

Project Approach

- Community eye health education
- Early detection and treatment of eye conditions

Increased surgical and clinical intervention

rates for all ages

Working through Grace Children's Hospital and ICC



Cumulative results based on indicators

- 107 out of projected 455 personnel trained to perform screenings; detect basic eye conditions (very large gap in achievement associated with training of TBAs) 24%
- 212 out of expected 250 outreach screening sessions held 85%
- 57,437 consultations with eye patients out of expected 12,000 far exceeded objective; however 479%
- 1457 surgical and other clinical interventions out of an expected 2675 far undershot the goal (see barriers discussion) 54%
- 785 out of expected 545 eye health education sessions in schools and clinics outpaced the goal 144%

Results and achievements

- Creation of the 2nd successful eye program targeting marginalized (poor) people in the north of Haiti
- Steady commitment of Ophthalmology students to work and gain experience in the program
- Community outreach program in Cap Haitien is now considered a national model program due to strong community participation, well-motivated team, and horizontal leadership
- Has played an important part in advocating the need for the government (Ministry of Health) to support a national blindness prevention agenda

Challenges

- Food riots
- Administrative capers in PauP; lack of close-to-hand oversight
- Overly ambitious plan
- Plan developed without full stakeholder participation
- Lack of adequate infrastructure in Cap Haitien to meet the childhood blindness objectives
- Presence of foreign ophthalmological missions drawing post-screened patients away



Overcoming challenges

- Dedicated and flexible leadership and staff in Cap Haitien lessened the impact of poor leadership in Port Au Prince
- Ophthalmologist with experience in high volume surgeries contracted for Port Au Prince clinic
- Permanent technical support and training provided through CBM's technical experts and strategic PBL partners in the region
- Flexibility in program and grant management which allowed for adjustments to plan based on the on-theground situation (adjustment from interventions to community screening and training for example)

Lessons learned

- Stick to our procedure for project planning using PCM in order to ensure project plans are appropriate to and owned by our local partners as well as other stakeholders
- Increase country-level technical/managerial support to partners in Haiti and at the same time increase their sense of ownership of the work (part of our global partner enablement strategy)
- Build on our strengths in the area of childhood blindness (of which we have many) rather than seeking bilateral aid for weaker partners who may be best supported through our normal, longer term approach

Next steps



- The Cap Haitien success achieved through the A2Z project is already seen as a model in community eye health nationally. This success is being used as a leverage in advocacy with the national government for a national PBL action plan
- Through public/private/ngo partnership fill the gap in availability of eye glasses, particularly for children ensuring this is tied in to the growing schools screening component
- Continue partnership with the university hospital as having students participate both helps projects on the ground and contributes to awareness-raising and public health commitment of young ophthalmologists







