Management Response and Recommendations Action Plan

Evaluation Report Title
Marsabit Trachoma Control Project, Evaluation Report

Date of Response
1st April, 2015

Introduction
This following response is submitted by the Kenya Country Office (KCO) program in response to a strategic evaluation undertaken for the Comic Relief supported Trachoma Control Project. The management response was produced by **Charles Opiyo**, Sightsavers Project Officer for responsible for overseeing the operations of the Marsabit Project and will be implemented by **Peter Otinda,** the Kenya Trachoma Elimination Project (KTEP) Manager.

1. Overall Response (max 250 words)

The Marsabit Trachoma Control Project evaluation findings, as shared in the report, are a true reflection of what the project achieved during the CR funded period which also marked the first three years of the project. The country office team concurs with most of the findings. We don't agree with recommendation number 2 on sustainability and ownership because we believe this was well covered by the project.

We also agree with most of the recommendations as provided by the evaluation team and have used these in developing an action plan to remedy identified areas of need in the current and upcoming projects.

2. Findings and Evaluation Criteria Ratings we concur with (*max 500 words*)

Surgery

a) The intervention was relevant to the local context and the cumulative achievement at the end of three years was good at 86% and success of achievements can be attributed to active case-identification, community mobilization and outreach surgeries; beneficiary feedback has been very positive;
b) Long-term impact may be better complemented by rolling out 'F' and 'E' components more rapidly and widely;
c) Backlog in the intervention area has been reduced for now but longer term impact can only be measured by looking at future prevalence rates during post intervention or end of project assessments; and,
d) With elimination being the ultimate goal, the reduction in transmission and resulting infections should diminish the need for surgeries entirely over time.

Antibiotics

a) Mass Drug Administration coverage was split by geographical location, with the Marsabit sub-counties completing three MDA's and Isiolo sub-county completing two rounds during this evaluation period; and,
b) All MDA rounds conducted achieved higher percentage coverage than is recommended by WHO.

Facial cleanliness

a) The target for the number of children with clean faces cannot be assessed by the Evaluator who noted methodological issues with the measurement of this indicator;
b) The school health clubs were in place and were disseminating information regarding improved hygiene particularly with regard to face-washing and this is likely to have shown a resultant change of the behavior of individuals;
c) The installation of water tanks at schools gave the children access to clean water ('E' component) and this would be able to facilitate the behavior change in messages regarding face and hand washing;
d) One of the limitations of this component has been the lack of a context specific BCC strategy and campaign. This should have been at the forefront of project implementation as behavior change takes time to be established in communities where their traditional behaviors are being addressed; and,
e) A comprehensive national F&E strategy has been developed and is set for roll-out in Q2 of 2015

Environmental improvement

a) Three out of the four targets were achieved. These were installation of water tanks in 11 schools, provision of hand-washing vessels at 11 schools and the rehabilitation of one community borehole.

GoK capacity building

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

3. Findings and Evaluation Criteria Ratings we question (max 500 words)

Antibiotics

a) *At the end of the evaluation period, one round of MDA was pending in Isiolo sub-county and an impact survey is needed to follow;*

Use of the word pending with regard to the final round of MDA in Isiolo is misleading as it gives the impression the project failed to administer the said round of MDA. The final round of MDA for Isiolo is due in September, 2015. The Impact Assessment naturally follows the completion of any MDA treatment regime, whether after 3 years as in the case of Isiolo and Marsabit or after 5 years. This is planned for in early 2016.

b) *The recommendation on timing for the impact survey is not before six months post MDA, it will determine whether or not a fourth round is required and if so, to see if it can be implemented within the project period.*

We really have no issue with this recommendation save for clarity on what project period means. If the project period refers to the 5 year duration of the Marsabit project regardless of funding source then this is OK. If however it refers to the 3-year CR specific support period then this is over-taken by events.

Facial cleanliness

a) *Though the KAP survey was conducted to inform the development of materials, Sightsavers chose to postpone this activity;*

We think it is important to explain why this activity was postponed. Leaving the sentence as is gives the impression there was no rationale to this decision. The truth is that the activity was postponed to allow for the development of a national F&E intervention strategy that would be used nationwide following the entry of the Trust Program that brought together all trachoma actors in Kenya under one national trachoma program and shifted the project goal posts from control to elimination.

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

We question this finding because Key government ministries were part of the teams that took part in implementation of the F&E interventions. The Ministry of Water and Ministry of Health were key partners in the implementation of the water activities both in schools and at the community borehole. Similarly, the Department of Public Health under the Ministry of Health as well as the Ministry of Education were both key players in the implementation of the school sanitation component of the program.

Our implementing partner, the Catholic Diocese of Marsabit is the biggest none-governmental actor on issues water and sanitation in the entire Marsabit county and is in fact ranked higher than government by community members when it

comes to issues WASH. We saw no need to partner with anybody else beyond the Diocese.

Awareness on trachoma is not a question of coordination but rather target group specific community education/sensitization. As already explained, this was put on hold for reasons already articulated.

Environmental improvement

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

We question this finding for the same reasons cited in the facial cleanliness section above.

Recommendations Action Plan

	Evaluation Recommendations (A)	Accepted/ Rejected (B)	Priority High/ Medium/ Low (C)	If "Accepted", Action plan for Implementation or if "Rejected", Reason for Rejection (D)	Responsibility (E)	Timeline (F)
1	**Inter and intra-sectoral collaboration and coordination at government, non-governmental and community level for rapid scale up of F&E for sustainability of 'S' and 'A' achievements and improvements to health in general**	**Accepted**	**High**	• Share the findings of the evaluation with relevant government line ministries at county government level; Ophthalmic Services Unit (OSU) at the national government level and civil society actors in the water and sanitation sectors at the county level; • Agree on tasks and responsibilities of each stake holder • Jointly develop a plan for F&E • Monitor implementation and use info to improve implementation	Peter Otinda, PM	**June 2015**
2	**Continued advocacy for the development and execution of a plan for integration of project activities in the next county strategic health plan, and inclusion into the annual plan and budget which are developed annually for sustainability and ownership**	**Accepted**	**High**	• Follow-up with the County Director of Health the status of trachoma inclusion into the CHSP and annual plans respectively	Elizabeth Owuor-Oyugi, CD	**March 2015**
3	**Ensure that the project documents (proposal, log frame) include all interventions implemented by the project for more accurate and fair measurement of progress**	**Accepted**	**Medium**	Update project proposal and log-frame to reflect changes to initial project design resulting from implementation experience	Peter Otinda, PM	**June 2015**

	Evaluation Recommendations (A)	Accepted/ Rejected (B)	Priority High/ Medium/ Low (C)	If "Accepted", Action plan for Implementation or if "Rejected", Reason for Rejection (D)	Responsibility (E)	Timeline (F)
4	**Developing an M&E plan framework for internal monitoring with structured, verifiable data collection systems and tools**	**Accepted**	**High**	Develop an M&E framework for the project	Peter Otinda & Catherine Tetley PM&M&E Officer	**July 2015**
5	**Reviewing indicators**	**Accepted**	**High**	To be done alongside M&E framework development	Elizabeth Owuor-Oyugi and Peter Otinda, CD&PM	**July 2015**
6	**Identifying data needs for impact assessment and Value for Money (if desired)**	**Accepted**	**Medium**	Ditto as above	Elizabeth Owuor-Oyugi and Peter Otinda, CD/PM	**July 2015**
7	**Highlight geographical areas outside the project areas that may require roll of activities**	**Accepted**	**Low**	The project geographic areas of focus and subsequent roll-out were determined at inception so the issue does not really arise. Roll-out will be in the 3 sub-counties that were the target for MDA administration	Elizabeth Owuor-Oyugi, CD	**March 2015**
8	**Distribution of surgery tools**	**Accepted**	**Low**	Provide Moyale sub-county hospital with surgical equipment. Please note that we will still need to provide equipment to Isiolo but this will only be done after training of a TT surgeon for the area scheduled for late May/early June 2015. Isiolo currently has no trained TT Surgeon following the death of the then county Surgeon.	PM	**March 2015**
9	**Refresher surgeon training prior to end of project**	**Accepted**	**Medium**	Train the remaining batch of surgeons to standardize approach	PM	**June 2015**
10	**Rapid survey to inform next steps regarding MDA during life of project**	**Accepted**	**High**	Conduct Impact Assessment in Marsabit and use info to determine continuation or otherwise of MDA	PM	**July 2015**

Evaluation Recommendations (A)		Accepted/ Rejected (B)	Priority High/ Medium/ Low (C)	If "Accepted", Action plan for Implementation or if "Rejected", Reason for Rejection (D)	Responsibility (E)	Timeline (F)
11	**Development of context specific BCC based on Marsabit KAP survey results**	**Accepted**	**High**	Dissemination of the Marsabit KAP study findings and use info to develop target group specific BCC materials	PM	**June – September 2015**
12	**Expansion of CLTS through CHWs at no cost to the project**	**Accepted**	**High**	Identify areas of CLTS expansion and execute	PM	**July 2015**
Additional Actions (G):						