

Northern Nigeria Integrated Neglected Tropical Diseases Control (UNITED) Programme – Mid-Term Evaluation

Executive Summary

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Published

February 2016

Midterm review of the DFID funded Northern Nigeria Integrated NTD Control Programme (UNITED)

This is the mid-term review of a DFID funded four-year programme for the integrated control of Neglected Tropical Diseases (NTDs) in Northern Nigeria (UNITED). The programme is led by Sightsavers in consortium with Non-Governmental Development Organisations (NGDOs), academic partners, private sector partners and private sector suppliers. The main partners are Sightsavers, Helen Keller International (HKI), Christoffel Blindenmission (formerly) (CBM), Mission to Save the Helpless (MITOSATH), Crown Agents, Health Partners International (HPI) and Accenture Development Partners (ADP). The key stakeholders are the Federal Ministry of Health (FMOH) and the State Ministries of Health (SMOHs) in the five programme States.

The programme's goal is to reduce the prevalence and interrupt the transmission of seven NTDs that are amenable to preventive chemotherapy. Its aim is to strengthen the health system including drug supply chain management to deliver drugs to those in need. The programme is being implemented in the five states of Kaduna, Kano, Katsina, Niger and Zamfara.

The project comprises three phases:

1. Inception phase to set up programme management structures, process and complete disease mapping;
2. The integrated Mass Drug Administration (MDA) piloted in Zamfara State;
3. Expansion and scale –up of MDA programmes in Kano, Kaduna, Katsina and Niger.

The first three years are fully funded by DFID and it is expected that the State Governments will take over in year four.

The programme has five key activities:

1. Completion of mapping of NTDs in the five States (only in the inception phase)
2. Behaviour Change Communication (BCC)
3. Health System Strengthening (HSS)

4. Capacity building for supply chain management
5. MDA

The purpose of this evaluation is to:

- Assess the programme performance against milestones and other planned activities to ascertain if programme objectives are being met.
- Explore gaps in implementation and ensure corrective measures are put in place.
- Generate learning for DFID, Sightsavers, consortium members, government and other stakeholders.
- Assess benefits to the overall health system.

Methodology

A combination of quantitative and qualitative methods were used to address detailed evaluation questions around Sightsavers' standard criteria of relevance, effectiveness, efficiency, impact, scalability/replicability, sustainability and coherence/coordination. This involved a document review, a site visit to three of the five programme supported states (Zamfara, Katsina and Niger) and semi-structured key informant and focus group interviews. The information/data gathered was analysed using an evaluation framework based on the evaluation criteria (see Appendix 6) in order to robustly answer the evaluation questions and relate them to the five programme activities. Key informant information was triangulated in order to verify responses and develop constructive recommendations. Secondary data sources included project reports, logframes, M&E database, the project treatment database, project budgets and financial reports which were used to collate quantitative data for analysis.

Summary of main findings by programme activity

Mapping

UNITED fast-tracked the epidemiological surveys and mapping, it benefited from the Children's Investment Fund Foundation (CIFF) supported mapping of schistosomiasis and soil transmitted helminths (STH) in Katsina, Kaduna and Kano and the DFID funded Global Trachoma Mapping Project (GTMP). Schistosomiasis and STH mapping was also carried out in collaboration with the GTMP in Niger State. UNITED directly supported the mapping of Lymphatic Filariasis (LF) in Katsina. All mapping for the targeted diseases was completed by March 2014. Results of the mapping were used to plan the MDAs for the Local Government Authorities (LGAs) eligible for treatment. The mapping was also used to identify LGAs for baseline information for the planned impact assessment to look at the epidemiological impact of the programme. Changes in estimated disease prevalence were noted during the mapping exercise described above this underscores the need for up-to-date mapping to be carried out before MDA implementation, especially in places where other activities may have impacted NTD diseases prevalence e.g. through bed net distribution for malaria that could reduce transmission of LF or in WASH programmes impacting STH prevalence

Behaviour Change Communication (BCC)

The BCC component of the programme is led by HKI with input from other consortium partners. It involved a Knowledge, Attitude and Practice (KAP) survey in the pilot phase to

identify effective communication channels for disseminating information and relevant community resources for influencing behaviour change around the five NTDs. The development of radio jingles was found to be of added value to the overall national NTD campaigns as well as for the UNITED Programme.

The BCC component requires strengthening. Levels of community sensitisation appeared to be low in the states visited. The monitoring and evaluation (M&E) plan articulated in the BCC strategy is not being implemented. The programme is not identifying gaps in implementation as planned and is not collecting the information set out in the BCC strategy. The project is relying on one consultant for monitoring BCC activities for all MDA's in all states and all implementation levels. Overall, the documentation of BCC activities and plans within the project can be strengthened and there is currently no clear evidence of some key planned activities including the establishment of a BCC Committee at state level.

Health System Strengthening (HSS)

HSS to support the national health system to deliver NTD interventions in an effective, efficient and sustainable manner was achieved through technical support by Health Partners International (HPI), with some elements supported by Accenture Development Partners (ADP). The HSS component has played a key role in strengthening the health system for the MDA for NTDs and is achieving its goal to support a sustainable NTD control programme. Moreover, it has impacted positively on the broader health system, through uptake of some of UNITED's processes by other states and parts of the health system.

Capacity building for supply chain management

Crown Agents is leading this activity to strengthen health management information systems (HMIS) and drug supply chain management (SCM) by providing technical support to the Ministry of Health (MoH) at federal and state levels in the five states. Overall, the capacity building on drug supply chain management has been successful in achieving its objectives. The strengthening of SCM has improved drug accountability at state and LGA level and the Logistics Management Information System (LMIS) forms work well in drug tracking. Crown Agents is responsible for bringing drug supplies from the port to the LGA, and this removes bottlenecks previously experienced. The consultants were not able to talk to the FMOH regarding sustainability and integration of the delivery of NTD drugs into the existing system post DFID funding, but consortium members and KIIs at SMOH level raised this as a concern and we highlight this as something that needs to be followed up.

Mass Drug Administration (MDA)

The integrated MDA programmes in all five states have experienced external challenges but are being implemented successfully. The programme overall has reached 85% of annual targets. See Appendix 1 for the variances between state and between LGAs. Some states achieved the recommended therapeutic coverage for some diseases e.g. Kaduna achieved the coverage for two of four diseases, Kano and Niger achieved coverage for three of four diseases, Zamfara was border line for all two diseases treated and Katsina did not achieve any (Appendix 1, figure 7) although, there are variances in some LGAs that performed below target and some above target. Long term success of the MDA will depend on sustained funding at state level and although most state budgets have a budget line for NTDs, concern was raised regarding difficulty in release of these funds. Sustained impact will depend on

community-based approaches that emphasise health protection and promotion with planning and targets that are understood, supported and agreed upon by the entire community, including local authorities. The importance of involving community and religious leaders from the outset was clear from Key Informant Interviews (KIIs) and community group discussions. A constant issue for the NTD MDAs generally (not just UNITED or Nigeria) is that of Community Drug Distributors (CDD) incentives. In the case of UNITED, not only is there a concern due to other programmes that use CDDs and pay them, but also that there are differences in how the UNITED consortium NGDO partners provide the transport incentive and other incentives such as caps and T-shirts. It would be useful to collect lessons from the states and partners in order to develop a common approach.

Governance and Coordination








It is clear that there is a strong coordination structure in place. The consortium model is viewed as a key strength of the UNITED programme and the cross learning is being disseminated by partners to their non-UNITED supported programme states.

There is a strong framework for programme, financial and programme management, fostering an efficient and target oriented programme approach. The close working relationship between Sightsavers UK Finance and the Programme Management Office (PMO) appears to contribute to ensuring Value for Money (VFM) within the project. The operationalisation of a planned VFM dashboard will provide empirical evidence to the extent to which VFM is being achieved and provide an opportunity for learning across states and identify any potential areas for improvement. It is not possible at the time of this mid-term review to emit a judgement on the achievement of VFM.

State and consortium partners interviewed highlighted that a key strength of the UNITED programme lay in the consortium approach to the implementation of the programme. In particular, SMOHs were positive about how the UNITED programme provided access to support from a wide range of partners with specific technical expertise. HPI's efforts around HSS and Crown Agents support to SCM at the state level were particularly highlighted.

Evaluation Criteria

The agreed evaluation questions are rated in the report on page 37 to clarify what is working well and what is not working so well.

Evaluation Criteria	Rating	Comments
Relevance		<ul style="list-style-type: none"> - UNITED programme addresses control of PCT diseases consistent with Nigeria Master Plan for Neglected Tropical Diseases and State National NTD Plan based on KII interviews in Niger and Zamfara.
Effectiveness		<ul style="list-style-type: none"> - There is clear value in the consortium model. - Integration of MDA activities is evident at all levels and cost effectiveness through time saved through the joint planning and training activities. - New management processes are promoting effectiveness. - The rating is brought down by the BCC component which is the weakest area and the BCC strategy needs to be strengthened with a clear action plan for advocacy, communication and better utilisation of the influence of traditional leaders in the community as well as a stronger M&E to measure effect.
Efficiency		<ul style="list-style-type: none"> - Clear value in the consortium model but can be improved. - Integration of MDA activities is evident at all levels and efficiency through time saved through the joint planning and training activities. - New management processes are promoting efficiency - VFM through effective software, good training and strong relationship between UK, PMO office and regular audits - Systems are in development but the planned VFM dashboard is not yet operationalised. As this is year three of the programme, accelerating the operationalising of the dashboard will enable the programme to capture costs related to VFM and this is important
Impact		<ul style="list-style-type: none"> - There is clear evidence of the success of the HSS and strengthening of the Drug Supply Chain Management. - <i>Impact</i> of these cannot be seen at this point in the programme, hence the rating.
Sustainability		<ul style="list-style-type: none"> - Clear evidence of an exit strategy and a robust approach to a transition plan that looks at what can realistically be achieved in terms of funding from Government and where the gaps are, with planning to address these. - There are concerns on the sustainability of the transport of the drugs from the port to the LGAs, which is currently done by the UNITED programme directly.
Scalability / Replication		<ul style="list-style-type: none"> - There is evidence that process and strategies are in place to replicate and scale up programmes, but there is room for improvement
Coherence/ Coordination		<ul style="list-style-type: none"> - Overall, there is good coherence of the programme with the national and global context. Coordination between consortium partners and State and Federal MOH is good. Coordination with other stakeholders could be improved

Implications of the findings

The UNITED programme is demonstrating the value of a consortium model that brings in the skills of different partners to support overall HSS including drug SCM and implementation of integrated MDAs. However in order to be able to achieve the ambitious disease elimination targets (by 2020), the therapeutic coverage of the MDAs need to remain high and the programme is already going into its third year.

Implementation of an effective BCC strategy will be important for sustaining therapeutic coverage and adherence to treatments. The Federal and State Ministries of Health are expected to take full responsibility for the programmes in 2017 and in order to ensure sustainability, the work with the states on the transition plan and exit strategy needs to be accelerated.

Key Recommendations that emerged from the review

For the UNITED programme including the FMOH

1. Development and implementation of an advocacy and communication plan as a programme activity: high level advocacy is urgently needed for buy-in and commitment to the NTD programme at all levels of National and State MOH as well as with traditional and religious leaders.
2. Implement a continuous process of BCC over the course of the year, not just at MDA time
3. HKI (with input from other consortium members if needed) should support its staff in Katsina to build a stronger relationship with the SMOH.
4. Federal and State level should be encouraged to develop plans for advocacy and resource mobilisation for when UNITED funding ends (including from private sector).

For UNITED, FMOH and DFID

5. Plan for how the surveillance will be carried out for diseases where the threshold for treatment has been reached - operational and funding
6. Utilise opportunities to improve collaboration with other DFID funded health and development programmes in Nigeria (e.g. annual workshops involving all programmes).

Supply chain (UNITED, FMOH)

7. Ensure there are mechanisms to sustain the integrated drug storage system and integration into the national supply chain of the tools and process introduced by Crown Agents for the UNITED programme
8. Further Improve implementation of reverse logistics by identifying funding options and clarifying roles and responsibilities

Coordination/collaboration (UNITED, FMOH, SMOH)

9. Find ways to improve collaboration with other NGOs and organisations involved in school feeding for the schistosomiasis programmes, stronger collaboration with SUBEB and advocate that government strengthens these links

10. Adults as well as children in high risk communities will need to be included in annual MDA's as stipulated in WHO guidelines - all areas where baseline prevalence of infection is 50% and above, in order to reach the programme milestone for schistosomiasis (caveat is that Praziquantel is donated only for school-aged children).
11. School-based activities are the responsibility of the Ministry of Education and the involvement of health workers in the planning and implementation of school based MDAs needs to be strengthened, particularly in the management of adverse events.

MDA (UNITED, FMOH, SMOH, DFID)

12. When potential or actual drug supply problems occur, act quickly and consider using high-level global stakeholders to help unblock the problem
13. Attention needs to be paid to CDD work load and actual numbers of people they are treating

BCC (UNITED)

14. The BCC/IEC component of the UNITED programme needs to be strengthened at all levels from the national to community level.
15. The M&E component of the BCC strategy needs to be reviewed and implemented in line with the BCC strategy in order to reach the project targets

Other Recommendations for UNITED to consider

UNITED programme, including the FMOH

1. Explore developing a minimum set of standard strategies for consortium partners for implementing MDAs (BCC, Logistics, CDD incentives, M&E)

Coordination/ collaboration (UNITED, FMOH, SMOH)

2. Explore how to work with organisations working on palliative/morbidity care for LF e.g. with the tuberculosis/leprosy programme, Leprosy Mission, handicap international etc.

MDA (UNITED, FMOH, SMOH)

3. As community and religious leaders will be critical in sustaining the MDAs, consider a specific, annual IEC programme for them.

M&E (UNITED, DFID)

4. Ensure a coherent M&E system that is aligned with the UNITED DFID logframe with quality assurance of M&E at PMO office e.g. ensure documents are dated, numerators and denominators are clearly defined within the document, and assumptions are clearly outlined.
5. Recommend a due diligence process to identify where consortium members are using different templates with a view to implementing standardised templates for the UNITED programme across the five States and implementing partners.

BCC

6. BCC monitoring should be built on existing routine monitoring systems