GUIDELINES FOR CONDUCTING AN EVALUATION OF THE SUSTAINABILITY OF CDTI PROJECTS

September 2004

AFRICAN PROGRAMME FOR ONCHOCERCIASIS CONTROL

WORLD HEALTH ORGANIZATION
INDEX

1. BACKGROUND INFORMATION ........................................................................................................5
   1.1 What is sustainability? ..................................................................................................................5
      1.1.1 Definition ..............................................................................................................................5
      1.1.2 Aspects of sustainability ......................................................................................................6
   1.2 Scrutinising the projects: levels and indicators .................................................................6
      1.2.1 Instruments and levels ........................................................................................................7
      1.2.2. Indicators of sustainability ..............................................................................................7
      1.2.3. Indicators of activities and processes: leadership ..........................................................8

2. PREPARING FOR THE EVALUATION VISIT ..............................................................................9
   2.1 The role of APOC Headquarters ............................................................................................9
   2.2 The terms of reference of the ‘scout’ .....................................................................................9
   2.3 The other evaluation team members .....................................................................................10

3. MANAGING THE EVALUATION VISIT ................................................................................10
   3.1 Sampling ...................................................................................................................................10
   3.2 The sequence of the visit ........................................................................................................11
      3.2.1. The team members ..........................................................................................................11
      3.2.2. The timetable for the visit ................................................................................................12
      3.2.3 Details of the programme: the actual evaluation ...........................................................13
      3.2.4. Details of the programme: feedback and advocacy .......................................................15
   3.3 Using the instruments in the field .........................................................................................15
      3.3.1. Introductory comments ....................................................................................................15
      3.3.2. Using the instruments ......................................................................................................16
      3.3.3. Why not a formal questionnaire? ..................................................................................18
      3.3.4. Managing the data ...........................................................................................................19
      3.3.5 Evaluating the evaluation process ....................................................................................19

4. DATA ANALYSIS AND RECOMMENDATIONS .......................................................................19
   4.1 Assembling the data ................................................................................................................19
   4.2 Summarising the main findings qualitatively (in words) .....................................................20
   4.3 Grading the indicators .............................................................................................................21
      4.3.1. Grading individual indicators .........................................................................................21
      4.3.2. Grading groups of indicators ..........................................................................................22
   4.4 Common mistakes in data analysis .......................................................................................22
   4.5 Making recommendations ......................................................................................................23
   4.6 Grading a whole project .........................................................................................................24
   4.7 Difference between Year 3 and Year 5 evaluations ..............................................................27

5. DEVELOPING ‘SUSTAINABILITY PLANS’ ................................................................................28
   5.1. Preparing for the workshops ................................................................................................28
   5.2. Workshops at different levels ................................................................................................28
      5.2.1. The project level workshop ...............................................................................................28
      5.2.2. The district/local government level workshop ...............................................................29
   5.3 Arranging the workshops ........................................................................................................29
   5.4. The workshop programme ....................................................................................................30
      5.4.1. An overall programme ....................................................................................................30
      5.4.2. Details of items on the programme ..................................................................................31
      5.4.3. The role of the workshop facilitators ..............................................................................32
   5.5. After the workshops ...............................................................................................................32
6. WRITING THE REPORT ........................................................................................................34
   6.1. The structure of the report ............................................................................................34
   6.2. The ‘National headquarters’ report ..............................................................................35
   6.3. Distributing the report ..................................................................................................36

APPENDICES ..................................................................................................................................37

Appendix 1      Letter for persons to be interviewed .................................................................37
Appendix 2      Documents required for study ...........................................................................38
Appendix 3      Questionnaire for health district/ local government staff, about their CDTI work
                 ........................................................................................................................................39
Appendix 4      Instructions for group work in the ‘feedback/ sustainability plan’ workshops ....42
Appendix 5      Handout on sustainability ..................................................................................44
### Abbreviations/ acronyms

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>APOC</td>
<td>African Programme for Onchocerciasis Control</td>
</tr>
<tr>
<td>CDTI</td>
<td>community directed treatment with ivermectin</td>
</tr>
<tr>
<td>CDD</td>
<td>community directed distributor</td>
</tr>
<tr>
<td>DHMT</td>
<td>district health management team</td>
</tr>
<tr>
<td>DMO</td>
<td>district medical officer</td>
</tr>
<tr>
<td>DRC</td>
<td>Democratic Republic of the Congo</td>
</tr>
<tr>
<td>FLHF</td>
<td>front line health facility</td>
</tr>
<tr>
<td>HQ</td>
<td>headquarters</td>
</tr>
<tr>
<td>HSAM</td>
<td>health education, sensitisation, advocacy, mobilisation</td>
</tr>
<tr>
<td>LGA</td>
<td>Local Government Authority (in Nigeria)</td>
</tr>
<tr>
<td>MoH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>NGDO</td>
<td>non-governmental development organisation</td>
</tr>
<tr>
<td>NOC</td>
<td>national onchocerciasis coordinator</td>
</tr>
<tr>
<td>NOCP</td>
<td>national onchocerciasis control programme</td>
</tr>
<tr>
<td>NOTF</td>
<td>national onchocerciasis task force</td>
</tr>
<tr>
<td>REMO</td>
<td>rapid epidemiological mapping of onchocerciasis</td>
</tr>
<tr>
<td>SWOT</td>
<td>the ‘Strengths, Weaknesses, Opportunities, Threats’ exercise</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organisation</td>
</tr>
<tr>
<td>WR</td>
<td>WHO country representative</td>
</tr>
</tbody>
</table>
1. BACKGROUND INFORMATION

In this section we introduce you to important information, which will help you to understand why and how we evaluate the sustainability of CDTI projects.

In 2000 APOC commissioned an external evaluation. In its report the evaluation team noted that substantial progress had been made in onchocerciasis control, since APOC funding became available to its member countries. “APOC’s strategy of community directed treatment with ivermectin (CDTI) has been a timely and innovative strategy for fighting a widespread scourge. Communities have been deeply involved in their own health care on a massive scale, which raises hopes of sustainability.”

The team noted however that it was ‘deeply concerned about the sustainability of this activity and enthusiasm, once APOC funding comes to an end.’ It also noted that there was ‘little definitive planning to mobilise the resources and set in place the routines which will ensure the continuation of the programme.’

In response to these findings APOC management appointed a task team, with the following terms of reference:

- To develop a framework with realistic and measurable indicators of sustainability.
- To evaluate the current situation of projects in their fifth year of APOC funding, regarding sustainability (this has been expanded to an additional evaluation in the third year).
- To assist local stakeholders to develop plans for sustaining these projects.
- To prepare a short manual using the framework developed.

The task team developed a method whereby the sustainability of CDTI projects can be evaluated. A number of evaluations have been carried out, and the method has been refined as a result of this experience. The present guide has been reviewed following several evaluations of project sustainability and a special meeting held in February 2004, which reviewed the tools.

1.1 What is sustainability?

1.1.1 Definition

- **Sustainability**: “CDTI activities in an area are sustainable when they continue to function effectively for the foreseeable future, with high treatment coverage, integrated into the available health care service, with strong community ownership, using resources mobilized by the community and the government.”

In this exercise we are going to be working with the above definition of 'sustainability' as our guiding concept.
1.1.2 Aspects of sustainability

We judge that projects will be more sustainable if the following aspects are present:

- **Integration**: Projects which have become integrated into the routine running of the health care services are more likely to be sustainable.
- **Resources**: Projects are more likely to be sustainable if they have enough resources (human, material, financial) to support what they are trying to do.
- **Efficiency**: Projects that are run cost-effectively are more likely to be sustainable.
- **Simplicity**: Projects that use simple, uncomplicated routines and procedures are more likely to be sustainable.
- **Health staff acceptance (Attitude of the health staff)**: Projects are more likely to be sustainable if health staff have accepted CDTI as a routine activity, which they will continue to do even in the absence of additional material reward.
- **Community ownership**: Projects are more likely to be sustained if the communities where CDTI takes place support it wholeheartedly, and are willing to take responsibility for it.
- **Effectiveness**: Projects that are functioning effectively are more likely to be sustainable.

We have to scrutinise projects in such a way that we see whether these aspects are developing as they should, to bring about sustainability.

1.2 Scrutinising the projects: levels and indicators

The projects have to be evaluated to determine their level of sustainability. The following diagram explains the process:

- The project is a complex entity which operates at a number of levels in the health services, and also in the community. It is this complex entity which we have to evaluate.
- The project consists of a number of activities or processes, for which resources are needed, and which produce specific results (in this case, people protected from onchocerciasis).
From this mass of activities, and resources, and results, we select a few which will indicate to us the degree to which a project is sustainable. These are our \textit{indicators}.

We group the indicators together, for a given level of the project’s operation. This group of indicators we call an \textit{instrument} (there are four of them). When we use them each indicator tells us something about one or more of the seven \textit{aspects} of project sustainability.

\subsection*{1.2.1 Instruments and levels}

We have to evaluate sustainability at the different levels at which the project is operating. This differs considerably from country to country, but there are usually four or five of them. The diagram below indicates these levels, and shows which of the four instruments is most likely to be appropriate to that level. The indicators in each instrument have been carefully selected, to be optimally relevant to that level.

\begin{table}[h]
\centering
\begin{tabular}{|l|l|}
\hline
Level of project operation & Instrument to use \\
\hline
National headquarters of the Ministry of Health: the National Onchocerciasis Control Programme and its NGDO partner in the project. & No.1 \\
\hline
The zonal/ regional/ provincial/ state level of the Ministry of Health (a group of health districts) with its onchocerciasis control team. & No.1 \\
\hline
The district/ local government level of the Ministry of Health - the first operational level at which all activities are managed by a single management team. & No.2 \\
\hline
The Front line health facility (sub-district, health centre, clinic, area) – the level closest to the actual communities being served. & No.3 \\
\hline
The village or community – a grouping which sees itself as belonging together under a single authority. & No.4 \\
\hline
\end{tabular}
\caption{Levels of project operation and instruments to use}
\end{table}

In each situation the evaluation team has to decide in advance, which instruments will be most suitable for the project that they are evaluating.

\subsection*{1.2.2. Indicators of sustainability}

These indicators were decided upon by the task team, and have subsequently been refined on \textit{four} occasions. They are grouped into ten categories, which relate to:

- The \textit{routine activities and processes} by means of which the project aims to produce its results (6 groups of indicators)
- The \textit{resources} provided for these activities to take place (3 groups of indicators).
- The \textit{results} achieved by the project (1 group of indicators)
This results in the following groups and numbers of indicators in the four instruments:

<table>
<thead>
<tr>
<th>Instrument no.</th>
<th>Number of indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.1</td>
</tr>
<tr>
<td><strong>Indicators dealing with:</strong></td>
<td></td>
</tr>
<tr>
<td>Planning</td>
<td>3</td>
</tr>
<tr>
<td>Providing leadership</td>
<td>1</td>
</tr>
<tr>
<td>Supervision and monitoring</td>
<td>4</td>
</tr>
<tr>
<td>Mectizan supply</td>
<td>1</td>
</tr>
<tr>
<td>Training and HSAM</td>
<td>3</td>
</tr>
<tr>
<td>Integration of support activities</td>
<td>1</td>
</tr>
<tr>
<td><strong>Activities and processes which support CDTI</strong></td>
<td></td>
</tr>
<tr>
<td>Financing/ funding</td>
<td>4</td>
</tr>
<tr>
<td>Transport and other material resources</td>
<td>4</td>
</tr>
<tr>
<td>Human resources</td>
<td>3</td>
</tr>
<tr>
<td><strong>Results achieved</strong></td>
<td></td>
</tr>
<tr>
<td>Coverage</td>
<td>3</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>27</td>
</tr>
</tbody>
</table>

In the instrument each indicator is clearly defined – first as a single phrase, and then in one or more sentences called ‘characteristics’. Here is an example from Instrument 2:

**1.2.3. Indicators of activities and processes: leadership**

This indicates the groups to which this indicator belongs: ‘Activities and processes’ and ‘Leadership’.

2.1 Check whether the district/ LGA health management team is taking full responsibility for the implementation of CDTI at this level.

*This indicator assesses whether management is taking ownership of the programme.*

- The indicator is the phrase in bold, following after ‘Check whether’.
- Below that is a phrase in italics, which indicates the aspects of sustainability that this indicator makes clear.

**Characteristics of the indicator**

a. It should be the management team at this level, and not higher levels/ NGDO leadership, which is initiating the key CDTI activities: planning, targeted monitoring/ supervision, targeted training and HSAM, Mectizan® ordering/ distribution.

b. There should be a focal person for CDTI activities.

These phrases describe the indicator more fully, in concrete operational terms.
2. PREPARING FOR THE EVALUATION VISIT

This section deals with the steps that have to be taken to prepare for an evaluation visit.

2.1 The role of APOC Headquarters

The sequence of events to prepare for each visit is driven by APOC Headquarters in Ouagadougou. This includes the following:

- APOC identifies projects in their 3rd and 5th years of funding. It gets in touch with the relevant NOCs and project directors to negotiate dates for the evaluations.
- APOC draws on its list of potential evaluators to put together an evaluation team. From among these a team leader and a ‘scout’ (see below) are appointed. All team members are contacted in good time (2-3 months before the evaluation).
- APOC arranges for the visit by the ‘scout’ (see below) a week before the evaluation. This person prepares the way for the team.
- APOC makes the necessary contractual and travel arrangements with each team member.
- APOC sends a copy of the guide and the four instruments to each team member, electronically.

2.2 The terms of reference of the ‘scout’

The role of this person is to make all the arrangements necessary for the visit of the team, on site, in the week before they arrive. This person should be conversant with the instruments and the evaluation process, and should be in touch with the team leader before and during the visit.

The tasks of the ‘scout’ include:

- Going personally to the project site, and planning the practical details described below with the project directors (Ministry of Health and NGDO).
- Taking the sample of the sites to be visited, in accordance with the instructions set out in the next section.
- Planning the courtesy/ advocacy calls (attempting to go as ‘high’ as possible in the Ministry/ political hierarchy) as well as the dates for the ‘feedback/ planning’ meetings.
- When all of this has been done, drawing up a tentative timetable for the evaluation exercise.
- Negotiating with/ giving advance warning to all sites/ persons sampled, of the dates and times when they will be visited by the team:
  - Making appointments at the project, Ministry Headquarters and district/ local government levels (see 3.2.2 below).
  - Asking the district/ local government level to make appointments for the FLHF/ sub-district level.
  - Informing all persons to be interviewed about the aim of the evaluation, as well as the broad subject headings that will be discussed - either personally, or by sending them an introductory letter (see Appendix 1).
- Ensuring that the necessary authorisations have been obtained for team members to move around, and collect data at every site they will be visiting.
- Ensuring that all necessary documentation is available to the evaluation team, at each level (see Appendix 2).
- Preparing enough copies of the instruments that will be needed, for all levels concerned; also at least one hard copy of the guide.
- Working out an itinerary for the evaluation team, in conjunction with project staff, and ensuring that sufficient transport and drivers will be available.
- Selecting project staff to accompany the evaluation team throughout the field work; informing them in some detail about the evaluation process, so that they can participate meaningfully.
- Ensuring that suitable accommodation will be available to the team.
- Arranging a suitable place for the orientation meeting that will take place when the team arrives.
Ensuring that arrangements have been made to pay subsistence and travel allowances to team members, and also to those who will be travelling to attend the ‘feedback/ planning’ workshops in the second half of the visit.

Planning the site and participants for the ‘feedback/ planning’ workshops in the second half of the visit; ensuring that participants are invited in good time.

The ‘scout’ usually participates in the actual evaluation.

2.3 The other evaluation team members

The team leader keeps in electronic touch with APOC Headquarters as well as with the ‘scout’, to answer queries, supply information etc.

The other team members study the guide and instruments – especially if this is going to be their first evaluation, but also if they have been previously involved.

3. MANAGING THE EVALUATION VISIT

In this section we discuss how to sample the sources of information you need for the evaluation; the evaluation timetable; and how to use the instruments to collect data.

3.1 Sampling

For the central level (national, region/ province/ state; project) there is only one entity to work with, and sampling is therefore not necessary. At this level we use as many sources of information as we are able to find.

For the other levels (district/ LGA, sub-district/ FLHF area, village/ community) we need to draw a sample. The sampling is done randomly, in a stratified way, as follows:

1. Sample the districts/ LGAs you will work in

Make a list of all the districts/ LGAs in the project. Take a random sample of three of these districts/ LGAs. Use any acceptable method of random sampling – random number tables or ‘drawing out of a hat’.

2. Sample sub-districts/ front line health facility (FLHF) catchment areas

For each of the districts/ LGAs you have sampled, make a list of all the sub-districts/ FLHF areas in it. Now take a random sample of two sub-districts/ FLHF areas per district/ LGA.

3. Sample communities/ villages

For each sub-district/ FLHF area you have sampled, make a list of all the communities/ villages in it. Now take a random sample of two communities/ villages per sub-district/ LGA area.

Note that these are only guidelines - you have to be flexible:

- Some projects have only one or two districts. In such cases you will of course sample more sub-districts/ FLHF catchment areas, together with their villages. Eventually you want about 12 villages in your sample.

Sometimes you may have to sample more than three districts, to get proper coverage of the diverse situations in the project. In such cases you will either need a bigger evaluation team or more time.
3.2 The sequence of the visit

3.2.1. The team members

Each team should have 6 members (including the ‘vanguard’). Three of these (including the leader) should be from outside the country, and three from within. The six divide themselves into three sub-teams of two persons each. If possible each sub-team should include:

- A local person, and a person from outside the country.
- A mix of expertise (e.g. medical and social science).
- At least one person with previous experience of a ‘sustainability’ evaluation.

The sub-team which interviews senior persons (like ministers, Director-Generals and provincial governors) should be the one that contains the team leader.

Each sub-team also needs someone who can speak the local language (and translate to and from it to the language of the enquiry), and who knows how to get to the sampled sites and persons. It may be that the driver together with one of the core members can do all these things, but another local person may need to be added.

It has been agreed that each evaluation team should invite at least one person from the local project team to join it during fieldwork. By enabling these persons to gain a deeper understanding of sustainability at first hand, we hope to make them enthusiastic about bringing their own projects to sustainability. However they need to be oriented about their role in the evaluation: for this exercise they have to stop being managers, and become researchers. They should be asked to let the evaluation team take the lead; to listen rather than to speak; and to limit their questions to topics indicated by the instrument.
3.2.2 The timetable for the visit

Normally a complete evaluation visit lasts about two weeks. However in some situations communications are difficult, and travel to the project and within the project takes a long time. In such situations 2½ or even 3 weeks may be needed to complete the field exercise and development of sustainability plan by the district/LGA authorities and NGDO partners – one has to be flexible.

In order to plan a timetable we have to understand exactly what needs to be done. Here is a list of the tasks to be undertaken, for each level:

<table>
<thead>
<tr>
<th>Level</th>
<th>Tasks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Central / HQ / project / region / state etc.</strong></td>
<td><strong>Interviews</strong>&lt;br&gt;• Senior Ministry of Health staff: persons in charge of infectious disease control, drug supply, planning, finance; Permanent Secretary/ Director General; Minister.&lt;br&gt;• Senior NGDO staff: country director, project manager, accountant.&lt;br&gt;• NOCP staff: NOC, accountant, field officers, drivers.&lt;br&gt;• One or two other NOTF members.&lt;br&gt;• WHO country representative; disease control programme officer in the WR’s office.&lt;br&gt;• High-ranking civil authorities at this level: state/ provincial governors etc.</td>
</tr>
<tr>
<td><strong>District / local gov’t</strong></td>
<td><strong>Interviews</strong>&lt;br&gt;• District health management team: DMO, administrator, finance officer.&lt;br&gt;• Other district level staff: transport officer, disease control officer, pharmacist, drivers.&lt;br&gt;• Person(s) responsible for CDTI at this level.&lt;br&gt;• Civil authorities at this level: local government chairperson, secretary, treasurer.</td>
</tr>
<tr>
<td><strong>FLHF / sub-district</strong></td>
<td><strong>Interviews</strong>&lt;br&gt;• FLHF management team, treasurer, pharmacist.&lt;br&gt;• Person(s) responsible for CDTI at this level.&lt;br&gt;• Local government managers at this level (chairperson, administrator, treasurer).</td>
</tr>
<tr>
<td><strong>Village / community</strong></td>
<td><strong>Interviews</strong>&lt;br&gt;• Village leader and councillors.&lt;br&gt;• Ordinary villagers (men and women).&lt;br&gt;• CDDs.</td>
</tr>
</tbody>
</table>

* For a sub-team containing two evaluators. The members of the group divide themselves up, to cover the interviews and document study in the time allotted.
For a ‘normal’ evaluation (i.e. lasting two weeks) the following timetable is therefore suggested:

<table>
<thead>
<tr>
<th>Day</th>
<th>Team member</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday To Friday</td>
<td>‘Scout’</td>
<td>• Arrives at project HQ.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Prepares all aspects of the visit, in cooperation with NOCP staff and</td>
</tr>
<tr>
<td></td>
<td>All team members</td>
<td>project director.</td>
</tr>
<tr>
<td>Friday to Saturday</td>
<td>All team members</td>
<td>• Travel to the project HQ.</td>
</tr>
<tr>
<td>Sunday</td>
<td>All team members</td>
<td>• Orientation day at the project HQ: selecting the sub-teams, finalising</td>
</tr>
<tr>
<td></td>
<td></td>
<td>the programme.</td>
</tr>
<tr>
<td></td>
<td>Sub-team ‘A’</td>
<td>• Data collection at project HQ: MoH and NGDO (interviews and document</td>
</tr>
<tr>
<td></td>
<td></td>
<td>study).</td>
</tr>
<tr>
<td></td>
<td>Sub-team ‘B’</td>
<td>• Data collection in the field: district 1 and the levels below it (</td>
</tr>
<tr>
<td></td>
<td></td>
<td>interviews and document study).</td>
</tr>
<tr>
<td></td>
<td>Sub-team ‘C’</td>
<td>• Data collection in the field: district 2 and the levels below it (</td>
</tr>
<tr>
<td></td>
<td></td>
<td>interviews and document study).</td>
</tr>
<tr>
<td>Monday to Friday</td>
<td>All team members</td>
<td>• Data collection at provincial/ regional HQ (if there is one) (</td>
</tr>
<tr>
<td></td>
<td></td>
<td>interviews and document study).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Data collection in the field: district 3 and the levels below it (</td>
</tr>
<tr>
<td></td>
<td></td>
<td>interviews and document study).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Advocacy visits to decision makers (all levels).</td>
</tr>
<tr>
<td>Friday</td>
<td>All team members</td>
<td>• Travel back to project headquarters in the afternoon/ evening.</td>
</tr>
<tr>
<td>Saturday to Monday</td>
<td>All team members</td>
<td>• Analyse the data, work out the recommendations, work on the draft report.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Plan the detailed programme for the coming ‘feedback/ planning’</td>
</tr>
<tr>
<td></td>
<td></td>
<td>workshops.</td>
</tr>
<tr>
<td>Tuesday to Wednesday</td>
<td>All team members</td>
<td>• ’Feedback/ planning workshop’ for the project level.</td>
</tr>
<tr>
<td>Thursday</td>
<td>All team members</td>
<td>• ‘Feedback’ workshop for all the health districts in the project.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Administering questionnaire to all health districts not in the sample</td>
</tr>
<tr>
<td>Friday</td>
<td>All team members</td>
<td>• Working on the evaluation report.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Courtesy/ feedback/ advocacy visits to MoH and NGDO management.</td>
</tr>
<tr>
<td>Saturday or Sunday</td>
<td>All team members</td>
<td>• Depart for home.</td>
</tr>
</tbody>
</table>

3.2.3 Details of the programme: the actual evaluation

Team members travel to the site of the project headquarters, arriving on the Saturday before the field work starts (which will be on the Monday following). They are expected to familiarise themselves with the following documents before arrival:
- This guide
- The four instruments.
- The provisional timetable.
These documents will be forwarded electronically to each team member.
The team spends a day (usually a Sunday) planning for the coming work. They go through the guide and instruments together, to arrive at a common understanding of what they are to do with them; they constitute the sub-teams which will be doing the fieldwork; they adjust the provisional timetable if necessary; they take note of practical arrangements like accommodation and transport arrangements.

Field visits usually take place from the Monday to the Friday (or longer, in the case of projects with poor communications where travel will consume a lot of time). Data are collected at all the levels, at the sampled sites.

Note that there are two entities at the central level, which need the attention of the evaluators: the NOCP office, and the project office (i.e. the particular CDTI project that the team is sent to evaluate):

- In some countries (e.g. Malawi) these two are the same and are based in the same office. They are therefore evaluated as a single unit, and the findings from them are written up together in the ‘Central’ level of the report.
- In other countries (e.g. Democratic Republic of the Congo) they are separate. In this case the NOCP office in the Ministry Headquarters needs to be evaluated separately. This office serves all the projects in the country, so it only needs to be evaluated once. This evaluation will be the job of the first evaluation team to visit that country. They have to give one of the sub-teams the task of visiting the Ministry HQ at some time during the evaluation visit, to do the necessary data collection (interviews and document study). The evaluation may have to last a few days longer, to accommodate this additional work. Note that this report is written up separately, and should be made available to other teams conducting evaluations in that country at a later date.

Note that in some countries there are levels of government (and therefore of health service organisation) between Headquarters and the district. They have different names, like region, province or state. They also have to be taken into account in the evaluation:

- In some countries (e.g. Nigeria) this level only has one CDTI project within its area of concern. The team therefore collects data from it with Instrument 1. These data are joined with those collected from the project office, and analysed and written up together as the ‘Central’ level.
- In other countries (e.g. Cameroon, with its ‘provinces’) this level may have more than one CDTI project within its area. Clearly it only needs to be evaluated once, and this will be the job of the first evaluation team to visit that area. They have to give one of the sub-teams the task of collecting data there at some time during the evaluation visit (again using Instrument 1). A day or two may need to be added to the duration of the evaluation, to accommodate this additional work. Note that these data are not written up separately – they are joined with those collected from the project office, and analysed and written up together as the ‘Central’ level. The raw data must however be sent to APOC together with the report, so that APOC can provide these data to later teams working in that area.

After data collection has been completed the team members travel back to project headquarters. They now tackle the following tasks:

- Analysing the data collected systematically - drawing the necessary conclusions and making recommendations.
- Working on the draft report. Include a detailed executive summary. Present the key strengths and issues of concern for each of the four levels and by indicators (‘See Writing the Report, 6.1 below). Planning for the ‘feedback/ planning’ workshops and meetings which are to follow.
- Planning for the advocacy visits which are to follow.

This is usually done on the weekend (in the case of a normal two week evaluation). This is a good time because there are no civil servants around to be interviewed anyway, and the project office is quiet.

Throughout the visit the team should meet every evening, to discuss the day’s progress and problems, and to plan the following day’s work.
3.2.4. Details of the programme: feedback and advocacy

APO C management has decided that it is not enough just to do the evaluation and leave. The evaluation visit inevitably causes local decision makers to think more clearly and deeply about sustainability, and it is the responsibility of the team to build on this:

- By giving feedback about the findings of the evaluation (in relation to project sustainability) to decision makers.
- By doing advocacy: meeting with decision makers to encourage them to play their part in supporting the programme.

A key activity of the evaluation team is therefore to organise meetings where feedback is given, and workshops where teams build on the findings to produce plans leading to greater project sustainability. These are discussed in detail in Section 5 of this guide. It is important to note that the evaluation team will gain insights during these workshops that they did not pick up during the fieldwork. This additional information will have to be included in the data analysis, since it may well influence the recommendations that the team will make.

Another important aspect of the visit is the political one, of doing advocacy with decision makers at the local and national levels. The fact is that for the projects to be sustained, they are going to need adequate, regular financial contributions from the Ministry of Health and/ or local government. Outsiders are often able to state this obvious truth with more authority than local workers. Each team must therefore pay courtesy calls to the relevant civil servants and political heads early during the visit, and if possible give them personal feedback towards the end. They should try to go as high as possible: to the Minister of Health her/ himself, or to the provincial governor. The points to be emphasised during such visits are these:

- The Ministry has within itself a programme which is really working well, and a relatively small amount of money will keep it doing so.
- The Government promised to provide that money, in the ‘Letter of Accord’ signed 5 (or 3) years ago. Get a copy from the project director/ NOC, and show it to them politely.
- Failure to fund the programme will mean the return of misery to thousands of people.

3.3 Using the instruments in the field

Note that this exercise is not formal research - it is an evaluation of each project with respect to its sustainability.

3.3.1. Introductory comments

The four instruments collect information about specific levels of the health service. Most of the information about a certain level is collected at that level, but some is collected at other levels as well. For example in Instrument 2, indicator 2.1, information is needed from three levels: the district level itself; the project level; and the FLHF level:

- This means that team members need to carry their copies of each of the four instruments with them, when they go collect information at any level. So for example, when interviewing the staff at a health centre (FLHF level), we have to use Instruments 1, 2, 3 and 4. Each of these requires information from the FLHF level for some of their indicators.
- This also means that team members need to know their instruments very well, so they know which indicators in which instruments require information from more than one level.

By the time a team arrives at a site the members should have divided up the tasks to be carried out there between them (who will conduct which interviews; who will study which documents).

On arrival they report to the person in charge of the unit or community:

- They do the normal greetings and introductions, and explain what the visit is about. They request permission to interview certain persons, and to examine certain documents.
They explain that the information that people provide will be treated with strict confidentiality, and that such persons may refuse to participate in the enquiry.

They request the person in charge to provide the documents, which need to be examined, for that level. They hand them a list of these documents (see Appendix 2 for the lists for the four levels).

When interviewing a person from a certain level (especially government employees) it is not a good idea to have her/ his superior present. The reason is obvious: the person may not feel free to express her/ his real opinion.

### 3.3.2. Using the instruments

It is important to understand exactly how to work with the four instruments. Here is an example from Instrument 2 (the district level), which should make everything perfectly clear:

**2.2 Check whether the district health management team is taking full responsibility for the implementation of CDTI at this level.**

*This indicator assesses whether management is taking ownership of the programme.*

What is expected of us as evaluators here? We have to find out if the district managers are really taking responsibility for the yearly round of Mectizan® distribution. The ‘Characteristics’ tell us in more detail what this means, and therefore what we have to find out:

<table>
<thead>
<tr>
<th>Characteristics of the indicator</th>
<th>2.2 Check whether the district health management team is taking full responsibility for the implementation of CDTI at this level.</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. It should be the management team at this level, and not higher levels/NGDO leadership, which is initiating the key CDTI activities: planning, targeted monitoring/supervision, targeted training and HSAM, Mectizan® ordering/distribution.</td>
<td>2.2 Check whether the district health management team is taking full responsibility for the implementation of CDTI at this level.</td>
</tr>
<tr>
<td>b. There should be a focal person for CDTI activities.</td>
<td>2.2 Check whether the district health management team is taking full responsibility for the implementation of CDTI at this level.</td>
</tr>
</tbody>
</table>

Where do we find this information?

The sources are clearly spelt out. We have to find a specific document and inspect it; and we have to interview people at three levels: the district, the project (including the NGDO staff); and the FLHF. So we have to use this indicator (2.1) in this instrument (2) when we speak to all these persons.

<table>
<thead>
<tr>
<th>Sources of information</th>
<th>2.2 Check whether the district health management team is taking full responsibility for the implementation of CDTI at this level.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inspection of year plans.</td>
<td>2.2 Check whether the district health management team is taking full responsibility for the implementation of CDTI at this level.</td>
</tr>
<tr>
<td>Interviews with:</td>
<td>2.2 Check whether the district health management team is taking full responsibility for the implementation of CDTI at this level.</td>
</tr>
<tr>
<td>† Management team at this level.</td>
<td>2.2 Check whether the district health management team is taking full responsibility for the implementation of CDTI at this level.</td>
</tr>
<tr>
<td>† Person responsible for CDTI at this level</td>
<td>2.2 Check whether the district health management team is taking full responsibility for the implementation of CDTI at this level.</td>
</tr>
<tr>
<td>† Staff at the project level</td>
<td>2.2 Check whether the district health management team is taking full responsibility for the implementation of CDTI at this level.</td>
</tr>
<tr>
<td>† NGDO leadership.</td>
<td>2.2 Check whether the district health management team is taking full responsibility for the implementation of CDTI at this level.</td>
</tr>
<tr>
<td>† Staff at FLHF level.</td>
<td>2.2 Check whether the district health management team is taking full responsibility for the implementation of CDTI at this level.</td>
</tr>
</tbody>
</table>
Now we inspect the district year plans that are available. We should find an overall plan, for all the activities of the district, and a specific plan for CDTI. We look at them carefully, to give us information about the ‘Characteristics’ above. Then we write down that information:

<table>
<thead>
<tr>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overall district plan:</strong> nothing about CDTI included.</td>
</tr>
<tr>
<td><strong>District CDTI plan:</strong></td>
</tr>
<tr>
<td>* Drawn up by the district CDTI coordinator.</td>
</tr>
<tr>
<td>* Looks complete - includes a training schedule, visits for supervision and advocacy.</td>
</tr>
<tr>
<td>* Doesn’t have any dates.</td>
</tr>
</tbody>
</table>

Why write down this?
- There is no CDTI in the district plan, so the managers aren’t really taking responsibility.
- The specific plan is very complete – the CDTI coordinator knows what s/he has to do.
- The fact that there are no dates means they are waiting for HQ to tell them when to start.

Now suppose we are interviewing the person on the DHMT who is responsible for disease control programmes in the district - let’s say that this is Mrs Traoré. We have to **make up** questions now to ask her, questions to get the necessary information about the ‘Characteristics’. Here is an example:

- **For Characteristic (a):** ‘How do you go about planning Mectizan® distribution every year? And supervision? And training? And advocacy? And when to start the actual distribution?’

- **For Characteristic (b):** ‘Whom have you appointed to be responsible for CDTI in the district?

Note here that you must avoid asking ‘leading questions’ (questions to which the answer can be a simple ‘yes’ or ‘no’). For instance, for Characteristic (a) above it would be **wrong** to ask: ‘Is the DHMT initiating the key yearly CDTI activities?’ It would be easy for the respondent to try to please you, by simply answering ‘yes’.

You write down the new information you have obtained:

<table>
<thead>
<tr>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Describe the present situation:</strong></td>
</tr>
<tr>
<td><strong>Overall district plan:</strong> nothing about CDTI included.</td>
</tr>
<tr>
<td><strong>District CDTI plan:</strong></td>
</tr>
<tr>
<td>* Drawn up by the district CDTI coordinator.</td>
</tr>
<tr>
<td>* Looks complete - includes a training schedule, visits for supervision and advocacy.</td>
</tr>
<tr>
<td>* Doesn’t have any dates.</td>
</tr>
<tr>
<td><strong>District disease control officer:</strong></td>
</tr>
<tr>
<td>* We don’t include oncho in our overall plan yet. Mr Alhassan draws up a plan – he showed it to me. I don’t really know what is in it.</td>
</tr>
<tr>
<td>* The CDTI person is Mr Alhassan, a health inspector.</td>
</tr>
</tbody>
</table>

What do we write down?
- We write down exactly what Mrs Traoré says, which relates to our questions (and therefore to the ‘characteristics’).
- Note that we write down data from different sources in the same box.
We have not yet finished with the district disease control officer. The information she has given us shows that the situation is not ideal. This means we have to go to the second box on the page:

**If leadership at this level is not taking the initiative in implementing CDTI:**
- Why is this?
- Which steps are being taken to improve the situation?

The questions we need are clear:
- ‘Why is the district management team not taking full responsibility for the programme?’
- ‘What are you doing about this situation?’

Again we write down Mrs Traoré’s answers, using her own words:

**If leadership at this level is not taking the initiative in implementing CDTI:**
- **District disease control officer:** This is a new programme, and HQ is taking the responsibility for it, together with Mr Alhassan.
- **District disease control officer:** Speak to the DMO – I can’t make this kind of decision by myself.

There is another source of information: observation (of a situation). This only happens on one occasion: Instrument 4, indicator 7.2. Here we are asked to ‘Check whether all CDDs have received appropriate training’, and one of the sources of information is ‘Observing CDDs at work.’ This means we ask to see them do a home visit and observe what happens. We write short notes on what we see in the space provided.

### 3.3.3 Why not a formal questionnaire?

You will notice that the instruments are not constructed like ‘normal’ questionnaires, with exact questions for each indicator. Why is this? It is because the instrument collects information from people who are working in a large number of different situations, in different countries. In the example above we have to interview a number of persons at different levels. In each case we are going to phrase the questions we ask differently. Let’s consider Characteristic (b) of indicator 2.1 at district level:

- **For the district disease control officer (Mrs Traoré) the question is:** ‘Have you appointed anyone to be responsible for CDTI in the district? Who is this person?’
- **For the person in charge of a FLHF in the district the question is:** ‘Who from the district comes to see you, in connection with Mectizan distribution? Is it always the same person?’

It is clearly impossible to prepare specific questions for each conceivable situation. Instead, we depend on the fact that the evaluators are experienced persons, who themselves will be able to formulate suitable questions for a particular situation.
3.3.4. Managing the data

It often happens that there is not enough space to write in, on a particular instrument. In such a case you simply continue writing on the blank page to the left.

While we are collecting the data, it is important to realise that we have to collect it in a way that will be helpful when we come to the analysis. The principle here is that it is best to use as few copies of each instrument as possible, so you come to the analysis with all your data about a certain level on one (or at the most two) instruments. We suggest the following:

<table>
<thead>
<tr>
<th>Level</th>
<th>Instruction</th>
</tr>
</thead>
</table>
| **NOCP/project/regional/state level** | - Each member of the sub-team that collects data at this level has one copy of Instrument 1, on which s/he writes all the information that s/he collects.  
  - In cases where the NOCP and project offices are separate, use separate copies for each situation. |
| **District/local government level** | - Each member of the sub-team that collects data at this level has one copy of Instrument 2, on which s/he writes all the information that s/he collects.  
  - Even if a team member collects information from more than one district, s/he should still put all the data on one copy of Instrument 2. |
| **Sub-district/FLHF level**        | - Each member of the sub-team that collects data at this level has one copy of Instrument 3, on which s/he writes all the information that s/he collects – for all FLHFs s/he goes to, in one or more districts. |
| **Village/community level**        | - Each member of the sub-team that collects data at this level has one copy of Instrument 4, on which s/he writes all the information that s/he collects – for all the villages s/he visits, in one or more districts and sub-districts. |

Each team member has to spend time every evening tidying up the data s/he has collected that day. It is probably wise to have a ‘master copy’ which is not taken out to the field, and to transcribe the data from the field copy (which soon becomes tattered and dirty) onto the master copy every evening. Those team members who have laptops can do it electronically.

3.3.5 Evaluating the evaluation process

On the last evening they are together the team members evaluate the whole evaluation process (including the instrument and the guide). They make recommendations about future evaluations. The evaluation and recommendations are included in the report.

4. DATA ANALYSIS AND RECOMMENDATIONS

The whole team meets together to analyse the data. This usually takes place on the weekend. The team members collect data during the week, when the people they need to interview are available – so the weekend is a good time to carry out the analysis. The team leader chairs the discussion. In keeping with the participatory philosophy of the evaluation, the team may ask one or more project staff members to be present, in a further effort to draw them into a deeper understanding of the sustainability of their project. This should however only be done if team members agree that these persons will not interfere with the process of analysis. This is the process we follow:

4.1 Assembling the data

The team does the analysis one level at a time. The first step is to assemble all the data that has been collected about this level:
By this time each team member should have with her/him one or more instruments for that level, on which s/he has written:

- Her/his findings from interviews with people conducted at this level.
- Her/his findings from interviews with people conducted at other levels (as indicated in the instrument for this level).
- Information obtained from studying the documents mentioned in the instrument for this level, and (occasionally) from observations.

Note that additional data about the ‘district’ level will be obtained during the ‘feedback/planning’ workshops. This will not yet be available at the first analysis, but the team should look at it after the workshop and revise their analysis for this level if necessary.

During the period of data collection the team leader has to make sure that the team members are recording all the information they collect accurately, in the right places on the right instruments. Note that the diversity of sources of information is very important, since it strengthens the validity of the judgements that will be made. For example, the report that district level staff give about their supervision activities can be verified by asking sub-district staff about their experiences of the same supervision.

### 4.2 Summarising the main findings qualitatively (in words)

Note that this is the instruction which is given to the team, at the bottom of each page in the instruments. The team tackles the indicators one by one:

- Each person presents the information that s/he has collected, for that indicator. Naturally the information deals with the characteristics of the indicator, as they appear in the instrument. Data has also been collected about the reasons for situations which are a threat to sustainability.
- Once each member has presented her/his data, the group refers to each of the characteristics of the indicator in turn – what do the data say about it?
- Now a team member is appointed rapporteur. The group members discuss the findings for a particular characteristic, and agree on a sentence which summarises these findings (positive and negative) fully. The rapporteur writes the sentence clearly on a flipchart, where everyone can see it.
- This process is repeated for all characteristics of that indicator. The end result is one or sentences, which can easily be written into a short paragraph. This clearly describes all the findings in relation to this indicator (and its characteristics): what about it is good for sustainability? what will work against sustainability? It also summarises data about the reasons for the shortcomings. Here is an example of such a ‘summary paragraph’:

**Planning (district level)**

- Although all districts made fairly detailed year plans for CDTI (usually in the form of a Gantt chart) such plans were only included in the district plan in one case. In some cases several members of the health team participated in drawing up plans. Such planning is not however taught in the training NOCP provides.

- *Reasons for failing to integrate the CDTI plan into the overall year plan are:*
  - The programme is still new.
  - The DHMT sees it as externally funded, and it therefore does not need funding from the Ministry.
  - The capacity of the district to fund new programmes is low.

Note that this is a critically important step of the evaluation. This analysis produces the meat of the report, and the recommendations of the report will be principally based on it.

Note also that the findings have to be very strictly grounded in the data. There is no room here for using the opinions of the researchers as facts.
4.3 Grading the indicators

4.3.1 Grading individual indicators

Once all the evidence has been led for a particular indicator at a particular level, the team makes a joint decision on: 'Is this good for sustainability?' The following grading is used:

<table>
<thead>
<tr>
<th>Grading of the indicator</th>
<th>What does the grading mean?</th>
<th>Numerical value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fully</td>
<td>The findings around this indicator point to a situation which fully supports project sustainability.</td>
<td>4</td>
</tr>
<tr>
<td>Highly</td>
<td>The findings around this indicator point to a situation which largely supports project sustainability, but there is some small room for improvement.</td>
<td>3</td>
</tr>
<tr>
<td>Moderately</td>
<td>The findings around this indicator point to a situation which only supports project sustainability about half as much as it could do.</td>
<td>2</td>
</tr>
<tr>
<td>Slightly</td>
<td>The findings around this indicator point to a situation which only supports project sustainability slightly.</td>
<td>1</td>
</tr>
<tr>
<td>Not at all</td>
<td>The findings around this indicator point to a situation which does not support project sustainability at all.</td>
<td>0</td>
</tr>
<tr>
<td>Not applicable</td>
<td>This indicator is not relevant to this particular situation.</td>
<td></td>
</tr>
</tbody>
</table>

Note that the ‘numerical value’ or ‘mark’ is not a true interval number, but rather a tool to achieve an ordinal ranking. It is therefore useful to do it, for these reasons:

- It helps the evaluation team and those who receive the report to see at a glance where the successes and problem areas are. Also, it helps evaluators verify the judgement they made based on the seven aspects and critical elements and qualitative data.
- These evaluations are going to be carried out in Years 3, 6 or 8 of a project’s life and for some projects in the Year 5. Numerical ranking makes it possible to compare the later situation with the earlier one.

How does the team arrive at a decision about the grading? There are two ways, both of which are useful:

- After the verbal summary of an indicator has been completed, each group member privately makes a grading. The rapporteur records the corresponding numerical value for each grading without commenting, and a mathematical average is taken. Note again though that this is a technique to achieve ranking, and does not imply an objective mathematical value.
- The whole group arrives at a grading, by consensus. This usually takes longer.
You will note that there is a space for you to record the team’s grading, at the bottom of each page in the instruments. Please note that indicators in the group ‘results/coverage’ have their own grading system, which is given in each instrument at the bottom of the relevant page.

4.3.2 Grading groups of indicators

Once all the indicators within a group have been graded by the team, a score can easily be worked out for each group of indicators. This is done by getting a mathematical average of the numerical equivalent of the grading for each indicator - for example:

<table>
<thead>
<tr>
<th>Indicator Group</th>
<th>Scores</th>
<th>Overall Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planning</td>
<td>3, 3, 2</td>
<td>(3+3+2)/3 = 2.7</td>
</tr>
</tbody>
</table>

Note again that the ‘average numerical value’ is only a representation of the ordinal series: ‘fully’, ‘highly’ .. etc.

The scores for all the groups of indicators at a certain level may then be illustrated in a table, or graphically - for example:

In this way the main problem areas for sustainability are made clear. A 2.5 cut off score and above on a 4 point scale is considered a satisfactory performance.

4.4 Common mistakes in data analysis

The following errors have been noted and should be avoided:

- The data collection, analysis and recommendations focus on the functioning of the project, rather than its sustainability. This is a very serious error. It is true that some of the indicators focus on whether the project is effective/ functioning well, but that is only to help us judge whether an area of ineffective functioning is going to affect project sustainability.

- The analysis could be incomplete, not taking significant pieces of field data into account. For example, if data derived from log books is not presented it means one only has the explanation of the transport manager and the drivers, about how transport is controlled – which is clearly not satisfactory. The team leader must make sure that every possible piece of data is brought to the analysis, and presented there.
It happens that findings at one level contradict those of another level. For example, Mectizan supply at district level seems to work well, but then the FLHF level reports regular shortages. It is a mistake not to clarify the situation – why is there such a discrepancy?

4.5 Making recommendations

Next the team has to make recommendations, about steps that projects and countries need to take to achieve sustainability. These recommendations are made for each of the four levels, and should have the following characteristics:

- They must be based on the evaluation findings. If the recommendations are really to be of use to improve sustainability, in this particular project, they have to flow from the data obtained during the field work – on that and nothing else. Remember that ‘the data are sacred’ – evaluators are not allowed to tamper with, or ignore any of it.

- They recommendations must be practical and achievable, if they are going to be useful. Remember that you are recommending courses of action to the NOTF, which has limited powers and abilities. It is no use recommending that ‘the national HIS should be improved’, or that ‘the national health budget should increase’ – this may be desirable, but it is wholly impractical to ask NOTF to bring it about.

- Recommendations must be specific:
  - For each recommendation a suggestion must be made, about who should be responsible for carrying it out.
  - For each recommendation a deadline or timeline should be suggested.
  - One or more simple indicators of achievement must be given for each recommendation.

- Recommendations should be prioritised, as follows:
  - HIGH: this recommendation is critically important. If it is not carried out the project will not be sustained.
  - MEDIUM: this recommendation is important but not critical. Carrying it out will enhance the sustainability of the project though.
  - There should not be any LOW priority recommendations.

Such prioritizing has great practical value. Altogether you will make 30-40 recommendations per project, so it is essential to show the NOTF where you think they should start.

We suggest the following format for writing recommendations about a group of indicators:

<table>
<thead>
<tr>
<th>Recommendations: Title of group of indicators (e.g. ‘Planning’)</th>
<th>Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. .....</td>
<td>Priority:</td>
</tr>
<tr>
<td>2. ..... etc.</td>
<td>1. .....</td>
</tr>
<tr>
<td></td>
<td>2. ..... etc.</td>
</tr>
<tr>
<td></td>
<td>Indicators of success:</td>
</tr>
<tr>
<td></td>
<td>1. .....</td>
</tr>
<tr>
<td></td>
<td>2. ..... etc.</td>
</tr>
<tr>
<td></td>
<td>Who to take action:</td>
</tr>
<tr>
<td></td>
<td>1. .....</td>
</tr>
<tr>
<td></td>
<td>2. ..... etc.</td>
</tr>
<tr>
<td></td>
<td>Deadline for completion:</td>
</tr>
<tr>
<td></td>
<td>1. .....</td>
</tr>
<tr>
<td></td>
<td>2. ..... etc.</td>
</tr>
</tbody>
</table>

Note: By the time the teams receive your recommendations, they will already have made their own, in the plans that they make during the ‘feedback/planning’ workshops. It is a good idea to read through these, since they may provide additional information and ideas.
4.6 Grading a whole project

Finally the team should grade the whole project, in terms of its overall sustainability. Such a grading is useful because:

- It gives decision makers an immediate idea of the sustainability of the project as a whole.
- It sets a baseline against which to measure progress in achieving sustainability.

We ask each team to make this judgement in two ways.

4.6.1 A qualitative judgement, based on the ‘aspects’ and ‘critical elements’ of sustainability

This overall judgement is a grading of the whole project, based on all the available evidence; and the ‘calculation’ is done by the ‘super-computers’ which are the brains of a team of experienced people. There are two steps:

(a) Make a judgement of the project, in terms of each of the seven ‘aspects’ of sustainability:

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Judgement: to what extent is this aspect helping or blocking sustainability in this project?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integration</td>
<td></td>
</tr>
<tr>
<td>Resources</td>
<td></td>
</tr>
<tr>
<td>Efficiency</td>
<td></td>
</tr>
<tr>
<td>Simplicity</td>
<td></td>
</tr>
<tr>
<td>Health staff acceptance</td>
<td></td>
</tr>
<tr>
<td>(Attitude of the health staff)</td>
<td></td>
</tr>
<tr>
<td>Community ownership</td>
<td></td>
</tr>
<tr>
<td>Effectiveness</td>
<td></td>
</tr>
</tbody>
</table>
(b) Next, have a look at five key aspects of the project – ‘critical elements’ of sustainability. If these are not present it is unlikely that the project will be sustainable:

- **Money**: Is there sufficient money available to undertake strictly necessary tasks which have been carefully thought through and planned? (absolute minimum residual activities).
- **Transport**: Has provision been made for the replacement and repair of vehicles? Is there a reasonable assurance that vehicles will continue to be available for minimum essential activities? (note that ‘vehicle’ does not necessarily imply ‘4x4’ or even ‘car’).
- **Supervision**: Has provision been made for continued targeted supportive supervision? (the project will not be sustained without it).
- **Mectizan supply**: Is the supply system dependable? (the bottom line is that enough drugs must arrive in villages at the time selected by the villagers).
- **Political commitment**: Effectively demonstrated by awareness of the CDTI process among policy makers (resulting in tangible support); and a sense of community ownership of the programme.

### 4.6.2 A quantiative judgement, based on the grades given to individual indicators

Note again that such an ‘average numerical value’ is a *representation* of all the ordinal judgements made: ‘fully’, ‘highly’ .. etc. We may never see it as an interval number.

To arrive at a quantiative overall judgement we need a standardised way of calculating the average. We do it as follows:

**Step 1**: There are four levels at which the sustainability of a project is evaluated, and 9 or 10 groups of indicators at each levels. For each group of indicators at each level, calculate the mean score, as in 4.3.2 above.

**Step 2**: Calculate an average score for each level.

**Step 3**: Calculate the average of the four summary scores for each level.

Here is an example of such a process:

<table>
<thead>
<tr>
<th></th>
<th>Planning</th>
<th>Leadership</th>
<th>Monitoring/supervision</th>
<th>Mectizan</th>
<th>Training/HSAM</th>
<th>Integrating activities</th>
<th>Finances</th>
<th>Transport/Equipment</th>
<th>Human resources</th>
<th>Coverage</th>
<th>Province(1)</th>
<th>District(2)</th>
<th>FLHF (3)</th>
<th>Village (4)</th>
<th>Average for the level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Province(1)</td>
<td>3.7</td>
<td>3.0</td>
<td>3.3</td>
<td>3.2</td>
<td>3.0</td>
<td>3.0</td>
<td>3.4</td>
<td>3.2</td>
<td>3.0</td>
<td>3.23</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3.23</td>
</tr>
<tr>
<td>District(2)</td>
<td>2.4</td>
<td>4.0</td>
<td>3.6</td>
<td>2.2</td>
<td>2.2</td>
<td>2.2</td>
<td>4.0</td>
<td>3.0</td>
<td>3.0</td>
<td>2.90</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2.90</td>
</tr>
<tr>
<td>FLHF (3)</td>
<td>1.0</td>
<td>3.6</td>
<td>3.6</td>
<td>3.4</td>
<td>3.0</td>
<td>3.0</td>
<td>2.0</td>
<td>3.0</td>
<td>3.0</td>
<td>2.79</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2.79</td>
</tr>
<tr>
<td>Village (4)</td>
<td>2.5</td>
<td>2.0</td>
<td>4.0</td>
<td>2.3</td>
<td>3.0</td>
<td>3.0</td>
<td>1.5</td>
<td>-</td>
<td>3.0</td>
<td>2.87</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2.87</td>
</tr>
</tbody>
</table>

Average for the whole project: 2.94
We know that, for a Year 3 evaluation, a project should score at least 2.5 overall – that is equivalent to a judgement of ‘Making satisfactory progress towards sustainability’. At Year 5 the score should be considerably higher than that.

4.6.3 Linking qualitative and quantitative judgements

Having made both judgements, the team compares the two findings. They should agree: for example, if the quantitative judgement shows a high level of sustainability the qualitative one should do so as well. If the two judgements do not agree the team needs to review both, to find out why. The disagreement can then be corrected.

Against this background, the team uses the following schedule to grade the project as a whole:

<table>
<thead>
<tr>
<th>Level of sustainability</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fully sustainable</td>
<td>• All <em>aspects</em> are fulfilled, and all <em>critical elements</em> are satisfied (with perhaps one or two minor imperfections).</td>
</tr>
<tr>
<td></td>
<td>• This project therefore fulfils all the conditions for becoming sustainable.</td>
</tr>
<tr>
<td>Making satisfactory progress towards sustainability</td>
<td>• One or two <em>aspects</em> are not fulfilled, and one or two <em>critical elements</em> are not satisfied.</td>
</tr>
<tr>
<td></td>
<td>• This project is on the way to being sustainable. With feedback from the evaluation team, national and project staff should be able to undertake the required remedial action.</td>
</tr>
<tr>
<td>Not making satisfactory progress towards sustainability</td>
<td>• Half or less of the <em>aspects</em> are fulfilled, and half or less of the <em>critical elements</em> satisfied.</td>
</tr>
<tr>
<td></td>
<td>• This project has serious barriers to sustainability. It will require rethinking and mobilisation of high-level support to get it on the road again.</td>
</tr>
</tbody>
</table>
### Difference between Year 3 and Year 5 evaluations

As they move from Year 1 to Year 5 projects slowly change. By Year 5 they are supposed to be fully sustainable; by Year 3 they have begun to become so. The following diagram illustrates some of the changes:

<table>
<thead>
<tr>
<th>Activity/ system</th>
<th>Year 1</th>
<th>Year 3</th>
<th>Year 5 or later</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geographical focus of activity</td>
<td>More centralised; much activity at higher levels to prepare them</td>
<td>Middle and lower levels increasingly the focus of action</td>
<td>Fully decentralised; almost all activity at the periphery</td>
</tr>
<tr>
<td>Amount of CDTI specific activity</td>
<td>A lot of additional start-up activity: training, supervision</td>
<td>Intensity of activities decreases/ becomes more focused</td>
<td>Activities at a minimum level that still keeps CDTI effective</td>
</tr>
<tr>
<td>Integration of CDTI activity</td>
<td>Some activities under-taken specifically for the CDTI programme</td>
<td>Activities begin to be part of routines in the health service</td>
<td>All CDTI activities are completely integrated into routines at all levels</td>
</tr>
<tr>
<td>Amount of resources used</td>
<td>A lot of funding for start-up activities, transport, equipment</td>
<td>Level of funding needed beginning to decrease - activities (e.g. training) become more focused</td>
<td>Much less funding needed – just enough for essential activities ticking over</td>
</tr>
<tr>
<td>Source of resources</td>
<td>MoH funds salaries and co-funds some core CDTI activities e.g. supervision, the rest comes from APOC-TF, NGDOs</td>
<td>Still high level of APOC-TF funding, but MoH co-funds all CDTI core activities e.g. training, CSM and supervision.</td>
<td>APOC-TF funding ended/ sharply reduced; MoH proportion large. MoH funds all CDTI activities except external evaluation.</td>
</tr>
<tr>
<td>Attitude of health staff towards CDTI</td>
<td>Health staff see CDTI as something new and separate</td>
<td>Health staff are beginning to accept that CDTI is here to stay</td>
<td>CDTI accepted as part of the routine work of each level</td>
</tr>
<tr>
<td>Community support and empowerment</td>
<td>Communities find the idea of CDTI strange and new</td>
<td>Communities are getting used to CDTI - still need some guidance</td>
<td>Communities are used to CDTI, expect it yearly, organise it themselves yearly, and appreciates it</td>
</tr>
</tbody>
</table>

This has the following implications for you as evaluators:

- When you make the judgements about sustainability there is a difference:
  - For the Year 5 projects your standard of judgement is: this project should be almost completely sustainable by now.
  - For the Year 3 projects your standard is: this project should clearly be moving towards being sustainable - if it carries on this way it will get there by Year 5.
- Clearly your recommendations in the two cases will also be different.

**Example:** a project where the NOC still routinely takes part in some of the yearly CDD training.

- **For a Year 3 project:** this is acceptable. Recommendation: continue phasing out the NOC input, so that the FLHF staff has fully taken over by Year 5.
- **For a Year 5 project:** this is unacceptable. Recommendation: urgent empowerment of FLHF staff to do CDD training independently.
5. DEVELOPING ‘SUSTAINABILITY PLANS’

In this section we discuss how to arrange the workshops and meetings that take place during the second half of the evaluation visit, and which result in the development of plans to achieve CDTI programme sustainability.

5.1. Preparing for the workshops

This evaluation exercise aims to set the projects firmly on the road to sustainability. This means that the team has to do more than evaluate – it also has to set a process of planning in motion, based on its findings. This is done through two or more ‘feedback/planning’ events - workshops and meetings. These events have the following aims:

- **Feedback**
  We present the evaluation team’s findings to all the relevant project staff, district/LGA health management and political figures, which have responsibility for the CDTI programme. This is actually more than just feedback – it is an opportunity to discuss the evaluation findings in detail, to arrive at some sort of agreement that the team’s findings are valid.

- **Planning for project sustainability**
  We also have to enable project, district/LGA health management team and political staff at these levels to work together to develop a realistic plan to bring about the sustainability of their CDTI programmes. This five-year plan has to be of high quality and very detailed: APOC-TF will be using it as a basis for making decisions on further funding. This is probably the most important part of the exercise. APOC has prepared a document to help teams to complete this exercise successfully: ‘Guidelines and checklist for developing a CDTI sustainability plan for third and fifth year projects.’ Each evaluation team will get a copy of it.

The process described below is based on experience gained in the previous evaluations. The following practical considerations are important:

- Preparation for the workshops should be done by the project directors (Ministry and NGDO) and the ‘scout’, before the evaluation team arrives. 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.

- The key plan which has to be devised is the one for the project level. If the team is also conducting a ‘Headquarters project’ evaluation, a similar exercise has to be completed for that level too (see also 6.2 below).

- Similar planning workshops should be held for the health district/local government level. The higher level workshop is held first, so that staff at that level becomes familiar with the concepts and findings. This means that they will be able to help with the district level event. The officers-charge of FHLFs should attend the planning workshops for the health district/local government level.

- Note that the plans that are drawn up during the workshops are in fact the ‘Sustainable plans’ referred to in the instruments.

5.2. Workshops at different levels

5.2.1. The project level workshop

The following persons should attend this workshop:

- From the official health service:
  - The project leader/ NOC; the project accountant.
  - Senior officials in charge of the project (e.g. director of the section in charge of disease control programmes; the Permanent Secretary).
  - Field workers implementing the project at this level.
  - All heads of district/LGA health management (e.g.DMOs) and FLHF levels. These persons will have to advise about what their levels able to do and to contribute, in the way of resources.

- From the NGDO: the officers allocated to the project.

- Any other stakeholder who normally contributes to planning at this level – e.g. NOTF members.
The programme for the workshop is designed to fulfil the two objectives given in 5.1 above. **It is very important not to try to rush these workshops** – a thorough plan must be produced. We therefore suggest a workshop lasting **three to five days** for the project level:

- One to two days to present the evaluation team’s findings; to discuss them thoroughly; to arrive at some form of consensus with the project management about the validity of the findings; and to come up with suggestions based on the findings.
- Three days for drawing up a sustainable plan for the coming five years, following APOC’s guidelines.

An example of such a programme is given in 5.4.1, but it will obviously need to be adjusted according to the circumstances.

The members of the evaluation team facilitators at this workshop.

If the ‘Headquarters project’ is also being evaluated, it too will have to undergo a similar, but separate, exercise.

**5.2.2. The district/ local government level workshop**

The following persons should attend this workshop:

- From the official health service:
  - The management team responsible for running the health service at this level; including the person responsible for disease control programmes.
  - The CDTI programme manager at this level.
  - A few representatives from the FLHF level. Officer in-charge of the facility should attend.
- Relevant civil authorities and NGDO representatives at this level.
- Any other stakeholder, who normally contributes to planning at this level (particularly the person in charge of finances).

Where the number of districts is more than five it is advisable to run the feedback/ planning meetings in batches of five.

The programme for these workshops follows the same pattern as that for the project level workshop.

Note in particular that the workshops at this level provide us with the opportunity to gather more important information about sustainability. This is because we are able to meet persons from those districts/ local government areas which were not included in our sample. A questionnaire may therefore be administered to them, near the beginning of the first day’s programme. An example of such a questionnaire is given in Appendix 3. The data obtained in this way should be used to revise the findings and conclusions that were made, following the initial analysis of the data collected during the fieldwork.

Members of the project level teams are the facilitators at these workshops. The evaluation team members help if they have time left after completing the project level workshop, and the project’s five year ‘Sustainable plan’ is ready. Otherwise the project team members continue with the process by themselves, until it is all done.

**5.3 Arranging the workshops**

It is important that someone with good workshop skills should lead the workshop—someone with experience of running workshops. You should appoint the team member who is most experienced in this way, to be in charge of the workshop programme.

Those who have to travel to attend the workshops will need **travel and accommodation allowances**. APOC management has agreed to fund this. However the team leader and ‘scout’ have to make sure that the funds are applied for, and that the cash will be available for participants at the end of each workshop. In this s/he will have the assistance of the project leadership and the NOC, who have experience in these matters.

Participants have to be provided with **tea and lunch**. Again, APOC has agreed to pay, but the team leader/ ‘scout’ has to make sure that the project leadership/ NOC arrange this. It is very important that the meals should arrive on time. Participants should be told in advance that they will have to arrange their own accommodation, but will get an allowance for this.

The **room** where the workshop takes place must be carefully chosen:

- It must be big enough to accommodate the expected number of persons attending.
- It should be near the project office (for some of the exercises we may need project documentation) but not so near that there are constant interruptions (such as people being asked to take telephone calls).
- It should be quiet – e.g. no busy road or electricity generator nearby.
- It should not be too hot – if there is no air conditioning, fans may be needed.

The following materials should also be prepared (again APOC will pay):
- A folder for each participant, containing the workshop programme, handouts (e.g. the main evaluation findings; also the one on ‘sustainability’), some sheets of writing paper, a pen or pencil.
- The necessary equipment, depending on what the team wants to use: flipchart, marker pens, overhead projector, transparencies, pens, chalk if there is a blackboard etc.

Note that the more care is taken with practical details, the better the workshop will run.

At some stage during this time you will be giving feedback to the senior managers in the Ministry. This means that a small team must be ready to leave the workshop, at a time which is suitable to the people you will be visiting. And remember to pack a tie for the occasion – you never know, you may get to see the Minister of Health, or the Provincial Governor.

### 5.4. The workshop programme

#### 5.4.1. An overall programme

Below is an example of a programme for a full 3-5 day ‘feedback and planning’ workshop for the project level. It includes the most successful elements of several workshops. Each evaluation team should adapt it according to its specific needs. Note that times and breaks have not been included in the programme, since this will depend on local circumstances.

**Agenda for ‘Feedback’ section (should last 1 to 1½ days)**

<table>
<thead>
<tr>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Opening ceremony and welcome</td>
</tr>
<tr>
<td>2 Introducing the participants</td>
</tr>
<tr>
<td>3 Presentation:</td>
</tr>
<tr>
<td>• The workshop programme</td>
</tr>
<tr>
<td>• Housekeeping matters</td>
</tr>
<tr>
<td>4 Presentation:</td>
</tr>
<tr>
<td>• The objective of the evaluation.</td>
</tr>
<tr>
<td>• What is sustainability?</td>
</tr>
<tr>
<td>5 Presentation: The evaluation methodology</td>
</tr>
<tr>
<td>6 Presentation of the main findings:</td>
</tr>
<tr>
<td>• Community level</td>
</tr>
<tr>
<td>• FLHF/ sub-district level</td>
</tr>
<tr>
<td>• District/ local government level</td>
</tr>
<tr>
<td>• National/ project level</td>
</tr>
<tr>
<td>Each presentation followed by time for clarification and open discussion (enough time to arrive at a clear mutual understanding).</td>
</tr>
<tr>
<td>7 Group work: SWOT analysis in 3 groups – ‘What is the situation regarding sustainability in our project?’</td>
</tr>
<tr>
<td>• Group 1: The community and FLHF levels</td>
</tr>
<tr>
<td>• Group 2: The district/ local government level</td>
</tr>
<tr>
<td>• Group 3: The national/ project level.</td>
</tr>
<tr>
<td>8 Presentation of group work, followed by plenary discussion</td>
</tr>
</tbody>
</table>

add particulars of times and persons facilitating sessions
Group work: ‘What could be the solutions to the weaknesses regarding sustainability on our project?’
- Group 1: Planning, Monitoring and supervision
- Group 2: Finances, Training and HSAM
- Group 3: Transport, Mectizan® supply

Instructions: focus on trimming expenses; mobilising resources; integration.

Presentation of group work, followed by plenary discussion

Presentation: Summary of the day’s work

Agenda for ‘Development of sustainability Plan’ sessions (should last 3 days)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>12</strong> Welcome</td>
<td></td>
</tr>
</tbody>
</table>
| **13** Presentation: | • Summary of previous day’s work  
• The present day’s programme |
| **14** Group work: ‘What resources are we likely to have, at the different levels of the programme, for the next 3 years?’ | • Group 1: Money and human resources.  
• Group 2: Transport and equipment/materials. |
| **15** Presentation of group work, followed by plenary discussion | |
| **Coffee break** | |
| **16** Group work: Making a sustainable plan for the coming year | • 2 groups each compile a tabulated plan (what is to be done, why; by whom; by when; indicators; cost).  
• The plan must fit into the available resources. |
| **Lunch break** | |
| **17** Presentation of group work, followed by plenary discussion | |
| **18** Plenary discussion: | • Making a master ‘Sustainable plan’ for the project, for the coming year |
| **Coffee break** | |
| **19** Plenary discussion: | • Practical steps to implement the required in the ‘Sustainable plan’ |
| **20** Plenary session: housekeeping matters | |
| **21** Closing ceremony | |

5.4.2. Details of items on the programme

At the beginning of the workshop the concept of ‘sustainability’ needs to be discussed: the definition, the aspects, the levels. This is done as a presentation followed by a discussion. It is a good idea to give participants a handout on the subject (see Appendix 5).

Then the evaluation team gives feedback on its findings:

- A summary of the findings at all levels is presented – but the team gives more time to the level of the persons for whom the workshop is being run.
- They first give the positive findings/ the achievements, before going on to the negative ones/ the problems.
- It will be useful if the team prepares a handout on the main findings (the section of the report prepared as described in 4.2 above).
- It is important to allow enough time for discussion of the findings. There really must be agreement on all the main findings – or at least an agreement to disagree.
The rest of the workshop is designed as a logical process, resulting in the construction of a sustainable plan, for the year after APOC funding ends. This is not a theoretical plan to achieve ‘sustainability’ – it is a plan for which fits within the available resources, and which is therefore sustainable. Here are the steps:

- A SWOT exercise, conducted in respect of the current sustainability of the project at its different levels.
- An exercise to come up with ideas to overcome weaknesses and threats in the project’s routine activities, with respect to their sustainability.
- An exercise to map out the resources that are likely to be available to the programme in the coming years.
- An exercise to draw up the sustainable year plan referred to above (for one year only).

There are detailed instructions available for the groups work sessions (Appendix 4).

The last item on the programme is to work out the way forward. The main question is: what is going to happen to the plans that the participants have just made? Work out with each team of participants what they will do with it. To whom will they present it, and when? Where will they stick it up? How will they ensure that they keep to it?

5.4.3. The role of the workshop facilitators

The participants should be as active as possible. This means the facilitators have to be as quiet as possible - they should resist the temptation to give workshop participants the benefit of their vast wisdom. It is the participants who have to make the plan – it is their programme, after all. It is very important that they should feel that they own this ‘Sustainable plan’.

When the participants are drawing up their plan, facilitators should help them to go step by step through the ‘Guideline’

- For managers at the project level this kind of planning exercise will not be new. The challenge for the facilitators will therefore be to make sure that they do not simply repeat what they have done in the past. They have to work out very carefully what there assured income is going to be; and then they have to cut their planned expenses to fit into this amount. In addition, projects requesting funds for Year 6 have to adhere to the rules set out at Abuja. The end result has to be a five-year plan and budget which is good enough to submit to APOC Headquarters.

- For managers at the district/ local authority level this kind of exercise may be relatively new. The facilitators have to guide them through the same planning exercise, adhering to the same principles, but giving good positive feedback and encouragement wherever possible. If the members of one or more of the district management teams appear to be at a loss about solving a problem, it may be helpful if the facilitators ask other groups present to share what they are doing to solve that problem. Facilitators may even call on their own past experience of similar workshops elsewhere, to give some ideas. They must be careful however not to prescribe particular solutions. The end result has to be a five-year plan and budget that goes back with the teams. A copy is left behind for the project management.

Note that this process is followed in the case of both the Year 5 and the Year 3 workshops. The only difference is that, in the case of the Year 3 project level plans, they will still be following the APOC format for Years 4 and 5 (although there have to be real signs of increased efficiency).

5.5. After the workshops

Experience has shown us that drawing up ‘Sustainable plans’ is only the first step.

Each group has to have a neatly typed copy of its plan and budget ready, at the end of the workshop. Copies will be made for management at the supervising levels, as well as other stakeholders:

- For projects: NOC, NOTF members (including NGDO partner), MoH supervisors at this level (technical and political), APOC Headquarters, the evaluating team etc.
- For districts/ local authorities: project director, NGDO partner, MoH supervisors at this level, political heads at this level – also APOC Headquarters.

The plans that project level has produced at the end of each workshop is in a sense detailed and almost ready for submission’. The management group of each project is going to put final touch to the plans, to be submitted to APOC. This means that they are going to meet shortly after the workshop finalise and submit the plan. The
guidelines for developing the sustainability plans for 3rd and 5th year projects are given in detail in another section.

APOC Headquarters is putting in place arrangements to support projects in the implementation of their ‘Sustainable plans’:

- These plans are to form the basis of fund allocation, from Year 3 to Year 5 and further on (in the case of projects which decide to avail themselves of the possibility of an additional three years of skeleton funding from APOC-TF).
- If reports show that the measures decided on in the plans are not being implemented, for whatever reasons, individual help will be provided: someone to work with NOTFs, NGDO partners and project directors to overcome the hurdles.
6. WRITING THE REPORT

Once the findings have been analysed as suggested above, a report must be written. This starts being done at the time of the first data analysis, and each team member may be given the responsibility for completing part of it. The team leader coordinates this allocation.

In writing the report one must bear in mind that not all those who need to read it are familiar with the ‘sustainability’ evaluation process. There must therefore be enough detail for them to be able to understand the logic of the whole process.

6.1. The structure of the report

The following sections are recommended:

- **An executive summary.** This should be succinct but detailed covering the performance of the project at each of the four levels, highlighting at each level, indicators that performed well and those of concern.

- **Introduction:** a brief description of the project and its history to date.

- **Methodology:** a short protocol (including the evaluation question/ objective and the sampling); a short description of the process; problems that were encountered; comments on the performance of the instruments; the team members.

- **Findings and recommendations:**
  - For each of the four levels the following sequence is to be used:
    - A graph of the average overall grading (on a scale of 0-4) of the nine groups of indicators (see 4.3.2 above).
    - For each group of indicators (e.g. ‘Planning’) you describe the main positive and negative findings relating to sustainability. You do this for all nine groups of indicators, one by one.
    - After giving the findings for each group of indicators, detailed and specific recommendations follow - based strictly on those findings. The recommendations are prioritised, with indicators, assigned deadlines and responsible persons.
    - This is followed by judgement of the overall sustainability of the project, using both the qualitative and quantitative methods. The two judgements are compared.
    - If there are additional findings of interest they are given at the end of this section.

- **Reports of the ‘feedback/ sustainability plan development ’ workshops:** a short description of each – who attended, the degree of participation, planned next steps.

- **A report on advocacy visits carried out:** who was seen, their response.

- **The five-year sustainable plan:** This is probably the most important part of the report.

- **Appendices:** e.g. additional relevant data; data sources, the evaluation diary/ timetable; workshop programmes; plans produced during the workshops.
6.2. The ‘National headquarters’ report

There are differences in the way the higher levels of the health services contribute to CDTI, in different APOC countries:

- In some (usually those with relatively few projects) the NOC and national level staff are intimately involved in the development of each project. In such cases the report of the project will give adequate information about the sustainability of the project at the national level. Examples are Malawi, Chad and Uganda.

- In others (usually those with numerous projects) the national level staff has a more administrative role in relation to the projects, delegating the management of the projects to their directors. Examples are Nigeria, Cameroon and Democratic Republic of Congo. In these cases the project reports of the projects will not give sufficient information about the functioning of that level.

In such cases APOC Headquarters will negotiate with a team which is going to do an evaluation in that country, also to do a National headquarters evaluation. This is done as follows:

- Data are collected from:
  - The national headquarters staff (using Instrument 1). This includes NOTF members and the superiors of the NOC in the Ministry. The relevant documents are studied as well, of course.
  - The project staff (also using Instrument 1) – again studying documents at that level which have information about the functioning of the national headquarters.

- **A separate report is written.** The report is shorter, but the headings are the same:
  - It does not need detailed methodology and background sections, since these are to be found in the project reports.
  - The ‘Findings and recommendations’ section is short, since it only deals with one level.
6.3. Distributing the report

The final responsibility for completing the report rests with the team leader. It is suggested that s/he consult a report from a recent previous evaluation to guide her/him in writing the report.

From the experience of the first round of evaluations we now know that it is critically important that the project staff should receive a copy of the report before the team leaves. As was mentioned in section 5, the evaluation teams’ findings must be presented to the project management, and discussed in detail – with opportunity for project staff to voice disagreements, or to offer their perspectives. In this way the report is more likely to be ‘owned’ by project staff: a very important outcome, since they are more likely to act on findings and recommendations that they themselves have been party to.

Besides the copies to project management, hard or electronic copies of the final report should be sent electronically to:

- The NOC/NOTF of the country concerned.
- The APOC office in Ouagadougou.
APPENDICES

Appendix 1  Letter for persons to be interviewed

This information can be included in an official letter written by the NOCP, directed to all those who will be asked to provide information during the coming evaluation.

Dear Colleague

Information about the coming evaluation of the Onchocerciasis (River Blindness) control programme

For the past few years you have been helping to run a programme to control river blindness, by distributing the drug Mectizan® to villagers in your area. This programme has been supported by the African Programme for Onchocerciasis Control (APOC) as well as your Ministry of Health, and some non-governmental organisations. These funders now want to know whether the programme they have started has become strong enough to continue.

Within the next week or two APOC is going to send a team, to investigate the sustainability of the river blindness control programme in your area. Since you play an important role in the programme they would like to meet you, to talk to you about the following issues concerning the control programme:

- Planning: how is the programme being planned yearly?
- Providing leadership: who is providing leadership for the programme, and how?
- Supervision and monitoring: what supervision and monitoring is being done?
- Ordering and distributing Mectizan®: what process is being followed to order and distribute the Mectizan®?
- Training and sensitisation/ mobilisation: what training and mobilisation activities are taking place?
- Financing/ funding: what funding is currently available, and what is likely to be available in future?
- Transport and other material resources: what is available now, and what is likely to be available in future?
- Human resources: who is available to run the programme, and how skilled are they?
- Coverage: how well is your area being covered by the programme?

It is not necessary for you to make elaborate preparations for the visit. The team members need to find out what the present situation is, and you do not need to change anything you do before they arrive! They simply want to talk to you, to hear from you what is happening in your part of the programme. We would be most grateful if you could spare them a bit of your time, on an agreed date.

The person handing you this document may also ask you to get some documents ready for the team which is coming to see you. The information in these documents will help them to understand your situation correctly. We would be grateful if you could assist us by having these documents ready on the day when the team comes to visit you. It may be that you do not have some of these documents – that is not a problem. Whatever you are able to show the team will be useful.

Thank you very much!

Yours sincerely etc.
Appendix 2  Documents required for study

Documents needed: National/ zonal/ provincial/ regional/ state level

- Ministry of Health policy documents/ strategic plans regarding CDTI.
- National/ regional etc. onchocerciasis control plans for current and previous years.
- REMO reports, including lists of all endemic communities/ target populations.
- National/ regional etc. budgets and financial reports for the current and previous years.
- The year plans for the country/ region etc. for the past two years:
  - Including the plans for CDTI (integrated with the main plan, or separate).
  - Also quarterly or monthly plans (if these exist).
- The yearly budget for onchocerciasis control, for the last three years, for the country/ region etc.:  
  - From all sources: Ministry of Health at this level, APOC, NGDO partners.
  - Particulars of staff salaries, capital costs, running costs.
- Financial control documents: expenditure authorisation slips, journals, ledgers etc. (note that these will supply information about the delivery of promised funding).
- Reports of the last round of CDTI in the country/ region etc.
- Reports (if these exist) of:
  - Routine supervision visits by employees at this level, to the level(s) below them.
  - Internal self-monitoring by employees at this level.
- All the forms related to ordering, issuing and control of Mectizan at the country/ regional etc. level.
- All curricula, training materials, timetables, attendance lists and reports relating to training for CDTI and in-service training in the country/ region etc. over the last two years.
- All reports of mobilisation/ sensitisation activities in the country/ region etc. in the past two years.
- All documentation related to control and use of official transport at this level, over the last two years: trip authorisations, fuel allocations, log books etc.

Documents needed: health district/ local government level

- The coverage reports/ tables for the health district / local government for the past three years (per sub-district; per village).
- REMO reports, including lists of all endemic communities/ target populations.
- The year plans for the health district / local government area for the past two years:
  - Including the plans for CDTI (integrated with the main plan, or separate).
  - Also quarterly or monthly plans (if these exist).
- The yearly budget for the last three years for the health district/ local government (from all sources: the local government itself, higher levels of the government, APOC, the NGDO partner).
- Financial control documents: expenditure authorisation slips, journals, ledgers etc.
- Reports of the last round of CDTI in the health district/ local government.
- Reports (if these exist) of routine supervision visits by DHMT members, to the sub-districts.
- All the forms related to ordering, issuing and control of Mectizan at the health district/ local government level.
- All curricula, training materials, timetables, attendance lists and reports relating to training for CDTI and in-service training in the health district/ local government over the last two years.
- All reports of mobilisation/ sensitisation activities in the health district/ local government in the past two years.
- All documentation related to control and use of official transport at this level, over the last two years: trip authorisations, fuel allocations, log books etc.
Documents needed: first line health facility/ sub-district level

- The coverage reports/ tables for the FLHF/ sub-district for the past three years (per village).
- The year plans for the FLHF/ sub-district for the past two years:
  - Including the plans for CDTI (integrated with the main plan, or separate).
  - Also quarterly or monthly plans (if these exist).
- The yearly budget for the last two years for the FLHF/ sub-district - from all sources: the health district/ local government, own FLHF/ sub-district income, other (note that this budget may be kept at the health district/ local government level).
- Financial control documents: expenditure authorisation slips, journals, ledgers etc.
- Reports (if any) of the last round of CDTI in the FLHF/ sub-district area.
- Reports (if these exist) of routine supervision visits to the villages, undertaken by FLHF/ sub-district team members.
- All the forms related to ordering, issuing and control of Mectizan at FLHF/ sub-district level.
- All curricula, training materials, timetables, attendance lists and reports relating to training of CDDs in the FLHFs/ sub-districts over the last two years.
- All reports of mobilisation/ sensitisation activities in villages in the FLHF/ sub-district in the past two years.
- All documentation related to control and use of official transport at this level, over the last two years: trip authorisations, fuel allocations, log books etc.

Documents needed: village/ community level

- CDDs' treatment registers.
- Summary forms, showing coverage data and Mectizan use for the village for the past three years.
- Copies of Mectizan orders for the village, for the past three years.
## Appendix 3  Questionnaire for health district/ local government staff, about their CDTI work

<table>
<thead>
<tr>
<th>Name of your health district/ local government:</th>
</tr>
</thead>
</table>

### About coverage:
- What is the coverage rate in your health district/ local government?

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
</table>

### About planning:
- How do you make the plan for CDTI in your district / local government every year?
- Is the plan written down?
- Who contributes to making the plan?

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
</table>

### About leadership:
- Who is responsible for CDTI in your health district/ local government?
- Does this person have enough time for the CDTI work?
- Do you think that the political leaders in your health district/ local government support CDTI? Why do you think so?

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
</table>

### About supervision and monitoring:
- How frequently do you visit the FLHFs/ health centres/ sub-districts, to monitor them?
- How do you plan your supervision visits to the FLHFs/ health centres/ sub-districts?
- How are the statistical reports collected from the FLHFs/ health centres/ sub-districts?

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
</table>

### About Mectizan:
- How does your yearly supply of Mectizan get to you?
- How does the Mectizan get from you to the FLHFs/ health centres/ sub-districts?
- Do you get enough Mectizan every year, or do you sometimes run short?

|  |
About training and sensitisation/mobilisation:
- Whom do you train every year?
- How do you decide whom you are going to train?
- Describe the mobilisation that you carry out every year. Whom do you visit, and how often?

About financing/funding:
- Do you have a yearly written budget for your CDTI work?
- Who supplies the money that you need to carry out your CDTI work?
- What plans have you made to obtain more funds when the APOC funds run out?

About transport and other material resources:
- Describe the transport available to you to do your work.
- Does it ever happen that you do not have transport when you need to go out? How often does this happen?
- Do the different programmes at your level share each other’s transport?

About human resources:
- Are the relevant members of your district/local government team properly trained? Do they really know how to carry out CDTI?
- How stable is the health care team at your level? Are its members being transferred to other units, or not very much?
Appendix 4   Instructions for group work in the ‘feedback/ sustainability plan’ workshops

Session 1   SWOT analysis of the present situation regarding sustainability

You have heard the findings of the evaluation team, regarding the sustainability of your CDTI project. We are asking you now to think more deeply about these findings, in relation to specific levels at which the project operates. We suggest that you do this by means of a SWOT analysis (Strengths, Weaknesses, Opportunities, Threats). Please complete the following table:

<table>
<thead>
<tr>
<th>Level(s) we are investigating:</th>
<th>1.</th>
<th>2.</th>
<th>3. etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strengths</strong>: what are the aspects of the project that are good for sustainability?</td>
<td>1.</td>
<td>2.</td>
<td>3. etc.</td>
</tr>
<tr>
<td><strong>Weaknesses</strong>: what are the aspects of the project that are weak?</td>
<td>1.</td>
<td>2.</td>
<td>3. etc.</td>
</tr>
<tr>
<td>What <strong>Opportunities</strong> do we have, to make the project more sustainable?</td>
<td>1.</td>
<td>2.</td>
<td>3. etc.</td>
</tr>
<tr>
<td>What <strong>Threats</strong> are there, against making the project more sustainable?</td>
<td>1.</td>
<td>2.</td>
<td>3. etc.</td>
</tr>
</tbody>
</table>

You have ……. minutes to complete this exercise.

Your group facilitators are:
1. ………..
2. ………..

Please appoint a rapporteur who will report back on behalf of your group.

Session 2   Solutions to our project’s weaknesses in relation to sustainability

You have been considering the strengths, weaknesses, opportunities and threats in relation to the sustainability of our CDTI project:

* Now we are asking each group to look at specific aspects of the project’s operation.
* You have already scrutinised the weaknesses of the project, in relation to sustainability. Now we are asking you to make suggestions for overcoming these weaknesses and threats.
  * Please pay particular attention to the following: trimming expenses; mobilising resources; integrating CDTI more fully into the health system.
  * Innovative and ‘way-out’ ideas are welcome!
* Please present your findings in a table:

<table>
<thead>
<tr>
<th>Project activities we are considering:</th>
<th>Weaknesses and threats in relation to sustainability:</th>
<th>Suggestions for overcoming these weaknesses and threats:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>1.</td>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
<td>2.</td>
<td>2.</td>
</tr>
<tr>
<td>3.</td>
<td>3.</td>
<td>3.</td>
</tr>
<tr>
<td>4. etc.</td>
<td>4. etc.</td>
<td>4. etc.</td>
</tr>
</tbody>
</table>
You have …….minutes to complete this exercise.

Your group facilitators are:
1. ………….
2. ………….

Please appoint a rapporteur who will report back on behalf of your group.

Session 3  Our future resources
In order to plan for sustainability we absolutely must know what resources we will have to run the programme, in the next few years. You will be working in two groups: one looking at human and financial resources, and the other looking at transport and equipment/ materials. Please complete the following table:

<table>
<thead>
<tr>
<th>Amount</th>
<th>Total</th>
<th>Source of the funding*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Project level</td>
<td>District level</td>
</tr>
<tr>
<td>Funding* we are sure we will get</td>
<td>Next year</td>
<td>The year after</td>
</tr>
<tr>
<td>Funding* we are reasonably certain we will get</td>
<td>Next year</td>
<td>The year after</td>
</tr>
</tbody>
</table>

* You make similar tables for ‘Transport’, ‘Equipment/ materials’ and ‘Human resources’

You may need to get documents from the project office to do this exercise.

You have …….minutes to complete this exercise.

Your group facilitators are:
1. ………….
2. ………….

Please appoint a rapporteur who will report back on behalf of your group.

Session 4  A sustainable CDTI plan for the coming years
At this stage you have:
- Worked out ways of trimming expenditure.
- Listed the resources that you will have available next year (the year after APOC funding ends).

Now we ask you to prepare a full plan for your work for next year, using the table below. The plan must have the following characteristics:
- The plan we make has to fit in with the resources you are certain you will have.
- If you really can’t manage without more resources you need a very clear, very specific plan for finding those resources.
Please complete the following table:

<table>
<thead>
<tr>
<th>What do we have to do? (very specific)</th>
<th>Justification: do we really need to do this?</th>
<th>Who should do it?</th>
<th>When must it be done by?</th>
<th>How will we know we’ve succeeded?</th>
<th>What will it cost? (exactly)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 etc.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

You have ………minutes to complete this exercise.

Your group facilitators are:
1. ............
2. ............

Please appoint a rapporteur who will report back on behalf of your group.

Appendix 5  Handout on sustainability

Sustainability: what is it?
To ‘sustain’ something means ‘to keep it going’ or ‘to make sure it continues to work’.

Elements of sustainability
We judge that projects will be more sustainable if the following aspects are present:
- Integration: Projects which have become integrated into the routine running of the health care services are more likely to be sustainable.
- Resources: Projects are more likely to be sustainable if they have enough resources (human, material, financial) to support what they are trying to do.
- Efficiency: Projects that are run cost-effectively are more likely to be sustainable.
- Simplicity: Projects that use simple, uncomplicated routines and procedures are more likely to be sustainable.
- Health staff acceptance (Attitude of the health staff): Projects are more likely to be sustainable if health staff have accepted CDTI as a routine activity, which they will continue to do even in the absence of additional material reward; and if they accept that they will have to adapt their routines to become more efficient.
- Community ownership: Projects are more likely to be sustained if the communities where CDTI takes place support it wholeheartedly, and are willing to take responsibility for it.
- Effectiveness: Projects that are functioning effectively are more likely to be sustainable.