

Evaluation Report Title: Global Trachoma Mapping Project

Response to Evaluation Report (overarching narrative)

The Final Evaluation Report of the Global Trachoma Mapping Project (GTMP) Project Number: ARIES 203145, was submitted on: 31 March 2016. The DFID Grant covered the period: 21 July 2012 – 31 June 2015, with an extension to April 2016. The Report was prepared by: Clare E. Strachan, an Independent Public Health Consultant.

The aim of the GTMP was to map trachoma, through standardised baseline prevalence surveys across all suspected endemic districts. This end of project evaluation was to: establish the extent to which the project successfully mapped trachoma in the project countries in line with the Logframe, in an efficient and cost effective manner; 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. Publication date: March 2016

The evaluation made very useful recommendations, with which DFID agreed and from which lessons were learnt and applied to other programmes, including the design of other mapping initiatives. An Executive Summary of the Evaluation can be found here: [GTMP Executive Summary](#). The full Evaluation Report can be found within Sightsavers' document library here: [GTMP Final Evaluation Report](#)

The DFID Quality Assurance EQUALS Panel considered the Report and ranked it as 'Amber'. The QA response questioned the limited scale and scope of the Evaluation and the selection of countries for the qualitative work. The SRO and DFID Programme Officer have discussed the issues raised around the methodology of the Report with the implementers of the programme.

The QA response stated that the resourcing and scale of the evaluation in comparison with the investment made in the GTMP mapping programme itself was extremely modest, and only allowed for very limited scale and scope of evaluation. It was felt that the countries selected for qualitative work were greater capacity countries and therefore conclusions or lessons from qualitative results in this small sample should not be drawn too widely. The qualitative fieldwork draw out limited findings on cost effectiveness, and gender and other equality principles.

Overall the evaluation drew overwhelmingly positive conclusions, rating all evaluation questions as 'excellent'. However it noted that while overall programme targets were met (or surpassed) at the overall level leading to a conclusion of success, further implementation challenges and lessons learned might have been drawn out had a more diverse sample of countries been selected for qualitative fieldwork. However, the response did find that recommendations followed logically from the findings, were clearly presented and mainly focused on those involved with effective implementation of future disease mapping activity. It also confirms that the report followed the ToRs.

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Recommendations	Accepted or Rejected	If “Accepted”, Action plan for Implementation or if “Rejected”, Reason for Rejection
<p>1. The relevance of mapping activity to clear, time-limited global (or regional or national) targets is likely to generate broader support among the associated community, as well as momentum for funds generation and political prioritisation for subsequent implementation.</p>	Accepted	<p>The evaluation has made very useful recommendations, with which DFID agreed and from which lessons were learnt and applied to other programmes, including other disease mapping initiatives.</p>
<p>2. The scope of data to be collected should be refined based on clear gaps in epidemiological knowledge and need for immediate intervention planning, with data powered to a level to enable practical application.</p>	Accepted	

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<p>3. Uptake of data could be supported by considering specific uses in advance, including the development of any systems or processes which could facilitate fast application i.e. quantification systems for MDA.</p>	Accepted	
<p>4. Guidelines and criteria for deciding on mapping sites, and the scope of acceptable evidence for guiding such decisions (i.e. health care records, rapid assessments), should be clear from the outset, so as to maximise the use of valuable resources.</p>	Accepted	
<p>5. 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</p>	Accepted	

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<p>scales. However, some level of flexibility should be retained so as to enable appropriate adaptation to varied contexts and the incorporation of lessons learnt during the project.</p>		
<p>6. Electronic data capture and processing, with cloud-based data storage, is recommended so as to enable the introduction of quality checks during data collection as well as quickly on data submission so any data issues can be addressed whilst the surveyors are close to field survey sites. This system also enables remote operational supervision as a result of GPS. The removal of the data entry stage, alongside more automated data cleaning and analysis, will enable faster generation of findings making for a more efficient system than paper-based equivalents, and likely higher quality data. In contexts where electronic data systems are new, time and resources should be given to appropriate sensitisation.</p>	Accepted	

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<p>7. Specific pre-tests of tools translated into other languages are important so as to ensure effective transfer of meaning and retention of any standardised formatting.</p>	Accepted	
<p>8. High quality training is critical for the collection of high quality data, comparable across different settings. A standardised training approach, focused on specific field work requirements and using tested training materials are recommended. Trainers and trainees should be carefully selected and already skilled and experienced in the technical area of focus. Training in effective diagnosis should emphasise practical application, ideally in sample field sites. Post-training assessments can boost trainee performance and thus knowledge and skills uptake, and potentially guide the recruitment of high quality survey teams (if participation post training is not automatic).</p>	Accepted	

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<p>9. Micro-planning should be detailed and effectively consider terrain variations and access challenges, so as to fully adhere to sampling plans. This should be done in collaboration with the MoH and implementing partner where applicable.</p>	Accepted	
<p>10. 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/acceptable ranges for further mapping activity, and likely variations according to context. Evaluation Report</p>	Accepted	
<p>11. Effective sensitisation is critical to encourage community support for and engagement with the activity, to enable quality data collection and to</p>	Accepted	

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<p>maintain good security.</p>		
<p>12. Security situations can change quickly and ongoing monitoring is critical. Solutions must also be context specific.</p>	<p>Accepted</p>	
<p>13. At the field level, operational supportive supervision is likely as critical for maintaining quality in data collection as is technical supportive supervision. In countries with significant capacity challenges, additional technical resource may be required to supervise mapping activity. Care should be taken to avoid excessive stress on routine health care delivery from the recruitment of key or abundant health service personnel.</p>	<p>Accepted</p>	
<p>14. Where data cleaning and analysis is done remotely (i.e. to the country where data were collected), 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. If a system is developed whereby countries need to approve the data cleaned and analysed remotely, attention should be given to training and guiding on the data approval process. It is important that those who 'own' the data have a comprehensive understanding of its scope and interpretation so as to encourage its use in planning, advocacy and fundraising activities.</p>	<p>Accepted</p>	

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<p>15. Dissemination activities should be well supported. The development of formalised printed reports of findings may boost dissemination efforts and broader discussions around data use and uptake.</p>	<p>Accepted</p>	
<p>16. MoH ownership of any mapping data is essential given the leadership role governments must play in subsequent implementation and evaluation activities. Systems must protect this ownership whilst enable opportunities to appropriately maximise from the data. Disease mapping may generate a wealth of opportunities for secondary analyses – structures and processes for coordinating interest and facilitating appropriate approvals may be valuable.</p>	<p>Accepted</p>	
<p>17. Making available summaries of the mapping data through an open-access resource should be considered so as to encourage uptake and to support grant making and advocacy activities.</p>	<p>Accepted</p>	
<p>18. Broader uptake of any specific mapping methods and systems developed can be facilitated by the use of open source software in data analysis (and a general willingness to share).</p>	<p>Accepted</p>	
<p>19. Rigorous project management and coordination, with roles and responsibilities clearly defined, are imperative for an efficient and quality roll out of activity, particularly if at scale. Regular,</p>	<p>Accepted</p>	

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<p>focused communication across any partnerships, aided by activity tracking tools, will be important.</p>		
<p>20. Advisory or steering committees can play a valuable role in technically and operationally guiding the project if comprised of high calibre, committed individuals, they are supported to meet regularly and the committee has a clear remit. Effective documentation of discussions and decisions from meetings are important for reference purposes.</p>	<p>Accepted</p>	
<p>21. The mapping process should involve as far as possible the key actors to be involved in subsequently using the data; this will facilitate uptake and potentially strengthen collaboration around common goals within the associated community.</p>	<p>Accepted</p>	
<p>22. Efforts to integrate mapping should learn from previous experiences in doing so. The range in approaches to 'integration' may be as broad as people's interpretation and perceived implications of 'integration'.</p>	<p>Accepted</p>	