

Executive summary



Project name: Irish Aid Programme Grant II (PGII)

Evaluation type: End of Term Evaluation

Evaluator: Avery Franklin Consulting (independent consultants)

Date published: December 2021

Background

Avery Franklin Consulting (AFC) is pleased to present the end of term evaluation (ETE) of Sightsavers Ireland's Irish Aid Programme Grant II (PGII). This evaluation assesses the emerging results and progress towards impact that the programme is having on the lives of the people and communities served by the PGII projects.

Sightsavers Ireland's PGII is a multi-year grant, implemented in partnership with an extensive network of government and civil society organisations in Sierra Leone, Liberia, Cameroon, Senegal, and Irelandⁱ.

The five-year programme began on 1 January 2017 and was initially planned to be completed on 31 December 2021. However, due to delays caused by the COVID-19 pandemic, the programme was extended until 31 December 2022.

The PGII programme supports the continuation and/or redesign of the eight projects launched originally in 2012 until the 2022 completion dateⁱⁱ. The four thematic focus areas of PGII are eye health (EH), inclusive education (IE), neglected tropical diseases (NTD), and political participation (PP).

These thematic areas directly contribute to:

- **Sightsavers Ireland's mission** to eliminate avoidable blindness and promote the rights of persons with disabilities and;
- **Irish Aid Impact:** Sustainable positive change for poor and marginalised people and strengthened social accountability.



Description of project

The PGII is implemented in four West and Central African countries – Sierra Leone, Liberia, Cameroon, and Senegal. This programme was built on work completed through PGI from 2012-2017. Through this programme, Sightsavers Ireland works with partners to implement system-strengthening programmes for each of the thematic strategies in areas of EH, IE, NTD elimination, and PP. The overall objectives include:

- Improved access to EH services for women, men, girls, and boys
- Large-scale health interventions contribute to the elimination of river blindness (onchocerciasis)
- Girls and boys with disabilities have access to improved, inclusive, quality education alongside their peers
- Greater participation of women and men with disabilities in local and national political processes

Sightsavers took a cross-country approach to the design of this programme and adapted interventions based on the needs of direct stakeholders and the national priorities per country. The EH projects are implemented in Liberia, Senegal, and Sierra Leone. The NTD project is implemented in Sierra Leone. IE and PP are implemented in Cameroon and Senegal.

Purpose of evaluation

The purpose of this end of term evaluation is to assess the emerging results and progress towards impact that the programme is having on the people and communities served by the PGII projects. The ETE framework includes evaluation questions following five OECD (Organisation for Economic Co-operation and Development) DAC (Development Assistance Committee) criteria: Relevance, Effectiveness, Efficiency, (Emerging) Impact, and Sustainabilityⁱⁱⁱ. The evaluation design allows for three levels of analysis:

1. **Level 1: Whole-of-programme performance** examines overall progress of the priority areas and evaluates the programme's Theory of Change (TOC).
2. **Level 2: Thematic performance** examines evidence of progress in the thematic areas and the effectiveness of implementation strategies.
3. **Level 3: Project-level performance** analyses project-level data in accordance with the OECD DAC criteria of Relevance, Effectiveness, Efficiency, Impact, and Sustainability. This section evaluates to what extent each project has contributed to the anticipated change desired, country-specific challenges that have hindered or enabled success and how COVID-19 affected the programme's country-level implementation.

Finally, the ETE employs a collaborative approach to ensure the methodology and analysis capture the complex nature of this multi-county, multi-theme programme. Participation, inclusion, dignity, and respect are key implementation features that the evaluation team actively employed at every stage of data collection and evaluation. Gender, inclusiveness and equity, and programme activities related to capacity building of local partners, are important cross-cutting issues that the evaluation considers across all thematic areas.

Evaluation design

This evaluation collected data from all projects and countries, covering the four thematic focus areas through key informant interviews (KIIs), focus group discussions (FGDs), online questionnaires, and a document and data review process. Given the extraordinary nature of the current global pandemic, the evaluation focused on the security and safety of stakeholders, Sightsavers staff, and the evaluation team in all phases of the data collection. During the evaluation, the methodology was adapted to accommodate current COVID-19 situations and protect evaluation respondents from the spread of COVID-19.

As such, a **two-step approach** to data collection was employed. Each of the eight projects being evaluated was categorised as either “in-depth” or “broad-sweep;” this delineation determined the depth of information collected from each project. “Broad-sweep” approaches collected information via in-person and remote tools from a limited number of stakeholders at the national and programme levels. “In-depth” approaches supplemented government and programmatic KIIs with qualitative data collected from service users and providers (including parents of children with disabilities, teachers, and health workers supported by the programme) to promote the collection of richer outcome data.

The “broad-sweep” methodology was deployed in Liberia, while AFC was able to collect data at the stakeholder level in Cameroon, Senegal, and Sierra Leone. AFC team members deployed to Cameroon and Sierra Leone and field data collectors were trained in Senegal, Cameroon, and Sierra Leone by evaluation team members. Data collection in Liberia was conducted remotely by the AFC evaluation team. Informed consent was obtained for all interviews, which were recorded in Trint and transcribed with Dedoose. All data was securely stored on AFC servers and deleted from Trint and Dedoose after analysis and coding were finalised. One hundred and twenty-nine interviews, including KIIs and FGDs, were conducted during this evaluation with over 200 respondents.

Main findings: whole programme

Eye health (EH)

Evaluation findings demonstrate that the three EH projects have all contributed to improving access to EH services. Each project's intervention of bringing EH care to the community, partnered with increased EH care staff capacities, have been very successful in increasing access to EH services. Variances in achievements exist due to country-specific factors such as limited availability of staff and low prioritisation of (and accompanying national budget for) EH policy. All three projects were implemented through a gender lens, and Senegal and Sierra Leone deployed specific outreach strategies to reach women. Projects also emphasised strategies to reach remote populations. Each project exceeded its targets for patients accessing EH care services.

Neglected tropical diseases (NTDs)

The NTDs project was implemented in Sierra Leone. To better support the Government of Sierra Leone, the NTD project refocused its efforts to support the elimination of river blindness (hereinafter referred to as onchocerciasis) during the programme. Evaluation findings suggest that to-date, the results are under-achieved, primarily due to COVID-19.

Furthermore, the effects of the project on the elimination of onchocerciasis are unclear as the project is still awaiting results from the latest onchocerciasis survey supported by the programme. Despite the lack of clarity on achievements towards elimination, as detailed throughout this report, the project has taken significant strides in supporting progress towards elimination: from increasing coordination and technical capacities to coordinating cross-border efforts to supporting mass drug administrations (MDA) and raising community awareness of onchocerciasis.

Inclusive education (IE)

The IE projects exceeded the majority of their targets. Approximately 1,294 children with disabilities in Cameroon and Senegal have benefited from IE projects, not including children without disabilities who may also have benefited from a more inclusive approach. Teachers and principals, civil society members and community members participated in training and sensitisation activities in both countries. The projects have succeeded in increasing awareness of the rights and capabilities of children with disabilities through messaging and sensitisation campaigns intended to make children with disabilities more “visible.” In addition, IE initiatives have made progress towards important structural changes with the potential to strengthen the larger education system. Both countries are moving towards development of IE policies. Other important milestones have been achieved including the integration of disability-sensitive statistics in Senegal’s education management information system (EMIS) and classroom monitoring tools. In Cameroon, the project saw movement towards integrating an IE module for pre-service educator training at the national level. Most notably, Cameroon’s decision to scale-up IE programming to 69 schools, and to locate inclusive schools in every district and region, demonstrates relevance and country buy-in to IE objectives. Challenges remain to meet the needs of children with diverse disabilities. Findings show that there is greater success in addressing visual and mobility impairments and less so for auditory and intellectual disabilities.

Political participation (PP)

The PP projects aligned with government priorities in both Cameroon and Senegal, as well as with international accords and the UN’s Sustainable Development Goals (SDGs). Sensitisation, advocacy, and capacity-building activities have successfully promoted increased registration of people with disabilities on electoral lists, growing consideration of disability in local development plans and budgets and in observance of elections. In both countries, the project has supported organisations of persons with disabilities (OPDs) to ensure participation and systematic consultation of people with disabilities across all intervention activities. People with disabilities who took part in PP projects reported increased self-esteem and improved status within the community because of the project. Like with other themes, Sightsavers has paid attention to the cultural and political dynamics within each country and adapted its approach accordingly. The projects also delivered gender-sensitive programming and targeted capacity-building for women with disabilities. Intra- and inter-country dialogue and exchanges have been innovative and productive. Revision of electoral codes, decentralisation laws and decrees of application in both countries have been a major accomplishment of the project so that people with disabilities are now included on voter registries. Sightsavers also worked with relevant elections bodies to ensure greater participation of women and men with disabilities. Like with IE, the projects were able to address some disabilities more effectively than others. Policy change also

requires more time. The successes of these projects are examples of best practices that can be scaled in future interventions.

Conclusions

Each of the eight projects evaluated within this ETE are contributing to the achievement of Sightsavers Ireland's programme objectives, and change is proven at the policy and systems levels. There is also evidence of societal behaviour change such as EH programming affecting a shift from seeking traditional medicine to utilising a more formal healthcare system at intervention locations. Similarly, children and people with disabilities report feeling more "visible" and having greater confidence due to participation in IE and PP programming. Community members and government officials have also improved their understanding of the capabilities of people with disabilities and the benefits of inclusion. A key factor attributed to this success is the active deployment of a multi-level government agency and community association partnership approach across all projects. This engagement allowed Sightsavers to adapt their project objectives and implementation to the relevant context and needs of stakeholder groups as well as align their projects with the government policies and political environment. This approach also proved effective during the COVID-19 pandemic that forced country teams to adapt their services to serve direct stakeholders and support the government in an unprecedented context.

Finally, the results show the effectiveness of how the programme design delivered micro-, and macro-level results in a consistent way and across the whole programme. This multi-level approach created complexity however was shown to be innovative and effective as micro-results were leveraged to effective macro-level policy change.

Recommendations

The effectiveness and impact of the PGII programme across themes was evident. In this report, the evaluation team outlines an extensive list of recommendations building on the success of these projects to ensure long-term results are sustained in each country of implementation. Some highlights include designing the next programme budget with some flexibility to address unforeseen challenges encountered during implementation, a review of existing indicators and establishing more ambitious project targets and building on effective cross-country learnings and exchanges. The lack of country health budgets, staff retention and changing government priorities were unpredictable throughout the implementation of this programme and Sightsavers has an opportunity to leverage their adaptive management strategies to ensure optimal programme activity under all circumstances. Project-specific successes, such as the scale-up of IE schools in Cameroon and the development of IE Policy in Cameroon and Senegal are excellent opportunities to extend IE project support to secondary schools within the countries. EH interventions not only increase health outcomes for service users, but secondary consequences such as increased access to economic opportunities for those individuals and their families can be leveraged to create more innovation in the EH sector in future projects. Concurrently, the introduction of gender-focused activities greatly enhanced the impact of the PGII programme and this evaluation recommends that the programme capitalises on these successes across themes and countries.

Endnotes

ⁱ PGII included nine total projects implemented in Cameroon, Liberia, Sierra Leone, Senegal, and Ireland. For the purposes of this evaluation, the focus countries of evaluation were Cameroon, Liberia, Sierra Leone, and Senegal.

ⁱⁱ The projects implemented under the PGII grant totalled nine, including a Public Engagement Project in Ireland. However, due to the scope and location of that activity, that project was evaluated separately and not covered in this evaluation.

ⁱⁱⁱ <https://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm>