

End of Term Evaluation Report

Reducing prevalence of onchocerciasis and lymphatic filariasis and improving the lives of poor people in DRC, Guinea Bissau, Nigeria and Uganda

Project numbers: 22032, 53005, 14027, 44007, 44008, 44019, 44035, 44010

Submission of Final Report: 17 July 2019

Angela Weaver

Caroline Vanderick

Oladele Akogun

Submitted by Tropical Health

Executive summary

Background Information

Neglected tropical diseases (NTDs) affect more than one billion of the world's poorest and most vulnerable people. Two of the NTDs targeted for global elimination are river blindness (onchocerciasis) and lymphatic filariasis (LF). These diseases can cause significant pain and disability but can be prevented/treated simultaneously in affected communities with administration of the drugs ivermectin for onchocerciasis and ivermectin plus albendazole for LF.

Description of Project

In an effort to address country-level gaps in implementation of NTD programmes, the UK Department for International Development (DFID) awarded the "Reducing prevalence of river blindness and lymphatic filariasis and improving lives of poor people in Democratic Republic of Congo (DRC), Guinea Bissau, Nigeria and Uganda" project to Sightsavers. With a budget of almost £5 million, between April 2016 and 31 March 2019, the UK Aid Oncho/LF programme supported efforts in 17 priority regions/states across the four countries to scale-up high priority interventions to contribute to the elimination of onchocerciasis and LF in these countries.

The project supported country-led plans to:

- Scale up treatment for onchocerciasis and LF
- Contribute to the elimination of onchocerciasis in Uganda
- Manage the pain and morbidity associated with LF

The UK AID ONCHO/LF PROGRAMME worked with a range of partners to deliver the project, including Ministries of Health (MoH), sub-national and local governments, regional and district health teams, health facilities and affected communities. In DRC, the programme was implemented by the United Front Against Riverblindness (UFAR). Notably, the programme operated in areas with security and risk considerations due to political instability and weak and low resourced health systems.

Purpose of Evaluation

The purpose of this end of term evaluation is to:

- Validate the achievements and performance of the programme
- Consider progress against national/sub-national elimination targets where the programme has been implemented
- Identify the drivers of success and challenges experienced in scaling up programme activities
- Capture learning that has emerged during the implementation of the programme

Target audiences for the evaluation report include donors, partners, in-country stakeholders, and Sightsavers programme staff.

Evaluation approach

The evaluation used a combination of quantitative and qualitative methods. Primary data analysed for the evaluation included programme management data, as well as data gathered from semi-structured interviews with programme personnel and partners at global, national, district and community levels. Field visits were made in Nigeria and Guinea Bissau where additional interviews, focus group discussions (FGDs) were conducted. Debrief sessions were held with programme management teams in countries visited, to review and validate findings.

Main findings and conclusions

The project was highly relevant to the needs of the national NTD programmes in DRC, Guinea Bissau, Nigeria, and Uganda and was well aligned with national policies, strategies and programmatic priorities. Overall, the project made significant progress in its goal to contribute to the elimination of onchocerciasis and LF. Most significantly, the project enabled the expansion of mass drug administration (MDA) to populations in need of preventive treatment that were previously unreached. The project met or exceeded most of its output milestones while only partially meeting its outcome milestones, notably in terms of ensuring targeted proportion of implementation units reaching the required programmatic and geographical coverage thresholds for onchocerciasis and LF MDAs.

The project succeeded in engaging communities to increase awareness of onchocerciasis and LF, and by including a focus on MDA coverage, promoted increased uptake of MDA services. UK Aid Oncho/LF programme's incorporation of LF patient care into the programmes in Nigeria and Uganda not only provided life-changing services to beneficiaries, but also contributed important lessons learned to this area of work that has been neglected in NTD programmes. The programme team can be particularly commended for being resourceful in adapting approaches to LF patient care, which was a new area of focus for Sightsavers.

Given the project duration of only three years, it wasn't expected that UK Aid Oncho/LF programme would eliminate onchocerciasis or LF, but in this short period of time, it is clear the project helped to build the capacity of MoHs and partners to achieve elimination targets. The good news that the next DFID funded NTD programme will build on the gains obtained from the UK Aid Oncho/LF programme will be welcomed in all supported countries, none of which would be able to sustain the efforts made to date otherwise. This is in part a reflection of the low resource settings in which these diseases are common and the continued prioritisation of other health priorities by MoHs.




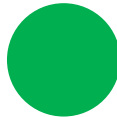
The project made an important contribution to increasing the number of trained Community Drug Distributors (CDDs), surgeons, and health workers and also made strides to reduce the workload burden on CDDs by targeting reduced CDD to population ratios in each country. The project appears to have overall achieved equity in terms of access to MDA, which is supported by gender disaggregated data, however, the inclusion of women as CDDs remains a challenge in some settings. Although the programme has reportedly included a focus on the inclusion of persons with disabilities, it is only since the incorporation of disability indicators into treatment coverage survey (TCS) that it has been able to understand better whether people with disabilities are reached by MDAs. Equity analysis from TCS data found variations between locations but overall there was no strong evidence for significant or systematic inequities in any of the countries in terms of gender, disability and wealth status. Other efforts towards inclusive programming included the involvement of people with disabilities in the programme planning and advocacy efforts as well as trying to bring LF patient care services closer to end beneficiaries.



Overall the programme was well managed, with Sightsavers supportive leadership being appreciated by key partners to the programme. Several delays were experienced in MDAs and LF patient care implementation but the programme found ways to address challenges and eventually met most of its targets. It offered good value for money to DFID, amongst others, thanks to robust cost and budget management that led to savings, enabling the programme to offer 12 million treatments more than initially planned.

Despite the short project duration, a number of elements have been put in place that are favourable to sustainability. The project raised awareness among national, regional, and local health authorities. MOH counterparts reported that the project was well-managed and helped develop a

sense of 'team spirit'. They were especially appreciative of individual capacity building support. Key challenges to sustainability include low prioritization of the diseases among policy and decision makers, limited financial support from governments, issues of MOH ownership and leadership, and a reliance on partner support and guidance.

The rating from the evaluators against the evaluation criteria included in [Appendix 1](#) is presented in below

Criteria	Rating	Justification
Relevance		<ul style="list-style-type: none"> • Programme was in line with national/sub-national plans in very variable contexts • Programme addressed a need perceived by the beneficiaries • Adoption of a comprehensive approach to LF • Learning from experience and good adaptive management using contextualized improvements
Effectiveness		<ul style="list-style-type: none"> • Outputs milestones were mostly met but less so at outcome level; improvement observed in programmatic and therapeutic coverage over the three years of the programme should be built upon for effective elimination; issues in some countries with CDD motivation, likely to impact on coverage • Equity overall ensured, no gender disparities in MDA treatment, involvement of women in MDA implementation and people with disabilities • Good value for money overall
Efficiency		<ul style="list-style-type: none"> • Important scale-up in short period only possible through efficient project and partnerships management • Plans largely implemented on time; delays mostly outside control of programme (drug delivery delay) except LF patient care where start-up timing and interventions were underestimated • Right focus on monitoring and evaluation but some issues of data consistency to be addressed and more advanced analyses of TCS data are encouraged to enhance further programmes' understanding around equity achievement • Good accountability to UK public through great communications products to share project successes
Impact		<ul style="list-style-type: none"> • LF transmission levels have decreased sufficiently to warrant stopping MDA in one region, Bafata, in Guinea Bissau and 15 LGAs in Nigeria • In Uganda, Onchocerciasis elimination was declared in the Mpamba-Nkusi focus mid 2016 and in the Wambabya focus mid-2017; Budongo focus was reclassified from 'interruption suspected' to 'transmission interrupted' • Programme provided key support to put the four countries on track to meet elimination target

Sustainability		<ul style="list-style-type: none"> • Too short period to build leadership and technical capacities in a sustainable manner • Government/community ownership suboptimal in some countries to ensure a domestic drive to sustain momentum gained thanks to the programme • Dependent on external financial resources • Exit plan with understanding on what aspects the programme to make sustainable at end point should have been developed from onset
Scalability/replicability		<ul style="list-style-type: none"> • Successful NTD implementation at scale demonstrated • Important lessons learned on how to start-up LF patient care; could have been better documented and technical lessons more widely shared

Recommendations

Main Recommendation	Operational detail	Responsible
Project planning		
1. Create plans to ethically address hernia patients before hydrocele activities begin	<ul style="list-style-type: none"> • Work with MoHs to develop protocols on how hernia patients will be handled • Involve private practitioners and hospitals to complement the State effort with hernia removal • Advocacy and outreach to other partners and relevant local organizations to support resource mobilization, including for hernia removal 	Sightsavers, MoHs national and sub-national levels
2. Create realistic plans to address the surge in patients requiring care that can be anticipated once successful patient care services are successfully implemented.	<ul style="list-style-type: none"> • Realistic plans developed before inception of activities in collaboration with MoHs • Plans should be costed • Additional resource mobilization may be necessary 	Sightsavers, MoHs national and sub-national levels
3. Find ways to plan MDAs period when maximum reach can be ensured	<ul style="list-style-type: none"> • Extend dedicated support to national drug application process to avoid delivery delays • Avoid periods of likely abstenteism by key population groups 	Sightsavers, MoHs national and sub-national levels
LF Patient Care		
4. Consider development and evaluation of a self-sustaining commodity supply system for lymphoedema care	<ul style="list-style-type: none"> • Should consider recurrent costs to patients and availability of commodities • Local approaches in different contexts should be considered 	Sightsavers, MoHs national and sub-national levels

Main Recommendation	Operational detail	Responsible
5. Promote realistic patient expectations for post-intervention care (for LF surgeries and self-care)	<ul style="list-style-type: none"> Is related to the costs/availability of commodities (as per recommendation #4) and should ensure patients are well informed of the services they will receive under the programme and those they are expected to follow-up with themselves. 	Sightsavers, MoHs national and sub-national levels
Project monitoring and evaluation		
6. Tighten programme targets and data management for ease of programme monitoring and external validation of results	<ul style="list-style-type: none"> Ensure consistencies of programme targets and achievements data at all levels; document targets change rationale; develop database with good version control 	Sightsavers
7. Ensure maximum value is obtained from data collected for the project	<ul style="list-style-type: none"> Do more advanced analysis of the data collected on equity and social inclusion and consider how it can be used to improve access to and coverage of interventions. Build capacity of local partners to undertake such analysis 	Sightsavers
Information Dissemination		
8. Dissemination of programme progress and success/challenges should be an integral part of the project.	<ul style="list-style-type: none"> Progress and success/challenges should be adequately shared with local stakeholders to foster ownership of the programme, including to communities level Technical learning should be systematically documented and disseminated in form of case studies, policy briefs etc 	Sightsavers, MoHs national and sub-national levels
9. Prioritize the sharing of programme experience in a national forum	<ul style="list-style-type: none"> Incorporate various approaches to engaging MOH and other partners in review of programme performance (e.g. meetings, workshops, newsletters, etc.) 	Sightsavers, MoHs national level
Partnership		
10. Strengthen partnerships with professional associations and organisations to extend the outreach capabilities of the programme.	<ul style="list-style-type: none"> Partnerships with local organization can be especially effective 	Sightsavers, MoHs national level

Main Recommendation	Operational detail	Responsible
Sustainability		
11. Advance efforts to mainstream LF care services into routine health systems	<ul style="list-style-type: none"> • Efforts should be context specific (e.g. promoting the inclusion of hydrocele removal into the health insurance scheme being planned in Kebbi State, Nigeria) • Include patient care indicators in routine health management information systems 	Sightsavers, MoHs national level
12. Working from the experience of the cross-cutting issue plans, continue to refine ways to support and monitor progress toward sustainability.	<ul style="list-style-type: none"> • Define sustainability expectations from the onset to facilitate measurement of success against the sustainability evaluation criteria • Ensure appropriate indicators are included in all elements of the project, including logframe and cross-cutting plans • Engage MoHs more directly with cross-cutting issue planning, especially sustainability and agree with them gradual devolution of responsibilities 	DFID, Sightsavers and Partners – future projects
13. Continue to engage and advocate for host country governments to increase their commitment to NTDs	<ul style="list-style-type: none"> • Focus on national and sub-national commitments (disbursements against budgets) 	Sightsavers