

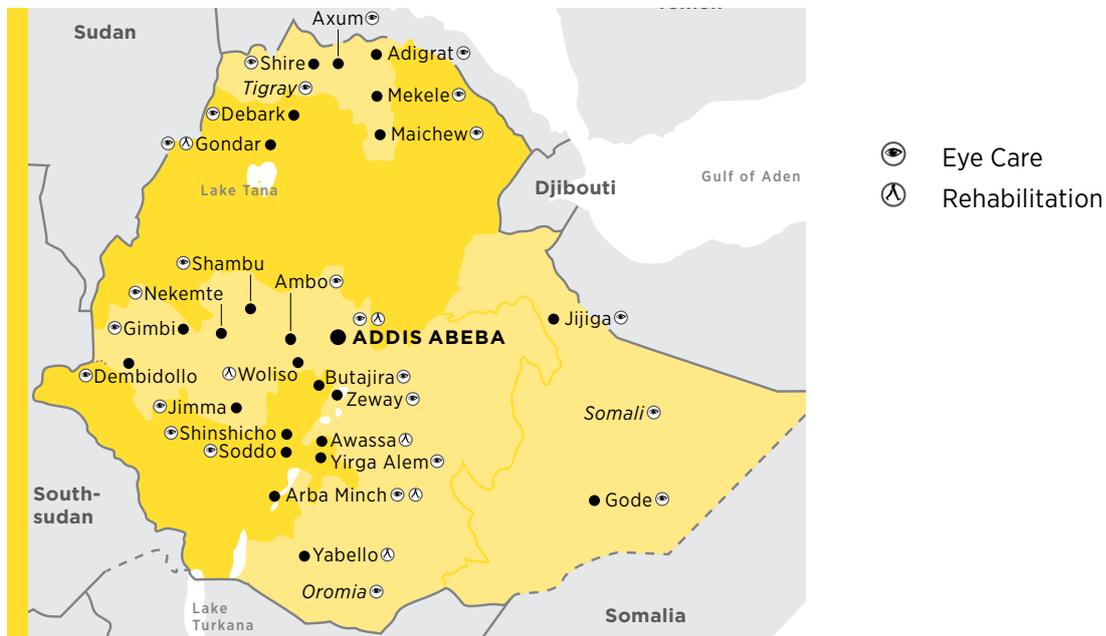
ETHIOPIA
IMPACT EVALUATION
COUNTRY STRATEGY 2012-2015
REPORT SUMMARY





*Patients after cataract surgery at an
ophthalmic outreach near Lake Tana.*

LIGHT FOR THE WORLD IN ETHIOPIA



Introduction

LIGHT FOR THE WORLD's strategy in Ethiopia is to strive towards an inclusive society where persons with disabilities are empowered, participate and can access basic services in mainstream society. It tries to achieve this through focusing on three areas:

- Promotion of eye health and prevention of blindness as well as elimination of neglected tropical diseases.
- Rehabilitation of persons with disabilities and prevention of disabilities through community-based rehabilitation (CBR) and inclusive education for children with disabilities.
- Fostering inclusive development so that no one is left behind in benefiting from development interventions.

An evaluation of the country strategy was carried out by six external consultants between February and March 2015.

The evaluation objectives were to

- Take stock of the results of the 2012-2015 country strategy
- Shape the next Ethiopia country strategy

The evaluators focused on four closely connected perspectives:

- 1. Change in systems¹ with community-based rehabilitation projects as case studies
- 2. Changes at individual and community levels with a social return on investment through analysis of a secondary eye care unit
- 3. Capacity development of partners and alliance building
- 4. Internal capacity and cooperation of LIGHT FOR THE WORLD

The methods used by the evaluators:

- Ten project site visits to Wolayta Soddo, Arba Minch, Hawassa, Butajira and Ambo
- Four participatory workshops with 51 internal and external stakeholders
- Semi-structured key informant interviews and discussions with 66 people, as well as several focus group discussions were conducted with people who were programme beneficiaries and their families, community members, traditional leaders, representatives of government, partners, disabled people’s organisations (DPOs), coalitions and alliances, international non-governmental organisations (INGOs), UN agencies etc.
- A day was spent in the LIGHT FOR THE WORLD country office for Perspective 4 (see below) that included random spot checks of the monitoring and evaluation system and its records, the capital assets, the finance system and the records register.
- Desk based document review

Key findings and recommendations

A. System change (Perspective 1)

Finding
 LIGHT FOR THE WORLD’s partners are influencing strategy and policy at regional and national levels.

Recommendation
 Developing an explicit strategy for stakeholder’s dialogue.

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 1 Policy development and implementation

The findings show that the programme was successful in contributing to a more inclusive society in the intervention areas of community-based rehabilitation projects in Arba Minch and in Hawassa as well as at the federal level to a lesser degree. This was achieved through positive influence created by the project outcomes. It has resulted in a certain level of policy dialogue and change as well as awareness raised at the different levels.

LIGHT FOR THE WORLD's strategy of facilitating stakeholder's dialogue through its partners and with like-minded organisations is a good one which has helped to influence policy change and implementation at macro, meso and micro levels. There is a need to further strengthen this work in order to address the gap in policy implementation and disability mainstreaming. In addition to dialogue with stakeholders, awareness raising on inclusive legislation, provision of funds and technical support are key to policy change.

The programme was successful in creating access to education, health and social services for many children and other persons with disabilities in the intervention areas. However, in areas where such intervention does not exist, there are many children with disabilities who are hidden in their homes and persons with disabilities are generally excluded from social, educational, health and economic development. Gaps identified with regard to access to services included insufficient sign language training, weak enforcement of regulations on physical accessibility and lack of opportunities for persons with disabilities to benefit from developments in the housing sector.

The practice of joint planning and implementation of the programme with stakeholders, together with the technical support provided for developing and implementing the action plans of disability focused service providers, contributed to the ownership of the programme by all stakeholders. However, key stakeholders felt that the number of persons with disabilities hired through partners and through LIGHT FOR THE WORLD should be given greater attention in the future.

Resource and experience sharing and use of existing structures which advance mainstreaming are not expensive.

The following activities should not be neglected:

1. Communication and awareness raising at all levels
2. Creation of disability focused structures including the establishment of DPOs
3. Strengthening coordination
4. Facilitating dialogue to influence system change at all levels

The contribution of the programme towards the creation of relevant laws and regulations, and the allocation of funds and resource mobilisation from the different stakeholders, including government sectors, for carrying out disability focused work was immense.

B. Individual and community level change (Perspective 2)

Finding

Genuine community participation and downward accountability at all stages of the project cycle is limited.

Recommendation

Provide help for partners on how to properly include people involved in their programmes and wider stakeholders – more participation, not just consultation, at all levels and stages.

The secondary eye care unit (SEU) at Wolayta Soddo, which LIGHT FOR THE WORLD has supported since 2010, served as the case study for evaluating change at individual and community level.

Over the period 2010-2014 the secondary eye care unit provided around 86,000 consultations. It carried out over 14,000 operations while more than 17,000 people had access to refractive services or received spectacles. In general, the number of consultations and operations shows a steady increase over the five-year period.

Eye diseases are a widely prevalent, but often neglected problem in Ethiopia. The SEU in Wolayta Soddo therefore provides a highly relevant service, both through the eye care provided at the unit and through the outreach services. Of particular note is that the poorest of the poor have access to the services. At the same time, however, women are not always able or in a position to access the services. Awareness about and attitudes towards persons with disabilities are addressed in a limited way and not always sufficiently by other actors in the area.

The SEU at Wolayta Soddo University is delivering secondary eye care services in a well organised, well equipped and well functioning manner. The effectiveness of the programme is achieved by the easy access to eye care offered by the unit, and the access for the poorer households through the outreach services in particular. Although limited targeted efforts have been made to address attitudes and stigma, the SEU has contributed to changing the attitude of community members towards persons with



Two men waiting to have their eye patches removed after cataract surgery in the Wolayta Soddo SEU.

disabilities and their families. This may be mostly a result of the successful treatments carried out by the SEU which show community members that eye disorders are not contagious or caused by superstition.

Considerable evidence was found of the SEU's impact at micro (mainly) and meso level. The changes include economic empowerment, improved personal, family and psychological wellbeing, increased access to education, changed attitudes towards persons with disabilities, increased participation of persons with disabilities in the community, and enhanced commitment of the government to eye care issues. It can be argued that this impact can largely be attributed to the SEU, as there are no other service providers in the area.

The SEU has proven to be an effective and important intervention, contributing to the wellbeing and welfare of people and their communities. It is important that this added value of the SEU is maintained and strengthened where possible.

Eleven recommendations are presented below based on the participatory evaluation process:

1. Integrated approach: Although the secondary eye care unit is effective in service delivery, it is fairly isolated. It can be argued that a more integrated programme

approach, involving multiple actors, would achieve wider quantitative and geographical coverage.

2. Detailed record keeping: More detailed record keeping at the secondary eye care unit would help to better capture who exactly is reached by the services provided. Moreover, it may help to identify trends and ensure that prevalent problems are effectively addressed promptly.
3. Outreach services for pro-poor service delivery: Outreach services are extremely valuable as a pro-poor service delivery system. Efforts should be made to secure the continuity of these services, and possibly to intensify them. These efforts should include the allocation of sufficient resources for the outreach services, including e.g. human resources and transportation (a car).
4. Community outreach and mobilisation: Community outreach and mobilisation (communication for social and behaviour change) could be strengthened. Although this is not primarily the mandate of the secondary eye care unit, it is considered critically important to ensure a strategic approach and proper coordination among actors involved. It is important that there is clear leadership in this area.
5. Community leaders and health extension workers: Following from recommendation 4, it can be argued that strengthening the capacity and role of community leaders and health extension workers would be worthwhile, given the fact that they are key players in community mobilisation. They can also be drivers for change in community attitudes with regard to eye disorders and disabilities.
6. Awareness raising: This requires more concerted efforts. There appears to be a need for other players to step in or strengthen their performance. Stakeholder dialogue may be required to strengthen the performance and commitment of the government in particular.
7. Inclusion: Although the secondary eye care unit enables the reintegration and inclusion of people who used to have eye disorders through treatment, it does not directly address the issue of inclusion. Action should be taken to ensure inclusion is on the agenda at micro and meso levels. For this, coordination and collaboration with actors specialised in stigma reduction and social inclusion is recommended.
8. Communication LIGHT FOR THE WORLD-secondary eye care unit: It is recommended that LIGHT FOR THE WORLD connect more closely and frequently with the secondary eye care unit partner. This fosters coordination and alignment, and ensures that issues are addressed promptly.

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"I grew up here near the Damot Mountain but I never really could see it clearly till after my operation. Only then I realised how beautiful the mountain is."

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- Mrs. Felekech Halacho (aged 68)
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"I now believe that people with disabilities can work and change their situation. My attitude was similar to that of the community. I did not believe that they could change. Now, when I saw that they have changed, I am motivated and want to work more."

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*- Community Worker
Cheshire Services Ethiopia*
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"Life is not the same as before. It has changed. I am the owner of my business. Business is also good. I am happy."

.....
*- A woman with disability
engaged in tea and coffee brewing and selling*
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9. Sustainability: This is problematic. In view of the fact that the current financing ends in 2016, it is recommended that consultation with relevant actors on the sustainability issue is started. Discussions should take place as soon as possible.
10. On the issue of a teaching mandate: Strategic discussion must take place on balancing a possible reduction in patient coverage against impact in terms of capacity building in ophthalmology nationwide (for society as a whole). LIGHT FOR THE WORLD is a stakeholder in this debate and should be involved.
11. In reflecting on the evaluation in general it was noted that the process was complicated by the limited dedicated time available of LIGHT FOR THE WORLD staff members. It is recommended that LIGHT FOR THE WORLD reserve more time for reflection and learning, e.g. through involvement in processes like programme evaluations. An opportunity was missed for using part of the evaluation process as a capacity building exercise, for example by adding 1-2 days for training in evaluation field work for partners and LFTW staff and then engaging them in the evaluation process.

C. Capacity development and alliances (Perspective 3)

Finding 1

Some initiatives are isolated and lack connectedness / integration with structures that could increase impact. A good example is the Wolayta Soddo secondary eye care unit.

Recommendation 1

Integrate stakeholder's dialogue and networking skills' development into partner capacity building / project design and systematically facilitate exchanges with partners who are more advanced in this. In the case of the Wolayta Soddo secondary eye care unit this would mean developing the kind of proactive relationships with key stakeholders and service providers achieved by the Arba Minch Rehabilitation Center.

Finding 2

Partner capacity building could be more comprehensive and systematic, e.g. partners had not been visited on a regular basis.

Recommendation 2

Develop a more strategic and comprehensive approach to partner capacity building. This should include both hard (e.g. finance, surgeon training, fiscal sustainability, proposal writing etc) and soft skills such as leadership development, communication, networking, management skills and community engagement / participation.

Finding 3

Lack of synergy among international agencies supporting common partners.

Recommendation 3

Support government locally and directly where possible to improve its coordination and its oversight role by making regional and national government policy the centre for external partner support and the basis of better strategic coordination and support to common partners.



A little girl with a physical disability trains with her field worker from the community-based rehabilitation programme Arba Minch.

The perspective on capacity development envisaged strengthening partners' competence with regard to content in the areas of eye care and community-based rehabilitation as well as improved organisational / institutional capabilities. Strong alliances and networking with different institutions (public and civil society) are considered important for advancing LIGHT FOR THE WORLD's strategy and ensuring the sustainability of its programmes. Enhancing capacities of partners and playing a meaningful role in networking are essential to achieving the desired objectives and envisaged results of the country strategy.

CAPACITY DEVELOPMENT

Capacity development support is planned during the initial stages of a partnership to determine whether LIGHT FOR THE WORLD should proceed with the relationship. This is done using a partner assessment sheet that covers a range of organisational and institutional issues. The assessment result brings out strengths and issues for capacity development support to enable LIGHT FOR THE WORLD to provide the required services. The organisational and institutional capacity of partners is not continuously and systematically evaluated to identify the outcomes of the support and to identify further capacity development needs.

Capacity development, like the training provided for partner staff e.g. field workers and governmental health extension workers, has been highly valued and is believed to have improved their capacity in service delivery. It has been instrumental in outreach and community-based activities for some partners – these areas have not been addressed with others. The individual training for senior management, including on Project Cycle

Management (PCM), has contributed to better programme management. However, LIGHT FOR THE WORLD needs to give more attention to the different aspects of capacity development, e.g. organisational, strategic and institutional. This was also a finding in the Burkina Faso evaluation. LIGHT FOR THE WORLD should develop its approach to capacity development to suit the needs of different levels of partners based on systematic and on-going assessment.

The capacity development support could strengthen partners' capabilities more effectively if monitoring is more systematically and regularly carried out. It appears weak over the past year. Results need to be more systematically documented and shared. Monitoring should also reflect the issues that need to be done differently or better, and document decisions recommended for action with defined responsibilities and time frames.

ALLIANCES

In some cases two or more international agencies support the same partner. It was learned that the support is provided through bilateral agreements between the partner and the funding INGO. Though there may be information on who is doing what and where, the funding organisations do not seem to have shared plans, strategies and responsibilities defining the desired role of each party in their support of a common partner. Coordination and work on shared responsibilities should be improved in order to enhance experience sharing, learning and leave the partners stronger.

For LIGHT FOR THE WORLD to achieve its overall objectives, the following are recommended:

1. Develop a strategic approach to capacity development of partners. Consider accessibility of the support (e.g. technical content as well as management and finance) to admin and finance officers of partner organisations.
2. Promote a stronger culture of reflection and learning among partners, which helps identify issues that need improvement in the future. The capacities of partners should be more regularly evaluated or assessed to identify outcomes of previous support and, where necessary, to suggest further needs for capacity development.
3. Strengthen the "Learning Space" platform to encourage and strengthen peer learning among partners.
4. Thoroughly look into the organisational and institutional capabilities of CBRN-E to enable it to contribute to achieving the strategic objectives of LIGHT FOR THE WORLD and play a supportive role in the disability movement.
5. LIGHT FOR THE WORLD should, as current chairperson of the INGDO Forum, take the lead in playing an effective and strategic role on eye care. LIGHT FOR THE WORLD should facilitate the collaborative development of a mechanism to eliminate harmful competition among eye care professionals because of its detrimental effect on delivering services.



A woman in a wheelchair weaving baskets and selling them at the market.

6. LIGHT FOR THE WORLD should facilitate and encourage linkages with local development organisations (NGOs) that have community-based development activities aimed at improving livelihoods. Similar linkages need to be developed with Micro Finance Institutions that make resources (capital) available for persons engaged in the informal private sector.
7. Coordination is needed to strengthen interventions that protect women with disabilities and improve their economic life in collaboration with relevant stakeholders.

D. Internal capacity and cooperation (Perspective 4)

Finding

Lack of clarity in the roles and responsibilities of the country office, Vienna office, Unit for Programme Support and International Advocacy (in relation to the country office) and LIGHT FOR THE WORLD Netherlands and Czech Republic (Lead concept).

Recommendation

Urgently review roles and responsibilities in an open and participatory process.

Areas for attention include to:

1. Maintain LIGHT FOR THE WORLD's clear people centred approach – not projects and not the organisation.
2. Continue to articulate LIGHT FOR THE WORLD's relationship based partnership approach.
3. Fully consider the impact of increased restricted funding on the organisation's identity and value added.
4. Review internal capacity needs jointly with development of the new strategy.
5. Re-visit the roles and responsibilities of the country office and Vienna office.
6. Support country office staff on work planning and personal efficiency.
7. Take measures to ensure that everyone feels their voice is heard and that communication is at a premium.

LIGHT FOR THE WORLD is a nice organisation to work with. The openness and commitment of staff and the clear results of partners have a transformative impact on the lives of persons with disabilities, their families and communities. The organisation is currently facing a challenge in maintaining the experience of what has shaped the organisation and what is clearly working with the challenges of restricted grant management. It is very important that the roles and responsibilities of the country office, Vienna and Unit for Programme Support and International Advocacy are reviewed as outlined in the report. The same issues emerged in the Burkina Faso Country Strategy Evaluation.

Conclusion

LIGHT FOR THE WORLD's programme in Ethiopia is relevant for the target group and the society as a whole. It is successful in contributing to a more inclusive society in the intervention areas and has resulted in positive effects for a large number of individuals, their families and their communities. Changes could be achieved at community and regional level, although challenges remain in the translation of policy into practice. Persons with disabilities and communities need to be at the centre of creating a more inclusive society. Greater synergy and collaboration between the actors involved can bring about further positive changes. Evaluation is finally about learning and improvement. The challenge is now to act on this learning.

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“Before the intervention by Cheshire, we used to ask ourselves why children with disabilities were coming to school. Now we have witnessed how they can learn and even excel in education like all other students. We work with parents to identify children with visual impairments and help them to sit in the front and get eye glasses through referral.”

- Teacher and member of the Parent Teacher Forum
Tekdem Primary School, Awassa
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ACKNOWLEDGEMENTS

LIGHT FOR THE WORLD would like to thank all its implementing and strategic partners in Ethiopia. Without your engagement and determination to bring about an inclusive society for persons with disabilities, the changes mentioned above would have not been possible. We would also like to thank all the individual and institutional donors of our programme in Ethiopia.

If you have any questions or comments about the evaluation and its findings, please do not hesitate to contact us:

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LIGHT FOR THE WORLD supports its partners to provide comprehensive eye care and access to education, rehabilitation and livelihood for everybody.
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