

# Global Trachoma Mapping Project (GTMP) – End of Project Evaluation

## Executive Summary

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In July 2012, Sightsavers was awarded £10.6 million by the UK government Department for International Development (DFID) to implement the Global Trachoma Mapping Project (GTMP). The aim of the GTMP was to map trachoma, through the conduct of standardised baseline prevalence surveys, across all suspected endemic districts globally by 2015. Over three years, the GTMP has delivered over half of all the trachoma surveys that have ever been conducted (56%). With mapping activity recently completed, this end of project evaluation aims to establish the extent to which the project has successfully mapped trachoma in the project countries in line with the Logframe in an efficient and cost effective manner, to explore the implications and value generated by project activity and to identify any key lessons learnt which could be taken forward in the planning of other disease mapping programmes.

The Terms of Reference (ToR, Appendix 1) poses a series of questions under seven evaluation criteria which guided both the evaluation and data collection approach; Relevance, Effectiveness, Efficiency, Scalability, Impact, Sustainability and Coherence/coordination. The evaluation was conducted retrospectively, incorporated both a process and impact-orientation, and was largely qualitative in nature. Sampling of informants was purposive. Data collation and collection first involved a documentation review, of both internal project documentation and relevant literature, followed by primary data collection from a series of in-person in-depth interviews (IDIs) and Focus Group Discussions (FGDs) with a range of key informants from three countries (Nigeria, Tanzania and Malawi), as well as those active at the global level, specifically principals at Sightsavers, WHO and other members of the GTMP Advisory Committee. Discrete quantitative analysis of project achievements based on Logframe data was also done. Thematic analysis of interview data followed the ‘framework’ approach, whereby a pre-existing coding frame was developed based on the evaluation criteria to which themes were added on review of the data. Corroboration was sought across informants and a triangulation approach across project documentation and FGD/IDI data.

A summary of findings, including both evaluation rating and comment by evaluation criteria, are provided in Table 1 below. Evaluation criteria rating guidance is provided in Appendix 2.

Table 1: Evaluation rating and comment against each evaluation criteria

Evaluation category	Rating	Comment
Relevance	Excellent 	<p>There was universal agreement across informant groups of the importance and relevance of the GTMP in the context of the global aim to achieve elimination of trachoma as a public health problem by 2020. Respondents considered relevance in terms of both project design and project achievements, encompassing both direct project outputs and added-value generated by the project, which together strengthen prospects for achieving elimination in at least some countries in the next critical period of SAFE strategy implementation (Surgery, Antibiotics, Facial cleanliness and Environmental improvement).</p>
Effectiveness	Excellent 	<p>The project has demonstrated a high level of effectiveness, having exceeded all targets stipulated within the Logframe. These achievements reflect the overall effectiveness in the design of the GTMP and systems behind its delivery, as well as the effective management and coordination of fast scale up, which could all be closely built-on for future disease survey activity.</p>
Efficiency	Excellent 	<p>The GTMP has shown high levels of efficiency and has provided a good model for cost containment. The overall project strategy reflects a key focus on efficiency in its aim to maximize the use of valuable resources. Informants universally agreed that the project was efficient. The project does not have a comprehensive value for money (VfM) strategy though this was not a requirement. However, some solid approaches have been taken to measure VfM during the course of the project which have generated valuable experience. The unit cost analysis in particular will enable a good understanding of the costs involved, useful for comparative purposes and for planning future disease mapping activity.</p>
Impact	Excellent 	<p>Formally, project impact can be viewed in terms of contribution to the global elimination of blinding trachoma by 2020 and as such, is not yet measurable given measurement relies on comprehensive implementation of the SAFE strategy in the 3-4 year period following the end of the project. The primary role of the GTMP has been the generation of TF and TT prevalence data with</p>

		<p>which to guide trachoma action planning; planning and implementation specifically have been beyond the original project scope though significant efforts have been made to add value in this area. The GTMP has demonstrated the benefits of standardised approaches and methodologies, and has shown that electronic data capture and processing can be adopted across varied settings, which has encouraged wider uptake. The GTMP has illustrated how varied partners and donors can work together to maximize their resources and improve quality, and has made a valuable contribution towards the securing of considerable funds for SAFE implementation in the next critical elimination phase. The GTMP has also strengthened and energised the global trachoma community towards the elimination effort.</p>
Sustainability	<p>Excellent</p> 	<p>The results from the GTMP surveys and widespread development of country level, target-orientated Trachoma Action Plans have made a valuable contribution towards making feasible the elimination of trachoma as a public health problem. Significant thought has been given within the project to legacy planning, in particular the development of the Tropical Data platform, into which lessons learnt from the GTMP have been applied. Countries do have a sense of ownership of the data, though this could have been strengthened through further engagement with the end-users earlier on in the project, as well as clarifying the data approval process. While, inevitably, significant challenges exist as relating to elimination, the GTMP data provides the critical and essential foundation for the next phase of activity.</p>
Working at scale	<p>Excellent</p> 	<p>The simplicity and standardisation in project design, coupled with a strong partnership and centralised project management, facilitated a fast scale up, exceeding original expectations in mapping coverage over the three year project period, whilst also maintaining high levels of quality control.</p>
Coherence/ coordination	<p>Excellent</p> 	<p>The overall strength in the GTMP partnership at the global level appeared to be a key driver of impressive project achievement. The tripartite partnership arrangement in-country was both appropriate in design and effective, though the strength of the partnership varied by country – this</p>

		was explored by GTMP in the initial planning stages and additional support assigned when perceived to be needed. The project did not give specific priority to disability or gender responsiveness.
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Based on the findings from this evaluation, some **recommendations** are made for the planning of future disease mapping activity. These relate to ensuring the relevance of mapping activity, and prioritising the scope of data to be collected based on clear gaps in epidemiological knowledge and need for immediate intervention planning. Guidelines and criteria for deciding on mapping sites, and the scope of acceptable evidence for guiding such decisions should be clear from the outset. Specific subsequent uses of the data should be considered in advance, including the development of any systems or processes which could facilitate fast application.

Standardisation across a range of aspects of planning and delivery is important for an efficient roll out of mapping activity, as well as to maintain quality control, particularly when operating at large scales, though some level of flexibility should be retained to enable appropriate adaptation to varied contexts and the incorporation of lessons learnt. Electronic data capture and processing, with cloud-based data storage, is recommended. High quality training is critical for the collection of high quality data, comparable across different settings; standardised approaches, pre-tested, focused materials, the careful selection of trainers and trainees, the emphasis of practical application in diagnostic training and post-training assessments are all important.

At the field level, micro-planning should be detailed and be done in collaboration with the Ministry of Health (MoH) and implementing partners. Efficiency – and value for money – can be boosted by harmonising the micro-planning and budget development processes, and by ensuring any learning on cost and cost drivers is applied into developing standards to guide on estimated or acceptable ranges for further mapping activity, and likely variations according to context. Effective sensitisation is critical to encourage community support for and engagement with the activity, and to maintain good security. Operational supportive supervision is likely as critical for maintaining quality in data collection as is technical supportive supervision.

Where data cleaning and analysis is done remotely, responsiveness to queries on the cleaning or analysis process and speed in providing the final data set are important for maintaining a sense of involvement in, and ownership over, the data. MoH ownership of any mapping data is essential given the leadership role governments must play in subsequent implementation and evaluation activities; it is important that they have a comprehensive understanding of the full scope of mapping data and its interpretation. Dissemination activities should be well supported, and the availability of summaries of findings through an open-access resource should be considered.

Rigorous project management and coordination are imperative for an efficient and quality roll out of activity, particularly if at scale. Advisory or steering committees can also play a

valuable role in technically and operationally guiding the project. Finally, efforts to integrate mapping should learn from previous experiences in doing so.