

Strengthening Sightsavers reach and impact in West Africa, Irish Aid

Executive Summary

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Published

November 2015

Introduction

This evaluation assesses the achievements from the first four years of the “Strengthening Sightsavers reach and impact in West Africa” 2012-2015 programme supported by Irish Aid. The overall objective of the Programme is to improve access to health, education and social inclusion for women, men and children living in target countries in West Africa. In addition to work in each country an increase in the understanding of disability issues in these countries was sought through a programme of development education in schools and wider public engagement in Ireland.

The funding level was fixed at 2.42% of all Irish Aid’s allocation to partners. This approximated to 30% of the budget for Sightsavers West Africa region activities. There was flexibility in the application of the Irish Aid funds to activities. This performance evaluation covers all in-country programme activities that were supported in part or fully from the Irish Aid budget. Visits were made by evaluation team members to four of the six targeted countries and to Ireland to examine a cross section of thematic activities. Additional information was collected and triangulated from reports, reviews and conversations with a range of stakeholders. A survey in Mali captured the views of 250 health care clients on the impact of the programme.

The report assigns assessment scores to each of the five specific objective areas against the 7 OECD/DAC performance criteria. This executive summary provides an average of these scores for each of the objectives. The relevance of the programme in all countries and all themes was considered excellent, apart from objective 4, where there are challenges in providing sufficient capacity building support to partners taking on programme implementation responsibilities.

Eye Health and NTD (Objective 1) Average score 4.0 Satisfactory

This evaluation in respect of Objective 1 has focused on the evaluation objectives, which the evaluators have taken to be an assessment of the extent to which the lessons and

experience from the work done over the years by Sightsavers on eye health in a number of countries of West Africa has been extended across the region.

The evaluators assessment and scores reflect findings in respect of this transfer of knowledge and its development in the different country contexts, which it is acknowledged are among the most challenging in Africa. The evaluators have referenced other assessments made on the delivery of services, for example a report following an Irish Aid mission to Cameroon, which recognises the excellent work done on eye health delivery by Sightsavers in that country. Thus findings, conclusions and recommendations reflect the progress made overall in relation to the longer-term strategic objective during this grant period, rather than the overall impact of Sightsavers long-term past support or the results of specific projects. In many cases, these are acknowledged to be achieving excellent results so far, and the potential to continue to move towards sustainable, replicable eye health systems in future phases. With its effective partnership model and networks developed, Sightsavers is in a strong position to deliver on this potential.

In the countries visited and to a degree in other countries, eye care is now integrated into the health systems at most levels and Sightsavers has made positive contributions to this dynamic through its health systems strengthening work.

In eye care and NTD, the countries were, at the mid-point of the initial four-year programme, mostly meeting or exceeding their targets and making very good overall progress. Subsequently, the three countries in which the Ebola epidemic curtailed work had noticeably reduced performance, having to halt mass drug administration (MDA) activities, but did achieve some results for eye-care indicators. The Senegal and Guinea main eye care programmes finished, leaving eye examinations and trachomatous trichiasis surgeries as the main activities in 2014. These programmes were concluded as part of the natural programme cycle for each programme. Evaluations have suggested potential new programme approaches for each. These are under consideration as part of the overall organisational eye health portfolio and in line with the eye health strategy and available resources. Sightsavers is now taking a phased approach to strategic redesign of such programmes and activities have restarted in Senegal. Work on neglected tropical diseases (NTD) mostly achieved their target results, generally with excellent coverage; there is a clear sense of direction and activities aligned appropriately with control or elimination. Where implementation issues have been experienced, no long-term set-backs are anticipated; further investment in surveillance work and community-level awareness and prevention strategies will continue to be required to ensure that the excellent progress towards control and elimination are maintained.

Since the mid-term review, Sightsavers has introduced a number of new initiatives for monitoring and supporting service quality and is maintaining this focus. It can be difficult for this to be provided satisfactorily by in-country partners themselves and Country Offices will

additionally benefit from current plans to recruit a further eye health technical advisor thereby increasing regional access to internal organisational technical eye care support.

In the countries visited and to a degree in other countries, eye care is integrated into the health systems at most levels but the national programmes nevertheless retain some vertical thinking and they receive little or no government funding for fulfilling their programme activities. Sightsavers exit from providing substantial support to eye health is still quite distant in most if not all of these financially challenged targeted countries, where in most cases budgetary support is mostly in the form of staff salaries and provision of infrastructure. While that support is not inconsiderable, often being well over 50% of overall eye health delivery costs, without attention to cost recovery and equitable service charge, sustainable financing is challenging in cash poor countries and societies. Exit strategies are at different stages of development in each country, ranging from close to sustainability in Sierra Leone to Liberia, where exit plans are in their infancy.

Inclusive Education, Objective 2 (Average score 4.4 – Satisfactory) and Social Inclusion Objective 3 (Average score 4.1 – Satisfactory)

There has been particularly notable progress in the social inclusion (SI) and inclusive education (IE) programmes during the last couple of years; they are now more focussed and have a better sense of direction and fit with sectoral good practice. This has to a large extent resulted from the combined effects of the recruitment of the West Africa SI and IE Advisor, the launch of the new Social Inclusion and Inclusive Education strategies, the SI and IE training events in Dubai and Dakar in 2015. The IE programmes visited in Sierra Leone and Senegal were considered relevant, and while adopting different approaches are aligned with the conditions of the local context.

The ultimate impact sought is for the pilots to be scaled up but it is too early to know whether the successful pilots will be adopted as a model for scale up by governments. There are promising opportunities in Senegal with the academic results achieved and the decentralisation process, likewise in Cameroon with a government decision to have one IE pilot school per regional headquarter and one per divisional headquarter. For the individual children and their families, there has been considerable impact not only in terms of educational attainment but also in social inclusion and perceptions of the disabled children and their families by the surrounding communities.

Continuing consolidation of IE processes will be beneficial in Sierra Leone and Senegal as well as elsewhere in the region; reinforcing the pilots together with further follow-through at Ministry level. Scaling up represents a challenge partly because of the small size of the pilots, which may not provide sufficient confidence in the evidence, and partly because of the need for financial data to provide evidence for scale up.

Many of the core elements needed for sustainability are present but social inclusion is a process requiring an ongoing range of broad strategies. The programmes are new and as yet

relatively limited in scope; they will benefit from extension in terms of the range of in country strategies employed, geography and time to achieve sustainable institutional and behaviour change. Several scalable and replicable components were identified for scaling up at national level but these would require external support as the responsible Ministries are typically among the worst resourced in relation to their responsibilities.

Both Senegal and Sierra Leone Country Offices are well networked and coordinating with other educational stakeholders and disability platforms although they are less well connected with the multi-lateral agencies. In these resource limited countries these international donors provide the bulk of funding and thus influence government policy and programming. Sightsavers needs to increase its country level leadership role in advocating for the mainstreaming of disability rights into donor supported government programmes. Although there is awareness of the need to work on this, it requires an increased concentration of Sightsavers financial and human resources on high level influencing and advocacy at country levels to complement the expansion from four to thirteen staff of the global policy and advocacy team.

Capacity strengthening, Objective 4 (Average score 3.7 Satisfactory)

The global Irish Aid grant, Governance and Management oversight teams, committees and boards are now in place and operational with clear terms of reference. They will be able to provide appropriate strategic and management guidance as they receive information generated through the monitoring tools and systems developed to support the global strategic plan implementation.

The deployment to the region of technical advisers in the newer thematic areas and for monitoring and evaluation support is already showing promise in the generation of more qualitative and reflective information by the programmes. This should in turn strengthen the sharing of lessons within and beyond the targeted countries.

Country Office capacities have been strengthened in particular where Sightsavers own systems and management processes are concerned and is resulting in more efficient and higher quality financial and data-management systems. Staff reported greatly increased awareness of and access to a range of technical assistance from across Sightsavers globally. The allocation of separate programme staff for NTD, eye care and SI and IE has also ensured that these receive focussed attention at the country level. Appreciation of the full extent of the many different types of capacity-building undertaken by different internal teams has been hampered by the lack of a single comprehensive framework for assessing overall achievements in Country Office (CO) capacity strengthening. Various tools and different global teams, regional and country office approaches each provide different perspectives. Despite the diversity of tools in place to measure progress, the evaluation team found it a fragmented picture and the team found it difficult to get a consistent view of the progress made.

Efficiency in the use of resources is high: in all sectors, partners were very complimentary about the efficiency and transparency of the current financial management systems with direct transfers from UK which facilitated their work; they also clearly appreciated the financial and administrative and capacity-building and on-going support received. For data management, the combination of data quality audits, the piloting and envisaged expansion of the MHealth tool and the introduction of the programme portal are already perceived to have improved quality and promptness of output data and should continue to do so.

A Quality Standards Assessment Tool (QSAT) has been introduced which considers both Country Office performance in Project Cycle Management (PCM) and thematic quality standards (TQS) for eye care programmes implemented by partners; standards for IE and SI are still in development. Although it has not yet been used for assessments in all six countries (some plans had to be suspended owing to the Ebola epidemic) it is already informing the design and development of new projects and is proving a useful tool for increasing and maintaining a focus on quality.

Country Offices reported a considerable increase in informal sharing of experiences with other country offices through visits and through email and phone exchanges. These, and the Sightsavers support model management system where staff have responsibilities in more than one country, the Programme, Performance and Reporting (PPR), Programme, Systems and Monitoring Team (PSMT), Institutional Funding Team (IFT), Security team, Internal auditors and Global Technical Lead visits and the management meetings that included training and learning sessions have all included non-Irish Aid countries and thus extended the benefits and impact of the funding beyond the six grant countries.

At country level, there has been limited specific consideration of the contribution the Irish Aid grant has made to programme impact and country office perceptions varied widely. Generally, it was thought to have contributed to increased scale, leverage and security; it has enabled some strategic initiatives and more responsive, flexible programmes able to solve problems more rapidly. The Irish Aid funding of the regional meetings and SI and IE workshop and West Africa SI and IE post have clearly contributed to inter-country exchanges, more efficient management and have greatly helped the conceptualisation and quality of the SI and IE programmes.

At global level, exchanges with Irish Aid about the results framework, and the tendency for all indicators to be at output level, appear to have prompted additional organisational reflection and consideration on the measurement of outcomes and impact; various clarifications and improvements have recently been introduced.

Objective 5: Improve understanding in Ireland of disability in developing countries

(Average score 4.4 – Satisfactory )

Both hard and soft copy development education materials on disability and visual impairment in Africa have been developed and made available to teachers in both primary

and secondary schools. In 2014 presentations were made to 500 pupils and staff across the country. An annual painting competition attracted over 5500 entries last year from 200 schools.

Impact indicators adopted provided information on the numbers of people aware of Sightsavers activities. Revised indicators provide a more accurate assessment of the changes in understanding of eye health and disability in developing countries. The absence of development education in Ireland components to the programme would have left young people and adults without sources of information that have the potential to enable them support their Government's policies on development and outreach to the vulnerable and disabled in developing countries.

Linkages to the development education work of other Irish NGOs has been through active membership of the Dóchas. Coordination through Dóchas has been consistent and valuable in keeping abreast of development thinking and policy of the donor and Irish Government.

Ebola situation summary

For the three Ebola-affected countries, safety precautions meant that no community work could be undertaken for eye care during the epidemic. Eye clinics remained open for skeletal emergency services but surgery ceased. IE and SI work also stopped during the epidemic and Sightsavers closed its offices.

Whilst Sightsavers has not conducted specific post Ebola situation analyses in every affected country, it contributed to and used national analyses to inform the design of appropriate projects. Sightsavers is also a member of the global UNDP Ebola response group, sharing expertise and learning from the experience of others. Realising that Ebola survivors are being affected by secondary eye problems, Sightsavers developed country level projects providing equipment, training and drugs for the diagnosis and treatment of uveitis and other eye complications of survivors.

Sightsavers Country Offices suggest that the resumption of their long running eye health programmes will take account of weakened health systems and so add value to post Ebola health systems strengthening.

Recommendations

The following recommendations are offered for consideration in planning and implementing further phases of the programme:

1. Broaden the strategic scope of system strengthening to enable Sightsavers identify niche areas within the broader programmes of health, education and social welfare support funded by multilateral agencies (UNICEF, WHO, World Bank, AfDB etc). This will promote the profile, engagement and influence of Sightsavers within mainstream ministries beyond specific eye health and NTD related departments as well as with large scale development actors. (Crosscutting).
2. The ongoing work maintaining and reviewing the central procurement system should review training needs and the need to strengthen communications between the central system and country offices, and between country offices and partners. (Objective 1 – Effectiveness and Efficiency).
3. For further promoting the sustainability of Sightsavers and donor investments, exit strategies for eye health programmes should include training in relevant aspects of inventory management and procurement and should embed good local procurement systems and practices well in advance of the standard 8 months project close-out process. Without this, other achievements in health system strengthening would risk being undermined (by ruptures in supply and/or poor quality products). (Objective 1 - Sustainability).
4. Recognising Sightsavers' existing good practice of providing external francophone stakeholders (partners and other agencies) with key policy and strategy documents in French language, this should be completed for all financial, administrative and procurement guidance and related templates that partners are expected to use. (Crosscutting).
5. In line with integrated education and social inclusion strategies, the IE and SI programme staffing levels should be reviewed to ensure that there is adequate capacity for the increased partner accompaniment needed and to take advantage of the significant opportunities that are emerging. (Objectives 2 and 3).
6. Use the new programme portal, or similar monitoring tools, to track the key capacity building and inter-country learning being achieved through the activities and processes introduced to achieve Objective 4. Likewise, consider introducing assessment criteria for evaluating changes achieved in Country Office capacity, going beyond the PCM to include aspects such as representation, leadership etc. (Objective 4).
7. Sightsavers should explore further how it engages with thematic learning processes, both with country staff and key partners. A programme learning strategy and plan should be developed for the West Africa Regional Office (WARO) focused on strategic thematic issues which would identify learning objectives and outline a multi-year programme of dedicated learning events and follow-up. (Objective 4).

8. Develop the technical support model used in IE and SI and prioritise current plans to recruit a further West Africa eye care technical advisor for providing a similar responsive regional support for eye health care programme implementation. (Objective 4).
9. Clarify the role of the Sightsavers Ireland Programme Management and Oversight Committee in ensuring that appropriate evidencing of qualitative change is available for reports to Irish Aid and other stakeholders. Generally, there needs to be greater emphasis on monitoring and documenting of outcome performance (Irish Aid feedback to consecutive Annual Reports, MTR).
10. For any future grant phases, a dedicated (2-3 day) grant start-up workshop, involving relevant global staff and bringing together all the Irish Aid grant country programme and finance managers, should be held to ensure full understanding of the details of the grant-funding mechanisms and to agree at the outset common approaches for tracking the added value and specific impact of the grant on country programmes and related external indicators. (MTR, Objective 4).

Summary scores:

These are the sums and averages of scores given by the evaluation team in line with the traffic light scoring table of Sightsavers as provided in annex 13.

Objective	Relevance	Effectiveness	Efficiency	Impact	Sustainability	Replication	Coordination	Sum	Average	
1	5	4	4	4	4	3	4	4	28.0	4.0
2	5	5	4	4	4	4	4	5	31.0	4.4
3	5	4	4	4	4	4	4	4	29.0	4.1
4	4	4	3	4	3	-	4	4	22.0	3.7
5	5	5	5	5	4	4	4	4	31.0	4.4
Sum	24.0	22.0	20.0	20.0	18.0	16.0	21.0	141		
Average	4.8	4.4	4	4	3.6	4	4.2			
Ratings: Excellent 5, Satisfactory 4, Attention 3, Caution 2, Problematic 1, Not sufficient Evidence 0.										
Not sufficient evidence not included in averaging.										

