CBM UK Project Evidence Brief #8

Improving access to quality eye health services for isolated communities in central Malawi

See the Way Malawi Project

Dorothy with her granddaughter Evelyn, who helped her go to hospital for eye surgery.
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Project partners: Malawi Network of Older Persons Organisations (MANEPO) and Nkhoma Eye Programme (NEP) (part of Nkhoma Mission Hospital).

Funding partner: UK Foreign, Commonwealth and Development Office (FCDO), through the UK Aid Match scheme.

Project Title: See the Way Malawi
Location: 10 districts in central Malawi
Timeframe: 2021 to 2024
Partnership between: MANEPO and NEP

Overview

Poor eye health affects more than a person's vision; it affects their quality of life. In Malawi, where 9% of the population experiences sight loss,[1] productivity loss due to avoidable blindness and vision impairment is estimated at 32 million USD annually, just for those aged 50-64.[2] Yet funding and resources for the eye health sector remain limited. Many people with sight loss and poor eye health cannot access quality eye care services close to where they live, with consequences for their productive lives and wellbeing.

The "See the Way Malawi" project was designed to bring essential eye care services to those excluded from eye health provision in Malawi – including people with disabilities and people living in rural and more remote areas. The project led to improved vision and quality of life, with participants overwhelmingly reporting a return to personal and livelihood activities they had previously lost.

Introduction

Cataract is the leading cause of blindness in Malawi,[3] where most people with visual impairments face exclusion, are unable to work, and require ongoing care – deepening poverty for themselves and their families.

The eye health sector is severely under-resourced: just 14 ophthalmologists serve a population of roughly 22 million,[4] and only 45% of those needing cataract surgery can access it.[5] Patients in remote areas often travel up to 200km for care, delaying treatment and worsening their condition. Misconceptions and myths about eye health are pervasive (such as fears that surgery involves eye removal) and further deter people from seeking medical help.

See the Way Malawi aimed to improve access to quality, inclusive and comprehensive eye health services for over

This 3 year FCDO funded project sought to improve access to eye health care in the more remote central region of Malawi.

In contexts where district hospitals lacked resources to treat common eye conditions, See the Way brought quality, trusted eye care services close to those who needed them. The project aimed to reduce preventable blindness, working closely with the Ministry of Health (MoH) and government hospitals in the 10 districts. The project provided:

- Training for 1,775 clinical staff on eye health, facilitating in community cataract detection and referral. Training of 2 new cataract surgeons
- Improved accessibility in 5 hospitals
- 6,652 cataract surgeries, conducted through district hospital outreach camps
- Eye health training for 1,056 community leaders, encouraging treatment seeking behaviour

The project resulted in a huge 466% increase in people accessing eye health services in the project's 10 target hospitals.

The project also successfully advocated for the inclusion of disability disaggregation in the MoH's nationwide 'patient consultation form', enabling tracking of those with disabilities accessing health services.

[1] See https://visionatlas.iapb.org/country-data/malawi/.
[2] Eckert KA, et al. Update of a simple model to calculate the annual global productivity loss due to blindness and moderate and severe vision impairment. Ophthalmic Epidemiol. 2022;1–9.
[3] See https://www.cbmuk.org.uk/news-and-blogs/from-blindness-to-sight-see-the-change-your-support-makes-in-malawi/.
[4] Compared to the UK, which has 3,500 ophthalmologists for a population of approximately 69 million.
[5] See https://www.ukaidmatch.org/news/projects-in-progress-a-uk-aid-match-team-visit-to-malawi/.

106,000 people in 10 districts. It strengthened primary and secondary eye health care by training and equipping staff, including cataract surgeons (known as Ophthalmic Clinical Officers, OCOs), at rural health centres and district hospitals, while leveraging tertiary expertise for mentoring, quality control and cataract surgeries. The project also mobilised communities through awareness campaigns, promoted gender and disability inclusion in partnership with Organisations of Persons with Disabilities (OPDs) and piloted an inclusive reporting system to support the Ministry of Health with disaggregated data collection.

Methodology

This project evidence brief draws from an independent evaluation of See the Way Malawi conducted by external consultants Grace Tikambenji Malera and Kondwani Katundu. The evaluation employed a cross-sectional descriptive and analytical design, drawing on both quantitative and qualitative methods, including literature review, key informant interviews (KIIs), individual in-depth interviews, health facility assessments, and focus group discussions (FGDs) and observations. The evaluation was inclusive; 51% of FGD participants were women, 16% were persons with disabilities, and 56% were older people.

What the evidence tells us

1. Community awareness activities boost health seeking behaviours for eye care

Once communities better understood that eye conditions could be safely and effectively treated, more people sought treatment.[6] See the Way tackled common community myths surrounding eye health by training local stakeholders to share accurate eye health messages at community events, including meetings, weddings, and religious gatherings. It also used popular media, especially community radio, to spread awareness. A mid-project feedback survey found that 43% of patients had learned about eye services through local radio stations. Strategic outreach also drove service uptake. Public events, such as World Sight Day celebrations on 12 October 2023, helped galvanise interest and coincided with the highest quarterly number of cataract surgeries conducted during the project.[7]

Yamkani (in the blue t-shirt) and his family interacting with a community member.
Photo: ©CBM UK/360 Visuals

"Messages were being sent through churches, funeral ceremonies and also door-to-door services by HSAs [Health Surveillance Assistants]." FGD participant

[6] As detailed above, there was a 466% increase in the number of people accessing eye health services in the project's 10 target hospitals.
[7] 924 between October and December 2023.

2. Strengthening infrastructure and clinical capacity is key to better healthcare

The project addressed long-standing gaps in equipment and resources across multiple hospitals, especially in Salima District and Dedza District, enabling them to improve service delivery and meet patient needs more effectively. Alongside infrastructure upgrades, the project prioritised clinical training to enhance diagnosis, treatment, and referral processes.

A total of 1,775 clinical staff, including district hospital staff, Health Surveillance Assistants (HSAs), and Community Rehabilitation Assistants (CRAs), were trained in eye health, including cataract screening. This meant that procedures were carried out at a more appropriate, local level, and reduced patients being referred on unnecessarily to tertiary hospitals.

"The project contributed to the professional development of eye health staff through on-the-job training initiatives. These training opportunities enhanced their skills and knowledge in diagnosing, treating, and managing eye health conditions effectively." Health Professional, Ntcheu

3. Women face barriers to accessing cataract surgery

Although women made up 58% of initial outpatient consultations, only 46% of cataract surgery recipients were women. This disparity persists despite women carrying a higher burden of eye disease than men. See the Way targeted women in its community mobilisation and awareness efforts, successfully increasing their participation at the initial consultation stage.

However, significant barriers remained at the surgery stage. The project engaged female leaders and patients to advocate among peers and encouraged men to support this advocacy. Yet husbands and relatives tended to oppose women spending several days in hospital to prepare for, undergo, and recover from cataract surgery – compared to the few hours needed for an initial consultation.

"There is a need to sensitise men who discourage women from taking part in medical and social activities to allow women with eye problems access medical help. There is a need to train female healthcare workers in eye healthcare. Involvement of female champions to encourage fellow women to get eye health services." Female FGD participant

4. Restored vision transforms lives

FGD participants consistently reported how regaining their sight had a profound impact on their quality of life. They described increased self-esteem, greater independence, and renewed participation in everyday activities (especially livelihoods activities) and social events that poor vision had previously prevented them from enjoying.

"At first, I could not see properly but now I am able to see. I am a tailor, and I am happy after my sight was restored because my business will continue despite my age." FGD participant

Dorothy: "My life has changed after regaining sight!"
Photo: ©CBM UK/Daniel Hayduk

"The screening and surgeries helped me regain my independence and now I am back to doing the daily activities that I had stopped due to blindness." FGD participant

Learning from experience

1. Embed services in the community to help overcome distance barriers

To address the challenge of distance in accessing eye health care, See the Way Malawi brought services close to communities. Community outreach workers (including HSAs and CRAs) were trained to treat simple eye conditions locally. District eye health teams conducted quarterly mobile clinics, and two OCOs were trained to perform surgeries at district hospitals, reducing the need for patients to travel to the capital Lilongwe for treatment.

"Since surgeries were conducted in the communities, this reduced transportation costs which is good to the communities as they had to book for the same services at KCH [Kamuzu Central Hospital] with no guarantee that they even will get operated on the same day." FGD participant, Kasungu

Locating eye health services within the community made care more accessible, helping to reduce fear and build trust. Familiar settings and providers encouraged uptake, while community members actively supported each other to seek treatment early. This approach also eased pressure on secondary facilities by enabling primary health centres to manage minor cases. Where local treatment was not possible, the project provided transport assistance to district hospitals – enabling access for those who would otherwise be excluded.

2. Disability inclusive eye care starts in the community, and requires accessible infrastructure and informed health staff

See the Way Malawi showed that making eye care more inclusive for people with disabilities[8] requires embedding services within the community. HSAs and CRAs must be trained to identify and directly support people with disabilities. OPDs must be trained on basic eye health awareness, which See the Way provided for, amongst others, the Malawi Council for Disability Affairs and the

"Community members with disabilities received adequate information from CRAs who approached them directly in their homes to provide sensitization to both beneficiaries and their family members." FGD participant, Ntcheu

[8] The annual percentage of patients receiving cataract surgeries in the 10 District Hospitals who were people with disabilities increased from 9% in Year 1 to 20.9% in Year 3.

Malawi Union of the Blind. Using their excellent knowledge of people with disabilities in their communities, these OPDs helped refer 514 patients with disabilities to district hospitals.

It also requires training health staff (including district hospital workers and, as above, CRAs and HSAs) on disability inclusion and improving local health infrastructure to enhance accessibility – including by installing ramps, modifying doors and corridors for wheelchair access, and adding tactile information to emergency exits in hospital buildings. These measures foster respectful, informed interactions with patients with disabilities, building trust and encouraging follow up visits.

3. Building surgical capacity requires funding, but top up training and mentorship can help fill gaps

Before the project, only 14 professionals in Malawi were qualified to perform cataract surgery. See the Way Malawi helped certify two additional OCOs, expanding national capacity.[9] Although both had completed initial surgical training years earlier, they lacked the funding needed to complete the required 100 supervised surgeries. Once supported, they achieved certification within two years.

Quality mentorship was key. Under the guidance of Dr Moyo, a Malawian ophthalmologist at Nkhoma Eye Programme, the OCOs received tailored refresher training and ongoing supervision, even beyond the completion of their required 100 supervised surgeries. Dr Moyo adapted his mentorship to build skill and confidence using the OCOs' self-audits, which tracked surgical outcomes[10] and identified weaknesses in areas like lens selection,[11] suturing decisions,[12] workload management,[13] and team awareness.[14]

"The training has helped me become confident in diagnosing and treating cases at the district level. Additionally, Dr. Moyo is always a phone call away whenever I need guidance, which is why referral cases have decreased in 2024 for my district." OCO, Salima

Recommendations

- **For Funders**
  - Fund aspiring cataract surgeons in Malawi to complete the required 100 supervised surgeries for certification.
  - Support OPDs involved in local/community-based eye health awareness raising activities.
- **For Project Teams**
  - Prioritise reaching isolated communities when designing eye health programmes.
  - Ensure a gender equality, disability and social inclusion (GEDSI) lens is applied from the outset of eye health projects.
  - Develop and deliver disability inclusion training for all health workers, to mainstream disability inclusive practices.

[9] By the project's end, one OCO, Nkhotakota, had conducted 105 surgeries and the other, Mchinji, had conducted 159 surgeries.
[10] Specifically, delays in analysing and acting on surgical audit findings.
[11] Specifically, challenges in identifying the appropriate lens for each patient.
[12] Specifically, uncertainty regarding when to suture wounds and when to use miotics.
[13] Specifically, difficulty in managing patient volumes to maintain high-quality services.
[14] Specifically, failure to recognise when team members were fatigued, impacting performance.

    - Use self-audits and quality mentorship to build the skills and confidence of eye health professionals.
- **For the Disability Movement**
    - Encourage peers to seek eye health treatment and advocate for increased investment in the sector at all levels.
    - Promote disability inclusion training across the health system.
- **For National Policy makers**
    - Ensure primary and secondary eye health services include strong community outreach.
    - Invest in inclusive eye health by training more specialists, improving accessibility of eye health infrastructure, expanding community services, and targeting underserved areas.
    - Roll out the inclusive reporting system endorsed by the Ministry of Health to inform disability-inclusive eye care interventions.

Conclusions

At its core, See the Way Malawi was about bringing eye health services closer to the people who need them most. The project recognised that when communities understand the value of eye health, and when services are accessible and delivered by trusted local health professionals, people are far more likely to seek treatment. This approach led to a remarkable 466% increase in the number of people accessing eye health services in the project's 10 target hospitals.

Beyond access, the project demonstrated that restoring vision transforms lives. Participants reported renewed independence, self-esteem, and the ability to re-engage in personal, social and economic activities. See the Way Malawi helped people not only regain their sight but see the way to a brighter, more empowered future.

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[15] The UK Foreign Commonwealth and Development Office (FCDO) are not responsible for the information contained and views expressed here, and the content should not be taken as a reflection of the donor's official opinion.