

Executive Summary

Challenge Facility for Civil Society Preliminary Internal Review Report

The Stop TB Partnership Challenge Facility for Civil Society (CFCS) started as a pilot project on World Tuberculosis Day in 2007 and is based on the principle that community-based initiatives, especially advocacy, communications and social mobilization (ACSM) activities, result in reduced diagnostic delay and improved treatment success. For many, TB is considered a highly "academic" subject; consequently, non-governmental organization (NGO) involvement around TB has been minimal, and has tended to focus on service delivery, thus contributing to a sense that TB control is best left to the specialists. The Challenge Facility aims to give back "disease control" to communities by providing support to civil society organizations (CSOs) engaged in advocacy and social mobilization activities seeking to raise awareness and strengthening the link between the civil society and national TB programmes (NTP).

The Internal Review of the Challenge Facility for Civil Society's first two pilot years was undertaken by the Stop TB Partnership Secretariat. It includes a desk review of all aspects of the Challenge Facility as well as a review mission to six grantees and grant implementation sites. This document comprises the findings of the desk review and site visits, as well as recommendations based on the major findings. The ultimate aim of this review is to examine the CFCS' current practices, and explore how its processes can be refined based on the lessons learned from the first two years, to ensure an even greater coherence between grants' outcomes and CFCS's mission and objectives.

One major finding of the desk review is that grantees could benefit from additional guidance on proposal and report writing. CFCS support in building grantees' skills could help ensure they can secure ongoing or additional funding from other donors in the future, including the Global Fund mechanism.

The site visits to Kenya and Ghana provided empirical evidence that complemented the findings from the desk review. The visits provided invaluable insight on implementation and results at the community level, going well beyond the information received through the reports. Similarly, good practices identified through the grantees' reports (e.g. adopt TB into NGO's work, NGO-multiplier effect, work with health facilities) were corroborated on site, forming the basis of a catalogue for replicable best practices.

The Challenge Facility for Civil Society succeeded in funding grants that performed very well in awareness raising and community mobilization activities. Moreover, it led many NGOs from the HIV/AIDS sector to incorporate TB/HIV collaborative activities in their regular work, a practice that continues long after the CFCS grant finished. Site visits suggest that enhancing partnerships between NGOs and NTP could be a critical tool for the NTP to improve its access to rural or inaccessible populations.

The next challenge for CFCS will be to increase the number of high standard proposals that are received resulting in more grants awarded to promising applicants. To achieve this, a few processes should be optimized, including a review of the purpose and definition of CFCS objectives, and refining and streamlining the application, selection and evaluation procedures.

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1. Background

The Stop TB Challenge Facility for Civil Society started as a pilot project two years ago. It is truly tied to component 5 of the Stop TB Strategy *empower people with TB, and communities through partnership*. And directly supports the performing of two objectives of component 5: *advocacy, communication and social mobilization, and foster community participation in TB care, prevention and health promotion*.

This report comprises the assessment of the first two pilot years of the Challenge Facility for Civil Society and determines the value of this grant giving facility. The desk review of the Challenge Facility's purpose, grant-giving process, final reports and proposal vs. report appraisal was followed by a review mission to Kenya and Ghana that resulted in this preliminary internal evaluation report. The report is preliminary because it does not include yet a review mission to Latin America and especially India which received 10 out of 45 grants during the two pilot years.

2. Desk Audit

Purpose

Originally, the Challenge Facility was created to enable small CSOs in both developing and developed countries to help in building the momentum of the Stop TB movement. Grants were conceived to assist the civil society organizations in delivering: greater financial resources; shape policy-making for TB control at the local and national levels; and scaling up TB advocacy in countries (political advocacy, media advocacy; social mobilization, patient activism, national partnerships).

The purpose of the CFCS has slightly evolved over the two rounds. The focus of grants seems to be more on awareness, case detection and social mobilization. The empowerment of communities consists of enhancing resources for TB control and improving access to TB and other health services, in particular by the most vulnerable members of society. Activities proposed should be encouraged to include self-sustaining schemes. The grants should avoid replacing existing financial sources of the grantee by prioritizing the support for new or pilot activities that the organization would otherwise not implement in the absence of the grant. Grants should centre on activities that fill gaps identified by the community itself, and conducted in a way so as to ensure its sustainability after the grant period.

Major findings

- ❖ In view of the focus of grants and observations from site visits, CFCS' mission should be slightly revised for the 3rd round

2.1 Grant Giving Process

Application Form

A Challenge Facility round starts with a call for submissions publicized for two months on the CFCS website (deadline for round 1 was 22 May 2007 and for round 2 was 22 August 2008). Interested parties can download the application form from the website and submit their proposal by email, electronic upload, fax or post.

Major findings

- ❖ Although the application form is good some difficulties arose at the moment of selection and evaluation of reports (see next section below) that would suggest revising the application form by developing criteria that will identify the most valuable proposals during the selection process.
- ❖ Contact with the NTPs should be initiated at the initial stages of approval to assess credibility of organizations.

Selection Process

Only applications that do meet the following minimum requirements are granted consideration:

- sent documentation to confirm that it is a registered organization;
- have been operating for at least one full year;
- do not exceed US\$20,000 per grant;
- have a basic management structure financial audits and processes in place;
- be solvent, with current funding sources for the organization clearly stated;
- represent and serve an identifiable community, such as people living with TB, TB/HIV, MDR-TB, women, children, poor/neglected communities, or people living in remote areas;
- have a track record of carrying out activities with tangible outputs and outcomes in the area of advocacy or social mobilization;
- have a clearly defined vision, mission and set of objectives;
- have links with other development initiatives;
- provide community support at the grass root level;
- if recipient in previous round, submit a short note on what was achieved using the funds received in the first round and, if the project has been completed, provide a project completion report and a financial report.

The evaluation of grant applications received and selection of the best proposals is carried out by an adhoc selection committee of eight (round 1) to seven (round 2) stakeholders with different backgrounds that meet in Geneva once a year for 4-5 days.

The scoring sheet (annex 1) should be optimized as already suggested by the Selection Committee members (annex 2) because it did not always inquire information requested in the application form. Another finding indicates that it is not logical to try to grade the minimum requirements mentioned above because they are already excluding criteria.

Ideally, the selection committee members would submit their score before meeting in Geneva. This would allow the elimination of poor proposals beforehand and leave for the discussion in person those proposals with the widest disparities in scoring. The committee members in Geneva can then finalize the list of selected grantees. This procedure could even shorten the duration of the meeting.

Table 1: Data of CFCS rounds

	Nr. applications received	screened out	funds available (in USD)	grants awarded	funds awarded (in USD)
Round 1	246	75	400,000	22	384,037
Round 2	223	80	600,000	23	483,083

The selection committee awarded grants to 15 countries in round 1 and 17 countries in round 2. Both rounds combined gave 10 grants to India, 4 grants to Kenya and Nigeria, 3 grants to Brazil, Ghana and Uganda, 2 grants to Zambia and one grant each to Bangladesh, Cambodia, Cameroon, China, Ecuador, El Salvador, Ethiopia, Georgia,

Indonesia, Malawi, Mexico, Peru, Russian Federation, Tanzania, Thailand and Zimbabwe.

Although the size of grants can be as small as USD 5,000 most proposals selected requested for more than USD 17,000 (70% in round 1, 78% in round 2). Three proposals selected in round 1 and one proposal in round 2 were for less than USD 10,000.

Major findings

- ❖ Issues to be revised include the scoring criteria and weighting in the scoring system. The same criteria requested in the application form should be incorporated to be evaluated in the scoring sheet.
- ❖ The scoring sheet should follow the flow of the application form to make the review process more efficient.
- ❖ Refine the selection process that the Selection Committee undertakes in Geneva.

Disbursement

Grants are given to CSOs through a Letter of Agreement (LoA) signed by them and the Stop TB Partnership Secretariat. The first disbursement of USD 10,000 (unless the grant is smaller than this amount) is given upon receipt of returned and signed LoA, the second disbursement is done upon receipt of a satisfactory final report of outcomes.

An internal flow chart of the grant cycle process serves as a monitoring tool equally used by finance and CFCS managers to keep record of dates of LoA returns, disbursements, reminders, report receipt and report appraisal. The total amount funded to date is USD 729,388 of which USD 77,733 still needs to be disbursed.

Disbursements of the first part of the grant (USD 10,000) to grantees from round 1 were done upon return of signed contract between end September and October 2007. Most of the final reports of round 1 were received and the disbursements of the remaining portion were processed between October 2008 and March 2009. Up to this date, two grantees asked for an extension and have yet to submit their reports.

Concerning round 2, the time span between receipt of signed Letter of Agreement and disbursement of first grant portion (USD 10,000) took about 2 months due to various administrative issues. Particularly time consuming is receiving each bank detail that the administrative system requires. The first disbursement to grantees were done between February and March 2009, upon return of signed contracts (Dec. 2008 - Jan. 2009).

The three weeks time between the date when the final report is received and the second disbursement is completed, is the time it takes for the Partnership to evaluate the final report, authorize the second and final disbursement, and for the system to process it.

Reporting

The reporting form is included in the application form as a one-page annex (III: Completion of Activity Report) that grantees need to return in order to receive the second disbursement. However, there is no further guidance on how long the report should be or what to report on besides outcomes of implemented activities. This resulted in inconsistency and many final reports are only one page long and do not provide the information that would be needed in order to accurately evaluate the outcome of a grant.

After 3 months of the first disbursement, an e-mail was sent out to grantees reminding them about the completion of activity report. Due to the short period between the first disbursement and the reminder email, it seems that the reminder rather functioned as a monitoring activity. Additionally, because the report is requested before the second and

final disbursement, most "final" reports only account for the implementation up to the date of the submission of the report. This made it even more difficult to evaluate the results of the grant as a whole. Some grantees sent more than one report at different points in time. However, subsequent reports were not final but rather a continuation of a previous report, making it hard for CFCS staff to determine what the total extend of the activities implemented was.

Major findings

- ❖ Develop clear time frames of when reminder emails should be sent out, what its content should be and by when the completion report is expected.
- ❖ Improve the reporting system to include a mid-term report, in addition to the final report which should also include detailed financial reports.
- ❖ The format of the final report should be revised in order to have a more detailed reporting and emphasize the importance of the reporting of indicators set in the proposal. The reporting form could take into account the proposal format in order to facilitate the reporting for grantees.
- ❖ Develop a monitoring system to go along with a new reporting system for grantees.

2.2 Review of Final Reports

Due to lack of instruction, grant reporting was not standardized, thus making it hard to evaluate. Annex 3 shows the summary of activities reported and the groups that benefited from the grant.

Round 1

Nineteen (86%) final reports were received in round 1; of which 3 were received a few weeks before the grant finished and 3 were received at the middle of the implementation of the grant. Two grants received an extension of which one of them already sent its final report. Although 3 grantees did not require submitting a report because their grant was smaller than the cut off and would not receive a second disbursement, two of them did sent a final report.

Three grants implemented other activities either in addition or instead of those mentioned in the proposal. As shown in a summary provided in annex 4, not all grantees mentioned the implementation of each and every activity in the report. This does not necessarily mean that activities were not implemented, they were just not reported, most probably due to the lack of guidance in the reporting form or the quality level of the reporting style of the grantee. No follow up on these non-reported activities was conducted by CFCS.

Round 2

Due to the administrative difficulties mentioned in the section before, most grantees received the first disbursement between February and March 2009. Meaning that most grants started during that period, and with an implementation span of 12 months, their grant was extended to February-March 2010. Only those grantees with stable sources of income were able to start on the date (end of 2008) indicated in their proposal.

From 23 grants, 7 (30%) have not send a report yet, which is understandable since most grants are scheduled to finish by end 2009 or beginning 2010. Eight (35%) grantees have sent a progress report instead. CFCS staff will follow up on the final reports of these as part of their monitoring activities. Five (20%) grantees sent a final report well in advance of their grant completion date. For instance, one of the grantees sent a

completion report for the period February - June 2009 although the grant proposal indicated a time frame of 13 months (1 Nov. 2008 - 30 Nov. 2009). More details can be found in annex 4.

Major findings

- ❖ The disorganized reporting style could be easily redressed if CFCS provides an instructive reporting format
- ❖ The Challenge Facility would benefit from an appropriate monitoring to ensure the smooth operation of administrative procedures and the follow up of the reporting of missing activities

2.3 Proposal-Report Appraisal

The amount of activities eventually implemented that did not correspond to those stated in the initial proposal was limited, and therefore, acceptable. Only three grantees in the first round and two grantees in the second reported that they did some activities that were not initially proposed (see annex 4). However, this indication needs to be taken with caution as the site visit exercise showed that not all activities reported as implemented were indeed implemented to the extent reported.

When looking at the proposals, attention is drawn to the high amount of objectives the grants aimed to achieve in one year (maximum). It would be advisable to provide a guideline for applicants that advises on the maximum amount of objectives and activities expected in a 12 month proposal.

3. Site Visits

Three grantees in Kenya and three grantees in Ghana were chosen to be visited based on the type of activities their grants implemented, the number of grants per country and the distribution of first and second round grants. One grantee in Kenya received a grant in each round.

The site visits took place in the month of September and comprised the visit to offices of grantees and grant implementation sites as well as discussions with the grantee (programme manager) and some of their beneficiaries.

The instruments used during the reviews included 3 set of statements. The first set of statements was used to discuss with the grantee the grant and its implementation. Another set of statements that were posed as questions to the beneficiaries of the grant was used to discuss in a focus group the results of the grant at the community level. And in the case that a grant included activities with a local health care centre, we met with the health care worker(s) and used the third set of statements to evaluate the grantee's collaborative work with that facility. At the end of the mission, the team had a discussion about the findings and filled out an overall evaluation scoring sheet per grant.

3.1 Kenya

The team was composed of Dr Joseph Kangangi, TB Focal Point at WHO Kenya, Ms Lucy Chesire, Advocacy Consultant at TB Action Project Kenya, and Ms Jenniffer Dietrich, Focal Point for Challenge Facility for Civil Society, Stop TB Partnership.

The grantee review mission started on 7 September 2009 with a meeting at the WHO office where the team went over the questionnaires. In the afternoon the team visited the first grantee in its offices in Nairobi and talked to 5 HIV+ and TB patients (beneficiaries)

at Netma+. The review team was offered to visit Netma+ branch office in Migori in addition to the health dispensary they support a few kms outside Migori.

On the following day, the team met with Kanco's Programme Manager at their office in Nairobi. After discussing the grant the Programme Manager took us to Nakuru (West Kenya), the site where their grant was implemented. In Nakuru, the team met with Kanco's beneficiaries, about 25 people from 15 local HIV NGOs and were able to have two focus groups discussion with the beneficiaries.

On day three, the team drove to Suna Migori (South Kenya) where it met with COPFAM. The following day a meeting with COPFAM's beneficiaries was organized, a self help group of HIV positive women. In the afternoon the team met with the health workers they had trained.

There was also time to visit the health dispensary that Netma+ is working with in Nyamaranga where we met with Netma+ community health care volunteers.

Observations from Kenya

Kenya AIDS NGO's Consortium (Kanco) had sound programmatic and financial reporting and is a well known organization with an established and good working relationship with the NTP. Nevertheless, one activity was still pending but Kanco assured us that they would still do the proposed Regional Fora. Kanco's efforts resulted in the mainstreaming of TB into the HIV activities of at least 15 NGOs in Nakuru. The NGOs were very motivated to continue with TB activities and shared with us events they would like to do (Forums, football match "kick TB out of HIV", put stickers in all buses, "Race for life" day). Furthermore, they were asking for more colleagues per organization to be trained on TB and having ToT, and were looking forward to World TB Day activities.

The Kanco together with its partner NGOs achieved a great participation of the communities involved. When asked to name their most significant outcome, Kanco indicated it was community mobilization on TB and defaulter tracing. After Kanco's activities, the trained NGOs started two supporting groups and organized a Forum for their communities.

Network of Men Living with HIV/AIDS in Kenya (Netma+) made a good overall impression in Nairobi and had a sound financial reporting. However, the activity reports sent after our visit did not fully reflect what was submitted in the proposal. It rather gives the impression that TB/HIV issues were somewhat blended into their usual HIV work which would not justify the grant amount awarded. Destigmatization (people thought TB is a holy curse) and knowledge conception was mentioned by Netma+ when asked what their main outcome was. Another finding is that Netma+ used funds to renovate a dispensary near Migori and to repair a microscope, activities which were not contemplated in the proposal. The community health care workers at the dispensary outside Migori were active but asked us for IEC material to hand out to people in the villages (despite Netma+ receiving funds for this and indeed printing brochures in Nairobi). Netma's uncertain ties to COPFAM in Migori and the use of funds for activities not contemplated raises the issue of credibility. By the end of the visit, the impression given at the start was not reflect in its programmatic work.

Coalition Fighting HIV/AIDS in Migori (COPFAM) contrary to the others visited, this grantee did not perform satisfactorily. It had a financial and activity reporting that was not organized, and supporting documentation of activities implemented was not available. The programme Manager who was in charge of the grant did not seem familiar with the proposal content and was not in a position to answer our questions. Of all organizations reviewed this was the only one that received 2 grants. Although grant 1 finished a year ago, it was a challenge getting reports and supporting documentation for the activities

undertaken. According to their account, three out of six activities were implemented, yet the funds have been spent. It was difficult for the review team to evaluate both grants separately. COPFAM is late with the implementation of the second grant (supposed to finish a few weeks after the review), 50% of the activities still needed to be implemented despite not having money in the bank commensurate to the pending activities. The review team met the HIV women support group that COPFAM trained on TB and advocacy. The beneficiaries had a good knowledge about TB and explained how they do house visits and raise the awareness of others, however, the agreed per diem for the beneficiaries was not always fully paid as agreed. When asked how they want to continue with their activities when the grant is finished, the women group said it would sell vegetables to sustain themselves. It was at this point that it became evident that COPFAM had other sources of funding yet it operated one bank account. Many women had TB themselves and said it was nice to have the support group and feel that they are not alone with their problems. Unfortunately, the organization was not known to the community health workers introduced to the review team as those that COPFAM had trained as part of one of their activities.

The following are the scores the grantees received based on the team's findings: Netma+ 51/100, Kanco 78/100 and COPFAM 21/100.

Major findings

- ❖ Although all grantees budgeted funds for IEC materials, they did not properly distribute them to their beneficiaries. It would be helpful to include in an application guideline advice on how much will be accepted for the budget of IEC materials.
- ❖ All grantees in Kenya were HIV/AIDS NGOs which resulted in the mainstreaming of TB/HIV activities into their routine activities in the long run but did not focus on directly empowering the communities which is the ultimate goal of CFCS.
- ❖ Most volunteers asked for support in order to continue house visits, case referrals and defaulter tracing. It should be looked at the possibility to guide grantees when writing the proposals to include non-monetary incentives for volunteers.
- ❖ Should the same organization apply for another grant in the immediate following round, a thorough examination of their performance in the first grant needs to be undertaken.

3. 2 Ghana

The team included Dr Frank Bonsu, Ghana NTP Manager, Chief Austin, National Coordinator for the Stop TB Ghana Partnership, Ms Lucy Chesire and Ms Jenniffer Dietrich. On 16 September 2009, the team first met at the NTP's office to agree on how to conduct the review and then proceeded to visit the first grantee (DIF) at their office.

The following day, the team met at the office of TB Voice Network. After talking to the Programme Manager, he took the team to the health care centre where TB Voice Network is working. The team had a focus group discussion with volunteers working at that health centre (beneficiaries) and also talked with one of the health workers trained by this NGO.

The next day, the team travelled to a rural site near Ajumako to meet with the beneficiaries of HFFG. Afterwards, the review team proceeded to HFFG's office in Nairobi where it discussed implementation success and challenges with the grantee.

On the last day, the team met with DIF beneficiaries in GaWest. First, with a group of volunteers at the village assembly hall and then with community chiefs and members as well as another 4 volunteers in a nearby village.

Observations from Ghana

Integrated Development in Focus (DIF) had a very good financial and programme reporting that had up to date reports and support documentation for each activity undertaken. The organization is willing to do more and has the capacity to do so. However, staff needs to develop their skills to better empower the communities. DIF was not able to choose the community they work with themselves, this was designated by the Ghana Health Services. The grantee reported that this community is hard to reach for DIF and particularly difficult to work with, they always expect something in return for attending DIF's activities. DIF asked the review team for guidance on how long a volunteer should work without pay. The grantee reported some unexpected outcomes such as unplanned spontaneous activities and going beyond their responsibility scope. The communities told the team that they want to see more efforts and education on TB from the trained volunteers. NGO staff did not give the training themselves, the trainings were conducted by staff from the municipality. The community proved having knowledge on TB but individuals did not feel empowered themselves when asked. The grantee answered that the main outcomes of the grant were changes in attitude towards TB, more information and awareness, and increase in case detection in that community. DIF had one outstanding activity, the creation of six treatment supporter clubs. As this was a grantee from round 2 it was not expected that it would have implemented all activities by the time of the review.

TB Voice Network works closely with assembly men chosen by the community and included the Muslim communities in the area where the grant was implemented. Their main contribution to the NTP Strategy was in defaulter prevention, improved access and case detection. The grant enabled TB Voice Network, a project of AFRO Global Alliance, to start and have a strategy. Part of the grant was used to build the capacity of TB Voice Network staff. The grantee identified destigmatization and improved access to information and health care as the main outcomes of the grant. The organization has a very strong tie with the Ghana health services and more so the national hospital in Accra.

One unexpected outcome reported was the overwhelming effect because the outreach in churches, festivals and community visits was bigger than planned. Some sustainability was guaranteed by having the health centre takeover their trained volunteers (the health centre was now paying for the volunteers' transport costs) by integrating them into the health centre's treatment support scheme.

Hope for Future Generations (HFFG) showed clear evidence of track record of implementing community based activities. Evidenced were sound programmatic and financial reports with support documentation for all activities. It was given the task by the Ghana Health Services to work in 5 communities outside Ajumako that they are not able to reach. HFFG has capable and experienced staff on the ground and a long credible history on health issues and community mobilization, this gave them an opportunity to easily mainstream TB activities into its on going work. Community members were very much aware about TB and, most importantly, were empowered to take action. Ownership was a fact, community members do activities themselves and report back to HFFG. Its activities contributed to the NTP Strategy by increasing access to treatment and TB/HIV collaborative activities. The NGO worked closely with chiefs and mother queens, and in schools. HFFG had a good monthly monitoring system and ensured the continuation of TB activities by integrating them into a project focused on other health issues.

In addition to the usual outcomes, access to information, stigma reduction and awareness, the main outcome was ownership and sustainability. The community

described to us that their activities were sustainable because the drama clubs ask for a contribution from the audience at the end of their performances.

The scoring for these grantees was the following: DIF scored 79/100, TB Voice Network scored 75/100, and HFFG scored 96/100. None of the grantees had HIV/AIDS as their main focus.

Major findings

- ❖ Best practice that kept activities running after the grant had finished (such as providing bicycles to volunteers, community mobilization, initiation of IGAs for TB patients, keeping up the meetings, continued work with NTPs, integrating TB issues into a 3 year project for another health issue) should be published on the CFCS website as a guidance for prospective grantees.
- ❖ The involvement of NGOs from the broader health sector in TB work eventually lead to a thriving collaboration with the National Tuberculosis Programme.
- ❖ In general, it is worth to prove good practice through a review mission before adopting it on the CFCS website as best practice example.

Summary of data from site visits

This section summarizes the vast information captured by the reviewers during the site visits as well as the questionnaires, conversations with grantees and focus group discussions with beneficiaries (summary of some results can be found in Annex 5).

All grantees agreed that one main outcome of the grant was the level of TB knowledge in the community; before the grant, most individuals thought TB was a spiritual curse. Destigmatization was the main outcome across all grants. Most grantees implemented activities related to social mobilization and advocacy trainings for the community focused at destigmatising TB, in contrast to CFCS's objective to support communication activities and advocacy directed to policy makers.

Grantees concur that they improved the quality of life of those living with TB because after their activities, the community knows where to go for testing, that the treatment is for free and how to get more information about the disease. Although beneficiaries were well aware and knowledgeable about tuberculosis, most did not know the difference to multi-drug resistant TB. Many beneficiaries were informed on TB but not all were equally empowered to take action in their community. Most grantees were able to identify a community champion, these were predominantly cured TB patients.

Grantees in Kenya had more problems implementing the activities on the timeframe proposed than those in Ghana. Grantees in Kenya give about USD 4 per month to volunteers in rural areas and grantees in Ghana give about USD 16 in the capital and USD 7 in the rural area to compensate volunteers for their transport costs and to provide an allowance. All grantees positively confirmed that they had additional sources of funding for ACSM activities.

When asked what their most trusted source of information is, most beneficiaries preferred one-to-one communications, such as messages from a community volunteer or an advocate that already had TB. Beneficiaries share the view that the involvement of cured TB patients is the secret to the sustainability of a TB project. The financial involvement of the local health centre, e.g. by taking over NGO's volunteers, was the best way to ensure sustainability of volunteers' community activities.

Beneficiaries in Kenya said the broader community did not have easy access to information on TB. The preferred source of information in Kenya is the radio, beneficiaries in Ghana prefer volunteers.

Feedback on the grant-giving procedure was very clear: application instructions were simple, disbursement of funds was too slow and the reporting system was oversimplified. Some of the improvements suggested by grantees are a) to keep regular communication with the grantee, b) to build programme capacity of grantee (financial recording, documentation of activities and monitoring & evaluation), c) to do more monitoring while the grant is implemented, and d) to provide informal guidance.

4. Recommendations

- Revise the purpose and objectives of CFCS to make them more specific in order to attain the ultimate goal of leveraging additional funds and empowering communities
- Revise the CFCS application form in order to facilitate pre-screening and an efficient scoring process that will lead to the selection of the most promising proposals. In addition, it will allow a proper evaluation of the reports
- Develop an application guideline to ensure proposals received are suitable in achieving CFCS's objectives.

Application guidelines could include advice on:

- how to develop S.M.A.R.T. objectives
 - how to develop indicators and how to measure them
 - limitation of the number of objectives
 - limitation of budget for ICE materials
- Develop a reporting form that would lead to 3-4 page final reporting from the CSOs addressing all relevant criteria to better evaluate the results of the grant at the community level
 - The reporting form and selection scoring sheet should follow the flow of the application form.
 - Improve the monitoring and evaluation process by requesting a mid-term report and detailed financial spreadsheet from the grantees, in addition to the final report, as well as having periodic phone calls to follow up on the progress and challenges grantees encounter
 - Continue monitoring CFCS's performance through occasional review missions that will also allow the identification and documentation of meaningful grants to be posted on the CFCS website as examples of good practice that can be used as guidance for prospective grantee appliers. Site visits also serve the strengthening of links with the NTP and can improve the collaboration between grantees and the national TB programme
 - The fact that not one NGO tackled MDR-TB specifically or made an effort to differentiate it much from common TB suggests that CFCS needs to make more emphasis on MDR-TB, TB/HIV and other specific issues in future rounds, if it truly wants to see some social mobilization activities in this area