

# End of Term Evaluation Report

## UNITED Northern Nigeria Integrated Neglected Tropical Diseases Control Programme

Project number: 44031

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## Executive summary

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### Background Information

Nigeria has the highest number of people infected with Neglected Tropical Diseases (NTD) in Africa. One person in five across the continent requiring treatment for at least one NTD lives in Nigeria<sup>1</sup>. The UK Department for International Development (DFID)-funded and Sightsavers-led UNITED programme supported the governments' efforts to reduce the prevalence and interrupt the transmission of seven NTDs through a set of interventions. With a budget of £14 million, it has been operational in five states over a period of five and a half years (2014-2019).

### Evaluation purpose and approach

The evaluation was commissioned to analyse and report on the achievements of the programme, as well as to capture learning and make recommendations for future programming. The evaluation used a combination of quantitative and qualitative methods. Primary data analysed for the evaluation included programme management data, survey data as well as data gathered from semi-structured interviews (SSIs) with programme personnel and partners at global, national, state and community levels. Field visits were made in Nigeria in three of the five supported states where interviews and focus group discussions (FGDs) were conducted. A one-day learning event gathered key programme stakeholders to tease out the learnings from the programme.

### Main findings and conclusions

UNITED has been a pioneer programme. It was the first integrated NTD programme for seven preventive chemotherapy/NTDs (PC/NTDs) in Nigeria. The scale of its delivery was unprecedented in the country. It was the first integrated NTD investment by DFID and the first deliverable-based and milestone payment contract for Sightsavers and other UNITED consortium partners. UNITED operated in the complex and insecurity-prone Northern Nigeria. The programme was overall successful. It has provided evidence that NTD integration and scale are possible, offering very good value for money (VfM). The evaluation team presents here its rating against each evaluation criteria using Sightsavers' rating scale (see Appendix 1).

#### Relevance

#### Rating



Always aligned with national and state NTD master plans, UNITED was very relevant as it addressed major gaps in the control of seven PC/NTDs in five northern states. It addressed 14% of the national burden for onchocerciasis, 15% for trachoma, 16% for soil-transmitted helminths (STH), 20% for LF and 21% for schistosomiasis. In all five supported states, UNITED achieved 100% coverage of the known endemic LGAs. The programme used an astute, phased approach that ensured that programme targets were based on evidence, and scale-up informed by learning from a pilot in Zamfara. The programme responded to environmental changes and was adjusted accordingly in terms of NTD policy environment and transmission, resolving issues with insecurity and drug availability as well as DFID enhanced compliance requirements.

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<sup>1</sup> <http://espen.afro.who.int>

## Effectiveness

Rating



UNITED fulfilled most of its objectives and met or surpassed most of its targets. Following increasingly effective MDAs over the years, UNITED support ensured that several LGAs reached a stage where they could stop treatment for some of the diseases, as evidenced by impact assessment results. Building on the success of UNITED, over the next three years many more LGAs should reach that stage. The programme implemented several health system initiatives that have demonstrably built national and state capacity towards independent management of MDAs in the future. Particularly successful is the support provided to strengthen the UNITED drug supply systems, which has been adopted at federal level as a national system. Supporting leadership, management and planning skills have resulted in stronger NTD teams at national and state levels. Some of these capacities are still fragile and will need further nurturing.

With UNITED support, more women than men accessed community-based MDAs, whilst the reverse is observed for school-based MDAs. The programme made efforts to ensure that hard-to-reach groups were not missed, adopting an inclusive approach. Issues with access by people with no schooling or with disabilities have been unveiled through this evaluation. UNITED's BCC component appears to have remained a much weaker output of the programme throughout its lifetime (which explains the rating). Whilst efforts have been made to improve its delivery, these still lacked strategic direction, internal coordination and expert capacity. Finding ways to measure the effectiveness of BCC will be important in any future programmes.

## Efficiency

Rating



The UNITED team has put a lot of effort into ensuring good economy and efficiency for the programme, achieving a dramatically decreasing cost/person treated over the years. Due to economies of scale, any efficiency gain worth a few cents on a single treatment can result in large savings when applied to millions of treatments. These savings enabled the programme to provide 16 million treatments over target within its total resources envelope. Other savings have been reportedly made and reinvested in the programme, such as for impact assessments and for CDD identification materials in Katsina. The consortium model, built on trust and openness between strong consortium partners, was key in these achievements, as was Sightsavers' supportive leadership style. The deliverable-based contract approach was experienced as a double-edged sword; on the one hand, driving performance and motivating teams to find innovative ways to deliver, but on the other hand, combined with other factors, putting undue pressure on some partners. An overly narrow focus on economy and efficiencies may have come at the cost of programme quality, and hence its effectiveness. All consortium stakeholders felt that they received the right level of information at the right time to efficiently manage the programme at their level. Some isolated inefficiencies have been noted in the programme M&E systems and these will require attention moving forward to strengthen further data quality for decision making.

## Impact

Rating



The UNITED logframe uses ‘number of DALYs averted’ to quantify the programme’s impact, but challenges were faced in measuring these, hence the indicator was not tracked until Sightsavers offered an estimate at the end of the programme. Persistent limitations in methodology mean that they might not be the best metric for such a programme. Nevertheless, transmission of several diseases has stopped in a number of LGAs and UNITED helped Northern Nigeria in making giant strides towards elimination of the targeted diseases. An unintended positive effect of the programme has been much stronger consortium partners as a result of enhanced management requirements and the good visibility / reputation from being associated with UNITED’s successes. These allowed several consortium partners to secure additional funding from DFID or other donors, hence contributing further to combating NTDs in Nigeria.

## Sustainability

Rating



Sustainability requires domestic ownership as well as managerial, technical and financial capacities. There are signs of government ownership, but these are still weak; CSOs are eager to contribute further to the NTD programmes but need more guidance to organize themselves as effective coalition and pressure groups at lower levels. Communities are keen on the drugs but do not see they need to play a role in sustaining the NTD programme because they do not understand that they are working towards elimination. Many management and technical skills have been built at all levels and several state and LGA teams could almost run MDAs on their own, but they are not quite there yet. The teams are more operational than strategic and, as disease prevalence declines, a new set of skills will be required to move to surveillance and further integration into the health systems. Domestic funding is only available on a sporadic and exceptional basis; the achieved increased awareness about NTDs has not translated yet into actual financial commitment. Expectations about sustainability need to be managed; assuming that national stakeholders can foot the bills overnight is unrealistic. A strong long-term public-private-donor partnership, with coordinated contributions from all, is more likely to see the last mile through.

## Scalability / replicability

Rating



An integration approach has proven worthwhile for programme delivery at scale. UNITED’s approach is replicable and scalable; DFID and others have already adopted the model for their future investments. As it is implemented through government and community structures, there will always be elements of contextualization needed for replicability. Documenting more systematically the key ingredients for successful integration and delivery at scale might go a long way in ensuring that lessons from UNITED are used elsewhere.



Such level of achievement is only possible if there is internal coherence and external coordination. Consortium relations were very good thanks to mature partners who have grown stronger from their experience with the UNITED programme. Coordination with other stakeholders has been good overall. At the state and LGA level and more recent engagement with CSOs look promising in terms of building long-term domestic ownership and capacities, if these are supported and sustained under a future programme.

## Recommendations

Topic	Recommendation	Responsible
<b>Project design</b>	<ol style="list-style-type: none"> <li>1. Allow flexibility for future contract annual cycle to coincide with federal/state planning (January-December) or at least following UK fiscal year (April-March) in order to minimize pressure to deliver</li> <li>2. Ensure enough funding for impact assessments</li> </ol>	<ol style="list-style-type: none"> <li>1. DFID</li> <li>2. DFID</li> </ol>
<b>MDA</b>	<ol style="list-style-type: none"> <li>3. Acknowledge CDD workload and incentives issues and find local and innovative ways to address them at the risk otherwise to jeopardize programme quality and effectiveness (e.g. ID materials, reduce workload, give feedback on achievements and what they contribute to)</li> <li>4. Continue to identify new approaches to increasing access of girls to schistosomiasis and STH MDAs.</li> </ol>	<ol style="list-style-type: none"> <li>3. SMOHs ASCEND</li> <li>4. SMOHs ASCEND</li> </ol>
<b>BCC</b>	<ol style="list-style-type: none"> <li>5. Support the development of national and state-specific comprehensive advocacy, communication and social mobilisation strategy to harmonize messages for targeting institutions, communities and individuals / change messages for the last mile; use data from TCS to understand most effective communication channel for messages around MDA uptake.</li> <li>6. Involve target audiences in the development of BCC products to ensure that they are appropriate for each context.</li> <li>7. Identify ways to measure BCC effectiveness.</li> </ol>	<ol style="list-style-type: none"> <li>5. ASCEND FMoH SMoHs</li> <li>6. ASCEND FMoH</li> <li>7. ASCEND</li> </ol>
<b>Project Management and M&amp;E</b>	<ol style="list-style-type: none"> <li>8. For future programmes, consider a programme management board for senior representatives from each partner as a forum to review performance and issues at strategic level</li> <li>9. Have key programme strategies clearly documented so as to facilitate their assessment (eg VFM, integration, sustainability, BCC, HSS etc).</li> <li>10. Institute a more formal learning process and documentation in addition to current more informal learning processes.</li> <li>11. Review the efficiency of data summaries at level above communities and ensure availability of forms.</li> <li>12. Explore avenue to integrate data management within the national community-based information system, managed under DHIS2; if maintain database in Excel, find ways to strengthen integrity of data and analysis.</li> <li>13. Improve quality assurance of TCS and undertake secondary multi-variate analyses to gain a better understanding of equity.</li> </ol>	<ol style="list-style-type: none"> <li>8. ASCEND</li> <li>9. ASCEND</li> <li>10. ASCEND</li> <li>11. FMoH ASCEND</li> <li>12. FMoH ASCEND</li> <li>13. ASCEND</li> </ol>
<b>HSS sustainability</b>	<ol style="list-style-type: none"> <li>14. Provide dedicated technical support to strengthen national integrated drug application quality and timeliness.</li> </ol>	<ol style="list-style-type: none"> <li>14. ASCEND NTD partner</li> <li>15. SMOHs</li> </ol>

Topic	Recommendation	Responsible
	15. Explore ways to integrate NTD drug supply systems within state and LGA general drug supply systems. 16. Ensure that impact assessments are captured in State medium-term plans (such as the exit plan developed under UNITED). 17. Consider using an organizational capacity assessment tool (OCAT) or the NTD sustainability measurement tool to measure progress on HSS as part of the logframe 18. Capitalize on learning from the African Programme for Onchocerciasis Control (APOC) implementation in Nigeria to find ways to increase local ownership over the state NTD programmes 19. Build co-funding expectations from the onset and aim at a gradual weaning process whereby domestic funding progressively takes over responsibility for funding activities, with a priority on those that need integration into health systems (e.g. surveillance, morbidity management). 20. Support the development of NTD public-private financing framework to support the implementation of appropriately costed annual plans	ASCEND 16. SMOHs ASCEND 17. ASCEND  18. F/SMoH ASCEND  19. DFID ASCEND  20. ASCEND NTD partner