

Ex Post-Evaluation Brief Nigeria: Leprosy and TB Control Programme



Programme/Client	Leprosy and TB Control Programme (BMZ ID 1991 65 291)	
Programme executing agency	German Leprosy and Tuberculosis Relief Association (DAHW)	
Year of sample/ex post evaluation report: 2010*/2011		
	Appraisal (planned)	Ex post-evaluation (actual)
Investment costs (total)	EUR 17.10 million	EUR 27.50 million
Counterpart contribution (company)	EUR 4.10 million	EUR 14.60 million
Funding, of which budget funds (BMZ)	EUR 9.23 million (FC) EUR 3.80 million (DAHW)	EUR 9.20 million EUR 3.70 million (DAHW)

* random sample

Project description: The programme intended to implement a comprehensive leprosy and tuberculosis (TB) control comprising 14 federal states in collaboration with the German Leprosy and Tuberculosis Relief Association (DAHW). Programme activities included the continuous provision of medicine and laboratory materials and conducting training on TB and leprosy control.

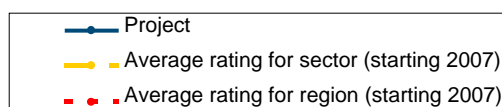
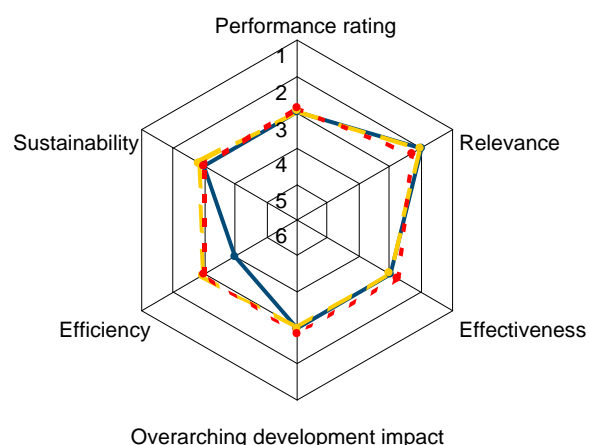
Objectives: The overall objective (impact) was to make a contribution to improving the health of leprosy and TB patients (measured by the decline in the incidence of both diseases, TB mortality and disabilities caused by leprosy). The programme objectives were defined as the improved registration and treatment of leprosy and TB cases (indicators: raising case detection and treatment completion rates).

Target group: At programme appraisal, the target group was estimated at altogether 300,000 leprosy and TB patients in selected federal states. Prevalence rates for both diseases were corrected downwards in the course of the programme, also reducing the envisaged size of the target group. According to DAHW, altogether about 217,000 TB and 20,000 leprosy patients were diagnosed and treated during the programme term.

Overall rating: 3

Overall, the programme is attested satisfactory efficacy. At appraisal stage TB and leprosy prevalencies in Nigeria were very high and, accordingly, the programme was highly relevant. In the course of implementation, only limited results were achieved, despite the measures carried out. Case detection rates for both diseases fall far short of the targets recommended by WHO. The allocative efficiency of the programme is consequently unsatisfactory. Sustainability is only assured to a limited extent as TB and leprosy control is still heavily dependent on external funding.

Rating by DAC criteria



EVALUATION SUMMARY

Overall rating: Altogether, the programme is attested satisfactory efficacy. **Rating: 3**

Relevance: In view of the high, though overestimated (at programme appraisal) TB and leprosy prevalence rates, the programme addressed a major developmental problem. For years, Nigeria has been one of the 20 countries with the highest TB rates worldwide and at appraisal it numbered among the countries where leprosy is an endemic disease. The introduction of the national Tuberculosis and Leprosy Control Programme (NTBLCP) in 1991 attests to the relative priority officially attested to controlling these two diseases at the time of appraisal, at least verbally. Contrary to the declarations of intent, financial support for the programme from the Nigerian Government was and still is very limited, however. This ultimately resulted in the programme being vertically organised and executed under the auspices of DAHW, not the Nigerian side. The results chain was plausible: to make a contribution to improving the health of TB and leprosy patients by providing medicine and laboratory materials for better diagnosis and treatment. The programme area was suitably selected in line with other donors. In keeping with the MDGs, combating TB is a priority for BMZ. However, disease-related, vertical programmes are now no longer promoted by the German side in favour of systemic approaches. The health sector is presently not a priority of German development cooperation with Nigeria. We assess the relevance of the programme as good (Sub-rating: 2).

Effectiveness: The programme objective of improved registration and treatment of TB and leprosy was only partially achieved. The Case detection rates (CDR), i.e. the ratio of reported cases measured by the number of estimated new infections in a year, fall far short of the respective targets of 70% in the programme area at 30% for TB and 11% for leprosy, despite an increase in the course of implementation. Possible causes of the poor CDRs are low capacity utilisation of basic health services due to their poor equipment and unmotivated personnel, lack of involvement of health care facilities at secondary level and the private sector as well as the partly low capacity utilisation of laboratory equipment. Altogether, there is evidently insufficient knowledge among health personnel and the population about the two diseases and the available TB and leprosy treatment services. In contrast to this, the targets of a 85% TB treatment success rate (TSR) and/or leprosy treatment completion rate (TCR) were almost or fully met at 80% and 88% respectively at final inspection. The results indicate that although only a part of TB and leprosy patients are registered, these were then treated successfully for the most part. The main deficits are therefore to be found in the diagnosis and not the treatment of both diseases. We assess the effectiveness of the programme as satisfactory. (Sub-rating: 3).

Efficiency: At appraisal, the programme was scheduled for a term of at least 5 years. In fact, it lasted 13 years. One reason for the prolongation was that the participant federal states were slow to bear responsibility for providing enough staff and infrastructure for TB and leprosy treatment. TB and leprosy prevalencies were also overestimated at appraisal,

so that the provision of TB and leprosy medication was extended over time. The increase in the number of treatment centres from about 450 in 2000 to almost 1,500 in 2006 raises questions about the relation of inputs compared to the results actually achieved. The same applies for the rise in the number of laboratories from 150 in 2000 to approximately 250 in 2006. Despite the continuous expansion of TB and leprosy care the case detection rates in the programme area since 2001 have remained relatively constant and are well below target (see Effectiveness). We therefore assess programme efficiency as unsatisfactory. (Sub-rating: 4).

Overarching developmental impact: The overall objective of improving health was only achieved in part. The indicators point to a mixed outcome: The health of patients diagnosed and treated has improved. However, unregistered and untreated cases still pose a contagion risk. Untreated patients suffer from the effects of the diseases, which in the case of leprosy can lead to chronic disabilities and ostracism and in the case of TB even to death. The nationwide incidence of TB initially rose from 243/100,000 inhabitants in 2000 to 311/100,000 inhabitants in 2007 and declined again 295/100,000 inhabitants by 2009. There was also an initial increase in TB mortality in recent years, that is, from 89/100,000 inhabitants in 2004 to 93/100,000 inhabitants in 2007. Since then, the TB mortality rate has declined to 67/100,000 inhabitants. The rise in TB cases up to 2007 is presumably due for one thing to the improved registration (purely statistical increase) and for another to the rise of the HIV rate, as HIV infections can be conducive to contracting TB. The national prevalence rate for leprosy currently amounts to about 0.5 cases/10,000 (1990: 30 cases/10,000 inhabitants), so that there has been a definite improvement since appraisal. The ratio of leprosy patients with a second degree disability in the programme area has, however, remained constantly high in recent years at 15%, which indicates that many leprosy patients are diagnosed and treated at a relatively late stage in the course of the disease. We assess the overarching developmental impacts of the programme as satisfactory (Sub-rating: 3).

Sustainability: During programme implementation, repeated comments were made about the insufficient counterpart input and commitment of the Nigerian Government at the various administrative tiers and the resulting risks to sustainability. Sustainable finance for the programme from Nigerian resources was accordingly not expected. On completion, the programme was integrated into NTBLCP and the storage and distribution of medicine as well as supervisory tasks were permanently transferred to DAHW. The diagnosis and treatment of both diseases still largely depends, however, on external finance (primarily from the Global Fund for TB assured until 2015 and from the International Federation of Anti-Leprosy Associations). TB medicine is presently procured via the WHO Global Drug Facility. The procurement of leprosy medicine has been taken over by the company Novartis. Since programme completion, however, there have been repeated shortages of TB medicine. As the number of TB cases is closely connected with the HIV prevalence rate and as Nigeria has the highest number of HIV-infected people on the continent after South Africa, future TB prevalence in Nigeria will largely depend on the spread of the HIV-AIDS epidemic. The sustainability of the programme is assessed as satisfactory (Sub-rating: 3).

Notes on the methods used to evaluate project success (project rating)

Projects (and programmes) are evaluated on a six-point scale, the criteria being relevance, effectiveness, efficiency and overarching developmental impact. The ratings are also used to arrive at a final assessment of a project's overall developmental efficacy. The scale is as follows:

1	Very good result that clearly exceeds expectations
2	Good result, fully in line with expectations and without any significant shortcomings
3	Satisfactory result – project falls short of expectations but the positive results dominate
4	Unsatisfactory result – significantly below expectations, with negative results dominating despite discernible positive results
5	Clearly inadequate result – despite some positive partial results, the negative results clearly dominate
6	The project has no impact or the situation has actually deteriorated

Ratings 1-3 denote a positive or successful assessment while ratings 4-6 denote a not positive or unsuccessful assessment

Sustainability is evaluated according to the following four-point scale:

Sustainability level 1 (very good sustainability) The developmental efficacy of the project (positive to date) is very likely to continue undiminished or even increase.

Sustainability level 2 (good sustainability): The developmental efficacy of the project (positive to date) is very likely to decline only minimally but remain positive overall. (This is what can normally be expected).

Sustainability level 3 (satisfactory sustainability): The developmental efficacy of the project (positive to date) is very likely to decline significantly but remain positive overall. This rating is also assigned if the sustainability of a project is considered inadequate up to the time of the ex post evaluation but is very likely to evolve positively so that the project will ultimately achieve positive developmental efficacy.

Sustainability level 4 (inadequate sustainability): The developmental efficacy of the project is inadequate up to the time of the ex post evaluation and is very unlikely to improve. This rating is also assigned if the sustainability that has been positively evaluated to date is very likely to deteriorate severely and no longer meet the level 3 criteria.

The overall rating on the six-point scale is compiled from a weighting of all five individual criteria as appropriate to the project in question. Ratings 1-3 of the overall rating denote a "successful" project while ratings 4-6 denote an "unsuccessful" project. It should be noted that a project can generally be considered developmentally "successful" only if the achievement of the project objective ("effectiveness"), the impact on the overall objective ("overarching developmental impact") and the sustainability are rated at least "satisfactory" (rating 3).