End of Term Evaluation – Executive Summary

Sierra Leone Eye Care Programme

Specific Projects:

Comprehensive Eye Care in Sierra Leone (Seeing is Believing, SiB) Project numbers: 57002 (NTDs), 57003 (NECP), 57004, 57005, 57006, 57009

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Executive Summary

Background information

The population prevalence of blindness in Sierra Leone is estimated at 0.7% affecting 43,842 people, while the prevalence of blindness in people over 50 years of age is estimated as 5.9%, according to the most recently available national data[1]. More than 90% of all blindness in Sierra Leone is also avoidable, which is significantly higher than the global average of 80%[2]. In 2012, Sightsavers was awarded two complementary five-year grants from the European Commission (EC) and Seeing is Believing (SiB), which together have enabled comprehensive support to the Sierra Leone Eye Care Programme across all four of the country's regions. This evaluation report focuses on the latter of these two grants - Sightsavers Comprehensive Eye Care in Sierra Leone Project.

Description of project

The project was designed with the aim to contribute to the reduction in avoidable blindness and vision impairment in Sierra Leone through countrywide provision of comprehensive eye care services, targeting over 2,300,000 people over the project duration. The project's objectives include:

- Objective 1: Support the National Eye Health Project (NEHP) to strengthen health systems through improved human resources for eye health, including the training and deployment of required eye care professionals.
- Objective 2: Effectively integrate Primary Eye Care (PEC) services into primary health care through support to peripheral health unit staff.
- Objective 3: Develop and improve community participation in preventive eye health activities, particularly in underserved and marginalised communities.
- Objective 4: Reduce Vitamin A deficiency-associated blindness and mortality by ensuring high and sustained Vitamin A Supplementation (VAS) for children.

The project was implemented in all four regions of Sierra Leone: Eastern Province, Southern Province, Western Area and the Northern Province. Funding was provided by multiple donors with a total budget of $1,250,172, with the lead donor being the SiB Standard Chartered Bank (SCB). The project began on 1 September 2012 but was interrupted and affected by the Ebola Virus Disease (EVD) outbreak during 2014 – 2015. A midterm review was conducted in late 2015 to assess the project once activities were resumed and a no cost extension was agreed for the project until 31 August 2017[3].

Purpose of Evaluation

The aims of the end of term evaluation were to:

- Review and assess the project's achievements against objectives and outputs.
- Assess the long-term effects made by the project on accessibility to eye health services.
- Identify and document the key successes and challenges in the implementation of the projects to inform the future design of Sightsavers' programmes.
- Identify and document specific recommendations for similar, future project designs.

[1] Limburg, H. *Rapid Assessment of Avoidable Blindness (RAAB) in Sierra Leone (2011).* Freetown, Sierra Leone: Sightsavers; 2011.
[2] Limburg, H. *Rapid Assessment of Avoidable Blindness (RAAB) in Sierra Leone (2011).* Freetown, Sierra Leone: Sightsavers; 2011.
[3] Ogundimu, K. Macdonald, D. *Sightsavers Comprehensive Eye Care in Sierra Leone Project – Mid Term Review: April 2016*. Freetown, Sierra Leone: Sightsavers; 2016.

- Identify and document any further cross-cutting or organisational level lessons and recommendations.

The target audience for this report are funders, in-country partners and programme staff, and global programme support teams within Sightsavers.

Evaluation approach

The evaluation was conducted retrospectively and incorporated a process-impact-outcome approach. It used mixed methods, incorporating both qualitative and quantitative components, which enabled the triangulation of findings during analysis. In order to generate information needed to achieve the evaluation purpose, six evaluation criteria were used, as specified in the evaluation Terms of Reference: relevance, effectiveness, efficiency, impact, sustainability, coordination/coherence. Under each criterion, specific questions guided the overall scope of the evaluation and data to be collected.

A team of two consultants supported by an additional technical expert as well as Tropical Health technical and management teams undertook the evaluation from August to October 2017 in three phases, i.e. inception, data collection and report writing. Evaluation findings were gathered using appropriate tools for each data collection method which were reviewed and approved by Sightsavers as part of the evaluation inception report. In total, 124 documents were reviewed, 57 key informants interviewed, six focus group discussion organized and six primary health units visited. An important amount of the work took place during the in-country work done by the two consultants from 17 to 27 September 2017. Informed consent was obtained from all informants.

Data from all sources was triangulated, through review and comparison of data across all sources, and dialogue within the evaluation team, and presented according to the six evaluation criteria in this Evaluation Report.

This evaluation presents two main limitations. First, due to time limitations and a demanding schedule, the evaluation team were unable to visit very rural locations, which may have provided a broader range of data, particularly as relating to performance and functionality of PHUs, community access to services and health behaviours. Second, there were challenges with the measurement of impact, outcome and outputs of the project. The targets for the measurement of impact were planned to be based on survey data, which in the end was not available. There were also challenges with the measurement of project achievement based on output data in that performance was not routinely tracked against the logframe. Also, there were inconsistencies in the wording of indicators, a lack of indicator definitions, low potential measurability of some indicators, insufficient linkage between indicator and data source, and some gaps in assigning targets. As such, a key limitation for the evaluation is that it over-relies on qualitative data and lacks a very important assessment of performance against agreed logframe indicators and targets.

Main findings and conclusions

Relevance **Rating** 

There was consensus across all key informants that the project was highly relevant to the needs of Sierra Leone in terms of strengthening and improving eye care service delivery and extending its reach to poor and remote communities, as well as people with disabilities. Its focus on skills development and integration into all levels of the public health system was appropriate and will likely boost efforts for sustainability of impact. The Knowledge Attitudes and Practice study provided valuable contextual insight, used to develop more comprehensive awareness raising strategies around the importance of eye care and accessing services. The project's flexible approach with regards the disability and social inclusion component enabled welcome adjustment and expansion to planned activities, including broadening its collaboration with people with disabilities to include all disabilities, and an evolving advocacy strategy. The post-EVD context actually enhanced the relevance of the project given the large number of survivors with resultant eye complications, as well as ongoing project efforts to strengthen the health system and increase community access to eye care through outreach.

Effectiveness **Rating** 

The project targets, some of which were revised following the Mid Term Review (MTR), were considered realistic, and have mostly been met, and in some cases, have been exceeded. Significant gains have been made, most noteworthy as relating to human resources for health, the introduction of eye health indicators into the Health Management Information System (HMIS) and enhanced access to care and empowerment among people with disabilities, and the high coverage of Vitamin A Supplementation through mass drug administration and recent progress in its integration into the Extended Programme for Immunisation (EPI). Key challenges do remain, such as inequity in the distribution of ophthalmic workers, continued low capacity at the PHU level, the unreliable drugs supply, and ensuring data quality through HMIS, but these reflect the broader challenges of the health system context and the project has made good progress in attempts to address them. Assessment of project effectiveness at the impact level is challenged by a lack of impact and outcome data and the measurement of outputs hampered by the lack of consistent monitoring documentation against the logframe.

Efficiency **Rating** 

In the extreme and unprecedented context of the EVD outbreak, and its implications in terms of the Ministry of Health and Sanitation and its partners having to refocus resources, time and attention away from most other routine project activities for a one-year period, delivery under the project must be considered impressive, given almost all targets were met and some exceeded. The project was appropriately ambitious but despite the fragile context of Sierra Leone, the funds were absorbed effectively. The evaluation considers the financial resources of the project to have been well managed and in line with priorities as stipulated by the project objectives. However, a 'satisfactory' rating has been assigned given the ineffective monitoring and evaluation of the project in line with the logframe, which has implications for the efficiency in reporting, documentation and management.

Impact	Rating 

Impact under the project has been impressive. Integration of eye care into primary eye care delivery has made important strides and there is increased capacity to deliver quality eye care services across the health system. Access to care appears to have improved for the population at large, including for poor and remote populations. The project is also broadly on track with elimination targets for onchocerciasis and lymphatic filariasis. Further attention must be given to raising the eye care capacity further at the PHU level, including in remote areas, translating outreach output statistics into referral uptake, improving routine monitoring of surgical outcomes and patient follow-up, the collection of patient perception data to inform service provision, boosting spectacles dispensing and glasses wearing in response to need.

Sustainability	Rating 

Project emphasis has been on the integration of eye care into government health systems, development of government human resource capacity, awareness raising around the importance of eye care, and the strengthening of a strong eye care partner network across the country which are important foundations for sustainability. However, the demand created for eye care needs to be sustained through feasible access to PHUs and through overcoming financial constraints because large outreach spend is not sustainable in the long term. Eye care is far from being cost recoverable given the biggest need is among the poorest people. That eye care service delivery is almost entirely dependent on external funding is of concern. Training achievement needs to be maintained by intensified support supervision, and further skills gaps need to be filled. There is a real need to recognise the importance of the next phase given the recent gains that need to be sustained and built upon.

Coherence/coordination	Rating 

A key factor in the project's success has also been the extensive and much appreciated collaboration and co-ordination with all the relevant stakeholders, including government departments and clinics, private not for profit hospitals, non-governmental organisations (NGOs) and civil society partners and community leadership at the national, sub-regional and community levels. There are coherent links between the project rationale, objectives and implementation approach.

Recommendations

Some recommendations are made for the immediate next phase of activity to support eye care in Sierra Leone, based on the findings of this evaluation, as included in the table below. It is noted that the next phase of Sightsavers' implementation activity is currently funded by SiB and Irish Aid. Nevertheless, these recommendations could also inform the design of further projects to be implemented by Sightsavers or other eye health and disability partners in Sierra Leone, as well as a direct relevant government public service activity, as highlighted in the table.

Recommendation	Responsibility	Level of priority
Human resources for eye health		
1. Prioritise PHU essential training on the diagnosis and management of eye conditions/ infections through the District Health Management Teams (DHMTs) as per	NEHP	H

Recommendation	Responsibility	Level of priority
planned curriculum, and ensure follow-up practical support supervision, peer support, refresher training plans are in place and implemented.		
2. Support the development of Key Performance Indicators (KPIs) for in-service training as part of training cascades to encourage any PHU or district level health worker staff to give deliberate effort to passing on comprehensive training to other clinic staff members; this should be followed up and monitored by DHMTs.	NEHP	H
3. Advocate at the central level to address a) challenges in locating health workers to remote PHUs given the lack of available incentives, allowances, accommodation or requirement post-training and b) gender imbalances in health worker training so as to boost the further recruitment and training of female health workers across the health system	NEHP, Sightsavers' Sierra Leone Country Office (SLCO) and other partners	M
Outreach		
4. Develop criteria for the prioritisation of ongoing eye care outreach activities, such as a minimum of e.g. 5km from a PHU, with the aim of phasing out of universal outreach activities given efforts to raise capacity of PHUs and the introduction of a comprehensive network of Community Health Workers.	NEHP	M
Eye care promotion		
5. Continue to promote the importance of eye care and appropriate health seeking behaviour, including for the EPI, through Information Education and Communication (IEC) activities as funds allow and as recommended for the context based on likely effectiveness, such as community dialogues in collaboration with district leadership. Men should also be targeted given the influential role they have in deciding whether women should access certain interventions.	NEHP, SLCO and other partners	M
6. Give more focus to refractive error testing and glasses wearing in IEC activities in communities, PHUs and schools, and explore ways of reducing prohibitive costs to accessing spectacles, including collaboration with other programmes or insightful formative research on barriers to glasses wearing	NEHP, SLCO and other partners	M
Data analysis and use		
7. Support in-country effort as required for HMIS/District Health Information System 2 (DHIS2) training, and ensure a comprehensive focus on eye health indicators is included in district level support supervision on an ongoing basis.	NEHP	H
8. Conduct targeted data quality assurance checks for eye health indicators data three-six months post introduction to inform further support needs	NEHP, SLCO	M

Recommendation	Responsibility	Level of priority
9. Consider conducting a case study on the range of eye health cases presenting, managed and referred at different levels of the health system in one ideally typical district based predominantly on outpatient registers over a period of around three months. This will give more detailed insight into the extent of case filtering at lower levels, within-district referral and a more accurate prevalence of eye conditions, beyond which the HMIS/ DHIS2 data may be able to provide, particularly as the new monitoring system is being rolled out.	NEHP, SLCO	L
Supply chain		
10. Enhance technical or logistical support or collaboration at the central level with the specific aim of addressing eye health drug shortages, as dependent on specific bottlenecks. For example, support to the analysis of stock data and quantification to enable a more responsive pull system (will be particularly important once DHIS2 is up and running) or support to specific procurement planning efforts.	NEHP, SLCO and other partners	H
Health financing		
12. Advocate where possible for government to allocate funding to eye care service delivery through a phased and targeted approach, e.g. training activities and equipment maintenance.	NEHP, SLCO and other partners	H
NEHP coordination and management		
13. Support the recruitment of an assistant manager to the NEHP, preferably a person with some management/finance skills, to assist the NEHP Coordinator in the management and coordination of the programme.	NEHP	H
Project management		
14. Ensure any project monitoring and evaluation plans are based on realistic yearly targets, with measurable, defined output, outcome and impact indicators linked to specific and available data sources. Achievements against targets should be monitored and analysed on defined periodic basis and all project monitoring and quantitative reporting should be linked to the monitoring plan (logframe).	SLCO/M&E teams	H