

Project Brief:
Strengthening Access to People-centered Mental Healthcare for Persons with NTDs in Nigeria [mhCAP-NTDs]

Empowering Communities and Advancing Inclusive Health Through Collaboration, Advocacy, and Research

Introduction

Neglected Tropical Diseases (NTDs) remain a persistent public health challenge, disproportionately affecting marginalized populations, particularly those in remote and rural communities. The mhCAP-NTDs project emerges as a multi-faceted initiative aimed at enhancing disease management, disability inclusion, and mental health outcomes for individuals affected by NTDs. This brief outlines the project's structure, guiding principles, implementation strategy, advocacy efforts, and monitoring and evaluation mechanisms.

Project Governance Structure

A consortium of dedicated organizations [Health and Development Support Programme, Impact Group, IDEA Nigeria, RedAid Nigeria, The Leprosy Mission Nigeria, University of Jos, and the Federal Ministry of Health and Social Welfare provided the backbone for the mhCAP-NTDs project. Each implementing partner assumed

responsibility for specific project components within their respective states or operational zones. Central to this consortium was the Federal Ministry of Health and Social Welfare (FMoH&SW), which offered leadership, governance, and rigorous quality oversight. The research segment of the project managed by consultants from the University of Jos ensured that data-driven insights informed every stage of intervention.

CBM Global Disability Inclusion, an established actor in the NTD NGO Network (NNN), served as the project's coordinating agency. Working closely alongside the FMoH&SW, CBM Global provided comprehensive oversight and facilitated collaboration among consortium members. Regular field visits by the agencies enabled ongoing implementation monitoring, data collection, and shared learning.

A distinctive feature of the project's management was the quarterly consortium meetings that convened all partners. These meetings acted as forums for open dialogue, allowing members to present project progress, share experiences, celebrate successes, and candidly discuss challenges. This collaborative environment fostered the identification of gaps and supported real-time, adaptive planning - hallmark of effective, iterative implementation.

Empowerment and Advocacy

Despite international agreements and commitments, the meaningful participation of people affected by NTDs in health policy and service delivery remains limited. Most affected individuals reside in remote areas and often lack the resources or platforms needed to voice their priorities to national and international bodies. This reality stands in contrast to the 1978 Alma-Ata Declaration[1], which affirmed people's rights and obligations to participate in the planning and implementation of their own healthcare. Similarly, human rights-based approaches to NTDs emphasize the core principles of participation, non-discrimination, and accountability.

CBM Global recognizes the transformative potential of centering the voices of those directly affected by NTDs. By championing person-centered care, CBM Global and its implementing partners empowered individuals not just as beneficiaries but as key contributors in shaping knowledge and setting health and social care priorities. The organizations supported affected individuals in taking ownership of health services and in fostering environments conducive to improved mental well-being.

The mhCAP-NTDs project, drawing from these guiding values, seeks to actively involve, empower, and build the capacities of lived experience groups, notably IDEA Nigeria and Impact Group. These groups were equipped to identify priority advocacy issues, strategize, coordinate, and implement advocacy initiatives with stakeholders at all levels. Central to this approach is the principle of "nothing about us without us," which asserts the necessity of direct involvement by those affected.

The project ensured that people with lived experience of NTDs played leading roles in everything from crafting advocacy messages and prioritizing campaign issues, to developing communication strategies and spearheading advocacy efforts. By amplifying these voices, the project aimed to reduce stigma and foster a more inclusive, engaged society.

Implementation Framework

Project implementation adopted a decentralized approach, with each consortium member responsible for activities within their designated state or region. This ensured contextual relevance and maximized local knowledge. Field implementation was closely monitored through scheduled site visits, where teams collected project data, assessed progress, and captured lessons learned.

[1] https://www.who.int/teams/social-determinants-of-health/declaration-of-alma-ata

The University of Jos consultants, as the research lead, ensured that the baseline, midline, and endline data were rigorously collected, analyzed, and disseminated. Regular data collection by field teams fed directly into the project's log-frame, which served as a living tool for ongoing monitoring and strategic adaptation.

Quarterly meetings were cornerstone of the project's iterative approach. Relatively, partners came together to reflect on what was working, what challenges persist, and where immediate adjustments were needed. This process of reflective practice underpins the project's flexibility and responsiveness.

Monitoring, Evaluation, and Research

To ensure impact and accountability, the project designed a comprehensive Monitoring and Evaluation (M&E) framework. Developed collaboratively with input from all consortium partners, the M&E tool was structured in three layers:

- Learning: Facilitated project-wide learning, enabling the dissemination of lessons and best practices.
- Participation: Ensured all partners and stakeholders were actively engaged in the evaluation process, promoting shared ownership.
- Iterative Planning and Adjustment: Supported adaptive management and responsive modifications based on real-time data and feedback.

The project also incorporated a research-focused, evidence building approach with the conduct of baseline, midline, and endline surveys targeting persons affected by NTDs recruited into the study. The general objective of the study was to evaluate the efficacy, feasibility and acceptability of a set of interventions targeted at addressing mental health status, wellbeing and stigma for people with skin NTDs. With specific objectives of the surveys, the project underscored the following:

1. Assessed the level of depression, anxiety and wellbeing of people with skin NTDs in the intervention sites.
2. Examined the feasibility of scale up of these interventions to other locations following the pilot study
3. Assessed the acceptability of the piloted interventions and the efficacy of the interventions on mental health status of people with skin NTDs
4. Evaluated the programme process outputs (e.g. number of people trained, number of people referred, depending on the specific intervention component in each site).

Beyond periodic surveys, daily project data were collected in real time by consortium members. This data was systematically integrated into the project's logframe, providing a dynamic snapshot of progress against indicators and facilitating timely, evidence-based decision-making.

Anticipated Outcomes and Impact

The mhCAP–NTDs project achieved a multi-level impact:

- **Increased Participation:** People affected by NTDs had greater opportunities and capacity to influence health policy and service provision.
- **Enhanced Advocacy:** Lived experience groups emerged as effective advocates, driving initiatives that address stigma, discrimination, and systemic barriers.
- **Improved Service Delivery:** Adaptive, data-driven approaches ensured interventions remain relevant, effective, and sustainable.
- **Strengthened Learning and Research:** The project generated rich data and insights, informing future initiatives across Nigeria and West Africa.

- **Reduced Stigma:** By elevating the voices of individuals affected by NTDs and promoting inclusion, the project contributed to stigma reduction and increased social engagement.

Challenges and Lessons learnt:

The project, over this time of implementation, has recorded successes, encountered challenges and through them, there are lessons learned among which are:

i. **Persistence is a veritable tool for success.** This project has recorded numerous successes but also encountered many challenges. Navigating through these challenges required persistence and refusing to give up. It is a key lesson that challenges are inevitable, but remaining persistent and resolute on a course, often deliver valuable results.

ii. **Regular consultative meetings are crucial for keeping project implementation on track and ensuring alignment among all stakeholders.** Throughout the current project implementation period, the project organized monthly meetings with implementing partners to provide a platform for sharing progress updates, exchanging knowledge, discussing experiences, and identifying best practices.
    a. These meetings served as a collaborative forum where field-level challenges were promptly addressed. Partners had the opportunity to present the obstacles they encountered, enabling collective problem-solving and fostering a culture of continuous improvement. By leveraging the collective expertise within the group, partners could adopt and adapt innovative approaches from others to overcome challenges effectively.
    b. The consultative meetings also facilitated enhanced coordination, strengthened partnerships, and ensured that all partners remained aligned with the project's goals and objectives. As a result, this approach contributed significantly to the overall success of the project, promoting effective service delivery and reinforcing the commitment to achieving desired outcomes.

iii. **Resistance from men toward female-focused economic empowerment initiatives, coupled with limited access to care and project services for women and girls affected by NTDs—largely driven by stigma and entrenched gender norms—significantly undermined project outcomes**. This highlights the critical need to integrate Gender Equality, Disability, and Social Inclusion (GEDSI) principles from the earliest stages of project design, including incubation and co-creation. To ensure effectiveness and equity, gender-specific and gender-transformative strategies must be contextually tailored to the socio-cultural realities of target communities.

Conclusion

The mhCAP-NTDs project represented a model of collaborative, research-driven, and rights-based intervention. By centering empowerment, advocacy, and evidence, the initiative stands poised to make significant strides in NTD case management, disability and social inclusion, and mental health. Through its robust consortium, iterative approach, and unwavering commitment to the voices of persons affected by NTDs, the project laid the groundwork for sustainable change within Nigeria and beyond.

The continued partnership of all consortium members, active involvement from persons with lived experience, and strong leadership from the FMoH&SW and CBM Global were pivotal to the project's ongoing success. These collaborative efforts ensured that the mhCAP-NTDs project remains at the forefront of advancing equitable health and social outcomes for all.