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Programme africain de lutte contre l'onchocercose

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**FINAL COMMUNIQUE AND RECOMMENDATIONS OF THE  
SPECIAL MEETING ON SUSTAINABILITY OF CDTI**



**World Health  
Organization**

**SPECIAL MEETING ON THE SUSTAINABILITY OF CDTI  
OUAGADOUGOU, 2- 5 FEBRUARY 2004**

**FINAL COMMUNIQUE**

A special meeting on the sustainability of CDTI was held in Ouagadougou from 2 to 5 February 2004. The meeting was attended by experts that have been involved in the evaluation of the sustainability of CDTI in the last two years, National coordinators and NGOs. The Chairman of the Committee of Sponsoring Agencies (CSA) of APOC, Mr. Bruce Benton, World Bank, and a representative of the Canadian International Development Agency (CIDA), Mme Catherine Berard also attended the meeting. The list of participants is attached as Annex-2.

After an opening session, the following objectives were addressed, the outcome of which are summarized as follows:

*Objective 1: To review and draw lessons from the performances and achievements of CDTI projects assessed for sustainability.*

APOC Management, with the help of consultants has developed tools to assess the sustainability of CDTI projects, and to date, 34 projects have been evaluated. Assessment of the projects revealed that the overall performance at the community, district and regional/state/provincial levels was good. Performance at the frontline health facilities (FLHFs) was not satisfactory. The performance of projects was measured by groups of indicators applied at the four levels of Programme operations, namely: region/state/province, district, frontline health facility and community. This showed that the performance on sustainability of the projects for three indicators - finance, integration and transport were not satisfactory. The projects however performed satisfactorily on the other indicators: planning, leadership, monitoring and supervision, training/health education/sensitisation/mobilization, Mectizan supply and distribution, and on the output indicator, coverage. The meeting called for intensified effort to empower and strengthen FLHFs.

Recommendations were made to governments, NGOs and APOC on measures to address issues behind the unsatisfactory performance for the three indicators and other deficiencies at different levels of health services.

The performance of the CDTI project in Chad at the four levels was lower than in all other countries for all the indicators. It was noted that the leadership of the National Onchocerciasis Coordinator contributed to the poor performance of the project. The meeting called on APOC management to approach the government of Chad at higher levels to address the situation.

For the overall judgement of the sustainability of projects, the meeting recommended that a numerical grade on a 4-point scale be used and be complemented with the qualitative consensus approach, in the evaluation report.

*Objective 2. To review and make more efficient the instruments, indicators, guidelines and critical elements of sustainability used for assessing the level of support of the partners, and the ability of the health system and communities to sustain CDTI, after the cessation of APOC support.*

After a re-examination of the current definition, the meeting adopted a new definition of sustainability of CDTI as follows: “*CDTI activities in an area are sustainable when they continue to function effectively for the foreseeable future, with high treatment coverage, integrated into available health care services, with strong community ownership, using resources mobilized by the community and the government.*”

The meeting also reviewed the Programme indicators as well as aspects and critical elements of sustainability. The aspects and critical elements were retained as they were considered to be relevant. Some modifications were made in the indicators and instruments.

Objective 3: *To review the guidelines for developing sustainability plans.*

The guidelines for developing sustainability plans after Year 3 and Year 5 evaluations were reviewed and revised. The criteria for reviewing sustainability plans submitted by the NOTFs were developed and endorsed by the meeting.

Objective 4: *To design a tool for monitoring the implementation of sustainability plan by participating governments.*

A draft tool for the above was developed and agreed on. The meeting called for pre-testing and immediate application of the tool.

The meeting also discussed other important specific issues and made the following recommendations:

- (1) All projects should, from now on, be evaluated for sustainability in their 3<sup>rd</sup> year and only problematic ones should be re-evaluated in their 5<sup>th</sup> year.
- (2) New CDTI proposals submitted to APOC should, henceforth, contain only a 3 year-budget and work plan.
- (3) All projects evaluated for sustainability at year 3 will subsequently submit a 5-year sustainability plan.
- (4) Projects currently in their 4<sup>th</sup> or 5<sup>th</sup> year which are NOT yet evaluated, will be evaluated in the 5<sup>th</sup> year. After evaluation they are required to submit a 3-year sustainability plan.

The recommendations of the meeting are attached as Annex 1, and the full report will be made available in due course.

**Annex 1****RECOMMENDATIONS****REVIEW OF THE PERFORMANCE AND SUSTAINABILITY OF CDTI PROJECTS AT FOUR LEVELS OF IMPLEMENTATION (State/Region/Province, District/LGA, Sub-district/FLHF, Community)**

The meeting was pleased that good progress is being made at both the community and regional/state/provincial levels. To further enhance sustainability at all levels, the meeting recommended as follows:

**National Onchocerciasis Task Forces (NOTFs)**

1. The state/regional/provincial onchocerciasis teams should devolve appropriate planning, financial and material resource management for CDTI to the District/Local Government health service.
2. Frontline health facility (FLHF)/Sub-district, the weak link in the CDTI implementation chain should receive more attention and support from the National Onchocerciasis Task Forces (NOTFs).
3. The NOTFs should ensure the implementation of recommendations of the evaluation of CDTI projects and that subsequent sustainability work plans are developed and executed.
4. NOTFs should as a matter of urgency improve the capability of FLHF level personnel on record keeping, monitoring and supervision, HSAM and training of CDDs.
5. The NOTFs should strengthen the capacity of FLHFs to enhance community self-monitoring.
6. NOTFs should ensure the FLHF personnel provide information to communities to select as many CDDs as they require to achieve a ratio of at least 1 CDD per 20 households.
7. Where there is cost-sharing scheme, NOTFs should ensure that communities participate actively in decisions on how to disburse funds accrued from cost-sharing in CDTI activities.

**APOC**

8. APOC should support operational research to determine the effect of decentralized health systems and integration on the sustainability of CDTI.
9. APOC may consider developing a rapid sustainability evaluation tool that focuses evaluation on the FLHF and communities.
10. APOC should support operational research to document contributions (cash or kind) by communities, health personnel and Districts/LGAs to CDTI, in selected areas using a well-designed protocol.

### **Special case of Chad and Congo**

11. Considering the poor performance of CDTI in Chad due to the impediments by the National Onchocerciasis Control Coordinator, the meeting recommends that APOC management continues with efforts to redress the situation through re-contacting the highest authority in that country.
12. The meeting recognized that CDTI project in Congo Brazzaville is being implemented in the context of social conflict and recommends that, as in other countries in similar situation, CDTI project in Congo Brazzaville be handled with flexibility in terms of support for sustainability.
13. APOC should support research on CDTI implementation and management in urban communities, and Add-on interventions.

### **INTEGRATION**

#### **National Onchocerciasis Task Forces (NOTFs)**

14. NOTFs should liaise with other health programs to enhance inclusion of CDTI in routine training of health staff in order to promote integration.
15. Integration of CDTI activities into overall health care services at the district/LGA level should continue. Where it has not yet occurred, NOTF should ensure its implementation without delay.
16. Plans for integration of CDTI activities, and integrating CDTI with other related health services should be developed and implemented.

#### **APOC**

17. APOC should encourage countries to integrate activities of CDTI and lymphatic Filariasis where feasible. The aim should be to integrate content of training modules

### **GRADING PROJECTS SUSTAINABILITY – CRITICAL ELEMENTS**

The meeting having reviewed the relevance of the seven aspects and critical elements for the overall grading of the sustainability of CDTI projects recommended that for the foreseeable future:

18. Aggregate scores of indicators should be used with conclusions on critical elements and aspects of project performance in judging the sustainability of CDTI projects.
19. Qualitative data should be incorporated in future evaluation reports for enrichment.
20. In the review of the relevance and appropriateness of indicators, the same groups of indicators should be maintained to enable appropriate use of available baseline data in monitoring project performance on sustainability.

## **EVALUATION OF THE SUSTAINABILITY OF CDTI PROJECTS AND REVIEW OF EVALUATION INDICATORS AND INSTRUMENTS**

Following the review of the evaluation process and guidelines, the relevance and appropriateness of indicators and instruments, the meeting made the following recommendations:

### **APOC**

21. Independent national consultants should conduct mid-term sustainability evaluation with assistance of one or two resource persons (facilitators) from APOC. For the 5<sup>th</sup> year evaluation more international consultants should be involved.
22. Information on treatment coverage should be collected at all levels. However, for the final judgment of a project only aggregate scores of treatment coverage of the community level (Instrument 4) should be used. For the upper levels, FLHF (instrument 3), District/LGA and region/state/province (instruments 1 and 2), information on the indicator coverage should be collected at each of these three levels from project's information/records.
23. Geographical coverage rates should be collected at all levels. However, for the final judgment of a project, only aggregate scores of the geographical coverage of the FLHF (Instrument 3) should be used
24. Instruments should be modified to include indicator on integration at all levels except the community level (instrument 4).
25. Instrument 3 for FLHF level should be modified to include sub-indicator on serious adverse events (SAEs)
26. Instrument 4 should be modified to include sub-indicator on community self-monitoring (CSM). The indicator on financial, human and material resources should be modified to include other kinds of support.
27. The sampling for data collection for the evaluation should be done randomly. For the central level (national, region/ province/ state; project) where there is only one entity to work with, sampling is not necessary. For the other levels (district/ LGA, sub-district/ FLHF area, village/ community), evaluators should use a random sampling method.
28. The staff of the country offices of the World Bank and APOC donors should be encouraged to participate in the evaluation.

## **GUIDELINES FOR DEVELOPING SUSTAINABILITY PLANS AND CRITERIA FOR REVIEWING THESE PLANS**

The meeting was satisfied that the process of developing sustainable CDTI plans is in place in ten countries where evaluations had been carried out. However, to improve the quality of sustainability plans submitted by 3<sup>rd</sup> and 5<sup>th</sup> year projects and accelerate the review process by APOC management, the meeting recommended:

### **National Onchocerciasis Task Forces (NOTFs)**

29. All partners supporting the CDTI activities in an area should be involved in the development of sustainability plans.
30. Officials from the District /LGAs should attend both the feedback and sustainability planning meetings to enable them have insight of the CDTI project performance.
31. NOTFs should ensure that information on the project background, its performance and the REMO Map are available during the meeting to develop sustainability plan.
32. The role of each participating partner should be clearly defined in a sustainability plan.
33. NOTFs in developing the plans should critically address all the issues raised in the evaluation report at all levels.
34. Projects in the 3<sup>rd</sup> Year should take advantage of the evaluation opportunity to address the recommendations of the evaluators to enhance the sustainability of the project by the 5<sup>th</sup> year.
35. Onchocerciasis control should be featured in the district comprehensive health plan, and CDTI activities should be an integral part of the health plan both at the national, regional and district levels.
36. Sustainability plan should be developed in conformity with the conditions set by APOC for further support.
37. Sustainability plans should be signed by the responsible district / LGA authorities and NGDO representatives before they are forwarded to APOC. Dignitaries from the District /LGA authorities are to sign the sustainability plans as clear indication of their full participation, understanding and commitment to CDTI activities.
38. NOTFs should ensure accountability and documentation on the contribution and flow of monies for CDTI activities by the District / LGA Authorities.
39. Districts/LGAs should receive copies of the guidelines well in advance of the Feedback and sustainability planning workshop in order to enable the authorities attend the workshop prepared and with key data.
40. NOTFs should submit electronic copies of the sustainability plan to APOC management after an evaluation and development of plan.

### **APOC**

41. Separate Guidelines should be sent to the NOTFs for developing the sustainability plans of 3<sup>rd</sup> and 5<sup>th</sup> Year projects.
42. APOC to take the responsibility of preparing and sending the budget forms to NOTF Offices of participating governments from where the forms should be sent to their respective projects.
43. The meeting urged APOC management to find ways of speeding up the process of reviewing sustainability plans and release of funds.

44. Criteria for reviewing sustainability plans should be pre-tested and used by the Programme

## **TOOL FOR MONITORING IMPLEMENTATION OF SUSTAINABILITY PLANS**

For continuous assessment of CDTI during Phase II and Phasing-out period, the meeting designed a tool for monitoring the implementation of sustainability plans drawn by 3<sup>rd</sup> and 5<sup>th</sup> Year CDTI projects and recommended:

### **APOC**

45. APOC should focus monitoring the implementation of sustainability plans at the district/LGA, FHLF and community levels. Feedbacks on relevant and emerging issues should be given to higher levels after the monitoring exercise.
46. Monitoring of implementation of sustainability plans should be carried out at the end of year 4 for projects evaluated at their 3<sup>rd</sup> year. Projects evaluated at their 5<sup>th</sup> year should be monitored for the implementation of sustainability plans at the end of the 6<sup>th</sup> and 8<sup>th</sup> year.
47. The procedure for monitoring the implementation of sustainability plan should adopt a random sampling of FLHF level from each district and random sampling of communities within FLHF.
48. Indicators to monitor the implementation of sustainability plans should include health education/sensitization/advocacy/mobilization (HSAM), Mectizan® supply and distribution, integration, transport and other material resources and financial resources. Information on the indicator, human resources should be collected at the community level.
49. The tool for monitoring the implementation of sustainability plans should be pre-tested in five countries- Cameroon (SWII), Tanzania (Tanga and/or Mahenge), Chad, Nigeria (Taraba or Kogi) and Uganda (Phase I).

### **APOC and National Onchocerciasis Task Forces (NOTFs)**

50. APOC should fund the pre-testing of the tool and the first monitoring exercise. The Ministry of Health should subsequently take over the funding of the exercise.

## **OTHER SPECIFIC ISSUES**

In the discussion of other important programme issues the meeting made the following recommendations:

51. All projects should, from now on, be evaluated for sustainability in their 3<sup>rd</sup> year and only problematic ones should be re-evaluated in their 5<sup>th</sup> year.
52. New CDTI proposals submitted to APOC should, henceforth, contain only a 3 year-budget and work plan.
53. All projects evaluated for sustainability at year 3 will subsequently submit a 5-year sustainability plan.
54. Projects currently in their 4<sup>th</sup> or 5<sup>th</sup> year that are NOT yet evaluated, will be evaluated in the 5<sup>th</sup> year. After evaluation they are required to submit a 3-year sustainability plan.

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