Sustainability Review
2025

Comprehensive child eye health in Nigeria

2017-2020

Introduction

Between 2017 and 2020, CBM UK implemented the Comprehensive Child Eye Health in Nigeria (CCEHiN) project to prevent childhood blindness and visual impairment across 11 states and territories[1] in Nigeria. The initiative focused on strengthening the availability and accessibility of comprehensive child eye health services through a multi-pronged approach that included eye health promotion, prevention, medical care and rehabilitation, and inclusive education.

The CCEHiN project was funded by Standard Chartered and delivered as part of Phase V of the Seeing is Believing (SiB) programme—a global initiative launched by Standard Chartered in partnership with the International Agency for the Prevention of Blindness (IAPB) that aimed to address avoidable blindness and visual impairment across Asia, Africa, the Middle East and South America. This funding enabled CBM to work with long-standing partners—Health and Development Support Programme (HANDS) in Jos, Plateau State and ECWA Eye Hospital in Kano State—to improve access to child eye health services in their respective states.

The CCEHiN project achieved significant results, including **screening over 1.67 million children** leading to close to **4,000 surgeries,** the distribution of more than **25,000 pairs of spectacles** and **over 2,000 low vision devices,** and the in-service **training of more than 70 optometrists, 300 ophthalmologists, 115 ophthalmic assistants/nurses, and 3,300 school teachers.** Additionally, **over 35 million people were reached through targeted health education.** Since closing, the **SiB model used within the CCEHiN project has been adopted by other eye health projects across other Nigerian states,** highlighting its effectiveness and sustainability.

This learning enquiry explores **the sustained impacts of the CCEHiN project four years after it ended** and identifies the **factors that contributed to or hindered its long-term success.** It assesses sustainability based on the lasting impact of project outcomes across four key areas:

- Continued efforts to promote eye health within government systems
- Ongoing implementation of eye health screenings in schools
- Capacity strengthening of health staff
- Sustainability of outcomes at the partner level

In doing so, this document will provide CBM Global and our partners with lessons learned that programme teams will be able to draw upon to inform future decision making.

1 Oyo, Ogun, Osun states in the south-western region; Nasarawa, Plateau states in the Middle Belt region; Kano, Katsina, Jigawa states in the north-western region; Cross River, Akwa Ibom states in the southern region; and the Federal Capital Territory in the centre.

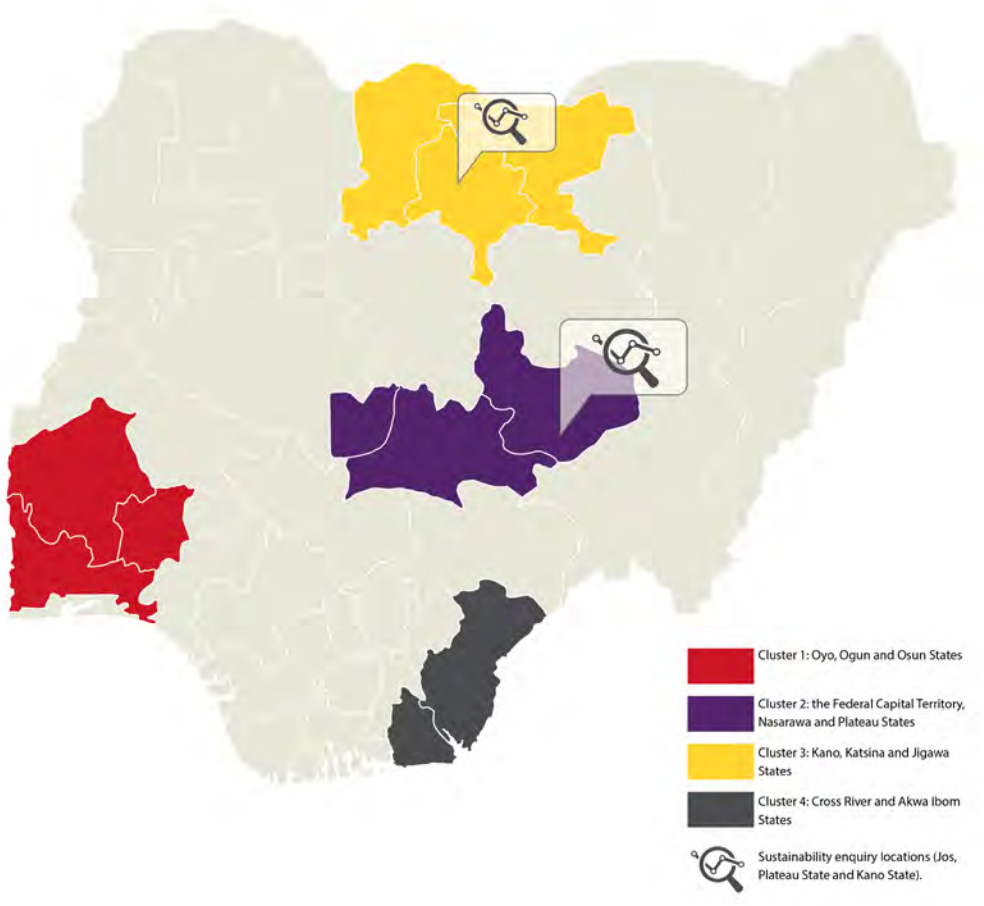
Front page: Students using the braille machines provided by the project at Tudun Miliki School of the Blind in Kano State.

A quick snapshot of CBM's comprehensive approach to eye health

Using SiB funding from Standard Chartered, **CBM developed a global CBM SiB programme comprising a portfolio of projects—including the CCEHiN project—that successfully improved access to affordable and quality eye care in 20 countries across Africa, Asia and South America.** CBM's SiB programme was designed in alignment with emerging global frameworks such as Vision 2020: The Right to Sight, the World Health Organization (WHO) Health Systems Framework, the WHO Global Action Plan, and CBM's own eye health strategy. This global alignment ensured that the programme was both globally relevant and locally responsive.

In Nigeria, where the prevalence of blindness and visual impairment is high, the need for such an approach was crucial. The Nigeria National Blindness and Visual Impairment Survey (2005–2007) revealed that **84% of blindness was due to avoidable causes,** with **cataracts accounting for 43% of blindness and uncorrected refractive error responsible for 57% of moderate visual impairment.** These findings underscore the urgent need for targeted interventions in eye health.

The CCEHiN project was designed to **reduce avoidable blindness and visual impairment by delivering comprehensive child eye health services to approximately 1.5 million children aged 0-14 years across 11 states in Nigeria.** It also sought to challenge traditional beliefs that discouraged people from seeking medical care, using awareness campaigns to dispel myths linking eye health conditions to witchcraft and to reduce stigma associated with disabilities.



Above: A map of Nigeria showing the four cluster areas where the CCEHiN project was implemented and the two states where this sustainability review was conducted.

The CCEHiN project in Nigeria was implemented by HANDS and ECWA Eye Hospital. HANDS strengthened primary eye care by training health workers, providing eyeglasses, and facilitating free paediatric cataract surgeries, while ECWA Eye Hospital led on specialist care by delivering thousands of adult and child cataract surgeries, outreach campaigns, and training to expand eye health services under the CCEHiN project.

The CCEHiN project broader goals included:

- Developing skilled and adequate personnel to provide comprehensive child eye health services at various levels of health care in the targeted project areas.
- Improving the quality, accessibility, and scope of eye health services for children.
- Embedding child eye health in the policies and programme work of the Ministries of Health and Education.
- Piloting strategies for inclusive eye health.
- Establishing a school eye health programme as a sustainable model to deliver eye health services to children.
- Improving the quality of early intervention and education for children who are blind or who have a significant visual impairment.

To achieve this, CBM adopted an **inclusive, holistic, and integrated approach.** This emphasised **strengthening national eye health systems** in both policy and implementation, **improving access to comprehensive eye care for all**, and focusing on both **prevention and treatment.** This approach reflects CBM's mission to collaborate with people with disabilities in some of the world's poorest regions to combat poverty and exclusion, ultimately transforming lives.

CBM's particular value-add within the SiB programme was in ensuring that the comprehensive approach to eye health was inclusive, reaching children from remote and marginalised communities, and had a **strong focus on capacity strengthening and leveraging partnerships** to increase the sustainability of interventions long past the project duration.

Project impact

The end-of-project evaluation found that the CCEHiN project was highly effective, achieving significant success across the implementation states, including Kano and Plateau. The project made a strong impact by raising awareness about childhood visual impairment and blindness, including its prevention, treatment and the importance of early intervention. It also contributed to strengthening the capacity of health and non-health workers including teachers, social workers, volunteers, traditional/community leaders, across the states.

Methodology

This enquiry aimed to assess the extent to which outcomes of the CCEHiN project have been sustained, four years after its conclusion.

Sixteen key informant interviews were conducted in June and August of 2023 with stakeholders involved in the CCEHiN project. Participants included interviews with staff from project partner organisations (HANDS and ECWA Eye Hospital), school teachers, government representatives/officials and other relevant stakeholders. Most interviewees were affiliated with project activities in Plateau and Kano states.

Participants were purposively selected to ensure relevance to the project implementation and outcomes. Interviews were conducted both in person and via phone, with each interview lasting between 20 and 45 minutes.

All interviews were transcribed and analysed using a thematic analysis approach to identify key themes. In addition to the interviews, the enquiry also drew on the data from the CCEHiN end-of-project evaluation and a wider CBM SiB programme report developed by CBM UK at the end of the project.

Limitations

The evaluation was limited by the small and selectively chosen sample of past beneficiaries and participants. It is likely that those selected were enthusiastic about the project and easier to reach, which may have introduced a degree of positive bias. While all interviewees were informed that the purpose of the enquiry was to understand truthfully about what has or has not been sustained, there remained a possibility that responses were overly optimistic, influenced by the perception that positive feedback might lead to more funding opportunities.

Right: An ophthalmic nurse trained through the CCEHiN project screening a patient at ECWA Eye Hospital.

The sustainability of impacts

This section examines the strategies implemented across four key areas to enhance the availability and accessibility of comprehensive child eye health services. It also assesses the extent to which the outcomes of the CCEHiN project have been sustained beyond its conclusion and explores the enabling and limiting factors that have influenced its long-term impact.

Efforts to promote eye health at the government level

What was the approach?

Integration of eye health into government policies: In 2017, to garner support and create an enabling environment for the implementation of the CCEHiN project, the programme coordination unit initiated targeted advocacy visits to state governments across the 11 project areas. These visits aimed to:

- Secure government support for the CCEHiN project
- Advocate for the inclusion of child eye health into state-level strategic plans
- Discuss strategies for sustaining the implementation of the CCEHiN project beyond its closure in 2020.

These advocacy visits yielded positive outcomes. **Cross River and Plateau states integrated child eye health into their state strategic health development plans.** Other states pledged to follow suit and ensure child eye health was budgeted for through school health funding.

Additionally, the Kano State government supported the CCEHiN project outreach teams by providing ambulances to transport children referred for eye health services to designated referral sites.[2]

Eye health indicators and referral pathways: To strengthen data collection and reporting on eye health, the CCEHiN project supported the Federal Government of Nigeria, through the National Eye Health Programme (NEHP), in the development of eye health indicators and tools for the National Health Information Management System (NHIMS).

These tools—including registers, referral forms and data summary forms—enabled the collection and reporting of data generated through the implementation of CCEHiN project activities across Nigeria. This initiative contributed to improved visibility of child eye health within national health data systems, providing evidence to support future decision-making.

2 The International Agency for the Prevention of Blindness (2018) CBM/BHVI Nigeria Child Eye Health – The importance of advocacy to address barriers revealed by KAP study. Available at: https://www.iapb.org/news/cbm-bhvi-nigeria-child-eye-health-the-importance-of-advocacy-to-address-barriers-revealed-by-kap-study/

Public perception of eye health: ECWA Eye Hospital, in collaboration with various partners, provided communication and marketing expertise to the CCEHiN project through the development and dissemination of context-specific Information Education Communication (IEC) materials. These materials were tailored to various target groups—including people with disabilities, women, children and elderly people—and included posters, flyers, radio announcements and TV drama.

A key success of this component was the extensive outreach that followed the street campaigns. Specialist outreach workers from ECWA Eye Hospital distributed information and engaged directly with community members to raise awareness about eye health. These street campaigns not only increased service uptake but also enabled EWCA Eye Hospital to extend its geographical reach and provide quality eye health interventions in some of the poorest communities.[3]

Similarly, HANDs contributed to raising greater awareness of child eye health in communities through targeted awareness campaigns that featured radio jingles, TV programmes, billboards, branded T-shirts, as well as during eye health screening in schools and community outreach activities.

35,197,041 people were reached through targeted health education—109% of the original target.

A further 15 million people were reached through mass media, such as radio announcements.

What has been sustained at the government level?

Inclusion of child eye health into state-level strategic plans: A major achievement of the CCEHiN project was the inclusion of child eye health into state-level strategic plans. Since the project's closure, significant gains have been made in sustaining programme interventions across original implementation sites.

A desk officer from the Ministry of Health in Plateau State shared that another donor-funded programme is currently being implemented, building on the foundations laid by the CCEHiN project. Health practitioners that were trained through the CCEHiN project—including an ophthalmologist, ophthalmic nurses, and Community Health Extension Workers (CHEWs)—continue to deliver services under the new programme at both primary and secondary health care facilities. These trained personnel remain essential in detecting eye health issues and facilitating referrals.

The desk officer affirmed:

"Till date, child eye health care is still a priority for the state government."

3 https://www.iapb.org/news/impact-of-eye-health-public-awareness-for-northern-nigeria-hospital/

To further demonstrate the Kano State Government's continued effort in supporting the inclusion of child eye health into state-level strategic plans, the hospital administrator of ECWA Eye Hospital asserted:

"As I'm talking to you now, the government has constituted a state steering committee on eye health and they are very, very active. They move around to see which area government can come in."

The eye health desk officer from the Ministry of Health in Kano State also shared:

"Child eye health is incorporated into eye health policy in Kano State. Before now, there was no eye health policy at all in the state. But, due to the project, there is now an eye health policy. To come in with this programme [the CCEHiN project] which is recognised in the state as important, Kano State initiated an eye health committee, which made Kano State have an eye care plan with a situational analysis for the future of Kano State."

Referral pathways maintained: The referral pathways established during the CCEHiN project have been maintained and integrated into other ongoing eye health initiatives implemented by HANDS and ECWA Eye Hospital. This continuation reflects their commitment to strengthening connections within the healthcare system and their recognition of the pathways' potential to reduce childhood blindness through prevention, early detection, and timely referrals for treatment.

The eye health desk officer from the Ministry of Health in Plateau State asserted:

"Till date, if cases are detected from the grassroots, they [HANDS] refer them to the [primary healthcare] facility because we have the community desk officers there in the communities, those that were trained... If there is a need for referral, they are referred to the secondary facilities which are at Pankshin General Hospital, Barkin Ladi and Shendam. It is divided into zones: Barkin Ladi in the northern zone, Pankshin General Hospital in the central zone, and Shendam General Hospital in the Southern zone. Each hospital has an ophthalmic nurse that makes referrals. Those that need surgery are referred to Jos University Teaching Hospital (JUTH) which is a tertiary hospital. If there are serious cases at the grassroots, they have to be referred from the primary health care facility to the secondary, and from the secondary, they refer to the tertiary hospital."

Referral pathways established during the CCEHiN project not only remain active but continue to play a pivotal role in the success of other eye health interventions in Kano State. On the government side, children identified with eye health issues are still being referred to designated centres, with teachers, midwives and nurses trained through the CCEHiN project, in addition to personnel trained by the state government, all playing a key role in educating parents and facilitating referrals.

These systems are now being leveraged by other programmes and partners, including a new inclusive eye health initiative that is working in partnership with the state government to ensure children with eye health issues can continue being treated at some of the hospitals previously supported by the CCEHiN project.

The eye health desk officer from the Ministry of Health in Kano State noted:

"The referral pathway is what we are still using... The Community Health Extension Workers have the forms, the nurses in various hospitals have the forms, and other eye health care providers and non-providers have the forms. If they see any child with eye problems, they refer them to the nearest eye health screening for possible management. In all hospitals in Kano State, even the comprehensive health centres there, the nurses and Community Health xtension workers that have a little knowledge [are] trained on how to organise, identify children with eye problems and have the form there for them to fill out. We ask the parents to carry the children to the nearest centre where appropriate care is provided, and the report and the data is kept in some of those hospitals in different locations in the state."

Sensitisation and awareness raising: Through the CCEHiN project, the government and implementing partners educated the public about visual impairment and the importance of early detection and prevention. These efforts not only raised awareness but also, through accurate diagnoses, have helped reassure parents and restore confidence in Nigeria's healthcare services. Importantly, respondent feedback indicates that such efforts are continuing, representing a significant shift in challenging harmful beliefs that have long discouraged people from seeking eye care services within Nigeria's healthcare system.

The eye health desk officer from the Ministry of Health in Plateau State shared:

"The national orientation agency and media were trained in Plateau on reporting at the time of the SiB [CCEHiN project] training, as billboards were placed within the metropolis and banners and flyers were given during supervision and sensitisation. It is still ongoing. Perceptions have changed around eye health and harmful beliefs due to the sensitisation that changed most people in the society. They know that the eyes need attention and not every health worker can handle problems of the eyes."

Above: The eye health desk officer from the Ministry of Health in Plateau State.

Similar, the eye health desk officer from the Ministry of Health in Kano State asserted:

"Kano State continues to support [the impact of] the SiB programme [the CCEHiN project] in creating awareness of early identification of children's eye issues through radio jingles, training of teachers and other health professionals, and through referrals to the appropriate eye hospital for management... Sensitisation is still in place. There is now another programme called the Inclusive Eye Health Programme sponsored by the State and partner. We train many nurses, midwives, Community Health Extension Workers and volunteers for easy identification of children with eye problems, especially the teachers in the school. They are now doing referrals and people are identified for possible management in the hospital ... We are also using other media, like WhatsApp, and sensitisation efforts are reaching other community members, including community leaders, parents and other groups."

The head of a community in Kano State shed more light on the long-held negative attitudes and beliefs that had held his community back. He explained:

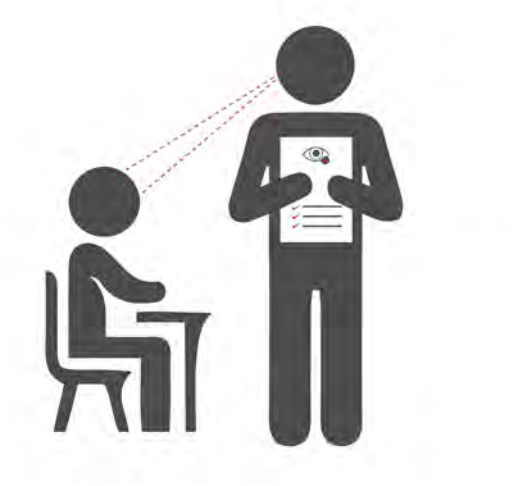
"Before it [stigma] existed, but now it doesn't due to the jingles they are running on the radio or in some other media. Before, people used to say 'this man is a wicked person'... That was before. Now, everybody is wise due to community awareness."

These statements from past CCEHiN project stakeholders imply that the gains and impact of the project are still being sustained today, and the structures developed for inclusive child eye healthcare remain in place across the project implementing states.

Eye health screening in schools

What was the approach?

Through the CCEHiN project, several measures were introduced to raise awareness—particularly among people in government—on the need for early intervention for visual impairment and childhood blindness.



Improved child eye health through school eye health programme: Working in conjunction with the Ministries of Health and Education, the CCEHiN project successfully developed a school eye health programme that was implemented in both mainstream schools and schools for children who are blind. This initiative was designed to foster collaboration across different arms of the government to ensure effective delivery of the programme to the populace through schools. As part of the model, teachers were trained to screen children, conduct basic vision tests, and refer them to the appropriate level of healthcare providers—whether primary, secondary, or tertiary—when required.

To support the sustainability of the project's impact, the ministries appointed desk officers in all the implementing Local Government Areas (LGAs) to monitor and supervise the delivery of the ongoing activities following the conclusion of the CCEHiN project.

1,672,166 children aged 0-14 years were screened for eye conditions—9% above target.

As a result, 3,973 surgeries took place—15% above target.

What has been sustained at the school level?

The CCEHiN project in Nigeria worked closely with host state governments to integrate children with low vision into mainstream schools, in line with the developed mainstream strategy.

Above: Close-up of students using the braille machines.

Training of teachers: Teachers from mainstream schools located near specialised schools were trained using manuals developed through the project on topics such as low vision mainstreaming and Information and Communication Technology (ICT). This training equipped the teachers with the skills to screen students, identify eye health issues, and refer cases for refractive error. It also prepared teachers to support the mobility of children with visual impairment and their use of ICT, including braille literacy and the maintenance of braille machines. As a result, teachers effectively delivered their work and facilitated the integration of children who regained vision or completed basic education into mainstream schools to continue learning.

71 teachers of the blind were trained in braille, ICT, mobility and maintenance—29% above target.

A teacher at a school for children who are blind or have low vision in Kano State gave insights on the training he received on eye screening, the manuals collected, and how he refers pupils with low vision to ECWA Eye Hospital. He said:

"Presently, the training we have received is making an impact on students, because they can easily understand the teacher who goes to their class for the lesson. The training also helps the students in developing a sense of smell and understanding the voice of a particular person. Before the training, I didn't know how a person who is blind can understand the teacher through using their sense of smell and sound.

I even have a copy of the manual. I am using it for teaching the students on mobility and I have participated in teaching our staff about the experience."

Overall, establishing the school eye health programme as a sustainable model to deliver eye health services to children was proven successful. The approach was more feasible for the people at the grassroots level; being accessible, informal and less intimidating.

Equipment and learning aids: To support the education and learning of children who are blind or have low vision, the CCEHiN project provided learning aids—such as braille machines—to schools. A respondent showed us the equipment at the school and confirmed that it was still in use.

"The students have acquired the knowledge on how to operate a braille machine and the typewriter. But we are not letting them handle the machine completely without guidance... we were making use of the slate and stylus every day."

Above: One of the braille machines provided by the CCEHiN project.

Similarly, another respondent noted this on the use of braille in the classroom:

"When we are having our examination now, after reading it in normal handwriting letters, they will now use their machine to convert it to braille which is very easy now. Before you had to dictate."

These insights highlighted the continued use and relevance of the learning aids provided through the project, demonstrating sustained impact and integration into teaching and learning practices.

Screening and referral: A major achievement of the CCEHiN project was the training of 3,300 school teachers on screening and mainstreaming children with low vision into regular schools. This initiative has led to the establishment of routine eye checks as part of school admission process—which is in addition to the screenings provided to children visiting health facilities for other reasons.

A teacher at a school for children who are blind or have low vision in Kano State shared her experience of the CCEHiN project and its successes to date, stating:

"If we are to say something about the screening, I think we've [the school] gained a lot out of it... Because we have many students... the program that was held has returned their vision. We had a boy that was taken to hospital after the screening. Then they discovered that he had a cataract. So, they took him to ECWA and he was operated on. The boy's vision has [improved], although it cannot completely return, he can work on his own. In fact, he does everything by himself."

Another teacher shared that students identified during school admission eye screenings were referred to hospitals for further assessment and care.

"When we received new students we tell them to go to the hospital and screen their eyes to know the capacity of their sight. If we have a case of sight problems, I used to contact ECWA and ask them to help a particular student on how to get the right path to the Hospital."

Capacity strengthening of health staff at the state level

What was the approach?

In line with the WHO's health systems framework, the CCEHiN project aimed to contribute to the development of a skilled health workforce, with capacity strengthening at all levels being a crucial element in achieving this.

Training of eye health personnel: Human resource development was a key building block in the CCEHiN project. Targeted training was provided to eye health professionals—including surgeons, ophthalmologists, optometrists, ophthalmic nurses, and primary healthcare workers—to enhance service quality and delivery. Training sessions were adapted to suit different contexts, ensuring relevance and effectiveness.

A key learning from the programme showed that increasing the number of personnel trained across a range of specialisations attracted higher patient volumes, which, in turn, enhanced hospital reputation and increased revenue.

72 optometrists were trained—42 above target.

115 ophthalmic assistants/ nurses were trained.

306 ophthalmologists were trained—6 above target.

2,303 Primary Health Centre workers trained in eye care —66% above target.

Above: An ophthalmologist trained during the CCEHiN project checks a patient's eyes at HANDS Hospital.

What has been sustained at the hospital level?

The CCEHiN project led to lasting improvements in eye health services at the hospital level, particularly in optometry and eye surgery, staff capacity, and referral systems.

Improved eye care—surgery and optometry: With appropriate training and a clear referral network in place, government structures continued to effectively leverage primary healthcare staff to identify cataract cases for surgery. Well trained and committed staff, including mid-level personnel, continued to help relieve pressure on more specialised eye health personnel.

A surgeon at the ECWA Eye Hospital in Kano State highlighted the impact of these training initiatives, noting how it had led to an increase in surgical capacity and a reduction in follow-up visits to the hospital:

"In the case of the optometrists, their refractory capacity has increased. There used to be two, now there are three, and then we have had an increased number of refractions in the hospital. Now, when you talk in terms of ophthalmic nurses, the ophthalmic nurses were trained both in-house and outside. We trained the ophthalmic nurses during the program for the state secondary [healthcare] centers who do refractions. We also trained optometrists, so the patient doesn't need to travel. When we talk about follow-up for most adults, they don't need to come to us because they have optometry at the secondary [healthcare] centers. They do the same refraction and get their results. So, the follow-up coming to us has reduced because of this group of people that we have trained for the secondary [healthcare] centers."

Specialised training and workforce development: A respondent who was trained through the CCEHiN project and now works as an ophthalmic nurse at the ECWA Eye Hospital shared that in-house low vision training was conducted, and several staff members were sent abroad for specialised training:

"One doctor was sent overseas for low vision training and then the other senior consultant also went. The Centre Medical Director went for the Art of Terminologies course during that period of 2013–2016, and another doctor also went and was trained in ophthalmic nursing. Some nurses were sent for training and they eventually graduated as ophthalmic nurses."

Further testimony from ECWA Eye Hospital staff evidence the sustained impact of eye health training provided through the CCEHiN project, while a respondent from HANDS emphasised the wide-reaching impact of the training, enhancing the skills of various groups of eye health practitioners.

"Certainly, because some of our doctors here benefited from the trainings. [Two doctors] and [another doctor] who is an optometrist also benefited from those refresher courses during the Seeing is Believing project [CCEHiN project] and they are using it in the hospital and for this project that we are doing now."

- ECWA Eye Hospital staff member

"There was a lot of manpower development in terms of training and enhancing the skills of various cadre of eye health practitioners, ranging from and creating awareness and consciousness towards child eye care diseases or challenges. All these cadre, they practice generally, but this one was skewed towards eye care, ranging from ophthalmologists, optometrists, and ophthalmic nurses, even midwives, general nurses, teachers, traditional birth attendants, the ones we call CDDs (community directed distributors) in the community that distribute NTD (Neglected Tropical Diseases) drugs. So actually, it enhanced their skill awareness as they were able to identify children with eye problems at schools and at the community level."

- HANDS staff member

An optometrist at HANDS also reported improvements in service delivery and access to essential equipment for comprehensive child eye care since the project closure:

"Yes, there has been great improvements in those service deliveries and access to equipment that children will need for comprehensive child eye healthcare. Yes, access to the devices and services as well."

Hospital referral services: The sustainability of hospital referral systems was a key outcome of the CCEHiN project, with trained personnel and well-established pathways continuing to support effective patient care and surgical interventions.

A surgeon at the ECWA Eye Hospital reflected on the positive impact of a well-established referral system in expanding access to eye care services. They noted that referral pathways developed during the project have continued, leading to a significant increase in surgical cases:

"Yes, there has been improvement in terms of number of patients that come for surgery because of the pathway that was established at that time. So surgically, we have increased in the number of patients, both adult and paediatrics... and that has increased the number of patients coming to the hospital."

A respondent from ECWA Eye Hospital described the dual referral system currently in place: one developed by ECWA Eye Hospital and another by the government. The government pathway involves general ophthalmologists trained by EWCA Eye Hospital, stationed at the general hospital and specialist state hospitals, who refer complex adult cases and paediatric cases to ECWA Eye Hospital. The ECWA pathway, on the other hand, stems from its community initiative project, where personnel trained by EWCA Eye Hospital are positioned in rural areas to identify and refer patients to the hospital.

An optometrist from HANDS shared how referrals for children from neighbouring states—initially engaged during the CCEHiN project—remain active:

"Yes, we still get referrals from neighbouring states that were captured during the Seeing is Believing project [CCEHiN project]. Last week I got a referral from the specialist hospital in Lafia, Nasarawa State to prepare a child for surgery for next Monday. Basically, those children with eye conditions that require specialist intervention are being identified in those areas and then they get a referral letter to come down to the teaching hospital to be reviewed or to be seen. To reduce much

trouble for these children, instead of going through the normal pathways, they are being activated immediately. So, instead of just ending at the triage level, their kids now get to come to our table the same day and a decision is taken on what to do next for the children."

The use of health facilities across all three levels of care—primary, secondary and tertiary—was instrumental in ensuring the referral process was followed from start to finish and that people had access to free eye health services offered by CCEHiN project. The views below were posited by two respondents from EWCA Eye Hospital and HANDS on the sustainability of the referral pathways today:

"It's the same pathway we are using now for this project we are doing. It's the same pathway. Nothing has changed. Only that we removed a particular component which is the secondary variable, as we felt is too difficult for the patient. From primary, patients just come straight to the tertiary. Initially it was from primary, then you go to secondary, then you come here. So, we removed that of the secondary so they just come straight here. It's the same pathway people are still using."

– ECWA Eye Hospital staff member

"Yes, the referral pathway is still very much intact in all these new projects. They also try to train or a kind of refresher training, but I can bet you that the ones that were trained before are ready and well, and they keep on moving patients from their own side. You will hear somebody say, oh, he's coming from so and so village from the health care centre where he was referred to the general hospital. If the case is above them, then they will not go to the tertiary hospital."

- HANDS staff member

Accessibility in eye healthcare centres: In line with CBM's inclusive approach, training on accessibility and disability inclusion were core components of wider capacity strengthening interventions. CBM provided inclusion training to all staff at the partner hospitals to enhance their understanding of accessibility and universal design, and improve inclusive eye health services. The training focused on eye unit adaptations, attitude change, and using appropriate language when engaging with people with disabilities.

A respondent from ECWA Eye Hospital shared the impact of these efforts:

"We pulled down the old building that had no accessibility. Now, we have put in a new building that has accessibility in three ways: through ramps, through lifts, and through wheelchairs. No person with a disability comes to our facility without having a comfortable assessment. CBM contributed seriously because they told us and then we went ahead with their recommendations."

Another respondent from ECWA Eye Hospital added:

"There were some wards in the hospital that before now you could not access easily. But we have created ramps in those wards, including the toilets and even residential areas. So, it's as a result of the campaign, the Seeing is Believing project [CCEHiN project], on disability that is working for us now. And I can tell you, everybody is getting aware of this."

Health infrastructure strengthening: The CCEHiN project played a pivotal role in strengthening health infrastructure by providing equipment to eye health facilities across supported states.

A respondent from the ECWA Eye Hospital highlighted the lasting impact of this support:

"CBM ensured that we got some basic equipment, modern equipment to improve our surgical outcome... the equipment that Seeing is Believing [CCEHiN project] gave us, we are still using them, they are functional, all of them. None has broken down."

Building resilient infrastructure is critical not only for improving eye health service delivery but also for ensuring sustainability beyond the life of any project.

Staff attitudes and disability awareness: This enquiry also looked into staff behaviour and attitudes towards people with disabilities, and whether disability awareness materials—such as posters and guidance information—were still being used in the health care centres.

In response to the question, "*Do staff in your facility discriminate against people with disabilities?*", a staff member shared:

"None of that. We have been trained and we have a committee, so every member of staff is aware of disabilities. When you see people with disabilities, you go out of your way to make sure that you help them, make them comfortable. I give them priority when it comes to services."

Another respondent from ECWA Eye Hospital spoke about the presence of guidance materials and inclusive practices:

"We have guidance [on disability inclusive policies], though we don't have posters showing therapeutic services. But we have guidance, awareness, and information for staff and the patients have never been discriminated against... In fact, when we see people with disabilities, some with crutches, some the relations will be carrying them around, some we provide wheelchair to ease their movements. Even those who have crutches, we give them the wheelchair seat and those who prefer to use their crutches, we guide them to use the ramp instead of using the stairs."

Collaboration with government hospitals and eye centres: Collaborating with government partners—who serve as the primary duty-bearers for health services—was crucial for achieving long-term, sustainable improvements in eye health service delivery. These partnerships also played a critical role in developing strategies to ensure that the outcomes from the CCEHiN project were sustained beyond its conclusion.

The Chief Medical Director of ECWA Eye Hospital shared insights into their organisational partnership and collaboration with the state government and institutions of learning:

"We have a very good collaboration. We have collaboration with Aminu Kano Teaching Hospital. We have collaboration with the Leta High Institute, and we have a collaboration with Iwa Ume University Hospital in South Korea. With Aminu Kano Teaching Hospital, we are collaborating with their lecturers that come here to give our student lectures. And at the same time, some of our nurses go there for special training. Then with Leta High Institute, the very first consultant that was trained by Leta happens to be our own staff here. That is the Chief Medical Assistant, who is now giving them training in both Phaco [Phacoemulsification] and combined surgery. By the end of this month, he will be traveling to Ibadan for that program, which is on constantly to have exchange. We are also planning to have a Zoom clinical presentation between our centre and Leta High Institute and then the one of South Korea."

Above: A participant of the CCEHiN project, who regained her vision through the initiative, holding a book she authored.

Sustainability of outcomes at implementing partner level

What was the approach?

Overall, the CCEHiN project was well planned and executed. A key strength of the approach was the strategic partnership with ECWA Eye Hospital and HANDS—organisations that already had established structures and experience delivering eye health services in their respective states. This foundation enabled high-quality programme delivery and fostered local ownership, which is essential for long-term sustainability and community acceptance, both during and beyond the life of the project.

What has been sustained at the implementing partner level?

SiB model continues: ECWA Eye Hospital and HANDS attribute the wider acceptance of recent eye health projects in their respective states to the lessons and experiences gained from the CCEHiN project. These insights led ECWA Eye Hospital and HANDS to adopt not only a holistic and integrated approach, but an inclusive approach that focused on strengthening national eye health systems at both policy and implementation levels, improving access to care at all levels.

A respondent from HANDS asserted:

"After the Seeing is Believing programme [CCEHiN project], we've had the comprehensive eye care in Jigawa State which was patterned after Seeing is Believing by CBM International." [4]

Similarly, a respondent from ECWA Eye Hospital noted:

"For me, this comprehensive and inclusive eye-health project is just a continuation of Seeing is Believing [CCEHiN project], because from the beginning, I was part of the people that drafted the project design. From the beginning, we were asked what were the gaps that we discovered during Seeing is Believing and how could this fit in this new project that we are doing."

4 In 2019, the former CBM International Federation divided into two separate entities—CBM International and CBM Global Disability Inclusion.

Left: The CCEHiN Project Manager at HANDS.

Government collaboration: Through coordinated efforts, the CCEHiN project supported the development of advocacy strategies, at both a national and state level. By engaging key stakeholders—including federal and state medical associations and government bodies—this process helped identify key policy issues, which were then addressed by the CCEHiN project.

A respondent at the ECWA Eye Hospital noted:

"Before Seeing is Believing, government had almost no involvement in child eye health. But as I'm talking to you now, government has constituted a state steering committee on eye health and they are very, very active. They move around to see which area government can come in. They have visited us about two times now and we told them about this project that is going on and we are just waiting for us to finish the co-creation workshop of this comprehensive and inclusive eye health so that we can go with specific data to confront government on areas that they can scale up and also get involved. But I can tell you, government is coming up in terms of eye health care in the states."

Disability inclusion: Through the CCEHiN project, ECWA Eye Hospital and HANDS worked closely with people with disabilities to identify and address barriers to accessing eye care, ranging from physical and economic to attitudinal. A key focus was on infrastructural development, not only to better equip hospital buildings, but to make sure they were accessible for people with disabilities. This included the development of disability inclusion policies and the installation of accessible features such as ramps and accessible toilets, creating a safer and more welcoming environment for all at the institutional level.

A respondent at the ECWA Eye Hospital stated:

"As a result of the learnings of Seeing is Believing, we decided to form a committee on disability and safeguarding. This committee, what they do is create more awareness and let people understand that stigmatisation of any kind is not accepted. So, in ECWA now, we have a committee on disability inclusion development. There is a focal person on ground and in the whole of our facility, there are areas that we identify as gaps in accessibility. Those areas have been fixed.

Factors undermining sustainability

This section outlines the key challenges to sustainability as identified by respondents.

Shortage of skilled eye health personnel: While advocacy efforts under the CCEHiN project have had a significant impact on the eye health sector in Kano, including contributing to an increase in the number of eye health clinics opened across the region, challenges remain. Chief among these is the ongoing shortage of skilled eye health personnel. Capacity and resourcing constraints threaten the sectors' ability to meet growing demand, and challenges the long-term sustainability of eye health services in the region.

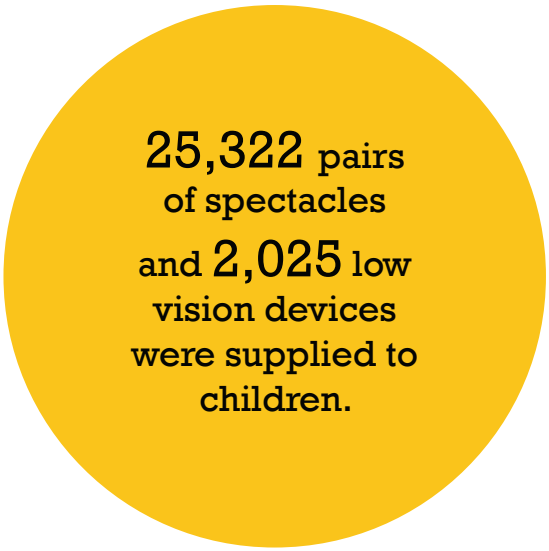
The eye health desk officer from the Ministry of Health in Kano State noted:

"Due to changes in government and politics, some of the policies have been changed. The previous government followed it, where some clinics became priority because there were only eye hospitals within the cities. Now, with the initiative of your programme, there are some [eye] hospitals that have opened in different parts of Kano—about five of them. Some of the equipment was purchased, but the only problem was manpower, like paediatric ophthalmologists... There was effort to make sure that this is networked in all the state and all the while the data will be collected at the centre for appropriate management and data analysis. But now, that all is not in place."

Availability of low vision devices and consumables: A consistent concern raised by eye facility staff was the ongoing lack of low vision devices and consumables required for essential eye care, including cataract and other eye surgeries. Respondents noted the unavailability of affordable spectacles and low vision glasses to cater to those in need of eye care. This shortage hinders the long-term impact of the CCEHiN project.

As one respondent noted:

"During the programme, they took some of these low vision devices to Katsina State. The ones they gave to us, we exhausted them in no time. Right now, we have patients that need low vision devices, but there are no visual devices available all over the country. We try to access them, but we can't get them. "



Teacher transfers and resource gaps: While teachers continue to conduct routine eye checks and make use of existing resources such as the training manual and braille machines, these efforts alone are not sufficient. Respondents from schools for children who are blind highlighted that ongoing challenges—such as frequent teacher transfers and a lack of essential resources, including updated training modules and visual devices like eye charts and torches—which continue to undermine the sustainability of CCEHiN project interventions.

Respondents from a school for blind people in Kano State said the following:

"Some teachers that acquired the knowledge have been transferred to other schools. Our teachers received training only on how to conduct the screening of the students' vision, but we don't have any material to do that. The trained teachers who are supposed to conduct the screening have been transferred to other schools. I have participated in teaching of our staff about the experience I have, but they showed to me no interest to learn, then I had to stop."

"There is need for reviewing the manual and making the scope wider for the benefit of the students. I spoke with the Admission Officer and they also emphasised the need to review the manual.

"We are still doing it. But our problem is that we don't have the materials required for the screening. We need the materials for eye screening and the typewriters, because there is few in the school. During the lesson, no student can get a single typewriter for himself or herself. One has to share it with his colleague. The lesson in the manual should be expanded."

Budget constraints: Sustaining impact at the public level remains challenging due to limited budget allocations for inclusive eye health in the former CCEHiN project states. Annual recurrent budgets continue to fall short, highlighting the need for increased private donor funding to bridge this gap and support ongoing service delivery.

An administrator from ECWA Eye Hospital stated:

"Yes, as you can witness and testify the backlog of blindness in Kano and Jigawa is something you can only imagine. Sincerely, if you go to the radio station now and make an announcement just for three seconds that there is free eye surgery in Kano. The number you will see here, you will run away. So, it's overwhelming people that have needs for eye healthcare."

Conclusion

The CCEHiN project achieved outstanding results in comprehensive eye health care delivery in Nigeria. Reaching nearly 52 million people—well beyond the original target of just over 18 million—the programme made significant impact in advancing eye health across the 11 project states. This included the promotion, prevention, treatment, and rehabilitation of children with visual impairment and blindness.

As highlighted throughout this report, the CCEHiN project met—and in many cases exceeded—expectations. Its success is further reflected in the continued adoption of the SiB model by other eye health initiatives across the states, even after the project's conclusion. These projects have integrated adaptable components of the SiB model, including referral pathways, training and capacity strengthening for health staff and volunteers, infrastructure development to improve accessibility, and strategic partnerships and collaborations to deliver effective and efficient eye health programmes.

Feedback from respondents indicate that the achievements gained through the CCEHiN project have given them a deep sense of fulfillment and joy, as they have been able to serve their communities with pride. However, while the reported gains are substantial, further enquiry is needed to assess the sustainability of these impacts across more project locations. Expanding the scope of the enquiry and interviewing more respondents will be essential to critically examine these impacts and build a more comprehensive evidence base on the long-term impact of the CCEHiN project outcomes.

Above: Staff from HANDS who implemented the CCEHiN project.

Acknowledgments

This sustainability review would not have been possible without the dedication and contributions of many partners and stakeholders. We extend our sincere appreciation to Standard Chartered and the International Agency for the Prevention of Blindness (IAPB) for funding and guiding the Seeing is Believing programme. Special thanks go to our implementing partners, Health and Development Support Programme (HANDS) and ECWA Eye Hospital, whose leadership and commitment ensured quality delivery and long-term impact.

We are grateful to the Federal and State Ministries of Health and Education of Kano and Plateau states for their collaboration in embedding child eye health into systems and policies. Our appreciation also goes to the teachers, health workers, community leaders, and parents whose active participation and commitment have sustained the project's outcomes.

Finally, we acknowledge the contributions of all children and families who engaged with the Comprehensive Child Eye Health in Nigeria (CCEHiN) project. Their stories, resilience, and experiences remain at the heart of this work and continue to inspire future efforts in inclusive eye health.

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2025