

Appraisal of Sustainability of Kwara Eye Care Programme: Post Non-Governmental Organization Support

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Background: Kwara state is one of the 36 states in Nigeria with 16 local government areas and an estimated 4 million population.¹ Kwara Eye Care Programme was initiated in 2003 with the support of Sightsavers, a Non-Governmental Organization (NGO) with the aim of eliminating avoidable blindness in Kwara State. The programme enjoyed two cycles of support from Sightsavers during which set targets were met and landmark achievements recorded through the collaboration. Sightsavers ended financial support in 2013 with full devolution of the programme to the state government. Seven years after, service delivery is ongoing, human resources and infrastructural development have been reinforced to sustain the impact of the programme directly through the state government-based direct coordination.

Challenges to sustainability that have been highlighted in studies especially in Africa includes poor funding, weak political will, limited local counterpart capacity, donor dominance during the project and overly ambitious designs of project.^{2,3} This study therefore aims to appraise how the State Government was able to sustain the formerly co-funded project.

Methods: This was a qualitative study which involved interviewing of patients, relatives of patients, service providers and government officials. We also reviewed the end of program

report (2013),⁴ Key Performance Indicators (KPI) (2013-2020) and observational check list. These include the number of ophthalmic personnel, acquisition of equipment, infrastructural upgrade, surgical services for cataract and glaucoma, numbers of patients seen (new and old) as well as outreach services and access to financial resources. Diffusion of innovations theories were also used to assess level of sustainability using 4 attributes (relative advantage, compatibility, complexity and triability).⁵

Results: The results showed availability of accessible ongoing services (at 3 base hospitals) through affordable out of pocket payment and social safety nets with cataract surgical output being steadily maintained between 2817 and 2248 from year 2013 till end of 2019 (Figure 1). KPIs in year 2020 were grossly impaired by the general restriction in movement/lockdown as part of the measures instituted to combat the COVID-19 pandemic in the state.

Budgeted funds are now being released by the State government for outreach services, procurement of equipment (Table 1) and infrastructural upgrade. The recently introduced monthly running cost is being sustained while the erstwhile unit driven drug/consumable revolving system has been modified with more involvement of the central supply chain. Human resources have increased in number (Figure 2) and are self-motivated. The presence of additional 5 Ophthalmologists had enhanced overall steady output, access to specialists, concomitant improved quality of care and improvement in their respective capacity to deliver high volume surgical services.

Identified challenges include weak coordination among the now independent base hospitals, low compliance to newer government policies, attrition of Ophthalmologists and Ophthalmic nurses, gaps in record keeping, COVID-19 pandemic and

Table 1: Level of sustainability of the different aspects of eye care achieved by the State government

	Sustainability	Relative* Advantage	Compatibility**	Triability***	Complexity	Score 20
Train Ophthalmologist	Yes	4	4	4	3	15
Train Ophthalmic nurses	Yes	4	4	3	3	14
School eye health	No	1	3	1	1	6
Outreach services	Yes	3	4	4	3	14
Supply of surgical Equipment and consumables	Yes	4	4	4	3	15
Budget Release	Yes	5	4	4	2	15
Facility based consultation	Yes	5	4	4	4	17
Cataract and Glaucoma surgery	Yes	5	4	4	4	17
Refraction/Optical services	Yes	5	5	4	4	18

* *Relative Advantage:* This compares the expected advantage of the new initiative with the benefits provided by the previous one that it replaced.

** *Compatibility:* This is perceived when the new idea or technology introduced by the innovation is consistent with the mandate of the adopters or the adopting system and does not require significant modifications from the adopters.

*** *Triability:* The notion that an innovation can be tested on a small scale.

Complexibility- perceived difficulty in understanding a new idea or using a new technology^{5,7}

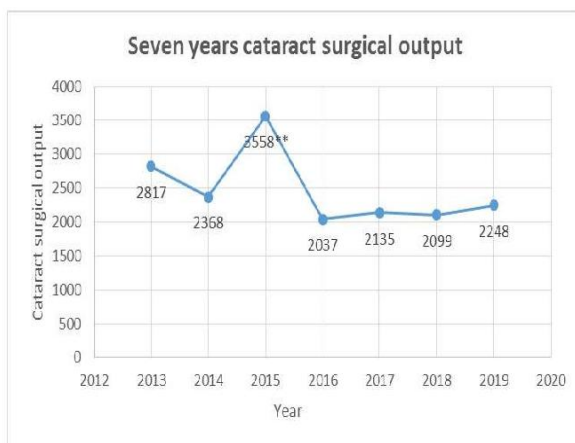


Figure 1: Trend in cataract surgical output in Kwara eye care program over 7 years

**Spike is on account of a one-off mass cataract surgical intervention by another collaborating donor organization.

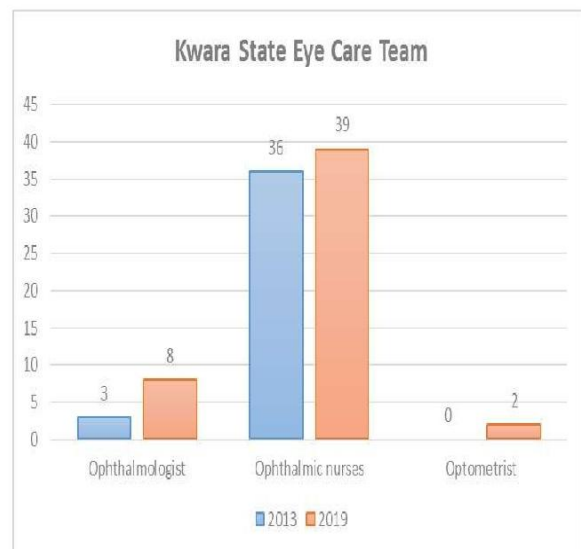


Figure 2: Human resource development by the State government

unsatisfactory remuneration breeding the quest for private practices.

Conclusion: Seven years down the line, the Kwara State Eye Care Programme has remained relevant as a state government solely driven eye care project and has remained impactful in providing quality services for common blinding diseases. The success recorded so far, as reflected in Table 1, indicates that most of the indices were close to the optimal score of 20, which translates to an overall good level of sustainability. Meanwhile, the scope of service delivery has been poorly encompassing for school eye health, with a low score of 6, owing to weak central co-ordination, limited resources (for training, retraining of teachers, coverage and monitoring) and reduced motivation. Unlike many other co-funded programmes in the state that go into oblivion following the exit of the NGO⁶, this study revealed that the state government has shown greater commitment to ownership in funding and sustaining the programme. In place are, proper budgetary allocation, impactful use of resources, appropriate subsidy and passionate human resources. There is need to ensure that members of the workforce are well motivated in order to retain specialists thereby sustaining quality service delivery.

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