THEORY OF CHANGE



WHAT WE DO

Infrastructure development

private sector engagement and roll out of Social Enterprise models for spectacles and assistive technology supplies

Community Mobilisation:

demand generation for appropriate eye health care

Advocacy of eye health

policy and support for implementation

Building human resource for eye health capacity and development through formal and informal training

SHORT TERM OUTCOMES

Eye health facilities constructed and equipped with robust and affordable glasses and assistive technology, with supply chains in place

Development of SBCC strategies, that raise

awareness of the need for routine eye testing, treatment and wearing glasses

Government commitment to eye health. Eye health

staff trained and assigned to health facilities. Governments allocating funds for eye health in SHPs and outreach services

LONG TERM OUTCOMES

Improved availability, access and use of eye health services and products.

Improved knowledge and practice of good eye health in schools and communities

Equal distribution of eye health medicine equipment and staff, especially to the currently underserved or geographically isolated

Eye health is effectively integrated at all levels of the health system, and supported in policy and budgets. Eye health staff employed and paid by government.

IMPACT

Strengthened Eye Health System

Reduction in prevalence of URE in all age groups



Improved eyesight



Improved school performance



Improved health and well-being



Improved socio-econimic development



Improved productivity of workforce

FOUNDATIONS

GENDER EQUALITY

SOCIAL INCLUSION

ACCOUNTABILITY

HEALTH SYSTEM

VALUE FOR MONEY

SUSTAINABILITY

SAFEGUARDING

STRENGTHENING