

## PHFPI Final Evaluation Management Response and Recommendations Action Plan

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**Evaluation Report Title: Post Health for Peace Initiative Final evaluation and impact assessment**

**Date of Response (23/07/2014):**

The following management response is submitted by the Post Health for Peace Initiative and their partners in Senegal, Guinea Bissau and the Gambia following a its final evaluation undertaken by independent consultants.

This document is prepared by Sightsavers team (Astou Sarr, Programme officer, Balla Musa Joof (Programme Manager), Salimata Bocoum (Programme Manager) in consultation with officials of the Ministries of Health of the three Governments above. Implementation of the actions outlined herein will be coordinated by Salimata Bocoum.

### 1. Overall Response (max 250 words)

Sightsavers welcome the 2013 PHFPI external evaluation results of the Post HFPI project. Generally, we consider the findings to be true reflection of the situation on the ground. . The evaluation findings present an overall positive assessment. Sightsavers and its partners are reassured with the conclusion by the evaluators that the project has been successful in meeting output targets set for the region and provided access to eye health services to at least 60% of the population in the intervention areas.

The findings also noted the existence of strong financial management by Sightsavers which was consistently transparent and accountable and good programme coordination mechanisms which largely worked well.

The PMU has summarised its views and actions planned to be implemented for each of the recommendations contained in the evaluation report. Although some recommendations appeared in specific Country reports, we looked at them from a global perspective in consultation with Sightsavers Regional Office. In the implementation of the proposed action points, Sightsavers team and partners will ensure that the ongoing eye health projects/programmes in the respective countries ensure sustainability of activities implemented in order to continue to fight poverty by reducing avoidable blindness through the provision of high quality eye health services.

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

The following are findings that the team agree with and will step up on-going efforts to address the issues is any.

- Overall, the programme has strengthened eye health systems including human resourcing and service delivery, although more remains to be done. We find this judgement truly reflecting the reality as through the construction and or refurbishment of 24 eye units, the training of 20 cataract surgeons across the 3 countries, both access and coverage of eye health services have been increased significantly over the past 5 year.
- We also agree that establishment of partnerships and an alliance with civil society was largely overlooked. This was missing since the project design and has affected opportunities to develop broad and strong lobbies for advocacy on behalf of people with disabilities.
- Also, the lesson learning that might have helped level standards is not quite evident in the project. As noted in the report, differences in languages, political and government systems made the sharing of useful experiences.

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

The following are the findings that we question.

- The programme developed neither national nor sub regional influencing strategies aimed at embedding eye health care into overall health plans and budgets. The PMU team undertook several actions that have led to better integration of eye health into the health system. This is evidenced by the establishment of eye units at district level within district health delivery services and the involvement of regional health authorities in the planning, supervision and management of eye health services as well as the involvement of community volunteers in service delivery.
- The sustainability of the eye services established are open to question if there is no further support: **Our Response:** Sustainability is always an issue with projects in developing countries. In the Post HFPI however, the investment in human resource development in the 3 countries as well as the establishment of functional eye units and a referral system will go a long way in ensuring the sustainability of service delivery. The continued presence of Sightsavers in the countries provides opportunities for advocacy and institutional support /resource mobilisation to the partners to ensure sustainability of services.
- The only support given to regional teams was with respect to transport. This was evident from the outset but was not addressed during the 2010/11 revision of the budget.

Our response: The team does not agree on that as the project supported the partners in the three countries to strengthen their management and coordination capacities. This support included the provision of fuel for routine project supervision, payment of allowances to key staff including the national coordinators, accountants, regional

ophthalmologist, regional and district supervisors as well as support for office consumables and communication costs.

- Some eye health indicators are in the process of being integrated into HMIS record keeping systems in Guinea Bissau and The Gambia, while in Senegal eye health data was inadequate at primary level, secondary and tertiary levels. Our Response: It is important to emphasize the long-lasting strike in Senegal which has negatively affected the all health system data collection and reporting during 3 years (from 2010 to 2013).
- The evaluators also learned that re-budgeting was undertaken with limited partner consultation. Our response: This judgement is not reflecting the reality as during the budget revision process, partners from all 3 countries were fully involved and all decisions validated before submission to the EC for approval. There has never been a change in the project budget and or plan without consultation with the partners. All changes have been discussed, documented and agreed with the partners.
- Focus on the earlier training and deployment of staff in Guinea Bissau would have speeded the start-up of services in those areas. Our Response: It should be noted that training of eye health staff in Guinea Bissau took more time than for the other countries because of the difficulties in getting suitable candidates to train. As reflected in the annual project updates prepared by the PMU during the project life, the Guinea Bissau candidates had to undergo training in a Diploma in Ophthalmic Nursing (DON) first followed by internship and at least 1 year of practical experience before they could be enrolled in the cataract surgery course. This explains why the training of cataract surgeons in Guinea Bissau took longer than necessary.
- Surgery service users were satisfied with the results of their treatment, but the systems and materials necessary for ensuring and developing service quality and surgery in particular, are not yet adequate. Our Response: All the equipment procured under the project for the 3 countries are consistent with the guidelines of the Standard list developed by IAPB. Also , quality assurance of medical product and consumable including galanical, vitamin A, Zithromax and IOLs were rigorously instituted in collaboration with national pharmaceutical (CECOME, PNA, CMS) stores to ensure services given to the patient were high quality, safe and efficacious.

## 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)
<b>1</b> Develop the disengagement strategies for all three countries into practical, supported exit plans to enable continuing development quality and sustainable eye services.	<b>Accepted</b>	<b>M</b>	Sightsavers Regional Office with provide both technical and financial support in the development of practical exit plans	<b>Regional office</b>	<b>2014 –2015</b>
<b>2</b> Support Guinea Bissau to consolidate its services and develop sustainable strategies for implementation	<b>Accepted</b>	<b>H</b>	Sightsavers is currently supporting Guinea Bissau towards the elimination of Trachoma and Oncho. Sightsavers continued presence in Guinea Bissau provides opportunity to follow up on the investments made in by Post HFPI Project and continue to engage the Ministry of Health to ensure the continuity of services and explore opportunities for strengthening the services	<b>GB country office</b>	<b>Ongoing</b>
<b>3</b> Help resolve the SZRECC governance and status issues so it can become a strategic asset for the development of HREH in the sub-region and for advocacy to governments on eye health delivery	<b>Accepted</b>	<b>H</b>	Sightsavers continues to maintain close contact with SZRECC. In collaboration with Sightsavers Regional Office and WAHO, this agenda will be taken forward	<b>Regional office</b>	<b>Ongoing</b>
<b>4</b> Strategies should be developed in all three countries for ensuring	<b>Accepted</b>	<b>M</b>	This is accepted however CO have any possibility to support has all eye care program have been closed		

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adequate and systematic supervision and support for cataract surgeons and for continuing to develop the quality of the eye services provided					
5 Sightsavers should aim to provide some further limited support to Guinea Bissau to enable routine walk in services to be consolidated and sustainability strategies to be implemented	<b>Accepted</b>	<b>F</b>	Addressed in No. 2 above		
6 The experiences of the different projects should be followed and documented in detail over the next 3-5 years, including the context for success and in-depth analysis of the financial commitments required and made. This will provide further learning about what can be done to promote sustainability and to encourage replication. (This should ideally involve experience sharing workshops on an annual basis for three years.)	<b>Accepted</b>	<b>M</b>	This should be discussed with the Regional Office for possibly support and funding.		<b>2015</b>

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<b>7</b> Across the sub-region, Sightsavers should consider occasional requests for support to key inputs that partners can show they have tried and failed to mobilise and without which the services will deteriorate (e.g. additional training, key piece of equipment).	<b>Accepted</b>	<b>L</b>	The Regional office to be consulted for support		<b>2015</b>
<b>8</b> If the SZRECC governance and status issues are resolved, this will be a strategic asset for the development of HREH in the sub-region that would merit further support with advocacy and marketing from Sightsavers if requested. If this does not happen Sightsavers should still continue to support development of human resources for eye health in the sub-region: this is a strategic initiative that needs following through.	<b>Accepted</b>		The same as No. 3 above		
<b>9</b> The country disengagement strategies should be consolidated with some	<b>Accepted</b>		Related to N. 1 above		

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limited support provided by Sightsavers, working with other civil society actors to ensure effective policy environments and functioning national V2020 committees					
10 When developing further programmes, a strategic advisor should be tasked with challenging the design, promoting reflection and ensuring that important strategic, policy and advocacy issues are recognised and not overshadowed by the implementation imperative	<b>Accepted</b>	<b>H</b>	In the development of future programmes, the Country Offices will liaise with the Regional Office and HH to critically review the design and ensure that pertinent strategic, policy and advocacy issues are captured.		
11 A review of Sightsavers centralised support systems to evaluate not only the efficiency but also the long-term cost effectiveness from different stakeholder perspectives should be undertaken together with how they can be more responsive to the needs of different local cultures and contexts	<b>Accepted</b>	<b>H</b>	Action should be addressed at HH level. The opinion of the Regional Office should be sought on how to take this forward		
12 Ensure monitoring systems and the capacity to support	<b>Accepted</b>	<b>H</b>	Guidelines are provided in the Programme Implementation Manual	Country offices	<b>2014- 2015</b>

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their implementation are in place before programmes start.			(PIM) and Country Offices will ensure compliance with the guidelines		
<b>13</b> Provide continuity of technical and managerial support with associated systems that recognise the contexts in which programmes are implemented and ensuring full participation of partners and national staff when taking strategic decisions.	<b>Accepted</b>	<b>M</b>	This is noted by the Country Offices. The support of the Regional Office will be sought to facilitate its implementation.	Country offices	<b>2015</b>
<b>14</b> Lessons on coordination and coherence from the PHFPI and the earlier HFPI programme should be considered carefully in the future design and planning of cross country and regional programmes	<b>Accepted</b>	<b>H</b>	This will be taken into account in the design and planning of future cross-country projects	Country offices	
<b>Additional Actions (G):</b>					