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REPORT OF THE SECOND MEETING OF THE NATIONAL ONCHOCERCIASIS TASK FORCES (NOTFs) REPRESENTATIVES: EXECUTIVE SUMMARY
REPORT

OF

The Second Meeting

of the National Onchocerciasis Task Forces (NOTFs) Representatives: sustainability indicators, assessment of projects and lessons learned

Abuja, Nigeria, June 17-22, 2002

EXECUTIVE SUMMARY
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The second meeting of National Onchocerciasiis Task forces (NOTF) representatives of countries in the African Programme for Onchocerciasiis Control (APOC) was held in Abuja, Nigeria from June 17th to 22nd 2002. Besides representatives of NOTF, other participants included: Representatives of UNICEF, WHO/Nigeria, APOC Management staff, APOC/ TCC members, Core group on sustainability of CDTI and evaluators who recently carried out assessments on sustainability of seven CDTI projects in nine (9) geographically distinct areas.

The main objective of the meeting was to create a common understanding of the meaning, importance, and measurement of sustainability of CDTI projects as well as practical implications of future work of countries and APOC support in this area. The focus of the meeting was on pooling and learning from results of the above CDTI assessments.

The meeting was opened by Dr. Suleman Sani, Director Hospital Services Federal Ministry of Health, on behalf of the State Minister of Health. Participants worked in plenary and group sessions to, analyze findings of evaluation of sustainability of individual CDTI projects; analyze findings related to groups of sustainability indicators across the nine projects and make relevant recommendations on how emerging issues should be addressed.

Evaluation of Projects for sustainability
Evaluation reports on the sustainability of the projects referred to above: Malawi (Mwanza/Thyolo), Uganda Phase I (Kasese, Kisoro, Masindi, Hoima), Nigeria (Taraba, Cross River, Kaduna), and Tanzania (Muhenge) were presented and discussed. Assessment of Kogi CDTI project in Nigeria will be undertaken by November, 2002. These assessments were carried out by teams of national and outside experts, over a period of 10 to 14 days using guidelines and instruments developed by the core group on sustainability and field tested in one project.

Indicators of sustainability
Assessments were based on nine groups of Indicators of sustainability grouped into the following three categories.

- **Indicators of Results (1 group):** Coverage- geographical and therapeutic
- **Indicators of CDTI support activities (5 groups):** Planning, Leadership, Monitoring and Supervision, Mectizan supply and distribution, Training and Mobilization/Sensitization;
- **Indicators of Resources provided (3 groups):** Finance and funding, Transport, other Material resources and Human resources.

Numerical grading was used to summarize assessment findings at community, sub-district, district, State/Region and national levels. Overall assessments of individual project also with numerical gradings were also carried out.

An important innovation in the process of evaluation was the convening of feedback/planning meetings involving the evaluators, policymakers (state/ district and sub-district authorities), planners and implementers. The meetings provided an opportunity to deliberate on findings and to develop plans to address identified problems.

Findings and Lessons from evaluation
A mixed picture emerges from the findings. The meeting was pleased to note that, on the whole, distribution of Mectizan® was being carried out satisfactorily in all the nine projects, reaching most communities under treatment in time including communities in very difficult-to-reach areas. National project coordinators in all projects are well trained and have adequate skills to effectively coordinate all CDTI activities. Communities everywhere were enthusiastic and willing to play...
their part in CDTI and the programme were graded highly sustainable at the community level in seven projects. In few instances, projects have succeeded in forging an interesting network of collaboration with other indigenous NGOs and government organizations who have been involved with promotion of CDTI implementation. In six of the 9 projects evaluated, most key CDTI activities have become well integrated into the routine functioning of government health delivery systems at LGA/district and front line health facility levels.

Since the PHC system is poor and/or non-functional in most countries, inadequate human resources at the front line health facility level necessitated innovations: the use of supervisory staff paid by local NGOs in Cross Rivers state, Nigeria and educated community members as ‘volunteer’ supervisors in Uganda projects, but paid with APOC funds.

However, many problems, some of them critical, that stand in the way of sustainability were identified. For example, while geographic and therapeutic coverage rates are high in the majority of projects, unacceptable low levels were found in few villages. Planning in all projects is largely APOC / NGDO driven and related to funding request, resulting in a top-down process which often works against integration and excludes non-CDTI staff and other stakeholders. Though there exist clear budgetary provisions with CDTI well represented in the general budgets of most districts/LGAs, none of the projects has made serious plans on financial sustainability after APOC support ends.

Key political leaders and decision makers at different levels are not adequately sensitized and mobilized towards providing funds and other support to CDTI. In fact, programs in some districts were described as a “one-man-Show.” Lower levels of the system particularly the sub-district in several projects are not empowered to identify and solve problems. Front line health facilities were often written off as being poorly staffed and overworked. In these circumstances training and supervision of CDDs is carried out by staff at higher levels, bypassing health facility staff. However many projects recognizing the crucial role of sub-district and frontline health facilities have built their capacity to play an active role in CDTI within their limitations. The meeting agreed the use of remunerated ‘voluntary’ supervisors was necessary since the number of health personnel is not adequate to cope with the supervision needs of some communities but acknowledged the need to address the problem of remunerating supervisors in post-APOC period.

Another important lesson is that issues previously identified in monitoring progress of some projects had not been acted on, the same issues emerged from the evaluation. The major lesson from the evaluations is that most of what should be done is known, action is what needs to be intensified. On the nine projects the meeting came to the conclusion that seven were making satisfactory Progress towards sustainability, two were not.

Building on lessons
The meeting spent considerable time examining different ways in which lessons emerging from the analysis of all the projects could be used to spearhead and intensify action on problems identified in individual projects. It was clear that those projects that had not made headway towards sustainability in five years needed a fundamental rethinking if sustainability objectives are to be achieved. The meeting’s view was that it couldn’t be “business as usual” for any project.

Using lessons from the pooled experiences the meeting elaborated sustainability plans to address shortcomings for each of the evaluated projects. The plans were referred to as Frameworks, recognizing the fact that suggestions and recommendations from the meeting will only become plans once they have been discussed, modified and agreed on by national teams. The framework indicates, problem identified in the evaluation, solution, who will do what, when and fund sources. It was recommended that a sustainability plan and budget be developed by all projects.
Evaluation findings presented a challenge not only to countries but also to APOC. How should APOC respond? Clearly the objective of APOC is that all CDTI projects should be sustainable, there is no question of abandoning any. It was felt strongly that APOC should intensify its advocacy role on CDTI to high level decision makers in countries. The meeting developed criteria for APOC support to projects in their fifth year (Annex A) and made specific recommendations on actions to be taken by APOC with respect to findings made by the evaluation teams. **Annex B contains main findings and recommendations on action to be taken by countries and APOC on evaluated projects.**

The meeting considered the planning meetings organised after evaluation of projects as being of great importance. APOC Management and senior decision makers in project countries should be encouraged to participate. The meeting also emphasised that sustainability assessment should be built into projects and start from the onset.

The meeting noted with satisfaction that some projects have started using CDTI as an entry point for implementing other programs (Helen Keller International and Vitamin A distribution in Nigeria). Participants observed that this experience confirms that CDTI provides a workable opportunity for integration of health programs. The meeting encouraged APOC to support integration of other drugs, such as Vitamin A supplement and praziquantel and other PHC activities into CDTI system.

**CDTI implementation in conflict areas**
Following the presentation and group discussions on CDTI implementation in conflict areas the meeting approved a framework of flexibility and promotion of CDTI through integration with activities of other humanitarian agencies working in conflict areas. APOC should respond by reaching technical agreements with these agencies. At country level the meeting advised projects to promote the use of CDDs in health and development emergency activities. It was recommended that APOC should continue to explore opportunities to reaching inaccessible areas including the use of high level advocacy for a cease-fire to administer treatments to affected communities.

**Drug development**
The meeting appreciated briefing provided on developments related to Moxidectin for the treatment of Onchocerciasis and noted with satisfaction the progress so far made. The meeting urged NOTF to participate actively in Phase III clinical studies on Moxidectin.

**Way-forward**
Discussions at the meeting were frank, focusing on needs of affected communities. Behind the approach taken by the meeting was the conviction that the best tool countries have to improve CDTI is learning from each other through pooling experiences, enabling individual countries to take action on pooled experiences. Collective pressure was seen as having great potentials for enhancing action in individual projects.

Innovation and operational research were seen as important strategies for finding solutions to difficult problems. A good example of innovation presented at the meeting was the deployment of non-health personnel as “volunteer” supervisors to CDDs. The volunteers include teachers who reside in communities and carry out tasks that would normally be carried out by health facilities. The volunteers receive some remuneration for the work done. Discussions are now under way to decrease their numbers to a level that can be financed by districts. Learning by doing of this nature should be encouraged and supported by APOC so that it is carried out in an organized way and results disseminated widely.
Concern was expressed by some participants that the evaluation instruments were too long. Some suggestions on how the number of indicators can be reduced were made at the meeting. It was also indicated in the meeting that the core group on sustainability plans to address this issue and that of manual.

Participants agreed that the Abuja meeting was a milestone in the effort of countries and APOC to enhance sustainability of CDTI. The meeting realized that many challenges lay ahead. For example, often only a portion of the population at the national or district levels is at risk of onchocerciasis. This makes the problem less ‘visible’ to policy makers. Secondly a number of communities in APOC countries are in persistent conflict areas. In some project areas, because of poor terrain, no means of transportation is adequate except walking. The meeting called on all participants and partners to do whatever is in their power to augment and maintain the CDTI sustainability movement created at Abuja.
CRITERIA FOR FURTHER APOC SUPPORT

The meeting developed the following criteria for use by APOC management in considering exceptional support to a project after its fifth year

The Process:

- All projects should be monitored at end of the first year
- A mid-term evaluation of sustainability should be carried out during the third year of CDTI implementation. The Midterm evaluation is very crucial to sustainability, APOC should use the results for determining areas of support to guide projects towards sustainability. For projects that have passed the third year without evaluation, APOC should use the report of external monitors as guide for initiating follow-up action.
- Fifth year evaluation of sustainability should be carried out on all projects that have passed through four years of APOC support and the findings used to determine the level and type of further assistance to be provided by APOC.
- Results of the Fifth year evaluations should be in classifying projects into three categories
  - Fully sustainable
  - Making satisfactory progress towards sustainability
  - Not making satisfactory progress towards sustainability

For projects that are FULLY SUSTAINABLE, APOC should cease further support and continue to monitor its sustainability without such support.

For projects that are MAKING SATISFACTORY PROGRESS TOWARDS SUSTAINABILITY, APOC should provide further support for the 6th to 8th year of CDTI implementation if the projects meet the following conditions:

- There should be a 3 year, post-APOC plan for sustainability
- All of previous year’s budget was released by government.
- Evidence that an effort has been made to address the issues raised during the Mid-term evaluation
- Evidence that resources have been used for planned activities
- Evidence that 100% geographic coverage and an acceptable (higher than 65%) therapeutic coverage has been attained

For projects that are NOT MAKING SATISFACTORY PROGRESS TOWARDS SUSTAINABILITY, APOC funding should cease until there is satisfactory evidence that critical issues raised in the evaluation report are being addressed by the government at all levels and changes made in project leadership.

APOC should support the following activities

- Capacity building to strengthen project sustainability especially regarding
  - Effective management of scarce resources
  - Advocacy and local resource mobilisation
  - Leadership
  - Data / information management
  - Advocacy for commitment of government to continue to support CDTI
- Capital equipment replacement
- External monitoring and evaluation
- Mapping (REMO)
- Operational research to improve implementation of sustainability of CDTI

**APOC should not support**

- Salary top ups
- Routine CDTI activities such as CDD training, monitoring and supervision and distribution of Mectizan
- Running cost for motor vehicles
- Cost of Consumables
- Internal procurement and transport of Mectizan
## MAIN FINDINGS AND RECOMMENDATIONS ON EVALUATED PROJECTS

<table>
<thead>
<tr>
<th>#</th>
<th>PROJECT</th>
<th>STATUS</th>
<th>MAIN FINDINGS &amp; RECOMMENDATIONS</th>
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</table>
| 1  | CROSS RIVER | - Coverages were satisfactory  
- There is integration into the health system  
- Strong networking and collaboration with indigenous NGOs  
- Routine supervision and training  
- Heavily dependent on APOC funds  | Project has made satisfactory progress towards sustainability.  
- Prepare sustainability plan  
- Seek local dependable sources of post-APOC funding  |
| 2  | KADUNA | - Routine planning at the State level is made  
- State gives financial support  
- LGA leadership is not fully sensitized  
- Heavily dependent on APOC funds  | Project has made satisfactory progress towards sustainability.  
- Sensitize and involve LGA leadership  
- Prepare sustainability plan  
- Seek local dependable sources of post-APOC funding  |
| 3  | TARABA | - Well integrated into the health system  
- Communities are well mobilized and involved  
- Heavily dependent on APOC funds  | Project has made satisfactory progress towards sustainability  
- Prepare sustainability plan  
- Seek local dependable sources of post-APOC funding  |
| 4  | MALAWI CDTI (MWANZA/THYLOLO)  
- Not integrated into the health system except at district level  
- Unsatisfactory geographical coverage  
- CDTI not in place  
- Heavily dependent on APOC funds  | Project is not making satisfactory progress towards sustainability.  
- APOC funding should cease after the fifth year until satisfactory evidence that critical issues raised in the evaluation report are being addressed by the government at all levels, especially changes in leadership.  
- New leadership should prepare plan to establish a sustainable CDTI plan  
- Seek local dependable sources of post-APOC funding  |
| 5  | MAHENGE | - CDTI is not understood by CDDs  
- Training of CDDs was done only once to a few in two years  
- Not integrated into health system  
- Communities are not involved  
- Heavily dependent on APOC funds  | Project is not making satisfactory progress towards sustainability.  
- APOC funding should cease until satisfactory evidence that the government is addressing critical issues raised in the evaluation report at all levels, especially changes in leadership.  
- New leadership should prepare plan to establish a sustainable CDTI plan  
- Seek local dependable sources of post-APOC funding  |
| 6  | UGANDA PHASE CDTI (HOIMA)  
- Geographical coverage is high  
- Integrated into the PHC at the district level  
- Heavily dependent on APOC funds  | Project has made satisfactory progress towards sustainability  
- Prepare sustainability plan  
- Seek local dependable sources of post-APOC funding  |
| 7  | UGANDA PHASE CDTI (KASESE)  
- Geographic and therapeutic coverages are high.  
- Well integrated into PHC at the district level  
- Heavily dependent on APOC  | Project has made satisfactory progress towards sustainability  
- Prepare sustainability plan  
- Seek local dependable sources of post-APOC funding  |
| 8  | UGANDA PHASE CDTI (KISORO)  
- There is budgetary allocation for CDTI at district level  
- Integrated into the PHC at the district level  
- Routine training and supervision  
- Heavily dependent on APOC funds  | Project has made satisfactory progress towards sustainability  
- Prepare sustainability plan  
- Seek local dependable sources of post-APOC funding  |
| 9  | UGANDA PHASE CDTI (MASINDI)  
- Integrated into the PHC system and supported from PAF  
- Political commitment is high  
- Staff are well trained and motivated  
- Inefficient use of resources  
- Low level of community ownership of CDTI  
- Heavily dependent on APOC funds  | Project has made satisfactory progress towards sustainability  
- Prepare sustainability plan  
- Seek local dependable sources of post-APOC funding  |

Annex B