Elimination of blinding trachoma in Guinea Bissau: End of 3-year phase evaluation (2013-2015) – Final Evaluation Report

Executive Summary

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Published

March 2016

Introduction and background

The trachoma project under evaluation was a 3-year phase of a long-term SAFE intervention in Guinea Bissau. Sightsavers' work in Guinea Bissau began in 2001 and the full SAFE strategy was introduced in 2009. This project under evaluation covered 2013-2015.

The objective of the end of term evaluation for this 3-year phase was to:

- Assess overall achievement of outputs against targets at the end of this 3-year period of project implementation.
- Identify lessons learned from implementation to inform the following project phase
- Make recommendations to facilitate Follicular Trachoma (TF) and Trachomatous Trichiasis (TT) elimination.

Methodology

The independent evaluation took place between December 2015 and March 2016, combining document review with qualitative data gathering from key stakeholders, implementation partners and beneficiaries in Guinea Bissau. A total of 53 interviewees were involved in the evaluation. This included individual face-to-face interviews, focus group discussions and telephone and Skype interviews. Field interviews took place in three regions of Guinea Bissau from 1st to 5th February 2016: Bissau, Farim and Biombo.

Results

The evaluation addressed seven main criteria (see table below), each with specific subquestions. Despite an extremely challenging operating environment, which is likely to continue to be the case, the project has made good progress on many levels, ultimately resulting in genuine improvements to the quality of many people's lives.

Headline achievements in the past three years (2013-2015) include:

Roll-out of the SAFE strategy to five more regions of Guinea Bissau, now covering

56% of the country's population

- 4,784 TT surgeries performed
- 47 new surgeons trained
- MDA coverage rate of 94% across the project regions (range 86% to 97%)
- Trachoma prevalence reduced to 0.3% in Cacheu region, the 4th region of the country to achieve successful impact on the disease and a significant milestone towards elimination of trachoma in the country
- 1,838 community health workers trained, plus 80 supervisors for the MDA work
- 400 latrines constructed, including 45 community latrines accessible by disabled people.

Although the evaluation highlighted areas for continued improvement the country has made, in the words of one expert interviewee, "astounding progress.... achieved with minimal support. None of this progress would have been achieved without Sightsavers."

Evaluation Criterion	Comment	Rating
1. Relevance	The project is highly relevant to Guinea Bissau's national eye care programme: it is integral to the national plan. The project is based on robust, evidence-led strategy, and it adapts sensitively to the local operational context. The limited extent of beneficiary input and feedback prevents a higher rating at this stage and this could be remedied in future phases.	Satisfactory
2. Effectiveness	While the project has made significant progress on health systems strengthening and excellent use of research and monitoring, the continuing imbalance between SA and FE elements is important and needs to be addressed. Historically Sightsavers specialty lies in the areas of S and A so they are naturally stronger in these areas but there was evidence of their endeavour to partner with appropriate organisations to complement their own expertise. This is evidenced by the building of latrines and restoration of water points in the Guinea Bissau Trachoma project which has been achieved through partnership. For the Ministry of Health in Guinea Bissau their strength also lies in the S and A elements of the project. There is recognition that in common with other Trachoma initiatives more needs to be done in terms of planning and making better use of other partnership opportunities in FE elements. The weighting given to this issue has affected the overall rating for this criterion, which would otherwise be satisfactory.	Attention

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3. Efficiency	Good operational management and monitoring systems are now in place. There is a high level of ability to overcome operational challenges (which have been severe at times in Guinea Bissau), combined with an enthusiasm for learning and a positive attitude to embracing change. The project demonstrates keen awareness of where improvements are needed in high-level coordination and the partners have actively worked towards securing those changes.	Satisfactory
4. Impact	The project is paying close attention to measuring outputs and impact, using recognised data collection systems and continuous quality improvement strategies. Given the contextual challenges in the country this is a real strength, and given that there are outcomes and wider impacts that are currently not being systematically tracked it is likely that the project's full effect is being under-reported.	Satisfactory
5. Sustainability	The relative weakness of F and E elements compared to the equal importance and weighting that is demanded within the SAFE strategy emphasises the need for co-ordinated attention to this area, which is widely acknowledged within the project. Not addressing these issues could jeopardise the sustainability of the project's gains.	Attention
6. Scale-up/ replicability	The operational systems developed for the programme are embedded and resulting in strong performance in S and A. There are further major health systems strengthening initiatives in Guinea Bissau that offer good opportunities to consolidate the project's achievements further. The need for improved leadership and coordination at Ministry of Health level is well understood by partners and plans are being developed to foster this	Satisfactory
7. Coherence/ co-ordination	The project itself is internally coherent but with more balance required in relation to F and E elements and more partners required for these essential elements of the strategy. There is considerable scope to increase the participation of key population groups at all levels from local community service users to national-level representative groups. There is a well understood need to improve coordination at Government level under the leadership of the Ministry of Health	Attention

Recommendations

These are made in four main areas and listed in order of priority.

1. Improve integration, leadership, co-ordination and partnership.

- 1.1. At Minister and Director of Health levels, ensure support for a National NTD Coordination Committee and create a new NTD co-ordinator post.
- 1.2. Ensure the trachoma co-ordination post is filled with a suitably qualified, dedicated and full-time staff member within the Ministry of Health.
- 1.3. Seek formal endorsement of the TAP and invite new partners to commit to it use it as the call to action for future phases.
- 1.4. Work closely with the WHO system strengthening initiative, harnessing its capacity building and system-wide leadership skill training.
- 1.5. Capitalise on the EU/UNICEF and WHO supported programme currently in place that is strengthening community health workers.
- 1.6. Map and regularly review the potential partner network within Guinea Bissau, focusing on strategically important partners and allocating staff time to developing those relationships at all levels.
- 1.7. Widen the range of stakeholders involved in management structures at all levels, with particular attention to beneficiaries and other priority populations of interest, being mindful of the SDG principle of "Leave No-one Behind".

2. Reinforce support to Facial Cleanliness and Environmental Improvement elements (F and E).

- 2.1. Develop a strategic and operational plan for F and E elements for inclusion in the TAP without these, the gains made to date could be at risk.
- 2.2. Record tracking data for access to latrines and water in project implementation regions.
- 2.3. Foster working relationships with WASH sector at strategic and operational levels.

3. Focus on overall quality and consolidation of progress.

- 3.1. Review content of teacher and community health worker training to ensure the intended roles are better communicated, and identify a follow-up system to maintain trainees' motivation and provide them with regular updates. Explore existing systems and structures in the country to achieve this. For teachers, ensure that support materials are provided consistently.
- 3.2. Disaggregate training output data for all categories of trainee to identify initial and follow up training provision separately, and provide more insight into the regional availability of trained personnel in different categories.
- 3.3. Develop strategic partnerships with WASH sector experts who can enhance the overall quality of F and E elements.
- 3.4. Make more proactive, two-way use of Sightsavers' internal quality and technical support systems and contribute project insights for wider dissemination though the Sightsavers partner network, WHO and Guinea Bissau government.

4. Enhance administrative and support systems

- 4.1. Supplement ongoing country office support programme with an intensive phase of partnership development support for 6-8 months, in line with recommendation 1.6.
- 4.2. Clarify and streamline the respective roles of the programme's various oversight and management structures and ensure that operational management and strategic decision-making roles are allocated appropriately.
- 4.3. Ensure that membership of each management and oversight structure has appropriate breadth and seniority for the role assigned to it, including appropriate levels of beneficiary representation.
- 4.4. Support devolved budget management with transparent budget overviews and clear spending frameworks.

In keeping with the spirit of recommendation 1, all recommendations are for the project as a whole and thus directed at the Ministry of Health in Guinea Bissau as overall steward of the programme, supported by Sightsavers during the continuation of the trachoma project. Specific recommendations 3.4 and 4.1 are for Sightsavers internal processes and country staff resource focus.