# Final Evaluation Report for the Utetezi Project

Compiled by:

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**Supported by the BAND Foundation**

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## Executive Summary

This report presents findings of the evaluation of the Utetezi project supported by band foundation which was implemented in six countries supporting programs aimed at improving access to health services by people living with epilepsy. The evaluation was carried out between Kenya South Africa, Mauritius, Zambia, eSwatini and Zimbabwe under African Regional Committee of the international bureau for epilepsy. The evaluation aimed to identify strengths, weaknesses and provide recommendations for scale up of the project.

### Summary of findings

### Relevance of the project

Overall, the project was relevant, but the context has not been favorable. Epilepsy is a public health concern locally, nationally, regionally and internationally. The Utetezi project is relevant in as far as advocating for the recognition of epilepsy in the public health agenda in line with the who resolution on epilepsy *(wha68.20)* in Africa. The project was also implemented to contribute to the achievement of the un sustainable development goal 3[1] target 8[2]. It was important that the band project built the capacity of the chapters in advocacy so as to deliver on the projects objectives.

### Effectiveness

While the overall objective of having an action plan on epilepsy in the chapter countries was not achieved, the respective chapters were able to identify, develop and engage stakeholders who are key and important in the process of advocating and lobbying for an action plan for epilepsy. The chapters overall developed partnerships with and effectively collaborated with key, primary and secondary stakeholders. This included the world health organization, ministry of health, disabled peoples movements, non-governmental organizations and beneficiaries. The chapters carried out a situation analysis of epilepsy in their respective countries. This provided evidenced based data to facilitate advocacy and other engagements to recognize epilepsy in the national health policies. Chapters like South Africa carried out organizational capacity building (particularly in terms of the implementation of WHA resolution 68.20 and how this relates to the mandate and work of epilepsy South Africa. Epilepsy South Africa national office also built a business plan 2020/21 underpinned by the WHA resolution 68.20 as a cornerstone of the work of epilepsy South Africa. eSwatini like other chapters significantly reduced the knowledge gap on epilepsy among PWE through traditional media, development & distribution of promotional materials and implementation of epilepsy wellness programs at workplace**.** Each of the partners had a role to play in moving forward the quest for epilepsy action plan at the respective countries.

[1] "Ensure healthy lives and promote wellbeing for all at all ages"

[2] Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

**Efficiency/Value for money**

Efficiency/value for money was assessed on the basis of application of cost effective strategies and approaches in project implementation, budget absorption and 80%efficiency, while the chapters did not strongly demonstrate how they ensured value for money, they presented operational methods that ensured value for money for activities implemented. These included; consolidation of activity implementation, ensuring high quality inputs such as trainings. Budget absorption for all chapters was found to be above 80% with a few months remaining to end the first phase of the project. Activities implemented by the chapters such as stakeholder identification and engagement, epilepsy situational analysis and organizational capacity building among other activities have provided a very strong foundation for the respective chapters to move their advocacy for a national plan for epilepsy to a realization level. There was therefore value for money evidenced by the benefits arising from the activities implemented by the chapters.

**Sustainability**

Sustainability strategies employed by the chapters included; development of project proposals, membership subscriptions and personal contribution towards the project for financial sustainability. They also involved the primary stakeholders *(PWE)* in all the project cycle process. This is expected to promote project ownership and consequently sustainability of the project. Some of the chapters opted to plan for construction of organizational business premises to generate income for organizational sustainability. Other sustainability strategies that were adopted by the chapters involved integration of project activities into the government development plans and leveraging government support through the line ministries such as ministry of health. There was ownership as persons with epilepsy themselves led the activities.

**Best Practices**

A number of best practices were recognized as indicated below:-

i. Identification and engagement of key and influential stakeholders such as who, ministries of health technical persons, ministries of social development, labor, international leagues against epilepsy country committees;
ii. Employing a multi-facetted fundraising strategy such as was done by eSwatini;
iii. Identification and commitment made by the epidemiology and disease control department in Zimbabwe to support the project with all epilepsy related programs spearheaded by the policy department, ministry of health;
iv. Self-representation by persons with and affected by epilepsy in South Africa in the development of national policies affecting them; and,
v. Partnership with the national epilepsy coordination ting committees as a strong team to lobby government in the development of the national plan of action for epilepsy for Kenya.

**Lessons Learnt**

During the evaluation a number of lessons were learnt:-

i. Involvement of primary stakeholders *(PWE)* significantly contributes to sustainability of advocacy drives and consequently to project success;
ii. Demonstration of organizational competency builds trust and facilitates successful and influential partnership;
iii. Legislation regarding policy formulation and development of sector development plans takes long and requires perspective planning;
iv. There is value in learning from interactions and experiences of other sister organizations in Africa;
v. Sustainable and consistent communication strengthens efforts to achieve project goals;
vi. Need to have activities regionally that strengthen the national advocacy processes of the individual chapters through engagement with who African regional assembly, the African union, the Pan African parliament among others; and,
vii. Advocacy for policy change is a process and needs investment of time.

**Challenges**

A number of challenges were documented as indicated below:-

i. Delayed responses from stakeholders. Policy legislation usually takes long and it involves quite laborious processes. It is also highly dependent on the political will and interests of the stakeholders especially at ministry level to respond;
ii. Zimbabwe reports that changes in the ministry of health and child care affecting key officials undermined the progress of project implementation as the key persons including the permanent secretary who was key in decision making went on retirement;
iii. South Africa reported slow response and difficulty in establishing a good working relationship among government departments and limited human resources available at epilepsy south Africa and sourcing of adequate funding to achieve organizational objectives related to the project within short timeframes;
iv. eSwatini faced challenges of getting a representative from the ministry of health to lead the national task force for epilepsy and limited funds and resources for carrying out planned activities;
v. Zambia reported poor communication within the ministry of health system and insufficient funds to complete implementation of the planned activities;
vi. Mauritius reported change in government , change in the minister of health hence the need to start lobbying new minsters afresh and this slowed the whole process; and,
vii. Kenya reported lots of bureaucracies in engagements with their ministry of health and difficulty in coining an appointment with the ministry of health.

## Recommendations

The respective chapters need to review their advocacy strategies with a view of developing realistic and achievable outputs and outcomes. The project in the next phase needs to have a clear results chain that can facilitate easy determination of projects achievements.

## Key Recommendations cutting across all countries

The key recommendations of the evaluation were:-

i. Sharing of existing policies and best practices from other countries;
ii. Development of IEC materials that is specific to the WHA 68:20 resolution, linking with other un conventions such as united nation convention on the rights of person with disabilities and the African union protocol on human and peopleôs rights on the rights of person with disabilities in Africa;
iii. Increased financial support for the project;
iv. Extension of participation of other key ministries such as the ministry of justice, parliamentary portfolio on health to strengthen the advocacy drive;
v. Close monitoring of the project by the coordinator especially through visits to participating countries;
vi. Advocacy training is essential for building the capacity of chapters;
vii. More realistic timeframes *(epilepsy South Africa initially overestimated progress);*
viii. Very good organizational preparation for implementation of the project *(i.e. At all levels of the organization including junior staff, volunteers, governance representatives, etc);*
ix. Investments in epilepsy research to enable persuasion of decision makers adopt an evidence based decisions; and,
x. Having a clear strategic road map to guide future projects.

## 1.0 Introduction

This report presents findings of the evaluation of the band project which was implemented in five countries supporting programs aimed at improving access to health services by people living with epilepsy. The evaluation was carried out between African regional executive committee of the IBE, the secretariat for the project and IBE chapters of South Africa, Mauritius, Zambia, eSwatini, Kenya and Zimbabwe. The evaluation report presents an overview on actual status of project implementation with a focus on relevance, effectiveness, efficiency and level of achievements as compared to envisaged results. Furthermore, it presents challenges that faced project implementation and recommendations for the next phase of the project.

## 1.1 Background

The world health organization *(WHO)* general assembly passed a landmark epilepsy resolution in 2015 known as WHA 68.20 *(global burden of epilepsy and the need for coordinated action at the country level to address its health, social and public knowledge implications).* This resolution is tremendously important as it calls on who member countries to address epilepsy seriously by developing and implementing national plans of action. Despite this global declaration not one African country developed a national epilepsy plan. There was no political response or any financial investment in programs that could reduce the epilepsy treatment and knowledge gap at country level. Previous international agreements like the African resolution on epilepsy *(2000)* were also never adequately implemented despite research in some countries *(e.g. Zimbabwe and Senegal)* showing that the costs of managing epilepsy in resource-poor settings were quite minimal.

The African regional committee of the international bureau for epilepsy was awarded a grant by the band foundation in 2018 focusing on implementing WHA resolution 65:20 in a project titled ñ**Making epilepsy a priority in African countries**ò for 15 months. The project commenced in February 2019 and was implemented in 6 countries; South Africa, Mauritius, Zimbabwe, eSwatini, Zambia and Kenya. The overall goal of the project was to reduce the knowledge and treatment gaps for epilepsy in Africa. Objectives of the project to:-

i. Development country specific situational analyses on epilepsy;
ii. Identify and engage stakeholders;
iii. Form a national country taskforce/committee responsible for the development and implementation of an action plan for epilepsy; and,
iv. Develop a national plan of action for epilepsy.

## 1.2 Purpose of the Evaluation

The purpose of the evaluation is to provide the African regional executive committee and band foundation a deep insight of the works and programs of each affiliated member of the implementing the band project.. The evaluation will also identify the strengths, weaknesses and difficulties of the project to enable planning for future work through lessons learnt.

## 1.3 Methodology

The evaluation used a qualitative methodology for data collection. An open ended semi structured and self-administered questionnaire was developed and completed by the implementing partners. The questions were developed guided by the project objectives and expected outcomes. The completed questionnaire were returned, data compiled thematically coded and analyzed.

## 2.0 Detailed Evaluation Findings

All chapters had an idea of the situation of epilepsy in each of their respective countries the human and financial gaps, the methods needed to fill in these gaps, the drug availability among others. They were supported in this process by their country international leagues for epilepsy committees.

Chapters and their line ministries of health did acknowledge that epilepsy was a public health issues hence the need for a multi-sectoral approach towards dealing with it. Chapters had carried out a stakeholder analyses and were aware about which stakeholders they needed to engage to ensure that the project objectives were realized. Most chapters zeroed down on their line ministries of health, ministry of social services, ministries of labor and justice. They further engaged their disability umbrella organizations as well as who country offices and country committees for the international leagues against epilepsy.

Chapters of Zambia, Mauritius, and Zimbabwe had been provided with contact persons from their line ministries of health to spearhead the process of development of the national plans of action for epilepsy and were to periodically report to the permanent secretaryôs ministry of health on progress.

Zimbabwe has started the process of development of the national plan of action spearheaded by the head policy in their ministry of health.

Commitment had been gotten by 5 out of the 6 countries ministries of health towards the development of the national plan of action for epilepsy. These countries included South Africa, Zambia, Zimbabwe, Mauritius, Zambia and eSwatini.

## 2.1 Relevance of the Project

Assessment of the appropriateness of the project design in terms of objectives, outcomes/outputs and how these addressed the real problems of the primary beneficiaries and other secondary stakeholders. The evaluation responses revealed that the project objectives contributed directly to the achievement of project outcomes and the overall goal of the project. The activities subsequently contributed to the achievement of project objectives as provided for in the project document.

The band wagon project is relevant in as far as advocating for the recognition of epilepsy in the public health agenda in line with the who resolution on epilepsy *(wha68.20)* in africa. The project was also implemented to contribute to the achievement of the un sustainable development goal 3[3], target 8[4].

The situational analysis on epilepsy carried out by all the implementing partners was appropriate in as far as developing a case of advocacy based on the real problems facing people with epilepsy in the project countries. The project involved primary stakeholders in all phases of the project, engaged different stakeholders to recognize the plight of people with epilepsy through robust plans of action for epilepsy.

## 2.2 Effectiveness of the Project

The effectiveness of the project was assessed in terms of the extent to which the project achieved its intended objectives and addressed the core needs of the beneficiaries. In this section, the evaluation assessed the level of implementation of the different activities under each of the chapters and the achievements realized as a result of the implementation of these activities.

### 2.2.1 Mauritius

The organization engagement key stakeholders in the process of advocating for a national action plan on epilepsy. These stakeholders included; ministry of health and wellness, high officials of MoH and world health organization. These stakeholders have an interest or are involved in one way another in epilepsy management. The chapter successfully mobilized and engaged the second level stakeholders into a solidarity block as part of the strides towards an action plan for epilepsy. The second level stakeholders engaged include; persons with epilepsy, parents and DPOS. This was compounded by meeting the minister of health considered to be at the frontline of the process of achieving an action plan on epilepsy. The chapter also witnessed the visit of the IBE Africa vice president. The chapter highly valued the participation of ministers and high officials in their activities which lent credence to the process to advocate for an action plan:

### 2.2.2 Zimbabwe

The chapter had the opportunity to engage directly with technical people in the different ministries especially ministry of health and that of planning. Key stakeholders they had direct contact with included the permanent secretary, directors and deputy directors and other officials from police and child care. The chapter was able to learn and familiarize itself with the processes and procedures involved in policy making and development of action plans in the different sectors and ministries of government.

[3] ñEnsure healthy lives and promote wellbeing for all at all agesò

[4] Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

### 2.2.3 Zambia

The chapter held high level dialogue with the health authorities, made contacts with senior management at the health ministry in Zambia, identified and engaged stakeholders in which the formation of a task force was recommended.

### 2.2.4 South Africa

The organization held focused engagements with national government departments and the South African chapter of the ILAE to strengthen the working relationships. The chapter carried out an organizational capacity building particularly in terms of the implementation of WHA resolution 68.20 and how this relates to the mandate and work of epilepsy South Africa. They networked with other IBE chapters in South Africa *(i.e. The other project countries)* to build cohesion and synergy. They also valued the seed funding from the band foundation to kick-start the implementation process for the resolution in South Africa. Epilepsy South Africa national office built a business plan 2020/21 underpinned by the WHA resolution 68.20 as a cornerstone of the work of epilepsy in South Africa.

### 2.2.5 eSwatini

Media advocacy: the organization developed good partnerships with all the local media houses which to a great extent facilitated their advocacy campaign to address the ñpower gapò. The organization also successfully used the media to advocate for epilepsy to be included in the public health agenda. The chapter in eSwatini strongly believes that an improvement in the health sector status is realized by gaining influence over the policy environment other than gaining more knowledge about health behaviors.

Awareness raising: through traditional media, development & distribution of promotional materials and implementation of epilepsy wellness programs at workplace were some of the activities that effectively reduced the knowledge gap. This was evidenced by the increased number of clients *(people living with epilepsy)* coming to the office seeking for information and services.

### 2.2.6 Kenya:

It will be noted that Kenya was added as a pilot country quiet late when many other countries had moved steps in the engagement process. Albeit , they managed to rally their national epilepsy coordination committee *(NECC)*- a committee that brings together all organizations in Kenya working in the area of epilepsy to bring them on board with the project and its objectives as well as outputs,. They garnered support of NECC and were strategically lobbying with NECC their line ministry of health to have a national plan of action for epilepsy.

### 3.3 Collaboration/partnership and networking

The chapters developed partnerships with and effectively collaborated with key, primary and secondary stakeholders. This included the world health organization, ministry of health, ministries of social development, labor and justice in some counties, disabled peoples movements, non-governmental organizations and beneficiaries. Each of the partners had a role to play in moving forward the quest for epilepsy action plan at the respective countries. Specific chapters like Zimbabwe developed a working relationship with ministry of health and child care, ministry of public service lab our and social welfare. The chapter went an extra mile to develop partnership with university of Zimbabwe, medical school, college of health science *(dept. Neurology & epilepsy)* .they also developed partnership with Zimbabwe league against epilepsy.

The above partners are frontline actors and line ministries and departments responsible for policy making and implementation. Their role therefore became important in the campaign for the development of epilepsy action plans across all chapters as well as formulation and implementation of any pieces of legislation pertaining to WHA 68:20 resolution and epilepsy management. Both the who country office, university of Zimbabwe and the Zimbabwe league chapter provided the technical support to both government and to the projects on epilepsy and development of any pieces of legislation for recognition of epilepsy as a public priority area**.** The chapter also worked closely with health professionals who included but not limited to the neurologist, epileptologist, psychiatrists and others involved in healthcare provision for people with epilepsy. The chapter also worked with people with epilepsy, caregivers and the media.

South Africa mainly worked in partnership with persons with and affected by epilepsy as the primary stakeholders, national department of health, national department of social development and the South African chapter of the ILAE. The work of epilepsy South Africa underpinned by the concept of self-representation by persons with and affected by epilepsy aligned to the international disability slogan of *nothing about us, without us!* As such, persons with and affected by epilepsy were included in all planning, decision-making and implementation processes of the organization. The role of the national department of health is obvious given that South Africa is represented by the minister of health at the who. This is thus the department responsible for the implementation of WHA resolution 68.20 supported by the then minister of health *(Hon Aaron Motsoaledi).*

Epilepsy South Africa opted to focus on two key areas of development in the initial implementation of the project, i.e. Health and social services. With this in mind they selected the department of social development with a strategic view of securing social protection for persons with epilepsy and expand social development services in under- and unserved areas. The involvement of the South African chapter of the ILAE was obvious for provision of technical expertise not available to epilepsy South Africa.

eSwatini worked in partnership with ministry of health, world health organization, disability social and welfare unit under the deputy prime ministerôs office and the media houses *(eSwatini tv, eSwatini broadcasting and information services, times of eSwatini).*

Each of these partners contributed differently to the achievement of the project objectives. Ministry of health was envisaged support the adoption and promote implementation of the resolution on epilepsy while world health organization promoted and gave guidance on all who resolutions on epilepsy to the task force. Disability and social welfare unit ensured that the disability unit is incorporated into public agendas as priority and the media houses supported to spread and disseminate information.

### 3.4 Efficiency/Value for money

Overall the chapters expended project funds guided by the respective project budgets and plans and in line with the financial management procedures of the organizations. The respective chapters had their budget absorption rates at over 70% signifying good performance of the project. All the chapters were also keen on selecting high quality inputs such as trainings to justify expenditure on such inputs.

Zimbabwe consolidated implementation of activities such as stakeholder meetings especially where more than one meeting was planned for in one ministry. Activities consolidated included printing of pamphlets and banners etc. eSwatini implemented their project in line with the national economic, environmental and social development plans. They considered cost related factors including up front price, whole ï life price, transaction costs associated with acquisition, use, holding and maintenance and disposal during procurement. They also considering non-cost factors also such as quality, delivery, service fitness purpose and supplier support.

During procurement processes, they were kin to evaluate and select offers that demonstrate the best overall value for money. South Africa ensured financial control under the direct control of the national director. This enabled financial control in terms of organizational policies and governance systems. Zambia followed the plan of action to inspire partners in the project to act and support the cause of the project. In this case, ensuring that the ministry of health supports the advocacy Programme and giving attention to epilepsy issues.

### 3.5 Sustainability

Project sustainability is considered the extent to which the project results and benefits will be sustained after the project has closed. Some of the parameters to be used to determine sustainability include; project ownership and participation by primary stakeholders *(PWES),* opportunities for linkage of the project to government and other organizations, level of knowledge transfer among others.

A review of the chaptersô responses indicated that most of them worked towards having project activities integrated into national development plans as well as the sector development plans. Some of the chapters such as eSwatini will rely on personal contributions and memberships subscription.

Zimbabwe for example got a commitment from the department of epidemiology and disease control of the health ministry to support all programs and projects pertaining to epilepsy and will include epilepsy in the ministries planning. The ministry also promised to have focal persons for epilepsy within the department. Zambia committed to continue with fundraising ventures, subscriptions and lobbying for funding from cooperating partners as they always did for the past 19years.

Epilepsy South Africa plans to raise funding applications to international funders *(including the IBE promising strategies initiative and the commonwealth foundation).* They also plan to elevate the project to a national flagship initiative which also enables the allocation of finances.

eSwatini plans to construct an epilepsy trading hub as one of the organizations measures for sustainability. The organizationôs structure will have a permanent infrastructure to enable implementation of planned programs /projects on long term duration. The coffee shop, showroom which will be part of the hub will be permanent and will serve as an income generating pond. They have also documented best practices some of which date back to 2006.they will also rely on involvement of key stakeholders that has resulted in formation of strong partnerships evidenced by over ninety percent of their promotional material bearing key stakeholders inscriptions. They will also maintain contact and communication with their funding organization, raising future opportunities for funding.

## 3.0 Best Practices and Lessons Learnt

During the evaluation in the different countries a number of best practices and lessons learnt were documented as indicated below:-

### 3.1 Zimbabwe

Identification of the epidemiology and disease control department were NCDS fall under which has committed to support the project with all epilepsy related programs such as supporting the project with human capital including chairing the taskforce committee which will look into the development of the strategic plan. The department recognizes the project *(Zimbabwe)* as the key point of information with regards to epilepsy.

### 3.2 Zambia

In Zambia the best practices and lessons learnt were:-

i. Being specific and a measurable project, while achieving the actual objective and being reliable; and,
ii. Engagement and involvement of stakeholders in the project cycle contributes significantly to project success.

### 3.3 South Africa

In South Africa the best practices and lessons learnt were:-

i. Self-representation by persons with and affected by epilepsy in the development of national policies affecting them;
ii. The value of learning from the experiences of sister organizations on the African continent;
iii. The value of direct interaction between IBE and ILAE chapters at a national level; and,
iv. The value of seed funding to attract additional funding for project implementation. The financial contribution by the band foundation made it possible for epilepsy South Africa to attract additional funding.

### 3.4 eSwatini

In eSwatini the best practices and lessons learnt were:-

Networking and partnership: forming and maintaining a strong working relationship with the local media houses *(eSwatini television, eSwatini broadcasting information services and times of eSwatini)* has enabled the organization to achieve both the one example we can quote that the organization has been able address both the knowledge gap through media awareness and the power gap through the media advocacy; media is a new powerful strategy in the public health community. Media advocacy is rooted in community advocacy and has as its goal the promotion of health public policies.

Build trust: successful and influential partnerships: eSwatini continuously develops relationships by demonstrating their competence and reliability by keeping updates on track and communicating key agreements and decisions.

Fundraising: the organization uses various income generating strategies which include, hosting yellow golf tournament, yellow epilepsy valentineôs dinner, and yellow epilepsy half marathon. They have been successful in fundraising because of their strength in identifying target audiences *(decision makers and influencers)* and shaping key messages. The organization has been able to use some of the most influential people in the kingdom to promote the development of a national plan of action for epilepsy through reciting of key messages in the local media. This include the who wellness promotion officer Dr. Kevin Makadzange, director of health Dr. Vusie Magagula, award winning musician Sandziso Ăcsandsò Matsebula, Senator Chief Mpatfwa, senior inspector for special needs, education Ms Fikile Mkhatshwa to name some.

### 3.5 Mauritius

In Mauritius the best practices and lessons learnt were:-

i. Engagement and involvement of stakeholders in the advocacy process.
ii. Sustainable and consistent communication strengthens efforts to achieve project goals.
iii. Follow up, sharing of information, and involving beneficiaries.
iv. Developing and ensuring trust all along.

### 3.6 Kenya

In Kenya the best practices and lessons learnt were:-

Identification of the most strategic stakeholders to garners support for the project this including all organizations working for epilepsy in Kenya, lobbying them on the need to have a national plan of action for epilepsy for the country. This was successful and finally working with the NECC to lobby ministry of health in the development of the national plan of action for epilepsy.

## 4.0 Challenges

Mauritius reports delayed responses from stakeholders. Policy legislation usually takes long and it involves quite laborious processes. It is also highly dependent on the political will and interests of the stakeholders especially at ministry level to respond. Most particularly from the ministry with numerous calls and waiting prompt response. Issue does not appear to be a priority. They were however able to persevere and sustain their efforts with determination.

Zimbabwe reports that changes in the ministry of health and child care affecting key officials undermined the progress of project implementation as the key persons including the permanent secretary who was key in decision making went on retirement. During the period Zimbabwe was in crises as there was a change of government. In view of the changes in the ministry, they looked at other departments within the ministry like the department of epidemiology and disease control where non-communicable disease falls under. They engaged the leadership of these organizations who were very much supportive to lead the process.

Zambia reported poor communication within the ministry of health system and insufficient funds to complete implementation of the planned activities. In a bid to overcome this challenge, the organization embarked on fostering regular communication and updating the health authority and **f**itting into already planned ministry of health activities

South Africa reported slow response and difficulty in establishing a good working relationship among government departments as one of the major challenges that affected project implementation. This was largely due to a lack of understanding about implementation of the resolution, roles and responsibilities.

Government protocols also presented significant challenges. The organization also reported limited human resources available at epilepsy South Africa, challenges of sourcing adequate funding to achieve organizational objectives related to the project within short timeframes. They also faced challenges with capacity building within epilepsy SA and amongst persons with and affected by epilepsy related to the resolution.

The organization was however able to address the challenges by ongoing interaction with government departments and aligning operations in terms of government protocols, utilizing existing relationships and appointing a dedicated advocacy liaison office *(a person with epilepsy)* for the project. They also allocated organizational funding to support the project and supplement the income derived from the band foundation and subsequently established a staff development initiative across epilepsy South Africa.

eSwatini faced challenges of getting a representative from the ministry of health to lead the national task force for epilepsy and limited funds and resources for carrying out planned activities. However, numerous attempts have been made in a bid to bring the ministry of health on board as communication have been initiated but government has done nothing as of yet. Engagement is still ongoing between the organization and the ministry. The organization is banking on its visibility through the use of influencers who advocate for government to implement the WHA 68.20 resolution. Actions to mitigate resource constraints include; employing fundraising strategies which include yellow epilepsy golf tournament, yellow epilepsy valentineôs dinner and yellow epilepsy half marathon to fund the scheduled activities. The organization has also sent proposals seeking for financial assistance in the implementation of the Africa epilepsy advocacy project to the Taiwan embassy, central bank of eSwatini, ICAP and eSwatini electricity company and still awaiting positive responds.

Kenya received the grant quite late while other partners were in the evening hours of project implementation. This affected their pace of implementation as compared to other chapters. They also cited limitation in funding provided for them by the project to be able to effectively implement project activities. However they managed to use the networks that they have in the area of epilepsy to reduce costs of project implementation and decided to use an approach where as an epilepsy movement they lobby their line ministry of health.

## 4.1 Other Issues of Concern

It is quite difficult to have concrete updated data/information: number of persons with epilepsy, degree of handicap, numbers in employment, types of employments, and number attending school at different level. A reporting line on any case of prejudice Where and how to report. Report from private and public institution on employment of disabled persons.

Appears to be quite a complex issue as long as we donôt have a disability policy and law standing by itself in each country in spite that we may have provision for disabled in different sectors of our laws and constitution.

## 5.0 Conclusion and Recommendations

Across all chapters, engagement with various key stakeholders in government ministries, departments and agencies was the main activity implemented. The benefits from these engagements include; getting an insight into the processes procedures for policy making and implementation in government, build solidarity and partnership for achievement of the project objectives, setting the process of developing the epilepsy action plan for the respective countries and raising awareness on epilepsy among the different stakeholders. While the project made progress towards achieving the project overall goal, it fell short of realizing practical commitments and statements from the governments towards putting in place national action plans for epilepsy. The project did not have a clear results framework making it difficult to determine specific achievements made over the timeframe of the project.

## 5.1 Recommendations:

The recommendations during the evaluation were general and specific in nature as indicated below:-

### 5.1.1 General

The respective chapters need to review their advocacy strategies with a view of developing realistic and achievable outputs and outcomes. The project in the next phase needs to have a clear results chain that can facilitate easy determination of projects achievements.

### 5.1.2 Country Specific Recommendations

Mauritius recommends;

i. Sharing of existing policies and best practices from other countries; and,
ii. Regional block to inform government and local who of resolution and to report on measures undertaken taking into consideration collaborative action for necessary changes.

Zimbabwe recommends;

i. Development of IEC materials that is specific to the WHA 68:20 resolution, linking with other un conventions such as united nation convention on the rights of person with disabilities and the African union protocol on human and peoples rights on the rights of person with disabilities in Africa;
ii. Increased financial support for the project;
iii. Extension of participation of other key ministries such as the ministry of justice, parliamentary portfolio on health and social services to strengthen the advocacy drive; and,

iv. Engagement of umbrella organizations of disabled people.

Zambia recommends;

i. Increased funding for liaison officers in order to attract well qualified individuals to be interested
ii. Close monitoring of the project by the coordinator especially through visits to participating countries

62. South Africa recommends;

i. Recommends closer cooperation with other project countries in Africa;
ii. More realistic timeframes *(Epilepsy South Africa initially overestimated progress);*
iii. Securing sufficient funding at the outset;
iv. Very good organizational preparation for implementation of the project *(i.e. At all levels of the organization including junior staff, volunteers, governance representatives, etc.); and,*
v. Flexibility during implementation to accommodate developments.

eSwatini recommends;

i. Managing the network of relationships between stakeholders;
ii. Using tailored messages to persuade target audiences;
iii. Investments in epilepsy research to enable persuasion of decision makers adopt an evidence based decisions; and,
iv. Having a clear strategic road map to guide future projects.

Kenya recommends;

i. More financial resources towards the implementation of the project;
ii. The project award process needs to be more transparent;
iii. Timeliness in the process of award of grants to chapters so chapters can be measured in the same vein; and,
iv. More time provided for implementation to the late entrants in the whole project implementation process.