

Kenya Marsabit Trachoma Control Programme End of Term Evaluation

Executive Summary

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Introduction and Background

Trachoma is the leading infectious cause of blindness worldwide, and responsible for the loss of an estimated 1.3 million disability-adjusted life years (DALY), mainly in sub-Saharan Africa. Trachoma is caused by infection with the bacterium *Chlamydia trachomatis*, but the condition has a number of clinical manifestations that are the consequence of current or past infection.

In 1998, the World Health Organization (WHO) established an international alliance named the Alliance for Global Elimination of Trachoma by the year 2020 whose goal is to reduce the burden of trachoma. The strategy recommended by the WHO to reach these targets is based on a combination of interventions known as SAFE, standing for Surgery, Antibiotics, Facial cleanliness and Environmental improvements.

The trachoma baseline survey carried out in 2011 by the Ministry of Public Health and Sanitation, in collaboration with Sightsavers, found prevalence rates of Trachomatous follicular (TF), at 14.1%, and Trachomatous trichiasis (TT), at 1.7%, in Marsabit County and defined the situation as a public health concern, relative to the WHO thresholds.

Since April 2011, Sightsavers have been implementing a Trachoma Control Project with Comic Relief funding of £700,000 in Marsabit, Kenya focusing on the scale-up of the WHO SAFE strategy. In addition to the four SAFE components presented above, the project also adopted a fifth component focusing on Government of Kenya's capacity building for sustainability at the end of the project.

Purpose of the evaluation

The purpose of the evaluation is to assess whether the project attained the expected outcomes at the end of the Comic Relief funding. The latter was initially set to run from April 2011 until March 2014 but due to the time required to properly plan implementation at the onset of the project (nine months), a no cost extension was granted, extending the funding period until December 2014. This evaluation reviewed the achievements done from April 2011 to December 2014 but against the targets set for the first three years of the five-year Marsabit Trachoma Control Project.

The evaluation assesses the factors that have impacted on the final intended and unintended results of the project to date and examines also the following:

- The extent to which the project has achieved its objectives as outlined in the project document.
- What could have been done differently if anything and what needs to change to improve on the project's delivery.

- Determine the relevance, effectiveness, efficiency and impact of the project interventions.
- The extent to which the project interventions were sustainable; and
- Document key lessons learnt from the project implementation and any best practices.

Methodology

The evaluation was designed to collect a combination of quantitative and qualitative data to inform responses to the key defined evaluation questions, focusing on relevance, effectiveness, efficiency, impact, sustainability, scalability and coordination of the project. The quantitative data was collected to provide evidence on whether the projects' original targets and objectives had been achieved and the qualitative data were collected to provide insights on how the project was perceived and to identify what was done well and what could have been improved to answer questions on lessons learned.

A set of six Tools was developed to facilitate the process. Data was collected through desk review of key documents, key informant interviews (KII's) and focus group discussions (FGD's) with project beneficiaries. Data collected through each of the above methods was analysed separately in user-friendly Excel databases.

Summary and conclusions

Overall, targets were met or nearly met for 12 of the 14 measurable indicators with only the target on number of surgeries performed not met (86% of target achieved). Serious delays in implementation were experienced in the first year of implementation (and for some activities in the second year too). These seem to be attributed to the initial project implementation structure working through the key implementing partner, KSB who were not present on ground and had limited trachoma experience. Overall, however, the project made significant progress in the third year, meaning that the overall cumulative performance at the end of the Comic Relief grant was good. Considering the achievements as at December 2014, the project is well placed to meet its end of five year targets.

Findings and conclusions by the five intervention areas are detailed below:

Surgery

The intervention was found to be very relevant to the local context and the cumulative achievement at the end of three years was good at 86%. The success of achievements can be attributed to active case-identification, community mobilization and outreach surgeries; beneficiary feedback has been very positive. While it is likely that the project will meet the target for this intervention by Year 5, long-term impact may be better complemented by rolling out 'F' and 'E' components more rapidly and widely. Immediate impact shows that the backlog in the intervention area has been reduced for now but longer term impact can only be measured by looking at future prevalence rates during post intervention or end of project assessments. With elimination being the ultimate goal, the reduction in transmission and resulting infections should diminish the need for surgeries entirely over time.

Antibiotics

Mass Drug Administration coverage was split by geographical location, with the Marsabit sub-counties completing three MDA's and Isiolo sub-county completing two rounds during this evaluation period. The MDA rounds all achieved a higher percentage coverage than is recommended by WHO. At the end of the evaluation period, one round of MDA was pending in Isiolo sub-county and an impact survey is needed to follow. The recommendation on timing for the impact survey is not before six months post MDA, it will determine whether or not a fourth round is required and if so, to see if it can be implemented within the project period.

Facial cleanliness

The target for the number of children with clean faces cannot be assessed by the Evaluator who noted methodological issues with the measurement of this indicator. The school health clubs were in place and were disseminating information regarding improved hygiene particularly with regard to face-washing and this is likely to have shown a resultant change of the behavior of individuals. The installation of water tanks at schools gave the children access to clean water ('E' component) and this would be able to facilitate the behavior change in messages regarding face and hand washing.

One of the limitations of this component has been the lack of a context specific BCC strategy and campaign. This should have been at the forefront of project implementation as behavior change takes time to be established in communities where their traditional behaviors are being addressed. Though the KAP survey was conducted to inform the development of materials, Sightsavers chose to postpone this activity. A comprehensive national F&E strategy has been developed and is set for roll-out in Q2 of 2015

Though this component was designed to be illustrative and used as a model to be replicated, the evaluation finds that a wider coordination with WASH partners including the government could have resulted in wider awareness and interest in trachoma and may have led to increased leverage in partnerships for dispersing BCC messages and potential resources for infrastructure development in the target areas.

Environmental improvement

Three out of the four targets were achieved. These were installation of water tanks at 11 schools, provision of hand-washing vessels at 11 schools and the rehabilitation of one community borehole. The number of villages with functional hygiene facilities were not monitored in line with the original log frame indicators because WASH infrastructure activities were replaced with the adoption of the CLTS approach and resultant ODF certifications, seven out of 11 villages were certified by the end of the NCE. The four villages that are not currently certified are expected to achieve this in 2015.

This component was also designed to be demonstrative and used as model to be replicated. The evaluation finds that increased coordination with WASH partners including the government may have enabled wider awareness and interest in trachoma and perhaps been able to leverage partnerships and potential resources for infrastructure development in target areas

GoK capacity building

In addition to all of the target meetings and sub-county health team sensitizations being met, the project also successfully trained 12 TT surgeons, it supported the training of one ophthalmic nurse and one cataract surgeon to run the eye health unit that was completed by the end of the NCE. The eye unit was completed and ceremonial handover had been agreed with the county health team. The handover of management and consumable expenses is expected to be phased annually. At the time of evaluation, surgeons in high prevalence areas had been trained but they had not been provided with the surgical tools and as such reported being restricted with regards to attending to walk-in TT cases at their facilities, though the reasons for the projects decision to not supply the tools has been outlined.

Relevance	Effectiveness	Efficiency	Impact	Sustainability	Scalability / Replication	Coherence / Coordination
Highly Satisfactory 	Satisfactory 	Satisfactory 	Satisfactory 	Caution 	Satisfactory 	Satisfactory 

Recommendations

Project level:

- Continue to work closely on Inter and intra-sectoral collaboration and coordination at government, non-governmental and community level to ensure rapid scale up of 'F' & 'E' for sustainability of 'S' & 'A' achievements and improvements to health in general.
- Further activities to be identified for increased sustainability and ownership which include partnership with the County Health Team and leveraged resources for funding of all elements of the SAFE strategy to take Trachoma to elimination by 2019.
- Ensure that the project documents (proposal, log frame) include all interventions implemented by the project for more accurate and fair measurement of progress.
- Developing a Monitoring and Evaluation (M&E) plan and framework for internal monitoring with structured, verifiable data collection systems and tools.
- Reviewing indicators identified for methodological issues, these are number of surgeries with good outcome, number of school children with clean faces and number of schools and villages with at least 80% of children with clean faces.
- Identifying data needs for impact assessment and Value for Money (VFM) (if desired).
- Highlight geographical areas outside the project areas that may require roll out of activities.

Intervention level:

- Distribution of surgery tools to HF's with trained eye health surgeons attached to them.
- Refresher surgeon training prior to end of project.
- Rapid survey to inform next steps regarding MDA during life of project. 11) Development of context specific BCC based on Marsabit KAP survey results. 12) Expansion of (Community Led Total Sanitation) CLTS through Community Health Workers (CHWs) at no cost to the project.