

# Sightsavers' Final Report for Delivering V2020 in the Caribbean

Jan 2010 – 31 Aug 2016



The European Union



**Sightsavers**

## ANNEX VI FINAL NARRATIVE REPORT

- This report must be completed and signed by the Contact person.
- The information provided below must correspond to the financial information that appears in the financial report.
- Please complete the report using a typewriter or computer (**you can find this form at the following address <Specify>**).
- Please expand the paragraphs as necessary.
- **Please refer to the Special Conditions of your grant contract and send one copy of the report to each address mentioned.**
- The Contracting Authority will reject any incomplete or badly completed reports.
- Unless otherwise specified, the answer to all questions must cover the reporting period as specified in point 1.6.
- Please do not forget to attach to this report the proof of the transfers of ownership referred to in Article 7.3 of the General conditions.

### 1. Description

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- 1.1. Name of beneficiary of grant contract:  
Royal Commonwealth Society of the Blind (Sightsavers)  
35 Perrymount Rd, Haywards Heath, West Sussex, RH16 3BZ  
United Kingdom
  
- 1.2. Name and title of the Contact person:  
C A Harper, Chief Executive  
Royal Commonwealth Society of the Blind (Sightsavers)  
35 Perrymount Rd, Haywards Heath, West Sussex, RH16 3BZ  
United Kingdom
  
- 1.3. Name of partners in the Action:  
Sightsavers  
Caribbean Council for the Blind and Visually Impaired (Also known as the Caribbean Council for the Blind)  
Jamaica Society for the Blind  
St. Lucia Blind Welfare Association  
Eye Care Guyana  
Societe Haitienne d'Aide aux Aveugles (SHAA)
  
- 1.4. Title of the Action:  
Delivering V2020 in the Caribbean
  
- 1.5. Contract number:  
DCI-NSAPVD / 2009 / 222-937
  
- 1.6. Start date and end date of the Action:  
1 January 2010 – 31<sup>st</sup> August 2016
  
- 1.7. Target country(ies) or region(s):  
Guyana, Haiti, Jamaica and St Lucia, Caribbean Region

- 1.8. Final beneficiaries &/or target groups<sup>1</sup> (if different) (including numbers of women and men):

**Final Beneficiaries:** 13.3 million people will be sensitised on health seeking behaviours and prevention of blindness. Approximately 6 million children and adults will be screened; 3 million people will be treated.

**Target Groups:** 5 NSA partners, V2020 Committees, Eye Health Workforce and Ministries of health

- 1.9. Country(ies) in which the activities take place (if different from 1.7): Not applicable

#### Acronym List

AFP	Association of Fundraising Professionals
BGM	Biennial General Meeting
CAT	Capacity Assessment Tool
CCB	Caribbean Council for the Blind
CNPC	Comité National de Prévention de la Cécité
CRT	Certificate in Refraction Techniques
EC	European Commission
EU	European Union
ECG	Eye Care Guyana
HUEH	L'Hôpital de l'Université d'Etat d'Haïti
IAPB	International Agency for the Prevention of Blindness
INGO	International non-government organisation
JSB	Jamaica Society for the Blind
KAP	Knowledge, Attitude and Practice
MSPP	Ministry of Health
NGO	Non-Government Organisation
PAHO	Pan-American Health Organisation
PMC	Project Management Committee
RAAB	Rapid Assessment of Avoidable Blindness
SHAA	Société Haïtienne d'Aide aux Aveugles
SLBWA	St Lucia Blind Welfare Association
UN	United Nations
V2020	Vision 2020: The Right to Sight
WCO	World Council of Optometry

## 2. Assessment of implementation of Action activities

### 2.1 Executive summary of the Action

Please give a global overview of the Action's implementation for the whole duration of the project

This action '*Delivering V2020 in the Caribbean*' made a notable contribution to the goals and achievements at national and regional level of the Caribbean Strategic Framework for Vision 2020: the Right to Sight developed in 2002, and updated in 2009.<sup>2</sup> It strengthened eye care systems and services, developed the institutional capacity of non-state actors, changed

<sup>1</sup> "Target groups" are the groups/entities who will be directly positively affected by the project at the Project Purpose level, and "final beneficiaries" are those who will benefit from the project in the long term at the level of the society or sector at large.

<sup>2</sup> The overall objective of the Caribbean Strategic Framework for Vision 2020 is to accelerate the implementation of the global V2020 initiative by reducing blindness and visual impairment of adults and children, through strengthening eye care systems and services.

policy and left a strong legacy of coordination at national and regional level which is being built upon.

This ambitious project successfully achieved all of its objectives during the implementation period (1 Jan 2010 – 31 Aug 2016). It set out to build the capacity of partners and V2020 Committees in Haiti, Guyana, Jamaica and St Lucia to establish and strengthen mechanisms and approaches to develop, implement and monitor eye health activities and increase access to services for persons who are blind and visually impaired (specific objective).

The Result Orientated Monitoring (ROM) report 2015 concluded:

*'At result level there are outstanding achievements to be noted, such as the establishment of the first Optometry Bachelor Degree in the region, leading to the graduation in 2016 of 80 optometrists. This figure represents 200% of the number of optometrists registered in Jamaica, Guyana and Haiti before the project started. In addition, the project is directly contributing to increasing the public health coverage of eye health care in rural areas, and expanding the components of specialized services (cataract surgeries in the three countries, glaucoma in Guyana and diabetic retinopathy in Jamaica). Spectacles will be delivered for the first time in public hospitals in almost 100% of the health areas in Guyana, 50% in Haiti and 50% in Jamaica.'*

Key achievements of the project include:

- National level coordination between NGOs, the private sector and government has significantly improved the way eye health services are delivered with far-reaching impact.
- This project has proven that it is possible, through committed multi stakeholder collaboration, to effectively manage a partnership of NGOs, the private sector – working closely with ministry partners - to deliver affordable public eye care services to poor and rural communities.
- The final evaluation estimated that *'in excess of 400,000 persons, previously outside the reach of eye care, have benefited from the services provided by the project'*. People with eye diseases no longer need to travel to a neighbouring island for treatment.
- Over the last 6 years Sightsavers, the Caribbean Council for the Blind and its members/partners have worked in collaboration with a broad range of organisations the Pan American Health Organisation (PAHO) at least 16 national level government departments; at least nine hospitals, seven universities and research institutes; three INGOs; seven other private sector organisations and many local health centres, schools, health associations, and churches.
- Capacity development of partners (non-state actors) in Jamaica, St. Lucia, Guyana and Haiti that resulted in their increasing ability to influence national eye health policy development and programme implementation.
- Partners were instrumental in the development and approval of the National Eye Health plans in Guyana and the inclusion of eye health in Haiti's health policy. V2020 Committees in Saint Lucia and Jamaica are engaged in influencing reviews of eye health plans in Jamaica and Saint Lucia.
- Multi-stakeholder V2020 Committees are now present in all of the countries and have been strengthened as a result of the project. Their activity varies from country to country but in each there has been a resulting improvement of coordination of eye health services between NGOs, government and the private sector. This has resulted in increased coverage and more holistic eye care delivery.
- 6 eye health theatres were upgraded or established and equipment installed and together with newly skilled staff are providing quality services.

- Key eye health staff (optometrists, ophthalmologists, refraction and low vision specialists and counsellors) were trained, enabling partner countries to now offer services that were not previously available in the public sector.
- The project contributed to the increase in the number of eye health professionals to population ratio moving the Caribbean closer to achieving one of the global goals of the V2020 Right to Sight initiative<sup>3</sup>.
- A regional resource for training much needed eye health workers was developed. The Bachelor of Optometry degree programme established with project support has been institutionalised within the University of Guyana, accredited by the World Optometry Council 44 students have graduated and 82 are currently enrolled.
- Effective public awareness raising approaches in all countries generated increased numbers of people seeking treatment, being screened and purchasing affordable spectacles. Over the implementation period 260,990 people were screened, and 152,494 treated for eye diseases.
- The projects regional approach ensured benefits throughout the Caribbean. A new stream of qualified eye health staff and shared learning of best practice contributed to health system strengthening across the Caribbean.

The project approach of strengthening public health systems to provide quality eye care services, strengthening partnerships between stakeholders of the V2020 Committees and supporting the development of eye care courses at Guyana University guarantees a high level of sustainability.

As a result of this project Caribbean Council for the Blind (CCB) attracted funding from The Queen Elizabeth Jubilee Trust for a regional project to identify and address diabetic retinopathy; building on many elements of this EC funded action. The Jamaica Society of the Blind attracted funding both from the government in Jamaica and from the Japanese government; evidence of the increased institutional strength and profile.

## 2.2 Activities and results

Please list all the activities in line with Annex 1 of the contract since the last interim report if any or during the reporting period

### **Activities under results area 1 – Regional and national partners informing and influencing health policies and providing effective management support to V2020 activities.**

During the extension period there was a reduced number of partner staff funded by the project, key positions were maintained to help deliver activities still to be completed in Jamaica, Haiti and Guyana and positions relevant to the management of the project at the CCB secretariat and Sightsavers level had reduced allocations.

Programme Management Committee meetings were replaced during the no cost extension phase with smaller meetings as most of the final activities happened in Haiti and in Guyana. CCB also convened regular meetings with Sightsavers to aid a smooth transition towards the close of the project.



**Refractionist graduated from the Certified Refraction Techniques carrying out school screening in Cabaret, Western Haiti**

Three of the students that completed CCB Certified Refractive Techniques programme at the University of Guyana are now employed at health facilities upgraded by the project. These included St. Nicholas Hospital, Eliazar Germain and SocieteHaitienneDAide aux Aveugles (SHAAs) programme Office Vision Centre, Haiti. They provide refractive services and eye screening to the surrounding community.

SHAA spectacle lab once fully operational will offer services to people using the Vision Centres and be able to build a clientele base.

Recently graduated eye health care workers who were self-funded and benefitted from courses at the University of Guyana are now employed within project partner operated clinics, government run health centres and the private sector. This contributes to improving the ratio of eye health care workers to the population in these respective countries and health services are now available where they were not in the past.

CCB's [website](#), a great advocacy tool, which provides a snap shot of the work of the organisation and its partners, continues to be updated sharing the progress and work of this project as well as other projects led by the organisation. Over the life of the project CCB and partners distributed a total of 97,376 brochures and 15,476 posters in all four partner countries. These communication materials focused on three (cataract, glaucoma, diabetic retinopathy) of the five major eye diseases affecting the region. During this final phase CCB developed and distributed 30,000 brochures and 4,500 posters in Antigua. SHAA, partners in Haiti translated and distributed 2,376 brochures and 2,376 posters in French and Creole. The public awareness generated increased numbers of people seeking treatment, being screened and purchasing affordable spectacles.

Grant Thornton also issued their Expenditure Verification report during this period, stating their opinion that project funds provided by the European Commission have, in all material respects, been used in conformity with the applicable Contractual Conditions. Total ineligible costs of €3,215 were found out of €596,463 (0.5%) relating to VAT charges that were inappropriately recorded in the reported expenditure. When considered with very low ineligible costs across the previous expenditure verifications, this is a good indicator that all project partners provided a satisfactory level of management support that ensured eye health related initiatives were delivered effectively. Overall, €5,300,711 of the overall budget of €5,429,587 was used towards project activities, a shortfall of €129,146 (3%) compared to budget. This shortfall was due primarily to cost savings and because some of the contingency was not used. Detailed explanations can be found on a line-by-line basis in the final financial report.

**Activities under result area 2: Four V2020 Committees responsible for planning and coordinating between governments, NGOs and private sector established and functional in the project.**

The V2020 Committees in Haiti, St. Lucia and Guyana continued to meet regularly to advance the implementation of their respective countries eye health plans. The permanent establishment of the V2020 Committee in Jamaica faces a set back with the change in government resulting in a change of health officials, however, the PAHO is supporting its engagement with policy review. Relationships will be developed with the new officials to bring them on board. These committees play a vital role to help link the private sector, NGOs, other stakeholders and the government in providing quality eye care services.

Evidence of the successful influencing of the V2020 committees can be seen by the approval of the Guyana Eye Care Strategic Framework and the inclusion in Haiti of eye health in the National Health Sector strategic plan. In St. Lucia and Jamaica the V2020 committees are actively working with their governments and PAHO to review their expired country plans.

There was no Regional V2020 meeting planned during the no cost extension. In the past Regional V2020 meetings brought together project partners and Ministry of Health staff from across the region as well eye health service providers and stakeholders. Through the Caribbean Council for the Blind's new regional project on diabetic retinopathy regional meetings are taking place. The meetings have a narrower focus but many of the same people are attending as well as representatives from an additional country, Belize.

With the aim to provide more up to date information on the populations' views and knowledge of significant eye diseases, Knowledge Attitude Practice (KAP) studies were commissioned. The process to obtain ethical approval was slow in both countries and delayed the start of the studies. The findings of both studies will inform future targeted patient education and public awareness campaigns. The studies are still waiting to be formally published. In this recently completed phase, the analytical write up of the glaucoma KAP was in process led by glaucoma Specialist Dr Dawn Grosvenor-Blackman. 574 adult patients with glaucoma participated by questionnaire from all four countries (Guyana, Haiti, Jamaica & St. Lucia); the preliminary results were promising showing that a low percentage of persons had little knowledge/understanding of their eye disease. For the diabetic retinopathy KAP the data collection, cleaning and analysis were completed and the study is being led by Dr Charles Pierce Vitreo a retinal specialist. Both studies were approved by the University of the West Indies Cave Hill / Barbados Ministry of Health Research Ethics Committee / Institutional Review Board and also by the relevant authorities in Guyana, Jamaica and St Lucia.

The eye health data template developed by the INGO V2020 group (Sightsavers, PAHO, ORBIS, and CCB) continued to be used to collect and analyse country specific data. It is now collected monthly and in some cases quarterly from project partner operated clinics and public health centres. The information collected includes the number of persons with the five priority eye diseases refractive error, glaucoma, cataract, diabetic retinopathy and childhood blindness as well as the services and treatment provided to prevent blindness or restore sight as in the case of cataract and refractive errors and diabetic retinopathy. CCB shares this data with all its international partners.

**Activities under result area 3: 1,370 skilled eye health personnel, inclusive service providers and teacher trained and providing services in the project area**

One of the principle goals of the project was to provide skills training and increase the number of eye health specialists in the region to improve the eye health services offered by public health facilities. This was achieved by training ophthalmologists, optometrists, refractionists and other allied health staff.

During this phase, seven EC sponsored optometry students graduated from the programme and will begin working on internships before embarking into practice in their respective countries. Please see list of students in table below.

The ophthalmologists that graduated in the previous phase including those who took specialist courses on glaucoma and retina and vitreous are now working in their respective countries. . Ophthalmologists in Guyana are working in regions where there is great need such as Suddie and Georgetown. Graduates from Jamaica and St. Lucia's are working within the project partner eye clinics (Mandeville Hospital Eye Clinic, Jamaica and St. Lucia Blind Welfare Association Eye clinic) in tandem with government health centres. Although all seven graduates from the L'Université d'Etat d'Haiti (HUEH) have completed the ophthalmology course, not all had received their official documents pending completion of their official thesis. CCB and project partner SHAA will continue to monitor the situation to ensure that all persons receive their documents even after they are employed within the system as is common practice in Haiti.

15 low vision counsellors were trained during this reporting period seven from St. Lucia and eight from Jamaica. They were trained to identify signs of low vision in children and adults. Over the entire duration of the project 103 low vision counsellors were trained more than double the planned number of 45.

To ensure the continued use of the ophthalmic equipment (from ophthalmoscopes and retinoscopes to microscopes and surfacing and edging machines for spectacle labs) installed in health facilities as part of this project, training on its repair and maintenance was provided to 10 hospital maintenance staff from Antigua, Guyana, St. Lucia, Jamaica and Haiti. The two week course was originally scheduled for November 2015 but was rescheduled due to changes in visa issuance in the host country Antigua, but eventually the course went ahead successfully in May 2016. Evidence that course participants were able to apply their new knowledge immediately is demonstrated by this feedback.

*I have a bachelor's degree in biomedical engineering. This training gave me new insights into maintenance of eye care equipment and since my return I have fixed several pieces of equipment at the national eye care association that were not working. I have also worked with my colleague in the public sector to fix some of theirs. – Biomedical Engineer*

The course was administered by Mrs. Ganga Devadass, Bio-Medical Engineer and Mr. Rajkumar Kola Santosh, Consultant Professor at the Lions Aravind Institute of Community Ophthalmology- Aravind Eye Care System. They were assisted by Mr. Henry Latty, CCB's Regional Maintenance Manager and Khohane Blake, CCB's Training Services Officer. This fully meets the overall target outlined in the project proposal document.

### ***EC Training this reporting period (All Agencies this reporting period)***

<b>Type of training</b>	<b>Name of Candidate</b>	<b>Name of Training Institution</b>	<b>Country of origin</b>	<b>Start date</b>	<b>Completion date</b>
<b>Optometrists</b>	Jason Brown	University of Guyana	Jamaica	Sept 2012	August 2016
	Annastacia Thomas	University of Guyana	Jamaica	Sept 2012	August 2016
	Mayanna Francis	University of Guyana	Jamaica	Sept 2012	August 2016
	Roberto Guillaume	University of Guyana	Haiti	Sept 2012	August 2016
	Jean Bernier Cadet	University of Guyana	Haiti	Sept 2012	August 2016
	Marckenson Desrosier	University of Guyana	Haiti	Sept 2012	August 2016
	Seslyn Maylor	University of Guyana	St. Lucia	Sept	August 2016

				2012	
<b>Bio Medical Technicians</b> (Course administered by Mrs. Ganga Devadass, Bio-Medical Engineer and Mr. Rajkumar Kola Santosh, Consultant Professor at the Lions Aravind Institute of Community Ophthalmology- Aravind Eye Care System)	Ruddy Salmon		Antigua	9 <sup>th</sup> May 2016	21 <sup>st</sup> May 2016
	Jermoye Prince		Antigua	9 <sup>th</sup> May 2016	21 <sup>st</sup> May 2016
	Dervin Bennett		Guyana	9 <sup>th</sup> May 2016	21 <sup>st</sup> May 2016
	Andray Jeffrey		Guyana	9 <sup>th</sup> May 2016	21 <sup>st</sup> May 2016
	Quincy Earle		Guyana	9 <sup>th</sup> May 2016	21 <sup>st</sup> May 2016
	Leopold Ebanks		Jamaica	9 <sup>th</sup> May 2016	21 <sup>st</sup> May 2016
	Harold McCurbin		Jamaica	9 <sup>th</sup> May 2016	21 <sup>st</sup> May 2016
	Marve Felix		St. Lucia	9 <sup>th</sup> May 2016	21 <sup>st</sup> May 2016
	Kevin Royston Didier		St. Lucia	9 <sup>th</sup> May 2016	21 <sup>st</sup> May 2016
	Elange Dorelien		Haiti	9 <sup>th</sup> May 2016	21 <sup>st</sup> May 2016
<b>Low Vision Counsellor Training</b> (Low Vision Short course administered by CCB Low Vision Focal Person)	7 participants		St. Lucia	14 <sup>th</sup> July 2016	15 <sup>th</sup> July 2016
	Ryan Dixon		Jamaica	8 <sup>th</sup> August 2016	10 <sup>th</sup> August 2016
	Kelite Duncan		Jamaica	8 <sup>th</sup> August 2016	10 <sup>th</sup> August 2016
	Kenrick Green		Jamaica	8 <sup>th</sup> August 2016	10 <sup>th</sup> August 2016
	Ayana Salmon		Jamaica	8 <sup>th</sup> August 2016	10 <sup>th</sup> August 2016
	Natalie Thompson		Jamaica	8 <sup>th</sup> August 2016	10 <sup>th</sup> August 2016
	Sharon Wallace		Jamaica	8 <sup>th</sup> August 2016	10 <sup>th</sup> August 2016
	Romario Whyte		Jamaica	8 <sup>th</sup> August 2016	10 <sup>th</sup> August 2016
	Keisha Wright		Jamaica	8 <sup>th</sup> August 2016	10 <sup>th</sup> August 2016

#### **Activities under result area 4: Facilities providing eye health services established/refurbished across the region**

The project is directly contributing to increasing the public service coverage of eye health care, and expanding the components of specialised services (cataract surgeries in the three countries, glaucoma in Guyana and diabetic retinopathy in Jamaica).<sup>4</sup> The facilities are

<sup>4</sup> EC ROM Report 2015

mostly in rural communities and arrangements are in place to ensure access for all regardless of ability to pay.

During this phase three more Vision Centres became functional. This brings the total number of Vision Centres supported by the project to 15 exceeding the target of 13. The majority are located in rural areas. There are a total of four in Haiti, five in Jamaica (with a Vision Centre at Mandeville with two lanes<sup>5</sup>); there are two in St. Lucia and four in Guyana.

Vision Centres at Black River and May Pen in Jamaica are now fully equipped following the installation of ophthalmic equipment during this phase. Both centres, capitals of their respective parishes provide services for communities in the parishes of St. Elizabeth and Clarendon communities. Each centre will employ a recently graduated EC project trained optometrist who is currently undergoing internships at the Eye Dept. Mandeville Regional Hospital, Jamaica while awaiting their registration in country.

Vision Centre equipment was installed at Hospital St Therese in Miragoane, making a total of four Vision Centres in Haiti at the following locations; Eliazar Germain, SHAA programme Office, St. Marc's Hospital and St. Therese Hospital.

In addition the Optometry Programme at the University of Guyana was provided with nine lanes of equipment usually found in the vision centres for students to gain exposure and practice.

### Opening of Eye Operating Theatre at Mandeville Regional Hospital Eye Clinic

On 28<sup>th</sup> Jan 2016 the Health Minister, Hon. Horace Dalley opened the ophthalmology clinic and operating theatre at the Mandeville Regional Eye Hospital, in Manchester, Jamaica.

The theatre provides sight saving eye surgeries four days a week compared to previously one day a week in the main operating theatre. As a result eye surgeries have increased from 348 in 2015 to 528 since the opening of the theatre until the end of the project in August 2016.



Minister of Health Horace Dalley (left) cutting the ribbon at the opening of the eye theatre with CEO of the Caribbean Council for the Blind Arvel Grant (third right).



Eye Theatre, Mandeville Regional Hospital, Jamaica

A further two operating theatres were equipped for eye surgery during this phase. As mentioned in the previous narrative report a decision was taken to equip Suddie hospital in Guyana, rather than Victoria Hospital in St. Lucia as health officials could not make a decision on where to house the equipment and were unsure if the government would continue the agreement with the Cuban Miracle Eye programme to provide eye surgeries.

<sup>5</sup> Each lane will require an eye health specialist and all the equipment necessary for eye examinations and eye screening.. In a smaller eye clinic there may be only one lane with one refractionist or one optometrist, whereas in larger clinics with more than one eye health specialist, more lanes can exist.

Also equipped with an operating theatre was St. Therese Hospital in Miragoane Nippes department that was previously identified by the National Committee for the Prevention of Blindness (CNPC-Haiti), Ministry of Health in Haiti and SHAA. In the previous phase, an ophthalmologist was identified by the Ministry of Health to be stationed there and a protocol agreement discussed and drafted.

During this phase a spectacle lab was fully equipped in SHAA's office. The lab will provide low cost affordable eye glasses to EC project created Vision Centre patients from Eliazar Germain, St. Nicholas and St. Therese Hospitals. Start-up supplies and consumables were procured for this lab as well as the lab in Jamaica for which equipment was procured in a previous phase. Fortunately, the frames procured were eventually released by customs after a lengthy clearance process in Haiti however the start-up stock of finished lenses could not be procured. SHAA is hopeful they can mobilise resources for a start-up stock of lenses to begin glasses production as well as recruit and train a spectacle lab technician to operate the newly procured spectacle lab equipment. The overall project target of 5 new spectacle labs was fully met (two in Antigua, one each in Guyana, St. Lucia and Haiti).

***Project Output Table***

Activity/ Outputs	Target as per proposal document	Total Previous Phases 1 - 4 (1 Jan2010- 30 August 2015)	Total this Phase (1 <sup>st</sup> September 2015 – 31 <sup>st</sup> August 2016)	Total Jan 2010 to 30th August 2016	Percentage (%) of target achieved
Number of persons screened	6,000,000	236,356	24,634	260,990	4.3%
Number of persons treated	3,000,000	138,175	14,319	152,494	5.1%
Number of operations performed	75,000	8,386	651	9,037	12%

The over ambitious targets, set out in the proposal document proved unrealistic for the timeframe, for example the figure for screening represented 40% of the countries combined population. On top of this the data collection has been a challenge throughout the project partly due to the lack of effective health information management systems and no requirement by the Ministries of Health to collect data. The numbers reached have also been affected by treatment centres in Haiti, Jamaica and Guyana not producing either the overall treatment numbers or data anticipated due to delays in the opening of operating theatres, exacerbated by long customs delays in all countries. For example the operating theatres at Mandeville Regional Hospital in Jamaica and at the St. Therese Hospital (Haiti) only opened during the final phase of the project. And the operating theatre at Suddie was only equipped at the close of the project.

Surgery data from the Georgetown Public Hospital in Guyana is still outstanding, as the hospital lacks capacity to disaggregate the data. Partners are in discussion with the hospital to address this issue.

## **Activities under result area 5: An appropriate regional communication program developed and implemented over the course of the project period.**

This project has successfully created community awareness of eye health through free eye screening, accessible services and affordable glasses. This has been supported by outreach screening to remote areas where eye health services are not always present and through the distribution of information and educational communication materials in local languages.

In previous phases of the project, leaflets and brochures for diabetic retinopathy, glaucoma and cataract were printed and disseminated in government run health facilities in St. Lucia, Jamaica and Guyana. Similar materials were printed and distributed in Antigua during the last phase of the project. The same designs were translated into Creole and French and distributed in both public and private health centres in Haiti.

The Eye Health Communications Strategy, approved by the CCB executive committee provides a guide for project partners and CCB when creating eye health messages. This strategic guide outlines how to use targeted messages for strong impact to a specific audience. The integration of eye health awareness into other health promotion campaigns run by government or other non-state actors are outlined in the guide and this is a strategy that will promote sustainability of the project.

Partners carried out public awareness activities throughout the year celebrating World Sight Day, World Glaucoma Day, Blindness Awareness Month (observed in the Caribbean), activities included health fairs, radio programmes, free screenings across the partner country etc. The funding of these activities came from other sources demonstrating the continuation of the work supported by the EC.

CCB and members also use social media such as Facebook, twitter, [YouTube](#) for awareness raising as well as each organisations web site.

### 2.3 Activities that have not taken place

Please outline any activity and/or publications foreseen in the contract, that have not taken place, explaining the reasons for these

- Four RAABs (Rapid Assessment of Avoidable Blindness) which identify prevalence, cause and coverage of blindness were planned in Jamaica and Guyana. It was hopeful that the RAAB would be administered and completed in 2011 after initial meetings and approval from the government of Jamaica and the statistical department. However, at the final planning stages the survey was halted due to conflict of the design and failure to reach a compromise. Unfortunately the RAAB in Guyana, did not happen due to lack of qualified eye health professionals in the country who could administer the survey.
- Progress was slow in conducting planned research studies. Partly due to the lengthy time it takes to have study approval in each country and the fact that qualified personal (Principal Investigator) may not be available in the country. At the close of the final phase two KAPs were developed and approved, one on Glaucoma and the other on Diabetic Retinopathy, the research took place and publication of the results will follow.

### 2.4 *What is your assessment of the results of the Action? Include observations on the performance and the achievement of outputs, outcomes, impact and risks in relation to specific and overall objectives, and whether the Action has had any unforeseen positive or negative results. (Please quantify where possible; refer to Logframe Indicators).*

## Overall objectives

The project made a significant contribution both at national and regional level to both the overall objectives that are in line with the Caribbean strategic Framework for Vision 2020.

1. To reduce the prevalence of blindness and visual impairment amongst rural and poor populations in the Caribbean
2. Strengthen collaboration and coordination between state and non-state actors at regional and national level to support effective implementation of programmes for the provision of inclusive services to persons who are blind or visually impaired

This can be seen by the new reach of eye health services to rural and poor communities and the consolidation of national coordination between non state actors, government and the private sector.

## Specific objective

The project fully achieved its specific objective *'To build the capacity of partners and V2020 Committees in Haiti, Guyana, Jamaica and St Lucia to establish and strengthen mechanisms and approaches to develop, implement and monitor eye health activities that increase access to services for persons who are blind and visually impaired.*

Caribbean Council for the Blind (CCB), Societe Haitienne d'Aide aux Aveugles (SHAA), St Lucia Blind Welfare Association (SLBWA) and Jamaica Society of the Blind (JSB) capacities were substantially strengthened and they now hold membership on national eye care policy-making bodies and have key roles in the development of national eye care plans. Relationships between the non-state actors and governments have been consolidated through formal agreements. In addition CCB and JSB now have funding agreements with other donors demonstrating greater official confidence to manage and implement programmes.

Through strengthening public health systems access to eye health services has appreciably increased during the project especially in rural areas. In a number of places it is the first time public eye health services have been available and affordable.

Although the project did not meet the targets set out in the proposal document for persons screened and persons treated this was due to highly credible reasons. Firstly the targets were far too ambitious representing screening of 40% and treatment of 25% of the combined countries populations; secondly the eye health service delivery did not reach its maximum level until well into the implementation period and thirdly none of the countries had effective health information management systems and data collection is not a formal requirement by the Ministry of Health.

Activity/ Outputs	Target as per proposal document	Total Jan 2010 to 30th August 2016	Percentage (%) of target achieved
Number of persons screened	6,000,000	260,990	4.3%
Number of persons treated	3,000,000	152,494	5.1%
Number of operations performed	75,000	9,037	12%

### **Result 1: Regional and National partners informing and influencing policies and providing efficient and effective management support to V2020 activities**

All non-state actors increased their organisational capacity and ability to influence national eye health policies and plans. SLBWA strengthened their strategic partnership with the government of St Lucia coordinating the implementation of the eye health section of the National Health Strategic Plan. Eye Care Guyana (ECG) successfully influenced the development of the Guyana Eye Care Strategic Framework 2013-2020 and contributed to the Guyana National Health Strategy. As well as a strengthened strategic partnership with the Ministry of Health, they also developed a good working relationship with the University of Guyana through the development of the optometry programme. SHAA also successfully influenced public policy with the inclusion of eye health in the National Health Sector Plan for Haiti 2012-2022. As a result of their strengthened position JSB attracted funding from the National Health Fund of Jamaica and the government of Japan for the construction of a Vision Centre on their premises. This income generating initiative will contribute towards the sustainability of JSB.

### **Result 2 Four V2020 Committee responsible for planning and coordination between government, NGOs and private sector functional in project countries**

All four V2020 Committees became functional through the project. The three strongest are in Saint Lucia, Guyana and Haiti. Jamaica was the last to emerge and become engaged in the revision of the National Eye Health Plan.

Evidence of the successful influencing of the V2020 committees can be seen by the approval of the Guyana Eye Care Strategic Framework and the inclusion in Haiti of eye health in the National Health Sector strategic plan. In St. Lucia and Jamaica the V2020 committees are actively working with their governments and PAHO to review their expired country plans.

A very positive result of the project was providing the foundation for the development of a four year project funded by The Queen Elizabeth Diamond Jubilee Trust project on Diabetic Retinopathy in four Commonwealth countries Belize, Dominica, Jamaica and Saint Lucia as previously mentioned. This involved close collaboration by partners on a situational analysis of diabetic retinopathy services in Guyana, Jamaica and St Lucia. The outcome of these papers has been used by project partners to influence national government to strengthen eye care policies. As a result all three countries have introduced screening of all people with diabetes who attend public health facilities.

### **Result 3 1,370 skilled eye health personnel, inclusive of service providers and teachers trained in providing services**

The project made a significant contribution to the development of skilled eye care specialists through the institutionalisation of the optometry course at the University of Guyana. The EC Results Orientated Monitoring report 2015<sup>6</sup> described the development of the Bachelor of Science course in optometry at the University of Guyana as one of several outstanding achievements of the project. The University has scaled up its enrolment of students five fold since 2012 on this course. It is one of only two such courses in the Caribbean and one of 13 in the entire Latin America and Caribbean regions<sup>7</sup>

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<sup>6</sup> *EC Rom Report 13/08/2015* At result level there are outstanding achievements to be noted, such as the establishment of the first Optometry Bachelor Degree in the region (and 13th listed in the entire Latin American and Caribbean regions)

<sup>7</sup> *Ibid*



**Refractionist graduated from the Certified Refraction Techniques course carrying out community outreach in Northern Haiti**

Most of the targets related to training of eye care specialists were met and they have increased eye health personnel to population ratio in the Caribbean moving the region closer to fulfilling one of the goals of V2020 Right to Sight Initiative.

Type of Health worker trained	Target as per proposal document	Total Jan 2010 to 30th August 2016	Percentage (%) of target achieved
Ophthalmologists	10	11	110
Optometrists	15	15	100
Refractionists	23	17	60
Low Vision Specialists	9	6	67
Low Vision Counsellors	45	103	228
Primary Health Care Workers	1240	1074	90
Bio Medical Technicians	10	10	100

#### **Result 4: Facilities providing eye health services established/refurbished across the region**

Most of the eye health facilities are located in rural and poor communities in easily accessible places. These facilities included vision centres that provide diagnostic, refractive and low vision services; and surgical theatres that offer treatment services for cataracts, diabetic retinopathy, glaucoma and other eye diseases.

Six out of the seven planned operating theatres have either been established or refurbished with up to date ophthalmic equipment. Despite strong interventions from partners, operating theatres were not refurbished as planned in Saint Lucia and at Eliazar Germain Public Hospital in Haiti. Instead an operating theatre was established in Suddie in Guyana. Six operating theatres are now functioning in - see table below.

### Functioning Operating theatres by country

Country	New/upgraded operating theatres
Jamaica	Mandeville Hospital
Haiti	St Nicolas Hospital
	Therese Hospital
Guyana	Georgetown Hospital
	Linden Hospital
	Suddie Hospital

We fully met the overall project target of 5 new spectacle labs (two in Antigua, one each in Guyana, St. Lucia and Haiti) including the newly equipped lab at the programme office at SHAA. The spectacles are provided at an affordable cost for example:

*I have been attending the eye health clinic for four years now. I am diabetic and I get my eyes tested every six months right at this clinic (Vision Centre). This is the second pair of glasses I have received from them and they are affordable and working very well. (User of Eye Health Services).*



**Fully equipped Spectacle laboratory in Antigua providing affordable spectacles**

15 Vision Centres were established exceeding the project target of 13 and in addition the University of Guyana was equipped with 9 lanes usually found in vision centres for practical use by students.

#### **Vision Centres equipped by country**

Country	Target as per proposal document	Total Jan 2010 to 30th August 2016	Location
Jamaica	4	5	May Pen health centre
			Black river health centre
			Mandeville eye clinic – 2 lanes
			Vision Centre at Jamaica Society for the Blind
Guyana	4	4	Georgetown Public Hospital
			Linden
			Suddie
			Diamond
Haiti	4	4	Eliazar Germaine Hospital
			St. Nicholas hospital
			SHAA Programme Office
			St. Therese Hospital
St. Lucia	1	2	SLBWA eye clinic – 2 lanes

#### **Result 5: An appropriate regional communication programme developed and implemented over the course of the project positively affecting health seeking behaviour**

During the implementation phase partners distributed 15,476 posters and 97,376 brochures with messages targeting the general public on the signs and symptoms of three of the five major eye diseases (cataract, glaucoma, diabetic retinopathy) that affect the region. This project has successfully created community awareness of eye health also through free eye screening, accessible services and affordable glasses. This has been supported by outreach screening to remote areas where eye health services are not always present and through the distribution of information and educational communication materials in local languages.

A Regional Communications Strategy was developed as a guide and resource for project partners to enhance effective awareness raising and communication. Over the course of the project health seeking behaviour increased demonstrated by those attending eye health facilities for screening and treatment.

The KAP studies once they are published will also represent another regional resource for informing the development of communications materials.

2.5 What has been the outcome on both the final beneficiaries &/or target group (if different) and the situation in the target country or target region which the Action addressed?

#### **The outcome on the five target groups:**

**Non state actor partners:** CCB, SHAA and SLBWA have consolidated their relationships with governments through formal agreements and JSB has a funding agreement with the governments of Jamaica and Japan.

**V2020 Committees:** are active in the majority of countries and are empowered to advocate for the approval and implementation of eye health care policies and plans.

**Eye Health Workforce:** has gained specialist skills and increased in numbers enabling delivery of quality public eye health services in rural areas.

**Ministries of Health:** health systems have been strengthened with new infrastructure, human resources and clear eye health policies and plans.

**Final beneficiaries:** People with eye diseases in poor and rural communities can access affordable eye health services; they are no longer required to travel to a neighbouring island for treatment.

### Outcome on the situation in target country/region

The project helped advance the strengthening of eye care systems and services and National Eye Health plans. There now exists improved strategic coordination between government, NGOs and the private sector with a more planned and holistic approach to eye care delivery.

2.6 Please list all materials (and no. of copies) produced during the Action on whatever format (please enclose a copy of each item, except if you have already done so in the past).

*Please state how the items produced are being distributed and to whom.*

Partners produced and disseminated a wide range of eye health information, education and communication materials during the implementation period and many of which were translated into French and Creole for people in Haiti. Please see list below. They were distributed through eye health facilities. The CCB website was also instrumental as a means of dissemination during the implementation phase. Eye on Sight a quarterly web based newsletter was distributed to project partners, and membership of CCB as well as the general public through the CCB website. Eleven newsletters were published from April 2011 to October 2013. Please find copies of them here: [CCB website](#). Information is also disseminated through the Eye Care Caribbean YouTube channel [films](#) that contain 75 short films; including films on the Eye Care Caribbean Newsletter themes; World Sight Day activities; graduation of optometry students from University of Guyana, CCB Biennale General Meetings etc.

Materials produced	Type	Content	Number produced	Who they were distributed to
Regional V2020 meeting folders	Conference pack	Presentations, activities, data templates and information for the meetings.	200	Participants of five regional V2020 meetings (2010-2014)
CCB Biennale meeting	Conference Pack	Information and presentations from the meeting	56	Participants of the meetings in 2011 & 2013
Educational materials	Brochures	Cataract Glaucoma Diabetic retinopathy	97,376	General public through health facilities in Antigua, Jamaica, St. Lucia, Guyana
	Posters	Cataract Glaucoma Diabetic retinopathy	15,476	Health facilities
Guyana Strategic		Policy document on eye	500	Distributed to local

Eye Health framework		health		health facilities, eye doctors Antigua, Jamaica, St. Lucia, Guyana and NSAs during regional V2020 meetings.
Sightsavers Insight briefing	Web based technical briefing paper	Summary of learning from evaluations and research reports		Distributed internally within Sightsavers

2.7 Please list all contracts (works, supplies, services) above 10.000€ awarded for the implementation of the action since the last interim report if any or during the reporting period, giving for each contract the amount, the award procedure followed and the name of the contractor.

Item(s) Purchased	Contract amount	The award procedure followed	Contractor Name
NEKSIA PUMP & TANK (Tracer and Edger, Spectacle lab equipment)	US\$30,504.80 (approx €27,573.71)	Competitive negotiated procedure followed. 3 quotations sourced by Sightsavers from Popeyewear, Imres and Essilor. <ol style="list-style-type: none"> <li>1. Popeyewear could only provide one component of the entire order</li> <li>2. Imres was unable to provide a quotation</li> <li>3. Essilor provided initial quote in July 2015 and confirmed the same price in January 2016. Quoted for Neksia equipment as Gamma is obsolete - US\$30,504.80 without shipping costs.</li> </ol> <p>Based on availability the Essilor option was chosen</p>	ESSILOR INSTRUMENTS USA

2.8 Describe if the Action will continue after the support from the European Union has ended. Are there any follow up activities envisaged? What will ensure the sustainability of the Action?

Sustainability was a key feature of the project design. The approach included a focus on building partners institutional capacity to influence national eye health policy development and strengthen the public health system, through increasing numbers of skilled eye health worker and the integration of eye health services into existing public health facilities. The aspects of the project that will ensure sustainability of the action:

- **Public/private collaboration:** Consolidation at national level in all countries of the relationship between partners and government underpinned now by formal agreements in three of the countries.
- **National Eye Health Plans.** A culture of strategic and operational planning for eye health has clearly evolved in all countries, and the policy commitment and technical expertise are in place to ensure continuity

- **Training in optometry:** Project support for the Bachelor of Optometry degree programme laid the foundation for a steady supply of skilled eye health workers to the region. Strong evidence of sustainability of the course is demonstrated by the Academic Board of the University's policy commitment and assumption of some of the course costs. The policy commitment is linked to the increasing interest from students for the course.
- **Eye health services:** Increased awareness of eye health and common eye diseases has created greater demand for quality, accessible and affordable services. Through continued budgetary support from national governments combined with the supply of eye health workers will ensure the maintenance of these services.
- **Spectacle labs:** The ability of the spectacle labs to offer desirable, affordable products to the rural population and at the same time generate income for non-state actors (NSAs) ensures their sustainability and contributes to the financial stability of the NSAs.
- **Vision Centres** The vision centre model is a cost-effective way of providing primary eye care services in the Caribbean, and the increasing number of optometrists being trained enhances sustainability. The Government of Antigua and Barbuda has replicated the Vision Centre Model in three of its health centres and provided financing for training and employment of the three refractionists that operate the facilities.
- **Public awareness programmes:** The project provided resources to inform public awareness raising on the prevention of blindness and visual impairment; the regional Eye Health Communications Strategy and once published the KAP studies. The strategy promotes sustainability through the integration of eye health awareness into existing health promotion programmes.
- **Regional Diabetic Retinopathy programme**  
The regional diabetic retinopathy programme built on the solid base already developed by this project, thereby ensuring a measure of sustainability. Institutional strengthening of NSAs, establishment of eye surgical facilities, and training of eye health personnel that were delivered through the project provided the platform for the new regional initiative

2.9 Explain how the Action has mainstreamed cross-cutting issues such as promotion of human rights<sup>8</sup>, gender equality<sup>9</sup>, democracy, good governance, children's rights and indigenous peoples, environmental sustainability<sup>10</sup> and combating HIV/AIDS (if there is a strong prevalence in the target country/region).<sup>11</sup>

- **Human rights**

The project promotes the right to health<sup>i</sup> by enabling equitable access to quality eye health services especially for poor and indigenous people in rural areas. It provided access to quality eye care services in places where previously access was not easily available.

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<sup>8</sup> Including those of people with disabilities. For more information, see "Guidance note on disability and development" at [http://ec.europa.eu/development/body/publications/docs/Disability\\_en.pdf](http://ec.europa.eu/development/body/publications/docs/Disability_en.pdf)[http://ec.europa.eu/development/body/publications/docs/Disability\\_en.pdf](http://ec.europa.eu/development/body/publications/docs/Disability_en.pdf)

<sup>9</sup> [http://www.iiav.nl/e-publications/2004/toolkit\\_on\\_mainstreaming\\_gender\\_equality.PDF](http://www.iiav.nl/e-publications/2004/toolkit_on_mainstreaming_gender_equality.PDF)

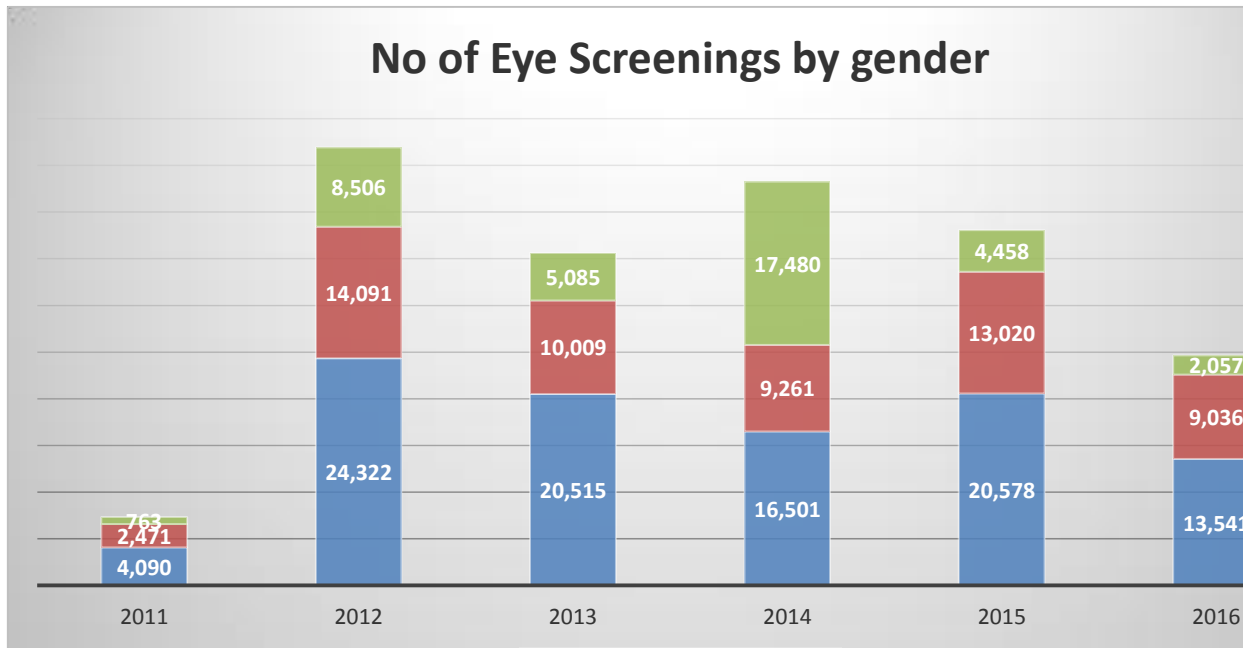
<sup>10</sup> Guidelines for environmental integration are available at: <http://www.environment-integration.eu/>

<sup>11</sup> To refer to EC Guidelines on gender equality, disabilities...

- **Gender Equality**

The data collected during the project was gender disaggregated where possible, the level of disaggregation improved in the last two years. Generally, the data (see chart below) showed more women than men accessing services which is line with the fact that women are at a higher risk than men, of eye disease especially during pregnancy and after menopause.

More than 80% of the ophthalmologists, optometrists, refractionists and primary eye care workers trained by the action are women.



- **Good Governance**

The project promoted good governance through the improved national coordination by government, non-state actors and private sector stakeholders of eye health care. It also strengthened non state actors to advocate for eye health policies and plans to more effectively meet the needs of the population in the target countries.

- **Children's rights**

Blindness and visual impairment in children can be caused by a range of eye conditions including congenital glaucoma, retinopathy of prematurity, childhood cataracts, refractive errors and low vision. Improvement in access to eye health services through this action, and the increasing number of eye care workers trained through the University in Guyana combined with the expansion of school screening will ensure more children have the right to sight.

- **Indigenous peoples:**

In Guyana, indigenous peoples in rural areas were the principle beneficiaries of the action. Two new Ophthalmology centres have been established in regions 10 and 6 largely inhabited by Amerindians. Additionally, the action has trained and facilitated the deployment of optometrists and refractionists to serve the most rural areas of Guyana. The majority of the primary eye care workers trained for Guyana work in rural areas too, where indigenous communities live therefore, indigenous people are the primary beneficiaries of the expanding programme of eye health services.

- **Environmental sustainability**

As eye health services reach into the most rural areas, the need for people to travel long distances to access eye care on other islands, in capital cities and major urban centres is being reduced. Over the time, the cumulative effects will include a re-orientation of transportation needs, with a useful impact on the amount of pollution being generated by the transportation sectors in beneficiary countries.

- **Combating HIV/AIDS**

The curriculum of the Bachelor of Science in Optometry includes a module on HIV/AIDS. This course enables optometry graduates to gain knowledge of HIV/AIDSs how it relates to eye care and provide patient education.

2.10 How and by whom have the activities been monitored/evaluated? Please summarise the results of the feedback received, including from the beneficiaries.

During the first year of the project a monitoring and evaluation plan was developed and later revised to integrate log frame changes. The plan provided a framework of performance questions to be answered, and data gathering methods. This was one of the tools used by the Project Management Committee (PCM) to monitor the performance of the project.

Each country had a National Project/Programme Manager that guided the day to day activities and reported to the PCM. On a regional level the activities were being monitored by CCB as well as through the meetings of the PCM, which consisted of three quarterly web based meetings and one face to face meeting. During the extension period, activities were monitored through quarterly web based meeting with project partners, CCB and Sightsavers. Finance and budgetary meetings were held between CCB and Sightsavers as well as CCB and partner agencies.

During the intervention period there were several Results-Oriented Monitoring (ROM) missions (2010 and 2015) carried out by consultants acting on behalf of the European Commission as well as mid-term and a final evaluation. The PCM responded to the recommendations of the 2010 ROM with a thorough revision of the indicators and their incorporation into the Monitoring and Evaluation Framework for the project that was designed to answer performance questions and show data sources, collection methods, and information use. The PCM developed a management response to the recommendations of the Mid-Term Review (MTR) that addressed all the implementation issues that were highlighted.

The project scored consistently well in the 2015 ROM receiving Very Good scores for efficiency, effectiveness and sustainability. As a result of the recommendations of the 2015 ROM a management response was prepared and the PCM developed a comprehensive action plan against the 10 recommendations that ensured full compliance and contributed to the achievement of the project outcomes.

The final evaluation concluded that *'recommendations of the MTR and ROMS have been vigorously implemented'*

A management response will be prepared for the recommendations put forward in the Final evaluation.

## 2.11 What has your organisation/partner learned from the Action and how has this learning been utilised and disseminated?

Sightsavers learnt that setting targets is complex; they need to be realistic and to take account that all services will not be fully operational from the first year. It also demonstrates the need for thorough baseline studies at the beginning of a project to more effectively measure against. This has been fully institutionalised within Sightsavers and subsequent eye health projects have had more realistic and achievable targets and baseline studies are always included. In relation to the targets the full extent of reach will not be realised until after the end of the project as several services had only just been developed at the end of the implementation period.

Sightsavers has a five year strategy focused on promoting learning, quality, and effectiveness. The strategy includes the production of internal technical briefing papers called 'Insight' that contain summaries of all evaluations or research reports. An Insight was produced in 2012 with a summary of the mid-term project review and shared across the organisation. Currently one is in preparation summarising the end of term evaluation that will also be shared internally.

The annual Regional V2020 meetings proved an effective forum for partner and Ministries of Health to learn and share information. The regional meetings had a broader reach than just the project focus countries, nine non-project Caribbean countries<sup>12</sup> participated in the learning and sharing that occurred during the Annual Regional V2020 meetings. Participants noted that the sharing of country-specific eye health information that was collected annually using the National V2020 Data Template was particularly useful.

*'I have attended three Regional V2020 Meetings and I always found them to be very informative. The first one I attended discussed how to collect country data on eye health and how to use it in planning and programming. That information was very helpful to us when we were developing our last National Eye Health Plan'. (V2020 Committee Member)*

The PMC also facilitated experience sharing and key findings from on-going monitoring and evaluation activities. The PMC shared these findings to improve project performance in areas such as negotiation with national authorities, strengthening procurement procedures, and removing implementation bottlenecks generally.

### **3. Partners and other Co-operation**

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<sup>12</sup> Non-project countries including the Bahamas, Barbados, Belize, Dominica, St. Kitts and Nevis, Grenada, St. Vincent and the Grenadines, Suriname and Trinidad and Tobago also participated in these meetings.

- 3.1 How do you assess the relationship between the formal partners of this Action (i.e. those partners which have signed a partnership statement)? Please provide specific information for each partner organisation.

Sightsavers have worked in partnership with Caribbean Council of the Blind since 1967 to support provision of services to persons who are blind, visually impaired or at risk of becoming blind or visually impaired. Both organisations have formed a strong relationship, characterised by shared goals, compatible values, transparency, and interdependence.

CCB is a member's organisation and the national project partners (JSB, SLBWA, SHAA and ECG) are all members of CCB, sharing the same goals, values, and generally working to the same policies and procedures. This ensures strong and open relationships between all project partners. In addition to day-to-day communications, each quarter the project partners meet via teleconference to discuss the activities of the project and the progress or difficulties they are experiencing. All partners work well together to find solutions, promote learning and have open and transparent relationships.

- 3.2 Is the partnership to continue? If so, how? If not, why?

The working relationship between CCB and Sightsavers will come to an end following the completion of this project. Sightsavers will focus on regions where the need is greater. The move from the region has been gradual and the organisation has been working with CCB over the past couple years to ensure CCB is equipped to continue working at this level.

All partners of this EC project are members of Caribbean Council for the Blind therefore the partnership will continue. This is evident in the fact that three (3) of the four (4) partner countries are working together in the newly funded Caribbean Diabetic Retinopathy Screening and Treatment Programme.

- 3.4 How would you assess the relationship between your organisation and State authorities in the Action countries? How has this relationship affected the Action?

Ministry of Health (Guyana, St. Lucia, Jamaica & Haiti) / Ministry of Health & Health Authorities (Jamaica) – CCB and the national partners have excellent relationships with their respective Ministries of Health / Health Authorities and built through many years of collaboration to support development of plans and services. They have been both an implementing partner and advocacy target for CCB and partners over the years, ensuring a strong and broad understanding and relationship has developed. National partners are members of the National V2020 / Prevention of Blindness committees and work alongside representatives from Ministries of Health and Education.

Ministry of Education and Social Development - Partners also have very good working relationship with other Ministries within their country; these may include but are not limited to ministries responsible for education and social development. The following ministries assisted in bringing the Primary Health Care workshops to fruition by giving permission to their staff to attend workshops; Ministry of Education, Ministry of labour and Social Security, Ministry of Health.

#### Ministry of Finance

The Ministry of Finance also plays a very pivotal role in the project countries; assisting with waving duty and customs fees where applicable and well as the timely release of goods and equipment from the ports. This has proven invaluable to partner agencies where large items have been shipped.

### Ministry of Foreign Affairs (Guyana)

The Ministry of Foreign affairs and in some cases immigration plays a pivotal role although indirectly in the project. This is because many of the scholarship recipients both optometry and refractionist who are completing studies in Guyana are from outside Guyana, a student visa or waiver is required in order to remain and study in Guyana. A relationship has been built up over the past 4years with the Ministry of Foreign Affairs Guyana based on the need for visa renewal or visa application each year.

3.5 Where applicable, describe your relationship with any other organisations involved in implementing the Action:

#### 1<sup>st</sup> National Bank – St. Lucia

Provided sponsorship support to shoot and air videos of World Sight Day activities on television and social media.

#### Brien Holden Vision Institute

Brien Holden Vision Institute has collaborated with and provided support to Sightsavers, CCB and Eye Care Guyana over the years. Brien Holden Vision Institute develops and provides the technical materials and educational documents needed for the Bachelor of Science in Optometry programme at the University of Guyana.

#### CBM

CBM is an international development agency that provides support along with CCB and Sightsavers to CNPC to carry out the V2020 activities in Haiti. CBM also support networking and communications with Latin American eye health training institutions.

#### National Prevention of Blindness Committee (CNPC) Haiti

This committee was set up to coordinate the V2020 activities in Haiti. CNPC worked with the project partner SHAA to support achievement of activities outlined in the proposal.

#### Cuban Initiative (Caribbean wide)

In addition to the surgeries and treatments supported by the project partners and government eye clinics, Cuban doctors provide services through the Cuban Initiative 'OperaciónMilagro' for patient's mainly requiring cataract and pterygium surgeries. It is important to build relationships with these service providers to promote collaboration and access eye health data for planning and reporting.

#### EliazarGermain Hospital (Haiti)

A Memorandum of Understanding was put in place to support development of eye health services in; Vision Centre and Operating Theatre at EliazarGermain Hospital. To facilitate the training of eye health workers, provide affordable eye health services and to capture, collect and record health information with an emphasis on statistics related to Vision 2020 Program. While development of the theatre is not going ahead project partners still collaborate with the hospitals vision centre which provides services to the public.

#### HUEH –L'Hopital de l'Universited'Etatd'Haiti

A protocol agreement was signed on Friday 23<sup>rd</sup> February 2012, between SHAA and the ophthalmology department of L'Hopital de l'Universited'Etatd'Haiti (HUEH). The main objectives of this agreement is focused on the following areas

1. Prevention of blindness and eye care
2. Public Awareness/ Community Motivation
3. Training
4. Rehabilitation services

More information can be found in the protocol agreement document.

### International Agency for the Prevention of Blindness (IAPB)

IAPB along with other NGO's collaborate with CCB on an annual basis to facilitate the INGO Collaborating group meeting and provide resource persons for the Regional V2020 Committees meeting. IAPB also provide advice regarding equipment procurement

### Institutional Research Board -Barbados

This is the primary institution for ethics approval of research activities. The project has successfully submitted the proposal for the Glaucoma KAP study and will soon submit the Diabetic Retinopathy KAP studies as well as any future KAP studies. Jamaica Health regions (North-eastern Health Authority, Southern Health Authority)

Collaborated with JSB to provide Primary Health Care training to government staff members

### Jamaica Media stations

Power 106 radio, CVM-TV, KLAS FM radio and Radio Jamaica – media stations that collaborated with JSB for the promotion of eye health information and services on observed eye health days.

### Northern Caribbean University

Collaborated with project partners by providing a team of data collectors who collected information from Jamaica for the Glaucoma KAP study. A faculty member of the university also sat on the Regional Glaucoma KAP group and provided valuable input for development and implementation of the study.

### Orlo Clinic

Eye Clinic in Haiti designated as practice centre for Haitian Optometry student on clinical attachment.

### PAHO

The Pan American Health Organisation (PAHO) has been instrumental in developing the V2020 Strategic Framework for the Caribbean as well as supporting development of situation analyses and country plans. PAHO's Regional Prevention of Blindness Advisor assists the project partners by strengthening data management systems and providing technical support to other prevention of blindness activities. National partners also work closely with PAHO national offices.

### ORBIS

ORBIS along with other NGO's collaborate with CCB on an annual basis to facilitate the INGO Collaborating group meeting.

### Queen Elizabeth Hospital (QEH), Barbados

QEH is not directly affiliated with the project; however the Consultant Ophthalmologist at this institution has been collaborating with project partners over the past years to develop the glaucoma and diabetic retinopathy KAP study proposal documents and procedures manual.

### Regional Lions Clubs

Lions Club St. Lucia: The Lions Club of St. Lucia along with its junior arm the Leo Club are members of the V2020 Committee in St. Lucia and are involved with the planning and coordinating of all V2020 related activities there.

Guyana Lions Club: This organisation continues to collaborate with the government of Guyana (Ministry of Health) and Eye Care Guyana in raising awareness on blindness prevention and services.

Jamaica Lions Club: A representative on the Lions Club Jamaica sits on the V2020 Committee board in Jamaica. The Lions Club Jamaica (Mona section) has been involved with The Jamaica Society for the Blind World Sight Day/World Glaucoma Day activities.

Lions Club Haiti: This institution has had a long relationship with our partners in Haiti SHAA and CNPC-Haiti and is involved in collaborative efforts to reduce and prevent

blindness in Haiti. They have collaborated on public awareness events as well as the mobile clinic outreach activities undertaken by CNPC-Haiti.

#### Sandals Hotel, St. Lucia

Collaborated with SLBWA by allowing the organisation to provide free eye screening and referral examination for staff members.

#### St. Jude's Hospital (St. Lucia)

This hospital provides laser treatment for Diabetic Retinopathy patients in St. Lucia. They also provide children's ophthalmic services. SLBWA refer cases to St. Jude's.

#### St. Lucia Diabetes & Hypertensive Association

Collaborated with SLBWA with a number of community health screening activities and health fairs.

#### Saint Lucia Glaucoma Association

Collaborated with SLBWA during the week of activities commemorating World Glaucoma Week.

#### St. Lucia Seventh Day Adventist Church Association

Through the church SLBWA had the opportunity to provide vision screening at several community Adventist churches as well as the primary school.

#### Sir Arthur Lewis Community College

Collaborated with SLBWA with health fair on their campus for free eye screening

#### St. Nicholas Hospital (Haiti)

A Memorandum of Understanding exists to develop eye health services in the Vision Centre and Operating Theatre at St. Nicholas Hospital. To facilitate the training of eye health workers, provide affordable eye health services and to capture, collect and record health information with an emphasis on statistics related to Vision 2020 Program

#### Universities and Medical Schools

The following universities were instrumental in working with CCB-Eye Care Caribbean and its partners (Guyana, Jamaica, Haiti and St. Lucia) in providing space in their programmes for the selected candidates to pursue degrees in ophthalmology, optometry and refraction techniques.

Catholic University; Nuestra Senora de la Asuncion, Paraguay

Dr. Elias Santana Hospital, Santo Domingo

L'Hopital de l'Universited 'Etatd' Haiti

University of Guyana, Guyana

Universidad de Montemorelos, Mexico

Universidad Galileo, Guatemala

#### University of the West Indies-Cave Hill Campus-Barbados

Although the actual university is not directly affiliated with the project, three of its lecturers have been collaborating pro bono with CCB and its partners over the past year to develop the Glaucoma KAP study and Diabetic Retinopathy proposal documents.

#### Lions Aravind Institute of Community Ophthalmology- Aravind Eye Care System

Delivered a Bio-Medical training course used in the training of regional Bio-Medical Technicians. Course administered by Mrs. Ganga Devadass, Bio-Medical Engineer and Mr. Rajkumar Kola Santosh, Consultant Professor.

3.6 Where applicable, outline any links and synergies you have developed with other actions.

Many of the principle partner organizations have long standing relationships with other organisations that positively impact on project activities and our target beneficiaries.

SLBWA has a long standing relationship with Kidz N Sight, an organization that travels to St. Lucia annually and provide treatment and services to children which visual impairment - children who were identified and shortlisted by SLBWA through their regular screening and treatment services. Some of the services provided by this group include surgical interventions as well as educational and rehabilitative services. SLBWA continues to work with other organization such as the St. Lucia Hypertensive and Diabetic Association as well as the St. Lucia Glaucoma Association, Lions Club St. Lucia and the government to provide eye health related services across the country. SLBWA also collaborate with the Sandals Resort St. Lucia and the Adventist Church Association of St. Lucia to provide free eye screening, with the possibility of long standing, mutually beneficial relationships developing in the future.

The Jamaica Society for the Blind continues to raise its profile and has successfully lobbied several local and international organizations to support their organisational development. JSB secured funding to refurbish its headquarters and add space for a vision centre to its premises (which will be equipped by this project). This facility should be able to provide employment to a cadre of eye health workers currently being trained at the University of Guyana. The Society continues to work with the Lions Club Jamaica and research collaborator Northern Caribbean University.

Eye Care Guyana also continues to work with their partners the Ministry of Health, University of Guyana and Lions Club to carry out their V2020 related activities. Eye Care Guyana through the Ministry of Health has worked with ORBIS and PAHO with the development of the Guyana Strategic Framework.

SHAA continues to work with CNPC-Haiti towards the prevention of avoidable blindness. SHAA and CNPC-Haiti also work with Lions Club, Clinique Orlo and CBM-Haiti.

CCB successfully attracted funding for the Caribbean Diabetic Retinopathy Programme from The Queen Elizabeth Jubilee Trust. The programme build on this successful EC action, it covers four Caribbean countries including St Lucia and Jamaica. The main objective of the programme is to establish robust, cost effective and sustainable screening and treatment programmes for diabetic retinopathy that will fill existing gaps in each participating country. It takes a health system strengthening approach building the skills and providing the specialised equipment to identify and treat diabetic retinopathy.

3.6 If your organisation has received previous EU grants in view of strengthening the same target group, in how far has this Action been able to build upon/complement the previous one(s)? (List all previous relevant EU grants).

Not Applicable

3.7 How do you evaluate co-operation with the services of the Contracting Authority?

Sightsavers has had a good working relationship with the European Union Delegation in Guyana throughout the six years of the project. The delegation has provided timely responses to any queries or clarifications sought especially those surrounding clarification of the rules of the European Commission and financial issues. Delegation representatives have attended functions and activities including but not limited to the Project Management Committee annual face to face meeting in the first quarter of the year, Regional V2020 meeting held in Guyana, and the formal opening of the Mandeville operating theatre for eye surgery.

#### 4. Visibility

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How is the visibility of the EU contribution being ensured in the Action?



**CCB Office, Antigua, surfacing lab where blank lenses are used to make glasses, equipment displaying EC logos**

The EU contribution has been noted in all printed materials used by CCB and partners of the project for public consumption; like workshops, reports and press releases. The EU logo, along with all partner logos, is displayed in PowerPoint presentations used in workshops, meetings and training sessions. The EU contribution is also noted on resource materials provided to students of the optometry and refraction programmes. EC logo stickers are present on all equipment expensed by the project see photo.

For the refurbishment of the Mandeville Eye Department, Operating Theatre, a sign was erected to give recognition to the funding agent responsible. After completion a plaque will be placed inside the building also highlighting the EU's contribution to development of eye health services at the hospital.

The formal opening of this theatre provided opportunities for visibility. For example an article from the online Jamaica Information Service [Eye Care Service Delivery boosted at Mandeville Hospital](#). Sightsavers regularly gives project updates on its website and social media platforms, mentioning the contribution of the EU to the action. The EU's contribution is also mentioned in bulletins that the Caribbean Council for the Blind disseminate to the public.

The EC contribution to eye health service development at St Nicholas Hospital in Haiti was acknowledged at the opening of the facility in June 2014, and also in a Sightsavers social media article.

Sightsavers, CCB and Eye Care Guyana have worked with the Guyana Delegation to capitalise on visibility opportunities related to the Graduation of Optometry Students from the University of Guyana in November 2014, with articles appearing in local and social media. It is hoped that an article relating to one of the graduates will be developed for publication for the European Year of Development 2015.

CCB has produced a number of videos which serve as an integral tool for advocacy and public awareness. All videos are available on [YouTube](#) and the [CCB Website](#) and reflect the contribution of the EU.

The EU contribution is also mentioned in TV and radio articles an example from national broadcaster HTS News in St Lucia, reporting on a training workshop held for community health care workers on vision screening, can be found at the following [link](#)

EU support for publication of information materials had been included on posters and brochures, which have been widely circulated in each country through health facilities and at public events.

The EU contribution to development of the Guyana Eye Care Strategic Framework (2012-2020) has been included on the acknowledgements page of the publication, which will be widely circulated to health workers and other interested parties.

**The European Commission may wish to publicise the results of Actions. Do you have any objection to this report being published on EuropeAid Co-operation Office website? If so, please state your objections here.**

No project partner objects to the EC publicising the results of the action.

Name of the contact person for the Action: .....

Signature: .....Location: .....

Date report due: .....Date report sent: .....

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<sup>i</sup> The right to health includes access to timely, acceptable, and affordable health care of appropriate quality