the project and ask your opinions about the programme's work in [country/region/district].

The purpose of this work is to assess how effective the programme has been and to understand what has and hasn't worked well.

The results of this evaluation will be shared with LFTW, RC4D staff and the donor to help improve programmes here and in other countries.

Our interview will take about 1 hour. During the interview I will take notes so I can remember what you said, and I will record our conversation.

I want to mention a few important points before we start:

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- Your participation in this interview is voluntary. If you don't want to answer a question or need to stop the interview at any time, just say so.
- Whatever you tell me will be kept confidential. That means that it will be shared only with the members of the consultancy team conducting the evaluation. Any information we include in our report will not identify you.

Do you have any questions before we begin?

Can you please confirm that you received and reviewed the information and informed consent sheet?

>>> All respondents to sign information and informed consent sheet.

Now that I've told you about the topics we'll discuss and answered your questions, are you comfortable proceeding with the interview? Are you comfortable with me beginning the recording?

Interview and respondent information to be recorded

• Date of interview:
• Name:
• Organisation/Institution:
• Role in the organization and time in that role:
• Gender:
• Disability status:
• District:
• Facility name (if relevant):
• Length of interview (start/end time)
• Start time:
• End time:
• Location of interview:
• Any notes on interview context and other persons present:

Interview Guide

INTRODUCTORY QUESTION

- Please tell me briefly about your role and involvement with this programme.
 - How long have you been in your current position?

TOPIC AREAS – TO BE PRIORITIZED ACCORDING TO INFORMANT'S INVOLVEMENT AND EXPERTISE, AND, AS DATA COLLECTION PROGRESSES, AREAS REQUIRING FURTHER EXPLORATION

A.	ACCESS: EQ1. Given the integration of eye health within the country's health system, how have the two organisations and their programme partners contributed to improving access to eye care for the population?
Access, Gender equity and Inclusion, and Beneficiaries feedback	
1.	In your opinion, how successful has been the project in reaching girls, children with disabilities children living in remote areas or vulnerable children? • In your experience, what have been the most effective approaches to ensure that girls, children with disabilities, children living in remote areas or vulnerable children with eye problems are identified and managed? • What are the main barriers faced by girls, children with disabilities, children living in remote areas or vulnerable children to access eye care services?
B.	CHANGES: EQ2 With regard to the integration of eye health into the country's health system, how have the two organisations and their joint programme partners contributed to the changes?
	Definition of integration <i>To achieve a robust health care system that includes eye care, eye care should be integrated within the existing health care policies and system at all levels. This means that eye care needs to be delivered in homes, schools, and other community settings; and integrated with inpatient and outpatient settings at the secondary and tertiary levels. To address many of the challenges faced in the field of eye care – including inequities in access and lack of integration within the health system – eye care needs to be an integral part of universal health coverage (UHC)</i> <i>We feel integration in the true sense is to prevent eye care from functioning in a silo and making it relevant to the broader goals of healthcare.</i>

	(WHO)
2.	In your opinion, how coordination between education and eye health has contributed to a better integration of eye care within the health system? - What are the main policies that supports integration at community level (e.g.: national education strategic plans; eye care specific intervention included in UHC strategies..) please provide examples - What are the main barriers, challenges, to integrate eye care within education system? - What additional activities/ interventions would you recommend promoting better integration?
Integrate services into primary health care	
3	What has been done under the programme to better integrate eye services at school? How has the programme contributed to reinforce community health care level interventions?
4.	What else needs to be done to better integrate eye services into community health care? - Who needs to be more involved to achieve this? - What other activities or interventions would help to better integrate eye services into community/primary health care?
Relevance	
5.	In your view, how well did the project objectives match the needs of the targeted populations? Was there anything that didn't fit well or that could have been done differently to match the needs of people in the targeted areas?
6	How have the project activities aligned with the plans, policies, and commitments of national and regional / provincial government?
C: ITP: EQ 3, In what way and how do eye health activities in schools contribute to strengthening the integrated health system at different levels?	
7.	How well has the referral pathway from eye health intervention at schools to required eye care services been working? - What have been the key successes? - What can be improved? - What has been learned? - What other activities or changes would you recommend optimizing results?
8	Regarding coordination between ITP and school teams: - What have been the key successes? - What can be improved? - What has been learned? - What other activities or changes would you recommend optimizing results?
9	Regarding communication with the families/ communities - What have been the key successes? - What can be improved? - What has been learned? - What other activities or changes would you recommend optimizing results?
10	From your perspective to what extent do eye health activities in school contribute to community health promotion? - In your view, has there been any evidence of a change in demand for eye care services for the targeted populations? - How have you observed this?
D. OUTCOMES: EQ4. Have the expected results been achieved or not? Which ones? And why?	

11.	To what extent have synergies between the different components/outcomes of the project enhanced the overall outcomes • Collaboration with referral hospital? • Working with mainstreaming schools?
12	What has the project done to equip the ITs with the knowledge and skills they need to support children with disabilities and their inclusion in mainstream school? • How effective has this support been? Do you feel well equipped to support children with visual impairment? Is there more support you feel is necessary? • What were the key challenges faced, and the mitigation strategies developed?
Impact	
13	What contributions have the projects made towards the intended programme outcomes and impact? <i>(“D’ici 2026, davantage d’enfants, de femmes et d’hommes souffrant d’une affection oculaire bénéficient de soins oculaires de qualité à la clinique ophtalmologique de Kabgayi – clinique de référence de niveau national – localisée dans la province du Sud; 38 hôpitaux de district du pays ont renforcé leurs capacités médicales ; et davantage d’enfants malvoyants et aveugles prennent part à une éducation inclusive ou spécialisée de qualité. »)</i> • Overall, what have been the main strengths or successes of the project? • What have been some of the main challenges or gaps faced in the programme? • Is there anything, either positive or negative, that has been different from what was expected?
Sustainability: will the benefits last?	
14.	EQ11 Are the achievements of integrating eye care into community health care packages (school programme) likely to be sustained (technically, financially and socially)? • How likely is it that sustainability will be achieved the intended medium/long term impact ? • What is the likelihood of success / perceived confidence in sustainability of various components (technical, financial and social) • What are the factors supporting sustainability and the threats to sustainability?
15	Have any advocacy gains been made to help ensure the improvements made by the programme are sustained? • Can you please provide some examples?
16	How well have partnerships and partnership working been leveraged to efficiently pursue aims and objectives? (e.g.: with the schools, with LFTW, Referral hospitals) • What has worked well? • What could have been done differently?
CLOSING QUESTIONS	
17.	Is there anything else you wish to share about this project? Are there any lessons learnt or recommendations for improvements that you would like to share? Closing / thank you for time

6.C.9 FGD guides: Parents/ caregivers of children involved in the school screening programme - TZN

Introduction of the interview to the informant

Notes for the Facilitator

- This topic guide is to be used to facilitate FGD with parents/ caregivers of children involved in the programme
- This is a semi-structured interview guide.
- For some topics, informants should be asked to reflect on their own role in the project, and for others, they should be asked to comment on the roles of other actors, as appropriate.
- Although the questions are numbered, they may be asked in a different order, and topics that have already come up spontaneously in the interview may be skipped.
- Standard probes should be used to encourage respondents to elaborate (“can you tell me more about that”), and to ensure that the respondent has nothing further to add on a topic (“anything else?”)
- As data collection progresses, questions should be refined based on information obtained and will become increasingly focused on the individual’s experience and opinions. Interviews may also seek to focus on key topics of interest that warrant further exploration, while allowing for open enquiry with all respondents, so as not to limit the scope of opinion or topics covered.
- In some cases, this topic guide will be used to interview two or more individuals at the same time. Where more than one respondent is present, the Evaluation team will use prompts to encourage reflective discussion and exchange between the informants (e.g. of challenges, lessons learned, areas for improvement, etc.)..

[Greetings, introduce self] Thank you for taking the time to speak with me today.

I am working on a project with Tropical Health, a consultancy firm.

We have been asked to conduct the Mid Term evaluation of the Inclusive Vision programme implemented in DRC, Rwanda and Tanzania by Light For The World and Rotary Clubs For Development (in DRC). Key focus of the MTE is on the integration of eye care into the health system in the DRC, Rwanda and Tanzania.

You have been identified as a key [partner/actor/stakeholder] in the project.

Our goal is to understand and document your experience so that we can learn from it and make recommendations for future projects.

The questions will take about 1 hour

I want to mention a few important points before we start:

- There are no “right” or “wrong” answers to any of the questions. We are interested in hearing your opinions, whatever they are.
- Your participation in this interview is voluntary. If you don’t want to answer a question or need to stop the interview at any time, just say so.
- Whatever you tell me will be kept confidential. That means that it will be shared only with the members of the consultancy team conducting the evaluation. Any information we include in our report will not identify you.

Do you have any questions before we begin?

Can you please confirm that you received and reviewed the information and informed consent sheet?

>>> All respondents to sign information and informed consent sheet.

Now that I’ve told you about the topics we’ll discuss and answered your questions, are you comfortable proceeding with the interview? Are you comfortable with me beginning the recording?

Interview and respondent information to be recorded

• Date of interview:
• Name:
• Organisation/Institution:
• Role in the organization and time in that role:
• Gender:
• Disability status:
• District:
• Facility name (if relevant):
• Length of interview (start/end time)
• Start time:
• End time:
• Location of interview:
• Any notes on interview context and other persons present:

Interview Guide

INTRODUCTORY QUESTION

[Greetings, informal conversation]

Please tell me about how you have been involved in the project (age of child enrolled in date of enrolment- degree of disability-)

TOPIC AREAS – TO BE PRIORITIZED ACCORDING TO INFORMANT’S INVOLVEMENT AND EXPERTISE, AND, AS DATA COLLECTION PROGRESSES, AREAS REQUIRING FURTHER EXPLORATION

ACCESS	
	How did you hear about the eye health services offered at school for children/ youths with visual impairment?
B.	CHANGES: EQ2 With regard to the integration of eye health into the country's health system, how have the two organisations and their joint programme partners contributed to the changes?
Relevance	
2.	How would you characterize the need for this project? • Why? What makes you think it was X [e.g. an important need or not a priority]? • Before the project started, how would you have characterized the level (probe high/medium/low if necessary) of community awareness regarding disability services and inclusion support available for children?
D. OUTCOMES: EQ4. Have the expected results been achieved or not? Which ones? And why?	
3.	What support has your child had to help him/her come to school and learn? • What do you think of this support? • Is there anything that would stop your child to continue their education?
4.	Are you satisfied with the progress your child is making at school? • Why/why not? • What could help continue improving your child progress?
5.	How well has the referral pathway from school activities to required eye care services been working? • Did you face any difficulties to ensure your child receive the eye care needed? • How was your experience at the health facility (e.g.: waiting time, attitude of staff, fees to pay etc) • Is there something that can be improved?
CLOSING QUESTIONS	

6.	Before we finish, is there anything else you would like to tell me about the support your child has received with this program? • what were the most positive aspects? • what could be improved? Closing / thank you for time
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Annex 6.D - Global

KII Guide: Global KIIs

Introduction of the interview to the informant

[Greetings, introduce self] Thank you for taking the time to speak with me today.

I am working on a project with Tropical Health, a consultancy firm.

Notes for the Facilitator

- This topic guide is to be used to facilitate KIIs at global level :with LFTW , RC4D or DGD representatives
- Not all topics will be relevant to all informants. The modules and questions should be selected and tailored according to the person's involvement in the project and area of expertise.
- For some topics, informants may be asked to reflect on their own role in the project, and for others, they should be asked to comment on the roles of other actors, as appropriate.
- Although the questions are numbered, they may be asked in a different order, and topics that have already come up spontaneously in the interview may be skipped.
- Prompts are included in the guide to probe for more information around a topic. In addition, standard probes should be used to encourage respondents to elaborate ("can you tell me more about that?"), to ensure the person has nothing further to add on a topic ("anything else?"), and to probe for evidence (how do we know this?)
- Standard procedures for KII note-taking should be used.
- The discussion should be held in an appropriate environment that allows for privacy.
- All participants should read the information sheet and give written informed consent to participate.

We have been asked to conduct the Mid Term evaluation of the Inclusive Vision programme implemented in DRC, Rwanda and Tanzania by Light For The World and Rotary Clubs For Development (in DRC). Key focus of the MTE is on the integration of eye care into the health system in the DRC, Rwanda and Tanzania.

You have been identified as a key [partner/actor/stakeholder] in the project.

I would like to speak with you about your involvement in the project and ask your opinions about the programme's work in [country/region/district].

The purpose of this work is to assess how effective the programme has been and to understand what has and hasn't worked well.

The results of this evaluation will be shared with LFTW, RC4D staff and the donor to help improve programmes here and in other countries.

Our interview will take about 1 to 1.5 hour. During the interview I will take notes so I can remember what you said and I will record our conversation.

I want to mention a few important points before we start:

- There are no "right" or "wrong" answers to any of the questions. We are interested in hearing your opinions, whatever they are.
- Your participation in this interview is voluntary. If you don't want to answer a question or need to stop the interview at any time, just say so.
- Whatever you tell me will be kept confidential. That means that it will be shared only with the members of the consultancy team conducting the evaluation. Any information we include in our report will not identify you.

Do you have any questions before we begin?

Can you please confirm that you received and reviewed the information and informed consent sheet?

>>> **All respondents to sign information and informed consent sheet.**

Now that I've told you about the topics we'll discuss and answered your questions, are you comfortable proceeding with the interview? Are you comfortable with me beginning the recording?

Interview and respondent information to be recorded

• Date of interview:
• Name:
• Organisation/Institution:
• Role in the organization and time in that role:
• Gender:
• Disability status:
• Length of interview (start/end time)
• Start time:
• End time:
• Location of interview:
• Any notes on interview context and other persons present:

Interview Guide

INTRODUCTORY QUESTION

- Please tell me briefly about your role and involvement with this programme.
 - How long have you been in your current position?

TOPIC AREAS – TO BE PRIORITIZED ACCORDING TO INFORMANT'S INVOLVEMENT AND EXPERTISE, AND, AS DATA COLLECTION PROGRESSES, AREAS REQUIRING FURTHER EXPLORATION

A.	ACCESS: EQ1. Given the integration of eye health within the country's health system, how have the two organisations and their programme partners contributed to improving access to eye care for the population?
	Access, Gender equity and Inclusion, and Beneficiaries feedback
38.	At a strategic level, what elements from your organization's previous work or funded initiatives have informed the development of strategies to improve equitable access to eye care services in the Inclusive Vision program?
39.	In your opinion, how successful has been the project so far in reaching women, girls, persons with disabilities or persons living in remote areas? • Which approaches have been the most and least effective? • How have you monitored this?
40.	In the 3 countries, different strategies/ interventions have been implemented to mitigate financial barriers to access eye care: • What have been the most promising strategies and interventions so far? (e.g of approaches: creation of a service for patients with private insurance, support provided to most vulnerable) • What else could be one to support access to eye care for the most vulnerable?
Supply: strengthening service delivery	
41.	From your perspective, what are the major service delivery improvements that have been made under this programme? (additional eye care services / specialized services; reach/numbers served, accessibility, QoC, follow-up care, drug supply, DHIS) • Can you please provide some examples on how these service improvements have contributed to better integrate eye care into the health system?

	From your perspective, what additional improvement will be needed to continue contributing to integrate eye care into the health system?
B.	CHANGES: EQ2 With regard to the integration of eye health into the country's health system, how have the two organisations and their joint programme partners contributed to the changes?
	Definition of integration <i>To achieve a robust health care system that includes eye care, eye care should be integrated within the existing health care policies and system at all levels. This means that eye care needs to be delivered in homes, schools, and other community settings; and integrated with inpatient and outpatient settings at the secondary and tertiary levels. To address many of the challenges faced in the field of eye care – including inequities in access and lack of integration within the health system – eye care needs to be an integral part of universal health coverage (UHC) We feel integration in the true sense is to prevent eye care from functioning in a silo, and making it relevant to the broader goals of healthcare.</i> (WHO)
5	In your opinion, what should be the different areas of focus for eye health interventions, to contribute to a better integration of eye care within the health system? - From your perspective, what are the key sectors/ focus of intervention of the programme that have contributed to promote integration? - What are the main barriers, challenges, to integrate eye care within the health system? - What additional activities/ interventions would you recommend to strengthen integration?
Integrate services into primary health care	
6	What has been done under the programme to better integrate eye care services into primary health care? - How has the programme contributed to reinforce community and primary care level interventions? - What are the successes and Lessons Learned (LL)? - What are the main challenges faced? - What else needs to be done to better integrate eye services into primary health care?
Strengthening eye care services	
7	To what extent is the strengthening of the training institutes of the KCMC, CCBRT Academy and KEU partners contributing to the integration of eye care, and what lessons have been learned so far? - What do you think are the main strengths of these institutes to play this role? - What do you think are their main challenges to play this role? (e.g: workload, CCBRT under certification process to be a training center etc...) - What could be improved? Any lessons learnt?
EQ10 Capacity Building	
8	From your perspective, how has management and leadership capacity building contributed to strengthening ophthalmology services?
Continuum of care	
9	How has the programme contributed to support the continuum of eye care service delivery? - What are the successes and LL? - What are the challenges faced? Any Lessons Learnt?
D. OUTCOMES: EQ4. Have the expected results been achieved or not? Which ones? And why?	
10	With regards to integration of eye care at the different level of the health system, what have been the main achievements of the programme so far? - What have been the key successes? - What have been the main challenges faced? - What has been learned?

12	How has programme learning been conducted and to what extent could relevant learning be acted upon during implementation? - What approaches did you use to identify and reflect on learning during the project? - How often do you do this?
Impact and coherence	
13	From your organization's perspective, what does success look like for the Inclusive Vision program? Which indicators or metrics are most useful for your organization in measuring the program's impact and effectiveness?
14	Based on data and evidence collected so far, are the original planned activities still the most effective in achieving the expected results? - What, if anything, could have been done differently in the project design to make it more effective? - Are there any changes that need to be made to the ToC and logframe for this intervention or future programmes? - Should other complementary activities be considered?
E. Efficiency: how well are resources being used?	
EQ 5, 6, 7, 8. Is the allocation of programme resources cost-effective?	
15	Have the resources been transformed efficiently through the activities into results? - What have been any challenges with regards to financial management? - Could the same or similar results have been achieved at lower cost? - What approaches or decisions have contributed to the efficient use of resources?
16	Are the strategies chosen by LFTW/ RC4D and the activities underway likely to lead to the achievement of results on time? How do we know that?
17	Regarding capacity of the partners teams to implement the strategies and activities (technical expertise, human resources, management, etc.)? - What mechanisms for M&E and learning have been developed? - How data from MEL have been analysed and utilized? - How technical support has been identified? What have been the results of these support visits? How results can be optimized
Sustainability: will the benefits last?	
Partnerships: EQ 9. To what extent are the partners and direct collaborations able or likely to safeguard the achievements and ensure the continuation of activities after the end of the programme?	
18	EQ11 Are the achievements of integrating eye care into primary and secondary care packages likely to be sustained (technically, financially and socially)? - How likely is it that sustainability will be achieved the intended medium/long term impact ? - What is the likelihood of success / perceived confidence in sustainability of various components (technical, financial and social) - What are the factors supporting sustainability and the threats to sustainability?
19	Have any advocacy gains been made to help ensure the improvements made by the programme are sustained? Can you please provide some examples?
SPECIFIC QUESTIONS-	
20	To what extent is the choice of new partners in the Rwanda programme justified? (2024 start of the partnership with Ruhengeri Hospital How does this contribute to improve access to eye care, including for the most vulnerable?

	• How does this contribute to improve integration of eye care into primary health package? • How does this contribute to strengthen integration of eye care into health system at secondary and tertiary levels?
21	In DRC: How does the project to build an ophthalmology unit at St Joseph's Hospital in Kinshasa position itself in relation to the integration of eye care into the health system?
	How does the project to build an ophthalmology unit at the Mulami Muimpe hospital in Kananga compare with the integration of eye care into the healthcare system?
	How does the project to build a new ophthalmology clinic with sub-specialisations, Sainte-Yvonne in Lubumbashi, compare with the integration of eye care into the healthcare system?
22	In Tzn : To what extent is the choice of new partners in the Tanzania programme justified? (2017 = start of the Saint Joseph Mission Hospital and Saint Francis Referral Hospital partnership; 2022 = start of the Morogoro Regional Hospital and Benjamin Mkapa Hospital partnership)
	CLOSING QUESTIONS
23	Is there anything else you wish to share about this project? Are there any lessons learnt or recommendations for improvements that you would like to share? Closing / thank you for time

Annex 7 - Participant Consent Form

Consent Form for use in English and for local translation as needed

Consent Form for use for both key informant interviewees and focus group discussion informants

In the case of virtual meetings, the consent form will be sent in advance of the meeting and consent will be given verbally (but recorded) at start of meeting.

Inclusive Vision- Mid Term Evaluation Information and Consent to Participate in Evaluation

You are invited to participate in an end of term evaluation of the LFTW Inclusive Vision Programme, which is being conducted by a team of consultants on behalf of LTFW and RC4D. Your participation in this evaluation is entirely voluntary. You should read the information below (or it will be read to you) and you should ask questions about anything you do not understand, before deciding whether or not to participate. You are being asked to participate in this study because you are one of the stakeholders of the programme.

Purpose of the evaluation

The purpose of this evaluation is to understand the effectiveness of the programme, its successes, challenges and long-term effects, and any lessons learned which could be useful for other projects, either here or in other countries.

Procedure

You will be asked a series of questions about your experience of the Inclusive Vision Programme. We will take notes during our discussion and sometimes record it, to ensure we capture what you say accurately. We may also ask to take photographs, with your permission, to help add more context to the evaluation.

Potential risks and discomforts

We expect that there will not be any risks, discomforts, or inconveniences, but that if any occur they will be minor. If discomforts become a problem, you may discontinue your participation.

Potential benefits to participants and/or to society

It is unlikely that you will benefit directly from participation in this evaluation, but the study should help the implementers learn how to improve services which may or may not include those available to you. This study does not include procedures that will improve your general health.

Payment for participation

You will not receive any payment or other compensation for participation in this study. There is also no cost to you for participation.

Confidentiality

Any information obtained in connection with this evaluation and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained at all times, and we will not use your name in any of the information we get from this study or in any of the reports. We will include a list of the people we spoke to according to informant type but nothing you say will be linked back to you in any report or other documentation. Information that can identify you individually will not be released to anyone outside the study, this includes any photographs taken. All data will be kept in a secure location and only those directly involved with the research will have access to them. We may use any information that we get from this study in any way we think is best for publication or education. Any information we use for publication will not identify you individually.

Participation and withdrawal

You can choose whether or not to be a part of this evaluation. If you are happy to participate in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you do not want to answer, to have notes taken or our conversation recorded or for photographs to be taken. There is no penalty if you withdraw from the study, and you will not lose any benefits to which you are otherwise entitled.

Identification of the in-country evaluators

Jason Pithuwa (DRC); Beatrice Uwayezu (RW) Edson Eliah Mwaipopo (TZ)

I understand the procedures described above. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

Name and Signature of Respondent(s)

Date

Annex 8 – Self-administered survey questionnaire

Questionnaire – scoping phase

The firm Tropical Health is conducting the Mid Term evaluation of the ‘Inclusive Vision’ programme implemented in the Democratic Republic of Congo (DRC), Rwanda and Tanzania by Light For The World (LFTW), in partnership with the Rotary Clubs For Development (RC4D) in the case of DRC.

You have been identified as a key stakeholder in the project.

The results of this evaluation will be shared with LFTW, RC4D staff and the donor to help improve programmes here and in other countries.

The purpose of this survey is to gather valuable insights and perspectives from stakeholders regarding the current progress and implementation of the programme Inclusive Vision at its mid-point. By focusing on key programme domains such as accessibility to eye care services, the integration of eye care into the country's health system, and the development of human resources for eye health, the questionnaire aims to assess how effectively the programme's goals are being met. In addition, the survey will help identify challenges encountered so far and potential mitigation strategies, providing a foundation for programme improvements during the second half of its implementation. Stakeholder feedback will provide critical information that can guide potential adjustments going forward.

Your participation is completely voluntary, and you can withdraw at any time. The data you provide will be kept confidential and used only for evaluation purposes. By proceeding with this survey, you acknowledge that you have read and understood the terms and consent to participate.

Action Required:

- Please check the box below to indicate your consent before starting the survey.

[] I consent to participate in this survey as part of this mid-term evaluation of the programme Inclusive Vision.

Information about the respondent	
Sociodemographic	Country Sex
Institutional affiliation	Ministry of Health – eye care NGO- eye care Hospital/clinic Option: primary care, secondary care, tertiary care

Criteria	Questions
Effectiveness - Access	Improving the equitable access to high-quality eye care services is one of the goals of this program. How accessible are eye care services compared to before the program started? General population • Much less accessible • Less accessible • About the same • More accessible • Much more accessible Children • Much less accessible • Less accessible • About the same

	• More accessible • Much more accessible What changes have you noticed in the availability of eye care services [in your area]? Access to eye care services at the primary care level is now: • Much less accessible • Less accessible • About the same • More accessible • Much more accessible Access to specialized eye care services (e.g. cataract surgery) at secondary hospital is now: • Much less accessible • Less accessible • About the same • More accessible • Much more accessible Access to specialized eye care services (e.g. cataract surgery) at tertiary hospital is now: • Much less accessible • Less accessible • About the same • More accessible • Much more accessible To what extent do you agree with this statement: The program is making a significant difference in ensuring that vulnerable people have access to high-quality eye care services so that no one is left behind: • Strongly Disagree • Disagree • Neutral • Agree • Strongly Agree There are many barriers to eye care services. To what extent is the program effective in contributing to address the following barriers to care: Geographical barriers (distance to points of service) • Not effective at all • Slightly effective • Moderately effective • Very effective • Extremely effective Financial barriers (cost of services, transportation) • Not effective at all • Slightly effective • Moderately effective • Very effective • Extremely effective Sociopsychological barriers (e.g. fear and misconceptions about treatment, such as cataract surgery) • Not effective at all • Slightly effective • Moderately effective
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	• Very effective • Extremely effective Gender-related barriers (e.g. limited autonomy for health care decisions) • Not effective at all • Slightly effective • Moderately effective • Very effective • Extremely effective In the case of children with visual impairment, to what extent did access improve along the continuum of care: Early identification (school or community screening) • No improvement • Minimal improvement • Moderate improvement • Significant improvement • Substantial improvement Access to medicine and refractive error services • No improvement • Minimal improvement • Moderate improvement • Significant improvement • Substantial improvement Access to surgical services, such as for cataract, glaucoma, etc. • No improvement • Minimal improvement • Moderate improvement • Significant improvement • Substantial improvement Access to follow up and rehabilitation services after surgery, including for low vision care • No improvement • Minimal improvement • Moderate improvement • Significant improvement • Substantial improvement What do you think should be prioritized in the second half of the program to improve access to services [open text] What additional resources or support do you think are needed to improve access to services? [open text]
Effectiveness - Integration	Supporting the integration of eye care services into the country's health care system is one of the goals of this program.

	Various strategies can be used to facilitate integration along the continuum of care so that people receive the right care, at the right time, in the right place. General To what extent do you agree with the following statement: There has been clear and consistent communication so far about how this program intends to contribute to greater integration of eye care services into the country healthcare system? • Strongly Disagree • Disagree • Neutral • Agree • Strongly Agree Perceived Effectiveness of Integration Efforts Integration Progress: To what extent do you believe the program has contributed so far to the integration of eye care services into the healthcare system? • Not at all (so far) • To a small extent • To a moderate extent • To a large extent • To a very large extent If you responded at least “to a small extent”, in what areas do you think progress has been made. Tick all that apply and, if relevant, indicate a magnitude of progress (from your perspective): - Community mobilization for eye health promotion • No progress • Minimal progress • Moderate progress • Significant progress • Substantial progress - Eye care as part of primary care service delivery • No progress • Minimal progress • Moderate progress • Significant progress • Substantial progress - Effective and rapid referrals from primary care to secondary and tertiary care • No progress • Minimal progress • Moderate progress • Significant progress • Substantial progress - Inclusion of eye care indicators in health information system
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	• No progress • Minimal progress • Moderate progress • Significant progress • Substantial progress - Better integration of national eye health strategic plans with broader national health plan(s) • No progress • Minimal progress • Moderate progress • Significant progress • Substantial progress - Better integration between eye health and education sector • No progress • Minimal progress • Moderate progress • Significant progress • Substantial progress What specific challenges have you observed in integrating eye care services? [open text] Challenges encountered so far during the integration of eye care services have been effectively addressed. • Strongly Disagree • Disagree • Neutral • Agree • Strongly Agree What do you think should be prioritized in the second half of the program to strengthen integration? [open text] What additional resources or support do you think are needed for better integration? [open text]
Efficiency – Strengthening competencies	If you benefitted from training / capacity building activities as part of the program, please answer the following questions. If not, please go to section [MS Form will contain a hyperlink to next section]. To what extent has the program improved your skills in performing eye examinations and procedures? • Not at all • Slightly • Moderately • Very • Extremely To what degree has the program enabled you to effectively manage eye care cases that you were previously unfamiliar with? • Not at all

	• Slightly • Moderately • Very • Extremely To what extent do you agree with this statement: The training provided so far showed me how to ensure that patients are actively involved in their eye care decisions. • Strongly disagree • Disagree • Neutral • Agree • Strongly agree From your perspective to what extent did the program strengthen human resources for eye health so far at the following levels: Primary care level (for basic eye care and referrals) • Not at all strengthened • Slightly strengthened • Moderately strengthened • Significantly strengthened • Extremely strengthened • I'm not sure Secondary level (more specialized services and referrals) • Not at all strengthened • Slightly strengthened • Moderately strengthened • Significantly strengthened • Extremely strengthened • I'm not sure Tertiary level (specialized services). • Not at all strengthened • Slightly strengthened • Moderately strengthened • Significantly strengthened • Extremely strengthened • I'm not sure In the case of pediatric eye care specifically - From your perspective to what extent did the program strengthen eye health professional capacity and collaboration across the continuum of care – from early identification to rehabilitation and low vision care • Not at all strengthened • Slightly strengthened • Moderately strengthened • Significantly strengthened • Extremely strengthened • I'm not sure To what extent do you agree with the following statement: The program is placing a strong emphasis on supportive supervision to ensure the delivery of high-quality eye care services.
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	• Strongly Agree • Agree • Neutral • Disagree • Strongly Disagree To what extent do you agree with the following statement: The program places a strong emphasis on ensuring quality of care and strategies to improve quality of care. • Strongly Agree • Agree • Neutral • Disagree • Strongly Disagree What do you think should be prioritized in the second half of the program to strengthen the competencies of health care workers and eye care workers for the delivery of eye care services along the continuum of care? [open text] What additional resources or support do you think are needed to further strengthen the competencies of health care workers and eye care workers for the delivery of eye care services along the continuum of care? [open text]
Efficiency - Capacity	To what extent do you agree with the following statement: The primary health care staff in districts that are supported by this program have the equipment and consumables they need to deliver high-quality eye care services. • Strongly Agree • Agree • Neutral • Disagree • Strongly Disagree To what extent do you agree with the following statement: The eye care staff at secondary hospitals that are supported by this program have the equipment and consumables they need to deliver high-quality eye care services. • Strongly Agree • Agree • Neutral • Disagree • Strongly Disagree To what extent do you agree with the following statement: The eye care staff at tertiary hospitals that are supported by this program have the equipment and consumables they need to deliver high-quality eye care services. • Strongly Agree • Agree • Neutral • Disagree • Strongly Disagree

Implementation of recommendations from the Future in Sight programme	The final evaluation of the Future in Sight program provided several key recommendations for future initiatives. LFTW management has accepted these recommendations but noted that their implementation will be contingent on the availability of funding. Currently, to what extent do you feel the following recommendation is being implemented? Ensure more systematic data collection and analysis with a view to managing and improving the quality of care and programmes (e.g. equity angle, use of data for decision-making by partners to prioritize interventions in the communities). • Fully Implemented • In Progress • Not Yet Started Currently, to what extent do you feel the following recommendation is being implemented? Implement quality management and improvement programmes more systematically (which would also be facilitated by a greater degree of digitisation of data). • Fully Implemented • In Progress • Not Yet Started Currently, to what extent do you feel the following recommendation is being implemented? Invest in continuous capacity building approaches, e.g. by considering supervision and mentoring systems as key activities for the post-training phase. • Fully Implemented • In Progress • Not Yet Started Currently, to what extent do you feel the following recommendation is being implemented? For the paediatric component, implement programmes that cover the entire continuum of care, from early detection in communities to low vision and rehabilitation services. • Fully Implemented • In Progress • Not Yet Started Currently, to what extent do you feel the following recommendation is being implemented? Invest more in management and budgeting systems to facilitate strategic planning to increase the long-term sustainability of eye hospitals and clinics. • Fully Implemented • In Progress • Not Yet Started Currently, to what extent do you feel the following recommendation is being implemented?
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	Continue efforts to integrate eye care, including training and referral systems, between different levels of care, as well as between the different structures in place (private, government, non-profit, faith-based). RDC et Rwanda Actuellement, dans quelle mesure estimez-vous que la recommandation suivante est mise en œuvre ? Diversifier davantage, si les ressources humaines le permettent, les modes de formation (compagnonnage et formation extramurale), notamment en prenant avantage de nouvelles opportunités de formation en Afrique Francophone. • Entièrement mise en œuvre • En cours • Pas encore commencé RDC Domaine 1 : Accessibilité Actuellement, dans quelle mesure estimez-vous que la recommandation suivante est mise en œuvre ? Mieux caractériser l'accessibilité en ventilant toutes les données par genre ; analyser sur une base longitudinale si des écarts de genre existent (adultes et enfants) • Entièrement mise en œuvre • En cours • Pas encore commencé Actuellement, dans quelle mesure estimez-vous que la recommandation suivante est mise en œuvre ? Analyser les données sur le % de patients soutenus par le service social en fonction de leurs caractéristiques socio-démographiques • Entièrement mise en œuvre • En cours • Pas encore commencé Actuellement, dans quelle mesure estimez-vous que la recommandation suivante est mise en œuvre ? Former les relais-communautaires pour l'identification de certaines pathologies oculaires et le référencement au personnel avec connaissances en santé oculaire. • Entièrement mise en œuvre • En cours • Pas encore commencé
--	--

	Actuellement, dans quelle mesure estimez-vous que la recommandation suivante est mise en œuvre ? Puisque des écarts entre les genres existent, développer et mettre en oeuvre des interventions sensibles au genre. Dans certains pays en Afrique sub-Saharienne, ces interventions prennent par exemple la forme de partenariats avec des groupes de femmes déjà en place (ex : microfinance) et où les membres reçoivent une formation de base (1 journée) en santé oculaire et counseling. Les membres peuvent ensuite devenir des ambassadrices pour référer les cas de cataracte vers les cliniques mobiles et les cliniques/hôpitaux. • Entièrement mise en œuvre • En cours • Pas encore commencé Actuellement, dans quelle mesure estimez-vous que la recommandation suivante est mise en œuvre ? Si une proportion importante d'enfants avec cataracte se présentent à un âge avancé, développer et mettre en oeuvre des interventions communautaires pour le dépistage précoce des troubles de vision sévères (ex : formation d'informateurs-clés). • Entièrement mise en œuvre • En cours • Pas encore commencé Domaine 2 : Ressources humaines The MS Form will cover the full list of recommendations accepted by LFTW management.
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*Screening /Clinical examination/treatment/Rehabilitation. Counselling is a key function along the continuum of care.

Annex 9 – Template for country partners participatory working sessions

Two-hour sessions following data collection on site will be used to present and review of early findings with country partners.

Participants: leadership, managerial and eye health teams

The national consultant will lead the session, with support from the international consultant (remote attendance)

Approaches used in these sessions will be tailored to guide the discussions and help the respondents:

- to identify lessons learned and good practices, as well as facilitating factors and barriers to progress
- to discuss potential recommendations to be made.

In line with the evaluation's scope, the focus of the participatory working sessions will be on the theme of integration of eye care in health system.

The sessions will start with the national consultant presenting a summary of the key findings from the KIIs conducted in the health structure. It is intended to provide an opportunity for the programme partner team to first, validate these key findings, but as well highlight programme successes and learning and provide their own reflections on potential barriers and facilitators.

Themes to be covered in the participatory working session

The session will include a summary of key findings emerging from the KIIs conducted prior to the session, followed by a self-assessment of success factors/challenges/ impacts and lessons learned, which should address the following questions.

1. In what ways has the project contributed to strengthening health systems?
2. What are the main challenges that you have faced? Has the context you are working in changed at all during that time? If so, how?
3. How sustainability of the project outcomes could be further supported?
4. What are the main lessons from the project?
5. What could have been done differently? Do you have any recommendations for the remaining of the project or future similar interventions?

Annex 10 - Summary of IPEC 13 core and 13 expanded eye care indicators described in the ECIM by domain

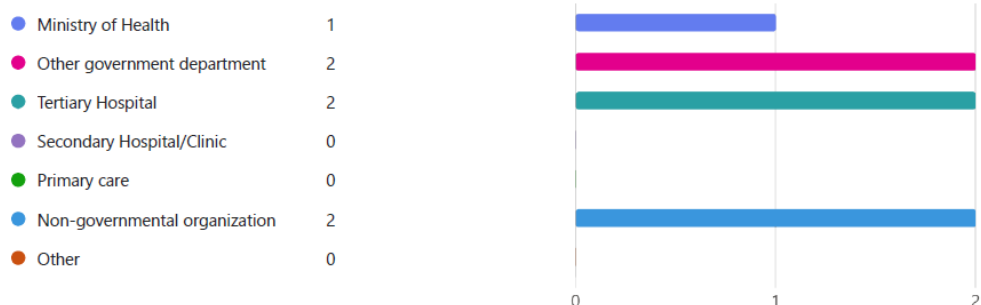
(Note: Core indicators are written in bold)

Input and processes	Output	Outcome	Impact
Eye Care Governance Eye care integrated into the national health plan National eye care strategy implementation Primary eye care integrated into the national primary health-care training Pre-school (aged 3–5 years) eye care programme Eye Care Financing Financial risk protection for cataract surgery Financial risk protection for optical devices acquisition Financial risk protection for diabetic retinopathy (DR) laser treatment Financial risk protection for glaucoma surgeries Financial risk protection for antivasular endothelial growth factor (anti-VEGF) injections Eye Care Information Eye conditions and visual acuity categorized by International Classification of Diseases (ICD) code (or equivalent) Eye Care Workforce Eye care workforce density	Eye Care Service Access Cataract surgical rate (CSR) Availability of refractive services in the government health system Availability of vision rehabilitation services covered by the government health system Waiting time for cataract surgery Preoperative visual acuity amongst cataract surgery patients Eye Care Service Quality Cataract surgical outcome (visual acuity)	Eye Care Coverage Effective cataract surgical coverage (eCSC) Effective refractive error coverage (eREC) – distance vision Effective refractive error coverage (eREC) – near vision School eye care programmes coverage Retina screening coverage for people with diabetes Newborn screening coverage for congenital and neonatal eye conditions Retinopathy of prematurity screening coverage	Eye Care Impact Prevalence of vision impairment and blindness Cause-specific prevalence of vision impairment

Annex 11- Online questionnaires results

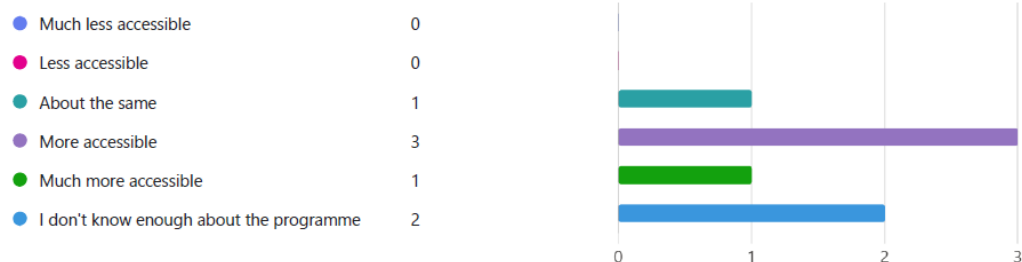
Survey results for Tanzania

Primary institutional affiliation of participants (n=7)

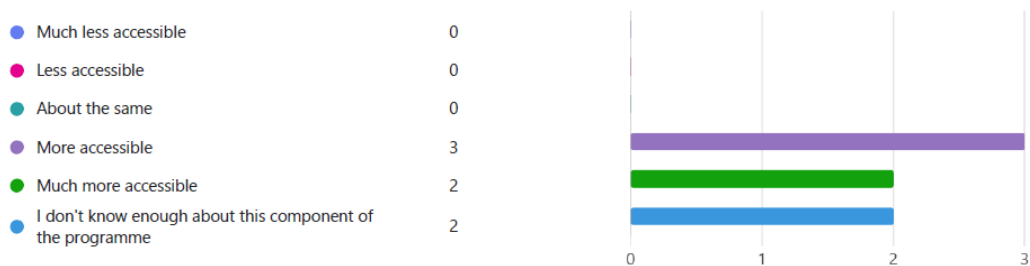


Domain: Accessibility

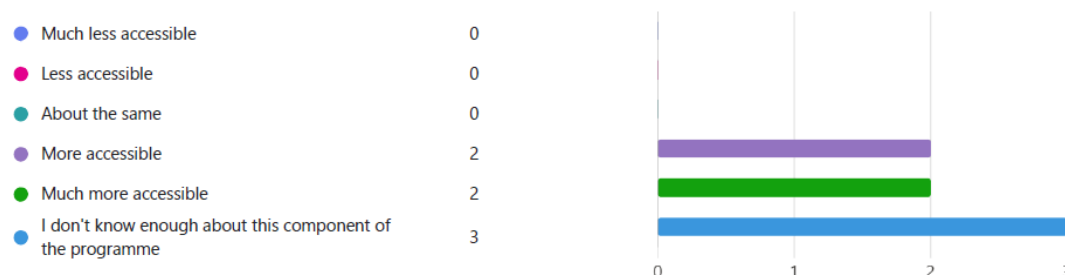
How accessible are eye care services for the general population compared to before the programme started?



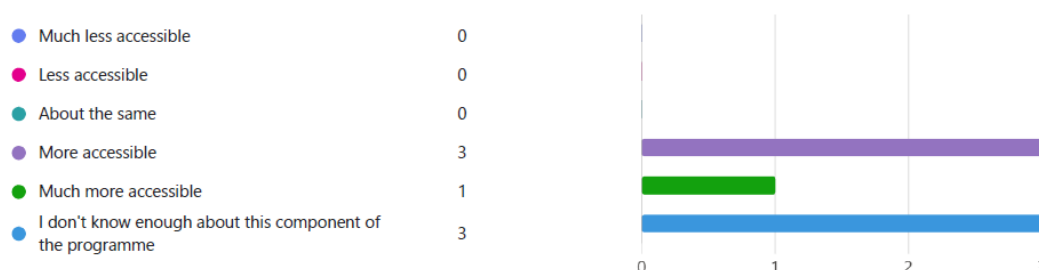
How accessible are eye care services for the pediatric population compared to before the programme started?



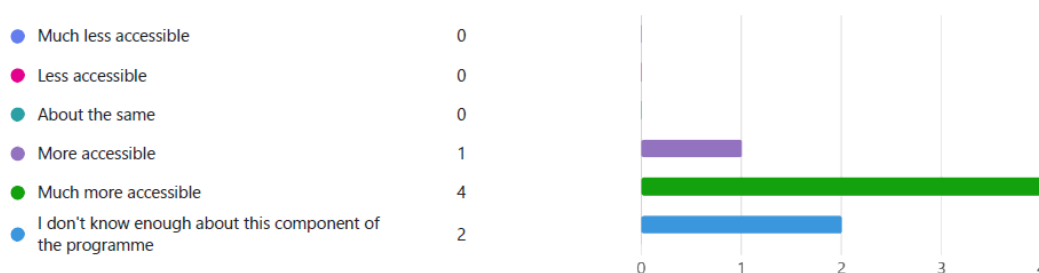
What changes have you noticed in the availability of primary eye care services in catchment areas (at least one) where the program Inclusive Vision program is active?



What changes have you noticed in the availability of specialized eye care services (e.g. cataract surgery) at secondary hospitals or clinics in catchment areas (at least one) where the program Inclusive Vision program is active?



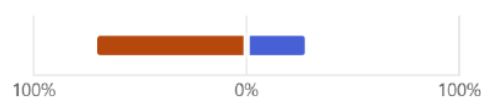
What changes have you noticed in the availability of specialized eye care services (e.g. cataract surgery) at tertiary hospitals in catchment areas (at least one) where the program Inclusive Vision program is active?



To what extent do you agree with this statement: The program is making a significant difference in ensuring that vulnerable people have access to high-quality eye care services so that no one is left behind

Strongly agree Agree Neutral Disagree Strongly disagree I don't know enough about the programme

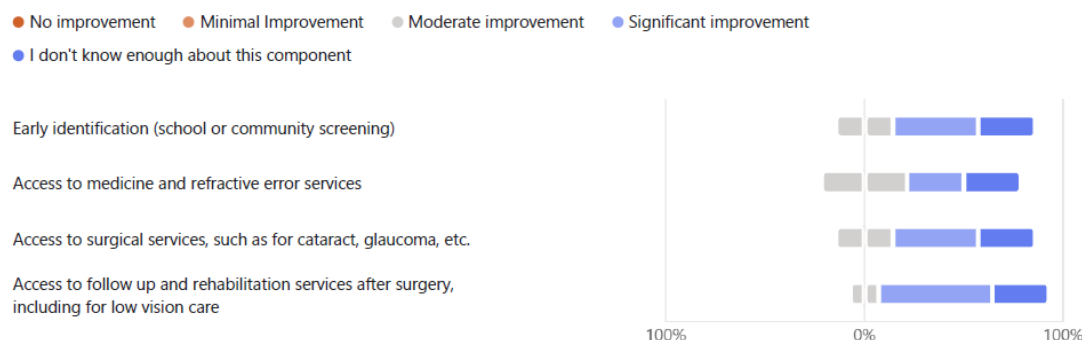
The program is making a **significant difference** in ensuring that vulnerable people have access to high-quality eye care services s...



There are many barriers to eye care services. To what extent is the programme effective in contributing to address the following barriers to care:



In the case of children with visual impairment, to what extent did access improve along the continuum of care since the beginning of the Inclusive Vision programme?



What do you think should be prioritized in the second half of the programme to improve access to eye care services?

Much involvement of the Government is the key to success of the program.
Community screening and funding.
1. Strengthen partnerships to spread more information about eye care services. 2. Create traditionally relevant campaigns to reach more vulnerable populations in the area. 3. Organize regular eye camps in the project areas. 4. Make your eye care facilities in the project area more accessible to everyone.
Capacity building to the respective institution to create sustainability of the achievement, the question " what should we do to sustain whatever gain we have caused at this institution"?
Since now there is improved awareness of eye health, more centralized well-equipped facilities should be built to accommodate the anticipated surge of clients, with equipped skulls lab for continuous skills development for quality outcomes.
The National Offices need to be aligned with the Project activities and the progress. Periodic Reports on the project milestones achieved needs to be shared with the national offices.

Provision of assistive devices for students with low vision and those with special needs in inclusive schools.
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What additional resources or support do you think are needed to improve access to eye care services?

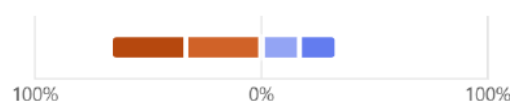
Improvements of assessment centers for students and children with disabilities.
Funding for patients from poor families.
1. Increase more funding for eye care programs, infrastructure, and equipment in the project area 2. Train more eye care professionals, including doctors, nurses, optometrist and technicians 3. Try to develop a sustainable business model for eye care facilities in the project area.
Education to the community- eye care services are not free; they should be taught how to take care of their eye health.
Capacity building, research and innovation.
To invest much in Primary Health Care close to where most of the poor people they live.

Domain: Integration of eye care into the health system

To what extent do you agree with the following statement: There has been clear and consistent communication so far about how this programme intends to contribute to greater integration of eye care services into the country healthcare system?

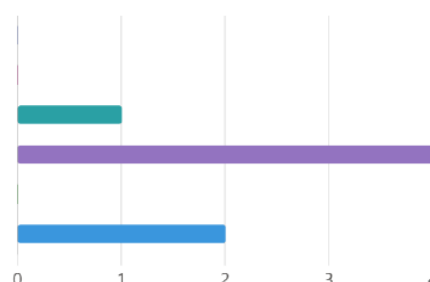
● Strongly agree ● Agree ● Neither agree nor disagree ● Disagree ● Strongly disagree ● I don't know enough about the programme

There has been clear and consistent communication so far about how this programme intends to contribute to greater integration...



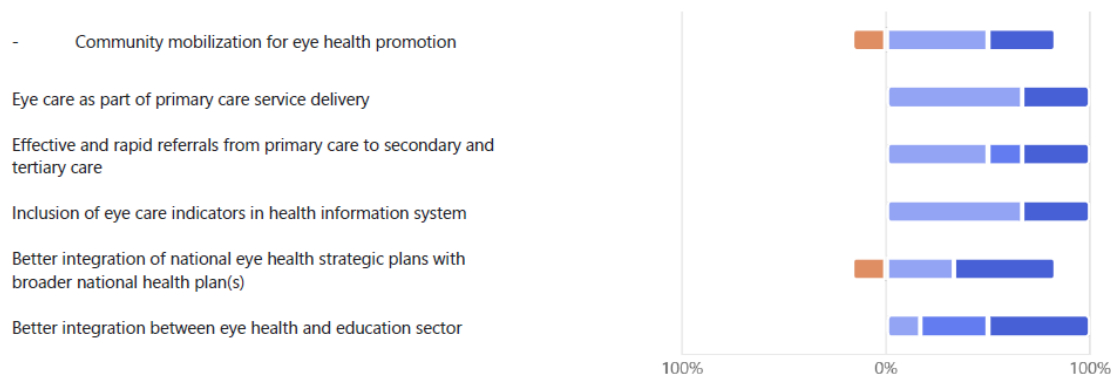
To what extent do you believe the program has contributed so far to the integration of eye care services into the healthcare system?

● Not at all (so far) 0
● To a small extent 0
● To a moderate extent 1
● To a large extent 4
● To a very large extent 0
● I don't know enough about the programme 2



If you responded at least “to a small extent”, or higher, in what areas do you think progress has been made. Tick all that apply and, if relevant, indicate a magnitude of progress (from your perspective):

☐ No progress
 ☐ Minimal progress
 ☐ Moderate progress
 ☐ Significant progress
 ☐ Substantial progress
☐ I don't know enough about this component



What specific challenges have you observed in integrating eye care services into the health system?

1. Lack of awareness among healthcare providers and the public about the importance of eye health and available services.
2. Access Barriers, Geographic and socioeconomic barriers can limit access to eye care, especially in rural.
3. Difficulty in integrating eye care with general health services can result in missed opportunities for early detection and treatment of eye conditions.
4. Cultural perceptions and beliefs about eye health can affect individuals' willingness to seek care or adhere to treatment.

There is a gap between eye health workers and leaders in health, there should be a good link between ministry and professional board in protocol development.

Limited number of staffs in the eye health care especially in the marginalized areas - Poor infrastructure which force people to travel many kilometers to seek eye care services - Many people are unaware of common eye diseases, their symptoms, and prevention strategies - Some cultural beliefs may hinder early diagnosis and treatment for children and women - proper follow-up after treatment is often difficult, especially in rural areas. -Lack of adequate training for basic eye care to primary healthcare providers hinders early detection and management of eye diseases. -Shortage/Lack of basic eye care equipment for primary health care providers.

The community doesn't consider it worth paying for eye care services; they have labeled it as free service. This isn't sustainable.

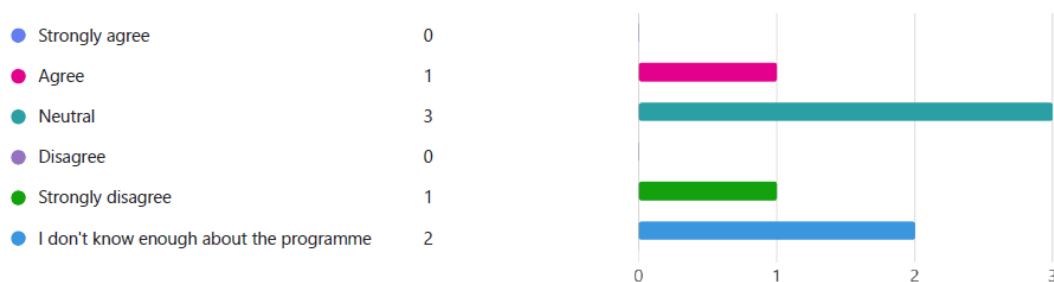
Bureaucracy in purchase of eye health gadgets in government facilities.

No information on the progress.

What additional resources or support do you think are needed for better integration?

More efforts and support are needed in community awareness creation for eye care services.
Financial support to aid in protocol development, enforcement and monitoring.
1. Government and partners such as local and international organizations should allocate more funding to eye care programs, including training of healthcare professionals, procurement of equipment, and infrastructure development. 2. Efforts should be made to raise awareness about eye health issues and the importance of early detection and treatment. 3. A strong referral system is needed for patients with complex eye conditions. Explore mobile clinics and telemedicine to reach underserved areas.
Community awareness and participation.
The LFTW can be buying some of the health related instruments under the same budget and bring them as donation to the health facility to ensure easy and smooth accessibility of the services with timely delivery of eye health services to the clients.
Involvement of the National Level Officers for acquaintance with the Eye Health System.
To involve more Primary Health Care.

Challenges encountered so far during the integration of eye care services have been effectively addressed.



What do you think should be prioritized in the second half of the programme to strengthen integration?

Community Engagement Foster relationships with local communities through workshops and events that encourage participation and dialogue. Strengthen collaborations with government entities to provide resources and support.
Inclusion of all eye workers.
Prioritize community engagement and partnerships to strengthen integration in the second half of the program.
Capacity building for the partner sites to self-sustain the gains.

Good communication and technical supportive supervision visits for all the levels.
Involving the Government and work together.

Domain: Training and eye health human resources strengthening

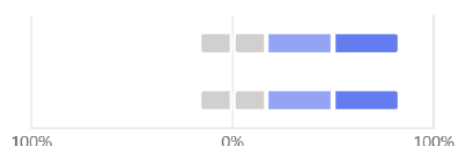
Three respondents indicated that they benefitted from training as part of the Inclusive Vision programme.

To what extent do you agree with the following statements:

● Strongly Disagree ● Disagree ● Neither agree nor disagree ● Agree ● Strongly agree

The programme improved my skills in performing eye examinations and procedures

The program enabled me to effectively manage eye care cases that I was previously unfamiliar with



To what extent do you agree with this statement:

● Strongly disagree ● Disagree ● Neither agree nor disagree ● Agree ● Strongly agree

The training provided so far showed me how to ensure that patients are actively involved in their eye care decisions.



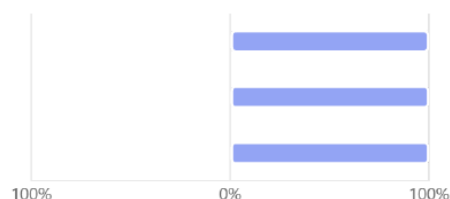
From your perspective to what extent did the program strengthen human resources for eye health so far at the following levels:

● Not at all ● To a small extent ● To a moderate extent ● To a great extent ● I don't know enough about this component at this level
● I don't know enough about the programme

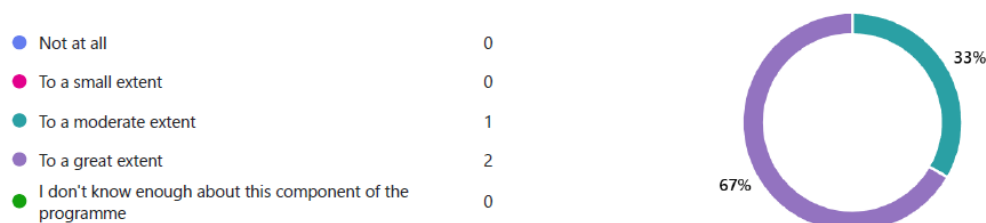
Primary care level (for basic eye care and referrals)

Secondary level (more specialized services and referrals)

Tertiary level (specialized services).



In the case of pediatric eye care specifically - From your perspective to what extent did the program strengthen eye health professional capacity and collaboration across the continuum of care – from early identification to rehabilitation and low vision care



What do you think should be prioritized in the second half of the program to strengthen the competencies of health care workers and eye care workers for the delivery of eye care services along the continuum of care?

Building the capacity for continuous operational performance.
Capacity building of paramedics like engineers, anesthesiologist to acquire appropriate knowledge on issues they help with for eye care delivery.
To strengthen healthcare and eye care worker competencies, prioritize hands-on training and mentorship in advanced diagnostic techniques, surgical procedures, and comprehensive eye care management. Additionally, invest in ongoing professional development to ensure they stay updated with the latest evidence-based practices.

What additional resources or support do you think are needed to further strengthen the competencies of health care workers and eye care workers for the delivery of eye care services along the continuum of care?

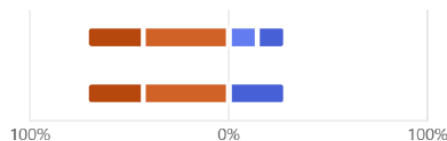
1. Regular, updated training workshops and courses focused on the latest eye care practices and technologies. 2. To Foster collaboration between eye care providers and general healthcare workers to enhance understanding and integration of services. 3. To encourage ongoing education opportunities. 4. To develop and distribute educational materials, such as manuals and tool kits, that can aid in day-to-day practice. 5. To ensure access to modern diagnostic and treatment technologies, along with training on their use. 6. Community engagement; involve communities in awareness campaigns that highlight the importance of eye health, which can also support healthcare workers in their roles.
Infrastructure and funding on those unable to cost share.
Invest in ongoing training and advanced tools to enhance eye care worker competencies.

To what extent do you agree with the following statements:

● Strongly agree ● Agree ● Neutral ● Disagree ● Strongly disagree ● I don't know enough about the programme

The programme is placing a strong emphasis on supportive supervision to ensure the delivery of high-quality eye care...

The programme places a strong emphasis on ensuring quality of care and strategies to improve quality of care.



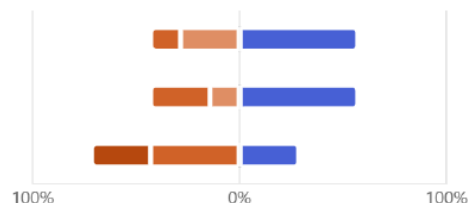
To what extent do you agree with the following statements:

● Strongly agree ● Agree ● Neutral ● Disagree ● Strongly disagree
 ● I don't know enough about the component of the programme at this level

The **primary health care staff** in districts that are supported by this program have the equipment and consumables they need t...

The eye care staff at **secondary hospitals or clinics** that are supported by this program have the equipment and consumable...

The eye care staff at **tertiary hospitals** that are supported by this program have the equipment and consumables they need to...



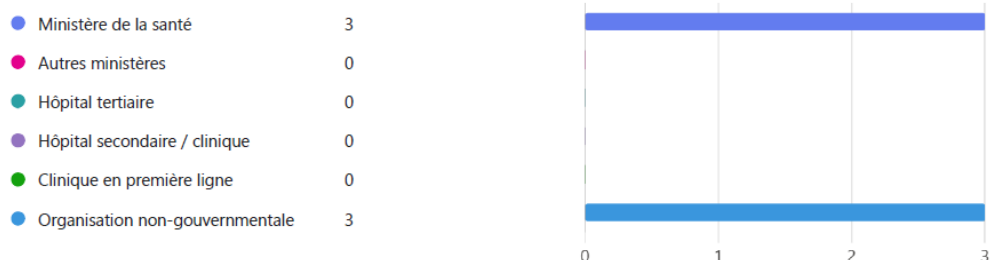
Currently, to what extent do you feel the following recommendations from the previous programme Future in Sight are being implemented in Tanzania?

● Fully implemented ● In progress ● Not yet started ● I don't enough to answer



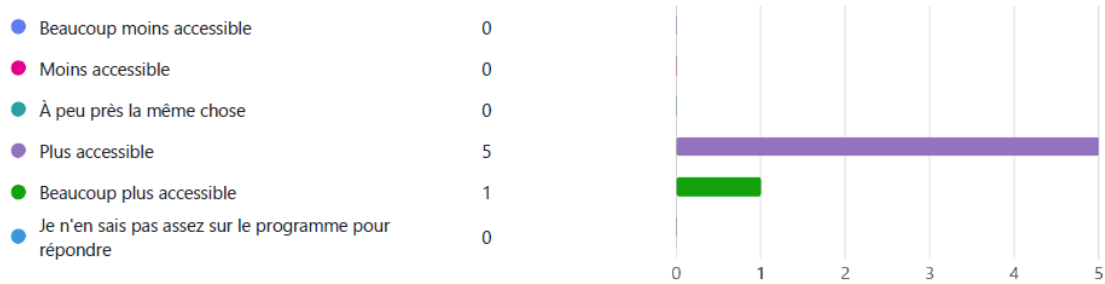
Résultats de l'enquête pour la République Démocratique du Congo

Affiliation institutionnelle principale des participants (n=6)



Domaine: Accessibilité

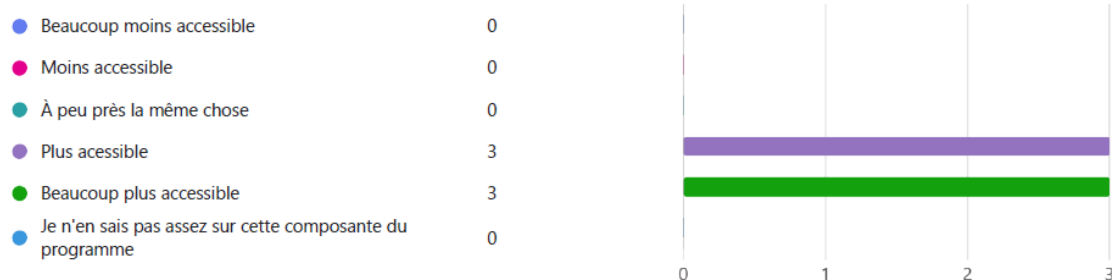
Dans quelle mesure les services de soins ophtalmologiques sont-ils accessibles à l'ensemble de la population par rapport à ce qu'ils étaient avant le lancement du programme ?



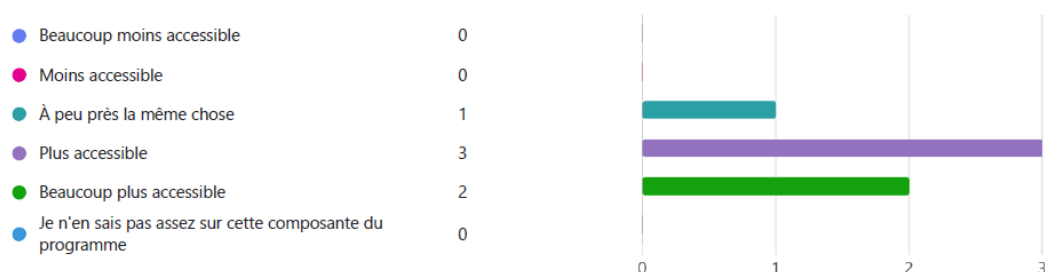
Dans quelle mesure les services de soins ophtalmologiques sont-ils accessibles à la population pédiatrique par rapport à ce qu'ils étaient avant le lancement du programme ?



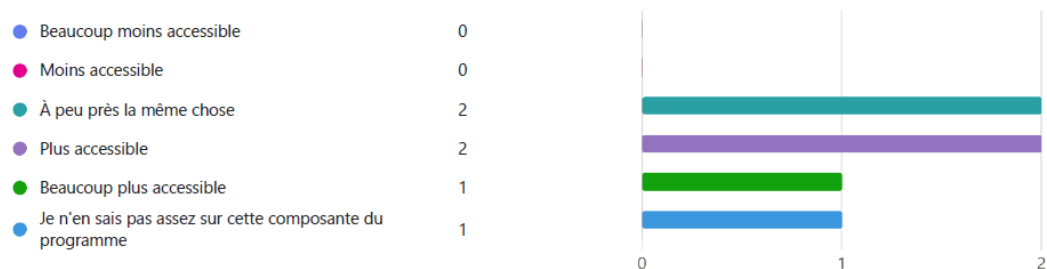
Quels changements avez-vous constatés dans la disponibilité des services de soins oculaires primaires dans les zones de recrutement (au moins une) où le programme Vision Inclusive est actif ?



Quels changements avez-vous remarqués dans la disponibilité des services de soins oculaires spécialisés (par exemple, la chirurgie de la cataracte) dans les hôpitaux ou cliniques secondaires des zones de recrutement (au moins une) où le programme Vision Inclusive est actif ?



Quels changements avez-vous remarqués dans la disponibilité des services de soins oculaires spécialisés (par exemple, la chirurgie de la cataracte) dans les hôpitaux tertiaires des zones de recrutement (au moins une) où le programme Vision Inclusive est actif ?



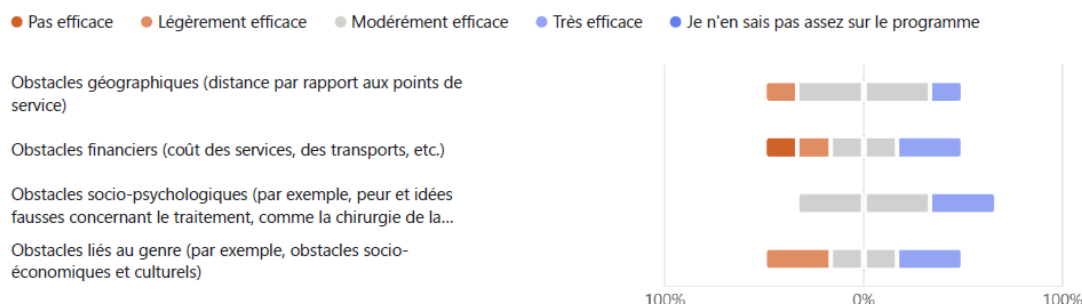
Dans quelle mesure êtes-vous d'accord avec cette affirmation ?

● Tout à fait d'accord ● D'accord ● Neutre ● Pas d'accord ● Pas du tout d'accord ● Je n'en sais pas assez sur le programme

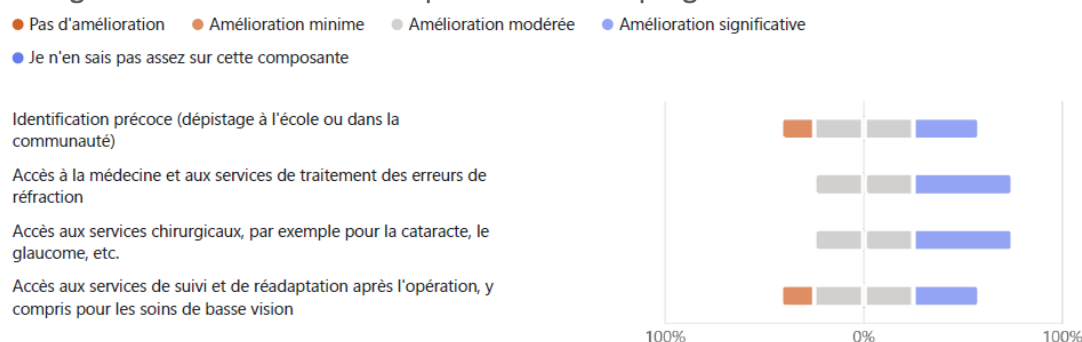
Le programme fait une différence significative en garantissant que les personnes vulnérables ont accès à des services de soins...



Il existe de nombreux obstacles à l'accès aux services de soins ophtalmologiques Dans quelle mesure le programme contribue-t-il efficacement à lever les obstacles suivants aux soins ?



Dans le cas des enfants souffrant de déficience visuelle, dans quelle mesure l'accès s'est-il amélioré le long du continuum de soins depuis le début du programme Vision Inclusive ?



Selon vous, quelles devraient être les priorités de la seconde moitié du programme pour améliorer l'accès aux services de soins ophtalmologiques ?

La première moitié ayant servi à la mise en place des éléments préalables (infrastructures, formations RH...) pour rendre les soins oculaires accessibles pour le grand nombre, la deuxième moitié devrait être consacrée à des activités qui incitent à l'utilisation et la promotion du service des soins oculaires dans les communautés bénéficiaires.

1. La disponibilisation de transport pour nous permettre de dépister et transporter les patients.
2. Le renforcement de capacité dans le domaine de chirurgie de glaucome.

Appuyer les missions chirurgicales.

L'organisation systématique des expéditions chirurgicales.

Renforcer le service social, assurer médicaments pas trop chers, disponible dans la clinique.

Continuer le processus d'intégrations dans les autres zones.

Quelles ressources ou aides supplémentaires pensez-vous nécessaires pour améliorer l'accès aux services de soins ophtalmologiques ?

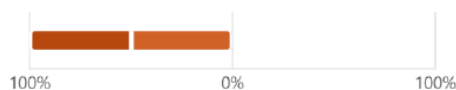
Aucun.
Acquisition d'un véhicule.
Financement de l'accompagnement pour supervision, suivi et évaluation.
Assurer une bonne enveloppe pour commande annuel médicaments et consommables, (argent).
Continuer la formation des ressources humaines. Approvisionner les centres intégrée en matériels médicaments et intrants. Subventionner les centres integres pour la prise en charge des indigents.

Domaine : Intégration des soins ophtalmologiques dans le système de santé

Dans quelle mesure êtes-vous d'accord avec l'affirmation suivante :

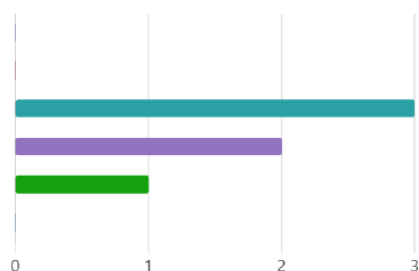
- ☐ Tout à fait d'accord
 ☐ D'accord
 ☐ Ni d'accord ni en désaccord
 ☐ Pas d'accord
 ☐ Pas du tout d'accord
☐ Je n'en sais pas assez sur le programme

Jusqu'à présent, la communication a été claire et cohérente sur la manière dont ce programme entend contribuer à une plus grand...



Dans quelle mesure pensez-vous que le programme a contribué jusqu'à présent à l'intégration des services de soins ophtalmologiques dans le système de santé ?

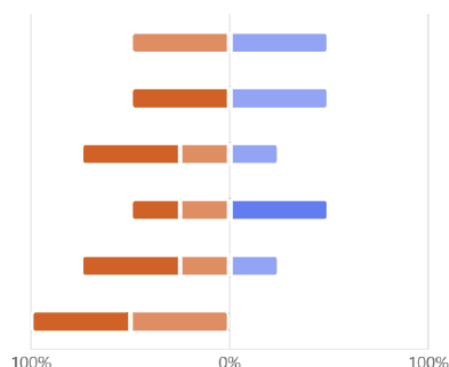
- ☐ Pas du tout (jusqu'à présent) 0
☐ Dans une faible mesure 0
☐ Dans une mesure modérée 3
☐ Dans une large mesure 2
☐ Dans une très large mesure 1
☐ Je n'en sais pas assez sur le programme 0



Si vous avez répondu au moins "dans une faible mesure", ou plus, dans quels domaines pensez-vous que des progrès ont été réalisés. Cochez toutes les réponses qui s'appliquent et, le cas échéant, indiquez l'ampleur des progrès (de votre point de vue) :

- ☐ Aucun progrès
 ☐ Progrès minimes
 ☐ Progrès modérés
 ☐ Des progrès significatifs
 ☐ Progrès substantiels
☐ Je n'en sais pas assez sur le programme

Mobilisation communautaire pour la promotion de la santé oculaire
 Les soins oculaires dans le cadre de la prestation de services de soins primaires
 Orientations efficaces et rapides des soins primaires vers les soins secondaires et tertiaires
 Inclusion d'indicateurs sur les soins oculaires dans le système d'information sur la santé
 Meilleure intégration des plans stratégiques nationaux de santé oculaire dans les plans de santé nationaux plus généraux
 Meilleure intégration entre le secteur de la santé oculaire et celui de l'éducation



Quels sont les défis spécifiques que vous avez observés dans l'intégration des services de soins ophtalmologiques dans le système de santé ?

Faible appropriation des responsables des zones de santé et des hôpitaux généraux de référence.
Aucun.
Intégration de la clinique dans le logiciel DHIS2.
La collaboration avec les ZS et les DPS.
Très peu de communication entre division provincial de la Santé et nous, la Clinique. On a l'impression, que le courant passe difficilement.
Les ressources humaines et la pauvreté de la population.

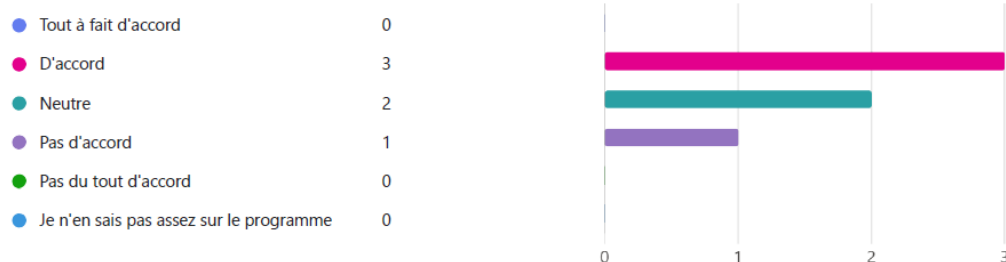
Quelles sont les ressources ou le soutien supplémentaires dont vous pensez avoir besoin pour une meilleure intégration ?

Ressources pour assurer plus de sensibilisation de la population et de disponibilité d'intrants.
La mobilisation et le transport pour bien intégré.
Moyens logistiques.
Appui aux supervisions des DPS et ZS Appui aux activités de monitoring des DPS et ZS.

Il s'agit d'un problème de personnes, qui ont peu de volonté pour élargir les soins.

Les ressources humaines et financières.

Les difficultés rencontrées jusqu'à présent lors de l'intégration des services de soins ophtalmologiques ont été résolues de manière efficace.



Selon vous, quelles devraient être les priorités de la seconde moitié du programme pour renforcer l'intégration ?

Ressources pour assurer plus de sensibilisation de la population et de disponibilité d'intrants.

Les priorités sont le soutien financier.

Organisation de plus des cliniques mobiles.

La collaboration avec les ECZS et ECP.

Effectuer plus de démarches, aussi au niveau Kinshasa.

Disposer des moyens financiers importants pour une large integration.

Domaine : Formation et renforcement des ressources humaines en santé oculaire

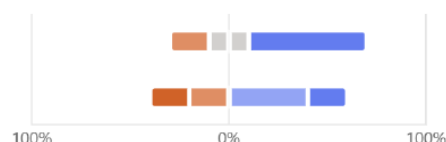
Trois répondants ont répondu avoir bénéficié d'activités de formation liées au programme Vision Inclusive.

Dans quelle mesure êtes-vous d'accord avec l'affirmation suivante :

● Pas du tout d'accord ● En désaccord ● Ni en accord ni en désaccord ● D'accord ● Tout à fait d'accord

Le programme m'a permis d'améliorer mes compétences en matière d'exams et de procédures ophtalmologiques.

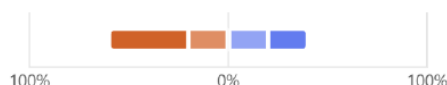
Le programme m'a permis de gérer efficacement des cas de soins oculaires que je ne connaissais pas auparavant.



Dans quelle mesure êtes-vous d'accord avec cette affirmation ?

● Pas du tout d'accord ● En désaccord ● Ni en accord ni en désaccord ● D'accord ● Tout à fait d'accord

La formation dispensée jusqu'à présent m'a montré comment faire en sorte que les patients participent activement aux décisions...



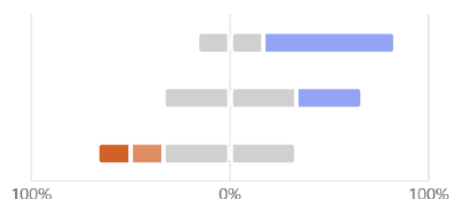
De votre point de vue, dans quelle mesure le programme a-t-il renforcé les ressources humaines pour la santé oculaire jusqu'à présent aux niveaux suivants :

● Pas du tout ● Dans une faible mesure ● Dans une mesure modérée ● Dans une large mesure
● Je n'en sais pas assez sur cette composante à ce niveau.

Niveau de soins primaires (pour les soins oculaires de base et l'orientation des patients)

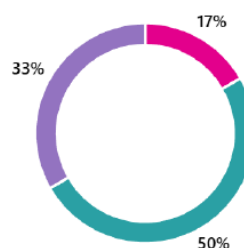
Niveau secondaire (services plus spécialisés et orientations)

Niveau tertiaire (services spécialisés).



Dans le cas des soins oculaires pédiatriques en particulier - Selon vous, dans quelle mesure le programme a-t-il renforcé les capacités des professionnels de la santé oculaire et la collaboration dans l'ensemble du continuum de soins - de l'identification précoce à la réadaptation et aux soins de la basse vision ?

● Pas du tout 0
● Dans une faible mesure 1
● Dans une mesure modérée 3
● Dans une large mesure 2
● Je n'en sais pas assez sur cette composante du programme 0

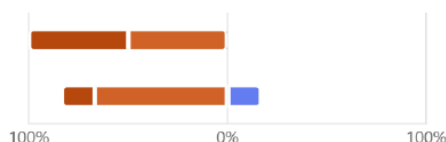


Dans quelle mesure êtes-vous d'accord avec les affirmations suivantes ?

● Tout à fait d'accord ● D'accord ● Neutre ● En désaccord ● Pas du tout d'accord ● Je n'en sais pas assez sur le programme

Le programme met fortement l'accent sur la supervision de soutien afin de garantir la fourniture de services de soins...

Le programme met fortement l'accent sur la garantie de la qualité des soins et sur les stratégies visant à améliorer la qualité des...



Selon vous, quelles devraient être les priorités de la seconde moitié du programme pour renforcer les compétences des professionnels de la santé et de l'ophtalmologie en vue de la prestation de services de soins ophtalmologiques tout au long du continuum de soins ?

Formation d'Infirmier en anesthésie oculaire, formation technicien supérieur en pédiatrie oculaire.

Renforcement des capacités d'un IFO en anesthésie.

Étendre la formation sur la gestion des soins oculaires aux prestataires voire aux membres des ECZS.
Mettre l'accent et des moyens à la formation des jeunes médecins.
Formation continue des prestataires.

Selon vous, quelles sont les ressources ou le soutien supplémentaires nécessaires pour renforcer les compétences des professionnels de la santé et de l'ophtalmologie en vue de la prestation de services de soins oculaires tout au long du continuum de soins ?

Subventions et autres dons diverses.
Moyen logistique (véhicule).
Budgétiser les prestations des acteurs des ZS et DPS.
Ériger une structure de formation, inviter des formateurs, équipement, etc.
Formation continue.

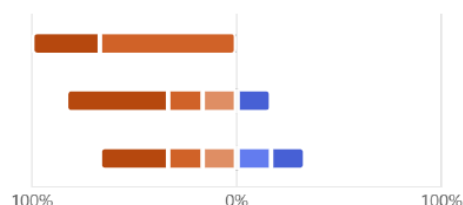
Dans quelle mesure êtes-vous d'accord avec les affirmations suivantes ?

● Tout à fait d'accord ● D'accord ● Neutre ● En désaccord ● Pas du tout d'accord ● Je n'en sais pas assez sur le programme

Le personnel chargé des **soins de santé primaires** dans les districts soutenus par ce programme dispose de l'équipement et...

Le personnel chargé des soins oculaires dans les **hôpitaux et cliniques secondaires** soutenus par ce programme dispose de...

Le personnel ophtalmologiste des **hôpitaux tertiaires** soutenus par ce programme dispose de l'équipement et des consommabl...



Actuellement, dans quelle mesure pensez-vous que les recommandations suivantes du programme Futur en Vue sont mises en œuvre en RDC ?

● Entièrement mise en œuvre ● En cours ● Pas encore entamé ● Je n'en sais pas assez pour répondre

Mieux caractériser l'accessibilité en ventilant toutes les données par genre ; analyser sur une base longitudinale si des écarts de...

Analyser les données sur le % de patients soutenus par le service social en fonction de leurs caractéristiques socio-démographiques

Former les relais-communautaires pour l'identification de certaines pathologies oculaires et le référencement au personnel...

Puisque des écarts entre les genres existent, développer et mettre en œuvre des interventions sensibles au genre.

Si une proportion importante d'enfants avec cataracte se présentent à un âge avancé, développer et mettre en œuvre des...

Pour les visites de compagnonnage à venir, ainsi que pour l'évaluation de la qualité de manière plus générale, développer e...

Investir dans la formation de conseillers aux patients pour augmenter le taux d'acceptation de la chirurgie de la cataracte.

Contribuer à la formation continue des TSO et IFO dans les zones de santé via des mécanismes de supervision "supportante"

Pour le volet pédiatrique, former un coordonnateur spécialisé sur la cécité et la basse vision chez l'enfant.

En fonction de la disponibilité des ressources humaines, considérer davantage de formations diplômantes, y compris pou...

Renforcer le programme de formation des TSO, ainsi que le plaidoyer pour leur reconnaissance formelle dans le système de...

Pour les enfants avec cataracte(s), ajouter et suivre des indicateurs de suivi post-opératoire

Reprendre et élargir les activités de gestion de la qualité au-delà de la problématique des cataractes.

Encourager les chirurgiens à utiliser l'application BOOST (Better Operative Outcome Software Tool – disponible gratuitement pou...

Les fiches de suivi post-opératoire pour les chirurgies de la cataracte devraient être standardisées pour les quatre cliniques...

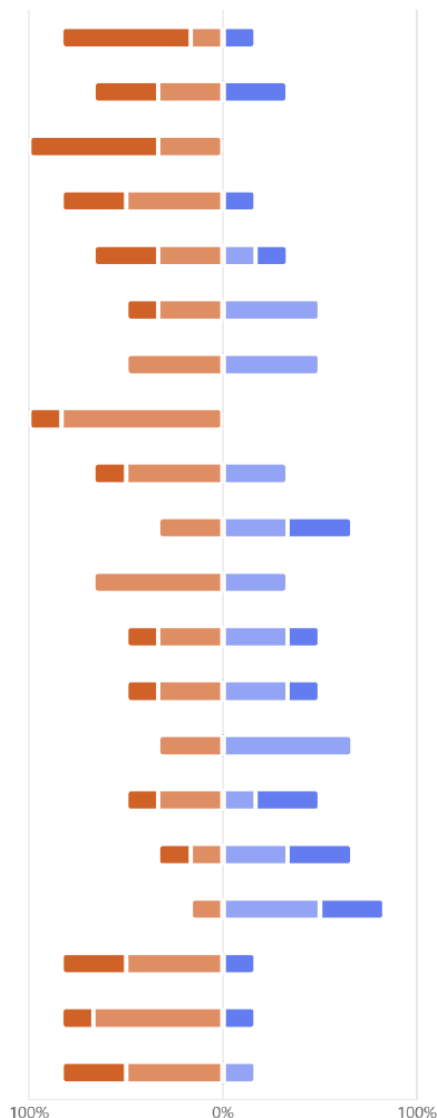
Favoriser l'utilisation d'outils d'assurance de la qualité standardisés et développer et soutenir un système (différentes...

Explorer une révision de la structure de prix pour les opérations de la cataracte – avec un prix plus élevé pour la phaco pour les...

Inviter les TSO et IFO dans les zones de santé à se joindre aux cliniques mobiles des cliniques partenaires.

Investir dans les équipements (ex : lampes à fente) permettant un champ de pratique plus large des TSO dans les hôpitaux de...

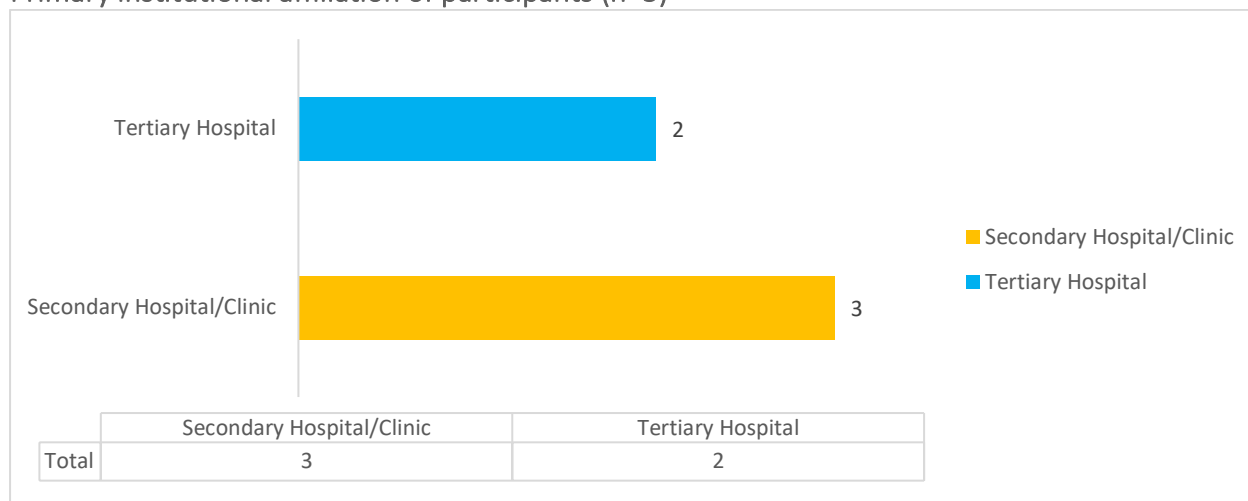
Continuer la planification d'une centrale d'achat pour intrants oculaires en collaboration avec le Ministère de la santé.



Survey results for Rwanda

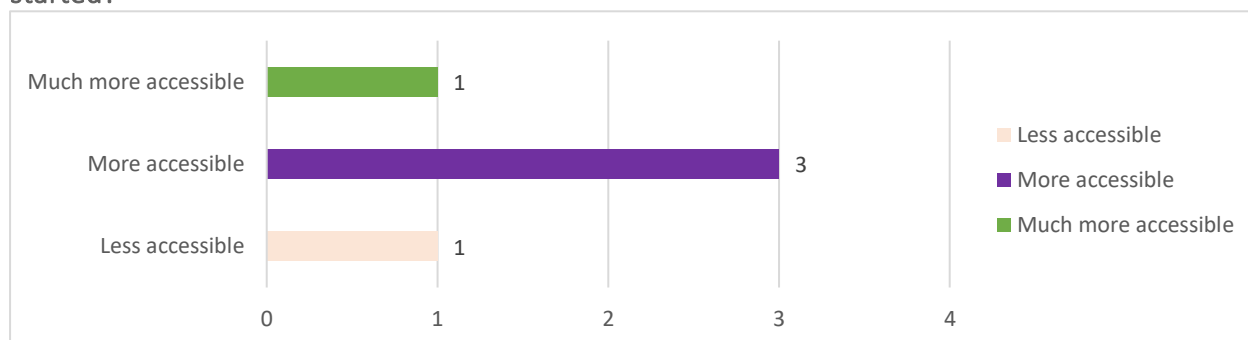
Note: In response to participant requests, the survey was developed in two versions: one in French and one in English. After combining the results in Excel, it was no longer feasible to create a visual representation comparable to the format shown above for Tanzania and the DRC.

Primary institutional affiliation of participants (n=5)

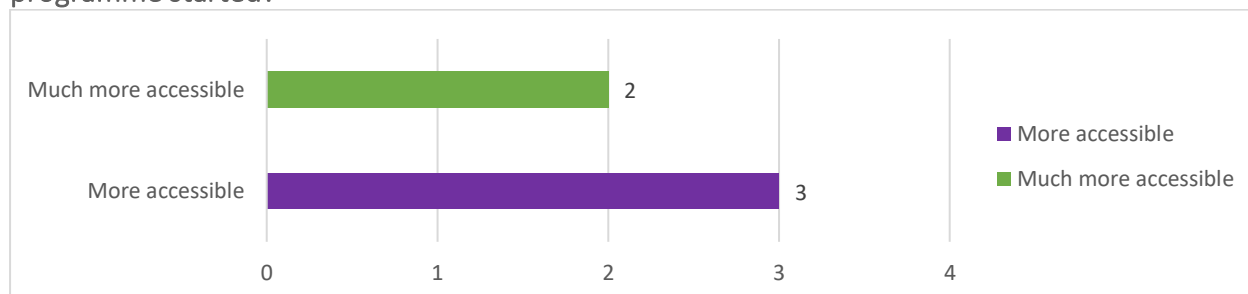


Domain: Accessibility

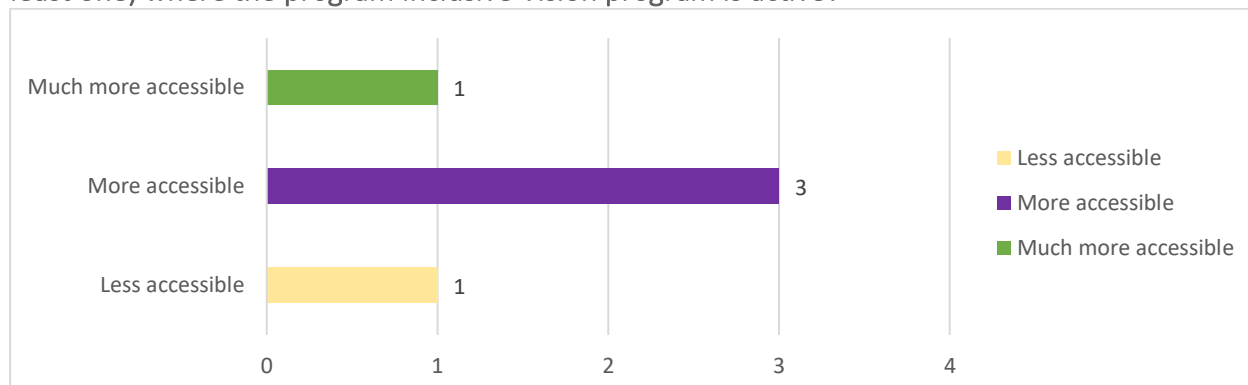
How accessible are eye care services for the general population compared to before the programme started?



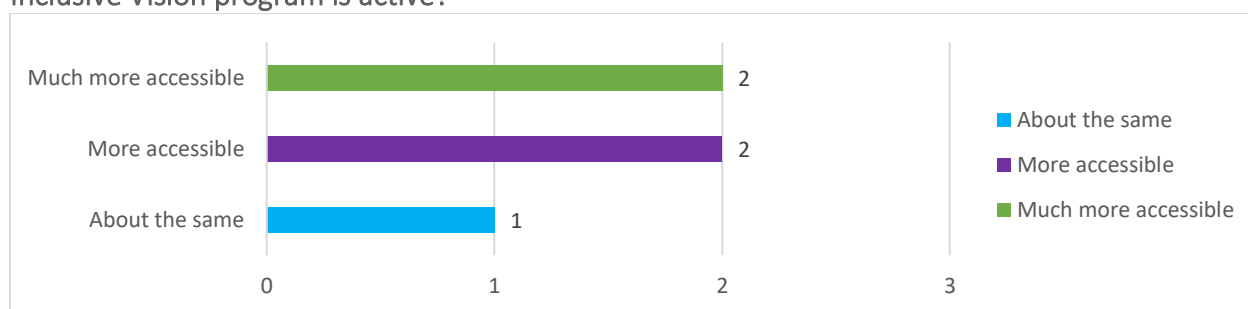
How accessible are eye care services for the pediatric population compared to before the programme started?



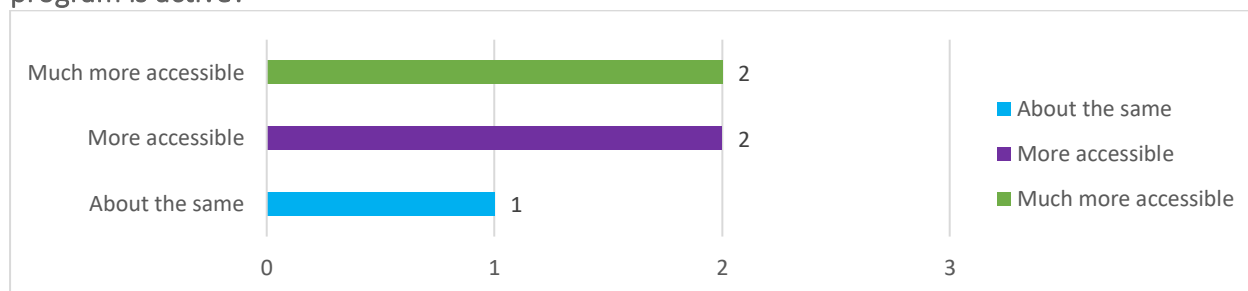
What changes have you noticed in the availability of primary eye care services in catchment areas (at least one) where the program Inclusive Vision program is active?



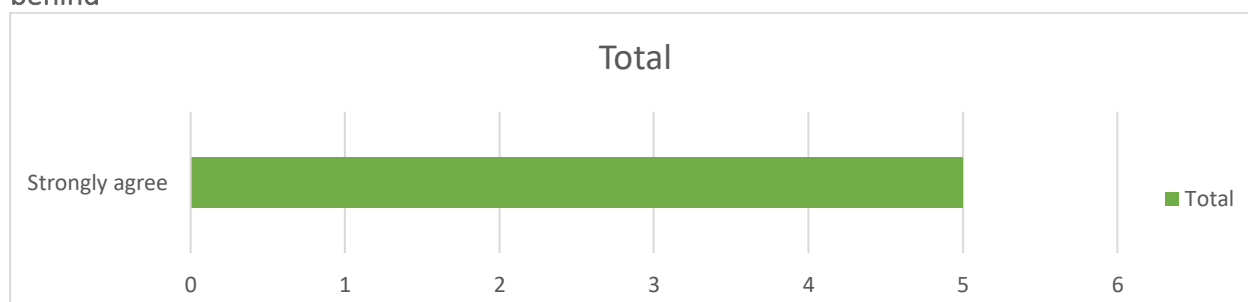
What changes have you noticed in the availability of specialized eye care services (e.g. cataract surgery) at secondary hospitals or clinics in catchment areas (at least one) where the program Inclusive Vision program is active?



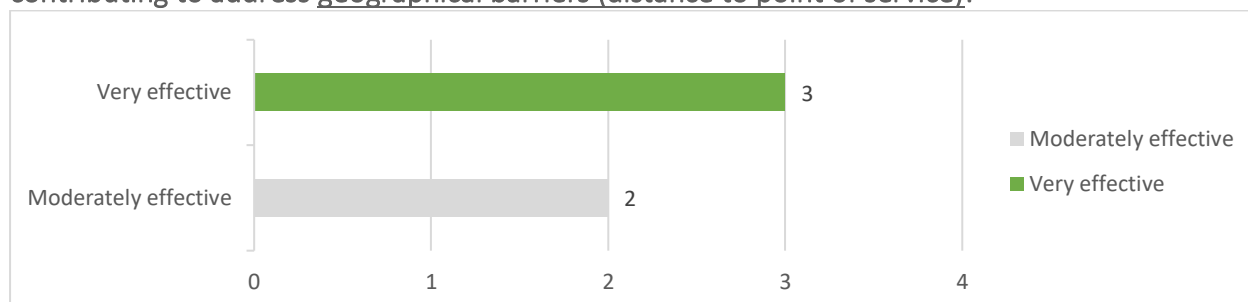
What changes have you noticed in the availability of specialized eye care services (e.g. cataract surgery) at tertiary hospitals in catchment areas (at least one) where the program Inclusive Vision program is active?



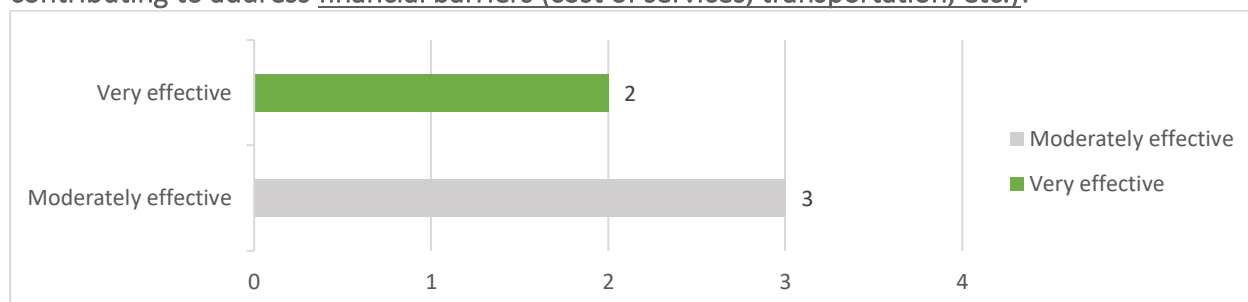
To what extent do you agree with this statement: The program is making a significant difference in ensuring that vulnerable people have access to high-quality eye care services so that no one is left behind



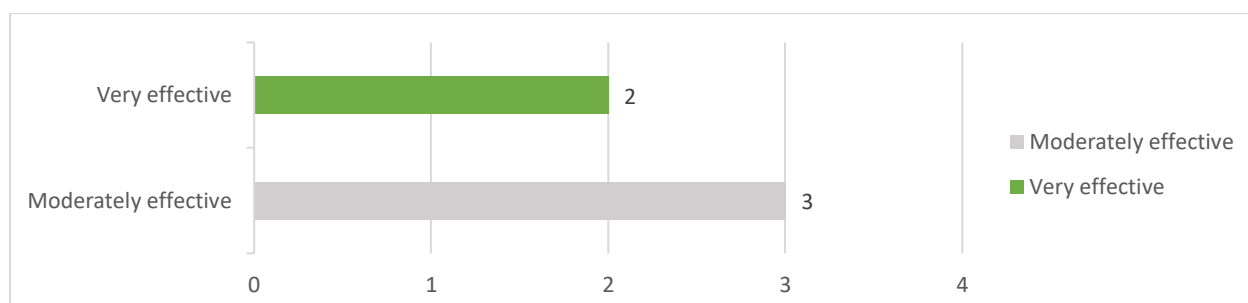
There are many barriers to eye care services. To what extent is the programme effective in contributing to address geographical barriers (distance to point of service):



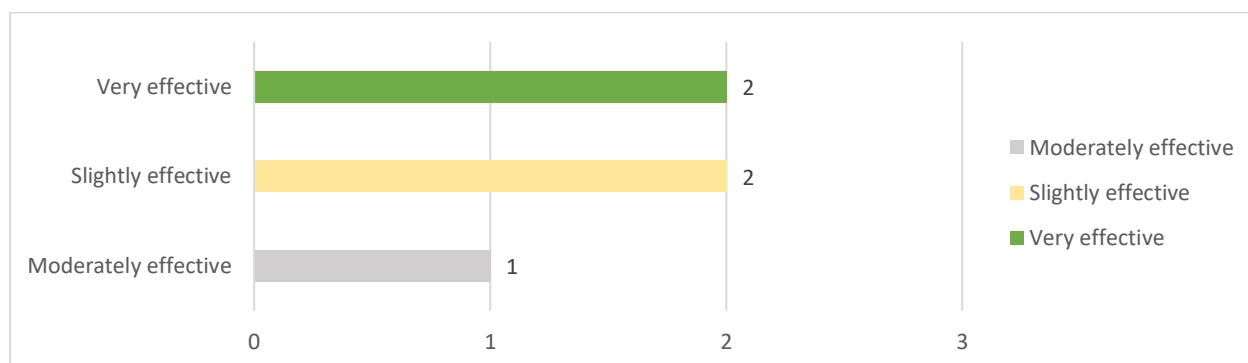
There are many barriers to eye care services. To what extent is the programme effective in contributing to address financial barriers (cost of services, transportation, etc.):



There are many barriers to eye care services. To what extent is the programme effective in contributing to address sociopsychological barriers (e.g. fear and misconceptions about treatment, such as cataract surgery):

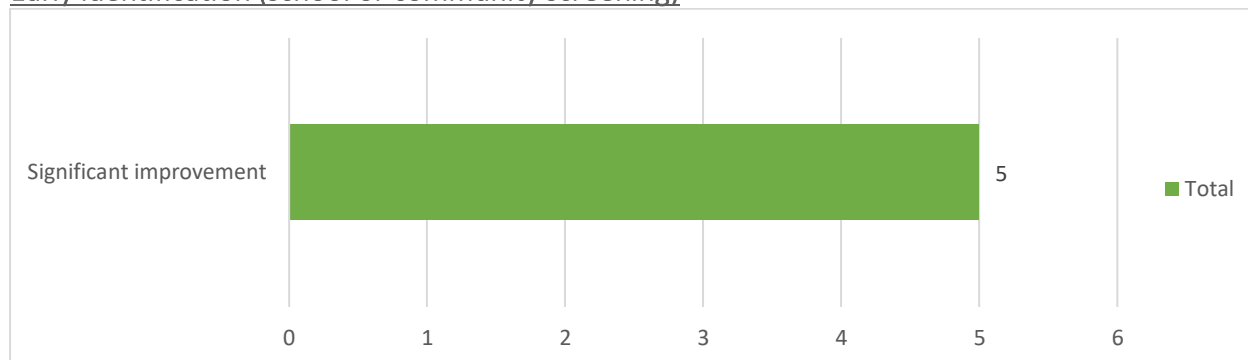


There are many barriers to eye care services. To what extent is the programme effective in contributing to address gender-related barriers (e.g. socioeconomic and cultural barriers):

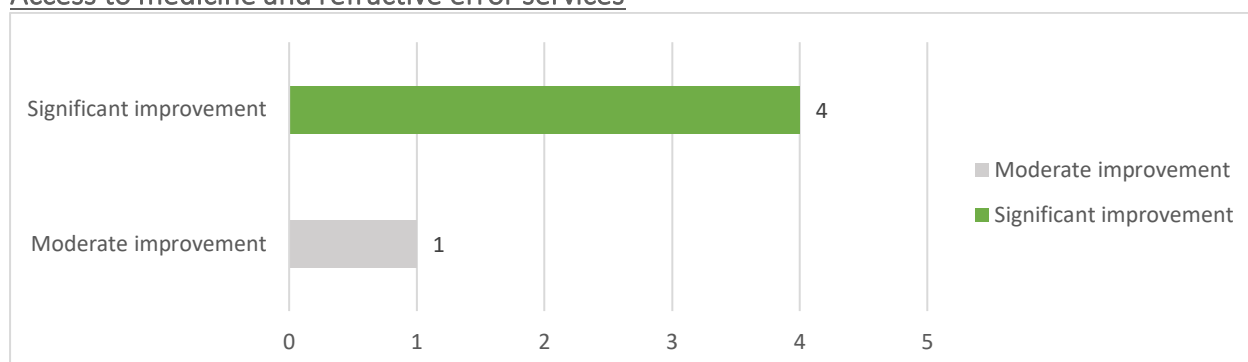


In the case of children with visual impairment, to what extent did access improve along the continuum of care since the beginning of the Inclusive Vision programme?

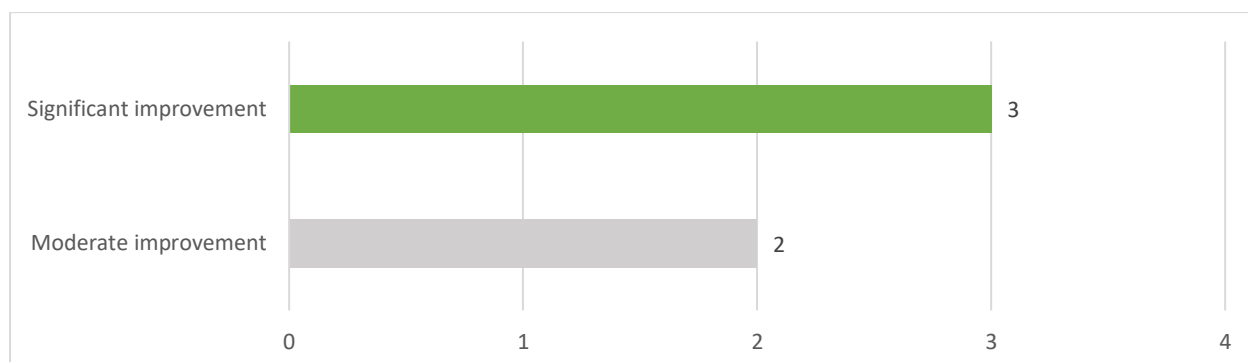
Early identification (school or community screening)



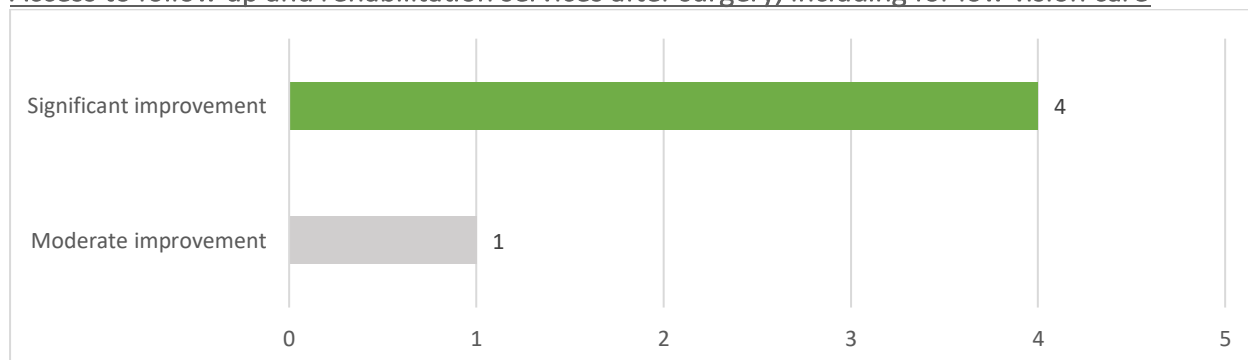
Access to medicine and refractive error services



Access to surgical services, such as for cataract, glaucoma, etc.



Access to follow up and rehabilitation services after surgery, including for low vision care



What do you think should be prioritized in the second half of the programme to improve access to eye care services?

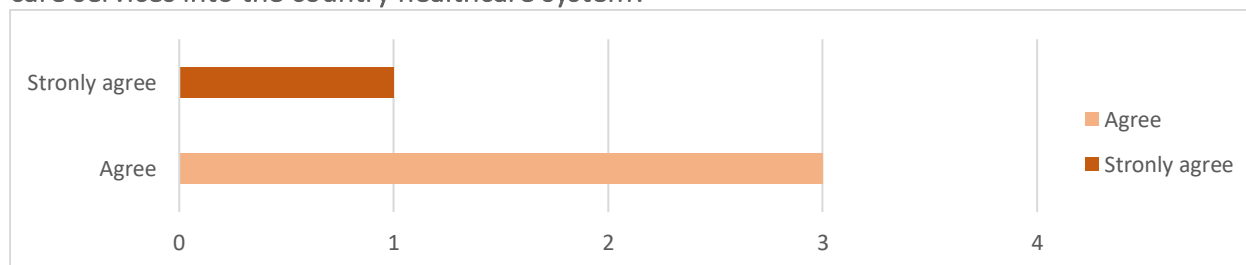
To do school screening for visual problems in all country.
Create a link between the community and the eye services providers
Renforcer les stratégies de décentralisation des services de soins oculaires vers la communauté.
1.Prioriser la mise en oeuvre des activités programmées.
2.Prioriser le dépistage de la rétinopathie chez les prématurés.
Focaliser sur la disponibilité des équipements oculaires pédiatriques!

What additional resources or support do you think are needed to improve access to eye care services?

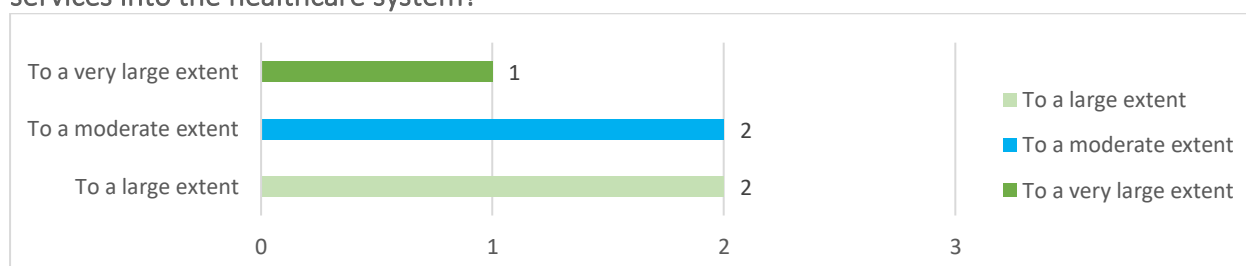
To do advocacy to ministry of health so that CBHI (community Based health insurance) can afford the cost of eyeglasses and low vision aids for patients with refractive error and low vision.
Work on the satisfaction of the employees
Infrastructures et équipements.
Le renforcement du personnel (améliorer les conditions de vie) et gestion du personnel.

Domain: Integration of eye care into the health system

To what extent do you agree with the following statement: There has been clear and consistent communication so far about how this programme intends to contribute to greater integration of eye care services into the country healthcare system?

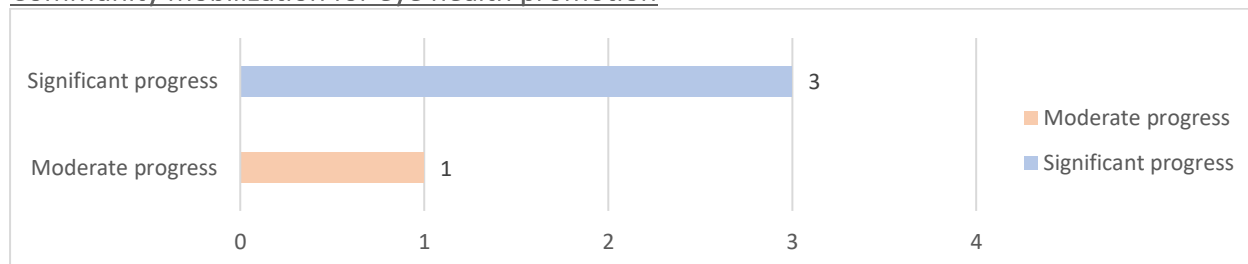


To what extent do you believe the program has contributed so far to the integration of eye care services into the healthcare system?

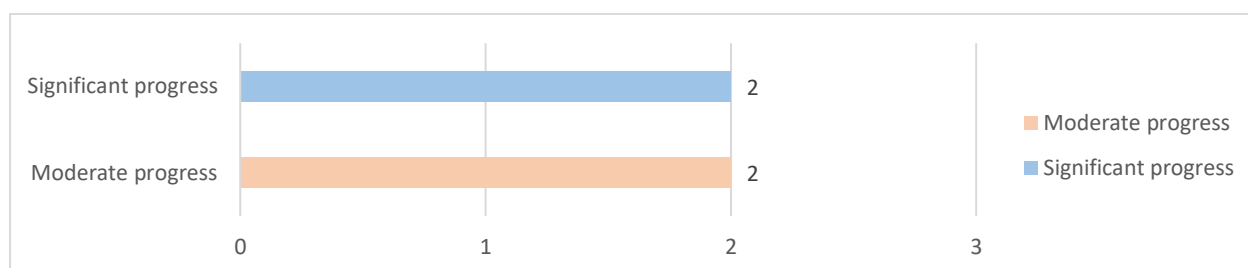


If you responded at least “to a small extent”, or higher, in what areas do you think progress has been made. Tick all that apply and, if relevant, indicate a magnitude of progress (from your perspective):

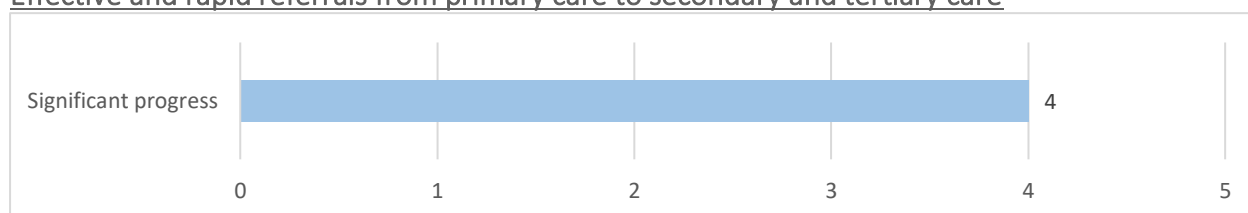
Community mobilization for eye health promotion



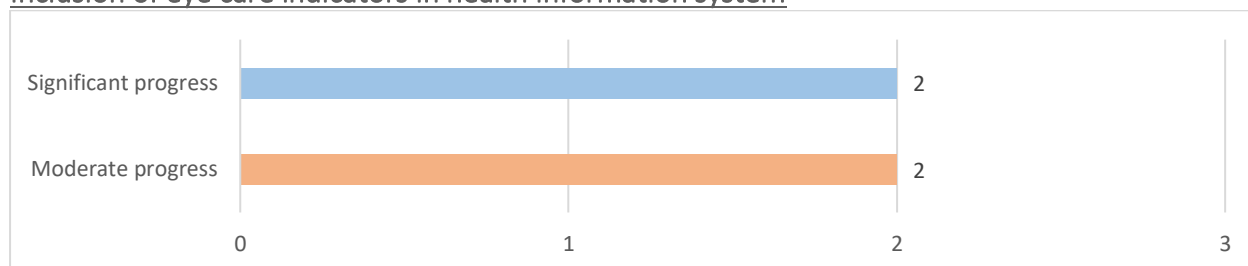
Eye care as part of primary care service delivery



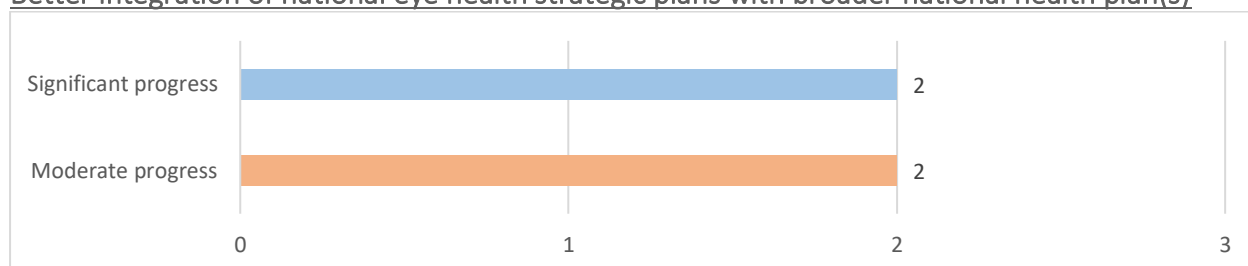
Effective and rapid referrals from primary care to secondary and tertiary care



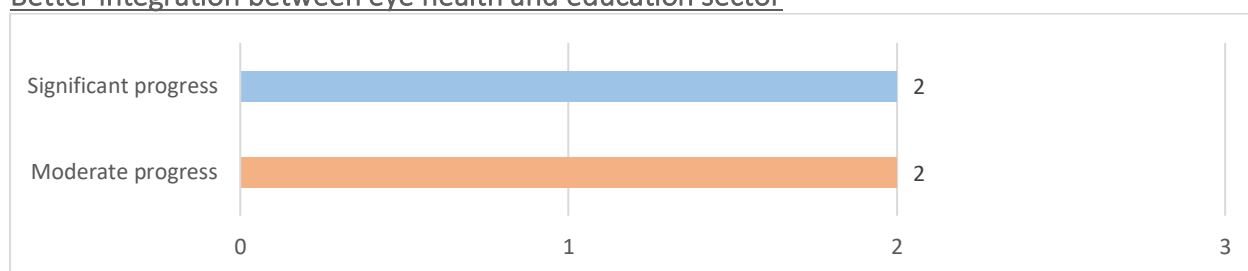
Inclusion of eye care indicators in health information system



Better integration of national eye health strategic plans with broader national health plan(s)



Better integration between eye health and education sector



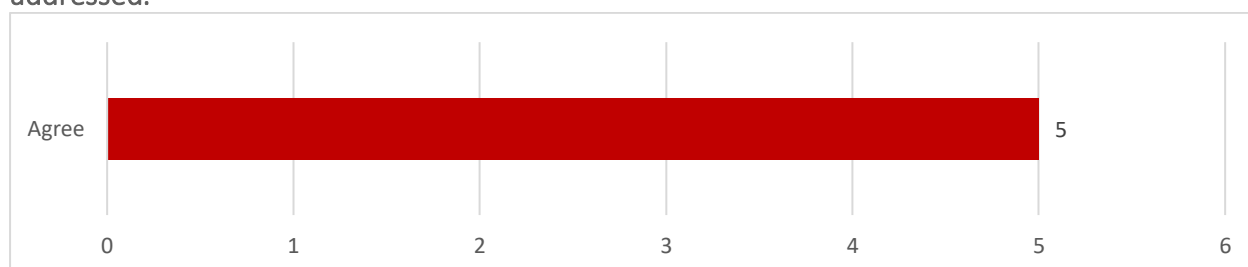
What specific challenges have you observed in integrating eye care services into the health system?

1. Shortage of eye care professionals.
2. Missing ophthalmic instruments.
Très peu d'équipements oculaires pédiatriques.
Déficiences des écoles des malvoyants; éducation inclusive avec aides visuelles: le projet travaille dans la zone de rayonnement de Kabgayi seulement.
On dirait que les services de soins ophtalmologiques sont alignés séparément avec les autres services de santé.

What additional resources or support do you think are needed for better integration?

Continuous professional development trainings are needed
Community educators.
Infrastructures et équipements pédiatriques.
Répandre l'éducation inclusive au moins dans 1 district dans chaque province.
Échange avec Ministère de la santé sur la gestion des services d'ophtalmologie.

Challenges encountered so far during the integration of eye care services have been effectively addressed.



What do you think should be prioritized in the second half of the programme to strengthen integration?

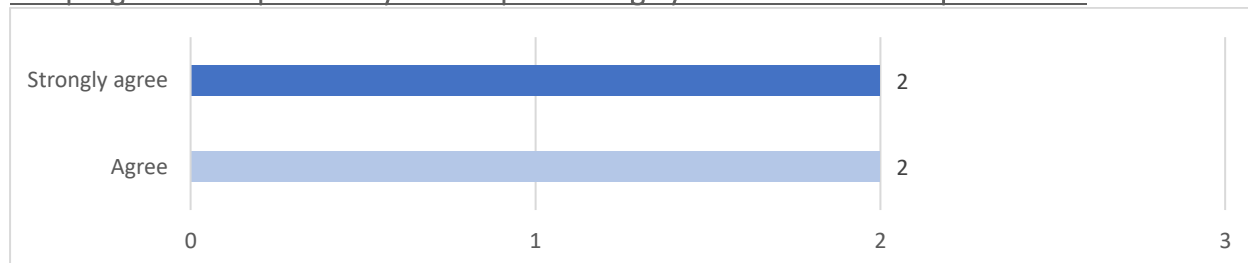
Involvement of the local leaders.
Infrastructure et équipements.
Planifier l'augmentation des ophtalmologues, y incluant aussi les femmes spécialistes.
Renforcer la communication.

Domain: Training and eye health human resources strengthening

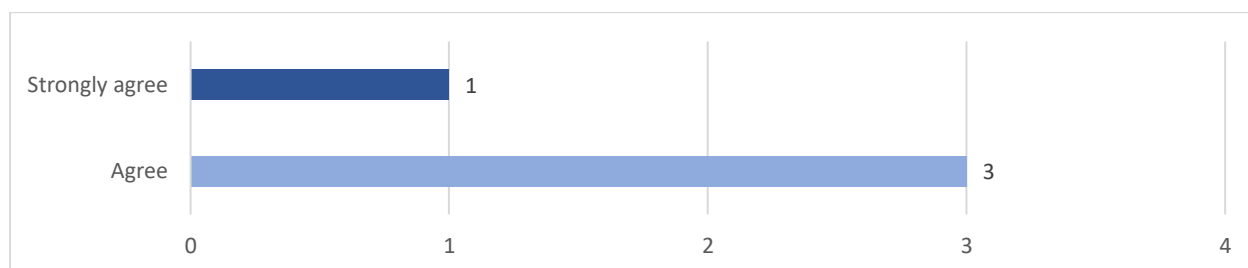
Four respondents indicated that they benefitted from training as part of the Inclusive Vision programme.

To what extent do you agree with the following statements:

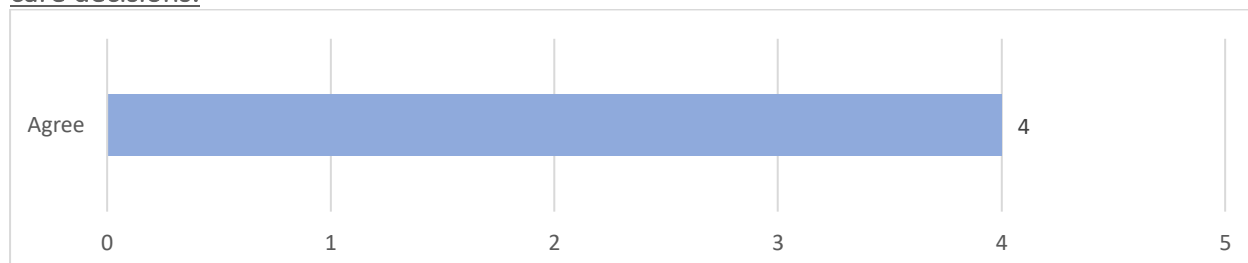
The programme improved my skills in performing eye examinations and procedures



The program enabled me to effectively manage eye care cases that I was previously unfamiliar with

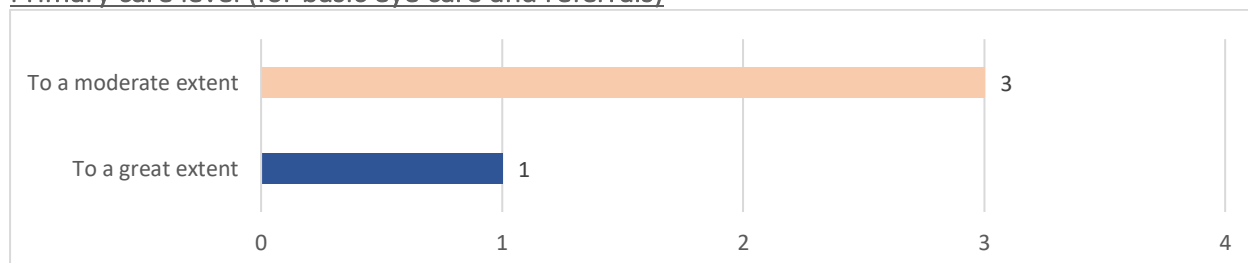


The training provided so far showed me how to ensure that patients are actively involved in their eye care decisions.

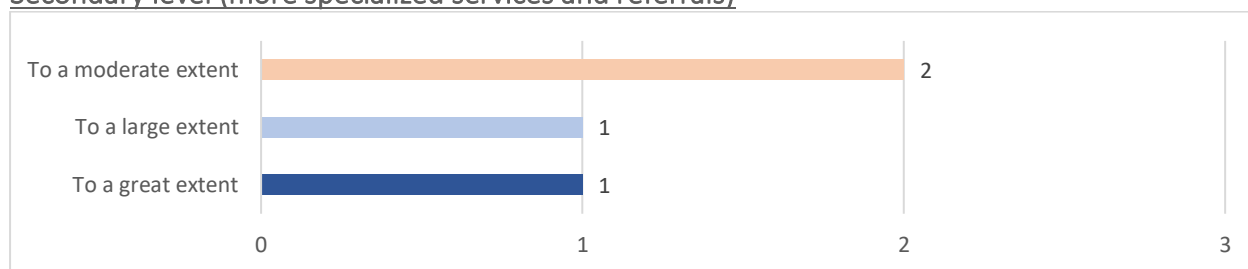


From your perspective to what extent did the program strengthen human resources for eye health so far at the following levels:

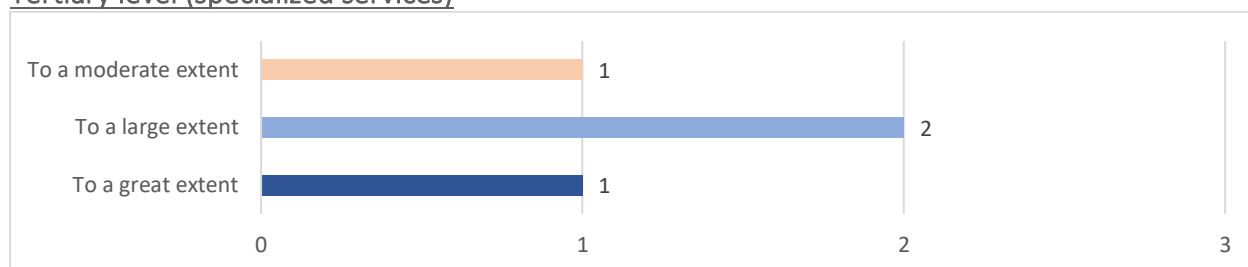
Primary care level (for basic eye care and referrals)



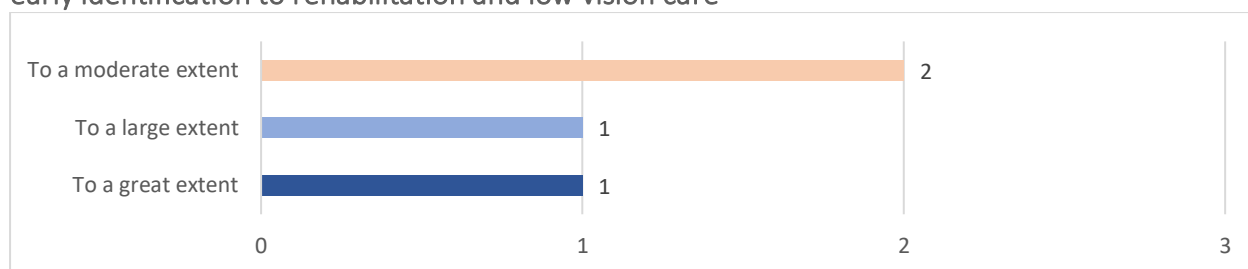
Secondary level (more specialized services and referrals)



Tertiary level (specialized services)



In the case of pediatric eye care specifically - From your perspective to what extent did the program strengthen eye health professional capacity and collaboration across the continuum of care – from early identification to rehabilitation and low vision care



What do you think should be prioritized in the second half of the program to strengthen the competencies of health care workers and eye care workers for the delivery of eye care services along the continuum of care?

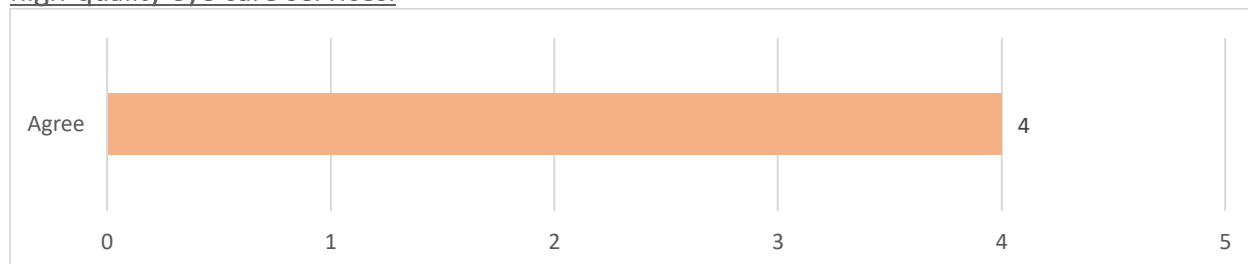
Formation d'un optométriste en matière de lentille de contact.
Inciter sur les formations des médecins dans les sous-spécialités.
Augmenter les formations.

What additional resources or support do you think are needed to further strengthen the competencies of health care workers and eye care workers for the delivery of eye care services along the continuum of care?

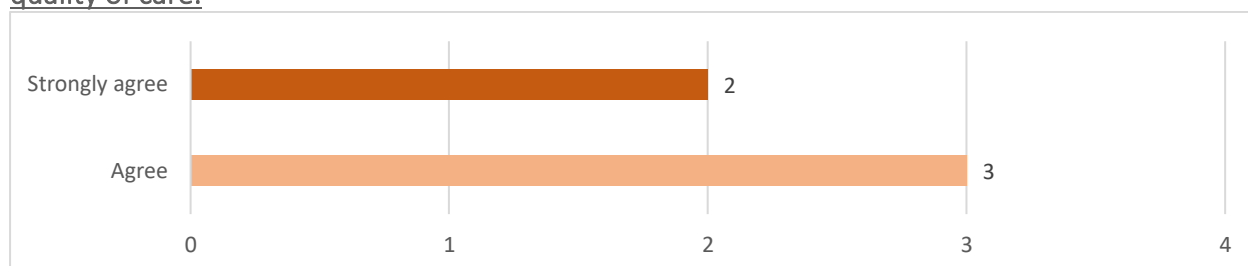
Human resources.
To provide continuous trainings about frequent ocular diseases.
Renforcement des sous-spécialités: chirurgie pédiatrique, cornée...
La communication.

To what extent do you agree with the following statements:

The programme is placing a strong emphasis on supportive supervision to ensure the delivery of high-quality eye care services.

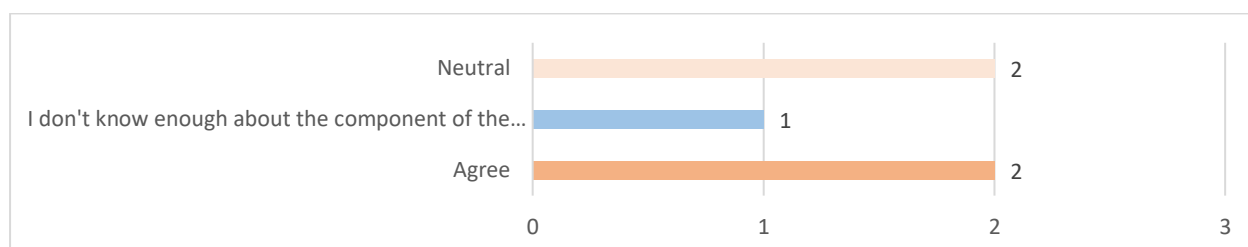


The programme places a strong emphasis on ensuring quality of care and strategies to improve quality of care.

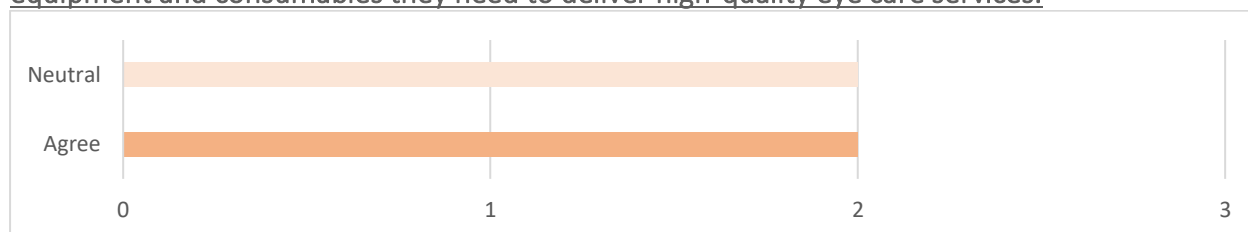


To what extent do you agree with the following statements:

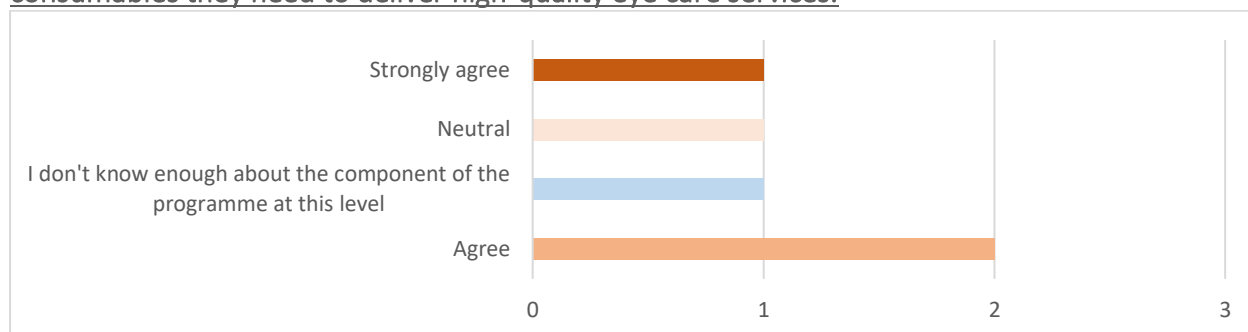
The primary health care staff in districts that are supported by this program have the equipment and consumables they need to deliver high-quality eye care services.



The eye care staff at secondary hospitals or clinics that are supported by this program have the equipment and consumables they need to deliver high-quality eye care services.

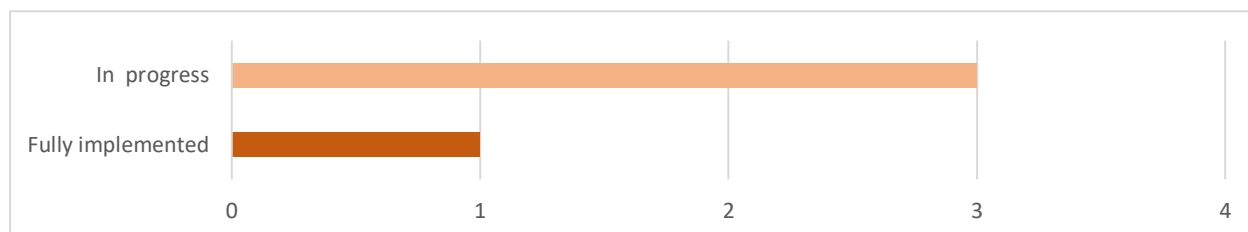


The eye care staff at tertiary hospitals that are supported by this program have the equipment and consumables they need to deliver high-quality eye care services.

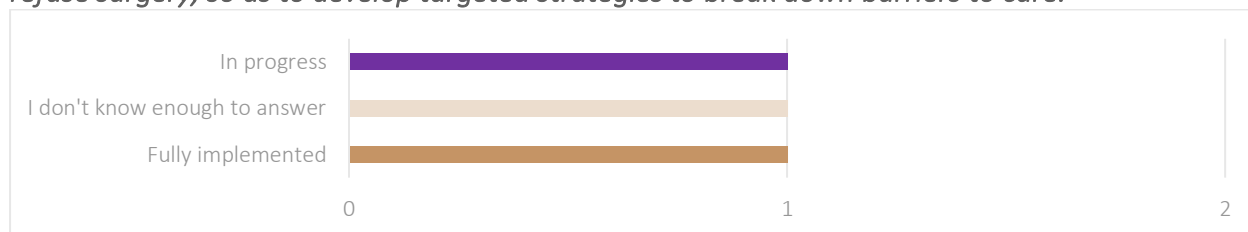


Currently, to what extent do you feel the following recommendations from the previous programme Future in Sight are being implemented in Rwanda in the case of Kabgayi Hospital (KEU)?

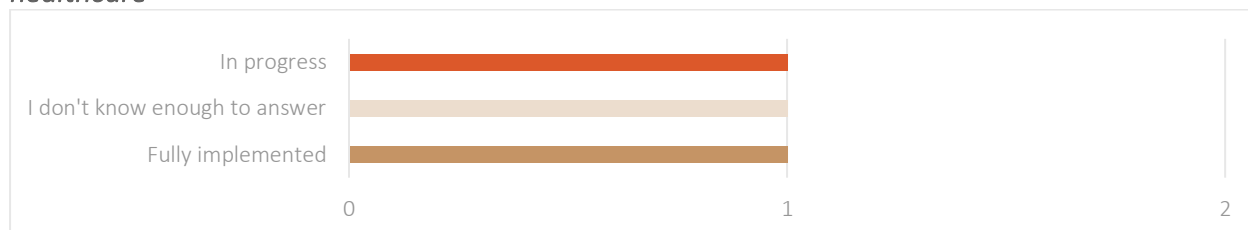
Better characterize access to care for groups recognized as being more vulnerable - e.g. data disaggregated by gender, including those covered by social services



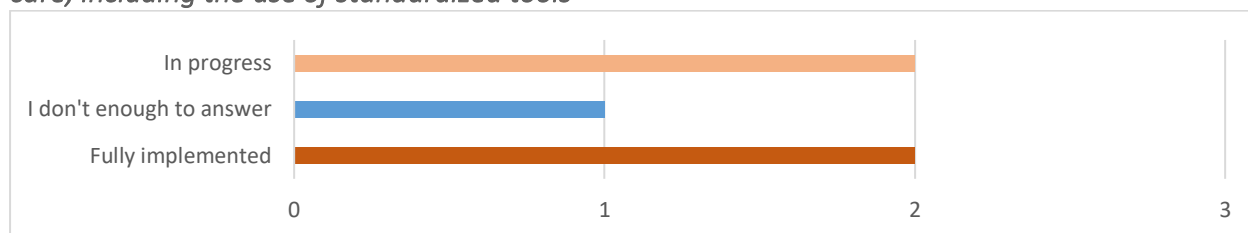
Determine and monitor acceptance rates for cataract surgery and the characteristics of those who refuse surgery, so as to develop targeted strategies to break down barriers to care.



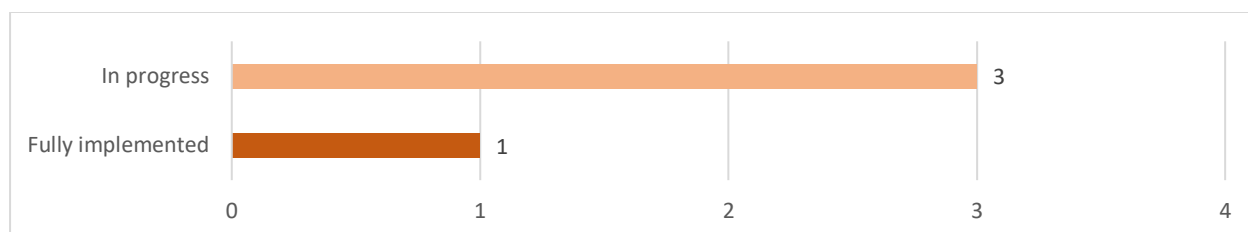
To reduce gender gaps, develop and implement interventions to increase equity in access to healthcare



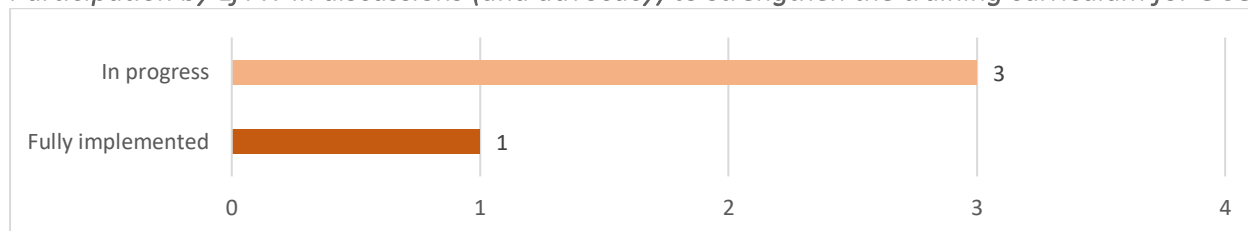
Developing and supporting a system (various activities) for managing and monitoring the quality of care, including the use of standardized tools



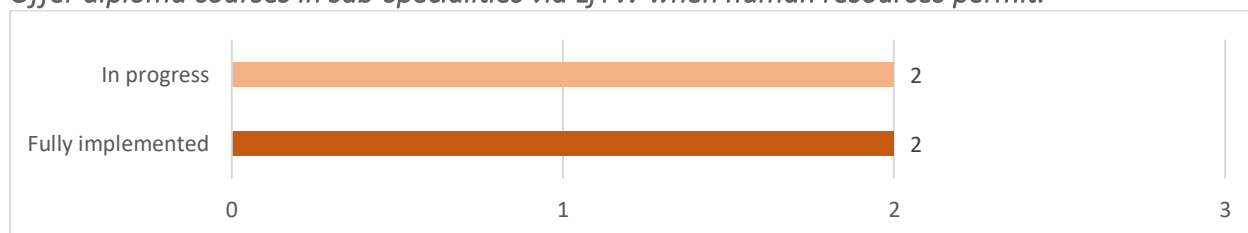
Establish specific counselling training for existing staff (including mobile clinics) to increase uptake of surgery.



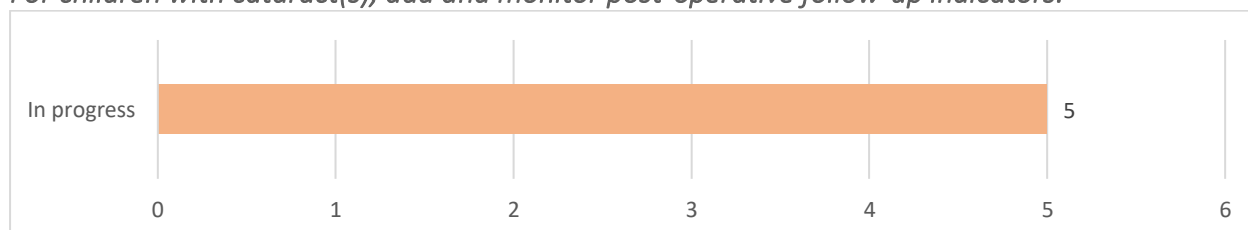
Participation by LfTW in discussions (and advocacy) to strengthen the training curriculum for OCOs .



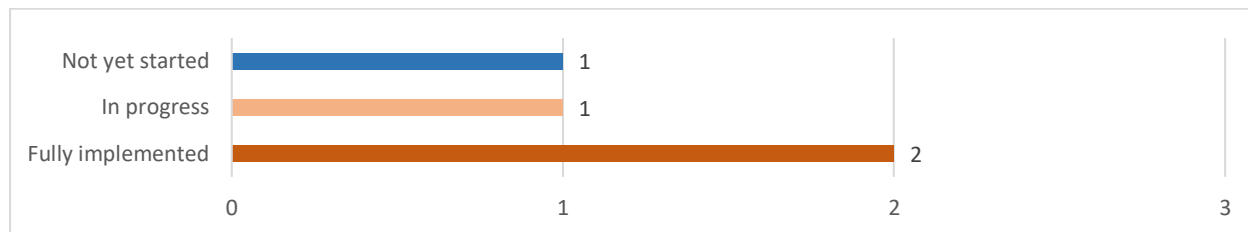
Offer diploma courses in sub-specialities via LfTW when human resources permit.



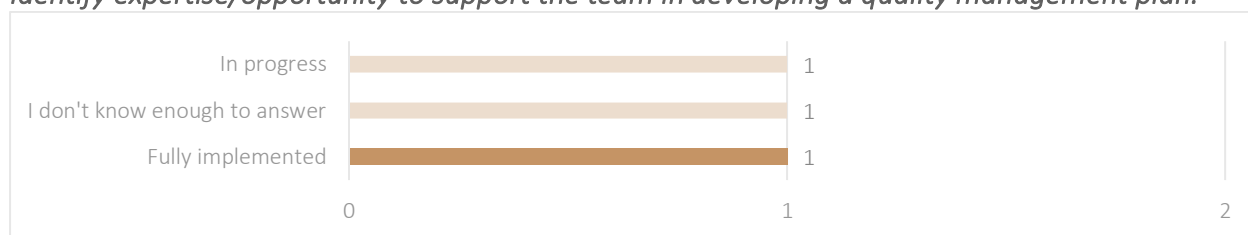
For children with cataract(s), add and monitor post-operative follow-up indicators.



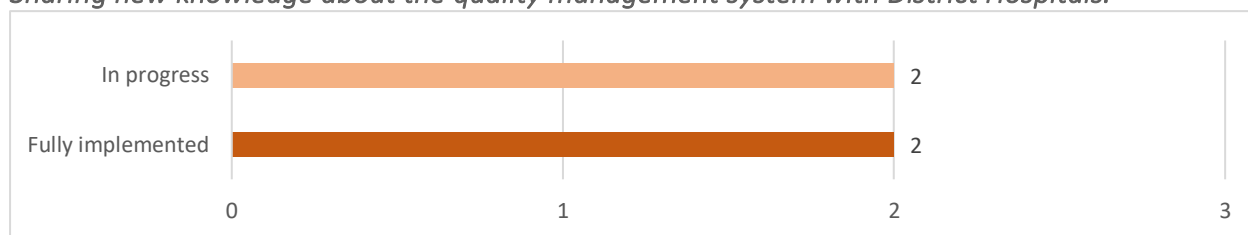
Encourage surgeons to use the BOOST (Better Operative Outcome Software Tool) application to help them improve their performance.



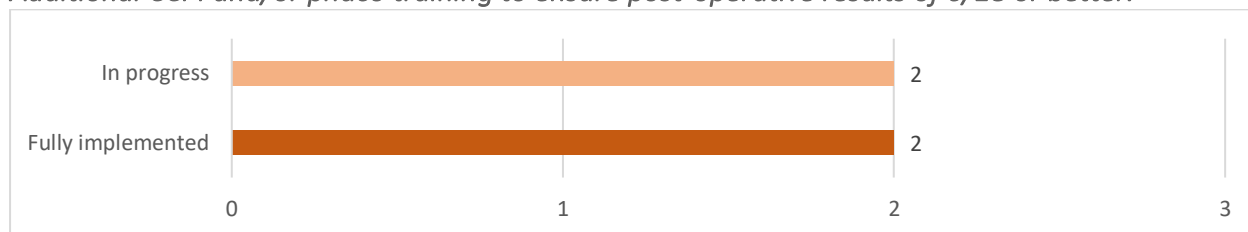
Identify expertise/opportunity to support the team in developing a quality management plan.



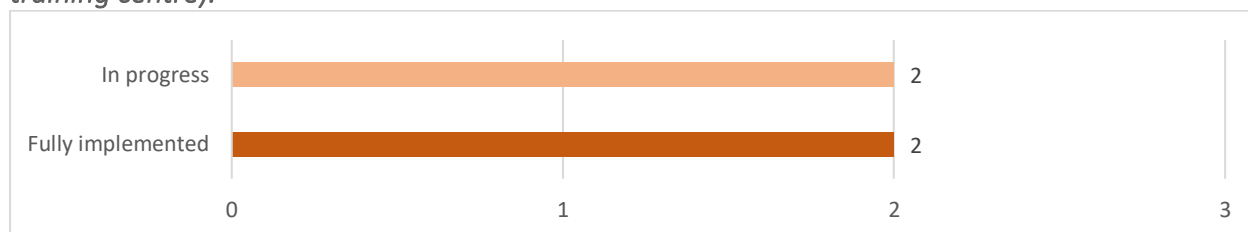
Sharing new knowledge about the quality management system with District Hospitals.



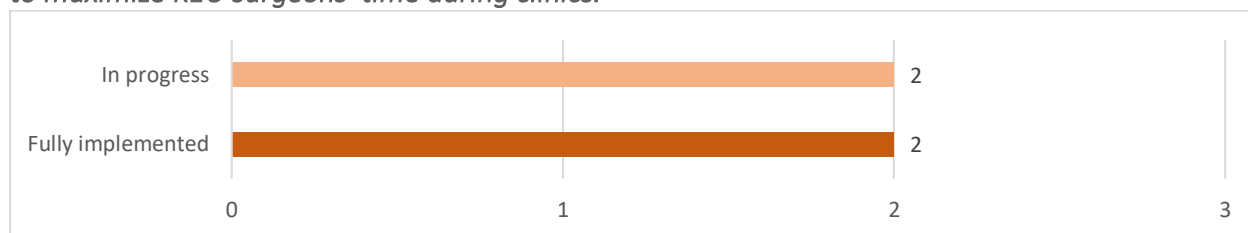
Additional CCPI and/or phaco training to ensure post-operative results of 6/18 or better.



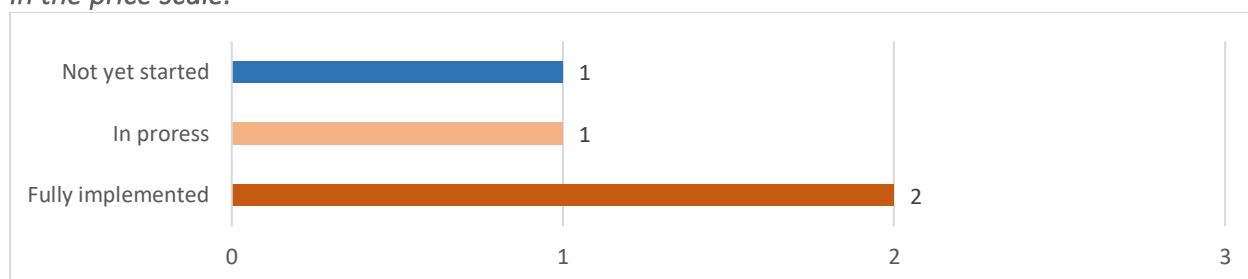
Develop (or refresh) a strategic plan for KEU given the different mandates in action (reference centre; training centre).



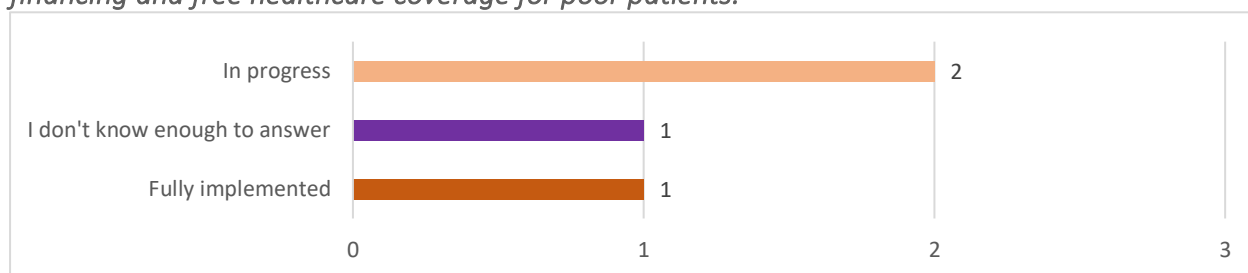
Advocacy to facilitate processes for mobile surgical clinics - i.e. identification of several cataract cases to maximize KEU surgeons' time during clinics.



Use a cost recovery calculation tool to determine the true cost of cataract surgery at KEU (CCPI vs phaco) - this data could be used to advocate for KEU's status as a referral hospital and for a change in the price scale.



New infrastructure to encourage income-generating activities in order to increase the level of self-financing and free healthcare coverage for poor patients.

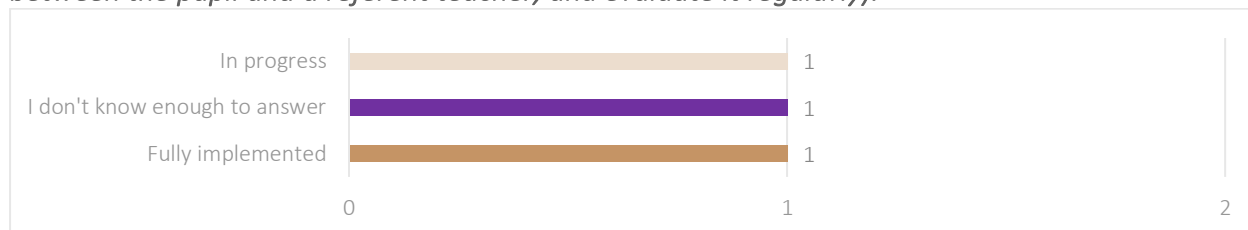


Currently, to what extent do you think the following recommendations are being implemented in Rwanda in the case of the Rwamagana school?

Ensure formal monitoring of teachers' skills (e.g. annual skills assessment, rather than relying solely on self-assessment)



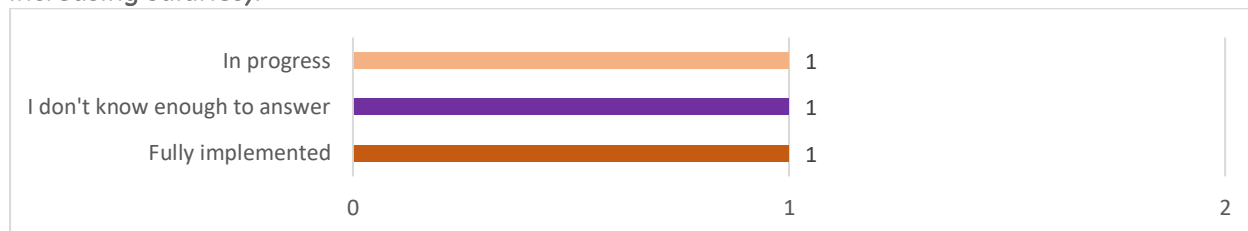
Ensure formal monitoring of the degree of development and autonomy of pupils: (e.g. train teachers to draw up an individual action plan based on know-how and interpersonal skills, established between the pupil and a referent teacher, and evaluate it regularly).



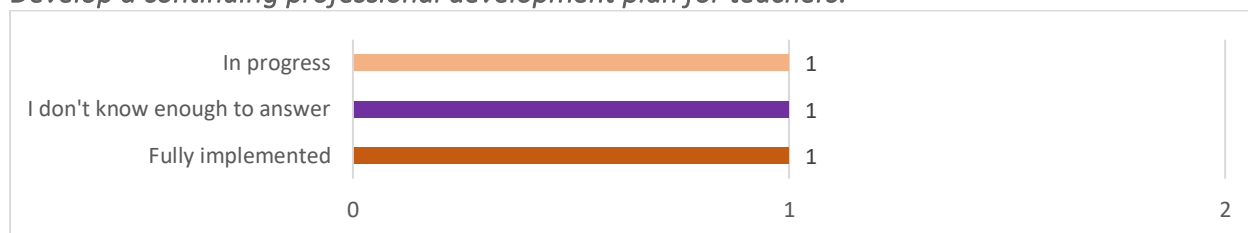
Add a minimum service clause to the structure required after initial training.



Lobbying the authorities (Ministry of Education) to support strategies for retaining teaching staff (e.g. increasing salaries).



Develop a continuing professional development plan for teachers.



Organize exchange workshops with other players in the special needs education sector, e.g. exchanges of good practice, peer visits, which could help to strengthen the dynamic of exchange and collaboration between special needs education players. This would also help to strengthen advocacy at national level.

