



International Organization for Migration (IOM)
The UN Migration Agency

Evaluation report

Final internal evaluation of the "The UN COVID-19 Response and Recovery Multi-Partner Trust Fund" (UN COVID-19 MPTF)

November 2021

This report is complemented by a two-page "Evaluation brief that presents a summary of the key findings, conclusion, and recommendations.

A. Project information

Project title	Enabling Guinea Bissau to timely respond and stop COVID-19 transmission
Project timeframe	12 months - Start Date: May 2020 - April 2021
Project Extension	May 2021 - September 2021
IOM Project code	GW10P0504/MP.0490
IOM managing mission	IOM Guinea Bissau
IOM Project Manager	KEMOKO Fatima
Donor	UN COVID-19 MPTF

B. Evaluation information

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Evaluation field visit dates	06 – 10 September 2021

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D. List of acronyms

AC	: High Commission for COVID-19
COVID-19	: Coronavirus disease 2019
CSOs	: Civil Society Organizations
GHSA	: Global Health Security Agenda
IHR	: International Health Regulations
INASA	: National Institute of Public Health
IOM	: International Organization for Migration
IP:	: Implementation Partner
M&E:	: Monitoring and Evaluation
MoH	: Ministry of Health
MoH	: Ministry of Health
NADEL	: National Association for Local Urban Development
NGO	: Non Government Non-Government organisation Organisation
OECD-DAC	: Economic Co-operation and Development's Development Assistance Committee
PCR	: Programme Completion Review
PHE	: Public Health Emergency
PHEOC	: Public Health Emergency Operations Centre
PoE	: Point of Entry
PPE	: Personal Protective Equipment
PRIMA	: Project Information and Management Application.
SOP	: Standard Operational Procedures
UN COVID-19 MPTF:	The UN COVID-19 Response and Recovery Multi-Partner Trust Fund
UNEG	: United Nations Evaluation Group
WHO	: World Health Organization

1. Executive summary

This report presents the results of a final internal independent evaluation of the one year of UN COVID-19 Response and Recovery Multi-Partner Trust Fund (UN COVID-19 MPTF).

The project was planned to be implemented by IOM Guinea Bissau from May 2020 to April 2021 by the Guinea Bissau International Organization for Migration (IOM) and World Health Organization (WHO). The project implementation period was extended for 5 months (May 2021-September 2021) and it was a no-cost extension.

The evaluation was carried out by Andre KAGWA, the Project Officer based in Togo. The evaluation was independent, as the evaluator was not involved in the design and implementation of the project.

The evaluation assessed questions across five criteria (relevance, effectiveness, efficiency, impact, and sustainability), as well as questions related to gender and human rights.

The purpose of the evaluation was to respond to the needs of three main evaluation users: IOM senior management and partner such as Government, WHO, NGOs, to assess the performance of the intervention and gather lessons learned; (b) to provide evidence and learning for future projects; and (c) the donor, UN COVID-19 MPTF.

The evaluation focuses on the period since May 2020, the commencement of the project implementation to September 2021, when the project implementation was finalized. However, the evaluator was not able to assess the results of the implementation partners due to the delays that affected the commencement of the activities on the side of the implementation partner (NADEL).

Methods used for the data collection included document review; review of monitoring data; focus group discussions, direct observation through field visits, and Key informant interviews. The purposive sampling technique was used, prioritizing a diverse range of stakeholders that included implementing partners; national government officials and local authorities; and beneficiaries (family members, and vulnerable community members). Data analysis relied mainly on qualitative analysis (deductive -theory-led- thematic analysis) of documents and transcripts facilitated by the use of NVivo software, as well as the extraction, compilation, and analysis of quantitative monitoring data.

A key limitation was the rain season and the remote location which made a field visit to the targeted project beneficiaries and communities not easy. The locations and community were selected on basis of feasibility to reach because most of the localities were not reachable because of the heavy rain and impracticality of the roads. The evaluator visited Djeguê and Baraca Biro communities for the data collection.

During the field visit, the evaluator met with community members supported by the project and different categories of people including leaders, traditional healers, local administrators, PoEs staff that received the training on health surveillance training. A focus group discussions session were conducted at both Djeguê and Baraca Biro PoEs, during the field visit and attended by different categories of people and had discussed the project intervention to collect their views on the result and achievement of the project.

The evaluator has started on the 6th of September 2021 with document review, data collection & field visit, and the report was finalized in November 2021.

Conclusion

The project had contributed to the overall objective of the COVID-19 Global Preparedness and Response Plan to control further transmission and mitigate the overall impact of the outbreak, with particular attention to vulnerable groups in Guinea Bissau.

Project activities contributed to the preparedness and prevention activities and promoted an inclusive approach to involve communities with particular attention to the marginalized people as well as integrating the gender dimension in the response and taking into consideration dynamics related to migration and displacement.

The project has improved prevention, detection, and response efforts in Guinea-Bissau borders, especially strengthening disease surveillance systems and public health security measures at the points of entry, ensuring that isolation areas are available.

Through the capacity building and support to active surveillance including health screening, referral, and data collection at all PoEs, the project has improved national capacity to respond to the pandemic, rapidly detect and transparently report potential cases, and employ an effective response strategy to limit the spread of the virus, mitigate human suffering, and reduce the loss of human life efficiently responding to the currently active cases with proper healthcare, targeting the strengthening of health surveillance, alert, case management and referral mechanisms.

In general, the project had strengthened the MoH capacities to effectively respond to public health emergencies with a coherent approach to mitigate the overall impact of epidemic outbreaks, with particular attention to vulnerable groups.

Recommendation

A. IOM

- Using the Implementation Partner (IP) for the implementation of activities must be foreseen in the project budget and the work plan; to allow the results achieved by the intervention to be properly assessed.
- The project should start on time to avoid the delay that has affected negatively the project timeline. The project has had no cost extension as a result of delays in project implementation
- The implementation partner should receive installments according to the timeline stated in the contract to avoid delays in the implementation at the initial phase of the project. it was noticed that the delay of the first installment to the implementation partners had caused a slight delay in the implementation of certain activities, according to the initially established schedule.
- The Implementation Partner would be given a realistic implementation period to carry out activities' implementation.
- Timely processing the IP contract review by coordinating with relevant IOM department to avoid the delay of the contract signature, hence the commencement of the activities' implementation on the IP side
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- The project manager should make sure that before the project implementation the following documents are in place to have a good direction of the implementation as well as to timely track the progress of the implementation and results:

- **Results Matrix:** to indicate all activities and tasks related to all phases of project implementation;
- **Results Monitoring Framework:** to show how the targets are being met within the project implementation period. It would help the project manager/ Officer to determine whether an intervention is on or off track towards its intended results (outputs, outcomes, objective);
- **Work Plan:** to show activities and tasks identified within the Results Matrix, along with all other activities and tasks related to implementation and its timeline

B. Stakeholders

- The project had provided and installed the handwashing station facilities at the borders but these are not well maintained and are no more used by the travelers. It would be better for the stakeholders to take full responsibility to ensure the maintenance of the facilities provided by the donors for public use.
- Stakeholders should put in place mechanisms to control and maintain all the materials for the community. This should be done either by putting in place communities' representatives for the management of the materials or directly by stockholders.
- Enabling working environment of the staff at the border: PoE staff are lacking essential kits/materials that could have facilitated their work such as raincoats, boots, umbrellas, and incentive to be able to do the control irregular migrants passing through alternative routes.

2. Introduction

This report presents the results of an evaluation of a one-year project entitled “**Enabling Guinea Bissau to timely respond and stop COVID-19 transmission**” a project funded under the UN COVID-19 Response and Recovery Multi-Partner Trust Fund. The project was planned to be implemented for the period of one year starting May 2020 to April 2021. Due to the factors linked to the delay of the project activation in PRIMA, the project started implementation with slight delays which had negatively affected the timeline of the implementation. It is in this regard that the no-cost extension of 5 months was requested and approved in March 2021.

This evaluation emphasizes principally the implementation since September 2020, which is the time of the project activation in the PRIMA and the startup of the activities' implementation. The previous period was considered as the period of the project design and planning.

The evaluation was conducted as an independent internal evaluation by Andre Kagwa, the Project Officer of IOM Togo, Lomé Office. However, the evaluator had not been previously involved in the design or implementation of the project, aside from providing M&E technical support with designing the M&E framework towards the end of the project and provision of M&E training for IOM Guinea Bissau staff.

The evaluation was done in the last phase of the project implementation, and the data were collected from a desk review of project documents including reports, project design, and monitoring data, key informant interviews, focus group discussions, and observation during a field visit (8-10 September 2021) to the São Domingos PoEs and two communities “Djeguê and Baraca Biro”. Other locations were not visited due to the heavy rain and roads condition.

Contents of this evaluation report: Section 1 presents the executive summary; Section 2 presents the introduction of the report; Section 3 presents the context, purpose, scope, and evaluation criteria; section

4 outlines the evaluation framework and methodology which include evaluation design, the data sources, data collection, and sampling methods, and data analysis approaches as well as limitations and proposed mitigation strategies. Section 5 presents the findings organized by evaluation criteria and questions established for the evaluation. Section 6 presents the conclusion and recommendations.

3. Context and purpose of the evaluation

3.1. Context

This project was funded under the United Nations (UN) COVID-19 Response and Recovery Multi-Partner Trust Fund which is a UN inter-agency finance mechanism launched by the UN Secretary-General to support low- and middle-income program countries in overcoming the health and development crisis caused by the COVID-19 pandemic. The Fund's assistance targets those most vulnerable to economic hardship and social disruption.

Built on the lessons learned from the Ebola Response Multi-Partner Trust Fund, the UN COVID-19 MPTF helps finance the three objectives of the UN Secretary – General's call for solidarity, a plea for global action to stop the COVID-19 pandemic and suffering it has caused.

The objective of the funding is three folds: a) Tackle the health emergency, b) Focus on the social impact, and the economic response and recovery, and d) help the country to recover better.

The funding mint to help to define programmatic responses that reach the poorest and most vulnerable, and that elevate preparedness for future health emergencies. Furthermore, programming will support gendered approaches that respond to the heavy burden the pandemic has placed on women, such as heightened exposure to domestic violence, loss of livelihoods, and rising rates of unpaid labor.

It is an innovative and coordinated funding mechanism that operates at the nexus of humanitarian, development, and recovery action, strengthening the response to and recovery from the COVID-19 pandemic.

Programs under this Pillar built out healthcare infrastructure, and they provided essential supplies, like personal protective equipment (PPE), medications, and respiratory equipment to assure that facilities could maintain service provision and safely triage and successfully treat COVID-19 cases.

The project intervention mint to enhance national authorities' capacities to lead a response that integrates a gender analysis and is responsive to evolving needs. WHO and IOM was looking to consolidate existing efforts to meet the objectives of the Global Health Security Agenda (GHSA) and address the COVID-19 emergency including creating essential protocols in collaboration with the MoH, providing capacity development to key actors (rapid response teams, community leaders, medical staff and NGO partners) including on gender-sensitive approaches to respond to the epidemic, assuring that the 15 designated and Official PoEs and other key locations are adequately equipped also taking into consideration gender-sensitive isolation sites.

In addition, the initiative aimed at contributing to the overall objective of the National COVID-19

contingency Plan to control further transmission and mitigate the overall impact of the outbreak, with particular attention to vulnerable groups including migrants, children, and women in a situation of vulnerability. An inclusive, gender and child-sensitive approach was promoted supporting national authorities and involving communities in the prevention and response and taking into consideration dynamics related to population mobility.

Particularly, the project was seeking to improve prevention, detection, and response efforts in Guinea-Bissau including at borders, especially strengthening disease surveillance systems and public health gender-sensitive security measures. Moreover, the project was also to improve national capacity to respond to the pandemic, rapidly detect and transparently report potential cases, and employ an effective gender-sensitive response strategy to limit the spread of the virus, mitigate human suffering, and reduce the loss of human life, targeting the strengthening of Health surveillance, alert, case management and referral mechanisms.

3.2. Evaluation Purpose

The project implementation ended in September 2021 and the end evaluation is important to determine the relevance and level of the achievement of the project objective, development effectiveness, efficiency, impact, and sustainability of the project intervention. In addition, the evaluation was conducted to assess performance and gather lessons learned for future similar programming and activities.

Moreover, the intended audience of the evaluation is the following:

- IOM senior management Guinea Bissau as well as the implementation partners such as the Government of Guinea Bissau, MoH, and CSOs.
- IOM staff in the region and globally, to provide data and learning for future project planning and an evidence base for IOM interventions.
- The donor (UN COVID-19 MPTF). This evaluation will contribute to the donor's Programme Completion Review (PCR), to assess value for money for a set of activities that they have funded.

3.3. Evaluation scope

The UN COVID-19 MPTF started implementation in May 2020 and was set to end in April 2021, before receiving a four -month no-cost extension which extended the end date to September 2021. This evaluation covers the entire period of the implementation but focused mainly on the period since September 2020, when the project was activated in PRIMA and the commencement of the implementation of the project started immediately. The previous period was considered as the planning period and mobilization/coordination of the implementation partners.

The data collection was conducted in one week and the selection of the geographical area was selected based on the condition of the roads and the accessibility of the beneficiaries. Hence, Djeguê and Baraca Biro communities were visited and FGD was conducted. During the data collection, different categories of people were interviewed and among them, vulnerable beneficiaries, PoE staff, community members, local leaders, and traditional healers provided their views about the project.

3.4 Evaluation criteria

The evaluation assessed the seven criteria promoted by the Organisation for Economic Co-operation and Development's Development Assistance Committee (OECD-DAC), relevance, effectiveness, efficiency, impact, appropriateness, coherence, coverage, and as well as questions related to gender and human rights. Questions were established for each criterion as per the guideline of OECD-DAC.

4. Evaluation framework and methodology

4.2 Evaluation Design

This is a cross-sectional study that took place in September 2021. The participatory approach was used with qualitative techniques to capture all aspects as proposed in the study objectives. The qualitative aspect was addressed through a review of the project document and project reports; review of monitoring data; focus group discussions, direct observation through field visits, and Key informant interviews.

4.3 Data sources and collection

The evaluator has set the evaluation question and methodology based on rapid evaluation assessment approaches to assess the impact of the intervention in the emergency setting. In addition, based on the nature of the project and the project documents, an evaluation matrix was developed to plan for data collection: for each evaluation question, the evaluator established sub-questions, indicators, and related data sources and collection methods.

Moreover, the field visit agenda was developed and shared with the evaluation manager for input and review, also, the list of stakeholders was done to indicate to contact for the meeting.

To plan for interviews, a list of stakeholders was established to indicate specific people to prioritize for meetings.

The field data collection has mainly used the below qualitative methods:

- Document review of project documents and reports. Given the scope of the evaluation, the focus was on activities and results since the implementation of August 2020. The evaluator reviewed also the last two donor reports before reformulation and tracked the progress of indicators to the extent possible given documentation provided to the evaluator.
- The evaluator also extracted, compiled, and analyzed quantitative monitoring data reported in various documents (donor reports, log frames, risk management plans, financial data, etc.)
- Semi-structured interviews and focus group discussions with IOM staff, implementing partners; national government officials and local authorities; traditional healers, and vulnerable beneficiaries. A meeting was also held with WHO.

4.2 Sampling

Purposeful sampling was used, specifically the prioritization of a diverse sample of stakeholders. Given the rain season and the bad condition of the roads, it was not possible to select many communities to visit, as they were selected based on the feasibility to travel to, but the evaluator had to endeavor to meet with a diverse category of stakeholders in selected communities.

The Evaluator prioritized meeting with the most relevant stakeholders, including all of the IOM key project staff, all of the main government partners, and the current implementing partners. Several of the implementing partners and government stakeholders identified in the project documents were interviewed and had provided their views on the project achievements

4.3 Data analysis

The data analysis relied mainly on qualitative analysis of documentation and written notes taken by the Evaluator during the data collection at the field. A brief document review was carried out to inform the evaluation matrix, which guided further analysis.

The approach of narrative data analysis was employed to explore the views of people regarding the project implementation and its result achievements based on the evaluation criteria and sub-questions in the evaluation matrix.

Findings were triangulated through a cross-analysis of data from the various sources. The Evaluator ensured that assessments were unbiased and balanced, affirmations accurate and verifiable, and recommendations realistic, and to follow relevant ethical guidelines including IOM standards and guidance on evaluations including United Nations Evaluation Group (UNEG) norms and standards, the IOM Project Handbook, and the IOM Evaluation Guidelines, and IOM Data Protection Principles.

4.4 Limitations and proposed mitigation strategies

The major limitation of the evaluation is the accessibility of the target project intervention location. The project target was to strengthen surveillance capacities and collection of real-time and reliable data in the country, including at 15 points of entry. However, due to the weather and road conditions, the evaluator has selected to visit only 2 locations (São Domingos and Djeguê community) and meet the beneficiaries, local leaders, PoE staff, traditional healers, and other implementation partners.

Another limitation was due to the lack of project monitoring and evaluation document which should have been done during the design phase of the project document. The project Logical framework done during the design phase of the project was not complete and indicators were not well formulated hence not specific and realistic. The complete Logical framework, Result Monitoring Framework as well as work plan were done toward the end of the project which had affected the monitoring of the project progress such as the routine collection and analysis of information to track the progress against set plans and check compliance to established standard to identify trends and patterns, adapt strategies and inform decisions for project management and implementation. Hence during the evaluation, there was no reliable monitoring data to be taken into consideration and guide the evaluation because knowing whether indicators were on track or not was a challenge to the evaluator.

To address the challenge, the evaluator was able to reconstruct result achievement using an Excel table, with enough data to make a comparison and reach conclusions related to effectiveness.

5. Findings

This section is written according to the evaluation criteria and the evaluation questions and sub-questions established by the evaluator. A conclusion and recommendations are drawn on section 6 of the report and are the evaluator's judgment based on the findings.

5.1 Relevance

Are the project activities and outputs consistent with the intended outcomes and objectives?

In terms of internal logical coherence, the results matrix (log frame) formulated at the design phase of the project was the only guiding document during the implementation which means that at the beginning of the project, it was not easier for the implementers to track the progress since there was no monitoring and evaluation plan and the workplan that would have been enabling the project Manager to conduct the systematic collection and analysis of information as a project progresses and also to see whether the project is kept on track, and let management know when things are going right or wrong to be able to improve the efficiency and effectiveness of the project.

However, during the last quarter of the project implementation, the monitoring and evaluation documents such as project M&E plan, Logical framework, Result Monitoring Framework, as well as the project work plan were developed, and indicators were also reviewed and adjusted for consistency and clarification based on the target to be reached.

In terms of internal logical coherence, the results matrix (log frame) is very well designed, with a strong vertical logic between the activities and the intended results. The assumptions are also sound. However, the project does not have the theory of change which should include a detailed description of why and how the interventions will contribute to results. The theory of change should have been formulated in order to show pathways of change that is needed to be achieved to attain expected results and on how other actors are involved.

However, during the evaluation, beneficiaries and implementation partners showed positive feedback on the project intervention. They have commended the project for the support provided to vulnerable people, community members, community leaders, and PoE staff. Community and stockholders mentioned the area that needs more attention for the next intervention, and this is in relation to providing handwashing devices to be posted at the entrance of the village or the market so that people could easily wash their hands.

During the field visit, the evaluator has noticed that there are no handwashing stations installed at the entrance of public places and the entrance of the villages which created the barrier to proper handwashing as a measure to stop the spread of the COVID-19.

Is the planning in line with government priorities and IOM's global strategy?

The project was designed in line with the Contingency Plan COVID-19 of the Guinea Bissau government and came to support the implementation of the National Contingency Plan.

The public health system of the country is extremely weak and fragmented. Access to healthcare is severely limited due to a lack of facilities, resources, and qualified staff. Efforts to carry out core public health functions are constrained by political disruptions, loss of human resources, and lack of enough external aid. Many gaps in basic health services persist in addition to obstacles to access (cost, transport, knowledge). Due to barriers in access, most wait many days until the condition is severe before seeking treatment in health centers or hospitals. Many seek traditional healers and remedies first which is vexing the COVID19 situation in the country.

The country is particularly vulnerable to transmission of COVID-19 given the high levels of population movements (particularly with the onset of the cashew nut collection season) and the social and family structure of households, aggregating between 7 to 9 people in the same house weak health infrastructure, and health-seeking behaviors. Urban areas are particularly vulnerable given the high population density and crowded markets (most households rely on these markets for their daily meals). The epidemiological profile compounds these vulnerabilities.

There was a great potential for complications linked comorbidities for illnesses including malaria, HIV, and acute respiratory infections (ARIs). Gender inequalities are deeply rooted in the Bissau Guinean society and are now exacerbated by the pandemic.

The UN COVID-19 MPTF project has mainly supported the country Contingency Plan elaborated by the Public Health Emergency Operations Centre (PHEOC) in place to strengthen preparedness, alertness, and response. WHO as the implementation partner for the health sector played the key role to lead the health sector, coordinated and harmonized support at the partner level.

Indeed, Guinea-Bissau was among the group of African countries least prepared to face COVID-19 according to the WHO Readiness status by country, thus calling for a rapid, substantial, and effective response to prevent a health and humanitarian catastrophe. The enduring political crisis in the country, enhanced with the self-proclamation of Sissoko Embalo as President on 27 February and the appointment of a new government, has led to an even more difficult scenario. On 27th March 2020, the Government of Guinea Bissau declared a state of emergency.

Moreover, the project has supported the government priorities with regards to patient care, the reference center for the treatment of cases that were identified in Bissau and needed urgent rehabilitation to comply with the minimum requirement to the isolation of patients with respiratory disease. The isolation centers were rehabilitated and equipped for treatment services. Health personnel has received basic technical guidance on IPC treatment and precautions. Formal training was organized for case management and IPC.

Regarding the alignment of the project with IOM's global strategy, it is worth highlighting that the project is well aligned IOM Global Strategy Preparedness and Response Plan in the sense that the strategy aims to demonstrate its capacity to tackle the pandemic as an organization that can respond to the acute health and multi-sectoral needs of affected populations and communities of concern, while also implementing programs to mitigate and address the longer-term socio-economic impact of COVID-19.

Moreover, through the Global Strategy¹, IOM intends to focus on four strategic priorities at the community, national and regional levels: (1) effective coordination and partnerships as well as mobility tracking; (2) preparedness and response measures for reduced morbidity and mortality; (3) efforts to ensure that affected people have access to basic services, commodities and protection; and (4) to mitigate the socio-economic impacts of COVID-19 and project respond falls under first three strategic priorities.

Through the UN COVID-19 MPTF project, IOM had enhanced coordination (the emergency response inter-agency committee) and enhanced capacities of border agents and community health workers on preparedness, response, and surveillance of epidemic diseases, and has supported the mitigation of socio-economic impacts in the national response by providing protective equipment and hygiene kits to vulnerable migrant and poor communities members. Thus, all these project interventions are well in line with IOM Global Strategic Preparedness and Response Plan.

5.2 Effectiveness

Have the project outputs and outcomes been achieved following the stated plans?

Findings here are focusing on the expected results per the project that was initially was set to start implementation in May 2020 which went into effect in August 2020. The progress against indicators outlined below for each output and outcome is copied from the log frame. For each output and outcome, there is also an explanation of gaps.

Output 1.1: Strengthened national capacities to detect, notify, isolate, manage and refer suspected cases of COVID-19.

The assessment to evaluate the capacities and needs in public health in the PoE of all Guinea-Bissau regions was conducted. The assessments revealed the gap of infection prevention and control (IPC) materials in the PoE like wash devices or masks, lack of facilities to isolate suspected cases until the arrival of the health team; risk communication materials (e.g.: posters), and lack of SOPs for detection, notification, isolation, and initial management.

The evaluation carried out found that there is no presence of any type of migration authority or sanitary control, there is a large lack of PPE, handwashing devices, water reservoirs, sanitary checkpoints, and, most notably, the lack of road access to the PoE.

To respond to the gaps identified during the assessment, and to strengthen the national capacities, the project has conducted the capacity building targeting all PoEs such airports, seaports, and designated ground crossings.

During the Focus Group Discussion (FGD) and Key Informant Interview (KII) with different high-level authorities and community leaders, they said that the capacity-building training was very important.

¹ IOM Global Strategic Preparedness and Response Plan

They said that it has increased their knowledge on COVID19 which had helped them to understand thoroughly how to detect, notify and manage cases as well as refer to suspected cases.

In addition, PoEs staff confirmed that the training was a good occasion to increase their knowledge on COVID 19 prevention measures concerning the IPC and an excellent opportunity of exchange of experience and challenge that they are facing on day-to-day activities.

On the same occasion, the focus group discussion revealed that the project has provided SoPs that have provided step-by-step detailed instruction on how to do the detection, isolation notification, and case management of potentially infectious disease and the use of Personal Protective Equipment (PPE).

Output 1.2: Improved laboratory capacities and provision of supplies needed to assure proper infection control.

The key informant interview revealed that the supplies and equipment provided to the laboratories have increased its capacities to test and give the result in less than 72 hours. Also, during the focus group discussion with the PoE staff, they said that the supplies received from IOM are helping them to control the pandemic. Moreover, they confirmed also that the rehabilitation and equipment of temporary isolation facilities at Djeguê (Gabú region) and Fulamori (Gabú region) had helped authorities to manage cases.

During the key informant interview with the High Commissioner for COVID-19, he said that Infection prevention and control (PCI) materials for detection and tracking kits of travelers had helped the authorities to manage the pandemic at the point of entry. In addition, he highlighted that

Output 1.3: Strengthened surveillance capacities and collection of real-time and reliable data in the country, including at points of entry.

The focus group Discussion with PoE personnel, have confirmed that the training had increased the capacity and knowledge on screening, surveillance, detection, notification, and isolation. In addition, he confirmed that the training had improved knowledge on communication, recording on health surveillance forms, using the PPE correctly.

During the discussion, participants highlighted the need for the digitalization of the data collection. They said that digitalizing the data is very important because digital data are manageable, easier to preserve, access, and can be easily shared to the relevant institutions and partners for epidemiologic response and decision making.

Output 1.4: Strengthened surveillance capacities and collection of real-time and reliable data in the country, including at points of entry.

The evaluation had shown that the surveillance and data collection was done properly and at different points of entry. In the interview with the secretary of the high commission for COVID-19, she confirmed that the capacity building provided by the project helped to continue to make progress towards building a robust national diseases surveillance system with capacities for early detection and timely response to

rapidly contain emerging disease outbreaks. Interviewed PoE staff had confirmed that SOP developed had supported to know the steps that staff should normally follow in about the prevention, detection, and response. Also, 98 % of interviewed PoE staff confirmed to have an enhanced capacity to initially manage and refer ill cases.

Talking about the data gathering tools and data collection, one of the participants said” *the pandemic continues to highlight a pressing need to use social and behavioral data alongside biomedical data to mount an effective response. Timely data insights into people’s changing knowledge, attitude, and behaviors help to ensure that the response is tailored and adapted to the needs of the population. He added that “due to the evolving situation, there has been a challenge in the availability of accurate and up to date data. In response to this situation, the national commission has used a different tool for data collection quantitative and qualitative social behavior data.”*

The project had distributed many tools and Person Protective Equipment (PPE) that helped the frontline staff to protect themselves while screening passengers for the cross-border movement. Data collection tools were also provided such as tablets and capacity building was provided for the PoE staff.

Output 2.1: National Authorities and Civil Society Organizations (CSOs) are effectively sharing key messages related to COVID-19 among vulnerable populations.

The project has organized the capacity building for National authorities and Civil Society Organizations (CSOs) including Community leaders, traditional healers, religious leaders, local administrators, and vulnerable migrants. The capacity building is meant to enhance capacities to communicate on COVID prevention for Community leaders, traditional healers, religious leaders, local administrators, and vulnerable migrants.

However, knowledge about COVID-19 is a critical step for the uptake of preventive behaviors. However, other socio-behavioral factors affect the adoption and maintenance of preventive behaviors. Risk perception is a crucial driver of behaviors, and there is growing evidence that people’s risk perception of COVID-19 infection is declining.

During the evaluation, the focus group discussion revealed that People do recognize that COVID-19 is a serious disease, however, they often feel COVID-19 is more of a threat to others: their friends and family, their community, and country, than to themselves. Also, interviewed people revealed that COVID-19 does not affect young people or Africans, that the disease does not exist, or that the pandemic has already ended.

Output 2.2: Enhanced availability of protective material to health staff and vulnerable population.

The evaluation revealed that several preventive supplies were provided to female and male migrants and populations in a situation of vulnerability. However, during the focus group discussion, communities have revealed that even though the materials were provided to them, it has not reached all the population in need. This was also confirmed by the project assistant.

Moreover, households were supported with hygiene supplies and other forms of direct assistance but due to the lack of budget hygiene supplies and other forms of direct assistance did not reach all households according to in need. It was initially planned to support 200 households but the support has reached approximatively 110 households.

Output 2.3: Enhanced information of all the population, especially the most vulnerable on fundamental health human rights in the COVID 19 pandemic.

The COVID-19 is disproportionately affecting the poor, minorities, and a broad range of vulnerable populations, due to its inequitable spread in areas of dense population and limited mitigation capacity due to high prevalence of chronic conditions or poor access to high-quality public health and medical care. Moreover, the collateral effects of the pandemic due to the global economic downturn, and social isolation and movement restriction measures, are unequally affecting those in the lowest power strata of societies. To address the challenges related to the information of all the population, especially the most vulnerable on fundamental health human rights in the COVID 19 pandemic, the project organized a COVID19 awareness-raising campaign using key messages in local languages about COVID-19 broadcast in 7 regional radios and national TV (SAB, Cacheu, Bafatá, and Gabú). Recording and broadcasting of programs, in local languages.

During the evaluation, community leaders confirmed that the messages on COVID 19 have reached the communities because the community has changed the behavior toward COVID-19 in terms of preparedness, prevention, and surveillance.

Are the target beneficiaries being reached and satisfied with the services provided?

The project has reached the beneficiaries as per the set indicators and targets. However, the project has not reached all vulnerable people in need due to the lack of enough budget.

During the evaluation, it has been noticed that beneficiaries reached by the project were very happy with the services provided.

One of the participants said that “The COVID-19 has affected negatively the poor and other vulnerable people in need. It could have been good to reach more people in need”.

Are there any gaps observed between the planned and achieved results? How can they be explained?

There is no big gap identified during the evaluation. However, during the evaluation, it has been noticed that the project has contracted with the local National non-Governmental Organization/NADEL to conduct some of the project activities. However, the activities implemented by the implementation partner were not mentioned in the work plan, and again hiring implementation partners for the implementation of some activities were not foreseen in the work plan and budget. The budget allocated to the unforeseen activities causes discrepancies in the budget consumption and financial report as well as the project evaluation.

The following are unforeseen activities in the work plan that were implemented by the implementation partners:

- Follow up on the practices of security forces and health authorities at official entry points in Guinea-Bissau in the prevention and response of COVID-19;
- Carry out follow-up actions and assessment of the practice of actors at official entry points in Guinea-Bissau within the scope of health surveillance at the borders, rapid testing of travelers, and prevention and control of infection (PCI);
- Carry out actions aimed at ensuring that the contents transmitted throughout the project's training sessions to actors at official entry points in Guinea-Bissau are put into practice; and

- Provide technical assistance and other resources to support stakeholder capacity-building efforts and infrastructure at Guinea-Bissau's official entry points.

During the evaluation, it was explained that the implementation partner has been hired for the implementation of the above activities for strengthening the intervention at the border area and ensuring that the impact of the project is sustained.

Has there been any synergy between different elements of the implementation?

The awareness-raising messages and the provision of the handwashing materials to the venerable people within the community was synergy in the sense that the community after listening to messages in local languages about COVID-19 broadcast on radios and national TV have used the material provided to them for handwashing, face masks in a public place and also follow preventive measures such social distancing.

The evaluation revealed that due to the combined effect of the different elements of the implementation, the community had understood the cause, symptoms, and prevention of COVID-19; they have recognized IOM's interventions on COVID-19 preparedness, surveillance, and response; cascade the information on COVID-19 prevention to other local community members, which is useful to increased mass mobilization in their respective locations and community are aware of the COVID-19 and agreed to across the border using regular border/ports to attend handwashing and screening processes.

5.3 Efficiency

How well are the resources (funds, expertise, and time) being converted into results?

During the evaluation, the evaluator noted that the results are linked to the use of resources.

Moreover, the evaluation revealed that all the activities conducted under this project were in line with the work plan and the targeted objective are met. No deviation was observed during the project evaluation. The objective of the project was met as planned.

To what degree were input timely provided or available in time from all parties involved?

The project had started a bit late- (after 5 months of approval by the donor) due to the factors linked to the delay of the project activation in PRIMA. The delay had negatively affected the timeline of the implementation. It is in this regard that the no-cost extension of 5 months was requested and approved in March 2021.

Moreover, the evaluation revealed that the implementation partners were also delayed hence affected by the delay of the disbursement of the first installment. ,

5.4 Impact

The project has brought a change toward the change demonstrated

The capacity building provided to the staff at the PoE has created a collaboration between the community and structures at the PoEs and this has increased active surveillance including health screening, referral, and data collection at all PoEs.

During the focus group discussion, both communities and tagholders have confirmed the project intervention has improved their capacity to respond to the pandemic, rapidly detect and transparently report potential cases, and employ an effective response strategy to limit the spread of the virus, mitigate human suffering, and reduce the loss of human life efficiently responding to the currently active cases with proper healthcare, targeting the strengthening of health surveillance, alert, case management and referral mechanisms.

It was observed that the community is committed to continuing to mitigate the spread of the COVID19 by practicing mitigation measures such as regular hand washing, wearing masks all the time, social distancing.

5.5 Sustainability

The focus group discussion interviews revealed that stockholders and partners were fully involved in the project implementation. National authorities, CSOs, community leaders, traditional healers, religious leaders, local administrators, had confidently confirmed to have improved capacities to communicate key messages related to COVID-19 and this was confirmed by the member of the community during the evaluation.

Authorities that had participated in the capacity building at the POE confirmed that they will continue to work hand in hand with the local communities for the case identification and management; and preventive measures to increase the understanding of staff on how to limit exposure and disease spread

It was also observed by the evaluator during the evaluation that communities' leaders were sharing key messages related to COVID-19 among vulnerable populations.

5.6 Cross-cutting issues

Gender was well integrated into design and implementation. The proposal included a short gender analysis and gender was included in the design of activities and results. Reference is made to increasing numbers of women migrants, and several implementing partners were chosen on their basis of experience working with women and on women empowerment. All relevant indicators include sex disaggregation. In an implementation, consultations appear to have included a broad, representative, and diverse range of stakeholders, and the project team ensured to have women staff carrying out monitoring of women beneficiaries, which is often more acceptable given a cultural norm that discourages women from participating with strangers.

The project also focused on vulnerable women and migrants during the development of the RCCE information and educational materials. It was the same while selecting beneficiaries in the household to be supported with the hygiene supplies and other forms of direct assistance.

As with disabilities, the project brought attention to psychological needs during the selection of project beneficiaries. During the focus group, discussion one participant said: the pandemic had affected the most vulnerable especially disabled people, that is why they are a priority to receive hygiene supplies.

6. Conclusions and recommendations

6.1. Conclusions

The project had contributed to the overall objective of the COVID-19 Global Preparedness and Response Plan to control further transmission and mitigate the overall impact of the outbreak, with particular attention to vulnerable groups in Guinea Bissau.

Project activities contributed to the preparedness and prevention activities and promoted an inclusive approach to involve communities with particular attention to the marginalized people as well as integrating the gender dimension in the response and taking into consideration dynamics related to migration and displacement.

The project has improved prevention, detection, and response efforts in Guinea-Bissau borders, especially strengthening disease surveillance systems and public health security measures at the points of entry, ensuring that isolation areas are available.

Through the capacity building and support to active surveillance including health screening, referral, and data collection at all PoEs, the project has improved national capacity to respond to the pandemic, rapidly detect and transparently report potential cases, and employ an effective response strategy to limit the spread of the virus, mitigate human suffering, and reduce the loss of human life efficiently responding to the currently active cases with proper healthcare, targeting the strengthening of health surveillance, alert, case management and referral mechanisms.

In general, the project had strengthened the MoH capacities to effectively respond to public health emergencies with a coherent approach to mitigate the overall impact of epidemic outbreaks, with particular attention to vulnerable groups.

6.2. Recommendations

6.2.1: To IOM





- Using the PI for the implementation of activities must be foreseen in the project budget and the workplace; to allow the results achieved by the intervention to be properly assessed.
- The project should start on time to avoid the delay that has affected negatively the project timeline. The project has had no cost extension as a result of delays in project implementation
- The implementation partner should receive installments according to the timeline stated in the contract to avoid delays in the implementation at the initial phase of the project. it was noticed that the delay of the first installment to the implementation partners had caused a slight delay in the implementation of certain activities, according to the initially established schedule.
- The IP would be given a realistic implementation period to carry out activities' implementation.
- The Project Manager should make sure that before the project implementation the following documents are in place to have a good direction of the implementation as well as to track the progress of the implementation and results:

- **Results Matrix:** to indicate all activities and tasks related to all phases of project implementation;
- **Results Monitoring Framework:** to show how the targets are being met within the project implementation period. It would help the project manager/ Officer to determine whether an intervention is on or off track towards its intended results (outputs, outcomes, objective);
- **Work Plan:** to show activities and tasks identified within the Results Matrix, along with all other activities and tasks related to implementation and its timeline

6.2.2: To the stakeholders

- The project had provided and installed the handing washing station facilities at the borders but these are not well maintained and are no more used by the travelers. It would be better for the stakeholders to take full responsibility to ensure the maintenance of the facilities provided by the donors for public use.
- Stakeholders should put in place mechanisms to control and maintain all the materials for the community. This should be done either by putting in place communities’ representatives for the management of the materials or directly by stockholders.
- Enabling working environment of the staff at the border: PoE staff are lacking essential kits/materials that could have facilitated their work such as raincoats, boots, umbrellas, and incitive to be able to do the control irregular migrants passing through alternative routes.

7. Annexes

Evaluation terms of reference	 ToR%20OIM%20ME %20MPTF%20-%20EI
Data collection instruments	 Questionnaire%20i n%20English%20anc
Project Result matrix Results Monitoring Framework	 Copy%20of%20Proj ect%20MPTF%20Log
Field visit agenda	 Field%20schedule% 206%20(002).docx

8. List of documents reviewed

- Project document
- IOM COVID-19 Strategic Response and Recovery Plan COVID-19
- Project Results Matrix
- Project Results Monitoring Framework
- Project Work Plan
- <https://www.worldbank.org/en/news/feature/2020/04/30/covid-19-makes-handwashing-facilities-and-promotion-more-critical-than-ever>
- <https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-020-01218-z>
- https://www.hrw.org/news/2020/03/19/human-rights-dimensions-covid-19-response#_Toc35446588
- <https://africacdc.org/download/hand-washing-facility-options-for-resource-limited-settings/>