UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH AND SOCIAL WELFARE

NATIONAL EYE CARE STRATEGIC PLAN 2011-2016

March 2011

LIST OF ABBREVIATIONS:

AMO-O	Assistant Medical Officer-Ophthalmology
BCC	Behavior Change Communication
CBHW	Community Based Health Workers
CBM	Christoffel-Blindenmission/Christian Blind Mission
CCBRT	Comprehensive Community Based Rehabilitation in Tanzania
CCHP	Comprehensive Council Health Plan
CHMT	Council Health Management Team
CME	Continued Medical Education
CPD	Continuous Professional Development
CSR	Cataract Surgical Rate
DEC	District Eye care Coordinator
DCS	Director of Curative Services
DHR	Director of Human Resource
DIT	Dar es Salaam Institute of Technology
DPS	Director of Preventive Services
DR	Diabetic Retinopathy
EACO	Eastern Africa College of Ophthalmologists
EPI	Expanded Programme on Immunization
FLHW	Front Line Health Workers
HMIS	Health Management Information System
HKI	Helen Keller International
HRD	Human Resource Development
IEC	Information Education and Communication
INGDO	International Non-Governmental Development Organization
KCMC	Kilimanjaro Christian Medical Centre
MNH	Muhimbili National Hospital
MoHSW	Ministry of Health and Social Welfare
MOU	Memorandum of Understanding
MSD	Medical Stores Department
MTEF	Medium-Term Expenditure Framework
MUHAS	Muhimbili University of Health and Allied Sciences
NACTE	National Council for Technical Education

NECP	National Eye Care Programme
NPBC	National Prevention of Blindness Committee
NTD	Neglected Tropical Diseases
OAs	Ophthalmic Assistants
ONs	Ophthalmic Nurses
PEC	Primary Eye Care
PHC	Primary Health Care
PP	Private Partnership
RAAB	Rapid Assessment of Avoidable Blindness
RCHS	Reproductive and Child Health Services
REC	Regional Eye care Coordinator
RHMT	Regional Health Management Team
SCB	Standard Chartered Bank
SHP	School Health Program
SP	Strategic Plan
SS	Sightsavers
TFDA	Tanzania Food and Drugs Authority
TFNC	Tanzania Food and Nutrition Centre
TOT	Training of Trainers
TT	Trachomatous Trichiasis
VAS	Vitamin 'A' Supplementation
WHO	World Health Organization
ZTCs	Zonal Training Centres

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FOREWORD

The National Eye Care Strategic Plan, 2011 – 2016, provides an overview of the priority strategic directions, across different stakeholders, and these are guided by the Millennium Development Goals, Vision 2025, The National Strategy for Growth and Reduction of Poverty (2010) (MKUKUTA) National Health Policy (2007), the Health Sector Strategic Plan III (2009-2015), The Primary Health Services Development Program (2007-2017) MMAM and National Package of Essential Health Interventions in Tanzania (2000). This plan serves as the guiding document, for the development of Eye Care implementation plans, at all levels.

Tanzania developed the first National Eye Care Strategic Plan (2004-2008), with the aim of providing better access and quality eye care services in the country. The review findings of the plan, formed the basis of developing the new NECP Strategic Plan (2011-2016). The purpose of this second planning, was to have clearly defined objectives, activities and key performance targets, that will enable in the realisation of the Global Vision 2020 Initiative goals.

The formulation of the National Eye Care Strategic plan (2011 – 2016), was also regarded as a valid opportunity to include Policy Strategies, that are addressed in the National Eye Care Policy guidelines (2007). The implementation of this plan, will involve all eye care stakeholders, through the Public Private Partnership Approach.

It is my hope that, all the key implementers, will be committed in utilizing this framework, for planning their annual activities, with the aim of improving the eye care services. This will enable us to reach the Ultimate Goal, of, eliminating avoidable blindness in the Country, in line with the Global Vision 2020 initiative and the Health Policy.

Blandina S. J.Nyoni
Permanent Secretary
Ministry of Health and Social Welfare

ACKNOWLEDGEMENT

The second National Eye Care Program Strategic plan (2011-2016), builds on the experiences and lessons learned from the first NECP Strategic Plan (2004- 2008). The process of developing the NECP Strategic Plan (2011 – 2016), was consultative and participatory, involving all key stakeholders in Eye Care services, in Tanzania.

We therefore wish to acknowledge, the technical inputs from collaborative academic institutions, both local and international, Non-Governmental Organizations and Government institutions.

Special appreciation goes to Sightsavers Tanzania country office for the financial support, throughout the process of developing this plan. We also wish to recognize the facilitation that was provided by Dr. Ladislaus Lwambuka in undertaking this process.

Since it is not possible to mention all those who contributed to the development of this plan, the Ministry of Health and Social Welfare, would like to register its sincere thanks, to all who were involved in one way or the other, in making this work a reality.

Last but not least, the NECP secretariat is acknowledged for its dedication, that led to the successful completion of this plan.

Dr Deo M. Mtasiwa
Chief Medical Officer
Ministry of Health and Social Welfare

EXECUTIVE SUMMARY

In developing the second National Eye Care Strategic Plan (2011-2016), consideration has been made to take into account relevant existing policies, guidelines and operational documents such as Millennium Development Goals, Vision 2025, The National Strategy for Growth and Reduction of Poverty (2010) MKUKUTA, National Health Policy (2007), the Health Sector Strategic Plan III (2009-2015), The Primary Health Services Development Program (2007-2017) MMAM and National Package of Essential Health Interventions in Tanzania (2000). The review findings of the first National Eye Care Strategic Plan (2004-2008) formed the basis for developing the new NECP Strategic Plan (2011-2016).

The main objective of this strategic plan is to ensure that Eye care services in the country are significantly improved.

There are seven chapters in this document. Chapter one provides a brief background including introduction to the National Eye Care Program and the current status of eye care services in the country. Chapter two describes the findings of the review of the first NECP Strategic Plan (2004-2008), which revealed general inadequacy of eye care services in the country. Chapter three gives the rationale and the methodology followed in developing this plan while chapter four narrates the vision, mission, goal, purpose and specific objectives of the 2011-2016 National Eye Care Strategic Plan. Chapter five describes activities under each specific objective as well as the implementation design in matrix form, which entails activity milestones, timeframe, responsible person, performance indicators and cost implications. NECP Strategic Plan Implementing partners are also described in this chapter. Chapter six describes how the monitoring and evaluation of this plan will be conducted with particular focus on monitoring of activities and impact evaluation of the plan. Chapter seven gives the summary budget estimate for implementation of this plan.

The achievement of the set objectives of this plan depends on the effective coordination by the NECP, active participation and involvement of all internal and external stakeholders and availability of resources solicited at activity level.

1 BACKGROUND

1.1 Introduction:

The effort and commitment by the Government of Tanzania against diseases can be traced back to 1960's when disease, ignorance and poverty were declared as the enemies of the country's development. Since then various efforts and investments were made against those enemies to boost the overall national development. In the health sector, efforts to prevent and treat diseases to ensure the wellbeing of Tanzanians are undertaken by the Government in collaboration with development partners. Decentralization of the health sector, encouraging private investment in the health sector and cost sharing are among the efforts that were made to improve service delivery.

In terms of the policy context, the government is making several efforts in response to the global initiatives to improve the well being of Tanzanians by implementing international and local policies and strategies; these include Millennium Development Goals, vision 2025 and MKUKUTA.

Both global and local efforts to strengthen health sector are overseen by the MOHSW through the implementation of the National Health Sector Strategic Plan.

1.2 National Eye Care Program.

The National Eye Care Programme (NECP) under the Ministry of Health and Social Welfare (MoHSW) has its mandatory function to monitor and coordinate all eye care services in Tanzania mainland. In response to the Global Vision 2020 Initiative, the Government of the United Republic of Tanzania is committed to eliminate avoidable causes of blindness from the country. The Government's commitment was initially marked by the ratification of the Vision 2020 Initiative in 2003, which was followed by the development of five year (2004-2008) National Eye Care Strategic plan.

The organization structure of NECP, and the roles and responsibilities at different levels are attached in Appendix 1. At all levels a public private partnership approach is fostered.

1.3 Current Eye Care status and services in Tanzania.

Eye conditions are among the top ten diseases in Tanzania (Health Statistics Abstract 2008). Population Based Blindness survey has not been conducted, thus the actual National level blindness prevalence is not known. However, WHO estimates the prevalence in the developing countries to be ranging from 0.5% to 1%.

While this estimate might not give us the true picture, a survey that was done in a trachoma endemic district in the country revealed a prevalence of 3.5% (Nyaluke P et al, 2008).
According to the WHO, the leading causes of blindness in the country are cataract 50%, corneal blindness 20% and glaucoma 10%. Other causes such as uncorrected refractive errors, retinal and optic nerve diseases, diabetes retinopathy, maculopathies, genetic anomalies and albinism account for the remaining 20%.

Eye Care services are being provided at all levels of health care delivery services, i.e. referral, regional, district hospitals and primary level health facilities. These services are inadequate in terms of human resource and infrastructure. Currently there is one ophthalmologist per 1.3 million populations.

2 REVIEW OF NECP STRATEGIC PLAN 2004-2008

In order to target for an effective impact of NECP towards eliminating the prevalence of avoidable blindness in Tanzania, the NECP developed a five-year strategic plan 2004-2008. The objective was to attain a focused implementation of the programme resulting into sustainable quality eye care services to the Tanzanian community.

As part of the programme monitoring strategy, internal mid-term and final reviews of the strategic plan were undertaken in 2005 and 2008 respectively. Generally, the reviews found that eye care services in the country are inadequate for several reasons including:

1. Inadequate infrastructure.
2. Scarcity of skilled human resource in eye care services at all levels.
3. Low performance of available eye care personnel.
4. Limited awareness of community on eye diseases and control measures.
5. Ineffective coordination of eye care services.

3 RATIONALE AND METHODOLOGY

3.1 The Rationale

As NECP Strategic Plan 2004-2008 came to an end and in response to the final strategic plan review findings, a planning exercise for the next 5 years was considered imminent. In addition, this was regarded as a valid opportunity to incorporate the provisions of the National Eye Care policy guidelines 2007 into NECP activities.

The projected purpose of this planning exercise was two fold:

1) To have clearly defined objectives, activities, and performance targets and

2) To have a monitoring and evaluation framework to ascertain the impact of NECP activities towards attainment of Vision 2020 Initiatives.

3.2 Methodology

The methodology adopted in developing the NECP Strategic Plan 2011-2016 was participatory involving key stakeholders of NECP. These include NECP National Coordination office at MoHSW, NECP Partners and Representatives from the Training Institutions, Eye Care Service Providers as well as the NECP Beneficiaries.

This approach was aimed at promoting ownership among key implementers of NECP.

An external and neutral expert, who guided the participants through a log frame process, facilitated the planning exercise.

4 VISION, MISSION AND OBJECTIVES

The Vision and Mission are in line with those in the National Health Policy.

4.1 Vision

To have a healthy Society that will contribute effectively to personal and national development.

4.2 Mission

The mission is to provide comprehensive eye care services, which are of acceptable standards, accessible, affordable and sustainable.

4.3 Objectives

4.3.1 Goal:

To contribute towards the realisation of global Vision 2020, the right to sight initiative.

4.3.2 Purpose

Eye care services in the country significantly improved

4.3.3 Specific Objectives.

SO 1. Accessibility to eye care medicines, supplies and consumables improved

SO 2. Appropriate eye care infrastructure and functional equipment in place

SO 3. Skilled human resources in eye care services made available at all levels

SO 4. Performance of available eye care personnel improved

SO 5. Awareness in the community on eye diseases and control measures improved

SO 6. Eye care services effectively coordinated

Table 1: The Log-frame Summary

<table>
<tr><th>OBJECTIVES</th><th>OBJECTIVELY VERIFIABLE INDICATORS</th><th>MEANS OF VERIFICATION</th><th>IMPORTANT ASSUMPTIONS</th></tr>
<tr><td>GOAL: To contribute towards the realisation of global Vision 2020, the right to sight initiative.</td><td>Vision 2020 Initiative objectives attained</td><td>❑ WHO reports</td><td></td></tr>
<tr><td>PURPOSE:

Eye care services in the country significantly improved</td><td>❑ Prevalence of avoidable blindness in the country reduced by

<table><tr><th>Yr.</th><th>June 2013</th><th>June 2016</th></tr><tr><td>%</td><td>10%</td><td>20%</td></tr></table>
From the current level (refer activity 6.11)</td><td>❑ RAAB reports at NECP</td><td></td></tr>
</table>

SO 1: Accessibility to eye care medicines, supplies and consumables improved	❑ By June 2016; 40% of referral and regional hospitals have established a system of procuring medicines, supplies and consumables for eye care through MSD. ❑ By June 2016; 30 district hospitals have established a system of procuring medicines, supplies and consumables for eye care through MSD. ❑ By June 2014, 30 districts have established inventory of other sources of medicines, consumables and supplies.	❑ MSD and hospital ledger books	
SO 2: Appropriate infrastructure and functional equipment in place	❑ By June 2016; 1 National, 3 referral and 10 regional hospitals have at least 80 % of the appropriate infrastructure and functional equipment as per NECP- SP (Appendix 3) compared to 1 national, 1 referral and 6 regional hospitals in 2011. ❑ By June 2016 budgetary allocation for eye care services at all levels increased by 50% from current level. *(Ref. Activity no 6.12)*	❑ NECP annual progress report ❑ Hospital inventory ❑ CCHP monitoring reports of 2011-2016.	
SO 3: Skilled human resources in eye care services made available at all levels	❑ By June 2016; 1 national and 3 referral hospitals in Tanzania are manned by 60% of the minimum core eye care team *(Appendix 2)* ❑ By June 2016; 7 regional hospitals are manned by 70% of the minimum core eye care team *(Appendix 2)* ❑ By June 2016; 30 districts hospitals are manned by 60% of the minimum core eye care team *(Appendix 2)*	❑ HRD survey and reports at NECP ❑ HRD database.	❑ Recruited eye care personnel stay where they are posted

SO 4: Performance of available eye care personnel improved	❑ By June 2016; all regions with cataract surgeon increase CSR by 20% compared with baseline in 2011 (TBD) ❑ By June 2016 number of cataract surgeries per surgeon increased by 20% compared to baseline in 2011 (TBD). ❑ By June 2016; Trachomatous Trichiasis surgeries per surgeon increased by 50% in trachoma endemic districts compared with baseline in 2011(TBD). ❑ By June 2016 the proportion of patients requiring spectacles/low vision aids increased by 40% compared to baseline 2011 (TBD) ❑ By June 2016 the proportion of diabetic patients screened for diabetic eye condition increase by 40% compared to baseline 2011 (TBD)	❑ Quarterly reports from RECs and DECs to NECP	
SO 5: Awareness in the community on eye diseases and control measures improved	❑ By June 2016; number of patients attending eye care facilities in Tanzania increased by 50% from the current level in 2011. ❑ By June 2016 all trachoma endemic districts conducting MDA attain annual therapeutic coverage of at least 80%. ❑ By June 2016, the knowledge of community on trachoma, glaucoma, cataract, childhood blindness and diabetic /hypertensive retinopathy, onchocerciasis, HIV related eye diseases increased by 20% from the current level.(TBD)	❑ NECP database on numbers of eye patient in 2011 and 2016. ❑ MDA reports. ❑ KAP study results.	

SO 6: Eye care services effectively coordinated	❑ By June 2016; 5 underserved regions of mainland Tanzania (Rukwa, Kigoma, Lindi, Mtwara and Tabora) have at least 50% of needed eye care partners support compared to 0% in 2011. ❑ By June, 2012; all eye care services partners and personnel have legal permit to practice. ❑ By June 2016; NECP has an established database for eye care. ❑ By June 2012; the country has a functioning NPBC.	❑ NECP database on regions with partner support in 2011 to 2016 ❑ Registrars reports ❑ NECP database. ❑ NPBC minutes.	

5 NECP ACTIVITIES AND IMPLEMENTATION DESIGN

5.1 NECP activities.

Table 2: The 5-year (2011-2016) NECP Activities

SO 1: **Accessibility of eye care medicines, supplies and consumables improved**
Activities
1.1 Consult /engage MSD/Chief pharmacist on issues related to medicines and supplies. 1.2 Prepare and submit a comprehensive procurement list and budget including credible suppliers of essential medicines to MSD, and update regularly. 1.3 Develop a feasible strategy upon which National, Referral, Regional and District hospitals can procure medicines and supplies outside MSD system. 1.4 Recruit technical personnel to oversee the logistics of supplies and consumables from MSD and other sources for the whole country. 1.5 Develop effective strategy of applying for tax exemptions for white canes, low vision devices and special equipment procurements 1.6 Develop an application for a re-current grant to facilitate income generating initiatives (e.g. Establishment of optical workshops) at the selected referral and regional hospitals for submission to relevant development partners 1.6.1 Seek for approval to operate income generation projects autonomously 1.6.2 Develop a feasible mechanism of operating income generation projects including funds management system to sustain the project and become revolving fund 1.7 Engage the National Health Insurance Fund to support the bulk purchases of eye care supplies on behalf of public eye care units

SO2: **Appropriate eye care infrastructure and functional equipment in place**
Activities
2.1 Conduct and update ophthalmic equipment audit including functional status at all hospitals in the country 2.2 Support the Human Resource Development Initiative in Biomedical technology in relation to eye care. 2.2.1 Submit NECP requirements on ophthalmic equipment maintenance for inclusion in the training curriculum of biomedical engineers at DIT 2.3 Prepare effective guidelines leading to provision of basic equipment maintenance skills to eye care teams 2.4 Assess the ophthalmic equipment repair capacity of existing workshops (KCMC, CCBRT and Sauti ya Injili Moshi) 2.4.1 Disseminate the information on repair capacity of existing workshop to eye care service providers, and encourage regular maintenance. 2.5 Develop and implement a resource mobilization strategy for eye care infrastructure and equipment. 2.5.1 In collaboration with institutions and partners, upgrade ophthalmology departments at medical schools with essential equipment and working space.
SO 3: **Skilled human resources in eye care services made available at all level**
Activities
3.1. Develop a proposal on restructuring of training of Mid-level eye care cadres for submission to NACTE 3.1.1. Conduct situation analysis on training of Mid-level eye care cadres 3.1.2. Conduct stakeholders consultative meeting on restructuring of training of Mid-level eye care cadres. 3.1.3. Develop curriculum for training of Mid-level eye care cadres for submission to NACTE. 3.1.4. Develop training materials for Mid-level eye care cadres 3.2. Map the country eye care human resource need as basis for selecting candidates for in-service training in eye care and share with training institutions and department of HRD 3.3. Conduct orientation training to regional and district teams on their obligation in identification, referral and follow up of cases of all eye conditions 3.4. Identify and train 5 optometrists in low vision to support tertiary centres (regional hospitals: Dodoma, Iringa, Ruvuma and referral hospitals Mbeya and Bugando) 3.5. Orient Regional Optometrists in low vision to match with new developments. Back to back with 3.3. 3.6. Upgrade Mbeya and Bugando hospitals to be centres for Paediatric Ophthalmology. 3.7. Review and produce training manual on basic eye care for the FLHWs to incorporate new aspects of early detection of childhood blindness 3.7.1. Conduct TOT on basic eye care for FLHW to RECs and DECs 3.7.2. Conduct training on basic eye care to FLHW 3.8. Provide inputs into finalization of guideline for CBHWs to include eye care 3.9. Advocate for the introduction of Ophthalmic clinical rotation during internship for medical doctor graduates and AMO trainees. 3.10. In collaboration with training institutions and partners, establish attractive scholarship schemes for postgraduate and sub-specialty training.

3.11. Identify and train 5 ophthalmologist in sub-specialty courses (paediatrics, retina, oculoplastics, glaucoma)
***SO 4:*Performance of available eye care personnel improved**
Activities
4.1 Prepare CPD/CME plan and funding proposal for submission to partners supporting eye care services. 4.1.1 Seek audience with DHR to identify programs offered by ZTCs and applicable procedures for selecting candidates for CME/CPDs. 4.1.2 Seek a forum with relevant authorities to solicit inclusion of eye care workers in their CME/CPD programs. 4.1.3 Train district/regional surgical teams on new technologies through short-term attachments at referral/teaching hospitals. 4.2 Develop and implement a plan for outreach activities in regions and districts 4.3 Establish the current performance of eye care service providers (Refer to indicators above). 4.4 Sensitize surgeons/institutions to monitor cataract surgical outcome.
***SO 5:* Awareness in the community on eye diseases and control measures improved**
Activities
5.1 Develop an effective Eye Care health Promotion Strategy 5.1.1 Develop and disseminate BCC/IEC materials to promote early eye care health seeking behaviour. 5.1.2 Conduct cascade training on promotion of eye health 5.2 Train RCHS workers on child eye health and equip them with health promotion materials to use during Maternal, New born and child health promotion programs. 5.3 Organize/participate in commemoration of eye care related events (World Sight Day, World Glaucoma Day, World Diabetes Day, White Cane Day)
***SO 6:*Eye care services effectively coordinated**
Activities
6.1 Prepare a document depicting geographical distribution of partners including public and private eye care facilities. 6.2 Establish sub committees in NPBC focusing on key intervention areas with clearer TORs (ref activity 6.3) 6.3 Organise NPBC (twice per year) and NPBC sub committee meetings (quarterly). 6.4 Finalize and fill in the positions as per the proposed organizational structure for NECP. 6.5 Finalise tools for eye care data collection and reporting 6.6 Equip 24 RECs and 70 DECs with computers and Accessories to process eye care data. 6.6.1 Orient RECs and DECs on data management skills and data use. 6.7 Advocate for integration of eye care service within the existing supportive supervision systems (checklist of health units to incorporate eye care aspects) to RMO/DMOs. 6.8 Share with RECs/DECs eye care service provision standard requirements for operating in the country. 6.9 Organise annual program review/planning meetings. 6.10 Develop and implement an advocacy strategy.

6.11	Conduct RAAB to establish the baseline level of avoidable blindness (Lindi, Mtwara, Kigoma, Rukwa and Tabora).
6.12	Conduct a study on reviewing financial allocations to eye care in relation to other health interventions at all levels.
6.13	Organise annual review/planning meeting at Regional level between RECs and DECs (to strategise towards MTEF/CCHP focus on eye care services).
6.14	Advocate for incorporation of community eye health subject into MPH program.
6.15	Conduct supportive supervision at all levels of implementation
6.16	Conduct Mid term program evaluation and review the plan according to findings and recommendations.
6.17	Conduct End term program evaluation and disseminate the report.
6.18	Develop 2016/17 to 2020/2021 National Eye Care Strategic Plan.

5.2 Implementation design of NECP activities

The organisation responsible for implementing this plan is complex and includes several public institutions as well as non-government stakeholders, at central, regional and district levels. The main implementation stakeholders and their roles are:

5.2.1 Ministry of Health and Social Welfare-NECP -:

NECP at Ministry of Health and Social Welfare is responsible for developing and reviewing policy guidelines, training manuals and standards operating procedures, coordinating capacity building and training programs, initiate research activities, monitor implementation activities and evaluate program performance. The MoHSW is also responsible for resource mobilization and act as liaison office between MoHSW HQ and health units in the regions and districts and other NGDOs within the country and outside.

5.2.2 Eye Care Service Providers

Skilled eye care personnel responsible for the provision of eye care services in the country include: Ophthalmologists, Assistant Medical Officer-Ophthalmology/ Cataract surgeons (AMO-O/CS), Ophthalmic Nursing Officers and Optometrists. Their main role is working towards increased output of eye care services.

5.2.3 International Non Governmental Development Organization (INGDOs)

Potential INGDOs in supporting the implementation of this strategic plan in Tanzania include Sight savers, Lions Club International Foundation and Local Lions

Clubs, Helen Keller International (HKI), International Centre for Eye Care Education (ICEE) and cbm (disability and development organization). The INGDOs are earmarked as potential partners that can offer technical and financial support.

5.2.4 Training and Research Institutions

Institutions offering Eye Care training in the country include: Muhimbili University of Health and Allied Sciences (MUHAS), Kilimanjaro Christian Medical (KCM) College; Assistant Medical Officers Ophthalmology School, School of Advanced Ophthalmic Nursing (SAON), and School of Optometry. These schools are responsible for production of skilled eye care workers, mentoring and provision of technical support.

Eastern Africa College of Ophthalmologists (EACO) is a stakeholder in implementing a plan by being a catalyst to increase the quantity and quality of ophthalmologists as well as other eye care cadres in Eastern Africa.

National Institute for Medical Research (NIMR) and Ifakara Health Institute (IHI) are potential partners in research in addition to the training institutions.

5.2.5 Prime Minister's Office, Regional Administration and Local Government. (PMORALG) and Local Government Authorities (LGAs),

The PMORALG is the custodian of all regional hospitals in the country and support eye care within the regional health plans through the Medium Term Expenditure Framework. The regional level is also responsible to supervise the work of the LGAs.

LGAs oversee the function of most health facilities at district level. They are potential in supporting eye care through provision of financial and materials resources through the Council Comprehensive Health Plan (CCHP).

5.2.6 Other Ministries

Implementation of this plan cannot be accomplished without collaborations from other sectoral ministries as stipulated in the HSSP III. These Ministries includes: Ministry of Water and Irrigation, Ministry of Community Development, Gender & Children and Ministry of Education and Vocational Training.

5.2.7 Community

These are the consumers of eye care services. If the community is well sensitized, they will be able to prioritize eye care in their development plans.

5.2.8 Local Non Governmental Organizations (Local NGOs).

The local NGOs act as a platform in advocacy, empowering community in planning and execution of projects at community level.

5.2.9 Professional associations and councils.

These associations include Ophthalmological Society of East Africa (OSEA), Tanzania Ophthalmic Nurses Association (TONA) and Tanzania Optometric Association (TOA). They are potential for sharing the data/information on eye care related issues, skills enhancement, and advocating for policy amendment.

These associations together with the Medical Council of Tanganyika, Tanzania Nurses and Midwifery Council, and Optometry Council are crucial in ensuring that good professional conduct and ethics are adhered to.

5.3 Implementation Matrix

The design for implementing NECP activities is provided in matrix as an annex to this plan.

6 MONITORING AND EVALUATION SYSTEM FOR NECP

Monitoring and Evaluation is essential for evidence based decision-making and accountability. Successful implementation of NECP strategic plan is dependent on the capacity to consistently monitor the progress towards accomplishment of the scheduled activities as well as periodic evaluation of the extent to which the objectives are being achieved.

6.1 Monitoring;

Monitoring of implementation of this plan will be undertaken through

1. Annual Program review meetings
2. Periodic NPBC meetings
3. Quarterly reports
4. Survey
5. Supportive Supervision

Progress of the implementation will be monitored using the matrix as shown in Appendix 4

6.2 Evaluation

Midterm evaluation will be conducted at the midst of the implementation of the NECP strategic plan. It is planned that the midterm evaluation be done by mid 2014 by internal evaluators.

The end of term evaluation will be conducted at the end of the plan in 2016 by an external team. The impact of implementation will be evaluated using the matrix in Appendix 5.

7. BUDGET

The summary budget estimate for implementation of this plan is as indicated in the table 3 below. It is worth noting that the portrayed budget is exclusive of the recurrent expenditure in terms of personnel emoluments for the national NECP staff as well as regional (RECs) and district (DECs) staff, office space and related bills, stationeries, etc. The recurrent expenditure is conceived to be the contribution by the central and local government of the United Republic of Tanzania.

Table 3: Summary budget estimate for NECP Strategic Plan 2011-2016

SPECIFIC OBJECTIVES (SO)	BUDGET [TSHS]
SO 1: **Accessibility of eye care medicines, supplies and consumables improved**	23,710,000
SO 2: **Appropriate eye care infrastructure and functional equipment in place**	18,695,000
SO 3: **Skilled human resources in eye care services made available at all levels**	1,929,624,300
SO 4: **Performance of available eye care personnel improved**	153,159,000
SO 5: **Awareness in the community on eye diseases and control measures improved**	719,330,000
SO 6: **Eye care services effectively coordinated**	1,194,163,000
TOTAL	**4,038,681,300**

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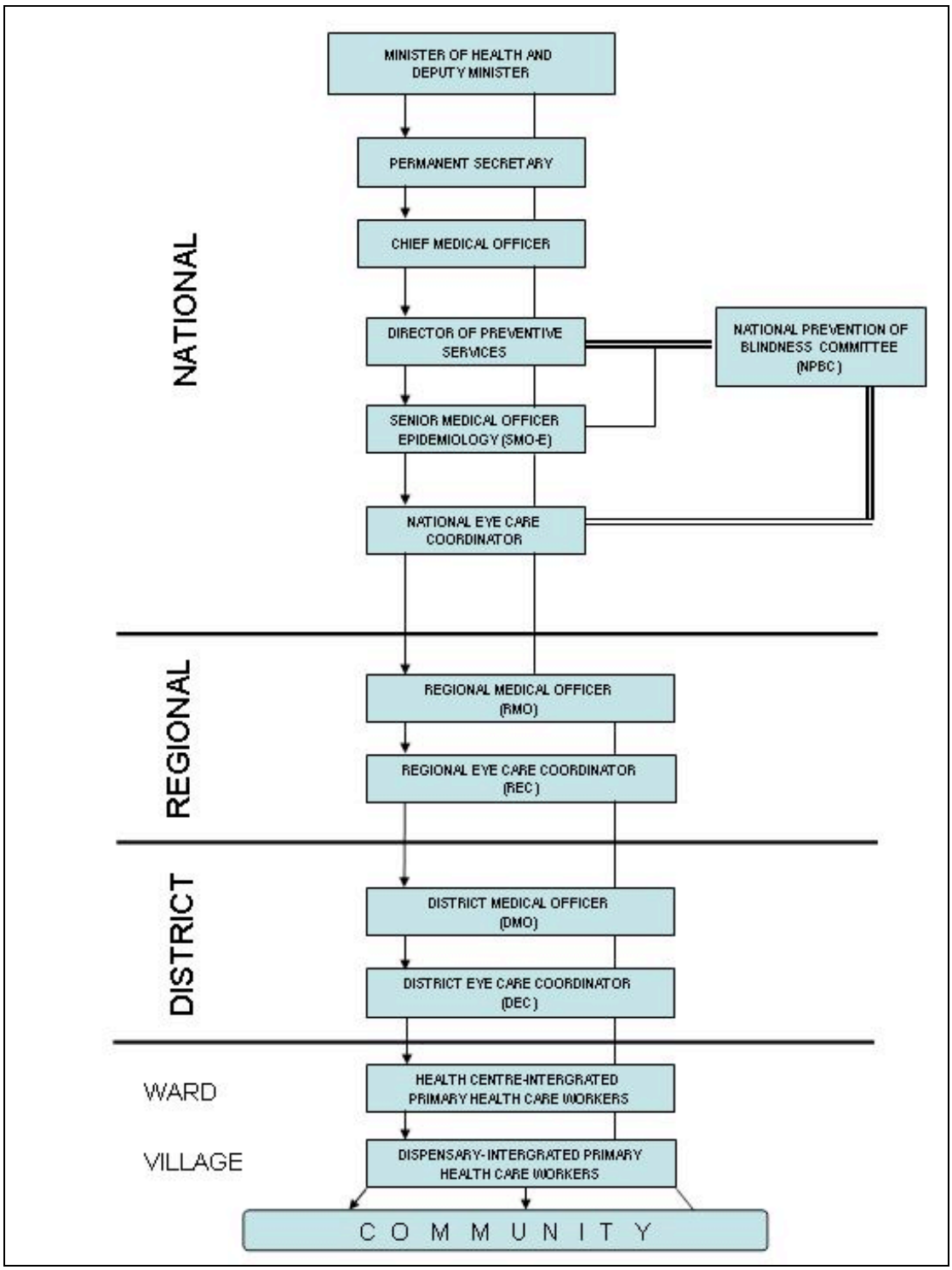
Appendix 1: Organizational Structure of NECP; Roles and Responsibilities of different levels:



Roles and functions

1. National level

1. Review and develop policy guidelines and strategic plans for eye care.
2. Coordinating capacity building and training programmes.
3. Coordinating base station and outreach eye care services provided by local and foreign providers.
4. Act as a link between MoHSW and Local and International partners working in eye care.
5. Initiate and facilitate various operational research activities.
6. Supervising, monitoring and evaluating eye services at all levels.
7. Solicit and mobilize resources for eye care.

2. Regional level

The Regional Eye Care Coordinator

1. To interpret Eye Care policy guidelines and put them into action in their regions.
2. To develop implementation plans and coordinate eye care activities in the region.
3. To provide supportive supervision for eye care activities to all districts in the region.
4. To identify training needs and facilitate training for different cadres of eye workers in the region.
5. To monitor and compile reports of eye care activities from the districts and forward them to MoHSW.
6. To act as a link between MoHSW and RHMT on matters pertaining to eye care services.
7. To solicit and mobilize resources for eye care in the region.

3. District level

The District Eye Care Coordinator

1. To implement Eye Care policy guidelines as guided by the region.
2. To develop implementation plans and coordinate eye care activities in the district.
3. To provide supportive supervision for eye care activities to all health facilities in the district.

4. To identify training needs and facilitate training for different cadres of eye workers in the district.
5. To monitor and compile reports of eye care activities from the districts and forward them to MoHSW through the region.
6. To act as a link between RHMT and CHMT on matters pertaining to eye care services.
7. To solicit and mobilize resources for eye care in the district.

Appendix 2: Minimum Core Eye Care Team.

1. Specialized, Referral and Teaching Hospital Level.

1. Ophthalmologists - 6
2. Optometrists – 5
3. Ophthalmic Nursing Officers – 15
4. Low Vision Technicians – 3

2. Regional Hospital Level.

1. Ophthalmologist – 1
2. Assistant Medical Officer-Ophthalmology (Cataract Surgeon) – 1
3. Assistant Medical Officer-Ophthalmology (General)– 1
4. Optometrist – 2
5. Ophthalmic Nursing officer – 4
6. Low Vision Technician – 1

3. District Hospital Level.

1. Assistant Medical Officer-Ophthalmology – 1
2. Optometrist – 1
3. Ophthalmic Nursing officer – 2
4. Low Vision Technician – 1

4. Dispensary/Health Centre level.

1. Integrated Eye care Worker/Ophthalmic assistant – At least one.

Appendix 3: Recommended Eye Care Infrastructure and Equipment

Dispensary	
Magnifying Loupe	
Diagnostic pen torch	
Snellen and E combined Visual Acuity charts	
Surgical set for trichiasis surgery	
Health Centre	
Schiotz Tonometer	
Direct Ophthalmoscope	
Surgical set for minor lid surgeries	
District Hospital	
Snellen near chart (Reading test type)	Portable anterior vitrectomy equipment
Slit Lamp with Applanation Tonometer	Surgical sets for Extracapsular Cataract Extraction
Hand held slit lamp	Trabeculectomy sets
A scan Ultrasound machine with IOL calculation	Glass cutter
Keratometer	Engraver
Automated Visual Field machine	Lensometer
Retinoscope	Ishihara book for colour blindness test
Trial lens set with trial frame	Frame heater
Cross cylinder	Operating Loupe
Grinding machine	Portable autoclave
Portable Operating Microscope	Portable operating lamp
Chipping machine	Bipolar cautery with cables and forceps
Regional Hospital	
Indirect Ophthalmoscope sets	
Slit lamp with YAG & Argon LASER	
B Scan Ultra sound machine	
Non portable operating microscope	
Non portable vitrectomy machine	
Specialized, Teaching and Referral Hospitals	
Autorefractor	
Phacoemulsification machine	
Fundus camera	
Corneal graft sets	
Retinal surgery sets	
Equipment for provision of all kinds of LASER treatment	
Any other advanced eye care equipment and instruments	

NB: Recommended list of equipment and instruments from health centre level higher up is inclusive of list provided for respective preceding level of eye care service.

Appendix 4: Monitoring and evaluation format for the activities

		COMPARISON		DEVIATIONS		ANALYSIS		RECOMMENDATIONS	
Activity	**Mile-Stone**	**Actual achievement**	**Actual disbursement**	**From Plans**	**In costs**	**Causes**	**Lessons Learnt**	**Alternative Actions**	**Reasoning**

Appendix 5: Monitoring and evaluation format for the Impact (Outputs, Purpose)

OUTPUT INDICATOR		DISAGGREGATED QUANTITIES		EVALUATION		ANALYSIS		RECOMMENDATIONS	
Item	**Monitoring Frequency**	**Location 1**	**Location 2**	**Changed Rate**	**Deviations From plans**	**Causes**	**Lessons Learnt**	**Alternative Actions**	**Reasoning**
		Present value	**Present value**						
		Past Value	**Past Value**						

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