1. **COMMENTS FROM CBM**

The project, initially known as P1042 (formerly 4081-MYP), took place from 2021 to 2023, concluding in 2023. It aimed to enhance the efficiency of Comprehensive Eye Care, ENT, Epilepsy, and Physical Rehabilitation Services for the rural community, with a specific focus on persons with disabilities and those at risk in Butajira town and its surroundings. Despite the absence of an initially quarterly distributed work plan, the project successfully executed planned activities in each result area, adhering to the scheduled timeline. During the reporting period, the partner exceeded planned targets, reaching over 24,000 impoverished rural individuals with quality health services, including eye care, ear and hearing care, epilepsy treatment, and physical rehabilitation. The staff's additional commitment and extra hours contributed to surpassing the project's objectives.

Major findings highlight the project's success and positive impact on the targeted community. Adequate qualified staffing was ensured for the implementation of planned activities, with the following roles:3 Ophthalmic Nurse: 3,4 Optometrist: 4,2 Ophthalmologist: 2,1 Cataract surgeon: 1,3 Integrated Eye care workers: 2, and 3 Clinical Nurses. Additionally, 2 residents come to the center every quarter for hands-on training, if not regularly.

* Most of the project planned activities were executed within budget and schedule; approximately 120 patients visit the center daily seeking medical attention in specialty areas.
* Common eye health problems treated include trachoma, cataract, glaucoma, and Refractive error, with an average of 60 to 70 patients daily. Rural communities are well aware of the services.
* Dr. Uta conducts minor and major surgeries quarterly, accompanied by 2 residents during each outreach service.
* Regular health education sessions, lasting 15 minutes, are provided by an ophthalmic nurse and Health Officer in the waiting area for patients and their caregivers.
* Five TT surgeries are conducted daily at the base hospital for free, requiring a registration card fee of ETB 50.00. Patients receive food and bed services.
* Weekly, 40 to 50 patients undergo surgery for ETB 2,500 or free for those who cannot afford it; private clinic costs can reach ETB 20,000 or more.
* Eye glasses provision with frames of different quality ranges from ETB 290.00 to ETB 1,100. Eslor Foundation provides the glasses.
* Qualitative and quantitative data collection are emphasized, with plans for training staff on data collection, storage, analysis, and reporting skills.
* Patient satisfaction assessments are conducted verbally, identifying deviations in the provision of LV services due to a budget shortfall.
* Monthly LV case follow-up includes 3 patients, two of whom are school children.
* Fifty primary schools receive support for eye health promotion.
* Newly admitted patients’ number 25, with 5 willing to use assistive LV devices. Non-optical devices like torch lights and canes are provided for rehabilitation support.
* Two staff members received LV training from Dr. Karin, the global LV advisor.
* Budget utilization was at a 74.81% burn rate.
* Timely delivery of quality narrative, statistics, and financial reporting was achieved.
* GTM staff are responsive to various communications from CBM.
* GTM maintains good collaboration with government stakeholders such as the health office, finance and economy office, and education office, as well as women and social affairs office.
* Recently delivered eye health and ENT equipment are functional, but some require calibration.
* Active and progressing procurement management, including the software.

**Major Challenges:**

* Low patient flow, especially for TT surgery, attributed to cultural and religious reasons.
* ORBIS project intervention overlaps, providing incentives to patients (e.g., training fees, surgery payment).
* Tribal conflict hindered outreach activity implementation in some areas.

Resuming this eye health project after a temporary halt can yield several major benefits:

**Enhanced Accessibility to Eye Care Services:**

* + - The project's resumption allows for the re-establishment and expansion of eye care services, making them more accessible to community members.
    - Increased availability of eye care facilities and services can contribute to early detection and timely intervention for various eye conditions, promoting overall eye health.

**Data Continuity and Impact Assessment:**

* The project's continuation enables the collection of additional data to assess its impact on the community.
* Analyzing the data helps in understanding the effectiveness of the interventions, identifying areas for improvement, and making informed decisions for future phases or similar projects.
* Partnership Strengthening:
* The hiatus might have strained relationships with project partners and stakeholders. Resuming the project provides an opportunity to re-engage and strengthen these collaborations.
* Strong partnerships can lead to better resource mobilization, knowledge sharing, and a more comprehensive approach to addressing eye health issues.

In summary, I would suggest to further fund the program at GTM to resume the eye health project after a phase-out period, because it would bring about sustained positive impacts on community eye health, accessibility to eye care services, education, sustainability, data assessment, partnerships, and adaptation to challenges,