Final Evaluation Report


Strengthening Sightsavers reach and impact in West Africa
(Irish Aid)

Adam Platt

Lynda Kerley

Eleanor Cozens

15th November 2015

# Table of Contents

**Table of Charts**

**Tables**

**Sightsavers**

**Acknowledgements**

**Abbreviations**

See Annex 1.

# Sightsavers

## Executive Summary

### 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 heath 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.

Sightsavers

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 | 3 | 4 | 4 | 28.0 | 4.0 |
| 2 | 5 | 5 | 4 | 4 | 4 | 4 | 5 | 31.0 | 4.4 |
| 3 | 5 | 4 | 4 | 4 | 4 | 4 | 4 | 29.0 | 4.1 |
| 4 | 4 | 4 | 3 | 4 | 3 | - | 4 | 22.0 | 3.7 |
| 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.

# 1. Introduction and Background

## The Irish Aid Programme Grant to Sightsavers

Following a previous Irish Aid grant, Irish Aid agreed funding for "Strengthening Sightsavers reach and impact in West Africa 2012-2015", subsequently extended to 2016, in order to build on preceding grant achievements in Sierra Leone and Liberia, and include four target francophone countries: Cameroon (though officially bilingual French is dominant), Guinea Conakry, Mali and Senegal.

Grant funding was fixed at 2.42% of Irish Aid's total allocation to its partners; to manage any fluctuations, Sightsavers targets and country budget allocations were agreed annually with Irish Aid and the funding allocated to the achievements of outcomes within each country and then used flexibly across projects. The annual grant received is thus subject to variations in the annual Ireland development budget. In order to manage this process, the Sightsavers country budget allocations and output and outcome targets are negotiated and agreed annually with Irish Aid.

## The West Africa Regional Programme

Sightsavers has worked in different countries in West Africa for many years. The Irish Aid grant has aimed to build on previous capacity building support for eye care in Sierra Leone and Liberia and extend this to Cameroon, Guinea Conakry, Mali and Senegal. These six countries were chosen because they face all the constraints of poverty, low investment in health systems, and low prioritisation of inclusive education and social inclusion. They were considered to have the potential, with four years' investment, to be leaders in cross-regional learning. By working in francophone countries the intention is to develop learning and experience that could be extended further to develop programmes in Burkina Faso, Cote d'Ivoire, and Niger.

The overall grant objective of this Sightsavers Irish Aid programme is "to improve access to health, education and social inclusion for women, men and children living in the six target countries in West Africa."

The Irish Aid specific programme objectives reflect Sightsavers strategic change objectives:

1.      Contribution to health systems strengthening through delivery of eye health as an integral part of national health strategy and increased eye health service delivery and the elimination of Neglected Tropical Disease (NTD);

2.      Contribution to delivery of quality education of disabled and visually impaired girls and boys within wider education systems;

3.      Strengthened, representative and effective disabled people's and blind people's organisations working for their rights;

4.      Enhanced capacity of Sightsavers and partner organisations to deliver quality programmes;

5.      Improved understanding by children and young adults in Ireland of the challenges facing disabled and visually impaired people in the targeted countries: Senegal, Mali, Sierra Leone, Cameroon, Liberia and Guinea Conakry.

In 2015, in light of the Ebola epidemic, additional strategic attention was given to managing the programme in the three most affected countries and across the region as a whole.

### Identification of target population for the programme and relevant audiences and stakeholders for the evaluation

The West Africa programme works with government and non-government partners to help target blind and visually impaired beneficiaries and meet their needs for eye health, education and social inclusion support.

A Mid-Term Review conducted in 2014 involved country self-assessments, document review and skype interviews but not country visits as the Ebola epidemic restricted travel in the region.

This evaluation included visits to four of the six countries and engagement with a cross section of stakeholders and beneficiaries. The principle audience for this external evaluation report includes Sightsavers, its partners, and Irish Aid. It should add to the information available from internally produced programme reports and reviews.

### Overview and description of report

Following this introduction, the methodology adopted for the evaluation is described. Findings are then presented in chapters relating the five strategic change objectives across seven criteria, specified in the terms of reference and in line with OECD/DAC evaluation guidelines. 'Traffic light' scores are included against each criterion: these scores are averaged from country by country and thematic assessments. Conclusions are summarised and recommendations for future programme development provided. There are also an Executive Summary and a set of annexes. The terms of reference for the evaluation are at Annex 2.

### Review of related documentation

In addition to the primary evaluation tasks described under methodology below, a large volume of reports and other internal and external documents/literature were consulted. This is referenced where appropriate in the report and key documents are listed in Annex 3.

## 2  Methodology

### Purpose of evaluation and evaluation questions

The evaluation purpose is to establish the extent to which the programme has achieved the five strategic change objectives, and adjusted to the Ebola crisis that affected the region. The evaluation assesses the overall programme performance using DAC criteria; relevance, efficiency, effectiveness, coherence/coordination, impact and scalability and sustainability. The achievement and results of the programme as described in the results framework are assessed. Process evaluation is used to assess how results came about and identify any learning about implementation barriers or enablers which have influenced programme delivery.

### Evaluation approach

The Inception Report, Annex 4, lists key questions for each of the seven evaluation criteria and sets out in some detail the approach for the evaluation designed by the consultants and approved by Sightsavers.

A desk study reviewed documents provided by Sightsavers plus additional relevant material providing secondary data. These informed the questions asked of stakeholders through semi-structured interviews and focus groups. See Annex 5.

Key stakeholders, including civil society and government partners, relevant global staff, regional and country offices, key donors and stakeholders in the programme portfolio, were interviewed individually or in groups. Itineraries for field work are at Annex 6. Beneficiaries were interviewed in focus groups and through survey in Mali – collecting and analysing user views on eye care services and NTD.

## Design of the evaluation

The evaluation team made visits to five countries in order to assess the achievement of each strategic change objective, implemented at country level through one or more thematic approaches: Eye Health and NTD, Inclusive Education, Social Inclusion and (for Ireland only) Development Education.

**Table 1 Country visit schedule by theme.**

| Country | Eye Health & NTD | Education | Social Inclusion | Development Education |
|---|---|---|---|---|
| Ireland | | | | ■ |
| Mali | ■ | | ■ | |
| Senegal | | ■ | ■ | |
| Sierra Leone | | ■ | | |
| Liberia | ■ | | | |

## Methods of data collection, including description of data collection instruments

Participatory methodologies included over 45 key informant interviews and 10 focus group discussions. Evaluation activities were undertaken in English, French or local languages. The Terms of Reference were used to guide preparation of the survey questionnaire, the line of questioning in semi-structured interviews (SSIs) and Focus Group Discussions (FGDs) and the format of the report.

A 37-point survey of 250 service users in Mali (100 cataract clients, 50 eye care clients, 100 NTD clients in both urban and rural areas) was undertaken by 10 enumerators over a five-day period. Data was inputted into Excel spreadsheets by 2 data inputters, analysed and graphics created, Annex 7.

The enumerators were given a two-day training including pre-field testing of the survey tool preceding deployment to the field. They were also given detailed enumerator notes to guide them through the survey tool, Annex 8.

250 respondents, known to be clients of eye health and neglected tropical disease (NTD) services in remote rural and poor urban areas, were identified by the Mali CO, health staff and community health workers in 3 of 7 Koulikouro districts, at different distances from the centre. The Mali team also decided the ratios between cataract and trichomoniasis patients, eye health clients and NTD clients after discussion with health personnel; 100:50:100 respectively. The enumerators were briefed to ensure gender balance and 250 people were then interviewed with the aim of comparing services and user experiences.

Findings from field work in each country visited were discussed with country office staff at debriefing sessions.

## Sources of information and data

Primary and secondary data, both quantitative against the Results Frameworks and qualitative, has been collected and analysed from the survey in Mali, FGDs and SSIs. Findings organised in line with the OECD/DAC criteria have been developed on programme performance. These relate to the three thematic approaches as adopted by each country, for the region as whole and for the work done in Ireland. They are presented in 'results chapters' for each of the five Strategic Change Objectives (see Programme description above). Based on the findings, a set of recommendations is provided that can inform the future direction of the programme overall.

## Limitations of the evaluation

Evaluating the grant contribution to the performance of programme activities, achievement of outputs and outcomes, lesson learning and the strengthening of the capacities of Sightsavers and partners is challenging. This is because the grant structure is flexible and has been applied across all country programme activities alongside other funding inputs. It is thus difficult to directly attribute results to Irish Aid grant funding: the Grant agreement sets out country and sectoral funding allocations and allows flexibility for how the funds are used within defined parameters. A substantial volume of information was assembled (over 500 documents) and made available to the evaluation team. Given the limited information on achievement of outcome level results in key documents such as annual reports it was challenging within the time available to identify from this the key information needed to assess results of the programme. From this body of documentation and short field visits to four countries it has, however, been possible to show contributions made by the grant and its added value to Sightsavers work in the region and more broadly.

## 3 Results Chapters

### Objective 1 Strengthen the health system so it delivers eye health and NTD control as an integral part of the national health strategy

*Relevance* ● *Excellent*

*Were health care and NTD responses the most relevant for meeting needs; and did the interventions reach the poorest and most marginalised.*

The programme designs in all six countries are aligned with WHO/IAPB established frameworks and in both countries visited (Mali and Liberia) with the available national eye care and national health strategies. In both, design and implementation strategies respected government structures and the degree of decentralisation; working directly with local Health Authorities has enabled Sightsavers to be more responsive to emerging needs.

Sightsavers programmes have been considered highly relevant in all six countries and stakeholders interviewed in Liberia and Mali recognise that the eye care and NTD programmes are responsive to clear needs. In both countries, the Ministry of Health considers Sightsavers the primary eye care partner as other partners are few (Mali) or non existent (Liberia) and/or are not supporting the full range of eye care services.

The Senegal and Guinea eye care programmes finished during the grant period as part of the Strategic Alignment Process; leaving the main emphasis on NTD. Eye care remains a relevant need and limited support for maintaining activities has been provided while Sightsavers has adopted a phased approach for the strategic alignment and redesign of programmes within its resourcing abilities.

In all countries, there are clear national strategies and plans which Sightsavers has participated in developing and the NTD programmes fit within these. Working in partnership with the National NTD programmes, the Country Offices collaborate with NTD programme agencies (Sightsavers only the lead in Liberia) and Sightsavers technical advisors to ensure that annual government plans and programme strategies take all new protocols into account; this can be a time-consuming process.

Sightsavers approach of strengthening health systems means working with the system and its users as a whole; attention is therefore paid to ensuring that services are inclusive and reach the poorest and most marginalised groups. NTD, and trachoma in particular, are diseases with the highest prevalence among the poorest groups. The focus on marginalised communities is more pronounced as trachoma programmes approach elimination: seeking out the last cases involves targeting the poorest and most remote communities. In Liberia, the Sightsavers supported eye care programme is in one of the poorest Regions most distant from the capital, making eye health services accessible to target populations in the Region.

An excellent rating is given as the programmes fit the needs and take into account other eye care and NTD programmes in country.

*Effectiveness* ● *Satisfactory*

*How far have the programme outputs been achieved and what gaps remain. How well have the country programmes been sharing and adapting to learning including the effects of the Ebola epidemic.*

Sightsavers

This section takes a general look at the achievement of programme outputs across the six countries and then focuses on how these have translated into practice in the two countries visited.

During the first two years of the grant, there was good progress made in meeting eye health and NTD targets across the six countries overall. When the Ebola epidemic took hold in Guinea, Liberia and Sierra Leone in 2014, it was neither safe nor possible to conduct any community-level activities, either mass drug administration (MDA) or outreach. This affected progress in these three countries in 2014 and the first half of 2015 and is inevitably reflected in their performance against targets.

Sightsavers has supported the strengthening of Human Resources for Eye Health at all levels of cadre. Community-level eye health workers in the front-line facilities and the NTD volunteers, who very often fulfil a dual function of mass drug distributors as well as raising awareness of and helping to identify people with eye conditions needing treatment, are recognised by Sightsavers and its partners as a key cadre for reaching rural and marginalised communities and the success of both NTD and eye health programmes.

Table 2 below shows performance achieved in training primary health workers and community NTD workers health volunteers, providing the variances by country and also showing the total numbers. It compares the progress achieved by Cameroon, Mali and Senegal where these activities were able to continue to grow overall.

**Table 2 Annual Performance Variances: % Of Target Outputs Achieved**

| NTD workers trained. % of outputs against target | | | |
|---|---|---|---|
| | **2012** | **2013** | **2014** |
| | **%** | **%** | **%** |
| Cameroon | 73 | 139 | 100 |
| Guinea Conakry | 89 | 122 | 30 |
| Liberia | 114 | 30 | 2 |
| Mali | 100 | 110 | 60 |
| Senegal | 38 | 102 | 499 |
| Sierra Leone | 102 | 97 | 1 |
| *Six Country Total* | 92 | 102 | 51 |
| | | | |
| *Total In Numbers* | 80,308 | 87,730 | 44,313 |
| *Cameroon, Mali and Senegal Totals* | 25,355 | 39,877 | 40,409 |

There has been considerable progress made in training specialised eye care cadres and targets have largely been met; variances, both positive and negative, have largely related to funding availability[1].

An overview of progress made in NTD and eye health delivery performance shows similar patterns of increased performance during the first two years and a reduction in 2014; a summary is provided below in Table 3.

---

[1] See West Africa Learning Framework, Annex 11, for more information of learning systems.

**Table 3 Annual Performance Results Overview**

| | | 2012 | 2013 | 2014 |
|---|---|---|---|---|
| **Number of people examined in target countries** | *% of annual target achieved* | *95%* | *118%* | *121%* |
| | Actual numbers achieved across 6 countries | 319,540 | 507,053 | 572,417 |
| | Numbers achieved non EVD countries: Cameroon, Mali, Senegal | 195,547 | 353,572 | 281,946 |
| | Numbers achieved in EVD countries: Guinea, Liberia, Sierra Leone | 123,993 | 153,481 | 290,471 |
| **Number of treatments in target countries provided under MDA** | *% of annual target achieved* | *91%* | *100%* | *35%* |
| | Actual numbers achieved across 6 countries | 30,628,250 | 33,250,960 | 15,094,130 |
| | Numbers achieved non EVD countries: Cameroon, Mali, Senegal | 10,939,634 | 17,198,174 | 15,089,769 |
| | Numbers achieved in EVD countries: Guinea, Liberia, Sierra Leone | 19,688,616 | 16,052,786 | 4,361 |
| **Number of trachoma (trichiasis) surgeries in target countries** | *% of annual target achieved* | *80%* | *159%* | *77%* |
| | Actual numbers achieved across 6 countries | 8,691 | 14,285 | 9,728 |
| | Numbers achieved non EVD countries: Cameroon, Mali, Senegal | 7,889 | 12,019 | 9,180 |
| | Numbers achieved in EVD countries: Guinea, Liberia, Sierra Leone | 802 | 2,266 | 548 |
| **Number of surgeries in target countries conducted for non NTD conditions** | *% of annual target achieved* | *151%* | *166%* | *87%* |
| | Actual numbers achieved across 6 countries | 8,328 | 13,659 | 8,283 |
| | Numbers achieved non EVD countries: Cameroon, Mali, Senegal | 5,001 | 8,291 | 3,968 |
| | Numbers achieved in EVD countries: Guinea, Liberia, Sierra Leone | 3,327 | 5,368 | 4,315 |
| **Number of other Non NTD treatments in target countries provided** | *% of annual target achieved* | *122%* | *94%* | *54%* |
| | Actual numbers achieved across 6 countries | 61,842 | 72,515 | 59,776 |
| | Numbers achieved non EVD countries: Cameroon, Mali, Senegal | 22,212 | 24,689 | 28,069 |
| | Numbers achieved in EVD countries: Guinea, Liberia, Sierra Leone | 39,630 | 47,826 | 31,707 |

Figures are provided for the non EVD countries as a point of comparison with those affected by Ebola, especially for 2014 when virtually no MDA was undertaken and all the indicators show a dip except that of the number of people examined. This striking result is largely due to the impressive achievements reported by Sightsavers and other partners in Sierra Leone where fixed centre services were maintained during the Ebola epidemic. The dips in non EVD country performance in 2014 are mostly due to two main causes: for MDA this relates to

contextual issues in Mali while the dip in the non NTD surgery indicator relates to the ending of the main Senegal eye care programme. Table 4 below sets out the other main reasons provided by programme countries for under and over performance against their targets.

**Table 4 Key factors mentioned by programme countries as reasons for over / under performance against targets**

| Over-performance | Under-performance |
|---|---|
| • Additional human resources in place – e.g. allocations by Ministries of Health or returns from training - that could not have been definitely predicted <br><br> • Availability of additional funding – that could not have been definitely predicted <br><br> • Errors in target setting, notably with multi-year training courses for health staff. | • Ebola epidemic in the 3 affected countries <br> • Problems with supply/availability of drugs/consumables leading to delays in both treatments and HR trainings (see also Efficiency) <br> • Difficulties in collecting data e.g. where health staff slowed down services due to industrial action in Senegal <br> • Government evidence available for target setting available e.g. government over-estimates of Mali trachomatous trichiasis prevalence based on outdated/flawed data. |

The evaluators observed that Sightsavers took prompt remedial action wherever feasible to remedy under-performance: the Regional Office provided training in target setting to reduce avoidable errors and a major improvement was noted in the 2015 results framework. There are also numerous examples of country offices reacting to performance issues where resources allowed: e.g. the allocation of additional human resource capacity when the trachoma elimination programme in northern Cameroon was facing a mix of floods, immigration and security issues.

Prior to the Ebola epidemic, good MDA treatment coverage rates were being achieved and all the programmes were well on track for achieving the goal of control or, in some cases, reaching elimination stage. Control and elimination involve different strategies and the Sightsavers NTD unit based in Ghana maintains a close overview of progress and the appropriateness of strategies followed. In addition to the technical support from this unit, Sightsavers have adopted three key strategies for improving the effectiveness and quality of their support to NTD programmes: supporting integration of NTD in health systems, the recruitment of country staff with technical capacity, and seeking to ensure that all NTD programmes have strategies for reaching people with disabilities.

It is estimated that the opportunity to deliver 32 million treatments were lost due to Ebola and all three Ebola-affected NTD programmes are working hard to resume MDA distribution by the end of 2015 in order to minimise any negative consequences of the temporary cessation. Liberia was achieving NTD treatment targets for onchocerciasis and was well-accepted by the population until the Ebola crisis interrupted the programme. It is thought that communities in Liberia are now ready to engage: community cohesion (damaged by fear of Ebola) is important for the community engagement and ownership on which the programme's success is based. It will however continue to face practical challenges: the community directed distributors (CDD) are very mobile and commented that motivation levels have been

negatively affected by the high levels of incentives provided during the Ebola campaign. This is not a new challenge as other programmes (malaria, HIV/AIDs) also provide high incentives but nevertheless can affect the efforts required for achieving results. Post Ebola recovery and service rebuilding, financing and programming is such that there are many posts, often highly paid, available for the limited numbers of qualified development workers.

In Mali, notable under-performance against the 2014 NTD treatment targets was due to issues beyond the project's control: a temporary halt in donor funding due to the Mali political situation, compounded by regional health team miscalculation of remaining stocks and delays in drug arrival. The Koulikouro region was highly endemic for onchocerciasis and trachoma but regular MDA has reduced prevalence levels to a point where they are both in the elimination stage; there has been no MDA specifically for onchocerciasis since 2012 (now within LF strategy) or for trachoma since 2014.

At district and community level in all countries, the same service delivery cadres are involved in planning and delivering both MDA and eye care service delivery. Liberia conducts participatory programme planning at county level and there is a close and collaborative partnership between Sightsavers Country Office and the County Health teams. The current project began in 2012, building on the achievements of the previous phase. Sightsavers has supported the health system services at county and national levels through the provision of staff training, hospital generators, vehicle, lap tops and internet connection at national level.

The five county hospitals all have functioning eye clinics, ensured by rotating visits of the two cataract surgeons. Prior to Ebola, staffing levels had already developed and are broadly in line with Vision 2020 targets. See Table 5 below.

**Table 5 Evolution of the pool of Human Resources for Eye Health (HReH) present in eye health facilities in South East Region, Liberia**

| CADRE | 2012 | 2013 | 2014 | 2015 |
|---|---|---|---|---|
| Diploma in Ophthalmology | 1 | 1 | 0 | 0 |
| OCO / Ophthalmic Nurse | 5 | 4 | 6 | 4 |
| Cataract Surgeon | 1 | 1 | 1 | 2 |
| Optical Technician | 1 | 2 | 2 | 1 |

A comprehensive range of eye care services is now available and the majority of eye conditions can be treated without referral to Monrovia; the only service not fully provided but available in Monrovia is complex refraction as some equipment at the optical centre is not yet set up and functioning. Treatment for many complex eye disorders, including retinal causes of visual impairment and non-infective corneal diseases, is not yet available anywhere in the country. The Cataract Outcome Monitoring Tool is reportedly in use but results are not analysed and plans to conduct a more detailed assessment of the gaps using the Sightsavers Quality Standards Assessment Tool (QSAT) in 2014 had to be suspended due to the Ebola epidemic.

In all countries, Sightsavers works within the Ministry of Health strategies where the charging of user fees for services are concerned. In Liberia, eye care services are currently provided free of charge and are thus affordable and available in SE Region; this strategy is currently

considered essential if this poor and marginalised population is to be able to access eye health services. In Mali, Cameroon, Guinea, Senegal and Sierra Leone users pay varying fees and Sightsavers works to ensure that mechanisms are in place for enabling anyone unable to pay to access services free of charge. Although the eye care services are more accessible than before, there are still accessibility issues in Liberia due to a mix of staffing turnover, limited resources for supporting the CDD and the remoteness of communities. The CDDs are used not only for MDA but also awareness-raising, case identification and referral, plus other incentivised programmes. No training was possible during 2014 because of the Ebola epidemic, training has now restarted and Ministry and county eye health stakeholders recognise that to be effective their training needs to be increased.

In Mali, the Koulikouro eye care project is in its third phase; this is a consolidation phase following previous investment in training eye health specialist cadres; in addition to the increase in staffing shown in Table 6 below three more ophthalmologists have not yet returned from training.

**Table 6 Evolution of pool of HReH present in eye health facilities in Koulikouro Region, Mali.**

| CADRE | 2012 | 2013 | 2014 | 2015 |
|---|---|---|---|---|
| Ophthalmologist | 2 | 3 | 5 | 6 |
| AMO/OCO/Ophthalmic nurse | 8 | 8 | 8 | 9 |
| Optometrist | 0 | 0 | 1 | 1 |

Since 2012, three new surgical eye units have opened and all 10 districts now have eye units. The 5 district hospital eye units provide a comprehensive range of services and there has been a noticeable recent increase in the numbers of glaucoma and refractive error cases treated. With two eye health personnel staff per unit, eye care services can be maintained even when outreach campaigns are underway and are thus also more available (also the case in Liberia with two eye health staff now at Grand Gedeh and Sinoe county hospitals).

While the general results framework indicators have broadly been met, at detailed Koulikouro project level there have been notable fluctuations in their constituent targets and numbers: in 2014 there was a noticeable decrease in numbers reached owing to a combination of delays in consumables and surgeon productivity issues: the numbers of cataract surgeries and cataract surgical rate have not noticeably improved over the three-year period. See Table 7.

**Table 7 Surgical performance Koulikouro, Mali.**

| Figures for Koulikouro region | 2012 | 2013 | 2014 |
|---|---|---|---|
| Numbers of cataract surgeries conducted | 2,252 | 2,752 | 2,537 |
| Cataract surgical rate | 837 | 972 | 879 |

The Mali country office has been satisfied to note that the proportion of walk-in patients presenting at the eye-units for surgery has been steadily increasing, but outreach campaigns still remain a key government strategy with many communities remote from their nearest primary health care centre. Activities for encouraging the health-seeking behaviour

demonstrated by walk-in patients are important for the long-term strategy for promoting sustainable and cost-effective services.

Eye health managers recognised the importance of outreach and of community level volunteers as the link between services and the community and the importance of continuing to provide them with refresher training and supervision; this training is funded by Sightsavers. Both the focus group discussions and survey confirmed the importance of outreach campaigns with 52% of those surveyed citing them as their initial source of advice and 57% citing the community volunteers as their source of eye health learning, Chart 1, followed by other oral sources.
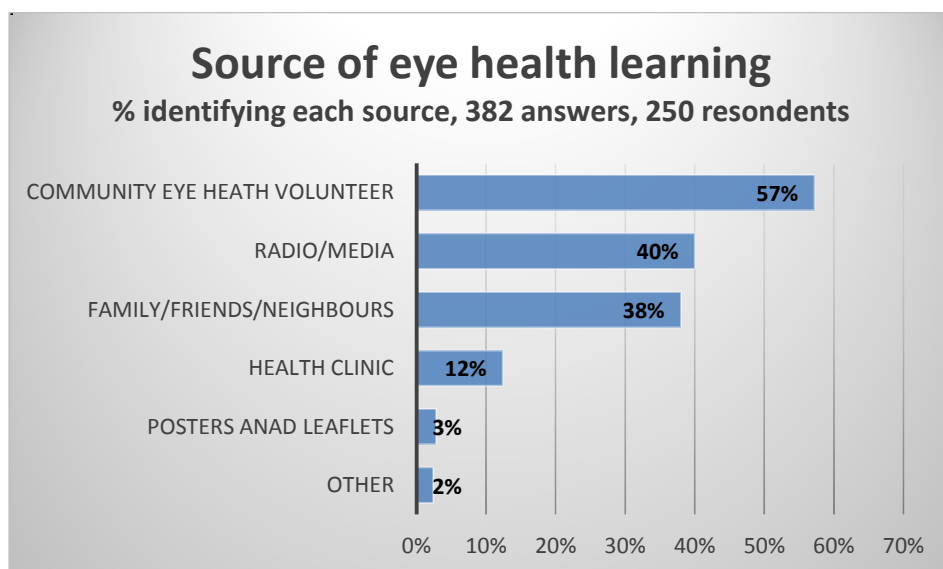
### Source of eye health learning
**% identifying each source, 382 answers, 250 resondents**

| Source | % |
|---|---|
| COMMUNITY EYE HEATH VOLUNTEER | 57% |
| RADIO/MEDIA | 40% |
| FAMILY/FRIENDS/NEIGHBOURS | 38% |
| HEALTH CLINIC | 12% |
| POSTERS ANAD LEAFLETS | 3% |
| OTHER | 2% |

**Chart 1 Sources of eye health learning in Mali, Q22.**

The groups of service users endorsed the acceptability of the service provided and clearly appreciated the welcome received from eye unit staff. Two thirds of respondents thought that eye care costs had decreased and 76% said they were easily affordable or free. (See impact below for further changes achieved in Mali.)

During the grant period, Sightsavers has placed explicit and growing emphasis on improving quality as well as quantity of services delivered and the Irish Aid grant has played a key role in enabling the development and roll out of the Quality Assessment Tool in West Africa (discussed further in Objective 4 Results Chapter). The Senegal and Mali programmes have been enthusiastic adopters with 11 thematic assessments being conducted in Senegal (6 on trachoma and 4 on cataract) and 3 for cataract in Koulikouro region.

In Mali, service quality issues were present in earlier phases but some were slow to be acted upon. They were only properly addressed when the eye care GTL visited in 2014 for project redesign purposes and developed the current remedial phase. In addition to improvements being implemented in internal systems such as record-keeping, a large amount of new equipment has been ordered to address inadequacies, but more active Sightsavers advocacy is still needed for addressing infrastructure issues which are recognised to be the partner's responsibility.

In addition to training eye health staff, providing equipment and consumables, Sightsavers has provided support and training to managers and finance staff in all of the countries with eye care programmes; this has been possible as a result of the capacity-building of Sightsavers staff (see Objective 4 chapter). In Mali, there was particular appreciation of the

vehicles provided at regional level, which enable integrated outreach to marginalised communities and facilitate training and supervision of community level volunteers who play a vital role in ensuring community access. Sightsavers funding of partner regional workshops bringing all the districts together to report on their results and share learning is especially valued for programme effectiveness. The regional health authority (RHA) staff recognised that Sightsavers has strengthened the health system as a whole and supports this by discouraging direct Sightsavers work with eye health staff without their involvement as appropriate. Comments that there has at times been a tendency to be directive at regional and national levels illustrate the challenges for Sightsavers of providing sufficiently active support to achieve progress without stepping into Ministry roles and responsibilities and risking undermining partner ownership of results.

The following process factors in Table 8 influenced the achievement of results; these were discussed in Liberia and Mali and are considered applicable to the other country contexts.

**Table 8 Factors influencing the achievement of results in Liberia and Mali**

| Enabling | Hindering |
|---|---|
| ▪ Government decentralisation of service delivery management: enabling Sightsavers to work at multiple levels of health system: national, regional, district/ county and community so mutually supportive<br>▪ Sightsavers and partner participatory planning, target setting, reviews and reporting back with programmes owned by partners<br>▪ Long duration of Sightsavers support over time<br>▪ Sightsavers ability to respond promptly and flexibly to problems/emerging needs and rapid access to resources needed<br>▪ High level political sponsorship<br>▪ Emphasis on community involvement: ownership, demand and volunteer network<br>▪ Sightsavers tight structure, focus and grounding<br>▪ Sightsavers efficient management systems and knowledge sharing | ▪ Working through government national level systems to reach regional/county levels<br>▪ Overcharged partner agendas and lack of capacity leading to delays in implementation<br>▪ Interruptions in donor funding<br>▪ Weak leadership and low levels of political will at national level<br>▪ Poor infrastructure and transport in programme areas<br>▪ Delayed data transmission by partners<br>▪ Gaps in communications<br>▪ Difficulties for Sightsavers in coordinating multi-sectoral groups of stakeholders when not working within shared funding framework |

A particular HReH development has been the provision of support to the francophone diploma of ophthalmology course, based in Guinea Conakry. This trains eye health personnel from throughout francophone Africa and has played a major role in providing the ophthalmologists needed for eye health programmes within Guinea and beyond; it has very recently been upgraded to a fully recognised four-year course. Sightsavers Liberia also has plans to support the introduction of an in-country ophthalmic nurse training course, increasing overall numbers and avoiding the expense of sending people to the Sheik Zayed training centre in The Gambia.  Sightsavers has also supported the introduction of an in-country training course in Sierra Leone and it is notable that, in 2014, 19 ophthalmic nurses and 24 clinical ophthalmic officers were trained.

A rating of Satisfactory is given to reflect progress achieved but also the continued room for improving of quality of service and further development.

*Efficiency* 🔴 *Satisfactory*

*Was financial and programme management implemented efficiently in relation to results achieved for the different financial and non-financial investments.*

In both countries visited, programme management of activities were found to be working efficiently with close relations between the Sightsavers and partner health teams. Communications were considered satisfactory, but it was suggested that there is still room for improvement: Sightsavers could clearly assist by facilitating the prompt transfer of data and information, especially where this is slow between regional and national partner levels.

The efficiency of financial management of the eye health and NTD programmes relates very largely to the health authority and local banking systems and the extent to which direct transfers can be made to the implementing partner. All offices were clear that Sightsavers financial systems are working very efficiently and that they follow Sightsavers strategies for ensuring Value for Money.

In Mali, the Sightsavers financial systems are greatly appreciated by the Koulikouro RHA and found to be efficient and transparent: funds are transferred directly to them rather than via the national level. When an agreed percentage (not the full 100%) has been accounted for, the next tranche is accessed directly from UK within a couple of days and there is no break in activities. No delays were reported in narrative and statistical reporting; these processes are facilitated by the regional meetings funded by Sightsavers/Irish Aid.

In Liberia, Sightsavers funds are transferred directly to the Ministry of Health at national level because of the lack of local banking facilities and so the Office for Financial Management can maintain an overview. Also, considerable time is spent travelling to make financial transactions and tracking transfers and ensuring that expenditure is accounted for and frequent delays in receipt at county level are experienced. This in turn has led to delays in financial, narrative and statistical reporting which have been accentuated further by the disruptions caused by the Ebola epidemic. The Country Office engages with the MoH National drug system to include eye care drugs on their drug ordering list.

Data quality and verification processes and the newly introduced Programme Portal were reported to be greatly improving the accuracy and promptness of partner reporting, with the central team running this efficiently and sending out reminders to country offices. In particular, Sightsavers piloting in Mali and Cameroon of the mobile phone based MHealth for collecting NTD data was perceived to have improved efficiency and the learning from the pilot countries is informing improvements. These and other systems are discussed further under Objective 4.

The eye care and NTD programmes in both countries revealed inefficiencies where stock and supply chain management is concerned: this is a potential area for future health system support.  While used to the particular systems instituted for MDAs, Mali partners did not seem to appreciate the rationale for Sightsavers central procurement system being used for eye care service procurement. In addition to considering this to be the Ministry's role, there were perceptions of inefficiency as some delays in receiving consumables and equipment had been experienced and were considered to have negatively affected programme performance e.g. in Mali against cataract surgery targets in 2014. (See also Objective 4). Recognising that procurement is a sensitive and complex area with many different interests at stake, the key issues expressed are outlined here to assist the identification of suitable strategies for addressing them.

- Receipt of the wrong specification of product e.g. syringes without needles, wrong types of swab.
- Perceptions – not necessarily accurate - that cheaper products have short lifespan and are inappropriate to context.
- Product list has insufficient detail for accurate ordering and is not in French.

One of the key improvements sought by francophone partner administrators is the provision of all administrative, procurement and financial guidance and templates in French as they are expected to use the English versions and find these difficult and time-consuming to interpret and use.

The Satisfactory rating encompasses the mixed results ranging from excellent performance for the new portal system and financial management in Mali but an Attention rating for this in Liberia due to the context.

*Impact* 🟠 *Satisfactory*
*The extent of achievement of programme objectives and what has changed; what specific differences has the Irish Aid grant made and what might have/have not happened without it.*

In all the programme countries there is good progress towards integration of eye care services, including human resources for eye health planning, within the health system. It was learnt that in Cameroon, the Minister of Health took ownership and created a task force; the validated plan will be integrated into the Human Resources for Health Plan when it is next revised in 2017. In Senegal, it is anticipated that this will happen in 2016.

In Liberia, the government integration of primary eye care into government primary health care services is reflected in county level management systems, in integration into county plans and budgets (Sightsavers budget only) and in integrated outreach trips at community level. Sightsavers is considered a valued partner of both the National Eye Health Programme and national NTD Programme. There is no specific eye care budget line and very little government funding for eye programme activities: the government funds eye care staff salary packages and, for this programme, the provision of office accommodation, payment of utilities and joint use of vehicles. At national level, the Ministry of Health capacity has been built for integration but the National Eye Care Programme (NECP) has not succeeded in creating the necessary profile or pressure for change or political ownership: eye care personnel are not integrated into the overall MoH Human resource development (HRD) plan. In March 2014, an HReH plan was developed as part of the HReH Training Institution plan; Sightsavers is now supporting the revision of the Health Ministry's National Eye Health plan and the HReH plan will be embedded within this.

In Mali, Ministry of Health personnel recognise the synergies and cost-effectiveness of integrating disease prevention programmes that use similar delivery mechanisms: the training cascades and distribution activities for NTD and malaria are being integrated as they use the same personnel and mechanisms. Sightsavers is a valued partner of both NECP and national NTD coordination; although eye care is integrated into national health and social planning processes, the NECP seems to have retained some approaches reminiscent of vertical programmes (undertaking some tasks that could be delegated) and has a lower profile in the MoH than NTD. Sightsavers supports 4 posts at NECP with the aim of improving administrative and data management capacity but further capacity strengthening is still needed for better communication of achievements and more advocacy for resources. In Koulikouro region, eye care is fully integrated in the district and regional plans; planning starts at community level and works upwards.

![Sightsavers logo]

For measuring the impact of NTD programmes, the key indicators are the drop in disease prevalence and transmission so that they are eliminated as public health problems. For this, epidemiological surveys are required and are generally conducted at two year intervals except during post treatment surveillance.

In Liberia, the next epidemiological survey for onchocerciasis in the SE region is due in 2017. Informed stakeholders anticipate similar results to the 2012 survey of the NW region that revealed a reduction from 22% to 6% prevalence overall it is thought that the country is on course for elimination in 2025. For the SE region to achieve the desired progress, it is vital to ensure that MDA is resumed and completed this year. It is also going to be necessary for the government and remaining partners to address the effects of the closure and withdrawal of the African Programme for Onchocerciasis Control (APOC) that has been coordinating and supporting these activities.

Prior to Ebola, the eye care services showed a good increase in the number of patients examined in both the County Hospital eye units and through outreach. See Table 9

**Table 9 Evolution of numbers of patients being examined Liberia SE region**

|  | 2012 | 2013 | 2014 |
|---|---|---|---|
| Numbers of patients examined in County Hospital Eye Units | 11,186 | 18,514 | 9,060 |
| Numbers of patients examined outside County Hospitals (outreach) | 7,138 | 14,049 | 10,055 |

The cataract surgical rate had not been calculated but data received indicates that it doubled during the first two years to 1,373, comfortably over the WHO 1,000 target for Sub-Saharan Africa. Both eye patients interviewed and county health staff expressed satisfaction with their results; health staff suggest acceptable visual acuity results for cataract surgery but acknowledge that surgical outcome monitoring needs improvement.

In Mali, there have been nine different prevalence and entomological surveys in Koulikouro districts between 2012 and 2015, these showed the impact of the MDA on onchocerciasis with no active infection in people or the fly vector. Trachoma surveys are now due in Koulikouro but are expected to confirm reduced prevalence of <1%. Health personnel said they now rarely see active cases and that recent health cadre trainees may never have seen an oncho nodule (one manifestation of the disease). The progress to elimination has not formally been certified because of concerns about the possibilities of cross-border re-infection.

At community level, focus group recognised that oncho is no longer a problem but the survey respondents were more cautious with 19% saying it remains a problem; this may reflect the continued presence in communities of people who earlier went blind from oncho. Respondents showed a very similar reaction for trachoma:

**Chart 2 Perceptions of onchocerciasis and trachoma as a problem in Mali after 4 years. Q32, 33.**

**Is oncho a problem compared to to 4 years ago? N=250**

- 55% not much of a problem
- 19% remains a problem
- 19% no longer a problem
- 7% Don't know

**Is trachoma a problem compared to 4 years ago? N=250**

- 57% not much of a problem
- 18% remains a problem
- 18% no longer a problem
- 7% don't know
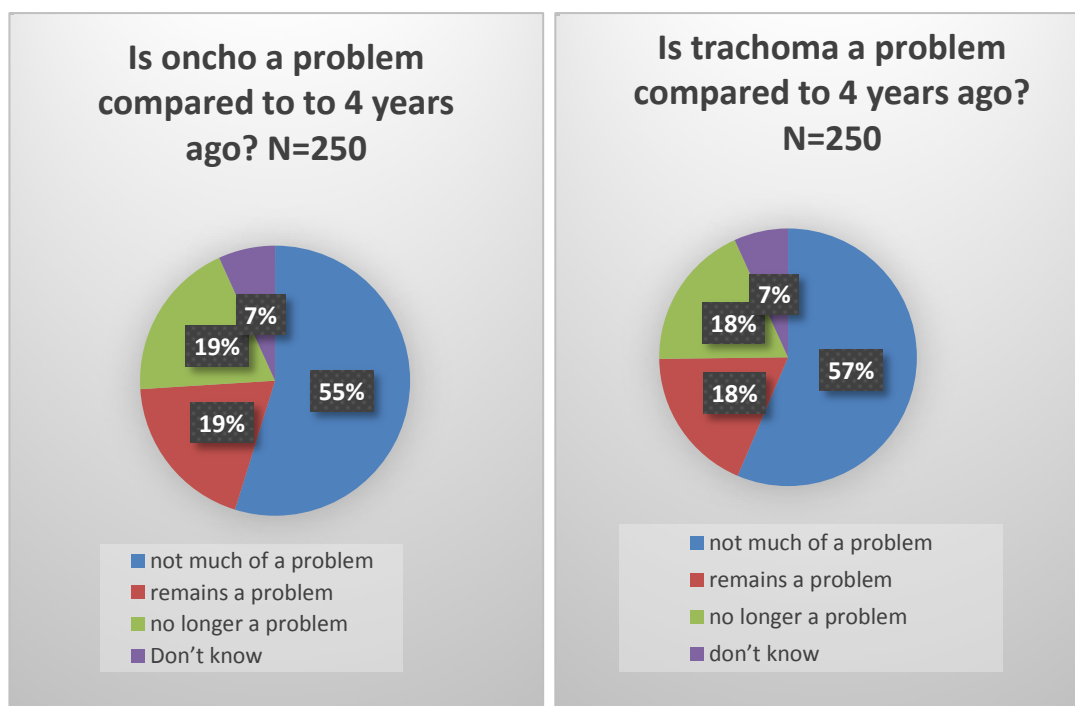
Survey respondents' showed reasonable knowledge levels about trachoma and oncho (see Survey Annex 5 Tables 11-16) but with 22.5% of men and women saying they did not know a cause, it is clearly important that community-awareness raising activities are continued in order to maintain the gains achieved.



**What causes trachoma?**
**% of men and women identifying each cause**

| Cause | Female | Male |
|---|---|---|
| DIRTY WATER OR NO WATER | 62% | 63% |
| INFECTION FROM FLIES | 56% | 61% |
| DIRTY SURROUNDINGS | 55% | 63% |
| BAD LUCK | 26% | 31% |
| DON'T KNOW | 23% | 23% |

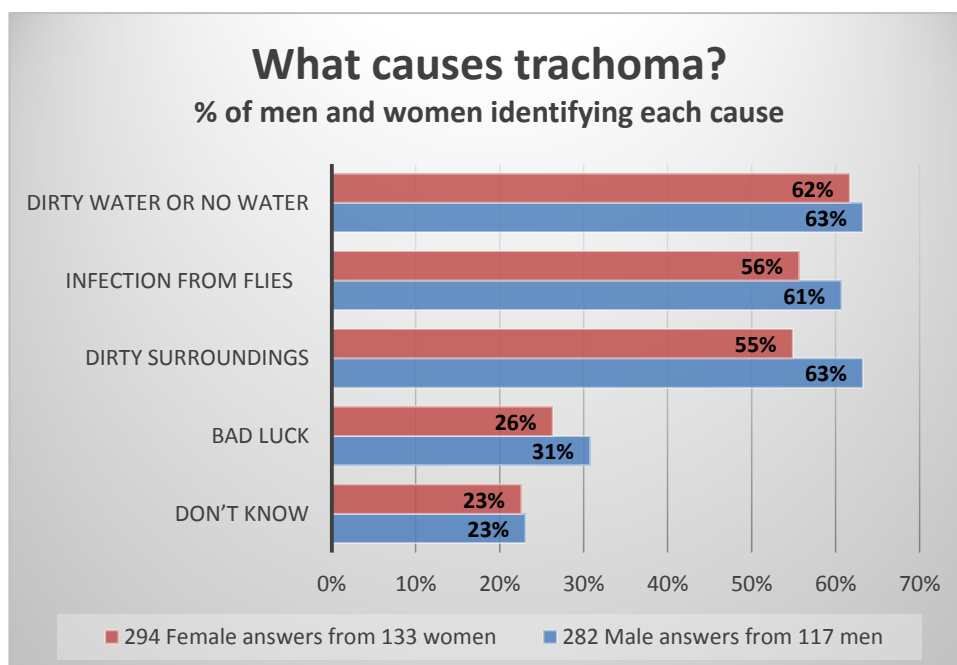294 Female answers from 133 women      282 Male answers from 117 men

**Chart 3 What causes trachoma, Q28.**

Respondents also recognised that the eye health services had improved during the last 4 years and 82% said that they are either a little or a lot more likely to use the eye services.
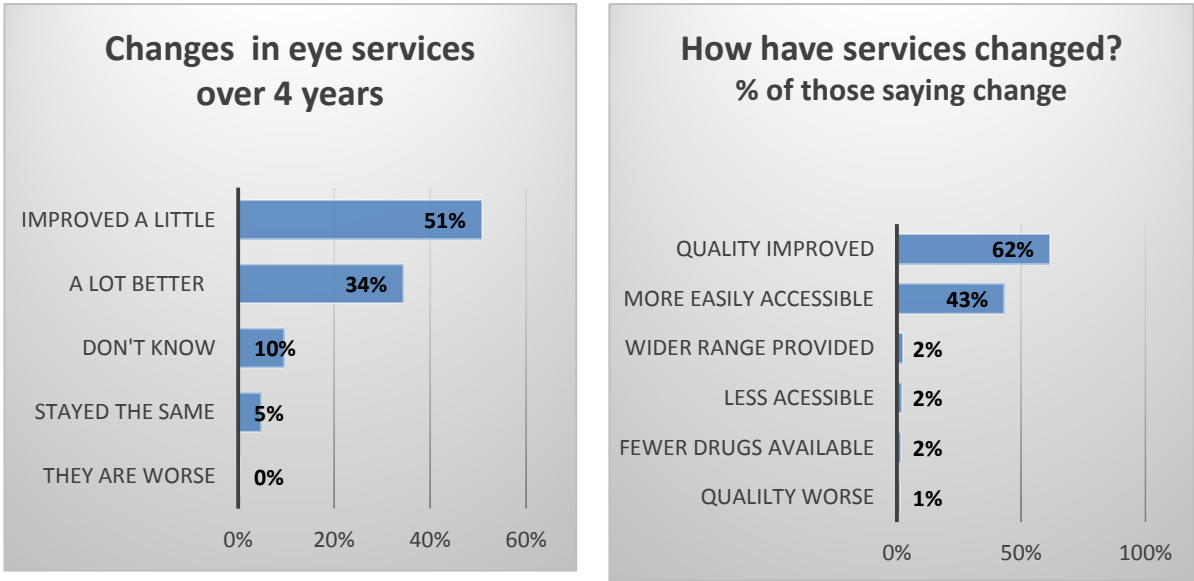
**Changes in eye services over 4 years**

| | |
|---|---|
| IMPROVED A LITTLE | 51% |
| A LOT BETTER | 34% |
| DON'T KNOW | 10% |
| STAYED THE SAME | 5% |
| THEY ARE WORSE | 0% |

**How have services changed?**
**% of those saying change**

| | |
|---|---|
| QUALITY IMPROVED | 62% |
| MORE EASILY ACCESSIBLE | 43% |
| WIDER RANGE PROVIDED | 2% |
| LESS ACESSIBLE | 2% |
| FEWER DRUGS AVAILABLE | 2% |
| QUALILTY WORSE | 1% |

**Chart 4 Changes in eye services over 4 years, Q34, Q35.**

The rating of Satisfactory reflects the scope for improving the NECP profile, leadership and resourcing in both countries. For NTD alone, both would merit an Excellent rating.

Awareness of Irish Aid allocations has increased among Sightsavers programme staff. In Liberia, it has enabled the Country office to respond to the post Ebola eye problems and its flexible nature is perceived to have given Sightsavers more leverage, to have promoted programme sustainability and funding security. In Mali, the flexibility of Irish Aid funding is perceived to have enabled greater geographic spread and a more comprehensive portfolio, thereby raising Sightsavers profile. Through funding participatory meetings and training and capacity-building support, it has helped both institutional strengthening and the quality of partner relationships.

*Sustainability* ● *Attention*
*The likelihood of achievements being sustained; and how likely the achievements will continue after the Irish Aid grant.*

Sustainability is particularly key criterion for the provision of eye care services; where NTD are concerned, the strategies are somewhat different since their elimination is targeted in 10 years' time and the emphasis is on achieving this.

Sightsavers and partners in all countries have a clear sense that the programmes are owned and implemented by the Ministry of Health. This is vital for ensuring long-term sustainability and prioritisation of eye care services. The priority accorded to eye care showed some variation between countries: the Sierra Leone Ministry of Health demonstrated the priority it attaches to eye health by continuing, despite the Ebola epidemic, to supply drugs and consumables to eye units and to disburse the funds allocated for eye health. In Liberia there are plans to prioritise eye health and a new (ophthalmologist) Director has been appointed with a changed reporting line to the Chief Medical Officer.

In Liberia, the government integration of primary eye care into primary health care through the county hospitals is ensuring synergy and collaboration despite the lack of a specific MoH eye care budget for service delivery activities. Without Sightsavers funding, there was general consensus that, even if the county health teams continued to work, the eye care programme would ultimately collapse as there would be no consumables or incentives that

the staff depend on. At Ministry level, there is an understanding of the need to provide funding and recognition that strong advocacy is required to create the necessary political will and strategies for cost recovery. The Ministry of Health is currently focussing on building a resilient health system following the Ebola epidemic but it is hoped that in due course the previous plans for establishing an Eye Health Training institution enabling an in-country Ophthalmic Nurse (ON) training programme will be resumed, as this would reduce costs and promote greater ownership and sustainability.

In Mali, stakeholders identified a number of key factors that should make the Koulikouro eye care services sustainable after Sightsavers support is withdrawn in 5-7 years' time:

- Recognition of eye care treatment benefits: demand for services is established.
- Evidence of increased willingness to pay (numbers paying for cataract surgery).
- Good ownership of eye care services by the Regional and District Health Authorities and community involvement in governance.
- Eye care personnel fully integrated in local health authority salary budgets
- Cost recovery fund being developed.
- Sightsavers has an agreed exit strategy: the final phase will build capacity for continuation and ensure that there is a good stock of equipment in place.

With the prevalence of key NTD in the highly endemic zones selected for Sightsavers support now close to zero, there are plans for an exit strategy for sustaining these results and reflecting government concerns to:

- Prevent recrudescence in border areas with other countries where these diseases are still endemic and coordinate internationally (Guinea, Cote d'Ivoire, Niger, Burkina Faso) - this was likewise a concern in Liberia.
- Increase healthy behaviours that will prevent transmission restarting.
- Ensure good surveillance systems and responses if cases found; this will include special training of primary eye care workers.

Liberia is the only one of the six countries that has a strategy of free user fees, and that applies only in the remote South east where Sightsavers is supporting services: Mali, Cameroon, Guinea, Senegal and Sierra Leone have cost recovery systems in place and Sightsavers supports the Ministries of Health where necessary to ensure that there are mechanisms for enabling anyone unable to pay to access services free of charge.

The rating of Attention reflects the dependency on Sightsavers funding in Liberia combined with the need for increasing leadership and eye care profile at national level in both countries. Although there are satisfactory indications for Koulikouro eye programme sustainability it is evident that ongoing water, sanitation and hygiene (WASH) and surveillance activities will be needed in border areas, combined with cross-border coordination, to maintain the NTD gains.

### *Replicability/Scalability* 🔴 *Satisfactory*
*Which programmes or components are considered scalable or replicable; and how likely are they are to be adopted by other sector actors and/or governments.*

In Mali, interest has been shown at Ministry, regional and district levels in learning from the Koulikouro experience with presentations made by the Regional partner at the Ministry of Health's annual meeting for reporting and planning on their multi-sectoral health programme (PRODESS). Koulikouro staff have been asked to support other regions e.g. with their Vision 2020 plans. The Country Office has been sharing reports internally on progress but the

sharing dynamic within government is, in the view of the evaluator, an even more positive indicator of potential for replication.

In Liberia, concerns over sustainability due to lack of funding mean that replicability will require the monitoring and documenting of outcomes, together with challenges and lessons learnt, combined with a sustained policy influencing strategy for obtaining more government funding.

Both country programmes would improve replicability with more purpose-written documentation that includes financial costings and implications.

The satisfactory rating reflects the validity and acceptance of the eye care programme achievements in both countries but likewise the funding issues that will limit this without external support.

*Coordination/coherence*     🟠     *Satisfactory*

*The extent of internal coherence between design, implementation strategies and programme objectives and grant objective; extent of coordination and learning across Sightsavers programmes in the region.*

The evaluators noted the increasing Sightsavers emphasis on preparatory situation analyses and relevant research for informing the design of programmes; the first pilot of the eye health systems assessment tool was being prepared in Senegal at the time of the evaluation; this process has also begun in Mali in preparation for supporting the new Eye Care programme.

The eye care and NTD programmes in both countries are part of the national government's plans and fully aligned in terms of design and implementation strategies. Likewise, the programmes are coherent with the individual project objectives and the overarching grant objective of contributing to the Millennium Development Goals (MDG) by improving eye health. Sightsavers thematic strategies provide the overall framework for project development processes that involve both country and technical teams; this ensures that both different contexts are taken into account as well as overall coherence between different programmes and countries. The Sightsavers NTD Unit is producing brief country dossiers explaining where a country is in terms of NTD control and elimination and where it is aiming to get to and that show the fit of projects with the longer-term country ambitions.

In Liberia, Sightsavers has built good relations with the health partners at county and national levels and is funding the Vision 2020 meetings for NECP; there are no other eye care agencies with whom to collaborate, although Sightsavers coordinates with HI and their Inclusive Education Programme. For NTD, Sightsavers works with the Carter Center, the Liverpool School of tropical medicine and WHO African Programme for Onchocerciasis Control (APOC), but, apart from the NTD working Committee, there is no NTD steering group providing oversight at national level.

In Mali, Sightsavers likewise has good relations with health partners at regional and district levels and, through the funding of RHA learning and feedback meetings, facilitates learning and coordination within the region. Discussions with the Ministry and in NECP meetings provide opportunities to exchange information with the Organisation for the Prevention of Blindness (OPC) but there are no direct links or collaboration. In NTD, Sightsavers is working with HKI and the Carter Center; all are funded from Conrad N. Hilton Foundation for separate but coordinated projects and they coordinate regularly in addition to regular meetings with the Ministry of Health and WHO. With no funded collaboration, there is limited contact with WASH agencies and more coordination with WASH initiatives needs to be developed given the ongoing importance for trachoma prevention; this is already recognised in the Trachoma

Action Plan for Mali and the Sightsavers NTD Unit is sharing best practices for this developed in other programmes.

Regional learning and sharing with other countries' eye care programmes has been relatively limited for the three countries affected by Ebola; although there was a recent Sightsavers global Reflection workshop on Refractive Error and School Screening, it has largely taken place through the Sightsavers support model that allocates multi-country responsibility to senior programme managers who also work with non Irish Aid countries such as Burkina Faso and Cote d'Ivoire, rather than through bringing programme teams and partners together to discuss their detailed experiences in programme implementation.

Generally, there has been a greater level of experience sharing in NTD; this is due to a mix of Sightsavers membership of regional technical committees, the Ghana NTD unit processes and partly due to the importance of cross-border NTD transmission and coordination mechanisms: the Liberia team attend cross-border annual Mano River Union (MRU) meetings and Sightsavers Mali is currently leading efforts to re-establish oncho MDA in Cote-d'Ivoire.

For Liberia, travel and visits were curtailed in 2014 and 2015 but the regular coordination calls between the Ebola affected countries enabled them to share experiences of how their programmes were affected and their Ebola response project implementation. Overall we rate the criteria as Satisfactory.

## Contribution to Post Ebola Recovery in the three affected countries

For the three Ebola-affected countries, restrictions on movement meant that no community-level work could be undertaken for eye care/NTD, SI or IE. The Sightsavers offices were unable to function effectively without putting staff at risk. During the epidemic therefore Sightsavers suspended programmes and closed its offices in 2014 although staff continued to work as far as possible from home. Throughout the epidemic Sightsavers regularly tracked, reviewed and documented the situation. At Ministry level, trainings were suspended and eye care staff were deployed to other work.

All three countries have planned post Ebola support projects drawing on national government post EVD situational analyses and, in the case of Liberia a Sightsavers supported NTD Readiness Assessment. In Sierra Leone the CO is drawing on a recent eye care programme MTR and EC ROM.

Unlike some disability agencies Sightsavers does not have a mandate for humanitarian response and did not in the main respond directly to the Ebola crisis. Even so, some emergency support was provided after discussion with Ministries of Health, through vehicle donation and the distribution of soap, detergents, gloves etc. Sightsavers is a member of the UNDP Global Ebola Response Coordination and Learning mechanism and is also involved in a number of discussions on Uveitis research. Later in the epidemic, when it was realised that Ebola survivors were affected by secondary eye problems, Sightsavers acted to develop relevant country projects providing equipment, training and drugs required for the diagnosis and treatment of uveitis and other eye complications in EVD survivors. In Liberia and Sierra Leone this work is focused on supporting national MOH facilities at Redemption hospital in Monrovia and Connaught hospital in Freetown; in Guinea, support is being provided to the clinic attached to the DESSO training programme at the main hospital in Conakry.

The Liberia programme has recently commenced and as yet no data is available on numbers treated. In Sierra Leone there is a national EVD survivor programme and the Sightsavers project is contributing to this in Freetown, Bo and Kenema. Survivors with eye complications

are taken to eye clinics for testing and treatment and in Bo there is a special clinic for survivors.  Data is collated monthly by eye care staff.

There is a significant opportunity for Sightsavers to link social inclusion and eye care through supporting EVD survivors' groups and a budget line has been established for support to BPOs/DPOs in the EVD response.

Sightsavers

**Objective 2: Improved delivery of quality education of disabled and visually impaired girls and boys**

*Relevance* 🟢 *Excellent*

*Were IE pilots the most relevant for meeting needs; and did the interventions reach the poorest and most marginalised.*

Senegal and Sierra Leone stakeholders, including partners, ministry officials, and other INGOs agreed that the pilots are appropriate and relevant to education as well as social inclusion needs of children with disabilities. Synergies and linkages between eye health (EH), social inclusion (SI) and integrated education (IE) components are clearly sought as part of overall programme design.

The five IE programmes work closely with government departments and civil society to influence policy development towards achievement of the MDGs, UNCRPD and Sightsavers IE policy. Although Sierra Leone lacks an inclusive education policy the recent Education Sector Plan and Curriculum Framework includes IE and the MOE is supportive of an IE policy process with a TOR in development. Buy in to the principle of IE is very much in evidence in Senegal, despite limited government commitment to scalability. In Cameroon, the government is pressing for an expansion of the pilot.

At country level an alignment process is underway using information from reviews, situation analyses and project reviews together with technical input from the Sightsavers IE/SI technical advisor. The pilot design in Sierra Leone, where primary education is weak, draws in visually impaired children already able to braille and type from traditional special schools into mainstream primary schooling.

Although across the region there are no national statistics on the numbers of children with disabilities in or out of school UNICEF and other stakeholders estimate the numbers to be substantial. In aiming to address inclusion, not just of children with visual impairment but of all children with disability the IE programme aligns itself with broader national disability movements seeking to enforce UNCRPD compliance. This is necessary, given for instance that 25% of all children are out of school in Sierra Leone (from UNICEF Chief of Education, Sierra Leone).

CWD are more likely to be from poor families in the Senegal IE pilot, which is located in poorer Dakar suburbs following a mapping conducted by CORIPH. In Sierra Leone children are selected from 3 Special Schools based on their ability to read braille and to type. The section is scored Excellent as the programme fits identified needs, is synergetic, and aligned to national, international and Sightsavers policies.

*Effectiveness* 🟢 *Excellent*

*Progress made towards achieving objectives/outcomes and contribution to the achievement of programme purpose and goal. How well have programmes been sharing and adapting to learning and to changing circumstances in the operating environment.*

With some of the IE pilots no more than 2 years old, the countries have achieved differing levels of development and achievement. This reflects the policy environment, level of decentralisation, government ownership and civil society/partner capacity. It also reflects the general quality of state primary education provision. In the three MRU countries this is very low. Ebola led to the closure of the Sierra Leone and Liberia programmes from August 2014 to May 2015 when schools reopened. This set back policy development and implementation by one year. Elsewhere outputs and transition outcomes have been achieved.

Improved technical support and new Sightsavers policies are providing strategic direction and frameworks for assessing the scope and quality of IE work.

The pilots are small scale, in Sierra Leone 12 children in 3 schools, in Cameroon 15 children in 6 schools, rising to 141 children in 3 schools in Senegal. Similarly, 6 primary teachers from the 3 pilot schools were trained in special needs education (SNE) in Sierra Leone compared to 27 in Senegal and 41 in Cameroon. There are plans in Sierra Leone to increase the number of children in mainstream schools to 50 by 2016 thus increasing the scope of the pilot. It was noted that currently 2 of the 6 teachers in Sierra Leone do not have a visually impaired child in their classroom.

The small size of the pilots may arguably limit what can be generalised from the findings but nonetheless it will still be possible to draw tentative conclusions which can then be tested elsewhere. Over time, the strategies and influencing efforts of the CO teams together with civil society should succeed in building stronger MOE capacities and drives for change. This will then represent a massive achievement in countries such as Sierra Leone where state teacher training and education delivery systems are weak.

The Sierra Leone team is motivated, cohesive and high profile in the national disability arena – the Country director (CD) has senior level contacts and Sightsavers co-chairs the Ministry post Ebola Back To School sub-committee which with DFID funding will train 300 teachers in SNE over a 6 to 9 month period, as well as representing INGOs on the National Commission for Disability (NCD). It also is a founder member and lead in the CWD education network.

As well as Ebola, a leadership crisis within SLUDI (Sierra Leone Union on Disability Issues) together with a weak NCD and limiting operating environment (weak SNE coordination, 50% + unqualified teachers, limited resourcing, poor results, restrained engagement from education officials) has created slippages to the inclusion agenda including policy rollout and the development of a teacher training SNE module. Sightsavers in the meantime has with the Helen Keller Institute (HKI) developed an 8 module SNE training course at the University of Makeni (UNIMAK) which the 6 people trained to date found helpful. The course is new however and as yet no extra points are being awarded by MOE to the teachers upon completion.

The pilot teachers doubt whether their level of braille proficiency will suffice in the classroom, a concern echoed in Cameroon. There is high motivation and increasing interest and support from other school teachers in Sierra Leone who are requesting braille training. Head teachers, parents and Sightsavers staff report that intensive awareness raising and discussion with parent teacher association (PTA) parents is reducing barriers and creating more support for inclusive education. The educational attainment of placed children is good with 11 of 12 children transitioning and 1 child graduating to junior secondary school in 2014.

Senegal also has a high profile, cohesive and motivated team with high level contacts but the enabling environment is significantly different. There is political will and IE is part of the current education strategy until 2025. One pilot school achieved first place in the district in 2014 and in 2015 is in the top 3 schools. School inspectors regularly evaluate pupils through standard evaluation and internal evaluation between the 3 schools – this includes blind and low vision children plus sighted children to see differences in their performance. An IE module is being finalised for integration.  Exam results have shown that blind and low vision children and sighted children are at nearly the same level in terms of educational achievement as well as errors made, thus reflecting the teaching received and not differences in ability.

The grade of Excellent reflects strong progress made, synergy with other programmatic themes and demonstrated adaptability, especially in Ebola affected countries. Difference in achievement reflect country contexts and not content.

*Efficiency* 🔴 *Satisfactory*

*Was financial and programme management implemented efficiently in relation to results achieved for the different financial and non-financial investments.*

No issues with project or financial management were identified in the two IE projects visited; quarterly reports are received from partners and the country office provides a 6 monthly update plus a detailed annual report to HQ. Partners in Senegal and Sierra Leone are satisfied with the timeliness of transfers and positive about transparency/ communications as well as levels of support received from the country offices. The evaluators noted strong engagement between finance and programme staff. Cost effectiveness/VfM analysis is not undertaken by the COs visited though it is recognised there is Global commitment to improving understanding of costs within projects and across programmes.

Braille tables and punchers are said not to be available at the beginning of the school year. Sightsavers is addressing these delays internationally by bringing forward the ordering process by 2-3 months and by training staff on supply chain management and standard list and Proactis systems.

Synergies have been identified between projects. For instance, disabled people's organisations (DPO) capacity building is largely funded by Social Inclusion but in countries including Senegal and Sierra Leone it is benefitting the IE parent associations. In turn active parent associations are engaging in the broader inclusion advocacy agenda. Where eye health programmes geographically coincide with the IE pilots then school screening is organised.

It is important for Sightsavers to develop outcome indicators and monitoring tools that can identify appropriate milestones of progress and change in the differing contexts in which the IE programmes are implemented. Starting in 2015 monitoring of the standards of quality, equity and access have been introduced and reporting systems are in place for COs and partner staff in schools who work with CWD.

The section is scored Satisfactory, reflecting strong financial and programme management practices and the efforts made to improve monitoring and reporting standards.

*Impact* 🔴 *Satisfactory*

*The extent of achievement of programme objectives and what has changed; what specific differences has the Irish Aid grant made and what might have/have not happened without it.*

It is too soon to assess if the 5 pilot IE projects will contribute to delivery of universal quality inclusive education. There are promising signs in Senegal and Cameroon if the government decides to scale up nationally. Elsewhere more work is needed, particularly in Sierra Leone where an inclusive education policy is not yet in place. Sightsavers should develop evidence of key elements of the programme, for example that in service IE training delivers effective education to CWD.

Focus group discussions (FGD) with visually impaired (VI) students in Sierra Leone and Senegal confirm the value placed on being in a mainstream school. Students believe they have greater confidence and improved opportunity, that their classmates and teachers are interested and supportive and that they are part of a more conducive learning environment.

Examination results and transition rates are encouraging. 2013 transition rates in Sierra Leone were 98%.

Teachers, even in Sierra Leone where Ebola has disrupted the pilot, as in Senegal, see themselves as pioneers and are enthusiastic about their role and sharing ideas as well as developing teacher and learning materials. There is considerable enthusiasm amongst the teaching cadre within the pilot schools and supportive head teachers and parent associations and increasing understanding amongst parents of the role they can play in both supporting and encouraging their children and in lobbying schools and local authorities for IE.

Challenges include the need to develop and integrate IE modules into teacher training and in-service training curriculum, to maximise political ownership and to further mobilise civil society to pro-actively lobby for IE, especially in countries such as Sierra Leone and Liberia which have weak education systems and which were halted by Ebola. Sightsavers needs to further engage with and strengthen Ministries of Education to develop systems that can deliver IE to children with disabilities The positive progress to date may be attributed to Irish Aid as it has ensured continuity of funding and activity throughout the critical start up periods. It has also allowed the recruitment of IE/SI technical advisor who has been instrumental in fast tracking IE project roll out and ensuring a strong regional dynamic through encouraging COs to embrace other approaches and models and to be flexible and creative.

The Satisfactory assessment reflects the strong implementation to date. Demonstration of impact will be required in the longer term.

*Sustainability*     🔴     *Satisfactory*
*The likelihood of achievements being sustained; and how likely the achievements will continue after the Irish Aid grant.*

The Sightsavers design focus is a key strength and mainstreaming IE should ensure sustainability in the resource limited environments of the 5 country programmes.

Education system strengthening has been identified by some programme staff as key to future sustainability. Whilst Sightsavers clearly has strong in-country relationships with IA and DFID in Sierra Leone, generally systems strengthening falls within the remit of UNICEF and other multilaterals including the World Bank. Sightsavers could add significant value in Sierra Leone and Senegal through identifying and promoting its niche and helping to develop a coherent country-level strategy. In Senegal for instance, Sightsavers is part of a new UNICEF led education working group tasked with revision of the teacher training curriculum, inputting into the design of the IE-disability module. In Sierra Leone the CD co-chairs the Back to School working group supporting the training of 300 teachers on special needs/IE issues, led by UNICEF and funded by DFID.

Given the risk of low Ministry capacity for sustainability in countries such as Sierra Leone and Liberia, Sightsavers could consider engaging with both the ministry and teacher training colleges to strengthen senior management, support the development of IE departments and undertake management training on IE.

In Senegal where decentralisation processes are more advanced, greater sustainability requires both the population and town councils to take greater responsibility. PTAs are more dynamic after considerable capacity-building and should keep lobbying local councils to introduce a specific IE budget line then monitor levels of funding and expenditure. Similarly, when CWD grants start arriving, the ability of PTAs to monitor and hold school management committees to account will be critical. School inspectors and teachers have asserted their desire to see the IE spread.

It is clear that most pilots will need support beyond the period of the Irish Aid. They are nascent and need time for the processes being established to develop, for further follow-through and for ministry resourcing to be made available. For this reason, the evaluators score this section Satisfactory for the work in progress.

*Scalability/Replication*          🔴 *Satisfactory*
*Which programmes or components are considered scalable or replicable; and how likely are they are to be adopted by other sector actors and/or governments.*

Given the success of the IE project there is clear interest being expressed by the Senegal government to scale up the IE pilot, pending public examination results later in the 2016/17 academic year - a major achievement in a short time frame. In Cameroon the Ministry of Basic Education is also interested in scaling up the IE pilot nationally and is planning to have a pilot school in each regional HQ plus each divisional HQ, increasing the total of pilot schools to 68. The challenge for Sightsavers is to fully document all 5 projects to evidence outcomes, changes and challenges as well as undertake financial analyses to make the case for scale up; the latter is already on the agenda of the Senegal CO. For the reasons outlined above this section is scored Satisfactory.

*Coordination and Coherence*          🟢 *Excellent*
*The extent of internal coherence between design, implementation strategies and programme objectives and grant objective; extent of coordination and learning across Sightsavers programmes in the region.*

The SI and IE programmes work in tandem and are highly complementary. Both programmes predate but reflect Sightsavers new strategies and are redoing log frames to be more outcome focused in order to address the concern expressed in the mid term review.

In both countries visited the Sightsavers CO is well networked and engaged at all levels. Sightsavers appears strong at horizontal coordination with partners as well as adept at engagement with different vertical levels within the MOE and MoSWGCA. They are not so well connected with multilateral/bilateral agencies – UNICEF etc. but both COs are addressing this; in Sierra Leone where there are opportunities to work on particular aspects of the education agenda with UNICEF and in Senegal where Sightsavers is collaborating with UNICEF in developing the IE teacher training module.

Sightsavers is also a member of networks including other disability INGOs. The Education Network for CWD in Sierra Leone was founded by Sightsavers and it is a lead agency.

The IE/SI technical advisor has established a regional IE agreement with Handicap International on how the two organisations will collaborate and share information although this is still to be validated and agreed at global level.

Because of the emphasis placed on both horizontal and vertical networking the evaluators score this section Excellent.

Sightsavers

**Objective 3: Strengthen the capacity of BPO / DPO / CSO to access services and advocate for rights for people with disabilities in West Africa**

*Relevance* 🟢 *Excellent*

*Were Social Inclusion (SI) actions the most relevant for meeting needs; and did the interventions reach the poorest and most marginalised.*

In all SI programmes the voice and visibility components are highly relevant to people with disabilities. Both the Mali and Senegal programmes align with national policies and work to influence decrees and action plans in line with the UNCRPD by working with relevant government departments and disability agencies (from one in Liberia to several in Mali and Senegal).

All 5 country programmes (there is no SI programme in Guinea) have transitioned since 2013 from community based rehabilitation (CBR) towards alignment with the Empowerment and Social Inclusion Strategic Framework 2015. Moving from needs to rights, countries are at different stages: the Senegal programme is able to take advantage of a more enabling government environment promoting disability and stronger civil society; the Sierra Leone and Liberia SI programmes, closed during the Ebola epidemic, reopened in August 2015 and are actively engaged in aligning their SI pilots to the rights focus of the global strategy.

There is clear understanding by CO staff of the need to synergise vertically and horizontally and to strategise influencing and awareness raising. Technical inputs from 2014 by the SI/IE technical advisor support strategic alignment, including Sightsavers' promotion of learning between different country programmes.

Many people with disabilities are rural based and the programmes reach beyond urban areas as in Senegal and Mali. Given the deliberate targeting by Sightsavers of low human development index (HDI) countries in the Irish Aid programme they can thus be said to reach out to the poorest.

The programme is rated excellent as it fits identified needs, the policy environment and takes into account other SI programmes.

*Effectiveness* 🟠 *Satisfactory*

*Progress made towards achieving objectives/outcomes and contribution to the achievement of programme purpose and goal. What factors have contributed to success and failure.*

High levels of CO support and accompaniment, especially in Mali and Senegal have contributed to strong overall progress in achieving programme outputs and outcomes, apart from the Ebola affected countries. The potential for full realisation of the Sightsavers programmatic approach is embedded in the 2015 Empowerment and Social Inclusion strategic framework. Programme strategies across all 5 countries have included: DPO capacity strengthening and advocacy support; support to alliances and federations; communications and public awareness work; and a range of livelihoods work and mobility orientation. What is not so much in evidence in every country is systems strengthening at ministry or department level; for example, the Mali programme engages directly with Department for Social Development (DSD) but has not as yet undertaken direct capacity support despite its acknowledged weaknesses. Whilst this wasn't planned within the scope of the Irish Aid funded programme in the future Sightsavers where appropriate could consider the strategic benefits and value addition of direct engagement with the wider ministry, and not only the DSD.

**Sightsavers**

In the 3 non-Ebola affected countries the programme has been particularly effective in strengthening DPO capacities, raising the profile of disability and supporting government roll out of the UNCRPD. In Senegal, Sightsavers supported the production of the Government's report on the Convention (it was 2 years late) and will support the drafting of the Alternative report by civil society. In Mali the report has still not been written by the Government despite civil society lobbying but FEMAPH has produced an Alternative report, the roll out of which Sightsavers plans to support.

Senegal, Mali and Cameroon have achieved high visibility relative to their duration and scale. The challenge facing them is to consolidate BPO and DPO network strengthening and advocacy support; translating this into achieving policy objectives and broader change agendas, especially PWD political voice and representation. In particular, the status of the DPOs created by programme partners is sometimes unclear. In Mali 65 UMAV local committees have been established, linked vertically as satellites to regional and national offices but not horizontally for synergy and activism. Nonetheless, 5 of 9 district associations have successfully lobbied for the inclusion of a disability line into local council budgets as well as inclusion into community plans.

Senegal in particular has well developed community awareness strategies including the training and use of traditional communicators to reach isolated communities with messaging and discussion. The Mali programme could benefit from adopting a similar approach, developing a broader range of awareness strategies than is currently the case.

The overall performance is scored Satisfactory in recognition of the strong progress the pilots have achieved in a relatively short time frame as well as future work that could further strengthen DPO networks in relation to awareness raising and influencing.

## Efficiency   ●   Satisfactory

*Was financial and programme management implemented efficiently in relation to results achieved for the different financial and non-financial investments.*

In both countries Sightsavers programme management is found to be working efficiently with close relations between finance and programme staff as well as between Sightsavers and partner teams. The appointment of an SI/IE programme officer in each CO ensures dedicated engagement with partners.

Depending on the risk rating of the partner Sightsavers has introduced different transfer systems e.g. monthly transfers with close financial accompaniment in the case of UMAV in Mali. More generally, late reporting by partners often leads to late disbursement which can then impact on implementation schedules. 100% annual implementation rates can thus mask uneven programme delivery, as pointed out by some country staff and partners.

Sightsavers provides strong financial management support: in Mali, UMAV has been supported by the finance manager to develop and use a comprehensive financial management system; and monthly joint programme and finance reviews in all COs promptly highlight discrepancies. Partner audits are undertaken; UMAV and Koulikoro Regional Health Directorate were audited in 2015 and will be again in 2016. Activity oversight and output tracking have been efficient as evidenced by the achievement of a high proportion of output level targets. The overriding monitoring issue however is that high level outcome indicators are relatively undefined – this has resulted in limited analysis and reporting e.g. there are no milestones of partner effectiveness following institutional strengthening or associational activity following leadership training. It is thus challenging for Sightsavers to comment on and evidence change. In response, however, to recommendations in the MTR and from Irish Aid,

the SI/IE technical advisor is developing a quarterly outcome monitoring report to help address the challenges of commenting on and evidencing change in this area.

Value for money and cost effectiveness are addressed through adherence to Sightsavers Global policies and procedures although results are not currently monitored at country programme level, arguably limiting arguments for replication. The inclusion of key VfM questions within the new project development process however ensures some key considerations are built into the design and monitoring of new projects. Though still in its infancy this will become more sophisticated as new programmes are designed and budgeting improvements increase the opportunity for better exploration and understanding of costs. Also, an internal project has been commissioned to review project budgeting and reporting processes and systems. This has a clear objective to assess how to improve practices to increase understanding of costs, so that Sightsavers may better compare costs across projects and enhance value for money discussion and decision making.

The rating ascribed is Satisfactory reflecting the strong financial and programme management systems in place as well as Sightsavers' work to improve calculations of VfM and cost effectiveness.

## Impact     ⬤     Satisfactory

*The extent of achievement of programme objectives and what has changed; what specific differences has the Irish Aid grant made and what might have/have not happened without it.*

Considering the relatively short duration of the SI programme much has been achieved that can be further built upon. The challenges faced by CO teams relating to monitoring of change have already been commented on under Efficiency within this Social Inclusion chapter.

Whilst sustained and focused lobbying remains a priority in all 5 countries, capacity building initiatives have clearly impacted on partner advocacy, created greater awareness of the legislation and begun a change process among key actors including locally elected officials, local chiefs etc. The introduction of PWD budget lines into local plans in Mali and Senegal for instance is an indicator of lobbying success by local associations and DPOs. In Senegal, the language on disability is changing at all levels; one bus company in Dakar is committed to making 30% of its buses accessible to PWD; sensitised town councils are moving to either employing a PWD or having disability advisors; the launch of the equal opportunities card equal opportunities card is also considered an important advance. In Mali the Ministry is actively promoting PWD accessibility and several town halls have created small budgets to erect ramps and rails in public buildings; PWD associations are invited to public meetings including planning events. At the eve of Mali decentralisation the government has distributed guidelines to local authorities to localise services in line with UNCRPD. The Tienfala town mayor clearly saw his role as linking DPOs with different organisations to meet their needs; providing land for PWD market gardens and improving water access; he approached Water Aid to drill a disability friendly borehole.

What is clear from FGDs with PWD in Senegal and Mali is a renewed sense of PWD self-confidence. This is manifested in speaking out at public meetings, lobbying of local officials, plus changed perceptions and attitudes of local communities. The Tienfala Town Mayor comment in Mali "Doing nothing leads people to ignore you but if you take action and are vocal then attitudes in the community do change" echoes similar expressions from Senegal.

The flexibility of Irish Aid funding has added considerable value in the SI programmes allowing situation analysis to better inform programme design, technical support to COs,

ongoing technical alignment processes, rapid and practical responses to problems as well as partner strengthening and pieces of research.

Irish Aid support has helped Sightsavers develop coherent CO plans on SI and to undertake some important strategic components including:

- Orientation of advocacy and use in some strategic initiatives e.g. Senegal report on UNCRPD.
- Review of national programmes and policies for disability sensitivity and gaps.
- Situational analysis in Senegal and Mali at the outset of the SI projects.
- Research on IE and SI in Mali and Senegal.

Whilst recognising achievements and that this is work in progress the lack of clear indicators to track outcome and change scores the section Satisfactory.

## Sustainability    ●    Satisfactory
*The likelihood of achievements being sustained; and how likely the achievements will continue after the Irish Aid grant.*

The majority of projects are around 2 years old; it is probably too soon to comment although programme design fosters sustainability through its emphasis on building DPO voice to ensure Convention implementation at all levels. The Senegal programme for instance supports awareness on the Law of Social Orientation and introduction of the equal opportunities card. This, combined with DPO advocacy training, should lead to sustainable dynamics although perhaps not within the timeline of the grant period. Sustainable change also requires PWD employment linked to educational opportunity and qualification and this is a longer term aim linking both the IE and SI programmes. In Mali transactional relations developed between PWD and the general community through cereal banks (sale of low cost grain during slack period) and market gardens (offering paid employment opportunities to able bodied people) have, according to PWD transformed community attitudes in an approach that could be sustainable. In Mali, Cameroon and Senegal new agreements have been signed between MoSA and DPO Federations, largely as a result of Sightsavers influencing work at national and regional levels. Local councils in Mali and Senegal are also beginning to mainstream disability into their annual development plans and budgets, itself a strong indicator of financial and institutional sustainability.

Core elements of sustainability include government ownership of the social inclusion agenda (relatively high in the decentralised Senegal environment, slower progress being made in Mali on the eve of decentralisation); broad community awareness and understanding of disability (strong progress in Senegal and Cameroon, a broader range of strategies recommended in Mali); plus a strong and united civil society voice and profile including the ability to mobilise an informed grassroots (this is challenging work given the divisions within civil society in all countries). Strong progress is evident at country level although social inclusion is a process with timeframes outside of the scope of a 4 year grant period. For this reason, we score this element Satisfactory. Given the process nature of SI programmes, it is important in future phases that Sightsavers identifies milestones of progress as well as indicators of change as part of the programme architecture.

## Scalability/replication    ●    Satisfactory
*Which programmes or components are considered scalable or replicable; and how likely are they are to be adopted by other sector actors and/or governments.*

Results achieved by the programme in a relatively short time period confirm the replicability of the social inclusion approach. With relatively few other disability agencies operational in Mali and Liberia scale up becomes an issue for all governments, placing an additional burden on limited national budgets. Strong documentation and evidencing of change are thus important to underpin any argument for replication/scale up. Across the region however the SI model is not currently being evidenced by robust impact and cost effectiveness data.

In Senegal several components are suited to scale up beyond the four Sightsavers regions: these include wider training of local officials and civil servants in the law of social orientation as a precursor to successful advocacy; work with school inspectors to facilitate disability data collection; training of all traditional communicators on language and discrimination; and advocacy for the integration of disability in local development processes as part of the decentralisation process. In Mali local training on the Convention that included Town Mayors has led to greater inclusion of PWD in town hall meetings as well as other consultations and decision making processes, including budgetary allocations and adaptation of public buildings. On balance this criterion is scored Satisfactory to reflect progress achieved as well as the challenges to documenting evidence for impact.

## Coordination/Coherence     Satisfactory

*The extent of internal coherence between design, implementation strategies and programme objectives and grant objective; extent of coordination and learning across Sightsavers programmes in the region.*

Programmes in both Mali and Senegal engage with national disability legislative frameworks and UNCRPD implementation plans – working towards the achievement of PWD equity through state engagement and collaborative work with a range of civil society actors and other key stakeholders. In the introduction of Sightsavers global strategy planning it is important that country contexts, as is planned, are recognised in the design process and diversity is shared in learning processes. Part of the value of cross country learning and experience sharing is the reflection of cultural nuance from the context in which the various programmes operate.

Both Senegal and Mali programmes are well networked, engaging in both INGO and national agency forums and alliances. It also has a critical role as enabler and direct influencer with senior government as well as multi laterals. Sightsavers is a member of FONGIM in Mali, the Forum for INGOs and Foundations. It was the founder member of the 7-member platform the FONGIM Technical Group "Disability, Vulnerability and Development" which aims to build DPO capacity and share information and lessons.

Sightsavers has organised a number of regional meetings for managers, in particular, a training workshop introducing the new SI & IE strategies and the promotion of structured experience-sharing between country programmes. Some staff commented that insufficient time is allocated to sharing and learning. Various country visits have also been organised although Ebola led to the postponement of a planned visit from Sierra Leone to Mali.

As there is scope for more coherent experience and lesson sharing the criterion is scored Satisfactory.

## Objective 4: To strengthen programme management capacity in target countries

*The evaluators' assessment by criteria are given at the end of this chapter. The narrative below provides insights used by the evaluators to inform the scores given.*

*This chapter is organised differently to those for the other objectives under headings for the main perceived capacity strengthening areas. Scores are then estimated for each of the by DAC criteria.*

*Global governance and system development*

Since the Mid Term Review, stewardship for this objective has been re-emphasised at the regional level with the Regional Director. Sightsavers has an extensive range of internal systems and processes for delivering and supporting capacity development led by many different internal teams. See Annex 10 for a detailed presentation of Sightsavers' internal systems and processes for monitoring delivery against thematic strategies through the global programme portfolio. Qualitative evidence of change is reportedly available through these systems but is not routinely consolidated to provide a comprehensive picture of all that is done nor to document the resulting change in terms of Country Office capacities. Various tools and approaches are in place which measure different aspects of country office capacity strengthening. These were cited at country, regional and central levels, and included individual PDRs across all levels or minutes of multiple global inter-team meetings (central) and PCMs (country), the latter is systematic but not comprehensive for the office; the others are not documented in an accessible way for evaluation purposes. The evaluators complemented the Outcome 4 monitoring information provided, on GTL visits, with qualitative inputs from country office, regional and global staff and partners and analysis of a template completed by all country offices.

There are now two governance entities providing oversight of the Irish Aid West Africa Programme: the Programme Board and the Programme Management Committee. The latter Committee was approved by the Sightsavers Ireland Board on July 28th 2015 and replaced the Irish Aid Governance Oversight Committee. The programme board is the body accountable to the Sightsavers Ireland Board and Sightsavers globally for delivery of the Irish Aid Programme Grant, providing strategic leadership. The management committee oversees management of the Programme Grant, ensuring implementation meets agreed objectives. More specifically, the committee is tasked to oversee implementation of recommendations from the Mid Term Review and to ensure that outcomes and impact are reflected in this evaluation. See Annex 12 for the TOR of both entities.

Though these two entities are now in place and operational it is too early for this evaluation to assess the coherence and impact of the governance structures and above described assessment tools on the programme overall. The first meeting of the Board was held on September 1st 2015.

*Programme level management and systems*

For Country Offices, the most significant and useful of the numerous changes to Sightsavers systems and tools during the project period have been:

- Introduction of the Quality Standards Assessment Tool (QSAT) for both thematic and project cycle management assessments
- Proactis.
- Programme Portal.
- New Social Inclusion and Inclusive Education strategies.

The first three tools/systems are managed centrally. The Proactis financial system is now extended to programme staff; in Mali the Regional Finance Manager is piloting a further

enhanced system that tracks expenditure by output and outcome budget line. Currently, value for money and cost effectiveness are mainly addressed at country level through respecting Sightsavers rigorous policies and procedures for this; comparative results are not routinely monitored at programme level. The inclusion of key VfM questions within the new project development process is now ensuring some key considerations are built into the design and monitoring of new projects. Though still in its infancy, it will get more sophisticated as new programmes are designed and the accounting enhancement (enabling cost per output to be tracked) is introduced.  It is also understood that 'the organisation is looking in detail at improving its understanding of VFM at project level through inclusion in the PDP and work to review project budgeting and reporting'.

The Programme Portal was greatly appreciated by country offices for improving the efficiency of output monitoring and found very useful as a one-stop accessible location for all project documents. This accessibility of available documentation should also facilitate central analysis of project reports for outcome reporting.

Country Offices are now aware of the importance of outcome reporting, and it is understood that a process is being developed with the GTLs for 2015. There is now, however, greater understandings of the Irish Aid grant mechanism and how it is allocated at country levels.

*Support systems and procurement*

The central procurement system (see also Eye Care Efficiency Section) involves interaction with Haywards Heath for a wide variety of services (e.g. consultancies) as well as products; for the latter there did not seem to be consistent understanding of recent moves to introduce some flexibility regarding the conditions and criteria for local procurement at country level.

It is understood that procurement is a problematic and often contentious process. In response to previous problems, particularly the transparency of partners' systems, central procurement was adopted by the organisation on cost-effectiveness and quality guarantee grounds, and also for the principle of accountability to donors and beneficiaries for effective use of resources. Only quality-tested products are bought, using low cost high quality suppliers; while the product specification/quality may not meet some partner aspirations, attention is paid to ensuring that the products are appropriate to the needs and objectives of the programmes and have an acceptable life-span. It was not evident that the rationale and thinking behind the system or individual purchases had been adequately explained to partners. This is important given the inherent tension of this central approach between the strategy of health systems strengthening and the principle of local ownership and sustainability. At a practical level, some potential counter-balancing aspects need to be recognised.

- Country offices and/or partners do not all have sufficient capacity for ensuring seamless procurement using this system; it is understood that the need for further training has already been recognised;
- With central bulk procurement by Sightsavers, possible distortion of programme cost-effectiveness calculations for government replication.
- Lack of clarity concerning opportunities for partners to engage directly with IABP bulk procurement system for Sightsavers supported projects.

Exploration of country-level issues with global-level staff, indicate that some of the practical problems experienced are being addressed through further training of country office staff and ongoing review of systems. For addressing some of the other issues mentioned, checking

that feedback processes are working efficiently (so that order inaccuracies can be addressed within time-limits for redress) would be an important initial check.

*Training and technical support*
The key activities for strengthening CO capacities have been:

- Developing country level teams training in sectoral themes and new organisational sectoral strategies.
- Support from Sightsavers global and regional technical leads and teams.
- Introduction of numerous central management and administration systems and tools.
- Regional programme and finance meetings and a sectoral training workshop.
- Increased contact and visits/exchanges with other Sightsavers programmes.

The CO staff clearly found the wide variety of trainings relevant and useful. The developing country level teams' trainings provided essential sectoral knowledge and were reported to have increased staff confidence and contact with colleagues through communities of practice. The majority of the trainings listed focussed on project management skills and processes and Sightsavers systems, Annex 9. A strong focus on leadership and strategic management for the CDs was also noted.

There has been a noticeable change in the availability and breadth of technical support, especially from central level; Country Offices now have a clear idea of the different resources and expertise available and have been actively encouraged to request assistance. The Senegal Country Office gave positive feedback on the prompt central advocacy team visit and the resulting country advocacy plan with measureable indicators. At regional level, the West Africa Inclusive Education & Social Inclusion Advisor funded from the Irish Aid grant, has greatly increased the regularity of technical support and advice as well as increasing strategic networking and access to other sources of technical expertise. Sightsavers technical support for eye care is focussing on programme design, to ensure stronger projects from the outset, and also on the development of the technical quality assessments, their use and providing support to action plans, particularly where priority problems are identified. These improvements reflect a broader strategy change whereby programme quality is proactively supported and monitored at global level. Sightsavers has recruited additional eye care regional technical advisors and it is understood that the need for increasing the accessibility of organisational eye care technical expertise for the West Africa Region has already been recognised. The recent appointment of a Regional Monitoring Officer should further strengthen support to the country programmes across all thematic work areas.

Technical support lines are inevitably vertical and thematic and miss opportunities to synergise overall programme implementation. Large regional Sightsavers programmes similar to the Irish Aid financed West Africa programme are managed by a dedicated Programme Manager. Future phases of this programme would also benefit from the budgeting and inclusion of a similar post.

Technical support from a Sightsavers staff member with humanitarian experience in developing the post Ebola proposal was also mentioned as particularly useful. The Ebola epidemic highlighted the relevance of having access to such skills when working in fragile states and responding with the most appropriate strategies and actions for an organisation that does not have a humanitarian mandate.

*Programme learning*

Visits by technical advisors and learning visits to other Sightsavers programmes are key/main mechanisms for cross-country programme learning with a widespread view that these have increased: it was commented that the Regional Director is proactive in identifying opportunities that would benefit staff in other WARO countries and in encouraging cross-country visits. These have included learning visits from countries such as Guinea Bissau and Cote D'Ivoire - not included in the Irish Aid grant. Likewise, the Sightsavers support model whereby a CD or SPM manages staff in another country has been a major vehicle for facilitating cross-country learning between the six IA grant countries and others including Guinea Bissau, Cote d'Ivoire, Burkina Faso etc.

Although there is a more active regional learning dynamic since the mid term review (MTR), it appears largely opportunistic as there is no clear organisational programme learning and development plan at regional level. The WA Regional Learning strategy provides a calendar of a variety of programme staff and finance staff meetings, attended by all 14 Sightsavers West African offices with a funding contribution from Irish Aid, but it does not identify specific thematic programme learning objectives. These coordination meetings focus largely on Sightsavers own management systems and processes but also incorporate training and briefing sessions, some short experience sharing sessions and many informal opportunities for discussing with colleagues but these are not in-depth or part of a structured programme learning framework.

Since the MTR, the key programme learning event held has been the 2015 SI & IE training workshop funded by Irish Aid, which introduced the new strategy and enabled COs to appreciate and share good practices and provides a good example for more such events. Indeed, Social inclusion and inclusive education are the programme sectors where there has been a very notable increase in country office capacity since the Mid Term Review: the WA IE&SI post, the new strategies and workshop have combined to give COs a better understanding of current thinking and good practices, a clear framework and sense of direction for future planning and implementation. Provision of all the strategy documents in French has helped the sharing of Sightsavers' strategies with partner organisations: shared programme learning events with partners on thematic topics would further improve the effectiveness of this dynamic.

For programme learning and building sectoral capacity there should ideally be a longer-term programme established of programme learning events that bring staff and key partners together to gather programme implementation experiences, translate organisational strategies into practice and tackle in-depth particular programme topics e.g. Inclusive Education training curricula.

*Standard setting and assessment*
For assessing and promoting the quality of the programmes supported by Sightsavers, the Quality Standards Assessment Tool (QSAT) has been developed and introduced; this contains units covering Country Office performance in Project Cycle Management (PCM) and different thematic quality standards (TQS) for eye care programmes based on global best practice; standards for IE and SI are still in development.  Training has been provided to all six countries and the PCM and TQS tools have been used for assessments in most but not all six countries (two were suspended owing to the Ebola epidemic); they are already informing the design and development of new projects. Four country programmes have completed their initial baseline PCM assessments and progress in implementing the associated action plans is being monitored and followed up by the central Programme

Systems and Monitoring Team, when second PCMs are conducted 2-3 years after the first, they will provide a measure of progress achieved.

Similarly, a number of TQS assessments have been conducted in Cameroon, Mali, Senegal and Sierra Leone for trachoma and cataract surgery and will provide a baseline for measuring quality improvements. The results, including the action plans agreed with partners for improving programme quality, provide a regular window on eye care programme quality; they are reviewed and followed up by the Programme Support Management Team and eye care GTL; issues identified are prioritised for the type and level of follow-up support given. The tools are themselves constantly under review to ensure their effectiveness in assisting the development of quality programmes; the key value of the tools lies in integrating a quality focus into all aspects of programme planning, implementation and monitoring processes.

Partners have to date been appreciative of its importance; in Mali the partner began implementing some of the recommended actions very rapidly and it is notable that in both Mali and Senegal the initial TQSs have been followed by several more and are clearly valued by the partners. Continued reflective use of this tool as planned will play an important role in achieving the staff and manager attitudinal and behaviour changes needed for improving and maintaining programme quality. Sightsavers intention to conduct TQS assessments at the beginning and end of new projects will likewise provide an excellent mechanism for evaluating improvements in quality.

### *Staffing capacity*
The CO teams consider the capacity-building support to have improved the quality of their programme management and delivery, especially in the areas of design, monitoring and reporting. Contributory effects mentioned were improved collaboration between programme and finance staff and improved compliance with organisational policies, processes and procedures. Countries variously reported that this has enhanced the quality and mutual nature of their partnerships and had enhanced partner ownership and accountability and in turn their programme achievements. Countries also recognised that it opens up new opportunities and increases their networking, thus raising Sightsavers profile, visibility and in-country recognition.

With excellent progress achieved in enhancing the competencies of the Sightsavers CO teams the evaluators also considered capacity in terms of volume of work. Most of the country offices have increased staff numbers and eye care partners in Mali commented that there is always someone available and able to help with their queries.

In contrast Sierra Leone and Senegal have decreased staff numbers; in Sierra Leone this is due to a specific project ending and the post Ebola phase taking time to get going and has not had noticeable negative effects. In Senegal however, programme staff are clearly over-stretched; the small team has achieved a remarkable level of profile and results given its size but is so busy with day-to-day project activities that they are missing some key opportunities for strategic meetings and networking and building further on their successes. This situation is exacerbated by the number of visits this CO receives and makes. The evaluators believe it is important to manage the additional workload created by capacity strengthening activities (system/ process changes, workshops, visits, trainings etc).

In relation to the pace of change within Sightsavers several CO staff commented that, whilst recognising the benefits, the pace of change is fast and that there perhaps needs to be more time for consolidation before moving on to the next initiative.

Regionally, the provision of support from Irish Aid programme countries to non-Irish Aid francophone countries and the participation of the latter at regional meetings and trainings and support has not only increased their capacities but has also helped strengthen Sightsavers position for cross-border NTD work in these countries.

Without Irish Aid support it is clear that the Sightsavers programmes would be smaller and less flexible in their support and with more quality issues and unresolved problems. This would have impacted on the quality of partner relationships and together there would have been a reduced overall impact of Sightsavers programmes in terms of quality and quantity. Sightsavers are categorical that without Irish Aid support the described impact and sharing and learning would not have been supported from other sources.

**Scores by criteria:**

| | | |
|---|---|---|
| *Relevance* | | *Satisfactory: Systems designed are relevant but more needed on involvement/support of partners.* |
| *Effectiveness* | | *Satisfactory: all systems put into use but need long-term plans on ways to assess progress from data and information collected..* |
| *Efficiency* | | *Attention: individual events and systems are well designed and managed but are yet to be fully communicated and adopted across implementing offices and partners.  .* |
| *Impact* | | *Satisfactory: Though too early to assess newer processes.* |
| *Sustainability* | | *Attention: The collaboratively designed global thematic strategies should help achieve long term sustainability but it is early to assess their full contribution.* |
| *Scalability/Replicability* | | *Insufficient evidence: due to changed structures/approaches yet to take full effect.* |
| *Coherence/Coordination* | | *Satisfactory: New structures coherent but yet to demonstrate full replacement value in developing programme portfolios from perspective of country offices consulted.* |

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

*Relevance* 🟢 *Excellent*

*Were development education and awareness and understanding communications activities relevant to improving the understanding of children and young adults in Ireland of the challenges facing disabled and visually impaired people in developing countries.*

Sightsavers Ireland planned and implemented a programme of work to improve the understanding by children and young adults in Ireland of the challenges facing disabled and visually impaired people in the targeted countries: Senegal, Mali, Sierra Leone and Cameroon, Liberia, Guinea Conakry. Though funded through the Programme Grant Mechanism, the programme contributes to achievement of some of the Irish Aid Development Education main policy objectives for Development Education Funding. More broadly, the programme is relevant to the integration of disability into Irish Aid's development programming, in line with the Strategic Development Goals (SDG).

The policy objective "to expand the opportunities within school-based work for quality development education" is being achieved. Development education materials on disability and visual impairment in Africa have been disseminated to teachers in all primary and secondary schools in Ireland. In 2014 presentations were made to 500 pupils and staff across the country.

Through media and communications activities Sightsavers seeks to contribute to the Irish Aid policy objective "to increase the number of adult/community leaders in development education". By increasing awareness of young people and adults the programme aims to dispel misperceptions and ignorance, so improving public understanding and support for this area of policy development by the Government of Ireland.

The development education materials present the facts of disability and more specifically of the situation of blind and visually impaired young people across the developing world to both primary and secondary school students. Through informative media advertising and the media coverage of events, especially the junior painter competition – award ceremonies, exhibitions, for example, Sightsavers Ireland are reaching the adult population. Social media platforms: Facebook, Twitter, then provide fora for comments and feedback.

The case stories used in secondary level development education materials are from West Africa and also from across the developing world. This increases the relevance of the materials to the secondary school curriculum for Civic, Social and Political Education (CSPE) by providing course materials and activities that can be used flexibly in discussions on human rights and responsibilities, human dignity, equality and development. The primary school learning materials introduce awareness of sight issues, Sightsavers' work and developing world issues that can be used by teachers in many learning situations, which are clearly signposted to the curricula.

All the published materials are linked to and backed up with references to web based downloadable resources for further study and interest. Sightsavers' staff visits to a broad spectrum of schools have increased awareness and helped to introduce the annual Young Painter Competition. School age and adult populations are thus both engaged through publicity and exhibitions of successful competition entrants at local and national levels.

The symbiosis between development education and public engagement activities increases the relevance of the overall programme and its potential to achieve impact. The winner of the

2014 painter competition and her mother were equally enthusiastic and both described ways in which they promote sight issues to their peers. The planned introduction of the "Put us in the picture" campaign will provide opportunities for people reached to contribute to advocacy for disability policy development and strengthening. The relevance of the project to the achievement of Sightsavers and Irish Aid objectives is considered Excellent.

### *Effectiveness* ● *Excellent*

*Progress made towards achieving objectives/outcomes and contribution to the achievement of programme purpose and goal.*

Participation in the Junior Painter competition has increased steadily each year: 5,335 primary school children (2,454 boys and 2,881 girls) participated in 2014, an increase of 4% on the previous year. Presentations from Sightsavers Ireland on the challenges faced by blind and visually impaired young people were made to 500 students. Development Education resource packs were distributed to teachers along with pre and post questionnaires. From the questionnaires the most significant improvement in knowledge was an increase from 60% to 94% of those who understand that 'people who are blind in developing countries do not need to be'.

| Primary school | Pre | Post |
|---|---|---|
| Some blindness can be cured | 91% | 94% |
| People who are blind cannot read or write | 41% | 4% |
| People who are blind in developing countries do not need to be | 60% | 94% |

Through distribution of learning materials, it is estimated that outreach extended to 21,477 primary school students to 2014 and 3,800 secondary school students. Articles in national newspapers potentially reached more than 1million readers.

Discussions with a cross section of teachers and students from schools with experience in using the development education materials and in engaging with promotional activities, including the painting competition, confirm the effectiveness of communications activities. Two primary teachers and a vice principal from one secondary school visited by the evaluator expressed enthusiasm for the learning materials. Secondary students interviewed confirmed that the presentations made by Sightsavers staff had led them to select Sightsavers as one of the charities of the year to promote and fundraise for. Teachers stated they use the materials in relevant curriculum subjects, including the links to on line resources, white board and video materials. The coverage of the subject by a TV channel is shown to the children as a video. The filming included local children experiencing restricted sight and helped teachers encourage children to discuss the effects of untreated eye conditions.

The links to the annual painting competition clearly are important to teachers and the pupils who participate and to their friends and families. The winner of the 2014 competition and her mother said the competition generates thoughtfulness on the subject as entrants are required to interpret a given title, unlike a number of other commercially promoted competitions that are not message-specific.

![Sightsavers logo]
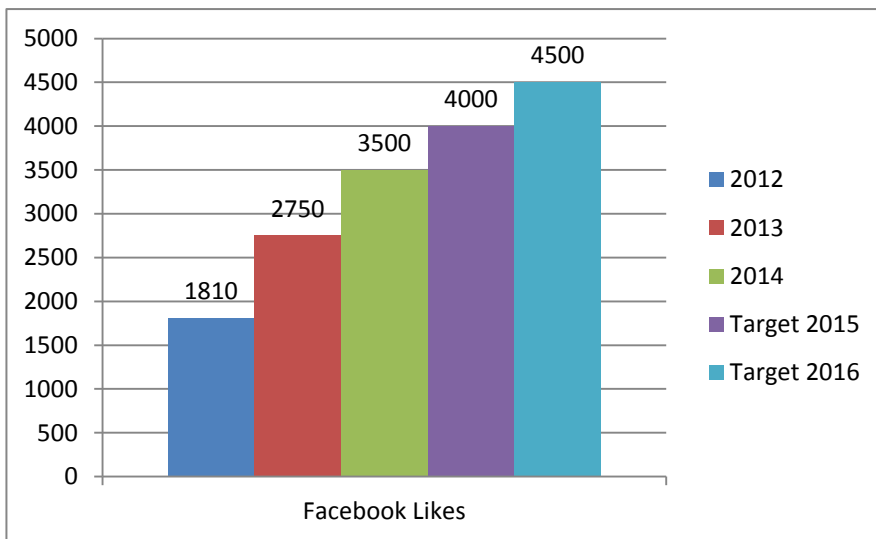


**Chart 5 Actual and projected social media responses - Facebook 'likes'.**
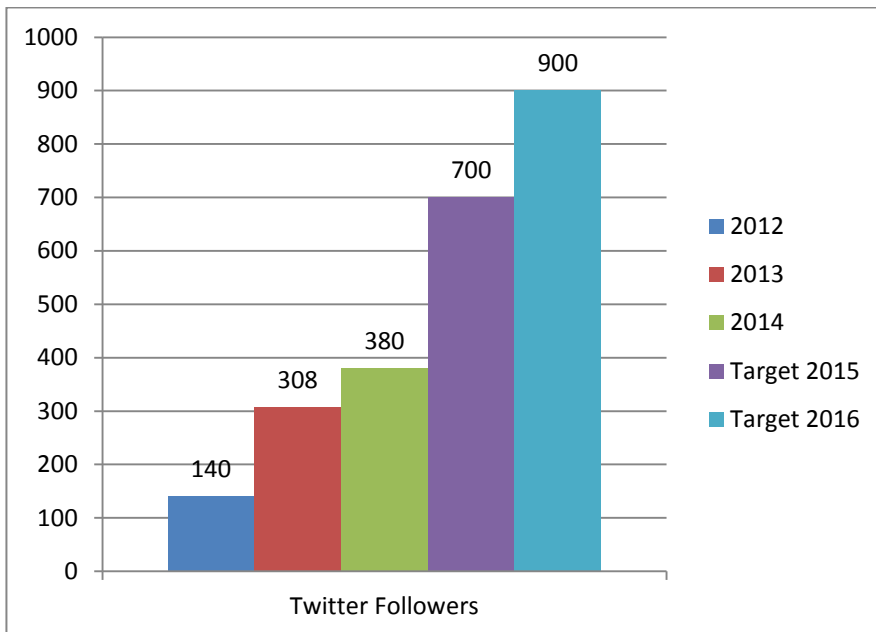


**Chart 6 Growth and projected twitter social media followers.**

Engagement with the public is confirmed through consistent increase in social media responses as shown in charts 5 and 6, social media tracking demonstrates a progressive increase in in public engagement. The BT Young Scientist Exhibition (BTYSE) provides a platform for Sightsavers to showcase development education, young painter competition and the challenges for blind and visually impaired people. 1,500 secondary students were directly engaged and a survey of them before and after the visit demonstrated the changes in understanding achieved through their visits.

| Agree with the statement | Pre | Post |
|---|---|---|
| 80% of blindness is avoidable | 38% | 84% |
| 90% of those who are blind live in the developing world | 48% | 78% |

Specific twitter comments and media articles on the BTYSE event confirm enthusiasm and increased understanding of messages and issues:

Calvin Kearns ▶ Sightsavers Ireland
9 January · 🌐

I learned the percentage of blind people in the world

1 Like

👍 Like　　💬 Comment　　➡ Share

Piotr Szczesniak ▶ Sightsavers Ireland
9 January · 🌐

I was really intereted in the cases of different people like mussiyo cobre, great idea

1 Like

👍 Like　　💬 Comment　　➡ Share

Rhona Ginty ▶ Sightsavers Ireland
9 January · 🌐

Sightsavers Ireland are very helpful !

1 Like

👍 Like　　💬 Comment　　➡ Share

**Figure 1 Comments on BT Young Scientist Sightsavers exhibit 2015**

All targets identified in the results framework have been consistently met or exceeded both through development education initiatives and strategic communications activities. For this reason, it has been awarded an Excellent scoring.
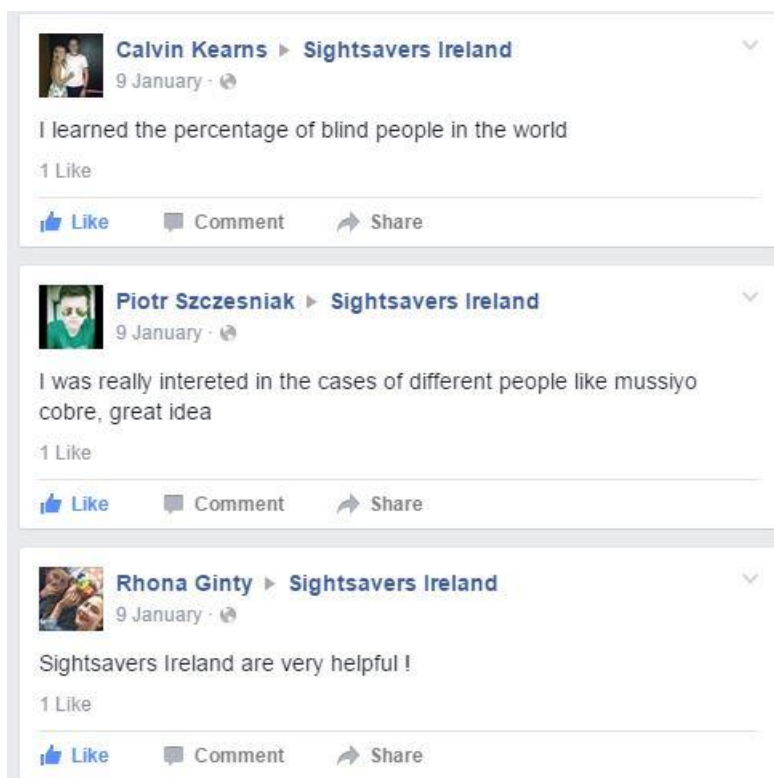
### *Efficiency* 🟢 *Excellent*
*Was financial and programme management implemented efficiently in relation to results achieved for the different financial and non-financial investments.*

The proportion of funds applied to achieving Objective 5 was 2.33% of the Irish Aid grant. An equal amount raised from resource mobilisation by Sightsavers Ireland supplemented the grant. The management of funds is difficult to relate to specific outputs and outcomes when assessing work aiming to increase understanding, but it is clear from the coverage obtained that the investment of funds and staff time achieved levels of efficiency beyond what might be expected. For example, the spread of entrants to the painting competition across schools extended well beyond those to which Sightsavers staff made direct presentations. As reported by one of the judges, local print and broadcast media publicity of regional winners prompted additional entries from numerous schools in far off parts of the country. While just 1,400 pupils received presentations, over 5000 are now entering the competition annually.

Reporting on Objective 5 was consistent with the targets set and against the results framework. As discussed in Effectiveness and Impact sections there were challenges identifying appropriate indicators, however the collection and presentation of data is thorough within the limitations of the monitoring framework, and appropriate efforts were made to discuss the introduction of more informative indicators, so the criterion is scored Excellent.

### *Impact* 🟠 *Satisfactory*
*The extent of achievement of programme objectives and what has changed; what specific differences has the Irish Aid grant made and what might have/have not happened without it.*

Within the limitations of outcome indicators agreed and so far reported against, the programme achieved steady increases of impact on school age populations, measured through increases in painter competition entries. Adult awareness rose for most adult age groups, other than for the 16-24 age group.

At the outset of the programme grant, the sole indicator for Objective 5 was the % of the Irish adult population with a prompted awareness of Sightsavers. The Irish Charity Engagement Monitor is the tool used to track this indicator and results to date indicate a small increase in awareness:

| Result 2012 | Result 2013 | Result 2014 | Target 2015 | Target 2016 |
|---|---|---|---|---|
| 56% | 58% | 58% | 61% | 63% |

Whilst overall awareness has remained static, closer examination reveals that awareness has increased from 58% in 2013 in all age groups except the 16-24 year olds (Autumn 2014)

| Total | Male | Female | 16-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65+ |
|---|---|---|---|---|---|---|---|---|
| 58% | 52% | 64% | 24% | 61% | 61% | 66% | 65% | 70% |

The feedback from Irish Aid to the Annual Report 2013 requested that Sightsavers "Strengthen the development education and public engagement work and reporting, increasing the outcome-level focus". Feedback to the 2014 Report repeated the point: "Continue to strengthen the development education and public engagement work and reporting, increasing the outcome-level focus". Reportedly there were some challenges agreeing outcome indicators with the donor.

Following discussions with Irish Aid in 2014, changes and additions were made to the indicators: Two new indicators were introduced and baseline results became available in Autumn 2014: 1) 62% agree that "untreated eye infections can lead to blindness", 2) 54% agree that "provision of low cost medication can prevent blindness". Targets for 2015 are 64% & 56% respectively.

The value of the programme was confirmed by one Painter Competition judge, with much experience of the disability movement: Without the Sightsavers Ireland development education programme young people would have been left without access to sources of information to enable them understand and support policies on development and outreach to vulnerable and disabled people in developing countries. Primary and secondary school students were particularly clear on the treatability of eye conditions and their impact on the lives of those affected and their families. This was achieved through the case stories from the development education materials and from practical exercises, such as the use of bubble wrap to simulate the effect of cataracts.

Assessment of the extent to which the programme has impacted on adults will be possible when data on new outcome indicators is available. The steady growth in painter competition entries and coverage is a measure of the success of the development education and promotion activities in and outside schools. The impact achieved is difficult to measure directly, but can be understood from the diverse and insightful interpretations of the thought provoking themes set for the painter competition. Given that information on the two new indicators will not be available until February 2016 the criterion is scored Satisfactory.

*Sustainability* 🔴 *Satisfactory*
*The likelihood of achievements being sustained; and how likely the achievements will continue after the Irish Aid grant.*

Sustained public support for Irish Government commitment to programmes targeting disability may be a lasting outcome of the work undertaken with schools. The development education materials may continue to be used in schools with minimal updating and promotion. Sightsavers Ireland plan to commission a curriculum development specialist familiar with the Irish educational curriculum to advise on ways in which Sightsavers may provide inputs into additional areas of the curriculum.

The enthusiasm of pupils and their teachers to enter the painting competition year on year and the increase in exposure achieved through publicising results as demonstrated in recorded media coverage and attendance at events confirms the potential to sustain interest. Perceptive informants met in Ireland confirmed the importance of targeting public understanding and attitudes as a means to influence policy makers and planners. The growth in social media comments and numbers suggests the development of a core of informed and interested people able to support Sightsavers campaigning for policy change. Whether these individuals are actively following up with their own initiatives would require further investigation.

The planned extension of the Sightsavers "Put us in the picture" (PUITP) campaign to Ireland will provide further support on public awareness and understanding and opportunities to mobilise people who have shown interest through social media and other means. Public and media support already established will provide foundations on which the campaign can build.

Progress towards sustainability is scored Satisfactory, noting that the introduction and implementation of the PUITP campaign and its implementation should consolidate the achievements of the programme.

### *Scalability/replicability* ⬤ *Satisfactory*
*Which programmes or components are considered scalable or replicable; and how likely are they are to be adopted by other sector actors and/or governments.*

There is potential to replicate the programme in other developed countries. The development education materials would require some adjustment to fit differences in national and local curricula, but the messaging and examples would be relevant.

Again, the "Put us in the picture" campaign initiative should provide opportunities to exchange experience between Ireland and other developed countries in advocacy and influencing. The investment in the Ireland programme over the programme period provides a base on which to scale up through the PUITP campaign work.

It will be important to set the Sightsavers material alongside the volume of development education material available to teachers and students, especially through the internet. Sightsavers are presenting both hard copy and virtual materials, which teachers confirmed is important as some of their colleagues prefer one medium over the other, and some value both.

Though there are as yet no plans to replicate the programme outside Ireland, given the potential for replication and the scale up plans through PUITP in Ireland the criterion is scored Satisfactory.

### *Coherence/ Coordination* ⬤ *Satisfactory*
*The extent of internal coherence between design, implementation strategies and programme and grant objectives and grant objective.*

Linkages to the development education work of other Irish NGOs has been through active membership of the Dóchas. For instance, the painting competition judging panel included the

Executive Director of Arts & Disability Ireland. This, together with linkages to other Irish disability groups, are important in mainstreaming visual impairment and blindness concerns into broader disability rights agendas and advocacy.

Consistent coordination through Dóchas has been valuable in keeping abreast of development thinking as well as donor and Irish Government policy. Links with disability organisations such as Art in Disability plus work with media organisations and the private and public sectors engaged in publicising social issues has positioned the development education and awareness work well. Progress is scored Satisfactory, though there is potential to engage with like minded actors in developed countries outside Ireland, perhaps through the PUITP campaign.

## 4  Conclusions

Sightsavers programmes benefitting from Irish Aid funding have responded to real needs in some of the poorest countries in the world. Whilst recognising the differing operational contexts, from advanced decentralisation to health systems collapse, it has made an important contribution to Sightsavers programmes in all six countries in the areas of eye health and NTD control/elimination, inclusive education and social inclusion. These are significant achievements, especially given the disruption to progress caused by Ebola in the 3 Mano River Union countries. The programme has consolidated and further strengthened existing eye health services to achieve integration at district level if not yet fully at national level.

Irish Aid funding has largely supported the introduction of Inclusive Education and Social Inclusion projects aiming to raising the voice and profile of CWD and PWD to achieve rights and equity as enshrined in the UNCRPD.  This represents an important development in the Sightsavers portfolio, aligning work to the new IE and SI strategies and offering opportunities to develop integrated and mutually reinforcing rights based programming.

In the absence of country level strategic plans, it is apparent (and important) that country programmes are taking into account differing operating contexts and histories when designing country level programmes aligned with Sightsavers' global organisational strategies and its Strategic Thematic approach; concise documentation of this would assist external stakeholders in the rationale for how organisational policies have been translated into practice and in managing their expectations. Any next phase could further build on the one-programme approach by strengthening linkages and overlaps between the thematic areas to maximise programmatic synergy. The interconnectedness between SI and IE is widely recognised, a challenge for Sightsavers is to also ensure strong practical linkages between these and the eye health and NTD control programmes that reflect the new SIM indicators. Sierra Leone has already developed an inclusive eye health project in Sierra Leone (EC funded) and Sightsavers aims to roll out this approach globally together with more comprehensive and integrated data disaggregation systems.

There are some programming points for Sightsavers to consider:

- The HDI ranking of 5 of the 6 countries suggests the programme will have accessed large numbers of poor programme users. Working strategically and in partnership with disability organisations and networks however offers an opportunity to engage more fully in pro poor agendas through rights focused work. In the countries visited the evaluators observed that Sightsavers does not necessarily fund, although it works closely with DPO federations. These unions/federations are important players in the UNCRPD influencing agenda. A recommendation of this evaluation is thus that Sightsavers COs review and diversifies partner portfolios, and as circumstances allow increases its level of on- granting to strategically important disability organisations, as well as allocate additional SI funding for capacity building and more comprehensive public information and awareness campaigns.
- Although Sightsavers engages in systems strengthening of MOH eye health departments, given the overall low levels of MOH capacity, especially in the MRU countries Sightsavers could consider whether to identify niches for broader systems strengthening aligned to existing development agency programmes of support. This is similarly the case with Ministries of Education and Ministries of Social Welfare. This

would add value, raise Sightsavers general profile with donors and multilaterals and offer access to higher level debate and decision making.

Overall output performance has generally been on track and satisfactory given the differing and in some cases difficult operating environments. Assessment of programme impact against the result areas has been facilitated by the revision of the Results Framework outcome indicators in agreement with Irish Aid, for application in 2015. These are now more clearly defined and collectable but prior to this adjustment the articulation of indicators limited monitoring and evidencing at outcome and overall goal levels. It would be helpful in the future if it could be clearly stated what progress towards their achievement was anticipated at country level during any grant period. The use of existing Sightsavers strategic objectives and dashboard indicators for the grant results framework ensures alignment but also has disadvantages, especially concerning outcomes and impact. It is overambitious perhaps to aim to achieve longer term strategic objectives in the course of one grant period.

Working in fragile states, targeting poorer and marginalised countries and their populations where few other agencies are willing to work promotes organisational profile as well as attribution of achievement. But in adapting to this environment it may be useful for Sightsavers to have a greater understanding of humanitarian emergency environments and dynamics. This would lead to improved scenario planning and identification of appropriate strategies responding to a situation whilst respecting Sightsavers mandate and programme strategies. It may also be useful for Sightsavers to consider whether current CO staffing levels are appropriate in environments where civil society partners are weak and probably require longer term accompaniment.

Sightsavers has made a considerable commitment to improving systems, structures and processes, evidenced by the introduction of Proactis, QSAT, SAP, programme portal etc. This is an ongoing and significant body of work and COs have all expressed satisfaction with the resulting improvements to efficiency. Management should be mindful however that the pace of change places some pressure on COs with an attendant risk of this being transferred to partners; potentially undermining ownership. The new and improved systems also involve a greater role for global teams with regular interface: its own level of efficiency and effectiveness will thus affect country performance against organisational standards set in QSAT.

Sightsavers now has specialised teams and resources available centrally and regionally. These often have a specific and quite narrow focus and mandate so it is important that support continues to be developed and provided in a coordinated manner and that the organization pulls together the many diverse initiatives and results achieved into a comprehensive overall picture.

It is important in building management systems and processes to integrate them with strategic policy development, giving recognition of the value of focused learning linked to programmatic approaches. This requires taking account of implementation realities alongside the need to allocate dedicated time at both country and regional levels to exploring learning. There is an apparent tendency at regional level for programme learning to be conflated with training and briefing on management systems and processes; it is important to distinguish between them and to ensure a greater focus on in-depth thematic programme learning objectives and processes.

Country level reflection prior to the evaluation focused on the collation of information on their programmes and projects, most of which are financed from and accountable to more than one source. Exploring the contribution made by Irish Aid funding has therefore been

challenging. Funding flexibility has been one of the great strengths and advantages of the Grant and, given this new and unfamiliar mechanism the first grant phase was managed and reported on across programmes and countries by Sightsavers centrally. Country programmes have received variable funding levels each year but are not involved in the overall allocation process. Articulation of the added value of the Irish Aid funding was clearest where it was complementing clearly demarcated funding from another donor and where there were no other funding sources. Where Irish Aid funding was accompanying Sightsavers unrestricted funding, there was rarely any demarcation (except by finance staff) and discussion about what may have happened without Irish Aid funding.

In future phases, it would be easier to identify the Irish Aid contribution to impact if there was greater involvement of COs and regional participation in Irish Aid allocation processes; a coherent regional programme approach with more detailed grant and country specific frameworks for outcome and impact; and CO/regional responsibility for management and reporting processes.

The aggregated scores for the 5 objectives are at Annex 13.

## 5  Recommendations

The following recommendations to consider in planning and implementing further phases of the programme are offered:

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).

## Annexes

### Annex 1 Abbreviations

| | |
|---|---|
| APOC | African Programme for Onchocerciasis Control |
| BLV | Blind and low vision |
| BTYSE | BT Young Scientist Exhibition |
| CD | Country Director (Sightsavers) |
| CDD | Community-directed distributors |
| CO | Country Office (Sightsavers) |
| CSPE | Civic, Social and Political Education |
| CWD | Children with disabilities |
| DCLT | Development country level team |
| DPO | Disabled people's organisation |
| DSD | Department for social development |
| EOC | Equal opportunity card |
| FEMAPH | Mali federation for DPOs (Mali) |
| FGD | Focus group discussion |
| FONGIM | Forum of International NGOs in Mali |
| GTL | Global technical lead |
| HDI | Human development index |
| HI | Handicap International |
| HKI | Helen Keller Institute |
| HRD | Human resource development |
| HReH | Human resources for eye health |
| IE | Inclusive education |
| INGO | International non-government organisation |
| MDA | Mass drug administration |
| MDG | Millennium development goal |
| MoE/MOE | Ministry of Education |
| MoH/MOH | Ministry of Health |
| MoSWGCA | Ministry of Social welfare, Gender and Children's Affairs (Sierra Leone) |
| MoSA | Ministry of Social Welfare |
| MRU | Mano River Union (West Africa sub region) |

| MTR | Mid term review |
|---|---|
| NCD | National Commission for Disability (Sierra Leone) |
| NECP | National eye care programme |
| NTD | Neglected tropical diseases |
| ON | Ophthalmic nurse |
| OPC | Organisation for prevention of blindness (Mali) |
| PCM | Project cycle management |
| PRODESS | Health Sector Development Program (Mali) |
| PTA | Parent teacher association |
| QSAT | Quality standards assessment tool |
| RAAB | Rapid assessment of avoidable blindness |
| RHA | Regional health authority |
| SI | Social inclusion |
| SLUDI | Sierra Leone Union on Disability Issues |
| SNE | Special needs education |
| TQS | Thematic quality standards |
| UMAV | Union of blind associations |
| UNCRPD | UN Convention on the Rights of Persons with Disabilities |
| UNIMAK | University of Makeni (Sierra Leone) |
| VI | Visual impairment |
| WARO | West Africa regional office |
| WASH | Water, sanitation and hygiene |

# End of Term Evaluation - Terms of Reference

**Strengthening Sightsavers reach and impact in West Africa (Irish Aid)**

## Background

Sightsavers is one of the world's leading charities working to prevent and cure blindness in developing countries and to provide education and training for blind children and adults. Working with our partners across Africa, South Asia, and the Caribbean since 1950, Sightsavers has supported over 300 million treatments for blinding and potentially blinding conditions, carried out over 8.5million operations to restore sight, trained over half a million people on eye health short courses and provided training to help over 150,000 people with disabilities to live more independently[2].

The overall objective of the Irish Aid Grant Programme to Sightsavers Ireland is to improve access to health, education and social inclusion for women, men and children living in target countries in West Africa. The programme is a follow on from our previous Irish Aid block grant, which ran from 2008-11 in 6 countries (Sierra Leone, Liberia, Pakistan, Mozambique, Zimbabwe and South Sudan). The current programme grant period is from 2012-2016 and total grant of €4,868,843 has already been received (2012-2014) and €1,508,345 has been allocated for 2015. The funding is fixed at 2.42% of the total allocation to Irish Aid programme partners[3] and this allocation depends on the annual Ireland Overseas Development Aid budget. In 2014 the grant represented approximately 29% of the budget for the West Africa region activities, included in the Irish Aid West Africa programme[4].

Sightsavers Strategic Framework aims at strengthening reach, not only in countries where we have traditionally worked, but to be guided by need and the development and strengthening of programmes in the poorest countries. West African countries remain among the lowest in the UNDP HDI (2013). All of Sightsavers country programmes in West Africa are situated in countries with common issues of weak health systems, low prioritisation of eye health in health care, dearth of human resources, extremely low partner capacity and the lack of implementation of policies on Inclusive Education and Social Inclusion. Irish Aid's investment has been instrumental in driving the expansion and impact of Sightsavers' programmes in West Africa.

Current Irish Aid programme funding has a focus on building capacity in Sightsavers West Africa region more broadly, as well as providing direct country level funding to

---

[2] Sightsavers Global Statistics, Sightsavers.org

[3] 19 organisations

[4] See Budget 2014

expand and consolidate programmes in Sierra Leone, Liberia, Cameroon, Mali, Senegal and Guinea. By strengthening the capacity of Sightsavers and partner organisations to deliver quality programmes in the region, we aim to ensure lasting change, reduce avoidable blindness and promote equality of opportunity for blind and other disabled people in West Africa.

The 6 countries were chosen based on their fragility with chronically poor capacity and governance. Civil conflicts and instability had caused displacement of population and difficulties with disease control efforts. The Irish Aid programme funding and investment also intended to significantly contribute to improved systems and cross regional learning for other programmes in the region.

By investing in Cameroon, Mali, Senegal and Guinea we intended to develop strong country programmes in Francophone Africa, delivering programmes across Sightsavers change themes that would in the future provide a solid platform to develop comprehensive programmes in other targeted Francophone countries.

Working with in-country partners, regional partners and partners in Ireland across 3 theme programme areas of Eye Health, Education and Social Inclusion, Sightsavers goal ultimately aims at contributing to the achievement of the MDGs by improving eye health and promoting equality of opportunity for disabled people. The specific objectives for the Irish Aid Programme are:

1) Contribution to health systems strengthening through the delivery of eye health as an integral part of the national health strategy and increased eye health service delivery and Neglected Tropical Disease control;
2) Contribution to the delivery of quality education of disabled and visually impaired girls and boys within wider education systems;
3) Strengthened, representative and effective disabled people's and blind people's organisations working for their rights;
4) Enhanced capacity of Sightsavers and partner organisations to deliver quality programmes; and
5) Improved understanding by children and young adults in Ireland of the challenges facing disabled and visually impaired people in developing countries.


Sightsavers West Africa/Irish Aid programme specific priorities aimed at:

- Reducing poverty through provision of eye health services involving screening 1.45 million people and provide treatment to 375,000
- Progress towards elimination of both trachoma and onchocerciasis, which are endemic in the region. We aimed at supporting distribution of at least 100 million preventative treatments for onchocerciasis, trachoma and other NTD and perform 40,000 trachoma surgeries.
- Supporting the region to develop and improve inclusive education programmes.
- Pressing for the inclusion of disabled people in all development programmes to ensure that by 2015, all MDGs are showing fairer performance for this marginalised group, with specific focus on strengthening the capacity of Blind People's Organisations (BPO's) / Disabled People's Organisations (BPO's) /

Community Based Organisations (CBO's) to access services and advocate for PWD rights in West Africa.
- Strengthening our presence and increase information dissemination in Ireland to improve understanding of the challenges facing disabled and visually impaired people in developing countries through targeted communication efforts
- Internally, achieving all above through investing in our capacity, documentation, sharing of our learning and ensuring our use of resources is more strategic and efficient.

The annual updated results frameworks indicate progress against the above programme priorities[5].

Key stakeholders in the delivery of this grant include: ministries of health, education and social service; various country partner agencies / Disabled Peoples Organisation / Blind Peoples Organisations.

Mid-way through the year in 2014, a Mid-Term Evaluation (MTR) was commissioned to check if the programme is on track and likely to achieve its aims and objectives, and to address any issues or concerns. The review was somewhat constrained by the outbreak of Ebola in 3 out 6 countries supported by the grant, affecting field visits.

Overall, the review confirmed that the grant had met and/or exceeded health targets; progress in inclusive education (IE) was generally on-track with IE programmes increasing in five countries and countries had strengthened DPO's / BPOs to advocate for change.

The review noted the numerous Country Office capacity building initiatives originating from UK-based teams, the region and in-country. The review also noted the improved awareness of the challenges facing disabled and Visually Impaired (VI) people in developing countries with the Irish public.

The MTR made a number of recommendations, which included the following:

- With the numbers of programme outputs generally on track, priority needs to be given to addressing programme quality issues and deciding the strategies that Sightsavers will adopt for supporting any remedial measures as these are likely to increase unit costs and time-scales.

- In 2015, one or more learning workshops on substantive programme topics should be held on the learning documented for sharing purposes within and outside Sightsavers: many potential topics have been identified in IE alone: exchanging curricula, materials and experiences for the development of model IE teacher training materials, itinerant teacher job descriptions etc.

- The final evaluation team should be accompanied by Sightsavers resource persons who can explain the shifting organisational architecture and assist

---

[5] 2012, 2013, 2014 Sightsavers Results Framework

with obtaining information from diverse internal sources, regionally and centrally. Their participation, even if only limited and not influencing the findings, should increase organisational understanding and ownership of the findings.

A recommendation action plan was developed with a clear timeline on the implementation of the recommendations. The final evaluation will also assess the extent to which the action plan has been achieved.

## Purpose of the end term evaluation

The Irish Aid initial 4 Year programme grant period ends December 2015, with a funding extension for 2016. The final evaluation is being commissioned to facilitate the review of the West Africa regional achievements and Ireland's development education activities by tracking the impact of the funding, over the grant period of 2012 to 2015.

## The purpose of the evaluation is to:

Establish to what extent the programme has achieved the objectives numbered 1-5 above so as to contribute to improvements in eye health systems and service delivery and in promoting equality of opportunity for disabled people in the six countries of intervention.

The evaluation will assess the overall programme performance using the following criteria; relevance, efficiency, effectiveness, coherence/coordination, impact and scalability and sustainability. As well as assessing achievements and results of the programme as described in the results framework. The end term programme evaluation will involve elements of process evaluation in order to assess how results came about and identify any learning about implementation barriers or enablers, which have influenced programme delivery. A significant barrier from mid-2014 has been the effects of Ebola outbreak in the three programme countries leading to suspension of programmes implementation. The evaluation should produce a set of clear recommendations, determining which are relevant at programme and organisational level, for potential improvements during the funding extension implementation and to inform future design. The findings and recommendations of this evaluation will be shared and key lessons will be factored into the design of our next submission for Irish Aid programme funding application that will be developed by Sightsavers and its partners. The findings will be useful to other development interventions within the region and across other countries.

## Evaluation Criteria

In order to generate the information needed to achieve this goal, the consultant(s) will utilise the 7 criteria used by Sightsavers, as explained below. The consultant(s) will develop specific evaluation questions to answer the following questions under each of the criteria.

**Relevance –extent to which the intervention is suited to the priorities and policies of the target group, recipient and donor, where applicable**.

- To what extent are the objectives and design of the programme fitting with the current global/regional/national policies and laws of the 6 programme countries?
- To what degree did the planned interventions and outcomes reach the poorest and most marginalised and how did Sightsavers ensure this happens?

**Effectiveness - extent to which an objective was achieved**

- To what extent did the grant achieve its outputs and outcomes as reported in the results framework and in the various annual programme reports?
- What are the reasons / factors that contributed to success or failure to meet these outputs/outcomes? To what extent did Ebola affect the achievement of the outputs?

**Efficiency - extent to which results have been delivered with the least costly resources possible.**

- To what extent did the programme convert its resources and inputs (such as funds, expertise and time) economically into results in order to achieve the maximum possible outputs, outcomes and impacts with the minimum inputs?
- Was budget management and disbursement of funds efficient and timely?
- How well was the programme implemented, managed and activities and results reported throughout the programme period?
- To what extent did the risks identified during the programme design occur and how were they mitigated?
- How did Sightsavers Ireland support the entire programme implementation and what were its key roles?

**Impact – long term change or effects resulting from the intervention.**

- To what extent did the programme and its activities effectively contribute towards building of strong health system that delivers eye health services as an integral part of the national health strategy?
- To what extent has the programme contributed to the delivery of quality education of disabled and visually impaired people?
- To what extent had the programme strengthened relevant DPOs and BPOs?
- To what extent has the programme improved Sightsavers and its partner's capacity?
- To what extent has the programme increased and improved understanding of the challenges facing disabled and visually impaired people in developing countries in Ireland?

Sightsavers would like the consultant to consider what might have happened if the Irish Aid programme had not been available, when addressing these questions.

- How has the programme taken into account any differential impacts on male and female members of target groups or beneficiaries, and are there any implications for future programming and/or continuing management of services? What are the likely longer-term benefits of the programme?

**Sustainability - likely ability of an intervention to continue to deliver benefits**

- What examples exist for potential programme sustainability, including leveraged funding from others for continuation, securing policy adoption of an intervention or approach, or building capacity of actors to deliver a service or to monitor service delivery etc?

- What kinds of partnerships have been built with civil society, governmental and international organisations and how will these influence sustainability?
- To what extent was sustainability considered in programme design and implementation?

**Scalability/replication**

- To what extent is the Irish Aid programme, or aspects of the programme scalable or replicable, specifically what would be the probable implications of scaling in terms of costs, cost-effectiveness or efficiency?
- How likely are those components to be scaled or replicated by other agencies/governments (nationally, regionally, and globally)?

**Coherence/coordination**:

- To what extent were the programme objectives, design and implementation strategies coherent and complimentary with each other?
- To what extent did the programme's design and implementation take into account other sectoral interventions in the area?

Through analysis of the above questions, the end term evaluation is expected to generate a set of recommendations for potential improvements during the funding extension implementation and design of our next submission for Irish Aid programme funding.

**Review Team**

The end term evaluation shall be conducted by an external team or consultant(s), selected through competitive Expression of Interest submission process. The team or consultant should be suitably-qualified and experienced individual/s, who can provide the following competencies and experience:

- Experience in results-based monitoring and evaluation for international development project/programmes, with strong skills in both qualitative and quantitative approaches
- Thematic expertise/comprehensive understanding of policy issues at global and local level in health, education and/or social inclusion sectors
- Experience of carrying out large scale evaluations
- Up to date knowledge of Irish Aid's priorities and operating environment
- Experience of evaluating partnership working and unrestricted funding mechanisms would be desirable
- Ability to produce concise, readable and analytical reports
- Excellent communication skills in written and spoken English (and in French would be desirable).
- The consultant/team must be independent of involvement in any Sightsavers' partner programmes so that they can assure impartiality and present no risk of a conflict of interests.

**Methodology**

The successful bidder is expected to provide an end term evaluation design as part of their Expression of Interest, describing their understanding of the Terms of Reference. This should detail the approach and framework proposed. It is expected

that quantitative and qualitative approaches will be employed as appropriate and suitable, within the timeframe and resources available, and the proposed methodology should capture perspectives of key stakeholders, including programme partners and beneficiaries, where appropriate, triangulating evidence from a number of sources to give validity to findings and conclusions.

It is envisaged that the methodology will include:

- Desk study and document review
- Interviews and workshops with key stakeholders; civil society and government partners, relevant staff at head office, regional and country offices, other key donors and stakeholders in the programme portfolio.
- Beneficiaries focus groups and surveys, where appropriate.
- Field visits in selected countries and other travel

On selection of the consultant, the methodology will; be discussed and refined with Sightsavers staff. A description of data collection instruments and procedures, information sources and procedures for analysing the data should be provided as part of an Inception Report produced, and final data collection tools will be signed off by Sightsavers prior to the commencement of fieldwork.

### Reference Material

Documentation provided for this final evaluation will include:

- Irish Aid Memorandum of Understanding with Sightsavers Ireland
- Irish Aid application
- Irish Aid Results Framework
- Sightsavers Irish Aid Baseline Survey Report
- Sightsavers Irish Aid 2012, 2013 and 2014 Annual Reports
- Feedback from Irish Aid on Sightsavers 2012, 2013 and 2014 Annual Report.
- Sightsavers Irish Aid Evaluation Strategy
- Sightsavers Irish Aid funding allocations
- Mid-term programme review report and management response
- Relevant Country Strategy Papers
- Sightsavers Strategic Framework
- Project/Programme documentation, as appropriate and available.
- Country specific evaluation reports during the period (where available)
- Irish Aid monitoring visit report 2015 and management response.

### Indicative Timeframes

The final evaluation will be carried out between July to end of November 2015, with fieldwork planned in late August and September. The Final evaluation will follow the key phases below. Months when each phase is expected to be complete are indicated in brackets:

### Phase I - Desk study: Review of documentation and elaboration of field study (July, 2015)

The lead consultant/Evaluation team will review relevant documentation from section 5 above (Reference material). Based on this review and discuss with Sightsavers, they will produce an Inception Report which will include an elaborated plan,

methodology and sampling strategy of the data collection for evaluation study. The final evaluation will only proceed to the next stage upon approval of this Inception Report. An appropriate Inception Report format will be made available to the team as part of the contract.

**Phase II: Field Data Collection. (Late August and September 2015)**

This phase of the final evaluation will seek to collect primary data on the key evaluation questions explained under end term evaluation criteria. The consultant/team will use the agreed plan, methodology and sampling strategy to conduct the fieldwork. Three WARO countries will be selected based on: - 1) countries that didn't participate in MTR, 2) travel safety for the consultant(s), 3) % share of funding towards programmes. Sightsavers Ireland will be visited.

**Phase III – Data analysis and production of evaluation report (Sept/October)**

The consultant/team will draw out key issues in relation to final evaluation questions and produce a comprehensive final evaluation report. This analysis should draw on the wider issues in the development sector and particularly what happened because of Irish Aid funding that wouldn't have happened otherwise and to what extent does the use of funding represent value for money.

**Indicative number of days' inputs by evaluation consultant/team**

| Phase | Activity | No of Days |
|---|---|---|
| *Phase I – Desk study: Review of documentation and elaboration of field Study* | Desk research /literature Review | 5 days |
| | Inception Report | 3 days |
| | Revision of collection methods and tools based on inception report comments | 2 day |
| | Inception meeting | 1 day |
| *Phase II: Field Data Collection* | Field Visits & Data-collection (4 countries-3 from West Africa and Sightsavers Ireland) | 20-25 days |
| *Phase III – Analysis and production of evaluation report* | Debriefing (In-country) | 1.5 days |
| | Data analysis and preparation of draft report | 10 days |
| | Review of draft report from feedback. | 5 days |
| | Submission of final report | -- |
| **Total** | | **47-52.5days** |

**Outputs/ Deliverables**

**Inception Report**

A submission date for the inception report will be agreed at the start up meeting. This report should demonstrate the Final Evaluation team's understanding of the task and propose a list of tools and sub questions for the evaluation. It should reflect the review of literature and the gaps that the fieldwork will fill.

***Fieldwork will only commence once this report has been reviewed and agreed with Sightsavers.***

### Draft evaluation report

The evaluation team/consultant is required to submit a draft report to Sightsavers. The draft report should be submitted 10 working days following completion of fieldwork. This draft should provide an objective assessment of, and answers to, the proposed questions in section

Sightsavers will provide feedback on the report within 15 working days of acknowledged receipt. The report should conform to the Sightsavers reporting format, which will be made available to the consultant on signing the contract.

### Final report

A revised final report (not more than 40 pages including executive summary and excluding annexes) should be resubmitted 5 working days following receipt of comments from Sightsavers on the draft report. The report should conform to the agreed reporting format, and should incorporate all feedback received. There may be further feedback and redrafting requested if deemed necessary by Sightsavers.

### Data Sets

The evaluation team/consultant will be expected to submit complete data sets (in Access/ Excel/Word) of all the quantitative and qualitative data. These data sets should be provided at the time of submission of the final report.

### Summary findings

On submission of the final report, the team is expected to submit a PowerPoint presentation **(maximum 12 slides),** summarising the methodology, challenges faced, key findings under each of the final evaluation criteria and main recommendations.

### Reporting Format

Detailed guidelines on how to structure the evaluation report will be provided to the evaluation team/consultant prior to commencement of the activity, and reporting templates will be provided which the team/consultant should use for the Inception Report and the Final Evaluation Report.

**Please note that penalties up to 10% of agreed fees may be imposed for noncompliance with the requirements 7.1 to 7.5 and reporting format provided.**

### Administrative/Logistical support

### Budget

The consultant should submit to Sightsavers an Expression of Interest indicating their daily rates for the assignment. Sightsavers will assess Expression of Interests submitted according to standardised quality assessment criteria, as well as on the

basis of their competitiveness and value for money in line with the budget available for this evaluation. The daily fees proposed by the applicant should exclude expenses such as:

- Economy class airfares and visas. (where applicable)
- In-country transportation
- Hotel accommodation (bed, breakfast and evening meals)
- Stationery and supplies
- Meeting venue hire and associated equipment e.g. projectors

Sightsavers usually cover the above costs, unless otherwise stated.

The consultant/team is expected to cover all other costs and materials not mentioned above related to this exercise as part of their daily fees or equipment (e.g. laptops).

**Schedule of payment**

The following payment schedule will be adhered to:

- On signing the contract: 20%
- On acceptance and approval of inception report: 20%
- On submission of draft final report: 30%
- On acceptance and approval of final report: 30%

**Mode of payment**

As agreed by Sightsavers and the lead consultant.

**How to apply**

Interested applicants should submit an Expression of Interest using the standard template indicated, indicating their approach and daily rates for the assignment. The expression of interests will be assessed according to standardized quality assessment criteria, as well as on the basis of their competitiveness and value for money in line with the budget available for this evaluation.

Application should be sent latest **open of business on the 25th May 2015**.

**Sightsavers**

## Annex 3 Reference documents

- Irish Aid Memorandum of Understanding with Sightsavers Ireland
- Irish Aid application
- Irish Aid Results Framework
- Sightsavers Irish Aid Baseline Survey Report
- Sightsavers Irish Aid 2012, 2013 and 2014 Annual Reports
- Feedback from Irish Aid on Sightsavers 2012, 2013 and 2014 Annual Report.
- Sightsavers Irish Aid Evaluation Strategy
- Sightsavers Irish Aid funding allocations
- Mid-term programme review report and management response
- Relevant Country Strategy Papers
- Sightsavers Strategic Framework Publication 2012-2018
- Empowerment and Inclusion Strategy, Sightsavers
- Sightsavers Education Strategy 2013-2018
- Seven elements of inclusive education
- Quality standards manual - Education
- Project/Programme documentation, as appropriate and available.
- Country specific evaluation reports during the period (where available)
- Irish Aid Cameroon Monitoring visit report, and Sightsavers response
- Coffey International - Review of the Irish Aid Programme Grant Mechanism
- Irish Aid - West Africa Programme Update, June 2015
- Technical Assistance Support visits to West Africa 3 July 2014 – Nov 2015

![Sightsavers logo]

## Inception Report

# End of term Evaluation of the Irish Aid funded "Strengthening Sightsavers Reach and Impact in West Africa 2012-2015"

### 1. **Introduction**

Following a previous Irish Aid grant, Irish Aid agreed funding for "Strengthening Sightsavers reach and impact in West Africa 2012-2015" in order to build on preceding grant achievements, and include four target francophone countries: Cameroon, Guinea Conakry, Mali and Senegal.

The overall Irish Aid grant objective is "to improve access to health, education and social inclusion for women, men and children living in the six target countries in West Africa."

Grant funding was fixed at 2.42% of Irish Aid's total allocation to its partners; to manage any fluctuations, Sightsavers targets and country budget allocations are agreed annually with Irish Aid and the funding is allocated to the achievements of outcomes within each country and then can be used flexibly across projects.

The Irish Aid programme objectives reflect Sightsavers strategic change objectives:

1. Contribution to health systems strengthening through delivery of eye health as an integral part of national health strategy and increased eye health service delivery and the elimination of Neglected Tropical Disease (NTD);

2. Contribution to delivery of quality education of disabled and visually impaired girls and boys within wider education systems;

3. Strengthened, representative and effective disabled people's and blind people's organisations working for their rights;

4. Enhanced capacity of Sightsavers and partner organisations to deliver quality programmes;

5. Improved understanding by children and young adults in Ireland of the challenges facing disabled and visually impaired people in the targeted countries: Senegal, Mali, Sierra Leone, and Cameroon. Liberia and Guinea Conakry.

A Mid-Term Review conducted in 2014 involved country self-assessments, document review and skype interviews but not country visits as the Ebola epidemic restricted travel in the region. Likewise, the epidemic led to temporary closure of Sightsavers' offices or curtailment or suspension of some activities in the three affected countries.

### 2. Approach to Evaluation

The approach outlined in this report takes account of the broad nature and scale of the Irish Aid programme, the Terms of Reference (ToR) and key documentation including the funding proposal, results framework and MTR.

In line with the ToR the evaluation will focus principally on assessing performance achieved with respect to the Results Framework agreed with Irish Aid.  The evaluation team will also explore the broader strategic intentions of the grant as set out in the proposal and the extent to which recommendations of the 2014 mid-term review have been addressed.

It has been agreed with Sightsavers to adopt purposive sampling of countries as well as thematic sectors and to purposively select those where achievements and challenges are most evident and can be reviewed.

The initial choice was Ireland, Sierra Leone, Mali and Senegal, with two themes to be assessed per country (reflecting budget allocations). The country sample included one Ebola affected country and two non Ebola affected countries to ensure a fair assessment of progress in countries not facing these additional challenges. To avoid duplication with the SIB/EC MTR and reporting it has since been decided to review Inclusive Education in Sierra Leone and Eye Health and NTD in Liberia.

The selected countries and sectors are tabled below:

| Country | Eye Health & NTD | Education | Social Inclusion | Development Education |
|---|---|---|---|---|
| Ireland | | | | ■ |
| Mali | ■ | | ■ | |
| Senegal | | ■ | ■ | |
| Sierra Leone | | ■ | | |
| Liberia | ■ | | | |

The evaluation team will read and analyse a selection of key programme documents provided by Sightsavers, including where required collated key data, especially financial and performance indicators not accessible in key documents.

Findings from countries visited will be compared with data available for the two countries not visited with the aim of considering whether or not emerging conclusions are also likely to apply to them.

The evaluation will draw on a range of different quantitative and qualitative data derived from documentary sources and from direct engagement with key programme stakeholders. Information will be sought in confidence in order to reduce the risk of bias by making clear the purposes of the evaluation and ensuring anonymity wherever possible. Triangulation of key information from different sources (survey, interviews, focus groups and documentation) will be conducted to cross check and confirm findings.

From the Terms of Reference and literature review, the following key overall strategic and operational questions have also been identified for consideration:

1. To what extent did this grant build on the previous Irish Aid block grant and did it cement/would it have cemented success of the block grant in SL/Liberia were it not for Ebola epidemic?

2. To what extent has the institutional investment in capacity building in WARO enabled/positioned Sightsavers to extend and strengthen its regional reach, notably within fragile states in francophone Africa, and to respond appropriately to the Ebola epidemic?

3. What has the Irish Aid grant enabled Sightsavers to do that it would not have been able to do otherwise with project funds from other donors?

4. How have the regional dynamics evolved in programme learning between and beyond the six West African countries?

5. What are the recommendations for making best use of any future such multi-country grants?

In line with the Evaluation TOR, as well as assessing achievements and results of the programme as described in the results framework the evaluation will assess the processes used to learn lessons. Barriers and enablers to programme delivery will be sought. The effects of the Ebola outbreak as a barrier to programme delivery will be examined specifically. From these guidelines and recommendations will be offered at organisational and programme levels relevant to the design of future extensions to the programme.

### 3. Methodology and Data Collection Plan

The emphasis of the fieldwork is to thematically evidence impact, especially that which may be attributed to Irish Aid funding, although the nature of the grant modality limits the assessment of this.

The evaluators will triangulate information from results documented in reports, fieldwork focus groups and interviews and a limited user survey in one country as the means to reach conclusions, identify lessons and develop recommendations in their evaluation reporting.

**In country workshop**: Where possible an initial 1-day workshop, see appendix 7.5, will be held with programme and finance staff to introduce the evaluation and explore issues relating to impact and change. Due to timing constraints and the availability of key staff this may not prove possible in all the four countries to be visited. Discussions will be held with lead managers in each country to work out alternative means to consult with relevant staff.

**Stakeholder interviews:** Thematic stakeholders have been mapped, based on Sightsavers project documentation and briefing, see appendix 7.1. Up to 15 Semi-structured interviews (SSIs) will be conducted in each of the field countries (except Liberia/Sierra Leone which have been merged giving 9 SSIs in Liberia plus 6 SSIs in Sierra Leone) using pre prepared checklists, appendix 7.2 to gather information relating to Key Evaluation Questions for each assessment area, section 3.1 Evaluation Matrix. In the Mano River Union country interviews (Sierra Leone and Liberia) we will also explore issues around Post Ebola health service response and recovery and longer-term impact of Ebola on eye health needs.

We expect to conduct around 15 interviews per country, comprising 5 country based officials and stakeholders, plus 10 interviews from a range of stakeholders spread between 2 identified themes per country. We shall explore with Country /Regional Sightsavers staff the contribution Irish Aid support has made to impact as well as issues around learning and institutional capacity. Each interview will last a minimum of 60 minutes.

In Ireland, over the course of 3 days we shall visit 3 schools and conduct up to 15 SSIs and Focus group discussions (FGDs) using checklists. We shall explore Sightsavers Ireland's role in overall programming and especially the Dev Ed work and its broader impact on public awareness and attitudes.

In addition, **Skype interviews** will be held with key Sightsavers informants at Haywards Heath and in Cameroon and Guinea country offices (COs). Dicko as SPM for 5 of the countries in the region, including Guinea Conakry will also provide insights. After fieldwork a questionnaire will be developed to explore initial findings and conclusions for circulation to the 2 COs for completion, with gaps explored through Skype.

The extent to which recommendations in previous reviews have been addressed, in particular the programme Mid Term Review, will be assessed through interviews with appropriate stakeholders.

**Focus group discussions:** Qualitative information on impact and change will be obtained from focus groups of both beneficiaries and stakeholders partnering the programme. Up to 4 focus group discussions (2 groups per theme) will be facilitated in each country (except Liberia/Sierra Leone: 2 in Liberia plus 2 in Sierra Leone) with groups of between 8 and 10 people, each lasting a minimum of one hour, see appendix 7.3 for listing. One group per theme will be comprised of beneficiaries, the second will be of stakeholder drawn from partner organisations with knowledge of the changes the programme has effected.

Focus groups of users will be encouraged to share case histories illustrating the value of the programme from their perspectives.

Where appropriate, principally for groups comprising beneficiaries of the programme, discussions will be conducted in local language with translation.

**Field survey:** of 250 programme users will be undertaken in Mali. This represents the maximum number of users that can be reached with available resources as well as offering a sample size with potential to assess views on the quality of services to help triangulate findings with reports and information from focus groups and interviews.

The survey will involve participants from the main eye health result areas of the programme – namely treatment and screening; eye health service delivery and surgical input; NTD prevention and treatment including mass campaigns.

To minimize bias, a selection of respondents will be made from patient lists provided by eye health units (for instance, by taking every 100th name). If it does not prove possible to make a random selection (due to incomplete information on user names and locations) then an alternative means of selection will be applied and interview locations selected randomly e.g. by random selection of schools and villages

participating in screening and mass drug administration. A simple selection of interviewees will then be made with participation of local leaders using criteria developed by the evaluators.  The survey in Mali will be undertaken by a gender-balanced group of 12 enumerators over 4 days. The enumerators will be split into two teams, with each team having a leader reporting daily to the evaluators.

The enumerators will be trained by the evaluators on the questionnaire. The questionnaires will be translated into French prior to the field work visit and be trialled and revised, working with the enumerators over a two-day period prior to the start of the full survey. The questionnaire will explore user satisfaction issues, level of current perception and knowledge of eye health matters plus perceived changes to eye health services including reach and access. Two people will be contracted by Sightsavers for 4 days to enter information collected each day using Excel. They will also cross check and clean data. Evaluators will perform spot checks daily. See Appendix 7.4.

**Data Sources:** In assessing impact at overall and specific objective levels the team will look at the Sightsavers Irish Aid Final Baseline Report and compare collected Sightsavers outcome data against key indicators. In particular, we shall be looking for evidence of emergent qualitative change, to key systems, to improved eye health, to access, to voice and to influence.  Progress against the baseline report will be assessed and we shall look at recent efforts of COs to gather evidence of qualitative change as recommended in the mid-term review.

Health data from the field survey in Mali will be supplemented with information from SSIs and focus group discussions. We will work with key stakeholders to verify these and to collect information on the extent to which targets set against Results Framework indicators have been achieved. In discussions with Sightsavers programme staff at regional and country level we will also seek to assess the extent to which monitoring frameworks have been used to capture progress against indicators and any steps taken to modify monitoring, apply lessons learned and adjust programming to impact more effectively on users. Where necessary, additional information may need to be sought from other Sightsavers staff holding the overview of the programme. However, Sightsavers will need to indicate who can elaborate on areas that remain unclear, and to accept there will be limitations due to time in pursuing additional information, given the timing of fieldwork has reduced the time for further investigations before deadlines for the submission of the evaluation reporting.

Key questions identified in section 3.1 also identify primary and secondary tools to be used in each area of study. Triangulation of information will be achieved through comparing responses from surveys and focus groups with stakeholder interviews and programme data to confirm findings. Clarification of discrepancies will be sought through supplementary questioning of Sightsavers staff and other key informants. Information will be sought in confidence to reduce risk of bias by making clear the evaluation purpose and ensuring anonymity wherever possible.

**Evaluation team responsibilities:**

Adam Platt has overall responsibility for addressing TOR and ensuring balance is maintained in the application of different study methods. Lynda Kerley will ensure

rigour in design of fieldwork instruments and interview tools. Both Lynda and Eleanor Cozens will work together to develop detailed checklists. Adam will input into inception and lead on drawing findings into the draft report. Lynda and Eleanor will undertake fieldwork (Lynda in Sierra Leone/Liberia, Eleanor in Senegal, jointly in Mali) – key informant interviews and facilitation of focus group discussions. Lynda will lead the survey in Mali. Lynda and Eleanor will work on data significance and its presentation along with key findings and recommendations. Lynda and Eleanor will present preliminary findings in Monrovia, Dakar, Freetown and Bamako respectively, for discussion and verification with stakeholders, though time constraints may preclude this in Liberia and Sierra Leone. Adam, Lynda and Eleanor will draft initial and final reports.

| | |
|---|---|
| **Relevance** | Thinking of existing services and of the needs of people with eyesight problems, especially the poor and marginalised, in your opinion how relevant is Sightsavers programme of support to IE / SI?<br><br>• What problems do people with disability/visual impairments experience when accessing education/mainstream services/their rights?<br>• What is / is not being done to meet their needs/address these obstacles?<br>• What contribution does Sightsavers support make to this? Is there anything that Sightsavers should consider doing differently or instead?<br>• Are you aware of any examples of where Sightsavers has adjusted its support to reflect developments or learning from within the country? Or Regionally? |
| **Effectiveness** | Has the West Africa programme lived up to your expectations or not? Given the overall outcomes and indicators aligned with Sightsavers SIM, what were your in-country targets? How much progress do you think has been achieved? What have been the successes and what are the gaps?<br><br>With programme staff, discuss their level of achievement against old SIM outcomes/indicators and new ones? How do they define these? What evidence do they have?<br><br>**Quality**: How is a quality programme defined? What are perceptions of quality and whether or not it has improved (according to definition/standard)? If it has, in what way? *Need to explore difference between ability to measure quality and actual quality measured and evidence of any improvements.*<br><br>**VFM** To what extent do you think the SI / IE programme represents value for money or could more have been achieved for the funding given?<br><br>**Strengthening capacities**:<br><br>• To what extent have partner capacities for delivering quality programmes been strengthened during last 5 years? What can they do now that couldn't be done before? What have been effects/benefits of this?<br>• To what extent have Sightsavers programme staff improved their understanding and technical skills in inclusive education and social inclusion?<br>**Eye Health:** |

| | To what extent has PEC been integrated into wider health system – in terms of policy, strategies, plans and GRD at national/district levels |
|---|---|
| | • What have been the successes, gaps and challenges in health system strengthening and what is the extent of Sightsavers contribution |
| | • What changes have there been in policies, practices and budget allocations for PEC and what is the status of NECP within the Ministry |
| | • How effective is the programme in meeting the eye care needs of the people in the intervention areas |
| | • How is the programme performing against expected results and what are the gaps |
| | • Has the quantity and quality of eye health services improved for the targeted users at a/community level b/ district level. In what ways. Is quality of provision improving or not – in what ways? |
| | • What needs to be done to make eye care equally accessible to all |
| | • What have been the challenges and successes in training large numbers of NTD community distributors |
| | • What have been the successes and challenges in delivering the NTD programmes to large numbers of people? |
| | • What changes have been occurring in the health system as a whole? |
| | **Education**:  To what extent has IE been integrated into the wider government education system – in terms of policy, strategies, plans and human resource development at national/district levels? |
| | • What have been the successes, gaps and challenges? |
| | • What are attitudes of different stakeholders to the IE pilots: children, parents, school staff, trainers, local education department, Education Ministry officials |
| | • What actual changes have there been in policies and practices and/or status of body responsible for IE within the Ministry? |
| | • What links have been made with other services/stakeholders and have these been institutionalised? |
| | • Has ECCE been trialled and what has worked well/less well? |
| | • Has any operational research been conducted and, if so, how have the findings been used/disseminated; have they benefitted the programmes nationally/regionally or not? |
| | To what extent are (relevant) strategy elements recommended in Sightsavers IE strategy being implemented? |

| | |
|---|---|
| | **Social Inclusion**: To what extent have there been any changes in the effective working of DPOs and BPOs to represent PwDs rights and to what extent has Sightsavers contributed to this?<br><br>• What capacities has Sightsavers contributed to strengthening BPO/DPO capacities: organisational (resource mobilisation, management, reach), advocacy?<br>• How relevant and effective has Winneba training been on CBR? How they used their learning? Has this contributed to cross-regional learning?<br>• What achievements have resulted from these improved capacities? Have levels of engagement increased with their own constituencies and with government?<br>• What was the nature of engagement with Post 2015 debates? Has this led to other lobbying/policy influencing initiatives? |
| **Efficiency** | • Have the Sightsavers grant management mechanisms functioned efficiently in planning, coordinating, monitoring and reporting on programme achievements and expenditure? Extent of programme/finance dialogue? Have there been any changes/improvements? If so, have they enabled cost efficient implementation of the activities? Could the efficiency be improved? Examples?<br>    o Planning & Budgeting<br>    o Financial and programme management and decision-making processes<br>    o Financial transfers transfers/accounting<br>    o Procurement<br>    o Monitoring of activities and of results<br>• What was the strategy for allocation of Irish Aid funds? Enabling work for which no other funds available? Catalyst? Could it have been allocated more strategically?<br>• In your opinion, could the programmes be delivered more efficiently and achieve more for the money invested - or not?<br>• To what extent have Sightsavers country office capacities for delivering PEC/IE/SI programmes been strengthened: technical, organisational, advocacy and network development? Who has overall responsibility for this /managed and monitored the process and progress achieved? |

| | |
|---|---|
| | • What has changed as a result? How has this been reflected in quality of programmes? |
| | • How has the programme enabled and/or improved cross-regional learning between the programme countries and more widely in WARO? Have training schemes and learning been sustained? |
| | • To what extent has the Irish Aid grant had added value for the programme? Has it been used for/enabled leveraging of other funds / resources? |
| **Impact** | • What attitudinal changes if any have there been, at different levels, towards men and women / boys and girls with disabilities and towards inclusive education: amongst children, parents, communities, service providers, local authorities, Ministries? |
| | • To what extent have eye health/SI/IE moved higher up the policy agenda / become more widely accepted? |
| | • What other significant changes, positive or negative, have been observed? |
| | • What changes have partners – DPOs/BPOs, education partners, health partners – achieved as a result of Sightsavers contribution? And specifically as result of Irish Aid funding? |
| | • And if there had been no Irish Aid funding/budget reduction of x%, then what would the situation have been? What would not have been possible? How would reallocations/re-budgeting process have worked? |
| | **Eye Health** |
| | • In what ways has the project changed the way eye health care is managed and delivered at district and community levels? |
| | • In what ways has the project changed human resources dedicated to eye health in target communities and at district level? |
| | • What improvements to quality of eye health service delivery have taken place over the past 4 years, resulting from the Sightsavers programme? |
| | • What changes to targeted users' lives has the programme contributed to, both positive and negative? |
| | • Have the CSR and progress with achieving NTD elimination milestones changed as a consequence of the programme. What is the Sightsavers contribution to the elimination of onchocerciasis, trachoma and other NTD? |
| | • Has there been any change to the policy and budgetary priority given to eye health as a result of Sightsavers contribution? To what extent has PEC been integrated into health care at national and district levels? |
| | • What may be the longer-term impact of Ebola on health needs and services. What post Ebola eye health needs |

| | are emerging and how may they be addressed. |
|---|---|
| | **Inclusive Education** |
| | • Any significant changes observed in<br>    o educational achievements of VI children in mainstream classes – numbers and quality of performance in class, exam results, progressing to next level;<br>    o acceptance by non VI children and teachers and social interactions<br>    o school/staff/parents motivation and commitment to IE<br>• Changes in resourcing / acceptance of IE within wider education system?<br>• What specific contribution has Sightsavers / Irish Aid made towards the government ensuring that all children with disabilities receive a quality education within the wider education system? |
| | **Social Inclusion** |
| | • What effects did engaging with post 2015 agenda have? What changed for your organisation?  And for national policy?<br>• Have there been any changes in institutional/policy commitments to SI/IE and to what extent did Sightsavers support contribute to this?<br>• What have been sustainable changes in terms of BPO/DPO organisational aspirations, roles and status/position in civil society?<br>• What contribution has Sightsavers / Irish Aid made towards: visually impaired people being equal members of society and government's implementing obligations under CRPD? |
| **Coherence/ Coordination** | • Do Eye health/IE/SI approaches supported by Sightsavers dovetail with those of government and other non-government actors in these sectors, locally and nationally?   What coordination mechanisms exist and have been used?<br>• What linkages are there between Eye health, IE and SI initiatives and services supported by Sightsavers and also between them in general? And with health and other services/systems?<br>• What coordination and monitoring mechanisms if any are embedded in national management/monitoring systems?<br>• Is there active coordination and/or effective linkages with other programmes/actors in Eye health/IE/SI at |

| | | |
|---|---|---|
| | district and national levels?<br>• Has effective use been made of external institutions, platforms and networks for exchanging learning in each of different sectors – nationally and regionally?<br>• What learning has been gained in Eye health/SI/IE from other WARO countries and how far was this enabled by the Irish Aid grant? | **Annex 5 Stakeholder and FGD questions check list** |
| **Scalability/ Replicability** | • From what you know of the Eye health/SI/IE programme (brief overview to be given if not familiar), do you think it is an approach or are there individual components that should be developed at a larger scale and replicated elsewhere or not?<br>• What adjustments would you suggest to improve the adoption of the eye health/SI/IE approach/components on a larger scale?<br>• In your opinion, what are the factors helping and hindering the integration into local/national systems and/or continuation of achievements/progress made?  What strategies / actions are needed for addressing obstacles?<br>• To what extent have programmes and the learning derived from them been systematically documented to provide an evidence base for scaling up/replicating?  Have they been shared across the region?<br>• Has there been any operational research?  If so what and how has this been shared / used? | **Stakeholder Semi Structured Interview checklist**<br><br>Unless specified, the questions below apply to Eye |
| **Sustainability** | • To what extent do you think progress/results already achieved are likely to be sustained?  What evidence is there to support this?<br>• How active are parent groups/DPO networks/platforms that have been supported: are they progressing to adopt other issues, actively representing their constituents, able to self-renew and plan and function independently without Sightsavers support?<br>• What do you think situation will look like in 5 years time?  Which programmes/activity components are most likely to continue on and develop and which not?<br>• What plans/measures are in place to promote sustainability of Eye health/SI/IE programmes and their achievements? E.g. funding commitments by Ministries/others? Policy framework and plans for implementation? Capacities of partners?<br>• If Sightsavers were no longer able to continue funding Eye health/IE/SI, what would happen?  What alternative sources of support are there – community, families, private sector, and local/national government, civil society organisations? | |

health, SI and IE; they will be selected and tailored to reflect the:

- particular Eye health / SI / IE programme and its objectives and activities
- role or relationship of the interviewees/group participants with the programme and their level of management seniority.
- Strategic questions on the direction and management of the programme will be asked of appropriate stakeholders working at different locations.

![Sightsavers logo]

## Focus Group Questions and Prompts

### Introduction

Establish extent of group member's knowledge of and involvement with the programme: what has their involvement consisted of?  What have they done? What do they perceive to be Sightsavers/Irish Aid contributions?

### Eye Health

| | |
|---|---|
| 1 | Is the Sightsavers programme relevant to the needs of people (notably the poor) with eyesight problems in Mali/Liberia<br><br>Prompt:  What eye problems do people have? What help to avoid them is needed? What treatment is needed? What services were available before Sightsavers intervention and what has changed since? What other support do people with VI need? From where are they getting support? |
| 2 | How effective is the programme at meeting the eye health needs of the population of Mali/Liberia<br><br>Prompt – Do you think those that need help are able to get it? Who is included? Who is left out and why? Is treatment (including spectacle supply, surgery, help for totally blind and partially sighted people) available? Who can afford treatment and who cannot? |
| 3 | What changes impacts do you feel the Sightsavers programme has had on the lives of people with eye health needs?<br><br>Prompts: Looking back, are people with eye health needs in a better position than before? What has happened to improve or make worse their situation? |
| 4 | What levels and areas of support do you consider are needed for the programme to continue into the future – be sustainable and improve? Who should make this happen?<br><br>Prompts: Government, private health and care providers, NGOs, communities etc. |
| 5 | To what extent has the Sightsavers eye care services programme become a part of wider health systems in Mali/Liberia? Has it provided an example for other parts of the country and for other countries?<br><br>Prompts: Do you think that eye care is provided alongside other government, NGO and private services? Do eye care service workers know enough about eye care to advise people what to do when they have eye problems? What needs to be done to improve this? |
| 6 | What needs to be done to make eye care equally available to all people in Mali/Liberia – including women, children, those living in difficult to get to places? |
| 7 | What do you think the Government should be doing to improve eye care, not only prevention and treatment but to ensure people with visual impairment are included as fully as possible in society – get education, work, can vote, participate in community decision-making etc. |
| 8 | Who should take responsibility for improving eye health? What suggestions do you have to improve the eye health of people and support those with visual impairment? |

### Inclusive Education

1    To what extent is the Sightsavers IE programme relevant to the needs of visually

impaired children and their parents in Senegal/Sierra Leone?

Prompt: What issues are faced by VI children? What support is needed to ensure their access to education is needed?  What are the options available?  Where can support be found for this?

2    How effective is the programme at providing education services for VI children in Senegal/Sierra Leone?

Prompt – Do you think those that need help are able to get it? Who is included? Who is left out and why?  How available is it? Who can afford It and who cannot? What mechanisms are in place for those who cannot afford it?

3    Thinking of the approach taken to inclusive education, what do you think is working well and what is working less well?

Prompt: Training, teachers in class, itinerant support, PTAs, materials, attitudes of parents and parents of non-VI children, in schools?

4    What in your opinion have been the key achievements/results of the IE programme?

Prompts: recruitment of children, integration in class, their results; attitudes of other schools and of education department

5    Sustainability: if I returned in 5 years time, what do you think I would find?  Why? Will it continue as it is?  Will it continue to develop?

Prompts: What are factors that will help it to continue?  What are the challenges/issues that will hinder or block it?  How could it be made more sustainable and who needs to be involved?

6    How far is the IE approach accepted and integrated into MoE policies, planning? Prompts: What if anything has changed in acceptance levels/MoE support in the last 5 years?  In what way if any has the programme contributed to this?  What processes/ and changes in policy/practice are underway or expected?

7    Replicability/scaling up: What needs to happen to promote this approach and for it to spread more widely?

Prompt:  Who needs to be involved?  What are opportunities to explore?

8    Could Sightsavers strategy / support to IE be improved?  What could/should be done differently to be more effective and have more impact?

9    How have they found their partnership with Sightsavers?

Prompts: What works well/less well? Have they noticed any changes in Sightsavers and its capacities over the past four years?  What has changed?  What are they able to do now/better that they were not doing before?  What still needs to change?

10   What has been key learning from this programme?  Recommendations for the future if Sightsavers was thinking of supporting IE programmes in another country?


**Social Inclusion**

1    Background and capacities of the organisation?

Prompts: What are the aims and activities of their organization?  What is their history and evolution? How are they structured?  Governed? What do they perceive to be their main strengths and weaknesses?

2    Who are their constituents and what are the main challenges they face to inclusion in community life?  To what extent are they able to access mainstream services and opportunities?

Prompts: who are their constituents/members?  Numbers/distribution?  Evolution of membership?  What are the main barriers to their inclusion?  What is their organization doing to address these?

3    To what extent do they network and collaborate with other DPOs or mainstream sectoral CSOs?

Prompts: Which Networking/alliances? Local/national/international? Evolution?  How does this compare with five years ago?   How have they evolved as an organization?

Prompt: Any changes in capacity? What do they perceive to be their strengths and weaknesses?  How has this come about?   What are their capacity-building priorities?

4    What support have they received from Sightsavers and how relevant has this been?

Prompts: How were support/capacity-building needs identified?  Were they satisfied with the response to their needs?  If trained at Winneba, how did they find the course?  How appropriate was it to their needs in Mali/Senegal? How have they applied their knowledge of their return? What has happened/changed as a result?

4    Have you participated in any of Sightsavers other activities in eye health, NTD and IE? What has been the nature of your linkages/involvement?

Prompt: Promotion of IE and CBR?  Advice / views on approaches adopted and effectiveness/impact of the programmes?

5    What have been your key achievements in the last four years and how has Sightsavers contributed to these?   Is this enough or what more is there to do?

Prompt: Improvements in national policies and their implementation?  International influence?

6    What has been the impact of their work for people who are VI?  What has changed in their lives?

Prompts: How far has their work impacted on meeting the needs of PwD?  What is government now doing that they were not before?  What else should they be doing?

7    Sustainability: if I returned to Mali/Senegal in 5 years time, what do you think I would find?  Why? Will current situation/activities/achievements continue?  Will they continue to develop?  How? What else is envisaged?

Prompts: what are factors that will help it to continue?  What are the challenges/issues that will hinder or block it?  How can these be addressed?

8    How have they found their partnership with Sightsavers?

Prompts: What works well/less well?  What would they like to see change/improve? Contacts made/learning from outside the country/from other Sightsavers programmes?

9    Have they noticed any changes in Sightsavers CO and its capacities over the past four years?  What has changed?

Prompts: What are Sightsavers able to do now/better that they were not doing before?  Similarities/differences with other INGOs? What still needs to change?

10   What has been their key learning from this programme?  Recommendations for the future if Sightsavers was thinking of supporting DPOs and their activities in another country?

11   Do you think there is enough support to people with long term visual impairment to overcome their difficulties?

Prompt: Who needs support? What support is available? Who should provide it? What is the role of government, communities, NGOs, others in providing support?

12   Who should take responsibility for improving support to the disabled?  What suggestions do you have to improve the eye health of people and support those with visual impairment?


**Development Education (groups of Irish school children, adults)**

1    What do you understand to be the problems and challenges facing blind and visually impaired people in Africa?

Prompt: have you seen any material – media coverage – radio TV, press, handouts etc describing the situation of such people?

2    Do you know who is producing this information and what is the purpose?

Prompts: Can mention Sightsavers, other organisations, but only after encouraging discussion.

3    What can be done to prevent blindness?

Prompt: Ask what is known about infections and their treatment. About trachoma and its treatment. About cataract and its treatment. Any other knowledge on blindness prevention? E.g. Watsan, FACE etc.

4    Have you been engaged in any activities designed and implemented by Sightsavers or its partners – teachers in schools, church or other groups – to promote awareness of blindness and visual impairment in Africa (specifically West Africa)?

Prompts: Junior Painting, fundraising, campaigns etc.

5    Do you know about or have you participated in supporting or publicising any of Sightsavers specific activities in eye care:  NTD Integrated Education and Social Inclusion?  What has been the nature of your linkages/involvement?

Prompt: Explain the themes briefly and check knowledge of case study material that may have been used to promote awareness of Sightsavers projects.

5    Are you aware of who finances programmes to eliminate or treat blindness and visual impairment in Africa?

     Prompts: Can ask about GoI, WHO others.

# Sightsavers

## Annex 6 Field work itineraries

**Itinerary Dublin: Adam Platt**

**Monday 5th & Tuesday 6th October 2015**

**5th Oct**

| | |
|---|---|
| 11.15am | AOL to collect at Royal Marine Hotel |
| 11.30am | Meet Michael Marren, Sightsavers Ireland office |
| 12.30pm | Meet Ann O'Leary, Sightsavers Ireland office |
| 1.30pm | Lunch |
| 3.00pm | Meet parent of last year's junior painter winner, and her daughter, Esquires, Airside Retail park, Swords |

**6th Oct**

| | |
|---|---|
| 9.30am | Meet (secondary school teacher & pupils), St Michael's secondary school, Ailesbury rd, Dublin |
| 11.00am | Meet Director Arts & Disability, Ireland at Ristretto, Merrion shopping centre, Merrion rd |
| 12.30pm | Meet primary school teacher & pupils, St Michael's primary school, Ailesbury rd, Dublin |
| 2.00pm | Meet primary school teacher & pupils, St Brigids primary school, Haddington rd, Dublin |
| 7.15pm | Dinner with AOL & MM, Hartleys, Dun Laoghaire |

**Irish Aid evaluation Liberia Eye health and NTD Control Lynda Kerley:
Itinerary 2 to 11 October 2015**

| Date | Venue | Person | Activity | Time |
|---|---|---|---|---|
| **Saturday 3/10** | Sightsavers | CO programme and finance team | Discussion | 10.00 – 1.00 |
| | MOH | Chief medical officer | SSI | 2.00 – 3.00 |
| | MOH | NECP Coord/CDTI coord | SSI | 3.00 – 4.00 |
| **Sunday 4/10** | Travel to Grand Gedeh County | | | 7.00 – 21.30 |
| **Monday 5/10** | MOH – Martha Tubman hospital | County health team | Discussion | 9.00 – 10.00 |
| | MOH – Martha Tubman | County Eye Care team | SSIs | 10.15-12.15 |
| | MOH – Martha Tubman | Meeting NTD/NCD county teams | SSIs | 12.30 – 1.30 |
| | Martha Tubman | Eye health users | FGD | 2.00 – 3.00 |
| | Village | MDA users | FGD | 3.30 – 4.30 |
| **Tuesday 6/10** | Martha Tubman | CDDs | FGD | 9.00 – 10.00 |
| | Martha Tubman | OICs group | FGD | 10.15 – 11.15 |
| | Martha Tubman | Senior cataract surgeon | SSI | 11.30 – 12.30 |
| | Travel to Sinoe County | | | 1.00 – 6.30 |
| **Wednesday 7/10** | FJ Grant Hospital | Sinoe County Health Team | SSI | 9.00 – 10.00 |
| | FJ Grant | Sinoe County Eye Care Team | SSI | 10.00 – 11.00 |
| | FJ Grant | NTD Coordinator | SSI | 11.00 – 12.00 |
| | FJ Grant | Eye operation users | FGD | 12.00 – 1.00 |
| | FJ Grant | CDDs | FGD | 2.00 – 3.00 |
| | Village | MDA users | FGD | 3.30 – 4.30 |
| **Thursday 8/10** | Travel to Freetown | | | 06.00 – 5.00 |

| Friday 9/10 | MOH | Eye care service providers ( New eye sights/SDA eye centre/JFK medical centre) | Meeting | 09.00 – 10.00 |
|---|---|---|---|---|
| | Sightsavers | Finance and support services officer | SSI | 10.00 – 11.00 |
| | Sightsavers | Programme officer - NTD | SSI | 11.00 – 12.00 |
| | MOH | CMO/deputy minister | SSI | 1.00 – 2.00 |
| | National Union PWD | Leadership team | SSI | 2.45 – 3.45 |
| | Handicap International | Programme manager | SSI | 4.00 – 4.45 |
| | WHO | WHO/APOC technical advisor | SSI | 5.00 – 6.00 |
| Saturday 10/10 | LK prepare debrief presentation | | SSI | 9.00 – 11.00 |
| | Sightsavers | PO eye health | SSI | 11.00 – 12.30 |
| | Sightsavers | CD | SSI | 1.00 – 3.00 |
| | LK  debrief | Sightsavers team | presentation | 3.00 – 5.00 |

**Sunday 11/10**    Travel Freetown

**Irish Aid evaluation Sierra Leone Inclusive education: Lynda Kerley. Itinerary 13 -17 October 2015**

| Date | Venue | Person | Activity | Time |
|---|---|---|---|---|
| **Tuesday 13/10** | St Anthony's PS (pilot school) | Dpty head teacher | SSI | 9.00 – 12.00 |
| | | 4 teachers | SSI | |
| | | BLV pupils | FGD | |
| | Western Area eye Department | Snr ophthalmologist and cataract surgeon | SSI | 12.30 – 1.15 |
| | SLAB | President, VFB, SLUDI, NWDG | FGD | 2.00 - 2.45 |
| | Milton Margai School for Blind | Acting HT | SSI | 3.00 – 6.00 |
| | | 4 teachers | FGD | |
| | | Parents | FGD | |

| | | | | |
|---|---|---|---|---|
| **Wednesday 14/10** | Handicap International | Social Inclusion advisor/IEP manager | SSI | 10.00 – 11.00 |
| | Sightsavers | Programme manager | SSI | 11.30-12.30 |
| | HKI | CD and team | SSI | 1.00 – 2.00 |
| | UNIMAK | Independent monitor | SSI | 2.00-3.00 |
| | NCD | Commissioner + team | Interview | 3.30 - 4.30 |
| | Sightsavers | Programme officer | SSI | 5.00-6.00 |
| **Thursday 15/10** | Travel FT to Makeni | | | 6.00 – 10.00 |
| | UNIMAK TT programme | Head SNE | SSI | 10.00 – 11.00 |
| | Bombali school for the blind | HT | SSI | 11.15-12.00 |
| | RC Panlap Makeni PS (pilot) | HT | SSI | 1.30 - 2.00 |
| | | 6 teachers | FGD | 2.00 – 3.00 |
| | | Pupils | FGD | 3.00-4.00 |
| | Bombali MOE | DEO | SSI | 4.15-4.45 |
| | Travel Makeni to FT | | | |
| **Friday 16/10** | Educational centre for the Blind | CEO | SSI | 8.30-9.30 |
| | MOE | Minister and team | FGD | 10.00 – 11.30 |
| | UNICEF | Education Coordinator | SSI | 12.30 – 1.30 |
| | Sightsavers | Finance team | SSI | 2.15-3.15 |
| | Education for CWD Network | HI,HKI,UNIMAK,LCD,MMSB, Plan, SS | Observe meeting | 3.30-5.30 |
| **Saturday 17/10** | LK prepare SS presentation | | | 6.00-8.00 |
| | Sightsavers | CD | SSI | 8.00-10.00 |

| Debrief presentation | SS team | presentation | 10.00 – 11.30 |
| Travel to Abidjan | | | 11.45 |

**IRISH AID EVALUATION ITINERARY – Eleanor Cozens**

**MALI:**

| Weds Sept 16th | Arrival 21h00 Bamako Airport |
| Thursday Sept 17th | Attended Koulikouro Regional Health Directorate annual post NTD campaign feedback meeting attended by all Koulikouro district teams |
| Friday Sept 18th | Interview with independent ophthalmologist technical expert<br>Interview with The Carter Centre Representative in Mali<br>Interview with HKI Director, Mali |
| Saturday Sept 19 | Interview with Sightsavers Country Director<br>Interview with Sightsavers Eye Health Programme Manager |
| Sunday Sept 20th | Typing up and analysis |
| Monday Sept 21st | Focus group with eye surgery beneficiaries Kati district, Koulikouro Region<br>Interview with District Health Manager (Head Doctor) for Kati plus short<br>Exchanges with ophthalmologist and optometrist<br>Interview with Koulikouro Regional Health Team: Regional Director of Health, accountants, Head of Health Division (series of rolling     exchanges)<br>Short interview with Koulikouro District Head Doctor<br>Focus group with eye surgery beneficiaries at Tienfala Health Centre in Koulikouro District |
| Tuesday Sept 22nd | Typing up notes, analysis during Public Holiday |

| Wednesday Sept 23rd | FGD with eye care patients at Tienfala |
| | Short interviews with UMAV relai and with Head of Health Centre |
| | Interview with Assistant Coordinator of NECP |
| | Interview with Sightsavers Regional Finance Manager |
| | Interview with Sightsavers Programme Manager |

| Thursday Sept 24th | Typing up notes and analysis during Public Holiday |

| Friday Sept 25th | Interview with NTD Coordinator |
| | Interview with Director of Health and colleagues at MoH |
| | Interview with Sightsavers Country Director |
| | Interview with Sightsavers PM NTD |
| | Interview with Sightsavers Regional Programme Manager |

**SENEGAL:**

| Monday | | Arrival at Dakar airport 01.30 |
| October 12th | am | Morning briefing at Sightsavers CO |
| | | Interview with Sightsavers Regional Director, |
| | pm | Interview (part 1) with Director of Elementary Education, MoE |
| | | Interview (part 1) with Coordinator of Inclusive Education, DEE |

| Tuesday | am | Interview with Guediawaye school inspectors |
| October 13th | | Short interview with secretary and chef de cabinet of Mayor |
| | pm | Interview with Local official of Department of Social Action |
| | | Interview with Director of Pikine School 23B |
| | | Interview with 2 inclusive class teachers at Pikine school |

| Wednesday | am | Short interview with Head of Cherif 1 school in Rufisque |
| October 14th | | Focus group with Parents Association for Promotion of IE |
| | | Exchanges with children from inclusive classes – BLV and sighted |
| | pm | Interview with 3 teachers – 2x class teachers and 1x support teacher |
| | | Interview with HI Coordinator for Rights & Inclusion |

| Thursday October 15th | am | Second meeting with Director of elementary education |
|---|---|---|
| | | Meeting with 2 reps from the 2ndary education division for School life |
| | | Meeting with ADEMAS, large local NGO involved in training DPOs |
| | pm | Meeting with local mayor and head of Radio Diffusion Senegal |

Friday     am     Interview with Louga representative of Social Services
October 16th     Short meeting with Governor of Louga Region and his Office
Head; Mini group with 3 of 5 SI project focal points
Interview Head of national Network of Traditional
Communicators
Short interview with Town Council official (trained by project)

Saturday     am     FGD with CAUSE BPO and associated DPO representatives
October 17th     pm     typing up notes

Sunday     am     prep for Monday meetings and for debriefing ; liaison with October 18th
          pm     evaluation team members and typing up notes

Monday     am     Interview with 2 directors at the General directorate for Social
Action; Interview with Head of Division for ISEP
October 19th     pm     Mini-group with journalists; Visit to literacy training

Tuesday     am     Interview with Senegal Senior programme manager
October 20          Discussion with CO team

Wednesday     am     Round up Interview with Inspector for Inclusive Education at October 21
                MoE
          Interview with Sightsavers programme manager Astou Sarr
          Final meeting with Sightsavers West Africa SI & IE Technical
Advisor

![Sightsavers logo]

## Annex 7 Survey charts and Excel Survey form and Data Sheets

*The charts that follow are drawn from the data collected in the survey undertaken in Mali of eye health clients during the field work for the evaluation.*
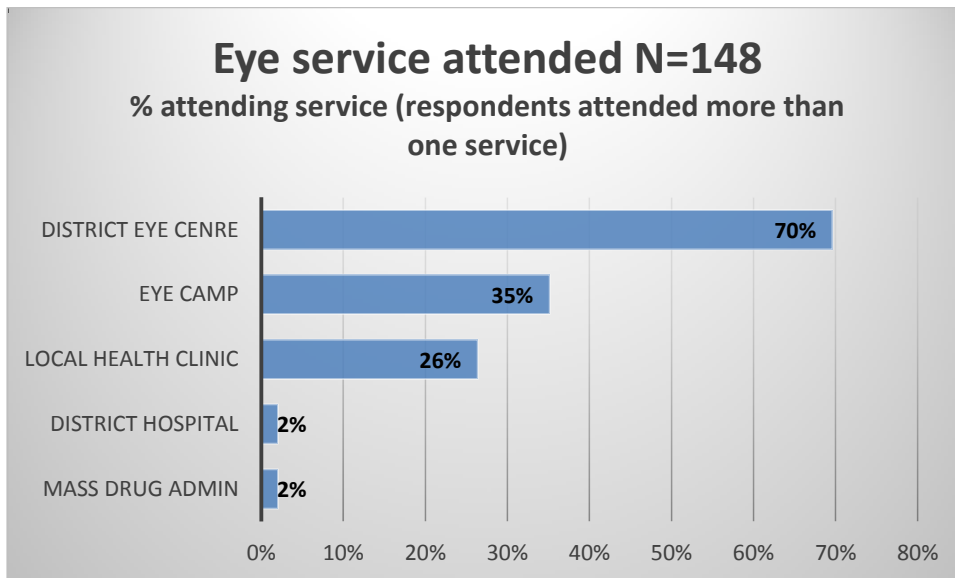
**Charts Plotted:**
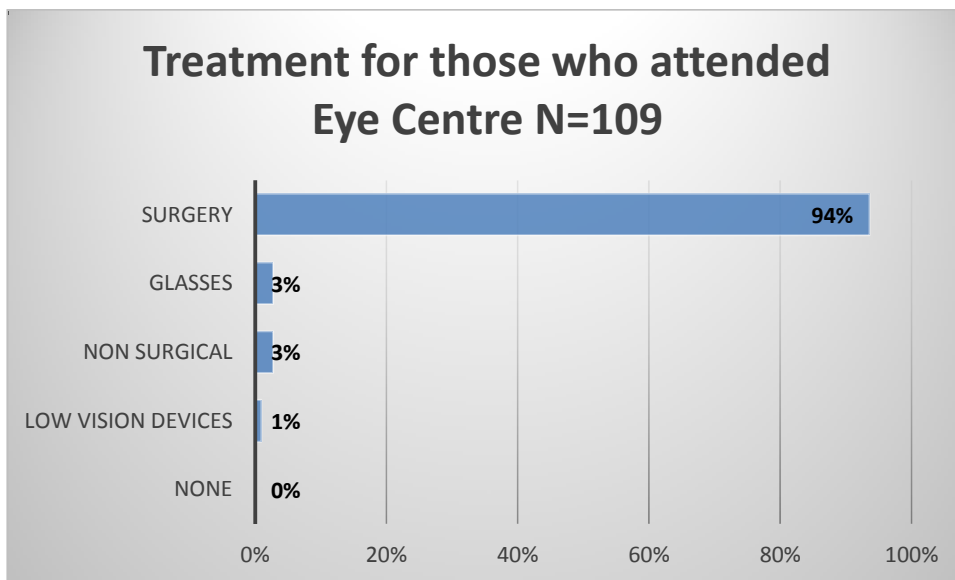


**Chart 7 Eye service attended, Q7.**



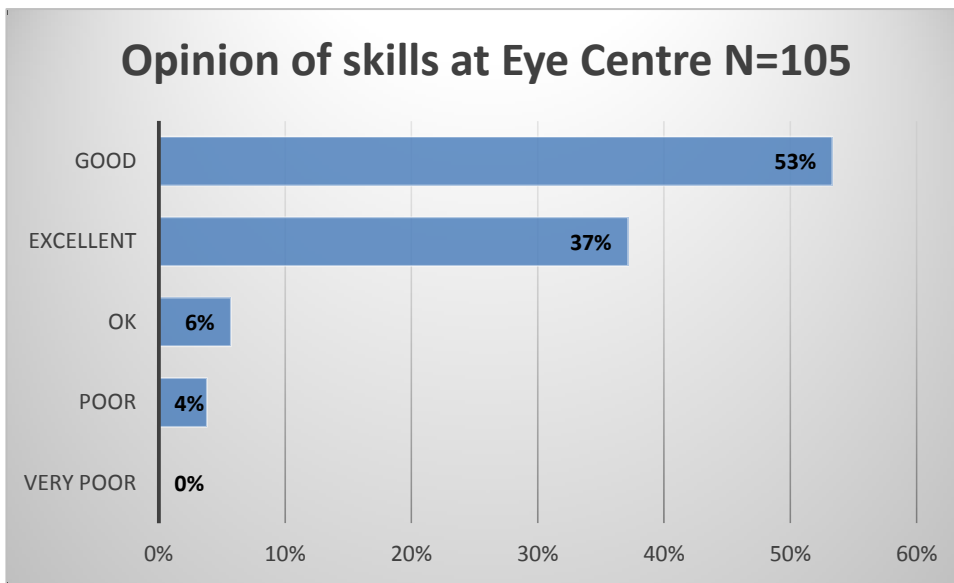**Chart 8 Treatment for those who attended eye centres, Q10.**

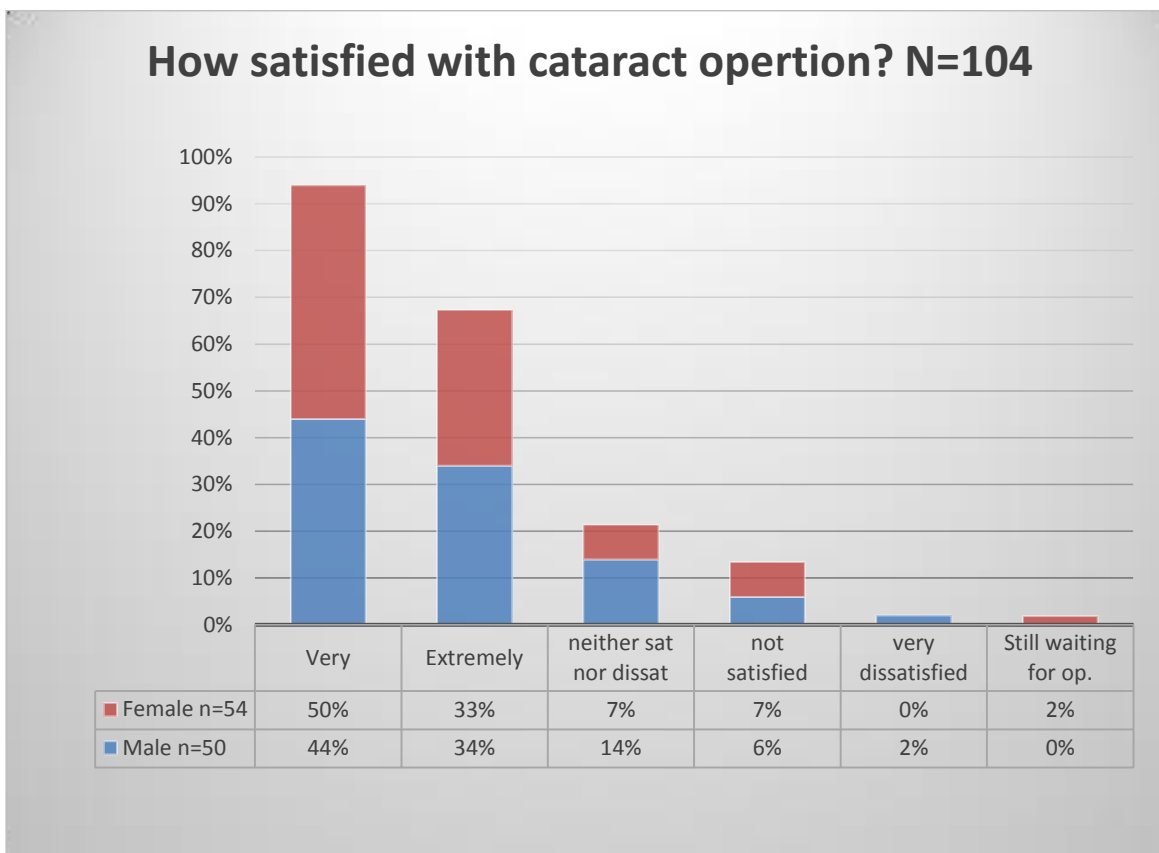**Chart 9 Opinions of eye centre staff skills, Q11.**
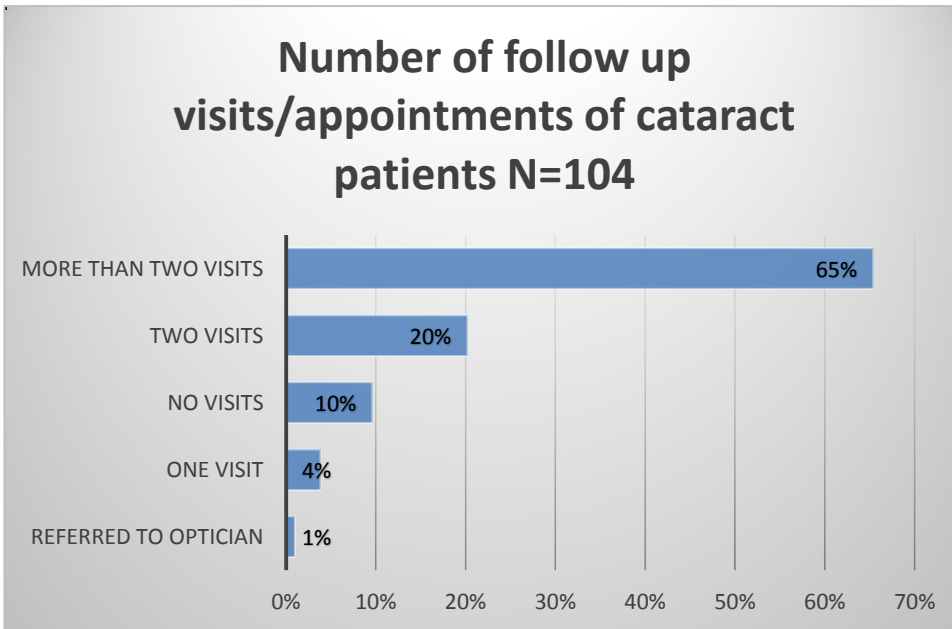


**Chart 10 Satisfaction with cataract operations, Q14.**

**Chart 11 Number of follow up visits following operation, Q15.**
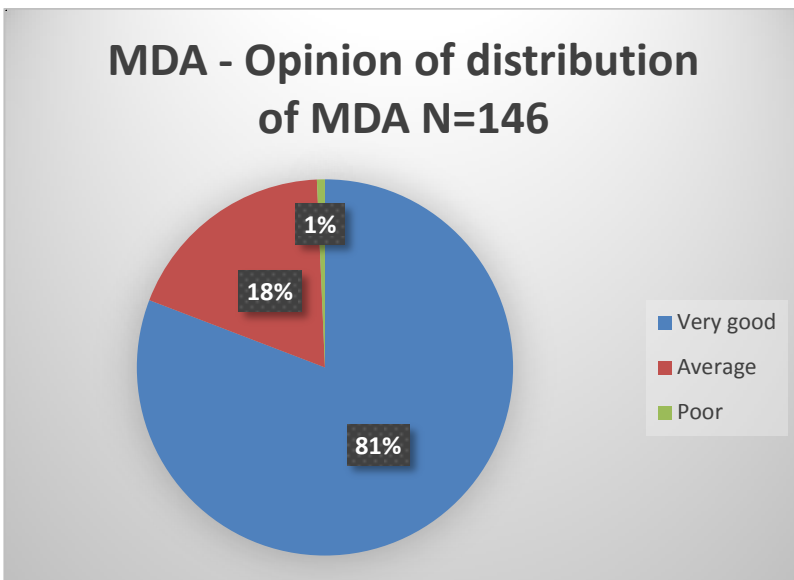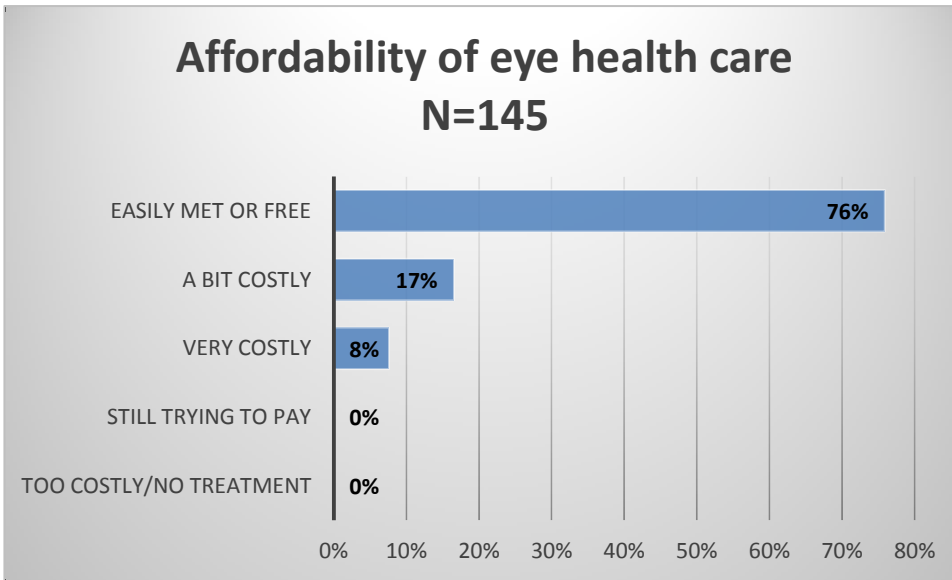


**Chart 12 Opinion of MDA distribution, Q19.**
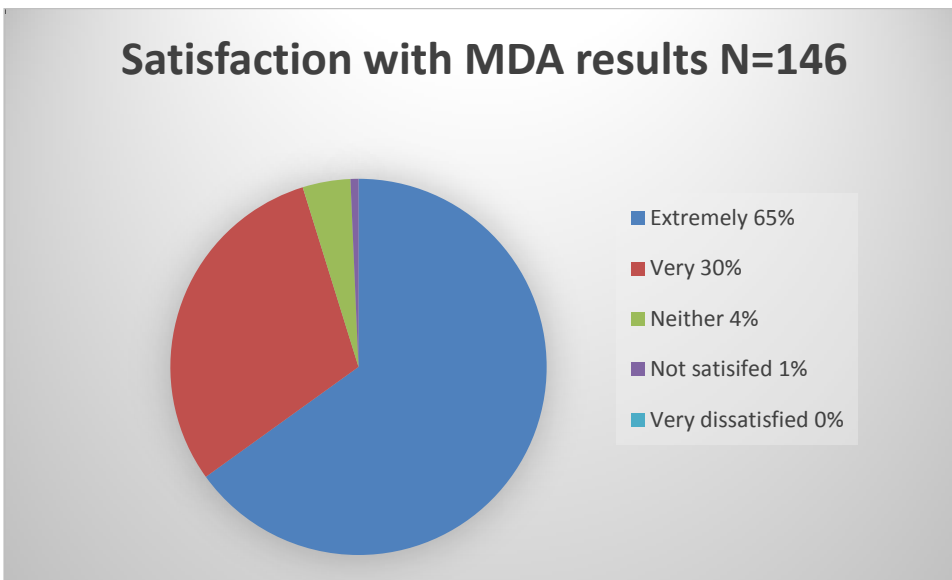
**Chart 13 Affordability of eye health care, Q17.**



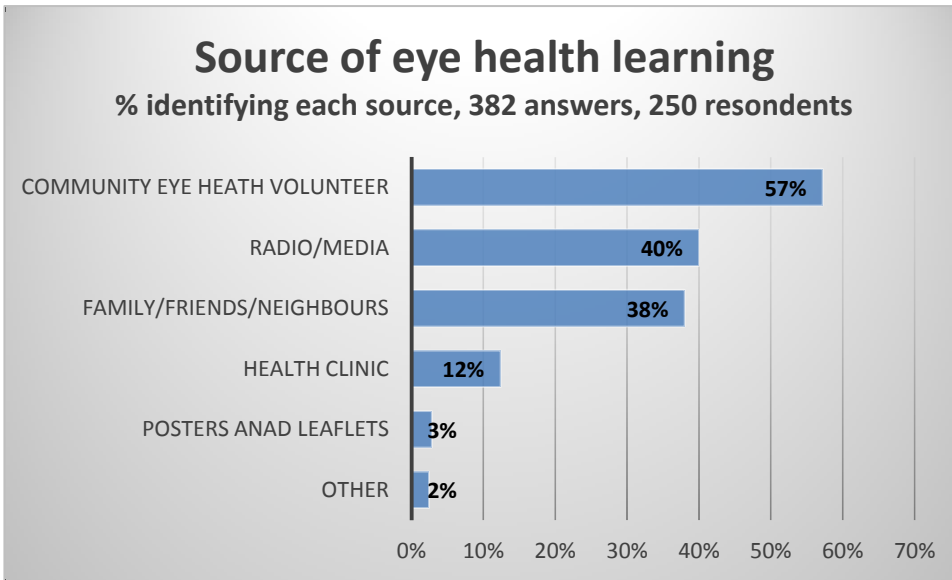**Chart 14 Satisfaction with MDA results, Q20.**

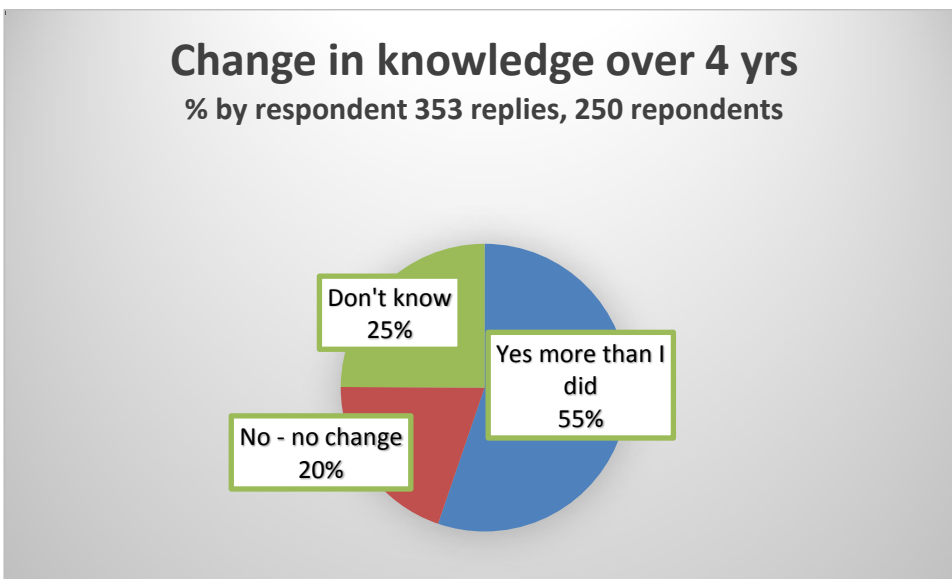**Chart 15 Source of eye health learning, Q22.**
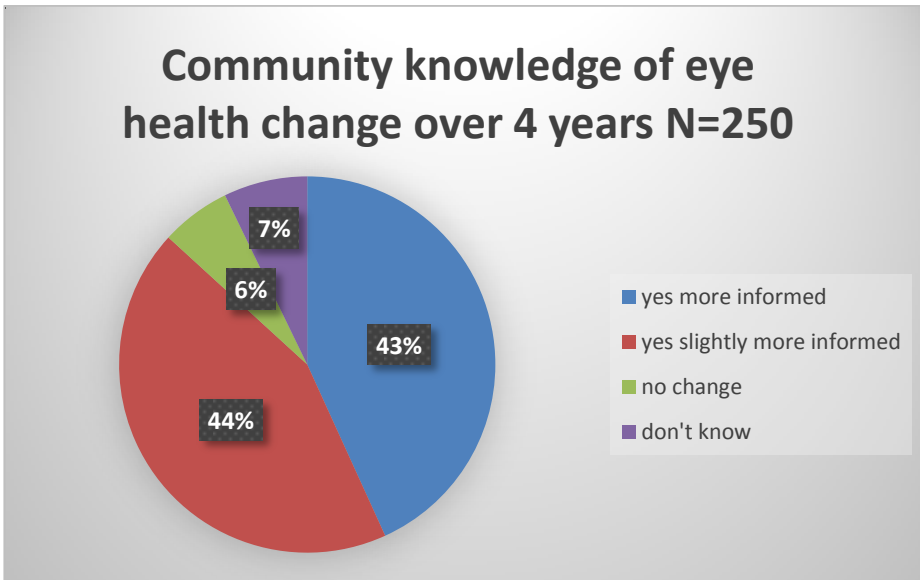


**Chart 16 Change in eye health knowledge over 4 years, Q24.**

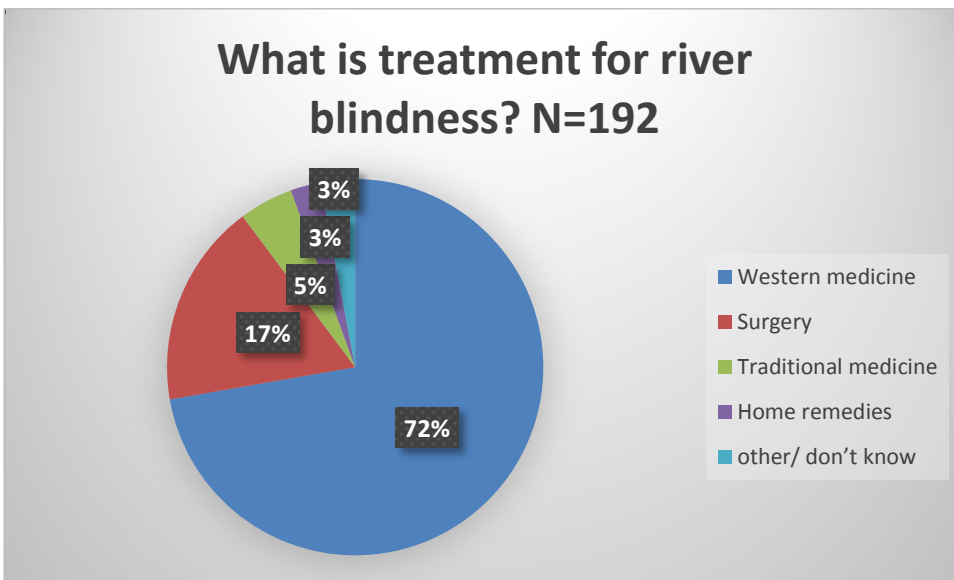**Chart 17 Community knowledge of eye health change over 4 years, Q27.**



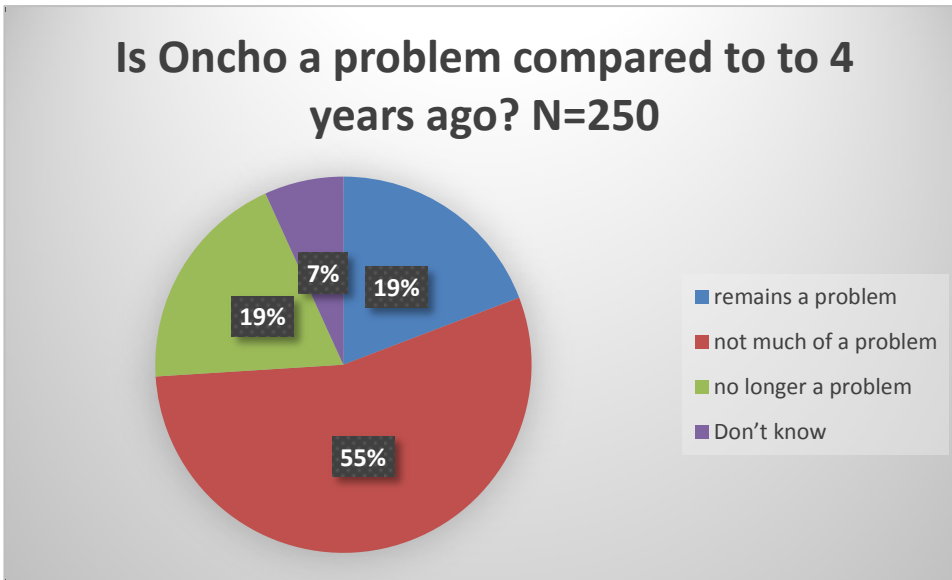**Chart 18 What is the treatment for river blindness? Q31.**

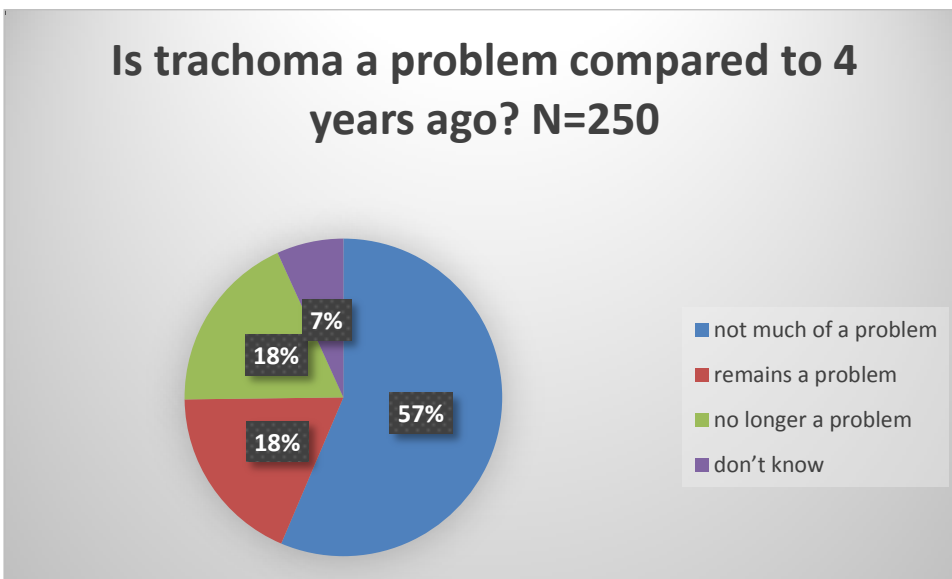**Chart 19 Onchocerciasis compared to 4 years ago. Q32.**



**Chart 20 Trachoma compared to 4 years ago, Q32.**

![Sightsavers logo]

**Changes in eye services over 4 years, N=250**

| Category | Percentage |
|---|---|
| IMPROVED A LITTLE | 51% |
| A LOT BETTER | 34% |
| DON'T KNOW | 10% |
| STAYED THE SAME | 5% |
| THEY ARE WORSE | 0% |
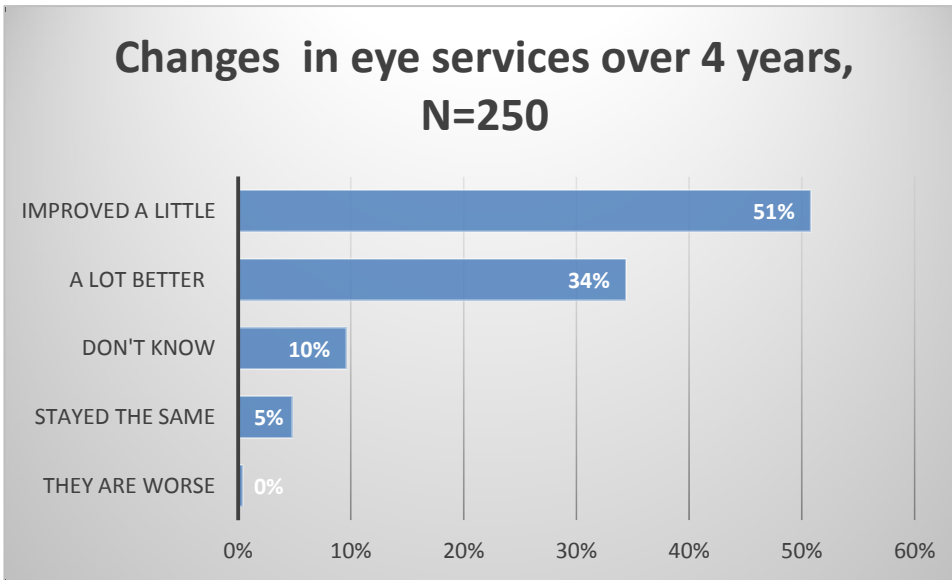
**Chart 21 Eye Health service changes over 4 years. Q34.**

**How have eye health services changed over 4 years?**

*% agreeing with change*

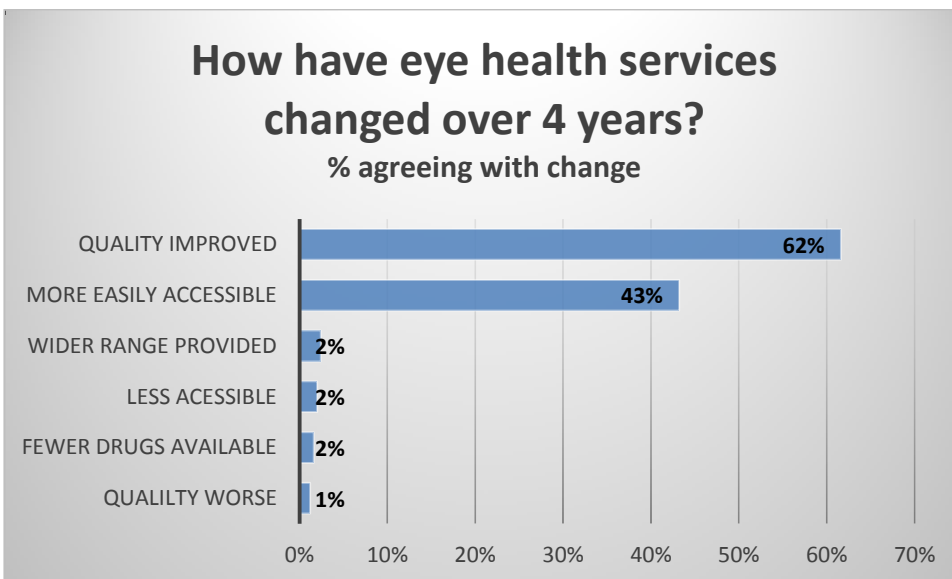| Category | Percentage |
|---|---|
| QUALITY IMPROVED | 62% |
| MORE EASILY ACCESSIBLE | 43% |
| WIDER RANGE PROVIDED | 2% |
| LESS ACESSIBLE | 2% |
| FEWER DRUGS AVAILABLE | 2% |
| QUALILTY WORSE | 1% |

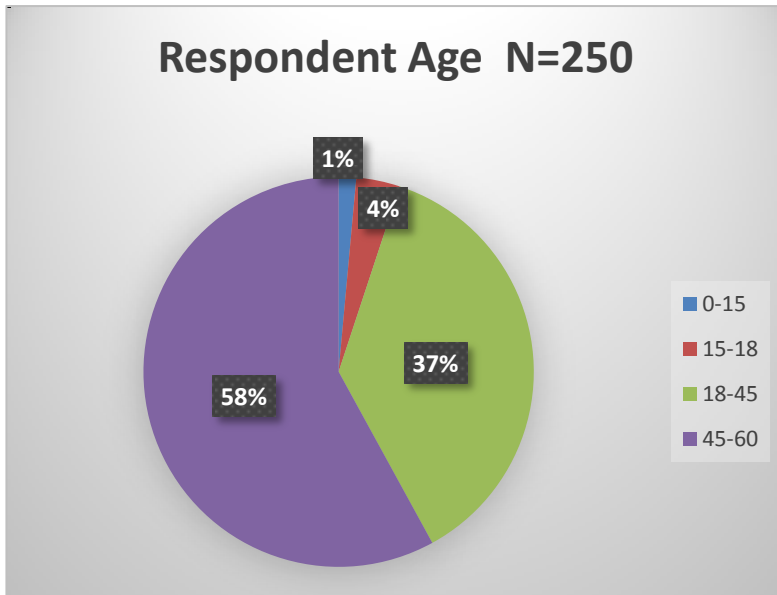**Chart 22 How have eye health services changed over 4 years? Q35.**
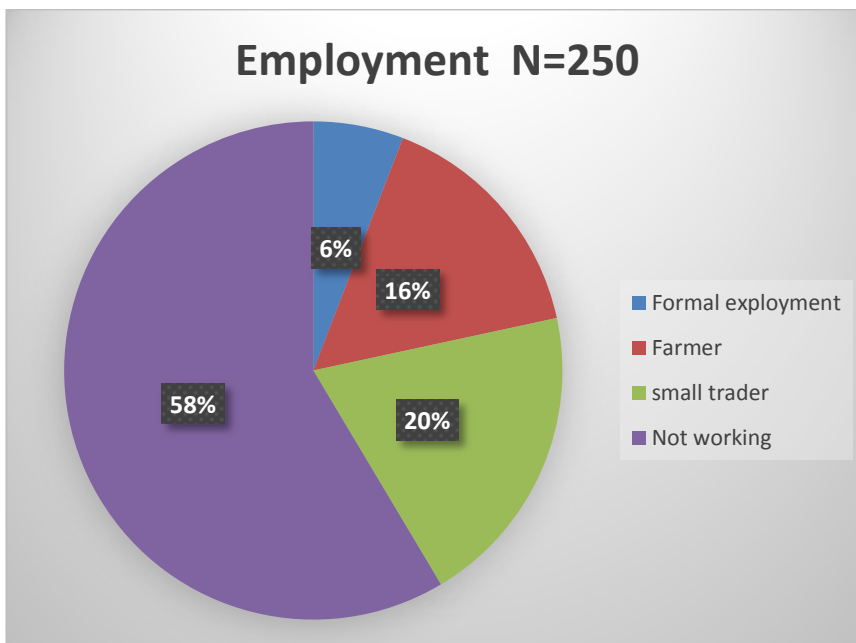
**Chart 23 Ages of Survey respondents.**



**Chart 24 Employment of survey respondents.**

# Annex 8 Enumerator survey notes

**Sightsavers Survey Mali - Enumerator Notes**

**Page 1: General**

Before you start the interview complete the following information boxes:

<u>Enumerator Code</u>: You will be given an enumerator code. Please insert this onto every survey form as it helps us know who completed which form.

<u>Date:</u> Insert date.

<u>Respondent Code</u>: You will be given numbered codes for each respondent. Please insert the relevant code onto each form.

Then <u>Read out the Introduction</u> in the box and ask the respondent for their permission to continue.

**Respondent Details**

Please ensure that you complete ALL sub headings in this section.

<u>Age</u>: ask age in years and then circle the relevant box.

<u>Village and District:</u> If a rural respondent then write name of village and the district where they live. If urban, then write the name of the town and the neighbourhood.

<u>Gender</u>: circle male or female.

<u>BLV/Sighted/Multi disability</u>: Ask the question and circle the relevant box

<u>Marital status</u>: ask their marital status and circle relevant box

<u>Employment</u>: ask what they do and circle relevant *YES* or *NO* box from those listed (i.e. Paid employment; farmer; small trader; self-employed; not working. Ask for each type of employment

**MAIN FORM:**

Q1      This question finds out whether the person has received treatment for any eye health problem over the previous 2 year period. Ask the question and tick *NO* if they have not had treatment and *Don't Know* if they don't know. If answer is <u>YES</u>, then ask when was the most recent occasion – prompt if necessary and tick 1 relevant box.

Q2      This questions finds out whether the person has received drugs at community level given out under the Mass Drug Administration (MDA) programme to prevent river blindness and trachoma. Ask the question and tick *YES, NO*, or *Don't know* as relevant

**Important Enumerator Note**: At this point, if the respondent has answered *NO* or *Don't Know* to BOTH Q1 AND Q2 then thank them and end/close the interview. I.e. it is important that you do not go any further. You will then have to identify additional interviewees in order to achieve the total target of 250 respondents (i.e. 5 respondents /day per enumerator)

If they have answered *YES* **to Q1 and** *NO* **to Q2** then proceed and ask Qs 5 to 18, which are for people who have only used Eye Health services.

If they answered *NO* **to Q1 and** *YES* **to Q2** then go straight to Qs 19 and 20, for completion by MDA users only.

If they answered *YES* **to** <u>**Q1 AND Q2**</u> then proceed and ask all questions from 5 to 20.

Q3    Ask the question and tick the box or boxes that apply. Do not read out responses and only prompt if person gets stuck. There could be more than 1 response. If *Other* reason is given, use your note sheet to log the respondent code and Q number with the response

Q4    Do not read out responses. Listen and tick the box or boxes that apply. There could be more than 1 response. If respondent is unclear then discuss and try to identify their condition(s) and treatment.

### Section A: Eye Health Patients ONLY Q 5 to 18

Q5    Ask the question, listen to the responses and tick 1 box. If it took a long time to seek treatment then ask why so long in seeking help and note response.

Q6    Ask the question, do not read out the responses out, listen to answer and tick relevant box..

Q7    Ask question, read out responses and tick relevant box or boxes.

Q8    Ask this question ONLY if the person indicated in Q 7 that they went to the local health clinic. Read out responses and tick the box or boxes that apply. See Q7

Q9    Ask this question ONLY if the person indicated in Q 7 that they went to the local health clinic. Read out the responses and tick one box. See Q7.

Q10    Ask this question ONLY of the person indicated in Q7 that they visited the District Eye Centre. Read out responses and tick the box or boxes that apply. See Q7.

Q11     Ask this question ONLY of the person indicated in Q7 that they visited the District Eye Centre. Read out the responses and tick the box that applies.

Q12    Ask this question ONLY of the person indicated in Q7 that they visited the District Eye Centre. Ask the question, listen to the responses and tick the box or boxes that apply.

Q13    Ask this question ONLY if the person indicated in Q7 that they went to an Eye Camp. Ask question, listen to responses and tick relevant box or boxes.

Q14    This question is only for people who indicated to Q4 that they have had *Cataracts* treated in the past 2 years. Listen to the response and tick the relevant box or boxes. If *Other* then make a note of the comment.

Q15    This question is only for people who indicated in Q4 that they have had *Cataracts* treated in the past 2 years. Listen to answer and tick 1 box.

Q16    This question is for all patients EXCEPT MDA users. Read out the responses and tick 1 box.

Q17    This question is for Eye Health patients ONLY. Read out responses and tick 1 box

Q18    For eye health patients ONLY. Yes/No answer. Tick relevant box

### Section B: MDA

These questions are for all people who indicated *YES* to Q2 i.e. MDA users receiving drug distributions for river blindness and/or trachoma

Q19    MDA users only. Ask question, read out responses and tick 1 box

Q20    MDA users only. Ask question, read out responses and tick 1 box

**Section C: FOR ALL.** This next section contains **general eye health** questions for ALL respondents

Q21    Ask question, read out responses and tick 1 box

Q22    Ask question but do not read out responses. Listen to answer and tick the box or boxes that apply. If more than 1 answer ask which most important and rank

Q23    Ask question, read out the responses and tick box or box that applies.

Q24    Ask question and tick relevant box.

Q25    Ask question, listen to answers, tick relevant box or boxes. Rank the answers in order of importance if more than one applies.

Q26    Ask question, read responses, discuss briefly and tick box that is most accurate.

Q27    Ask question, read responses, discuss briefly if necessary and tick box that is most accurate.

Q28    Read statements listen to response and tick Yes/No for each statement.

Q29    Do not read out responses, listen to answers and tick relevant box or boxes.

Q30    Listen to answers and write down the numbers of those mentioned e.g. write 1 if person says "avoid black fly" etc. Do **not** read out answers, but clarify through discussion if answers are unclear. You are testing knowledge.

Q31    Listen to answers and tick box or boxes, read responses, discuss briefly and tick box that is most accurate.

Q32    Read out responses and tick 1 box

**Section D: For ALL**. Questions on **eye care services**

Q33    Read out responses and tick 1 box

Q34    Read out responses and tick 1 box

Q35    Do not read out responses – Listen and tick box or boxes that apply

Q36    Read out responses, listen and tick 1 answer

Q37    This is an Open question. If respondent has suggestions then write down response. If more than one suggestion rank them in order of importance. I.e. which will have the most impact?

## Annex 9 Training provided

Overview of trainings mentioned: numbers and "most useful.

| | Cameroon | Guinea | Liberia | Mali | Senegal | Sierra Leone |
|---|---|---|---|---|---|---|
| Number of trainings mentioned[6] | 8 | 5 | 8 | 11 | 11 | 18 |
| Three first trainings listed as most useful | | | | | | |
| Inclusive Education & Social Inclusion | | | | | | |
| Project planning & management | | | | | | |
| Programme portal | | | | | | |
| Leadership | | | | | | |
| Finance planning & management | | | | | | |
| MHealth | | | | | | |
| Theory of Change | | | | | | |
| Vision 2020 planning | | | | | | |
| English language | | | | | | |
| Cross-cutting issues | | | | | | |

---

[6] Spontaneous, not prompted so actual numbers may differ

# Sightsavers

**Annex 10 Monitoring tools for capacity assessment**

The table below contains information on Sightsavers' internal systems and processes for monitoring delivery against our thematic strategies through the global programme portfolio. This table aims to provide a comprehensive picture of how the various initiatives generate evidence to inform decision making on the portfolio direction and investment of resources, as well as opportunities for reflection on successes and challenges in programme design, implementation, monitoring and learning.

| Thematic area | Initiatives capturing project and country level performance, progress, achievements and challenges | Who involved? | Description and examples |
|---|---|---|---|
| **Quality** | Thematic Quality Standards (QSATs) | Programme Systems and monitoring team<br><br>Country offices<br><br>Implementing partners<br><br>Global Technical leads | **What -** Developed in 2012, Sightsavers' quality standards describe standards across a range of clinical and thematic factors.  The standards were developed by a cross organisational team including technical experts and country and regional teams. Work is ongoing to finalise and pilot the inclusive education standards and it is envisaged that this will be completed in Q1 2016. The draft Social inclusion standards will continue to be developed following the launch of the Social Inclusion strategy in 2015.<br><br>**When -** Global Technical leads are responsible for identifying which projects need to be assessed each year, based on project need and or performance. Projects are then re-assessed every 2-3 years based on need. Assessments are carried out with partners to ensure ownership and action plans for each assessment are developed.<br><br>**Deliverable -** The Programme Systems and Monitoring team are responsible for monitoring progress against actions, for which the country and relevant technical team have responsibility for delivery of actions within programmes. Action plans form a key area of information that feeds into project design and review. Analysis of these standards is reflected on in ROAR (portfolio review and decision making) meetings, project design workshops, technical support interventions, baseline data collection. |

| Thematic area | Initiatives capturing project and country level performance, progress, achievements and challenges | Who involved? | Description and examples |
|---|---|---|---|
| | PCM QSATs | Programme Systems and monitoring team (PSMT)  Country offices  Global Technical leads | **What -** Developed in 2012, Sightsavers' PCM standards sets out the minimum quality standards that we expect our programmes cycle management decision making procedures, systems and processes to achieve.  The standards were developed by a cross organisational team including technical experts and country and regional teams. These assessments are internal and led by the Programme Systems and Monitoring Team with country and regional offices.  The PCM approach is an effective means of ensuring that programmes and projects are well designed, relevant to thematic strategies, are feasible with realistic objectives and meet the needs of target populations.  **When -** Assessments are conducted every 2-3 years depending on need, and are in the form of a self assessment which COs carry out. The resulting identified action points are worked on together by CO staff and global team. Spot checks are then carried out throughout the year, where supporting evidence is reviewed and verified. Baselines are now established for all countries where we have an office, with the exception of Liberia due to Ebola constraints.  **Deliverable** - The results of annual assessments are used to identify where there are both successes and gaps in operationalising our internal systems and processes. The information can be used to target technical support interventions to country and regional offices in a number of thematic areas including: <br> - analysis and conceptual design <br> - planning and development <br> - implementation, monitoring and reporting <br> - evaluation <br> - learning <br> -redesign <br> - scale up |

| Thematic area | Initiatives capturing project and country level performance, progress, achievements and challenges | Who involved? | Description and examples |
|---|---|---|---|
| | | | - exit and phase out |
| Monitoring | Output statistic reporting | Programme Systems and Monitoring team (PSMT)<br><br>Country and Regional offices<br><br>Planning , Performance and Reporting team (PPR)<br><br>Global Technical leads<br><br>Evidence and Research team (SPIDER)<br><br>Senior Management groups | **What -** process for collecting project level performance data<br><br>**When -** Output statistic and Annual Project reporting has historically been an annual process however the introduction of the Programme portal has allowed move our portfolio to a quarterly reporting schedule, allowing global technical teams to provide more targeted technical assistance interventions and to  respond to issues and challenges quicker.<br><br>**Deliverable -** The data emerging from this process is used at all levels of the organisation, from strategic decision making on strategy, portfolio direction, and financial investment, to project conceptualisation, design and review. Global teams with a technical focus, along with regional representatives are involved in relevant analysis and review processes, strategic and management meetings where this data is reflected on. In addition this project performance data is used on a day to day basis to inform decision making and implementation of projects. |

| Thematic area | Initiatives capturing project and country level performance, progress, achievements and challenges | Who involved? | Description and examples |
|---|---|---|---|
| | Sensitive project reporting | Programme Systems and Monitoring team (PSMT)<br><br>Country and Regional offices<br><br>Planning , Performance and Reporting team (PPR)<br><br>Global Technical leads | **What -** the process of Sensitive projects reporting was introduced in 2013. The aim of the process, which is led by the operations and finance team but involving country and global functions, is to provide a clear structure for oversight of key projects / grants as part of the wider, joined up programme assurance framework. The process is issues focused providing a clear mechanism for tracking agreed actions against identified issues. Significant issues, on-going problems and cross cutting issues will be taken forward by relevant stakeholders (funding team if donor related, programme line management, technical expertise). The mechanism is described below<br><br>**When** - Sensitive project oversight is part of standard programme management activity – dynamic issue tracking and resolution with Country Directors. It acts as a forum for country teams to air concerns and request support to address implementation issues. Global technical leads and monitoring teams work closely with country teams on this process<br><br>**Deliverable -** Sensitive Project reporting is an output of this oversight activity. The report, which is delivered to the management team of Sightsavers quarterly (Jan/Apr/Jul/Oct) has been restructured to become issues and actions driven. Projects receive ratings as an objective assessment of how implementation is progressing against what we have committed to deliver. Emphasis is on the on-going oversight and support to implementation of projects in line with the donor agreement. Learning is fed into Programme Implementation Manual rollout and revision |

| Thematic area | Initiatives capturing project and country level performance, progress, achievements and challenges | Who involved? | Description and examples |
|---|---|---|---|
| | Programme Portal | Programme Systems and Monitoring team (PSMT)

Country and Regional offices

Planning , Performance and Reporting team (PPR)

Global Technical leads

Evidence and learning teams | **What -**Development of the Programme Portal, a new system for monitoring project implementation, ran from 2013 - 2015. The portal provides a central location for project reporting, both output statistics and narrative and also houses all project documentation. The system has a reporting function which allows quick access to pre-defined and bespoke reports on project performance data.

**When -** Regional training sessions were held in December 2014 with country, regional and global staff in attendance. The system went live in January 2015 and data collection for 2014 output statistics was gathered using this platform, reducing time spent on manual collection processes.

**Deliverable -** a centralised system for collection and monitoring of project level performance data against defined indicators. The portal also serves as an information platform for housing wider project documentation |

| Thematic area | Initiatives capturing project and country level performance, progress, achievements and challenges | Who involved? | Description and examples |
|---|---|---|---|
| Organisational development | Country office capacity monitoring and strengthening | Finance and Performance Directorate<br><br>Country and regional offices<br><br>Relevant Global teams | As part of our overall monitoring framework, senior management within the F&P directorate keep country office capacity under continuous review to ensure that the structure and capacity of each office is appropriate for the scale, complexity and ambition of the approved programme.<br><br>Programme reporting (output statistics, sensitive project reporting, evaluations, donor reports) provide a clear basis for assessment of country office performance and therefore capacity, along with ongoing reference to global technical staff and regular discussions with regional and country offices. These take place through regional management calls, regular one to ones and director level visits to country offices aimed specifically at reviewing progress and enabling discussion of capacity constraints.<br><br>Country Directors are empowered to manage their office capacity effectively by utilising staff contract end dates to review capacity in relation to portfolio so that the right type of expertise is available within each office.  This has seen an increase in the numbers of staff with specific experience in areas such as education and social inclusion programming. |

| Thematic area | Initiatives capturing project and country level performance, progress, achievements and challenges | Who involved? | Description and examples |
|---|---|---|---|
| Research, Evidence and Learning | Situation analysis | Global Technical leads<br><br>Country and Regional offices<br><br>National and project partners<br><br>Research team<br><br>Global advocacy team | **What** - investing in generating evidence to inform project design, implementation, research, target setting and advocacy. This involves funding RAABs and eye health system assessments (EHSAs) which are conducted with Global technical leads, Country and regional offices, partners and Ministries of Health. In addition, in 2015 an internal situation analysis tool has been developed to guide country teams in reviewing and analysing contextual data to support development of project approaches. These tools are:<br>• National eye health systems assessment tool<br>• Education situation analysis tool<br>• Social Inclusion situation analysis tool<br><br>**When -** surveys and situation analysis is conducted based on need. This is a key stage of the project design process which feeds into development of concepts and proposals for new and redesign projects<br><br>**Deliverable** - The purpose of generating and gathering this information is to look at available evidence at the national and district level to provide a picture of the current context in which our projects are being implemented. This informs a more thorough understanding of gaps and opportunities to identify problem statements and inform the design of interventions to address the identified problems/gaps, based on need. This also supports mapping advocacy objectives for projects and with setting targets as it provides population and intervention data. This evidence can be used when monitoring performance of project interventions. |

| Thematic area | Initiatives capturing project and country level performance, progress, achievements and challenges | Who involved? | Description and examples |
|---|---|---|---|
| | Learning events | Global Technical leads

Country and Regional offices

Global teams (relevant to specific learning initiatives and activities) | **What** - The Learning Framework for West Africa captures specific initiatives that have involved teams from across the region. These learning events are varied in format, for example workshops to build and strengthen capacity, reflection on achievements, challenges and approaches, audits, peer review and exchanges as well as specific training courses both internal (DCLT) and external (language training)

**When** - ongoing throughout the annual project cycle management

**Deliverable** -to provide opportunities for learning and reflection on country office and project achievements, challenges, as well as to strengthen country team and partner capacity |
| | Evaluations | Evaluations team

Country and regional teams

Global technical leads

Research | **What** - strategic evaluations are a critical part of the project cycle as to assess project achievements and to provide evidence to support the organisational strategy, improve local programme decision making and ensure accountability to our beneficiaries, supporters and institutional donors.

**When** - evaluations are usually undertaken at mid-term and end of a project, usually where a project is funded by restricted grants, has investment of >£500k or has been in implementation for 5 years

**Deliverable** - developing credible and informed judgements on project performance based on sound evidence, and identifying learning points. This is essential to feed into learning and reflection and to inform decision making on project aims and objectives. Evaluations form a key |

**Sightsavers**

| Thematic area | Initiatives capturing project and country level performance, progress, achievements and challenges | Who involved? | Description and examples |
|---|---|---|---|
| | | team | component of evidence used to inform design or redesign of our projects |
| | Research strategy | Research Team<br><br>Global technical leads<br><br>Country and regional teams | **What -** Launched at the beginning of 2015, our research strategy identifies four objectives:<br><br>- Keep up to date with the existing body of evidence and ensure its effective use in our programmes and advocacy.<br>- Conduct high quality research to generate new evidence to address global knowledge gaps and our operational challenges.<br>- Build organisational capacity and effective partnerships to generate, understand and use research evidence.<br>- Ensure effective dissemination of research findings within and outside the organisation.<br><br>**When** - the strategy was launched and rolled out across the organisation in 2015<br><br>**Deliverable -** This strategy sets out our approach for strengthening the role of research evidence in our programmes and advocacy as well as the role of our organisation in the global research agenda. The document aims to provide Sightsavers' staff, partner organisations and wider stakeholders with a clear understanding of why we are committed to research, our strategic goals and priorities in the next five years; and our plans for delivering these. |

# Sightsavers

| Thematic area | Initiatives capturing project and country level performance, progress, achievements and challenges | Who involved? | Description and examples |
|---|---|---|---|
| Thematic technical support (eye health, education and social inclusion) | Thematic strategies | Global technical leads<br><br>Country and Regional offices<br><br>Global Policy and Advocacy<br><br>Research, Evaluations and Learning<br><br>Planning, Performance and Reporting | **Eye Health strategy -** Rolled out in 2013, our eye health strategy provides a clear vision on how the organisation and project portfolio will move forward from 2013-2018,including where we will invest resources and how we'll work with a variety of stakeholders to achieve our eye health objectives. We are currently developing a strategy summary document to support country and global teams with educating partners and donors on our strategic approaches in eye health. There are plans for the eye health strategy to be reviewed in 2016 to ensure it remains consist<br><br>**Education Strategy -** rolled out in 2014, the education strategy outlines Sightsavers' strategic directions in education. It begins by placing our work in the field of education in its various contexts. It then identifies the goal of our work, before identifying the approaches and fields of activity which will enable us to achieve this goal.<br><br>**Social Inclusion strategy -** The conceptualisation and development of an organisational Empowerment and Inclusion strategy took place in 2014. The strategy sets out our organisational approach to disability inclusion and inclusive programming. The strategy was finalised in January 2015 and has been rolled out across the organisation at a workshop session during the programme meeting (attended by Country and regional teams) and at country specific technical support visits. Development of new strategic inclusion projects is planned for 2015. |

| Thematic area | Initiatives capturing project and country level performance, progress, achievements and challenges | Who involved? | Description and examples |
|---|---|---|---|
| | Strategic Alignment process and Project Design Process | Global technical leads<br><br>Country and Regional offices<br><br>Global Policy and Advocacy<br><br>Research, Evaluations and Learning<br><br>Planning, Performance and Reporting<br><br>Implementing partners | What - A strategic alignment process (SAP) was carried out in 2014, which focused on aligning the eye health, education and social inclusion portfolio with the organisational and thematic strategies. The programme portfolio is now viewed with a global lens across each of the thematic areas, allowing us to make better informed decisions on where to target our projects and interventions, based on identified gaps in the delivery of our strategies, evidence of need and opportunity to have positive impact and added value through Sightsavers' engagement. The goal of the project design process is to establish a framework for project conceptualisation and design, as well as a set of minimum requirements that a project must meet before it moves to implementation. The PDP also aims to identify the roles and responsibilities of global and country level teams at each stage of the process to ensure joint ownership and accountability.<br><br>When - In 2015 a review of our processes for project design was conducted and a revised framework was developed. The PDP framework captures roles and responsibilities of global, country and regional teams in design and start up of projects<br><br>Deliverable -The project design process sets out a clear framework for project conceptualisation and design, as well as a set of minimum requirements that a project must meet before it moves to implementation. In addition, the roles and responsibilities of global and country level teams have been identified for each stage of the process to ensure joint ownership and accountability. specific tools and guidance developed includes:<br>- Context analysis tools for eye health, education and social inclusion<br>- simplified templates and tools for concept, proposal, logframe, budget, implementation plan, evaluation and baseline planning<br>- Levels of influencing tool for advocacy planning and measurement |

| Thematic area | Initiatives capturing project and country level performance, progress, achievements and challenges | Who involved? | Description and examples |
|---|---|---|---|
| | Increased capacity of the global teams to support project design and implementation | Global Technical leads | The period between 2014 and 2015 saw an increase in capacity of global teams to enable these functions to provide technical support to regional and country teams:<br>- Regional Education and Social Inclusion Advisor<br>- Eye health Global technical lead in Africa (focusing on ECSA) providing the existing Senior Global Technical lead capacity to focus on West Africa region<br>- Regional Advocacy advisors<br>- Regional Research Advisor<br>- Regional Monitoring advisors<br>- As of October 2015 we also have a vacant position for a Global Technical Lead for Eye Health in West Africa which will increase presence and capacity in the region |
| Portfolio development | Reflection, Oversight, Analysis and Review ROAR | Regional Directors and CEO India<br><br>members from across the three programme directorates | **What** - this strategic oversight group was set up in 2015 and membership includes Regional Directors and core group of members from across the three programme directorates as well as relevant specialist invitees for specific topics of discussion. ROAR's basic purpose is to review and analyse the multiple sources of evidence generated by our programmes, use these to assess progress against the thematic (eye health, social inclusion, education) and technical (e.g. research, influencing) programme strategies and agree the shape of the future programme portfolio.<br><br>**When** - ROAR will meet from 3-4 times per year, based around existing planning and reporting processes. operational planning processes introduced in 2015 has allowed us to develop the topics for discussion based on lifecycle of specific projects<br><br>**Deliverable -** The group will use a variety of data sources (QSATs, SIM data, research articles, evaluations, output statistics, annual reports etc.) to assess questions such as a. Primary: Where are the gaps in our portfolio and what programmes do we need to develop?<br>"Are our projects and programmes responding to the identified country level need?" |

| Thematic area | Initiatives capturing project and country level performance, progress, achievements and challenges | Who involved? | Description and examples |
|---|---|---|---|
| | | | "Are our programmes generating sufficient evidence to use for replication and influencing?" "What do we need to invest in, and where, to better deliver strategies, or to provide better evidence?" "Are we delivering on our thematic or technical strategies (e.g. eye health, education, research, influencing) <br><br>ROAR also provides a top-level mechanism for programme accountability and assurance – providing a support function to the Strategy leadership group. It helps inform the agenda of Programme Expert Group meetings.  Following decisions from ROAR to develop specific concepts in specific countries, technical and country teams will be responsible for moving the concept development through the Project Design Process |
| | PDIG | Planning, performance and Reporting <br><br> Global Technical Leads <br><br> Research and Evaluations | **What -** To oversee programme design and ensure that projects are created within a structured and efficient process that ensures appropriate input from relevant functions.  This includes development and approval of a detailed Sightsavers' project cycle, creation and sharing of tools and documentation at all points of the cycle and clear understanding of gate points and authorisation responsibility <br><br> **When** - fortnightly meetings <br><br> **Deliverable** - working with country offices to input in advance, this group tracks the progress of existing projects that are in development ensuring things are moving towards sign off for implementation as quickly as possible and that appropriate resources (both financial and support from global teams) are being allocated to support the design process. This group reviews all new proposals and opportunities for new projects, providing formal authorisation of suitability for concept note development and, beyond that, to full documentation stage |

| Thematic area | Initiatives capturing project and country level performance, progress, achievements and challenges | Who involved? | Description and examples |
|---|---|---|---|
| Organisational strategy | SIM card data collection and review process | Global technical Leads<br><br>Programme Systems and Monitoring team<br><br>Planning, Performance and Reporting | **What -** In 2014 we undertook a review of our  Strategy, Implementation and Monitoring (SIM) Card. The primary drivers of the review were twofold, firstly to update the strategic objectives to ensure they remain reflective of the organisation's priorities, approaches and external environment and secondly to replace indicators that weren't providing sufficient or relevant information or evidence to understand performance and support organisational decision making.<br><br>**When -** The review was carried out in Q3 2014 and led by the Planning, Performance and Reporting team and involved key stakeholders from global and country teams. Cross organisational teams, involving country and regional representatives were responsible for developing new objectives and lead and lag indicators.<br><br>**Deliverable -** The review provided an opportunity to reinvigorate the strategy map and SIM card across the organisation as the central strategy performance measurement tool. This includes strengthening the data review and collection processes which now involves country, regional and global teams |
| | Programme and Annual meetings | Organisational | **What -** The programme and annual meeting provides an opportunity for country, global and regional teams to meet face to face to reflect on successes and challenges at organisational and programme level. The content is developed by cross organisational working groups from Global, Country and Regional teams.<br><br>**When** - the frequency of the meeting is annual.<br><br>**Deliverable** - shared understanding across the organisation on organisational strategy, changes, key priorities, thematic strategies and direction of travel Organisational wide networking, engagement and learning enhanced. an action plan is developed and monitored throughout the |

| Thematic area | Initiatives capturing project and country level performance, progress, achievements and challenges | Who involved? | Description and examples |
|---|---|---|---|
| | | | year. |
| Financial management | Country office monthly management accounts | Country teams, regional finance manager and director, Planning, Performance and Reporting, Project oversight committee | **What -** The review of country offices spend by project as well donor funds utilisation is a key way for regional offices and country offices to ensure budget utilisation is on track and the accounting of expenditure against donor funds up to date. These reviews although finance lead, are a key check of project performance overall

**When** - Monthly after the close of accounts each month.

**Deliverable** - Clear understanding of spend patterns linked to overall progress in project delivery as well as key areas of focus for coming period in terms of budget execution. |
| | | | **What -** a report of spend versus budget on the Irish AID West Africa Programme is prepared on a quarterly basis at head office level looking at budget utilisation on the consolidated budget as well as utilisation of donor funds. Under or overspends are discussed with country offices also looking at project performance at outputs level.

**When** - Quarterly after the close of accounts each month.

**Deliverable** - Clear understanding of spend patterns linked to overall progress in project delivery as well as key areas of focus for coming period in terms of budget execution. These quarterly financial updates are shared and discussed at Sightsavers Ireland Board meetings as well as Irish AID Programme committee meeting. They also feed into the quarterly Sensitive projects reporting process mentioned above. |

**Sightsavers**

**WEST AFRICA LEARNING FRAMEWORK – Beyond the traditional classroom**

We articulate our objectives and measure progress towards them by using a balanced scorecard – our SIM (strategy implementation and monitoring) card. The SIM card has four perspectives:

- What we must deliver for our beneficiaries

- What we must excel at to do this – our capacities

- What we must invest in to excel – our learning and growth objectives

- The finding and best utilisation of resources

As part of the SIM card review, the strategic objective that says "Develop Country and Area level teams" was replaced by one saying "Develop Organizational Capabilities"

Over the years we have invested in several learning initiatives including experience sharing visits and workshop type events. The West Africa Regional office is keen to formalize other learning opportunities as well. Strategic alignment process provided great learning opportunity for staff and partners. The eye health and education strategies were finalised, with a key component related to the promotion of effective partnership and alliances in design, implementation and learning from programmes. The strategic alignment process builds on the organisational and thematic theory of change and takes a much more strategic approach in how programmes are conceptualised and designed to improve partner coordination to have a higher impact on the beneficiaries.

We carried out the alignment process with partners through country offices. Staff and partners were actively involved in portfolio review, programme cycle management and thematic quality assessments. Additional active learning with partners was conducted via stakeholder meetings, experience sharing visits, cross border initiatives and formal project reporting mechanisms.

Staff and partners are involved in every step of project design, implementation, and monitoring/evaluation. We work with the partners to increase their capacity to deliver sustainable programmes through supporting training, processes, and infrastructure development, where indicated. By building the capacity of partners, we believe that this will support the sustainability of the programmes after the financial support from Sightsavers has ended. These areas are built into the programme design.

| Learning Opportunity | Beneficiaries | Expected Results & Outcome | Dependencies/ Frequency |
|---|---|---|---|
| Annual Programme Meeting | Organisational – cross departmental | Good understanding on Organisational strategy, changes, key priorities, thematic strategies and direction of travel<br><br>Organisational wide networking, engagement and learning enhanced | Annual |
| West Africa Finance and Programme Learning events | Region wide | Good understanding on organisational strategy, changes, key priorities, thematic strategies, Policies, Business systems, procedures, processes and good practices<br><br>Networking, engagement, Project management (including financial | Annual |

Sightsavers

| | | management, grant management) and thematic skills enhanced | |
|---|---|---|---|
| Experience sharing visits / Peer review visits / Cross border initiatives | Country specific | Good understanding on good practices.

Networking, engagement, Project management (including financial management, grant management) and thematic skills enhanced | Based on Individual or team / Project needs |
| Trips to Regional Office / Country Offices / Partner organisation | Country / Project specific | Good understanding on good practices, Business systems, policies, standard procedures, thematic strategies,

Networking, engagement, Project management (including financial management, grant management ) and thematic skills enhanced | Based on Monitoring and Support schedules |
| Trips to UK Head office | Country specific | Good understanding on organisational strategy, thematic strategies, Policies, Business systems, standard procedures, processes and | Based on Individual or team needs |

| | | | |
|---|---|---|---|
| | | good practices<br><br>Networking, engagement, Project management (including financial management, grant management ) and thematic skills enhanced | |
| External audits | Country specific | Good understanding on risks and mitigating strategies, good practices tested /tried elsewhere.<br><br>Enhancement of good financial management capacity | Annual |
| Internal audits | Country specific | Good understanding on risks and mitigating strategies, Policies, standard procedures, Business systems, processes and good practices<br><br>Enhancement of good financial management capacity | Based on internal audit work plan |

| | | | |
|---|---|---|---|
| Reflection and learning Workshops / Seminars | Regional / International | Good understanding on international good practices tested / tried elsewhere.<br><br>Networking, engagement, development management and thematic skills enhanced | Based on Individual or team needs |
| Stakeholders meeting | Country specific | Good understanding on the problem statement, the project as conceived & designed, documentation, key objectives, risks, challenges, opportunities, intervention strategies and plans.<br><br>Enhancement of Good project management capacity | As part of project design, Implementation, reviews and evaluations |
| Away day | Country specific | Good understanding on organisational strategy, changes, key activities and priorities for the year. | As part of Regional or Country coordination and planning activities |

| | | Team working enhanced | |
|---|---|---|---|
| Team meetings | Country specific | Good understanding on organisational strategy, changes, key activities and priorities for the year.<br><br>Team working enhanced | As part of Regional or Country coordination and planning activities |
| Language courses | Country specific | Appreciable understanding of English or French<br><br>Engagement and Communication enhanced | As per Learning and Development plans |

![Sightsavers logo]

**TERMS OF REFERENCE**

## IRISH AID PROGRAMME BOARD
## TERMS OF REFERENCE

### Background

The Irish Aid Programme Grant 2012-2016 has a focus on building capacity in Sightsavers West Africa region more broadly, as well as providing direct country level funding to expand and consolidate programmes in Cameroon, Guinea, Liberia, Mali, Senegal and Sierra Leone. The six countries were chosen based on their fragility, with chronically poor capacity and governance. By strengthening the capacity of Sightsavers Country Offices and partner organisations to deliver quality programmes in the region, we aim to ensure lasting change, reduce avoidable blindness and promote equality of opportunity for persons with disabilities in West Africa. As beneficiary of the grant, Sightsavers Ireland receives 2.42% of Irish Aid's Programme Grant funding. To date, Sightsavers Ireland has received €6.2m from the current grant programme.

### Purpose

The Irish Aid Programme Board has been established to act as the accountable body to the Sightsavers Ireland Board and to Sightsavers globally for the delivery of the Irish Aid Programme Grant 2012-2016 and to strengthen the accountability of Sightsavers Ireland to Irish Aid for its implementation. The Programme Board will provide strategic leadership to ensure that the programme meets its aims and objectives and improves the impact of its programme activities in the six supported countries in West Africa.

### Responsibilities

The Programme Board will provide strategic leadership and direction to the programme for its successful implementation and delivery.

It will provide governance for the management oversight of the Irish Aid Programme in West Africa by the Programme Management Committee.

The Board will ensure good communications between the various internal stakeholders and that accountability for the grant programme is understood, shared and prioritised across the Sightsavers various entities and departments involved in its delivery.

It will receive narrative and financial reports on the performance of programme activities and the implementation of recommendations from such as the Mid Term Review, Monitoring visit response, Evaluation etc.

The Programme Board will oversee the reporting on the programme's activities, outputs, outcomes and impact externally to Irish Aid and internally to the Sightsavers Ireland Board.

It will consider and resolve any material issues arising which may remain unresolved by the Programme Management Committee. In the event that any issue remains unresolved at Programme Board level, this will be escalated to the Global Leadership team of Sightsavers and, thereafter, to the Board of Sightsavers Ireland and Council of Sightsavers, if necessary.

**Membership and logistics**

The Programme Board will comprise two Board Directors of Sightsavers Ireland, including the Director of Policy and Programme Strategy, the CEO of Sightsavers Ireland, the Global Director of Finance and Performance, the West Africa Regional Director and the Director of Operations, Institutional Funding.

The Board will be chaired by a non-executive director of Sightsavers Ireland.

Meetings will be held quarterly, aligned with the schedule of Board meetings for Sightsavers Ireland.

Secretarial support to the Board will be provided by the Head of Operations, Sightsavers Ireland.

Action points from the meetings will be assigned to the responsible teams within Sightsavers for follow-up.

**August 2015**

**IRISH AID PROGRAMME MANAGEMENT COMMITTEE**

**TERMS OF REFERENCE**

**Background**

The Irish Aid Programme Grant 2012-2016 has a focus on building capacity in Sightsavers West Africa region more broadly, as well as providing direct country level funding to expand and consolidate programmes in Cameroon, Guinea, Liberia, Mali, Senegal and Sierra Leone. The six countries were chosen based on their fragility, with chronically poor capacity and governance. By strengthening the capacity of Sightsavers Country Offices and partner organisations to deliver quality programmes in the region, we aim to ensure lasting change, reduce avoidable blindness and promote equality of opportunity for persons with disabilities in West Africa.

As beneficiary of the Grant, Sightsavers Ireland receives 2.42% of Irish Aid's Programme Grant funding. To date, Sightsavers Ireland has received €6.2m from the current grant programme.

**Purpose**

The Irish Aid Programme Management Committee has been established to oversee the management of the Irish Aid Programme Grant 2012-2016. The committee will oversee the successful implementation of the grant programme to ensure it meets its agreed objectives, and that its outcomes and impact is reflected in the evaluation of the programme. Furthermore, the committee will oversee the relationship with Irish Aid, through implementation of the Irish Aid engagement plan.

**Responsibilities**

The committee will provide management oversight and governance of the Irish Aid Programme in the six West Africa countries of Cameroon, Guinea, Liberia, Mali, Senegal and Sierra Leone.

The committee will oversee and ensure the implementation of recommendations from the Mid Term Review, Monitoring visit response, Evaluation etc.

It will facilitate and ensure good communications between the various internal stakeholders to successfully co-ordinate the delivery of programmes objectives and activities.

The committee will oversee the management the financial budgets of the programme, as agreed with Irish Aid.

It will co-ordinate the reporting on the programme's activities, outputs, outcomes and impact externally to Irish Aid and internally to the Programme Board, Sightsavers Ireland Board and the senior management team of Sightsavers.

The committee will identify, address and resolve material issues arising with the delivery of the programme. In the event that any issue remains unresolved at Programme Management Committee level, this will be escalated to the Programme Board.

**Membership and logistics**

The committee will comprise the CEO and Communications co-ordinator of Sightsavers Ireland, the West Africa Regional Director, Country Directors of Irish Aid supported countries, Director of Operations  Institutional Funding, the Irish Aid M&E Officer and Grant Officer, Technical Advisers and other relevant representatives from Policy and Strategic Programmes, and Finance and Performance.

The committee will be chaired by the Chief Executive of Sightsavers Ireland.

Meetings will be held monthly, aligned with the schedule of management meetings for the West Africa team.

The agenda, the monthly and quarterly reporting pack, other relevant documentation and the minutes of the committee meetings will be collated and circulated by the Institutional Funding team.

Action points from the meetings will be assigned to the responsible teams.

Key areas to be addressed by committee include:

- Achievements against targets
- Implementation of activities against work plan
- Implementation of recommendations of MTR, Monitoring visit, Evaluation etc.
- Expenditure against budget
- Any identified future risks
- Irish Aid engagement

**August 2015**

**Committee participants – roles and responsibilities**

Sightsavers

| Department/ Representative | Day to day grant management responsibilities | Committee role |
|---|---|---|
| **Ireland CEO**<br><br>Michael Marren | • Report to the Programme Board and Ireland Board on grant progress<br>• Lead engagement with IA | Chair |
| **Ireland office**<br><br>Ann O'Leary | • Responsible for grant delivery aspects specific to Ireland (O5) | Report to committee on specific grant objectives related to Ireland. |
| **Institutional Funding**<br><br>Anna Massey/ Rebecca Reynolds/ Aissata Ndiaye | • Maintain overview of the Irish grant agreement, and raise performance issues with WARO/relevant departments.<br>• Liaise and negotiate with Irish Aid contract management staff on contract issues that may arise<br>• Ensure all internal stakeholders aware of compliance issues<br>• Prepares annual report/Results Framework | Collate and circulate reports on grant delivery and financials for committee meetings.<br>Follow up of agreed actions. |
| **Technical Leads**<br><br>Dr Kolawole Ogundimu<br><br>Laurène Leclercq | • Support the country teams with technical input on eye health, social inclusion and inclusive education approaches. | Report any material issues arising with the delivery of the programme from a technical perspective. |
| **Finance**<br><br>Sebastian Dunn / Janaki Jayasuriya | • Prepare financial reports and supports budget development<br>• Maintain overview of expenditure and liaise with COs and other departments on issues of | Share up to date expenditure reports and raise any relevant concerns<br>Respond/follow up on issues raised in relation to budget/expenditure |

| | budget/expenditure with IF Grant Manager | |
|---|---|---|
| **Monitoring & Evaluation**<br><br>Gevis Sakwe<br><br>Daisy MacDonald | • Oversee and support WARO/COs on the monitoring of impact/outcomes/outputs<br>• Support to the final evaluation | Collate and share monitoring reports with IF in advance of meetings/annual report<br>Respond/follow up on any concerns raised on specific outputs not directly linked to WARO/CO programming and support WARO on country output concerns<br>Feedback on final evaluation progress and follow up. |
| **WARO**<br><br>Bakary Marong & Country Directors | • Responsible for delivery of WARO and CO grant objectives/outputs including the outcome on horizontal learning<br>• With Programme Systems and Monitoring provides report information to IF as and when required | RD to lead WARO/COs delivery of the programme and respond/follow up on any concerns raised. |
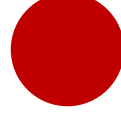
**Annex 13 Scores matrix**

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 below.

| Objective | Relevance | Effectiveness | Efficiency | Impact | Sustainability | Replication | Coordination | Sum | Average |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 5 | 4 | 4 | 4 | 3 | 4 | 4 | 28.0 | 4.0 |
| 2 | 5 | 5 | 4 | 4 | 4 | 4 | 5 | 31.0 | 4.4 |
| 3 | 5 | 4 | 4 | 4 | 4 | 4 | 4 | 29.0 | 4.1 |
| 4 | 4 | 4 | 3 | 4 | 3 | - | 4 | 22.0 | 3.7 |
| 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.

.

*Evaluation Criteria Rating*

| | | | |
|---|---|---|---|
| | Excellent | There is strong evidence that the project *fully meets all or almost meets all aspects* of the evaluation criterion under consideration. The findings indicate **excellent and exemplary** achievement/progress/attainment. This is a reference for highly effective practice and an Action Plan for positive learning should be formulated. |
| | Satisfactory | There is strong evidence that the project *mostly meets* the aspects of the evaluation criterion under consideration. The situation is considered **satisfactory, but there is room for some improvements.** There is need for a management response to address the issues which are not met. An Action Plan for adjustments should be formulated to address any issues. Evaluation findings are potentially a reference for effective practice. |
| | Attention | There is strong evidence that the project *only partially meets* the aspects of the evaluation criterion under consideration. There are **issues which need to be addressed and improvements are necessary** under this criterion. Adaptation or redesign may be required and a clear Action Plan needs to be formulated. |
| | Caution | There is strong evidence that the project *does not meet the main* aspects of the evaluation criterion under review. There are **significant issues which need to be addressed** under this criterion. Adaptation or redesign is required and a strong and clear Action Plan needs to be formulated. Evaluation findings are a reference for learning from failure. |
| | Problematic | There is strong evidence that the project *does not meet* the evaluation criterion under consideration and is performing very poorly. There are **serious deficiencies** in the project under this criterion. There is need for a strong and clear management response to address these issues. Evaluation findings are definitely a reference for learning from failure |
| | Not Sufficient Evidence | There is *not sufficient evidence* to rate the project against the criterion under consideration. The project needs to seriously address the inability to provide evidence for this evaluation criterion. |