Which Turn

REPORT OF EXTERNAL END OF PROJECT EVALUATION

"STOP TB PROJECT"

SUBMITTED TO

SALAMA SHIELD FOUNDATION

BY

DEVELOPMENT ADVISORS AND TRAINING ASSOCIATES

JULY 2012

LIST OF ABBREVIATIONS

AIDS	:	Acquired Immune Deficiency Syndrome
CBDOTS	:	Community Based Directly Observed Treatment
DHO	:	District Health Officer
DOTS	:	Directly Observed Treatments
FGD	:	Focus Group Discussion
HIV	:	Human Immune Virus
HC	:	Health Centre
MDD	:	Music Dance and Drama
TB	:	Tuberculosis
PLWHA	:	People Living with HIV/AIDS
SSF	:	Salama Shield Foundation
VHT	:	Village Health Team
MDD	:	Music, Dance and Drama

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ACKNOWLEDGEMENTS

On behalf of the evaluation team, I would like to thank all individuals who have supported this evaluation process. We commend the cooperation accorded by staff of SSF at the Head Office in Kampala and the Field Office in Lyantonde.

In a special way, we acknowledge the information provided to the evaluation team by staff of Lyantonde district, Lyantonde hospital, Kaliiro Health Centre III, and Lyantonde Muslim Supreme Health Centre. We cannot forget the men and women in Kaliiro sub county, Lyantonde town council and Lyantonde Sub County who offered vital information that has informed this report.

I thank my team members, Frederick Okwi and Noah Kalengo for their technical input throughout the evaluation process.

We appreciate the trust SSF had in us and hope that this is just the beginning of a long term relationship.

.....
Simon Enamu
Lead Consultant

GENERAL INTRODUCTION

1.1 Introduction

The Salama SHIELD Foundation (SSF) is a non-profit non-governmental organization committed to supporting health solutions to critical health issues. SFF applied for and was granted a US$ 20,000 grant from the World Health Organization through the Challenge Facility for Civil Society of the Stop TB Partnership. The grant was used to implement and support a Community Based Directly Observed Therapy Short-course Strategy, in particular case referrals to the health system in 111 villages in three (3) Sub-counties of Lyantonde Town Council, Lyantonde and Kaliiro Sub-counties in collaboration with Lyantonde Hospital.

The project had three objectives namely:

1. To raise awareness of TB and HIV co-infection and availability of TB treatment among PLWHA through targeted community sensitization meetings at the village level to ensure timely TB diagnosis and treatment in PLWHA;
2. To build the capacity of 111 selected community based volunteers from 111 villages to ensure increased case detection and treatment success rates; and
3. To build the capacity of leaders at the district level through training workshops to improve TB/HIV coordination, management and leadership among community leaders, health workers, health focused NGOs and faith based leaders.

2.2 Objective of this evaluation

The main objective of the evaluation was to get an independent assessment on the relevance, effectiveness, efficiency and sustainability of the project and how the project impacted on the community in Lyantonde district. The evaluation was also aimed at assessing the extent to which the assistance provided by the project contributed to overall performance in delivery of health services in Lyantonde district and identifying the remaining gaps/weaknesses in delivery of TB services in Lyantonde to inform implementation of new programmes.

EVALUATION METHODOLOGY

2.1 Introduction

In a bid to provide the most accurate information regarding the project, the evaluation team employed appropriate methods of sampling, data collection and analysis as explained below:

2.2 Sampling of Respondents

Selection of respondents for the community survey

This project was implemented in three sub counties. Both the baseline survey and internal end of project evaluation involved randomly selected respondents in the three sub counties. For this external end of project evaluation, 60 respondents (20 from each sub county) participated in the community survey. These were conveniently sampled from each sub county. During data collection, all men and women who were willing to participate in the evaluation exercise were interviewed until the sub county sample size was met. Given that respondents were distributed into three sub county strata (for representativeness), the consultants felt that convenient sampling was cost effective in terms of time and transport for data collection.

Selection of respondents for semi-structured interviews

For detailed interviews, 30 clients (10 from each sub county) who had ever been referred to health facilities were conveniently sampled from a list available with the TB Focal Person and community volunteers. The consultancy team used the list to identify and interview TB clients who were accessible and were willing to participate in the evaluation exercise until the desired sample size was reached. The reasons for the choice of this method are explained above.

Selection of key informants

We reached 14 key informants including staff of SSF, Lyantonde district, Lyantonde hospital, Kaliiro Health Centre III, and Lyantonde Muslim Supreme Health Centre. Only those who had participated in the project were purposively included in the sample. The rationale for this method was premised on the fact that these respondents were knowledgeable about the project interventions. They were therefore competent to assess its performance.

Selection of FGD participants

10 community volunteers for the Stop TB project from Kabatema parish were purposively selected for the FGD.

2.3 Data Collection Methods Used

We employed a range of data collection methods. However most of the methods are drawn from the qualitative approach to project evaluation. A qualitative approach was used for several reasons. In the first instance, the project had no control group to allow for comparison. In addition, this was a relatively small scale project implemented in small geographical area. Finally, project implementation had been concluded about 10 months prior to this evaluation and thus its impact could not be established through a quantitative approach. All these aspects meant that the most suitable approach for the evaluation was relying on the perceptions of the beneficiaries, staff of the implementing agencies and secondary data obtained from various project documents. Nonetheless, basic numerical data on various aspects of project performance was generated from monitoring and progress reports compiled by SSF and health facilities. Our findings and the recommendations thereto are informed by data accessed through the following methods:

i. Semi structured individual interviews: this method was used to document the views and experiences of TB suspects and patients who had ever been referred to health facilities during the project period.
ii. Key informant interviews: these were used to obtain data from staff of Lyantonde hospital, Health Centres, Lyantonde district and SSF.
iii. Focused group discussions: One focused group discussion was held with community volunteers in Kabatema parish.
iv. Compilation of case studies: We documented case studies of two beneficiaries who were identified during the data collection process. A case study documentation guide was developed and used.
v. Review of relevant documents: We conducted a desk review of the project proposal, project budget, project monitoring plan, activity reports, and progress reports, etcetera.
vi. Internet search: We carried out an internet to establish whether there was media coverage relating to the project.

2.3 Analysis of Data

Qualitative data obtained from interviews and review of documents was typed in Microsoft word and later reduced to a manageable level by carefully perusing through and classifying responses according to the evaluation themes. Qualitative data are presented in form of verbatim statements, narrations and case studies. Quantitative data from the community survey was entered into Statistical Package for Social Scientists (SPSS). This was analysed to generate frequencies on various aspects relating to project performance. We analysed the data according to the major themes outlined below:

i. Relevance and quality of the project design.
ii. Effectiveness of the project: Delivery of interventions, level and quality of participation of project stakeholders and progress toward achieving project objectives.
iii. Efficiency: How well resources were deployed to achieve results.
iv. Impact: the extent to which the project goal has been achieved.
v. Sustainability: The benefits, strategies and activities that are likely to last beyond the project period

For each theme, the consultants examined the progress, lessons learnt, and challenges. The above formed the basis for conclusions and recommendations.

FINDINGS

3.1 Introduction

The findings of the evaluation are structured along the themes identified in the methodology section which are; relevance, effectiveness, efficiency, impact and sustainability.

3.1.1 Relevance and quality of the project design

One way of assessing project relevance is to establish the degree to which the project focus addresses the needs of the beneficiaries. As captured in the project proposal document, Uganda is ranked 16th out of the 22 high-burden countries (HBC) of tuberculosis globally. The document shows that TB morbidity in the country is estimated at an Annual Rate of Infection (ARI) of 3%. This rate is equivalent to 150 smear positive pulmonary TB cases per 100,000 in the population per year and a Case Finding Rate of 85 per 100,000 people. HIV prevalence amongst TB patients is estimated to be 60%. TB is one of the most common diseases among PLWHA and it remains one of the leading infectious killers of adults in the world today. The project relevance is therefore justified on the basis of its focus on one of the leading causes of morbidity and mortality in Uganda.

Taking it closer to the local context in Lyantonde district, the relevance of this project is seen in the extent to which the target group had limited knowledge about the signs and symptoms of TB and or the availability of treatment. The Baseline Survey Report reveals that up to 21.2% of community members surveyed in the three sub counties could not define TB. Some of the community members had never heard of anyone in their village suffering from TB while others could not differentiate between Asthma and TB. The survey also showed that only 12% of the community members interviewed correctly identified TB as an airborne disease. Other respondents knew that TB is caused by alcohol and smoking (12%), sharing household utensils with TB patients and staying under the same roof (24%), inheritance (5%), and taking un-boiled water or milk (5%). In addition, 49% of the respondents interviewed during the baseline survey did not know about the existence of drugs for TB treatment. The above statistics show that a

significant proportion of the community in the three sub counties needed information regarding TB prevention and treatment thus justifying the project relevance.

The team also assessed the extent to which information regarding TB and HIV co-infection targeted PLWHA. Information obtained from project staff indicates that SSF targeted PLWHA, although the targeting approach was designed to minimise stigma and enhance confidentiality of sero-status. Throughout the project period, project activities were conducted in a non-stigmatising way with public disclosure about sero-status made completely voluntary. Five of the community volunteers were nominated by Lyantonde PLWHA network and endorsed by community members. In addition, all women and men tested for HIV and found HIV positive were also screened for TB. All those who tested positive for TB were immediately put on treatment. Thus, the project in many respects addressed the core target-PLWHA

The evaluation team also sought the views of project beneficiaries on the relevance of the project. Findings from interviews with TB patients, TB suspects and community members revealed a great appreciation for the project. They were grateful for the awareness they got through SSF on the causes, signs and symptoms as well as prevention measures of TB. The community members consulted confessed that the project had helped them to understand more facts about TB and what they could do to prevent new infections and/ or seek treatment.

Furthermore, the relevance of this project was assessed on the basis of how it complemented the efforts of other actors in TB prevention and treatment-particularly government. Findings from project reports, interviews with district officials and staff of the partner health facilities show a well crafted collaborative framework during project implementation. In the first instance, SSF identified diagnosis and treatment points at Lyantonde Main hospital, Lyantonde Muslim Supreme Health Centre and Kaliiro Health Centre III. This meant that clear referral points were identified and utilized.

Secondly, the project did not only seek to address gaps in TB prevention and treatment but also mobilized capacities resident in the different entities. For instance, medical staff from Lyantonde Main hospital trained the community volunteers on TB and HIV/AIDS and how to administer TB referral forms. This made the community volunteers more effective in administering referral forms and identifying potential suspects for case referral to professional health workers.

SSF also provided training to 25 health workers (12 males and 13 females) including laboratory technicians from lower health units (Health Centre IIs and IIIs) and Lyantonde Hospital to improve their effectiveness in delivering TB related services. The training equipped the health workers with skills of managing TB/HIV co-infection; counseling and interpersonal relations; documentation of TB/HIV variables; and evidence based control of TB and HIV infection in healthcare.

The use of drama for community mobilization and sensitization was very appropriate. It attracted many people who enjoyed while being educated about TB. As is indicated under the theme on project effectiveness, the number of community members sensitized exceeded the target.

In terms of the project design, one of the aspects the evaluation team assessed was the quality of the project monitoring and evaluation plan. We note that the project had a good monitoring and evaluation plan with relevant and clear indicators, performance targets, means of verification and the responsible officers.

The other strength in the project design is that a baseline survey was undertaken in time, at the start of the project. The survey provided illuminating findings on the level of knowledge and perceptions about TB prevention, care and treatment. The availability of baseline data has enabled a comparison of the before and after situation through an internal and external evaluation. We also credit SSF for being a learning organization. The foundation (for valid reasons) commissioned both an internal and external evaluation of the project, although this was not planned during the design phase.

3.1.2 Effectiveness of the Project

Project effectiveness was assessed at three levels; the extent to which planned activities were implemented; the level and quality of participation of stakeholders in the project and progress toward project objectives. We have assessed the extent to which each objective has been achieved. **Where relevant**, findings from the baseline survey and internal evaluation are compared with findings from this external evaluation.

Information obtained from a review of SSF activity and progress reports and consultations with SSF staff indicate that all the planned activities were implemented.

The first objective was to raise awareness of PLWHA about TB and HIV co–infection and availability of TB treatment to ensure timely TB diagnosis and treatment. This would be achieved through several complementary activities. One such was targeted community sensitization meetings in 111 villages spread in Lyantonde Sub County, Kaliiro Sub County and Lyantonde town council. Project reports indicate that village level meetings held throughout the project period increased the awareness of 5,754 community members about TB and HIV co–infection and availability of TB treatment. This shows a high level of performance with 2,424 people reached over and above the target of 3,330 people. Several community members interviewed during this external evaluation reported having participated in village level meetings/trainings organized by SSF.

> "Through the training organized by SSF, we learnt that exposure to TB infection is caused by poor ventilation; poor hygiene, that is, sleeping with animals in the same house, drinking dirty water among others. We have passed on this information to other community members and the situation has improved drastically."
> A volunteer, Lyantonde rural

> "During the training, we learnt about the signs and symptoms of TB which include among others loss of weight, loss of appetite, dry coughing, coughing of blood, sweating at night, and general body weakness. This has helped us to detect suspects and patients in the community and we have always encouraged them to go for testing at Kaliiro health center III."
> FGD with volunteers in Kabatema parish.

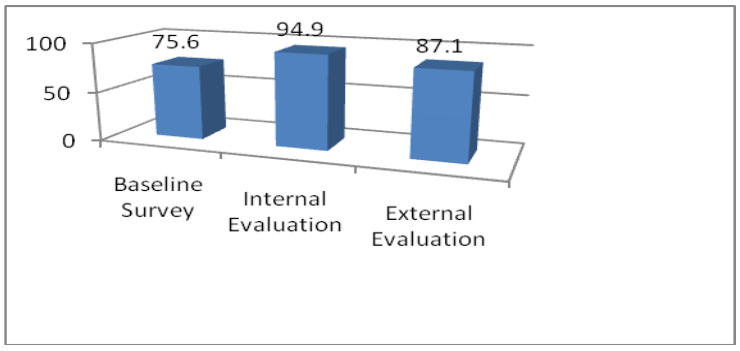
SSF also equipped members of its drama group with information on TB and HIV so that they could prepare relevant drama skits. SSF supported this group to conduct 111 drama shows in all the 111 project villages. The idea of "Stop TB" through MDD was very popular among the community members consulted. Many community members interviewed confessed having attended the drama shows and that they were acquainted with knowledge on TB and HIV.

SSF also trained 108 community volunteers (63 females and 45 males). Since each of the 111 villages was supposed to have one volunteer, the number trained was short by

3 people. SSF staff informed the evaluation team that the three volunteers who missed the training were followed up by SSF staff at a later date, briefed and given the reading materials provided to the other community volunteers. During this evaluation, there was no evidence to suggest that their absence from the training affected their effectiveness and ultimate achievement of project outcomes. Community volunteers were not only involved in raising awareness and building confidence of TB suspects and patients to seek diagnosis and treatment but also provided a referral link to health facilities.

The above strategies have resulted in increased knowledge and correct perceptions about TB among community members. 87.1% of beneficiaries interviewed during the external evaluation correctly defined TB as an airborne disease; a disease that attacks the lungs and is characterized by constant coughing. Although this was below the 94.9% established by the internal evaluation, it was well above the 75.6% baseline indicator. Only 12.1% of the respondents could not correctly define TB compared to the 24.4% baseline indicator. This heightened level of awareness about TB can be attributed partly to the activities conducted during the project period. Below is a graphical illustration of this change.

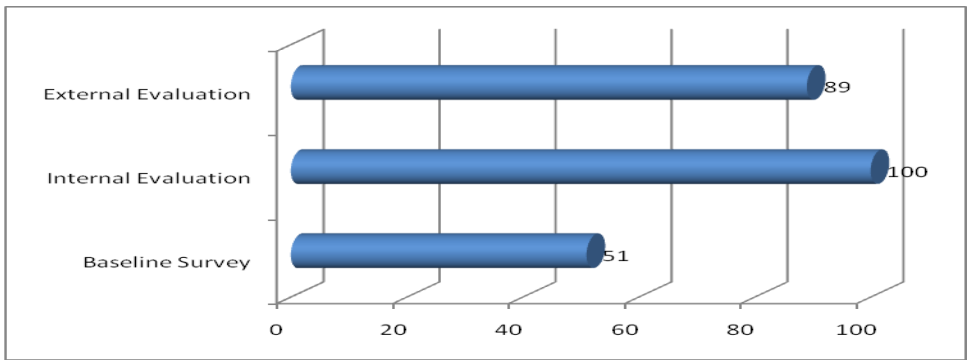
Figure 1: Proportion of respondents who correctly defined TB during the baseline survey, internal and external evaluation



Source: Project Survey Reports

The consultants also sought to establish the proportion of respondents who knew about the existence of medical treatment (cure) for TB. Results of the external evaluation show that 89% of respondents were aware compared to 51% baseline indicator. This was 11% short of the findings of the internal evaluation which recorded 100%. The graph below illustrates the change:

Figure 2: Proportion of respondents who knew about the existence of medical treatment (cure) for TB during the baseline survey, internal and external evaluation



Source: Project Survey Reports

The contribution of community volunteers has surpassed awareness creation and referral to include picking TB drugs at Lyantonde hospital on behalf of some of the disadvantaged community members.

> I wanted drugs but did not have transport to the main hospital because the "Boda bodas" charge us 18,000/= [about 7.5 US$], so I decided to give my card to the chairman who picked the drugs for me and the good thing is that he picked for two months.
> A beneficiary referring to Kitya Ronald, the Chairperson LC I, Kabala Village, Kiyinda Parish

Increased awareness also enabled community members, leaders and volunteers to detect, with ease, TB suspects and factors that predispose individuals to TB infection. Below are some illustrative statements by respondents:

> Through the training organized by SSF, we learnt that exposure to TB infection is caused by poor ventilation; sharing eating and drinking utensils with the infected; poor feeding; poor hygiene ,that is ,sleeping with animals in the same house, and drinking dirty water among others. We have passed on this information to other community members and the situation has improved drastically.
> A volunteer, Lyantonde rural

> During the training, we learnt about the signs and symptoms of TB which include among others loss of weight, loss of appetite, dry coughing, coughing of blood, sweating at night, and general body weakness. This has helped us to detect suspects and patients in the community and we have always encouraged them to go for testing at Kaliiro health center III.
> FGD with volunteers in Kabatema parish.

> I learnt that prevention of TB is very easy and the disease is curable as long as you are clean and always going for treatment or testing in case of any sickness or body weakness.
> Twinamasiko (pseudo name), Kaliiro sub county.

The second objective was to build the capacity of 111 selected community based Volunteers from 111 villages through training in TB/HIV, interpersonal relations, counseling and communication skills and the hospital referral system. This was intended to ensure increased case detection and treatment success rates. In line with this objective, findings show that 108 community volunteers were selected and trained by medical staff of Lyantonde main hospital. The trained volunteers played a crucial role in identifying TB suspects and referring them to health facilities for testing and or treatment.

> I was given a referral form by the community volunteers after being suspected to be TB positive. I was surprised to find a long line of people waiting to be attended to at the hospital. But when the nurse saw my referral form, I was attended to first. This even encouraged me to go for the second test because they always attend to TB suspects first.
> Kotilda (Pseudo name), Kasambya Parish

The evaluation team established that though many patients seek TB treatment, some do not complete treatment. Though volunteers monitor drug adherence among patients, it's very hard for them to know if the patients are taking the drugs or not. At the health facilities especially Kaliiro Health Centre, the register shows that majority of the patients did not complete treatment. It was also revealed that some community members are still reluctant to refer TB suspects to volunteers or medical staff.

The third objective was to build the capacity of leaders at the district level through training workshops to improve TB/HIV coordination, management and leadership among community leaders; health workers; health focused NGOs; and faith based leaders in the three sub counties. Project reports indicate that 194 community and faith based leaders were trained out of a target of 200. These leaders were able to reach out to their constituents with messages on TB prevention, care and treatment. It is therefore likely that this approach contributed to an increase in the number of community members utilizing TB health services. Other behavioural outcomes triggered by the work of these actors include boiling milk before consumption; regulated spitting; covering one's mouth while coughing; and maintaining proper hygiene.

The evaluation team though identified a number of challenges at household and health facility level that have limited the full scale attainment of project objectives. These were captured in the project reports and also confirmed by project staff, community volunteers and community members during this evaluation. For example Lyantonde hospital has few staff and testing reagents to handle the increasing number of clients. It does not provide X-ray services and suspects pay 15,000/= in private clinics. The lower health facilities also have few staff and lack testing reagents (kits). Furthermore, long distances to health facilities, (as far as 15kms for some project areas), affects demand and access for TB services especially by HIV positive members on ART. At household level, the cost of transport, some drugs and supplementary foods limits effectiveness of responses.

3.1.3 Efficiency

Efficiency looks at how well resources were deployed to achieve project results. It is perhaps the most problematic aspect of any project evaluation. It not only requires comprehensive data about the project but also of similar projects implemented in similar contexts. This was not available for this evaluation. Based on this reality, the team therefore made comments on some of the components of the project.

From the outset, the evaluation team observes that this was a relatively underfunded project. That all the planned activities were implemented and some targets surpassed was a mark of great creativity, foresight and flexibility on the part of the project implementers. The community centeredness of the project and collaboration with

government, NGOs, community leaders and faith based actors increased the reach of the project. Hence, the limited funding from WHO was invested in value adding activities while local resources were tapped to further the objectives of the project. In the end, SSF complemented instead of duplicating existing TB related services.

The other opportunity that SSF exploited was advocacy in other fora such as World AIDS Day and NGO Forum meetings. SSF did not limit their interventions to WHO funded activities. Faith based leaders for instance committed to utilise 15 minutes in their respective weekly address to their followers to talk about TB (prevention, treatment, health service points).

3.1.4 Impact of the Project

Impact of a project shows the extent to which the project goal has been achieved. On page 8 of the project document, SSF mentions that the project 'aims to decrease morbidity and mortality by increasing case detection and treatment success of pulmonary TB patients in Lyantonde District.' The impact of this project would reflect its contribution to reduced TB induced morbidity and mortality in the district. However, our experience in designing and evaluating projects reveals that it is not possible to show impact of a project whose implementation has just been concluded. This project has been concluded 10 months prior to this evaluation. As such, we highlight some milestones that indicate a positive trend toward the project goal, with emphasis on case detection and referral.

Anecdotal evidence suggests that the number of TB suspects and TB patients seeking medical services at the partner health facilities has increased. According to the TB Focal Person at the district hospital, an average of 10-12 TB suspects or patients visit the hospital every week. Out of the 10-12 who report for testing, 7 of them turn out to be negative. Medical staff consulted at Lyantonde hospital, Lyantonde Muslim Supreme Health Centre III and Kaliiro Health Centre III attribute the increasing number of people seeking TB testing and treatment services to the contribution made by SSF. SSF project reports indicate that 655 people were tested for TB in the three partner health facilities during the project period. Interviews with community members and community volunteers further attest to the increased demand for TB testing and treatment services. The above statistics are commendable although we are unable to estimate the magnitude of change due to the absence of a baseline indicator.

Project reports also indicate that the number of patients at Lyantonde hospital who complete TB treatment has increased from 165 (July 2009-June 2010) to 219 (July 2010 to June 2011). Although this number includes patients from neighbouring districts, it reflects a positive trend for which SSF can be credited.

Through interviews with medical staff, community volunteers and other community members, the consultants established that the project has contributed to reduced stigma about TB in the community thus motivating more people to voluntarily seek TB diagnosis and or treatment. Evidence of reduced stigma includes a high turn-up of TB patients and suspects for meetings convened by SSF staff. There is also widespread awareness among the community members on the causes, signs and symptoms, prevention, and spread of TB and HIV/AIDS from one person to another.

The impact of project is summed up in the words of the Acting District Health Officer:

> It's the continued support from development partners like SSF that Lyantonde district won the national TB trophy for being the best district in Uganda in spearheading the fight against TB.

One of the unintended impacts of this project is the increase in number of people testing for HIV. This is because messages on HIV testing were incorporated in TB awareness activities so that co-infection of TB and HIV are addressed. In addition, people who sought testing for TB were also encouraged to test for HIV/AIDS. Again, this is based on anecdotal evidence from health workers and community volunteers.

The innovative approaches used by SSF such as music, dance and drama have caught attention beyond Lyantonde district. On April 14, 2011, the Monitor Newspaper (Uganda's second most read daily) published an article[1] called *Using drama to interpret health facts.* Written by Michael J. Ssali, the article explains how Lyantonde district Health Department and SSF have been engaged in a series of drama activities to demonstrate the folly of rushing to witchdoctors whenever people fall sick, instead of going to hospitals and dispensaries to seek proper medical help. As a result, messages propagated by SSF and the district have reached all parts of Uganda and beyond.

[1]Retrieved from http://mobile.monitor.co.ug/LifeandStyle/-/691254/1144132/-/format/xhtml/-/pvh0dxz/-/index.html on June 6, 2012

Success Stories

To illustrate the impact of the project, two case studies were compiled during this evaluation exercise.

Robert (pseudo name)

My name is Robert, a former TB patient from Kaliiro sub county. I spent three months at Lyantonde hospital battling with TB as it spread from my chest to my lymph nodes and onto my knees. My HIV positive status made me much more susceptible to contracting Tuberculosis, and I survived through being given Antiretroviral Therapy (ART), invasive surgery, and by pure chance. In my own community of Kaliiro, many TB patients were co-infected with HIV yet efforts to confront these two diseases were seldom coordinated or properly funded by the government.

Even the health staff could not check on us to see our progress in completing treatment. We rarely got a chance to understand, on a human level, what TB actually means for individuals and communities, and how those people affected by HIV/AIDS experience the disease, as well as efforts to confront it. I thank SSF and the district health team for organizing drama groups to educate us on the causes, signs and symptoms, and prevention of TB.

SSF also trained community volunteers that always check on us, counsel us and give us referral forms that we present at the hospital. Doctors attend to us first even when we find a long line of people waiting to be served. SSF also facilitated a team from the district hospital to test us for TB at community level. This helped us who could not move to the district hospital because of the high cost of transport.

I would also like to thank SSF for enabling other community members to relate well with us and guiding us on how we can prevent spreading the disease to other community members. I am grateful because I am now able to take care of my family. Whenever I need drugs, I can even send the chairperson to get me drugs from the hospital.

Ssempa (pseudo name)

My name is Ssempa from Kabatema village in Lyantonde district. When I got TB, it was very difficult for me to earn enough money in the village because many people used to run away from me. I used to share a very unhygienic and poorly ventilated room with my two children, goats and chicken. Four months ago, I started to cough severely, lost appetite, and felt exhausted and feverish.

My neighbor [a volunteer with SSF] advised me to go to Lyantonde hospital for a TB test. He gave me a referral form to present to the medical staff at the hospital but I was a bit reluctant at first and denied I was suffering from TB. I knew TB as a killer disease because they had taught us in a drama show organized by SSF. I thought, if people took me as a TB patient, they would act weirdly toward me and my family. So, I preferred to keep it concealed.

After my condition deteriorated, I went to the hospital where my sputum test resulted in a positive TB diagnosis. I started to cry. But the volunteer pacified me saying that tuberculosis is not an incurable disease now. There is modern treatment for it. If I take my medicine regularly for six months, I would completely regain my health. After taking the medicine for two months, I got my sputum tested again and my result was negative. I thank God and the community volunteers trained by SSF and Lyantonde hospital team for taking care of me. I am now in the 5th month and I am going to check my sputum very soon. My treatment was completely free and I used to send the volunteer to pick drugs from the hospital.

3.1.5 Sustainability of the project

Sustainability of a project requires that beneficiaries continue to draw benefits after project closure. For this to happen, strategies and activities that deliver these benefits should last beyond the project period.

We are of the view that awareness raising and case referral will continue beyond the project phase. Drama is an exciting activity and the drama group is likely to continue without financial incentives from SSF. Furthermore, the drama group developed a play depicting TB control measures, treatment and where TB patients could access treatment. This was recorded on video and will continue be shown to young people who visit the Community Development Centre (CDC) during school breaks and to communities during health education outreaches.

It is also worth noting that SSF signed a memorandum of understanding with community and faith based leaders in which they committed to incorporate TB messages in their mainstream activities. We predict that such leaders will continue "spreading the gospel" of TB prevention, care and treatment to their constituents.

The project phase witnessed the birth of Volunteer Advisory Committees at village level. These committees will support the community volunteers in each village to continue raising awareness and providing case referral to health facilities. The committees are likely to remain active because they are composed of SSF trained mentors (Ssengas/Kojjas), women that benefit from SSF revolving loan capital (micro-credit scheme), members of Village Health Team (VHT) and local leaders in each village.

In addition, a great deal of effort was invested in capacity development of health workers at the partner health facilities. Given that these facilities will continue

operating, the health workers will continue using the knowledge and skills got to offer quality services to TB suspects and patients.

It often said that "knowledge is power'. The consultants are of the view that people reached through the project now know the signs and symptoms of TB and where to get the relevant services. They are well armed and ready for any eventuality.

CONCLUSIONS AND RECOMMENDATIONS

4.1 Introduction

In this section, we outline the conclusions and recommendations from the evaluation, treating each theme separately.

4.2 Conclusions and Recommendations

4.2.1 Relevance and Quality of the project design

Conclusion

The project was relevant because of its focus on a key driver of morbidity and mortality in Uganda, use of attractive drama shows and better use of available capacity among different stakeholders in the district. The project was generally well designed, with a clear monitoring and evaluation plan that was adapted during implementation.

Recommendation

SSF should, as a matter of good practice, maintain a similar project design especially incorporating baseline and end of project evaluation.

4.2.2 Project Effectiveness

Conclusion

The evaluation team established that all project activities were accomplished and most of the project targets were realized. The project has contributed to increased knowledge and adoption of correct perceptions about TB and a rise in the number of people seeking TB diagnosis and treatment. However, some patients do not complete treatment. Other challenges that have undermined full scale achievement of project objectives include long distance to Lyantonde hospital, lack of equipment such as x-ray at Lyantonde hospital, and shortage of staff at the partner health facilities.

Recommendation

Should a similar project be implemented in future, SSF should identify strategies for increasing adherence to TB treatment which may involve strengthening moral support for patients through community volunteers and advocating for accessible drug

distribution points. In addition, providing a budget for emergency case response would help a lot. Furthermore, advocacy efforts at district and national level should focus on provision of x-ray and recruitment of more staff to improve delivery of TB related services at health facility level. In addition to drama, SSF should consider use of modern technologies for awareness raising such as SMS and film shows. Incorporating these strategies will enable beneficiaries to learn from other people other than the voices they are used to.

4.2.3 Efficiency of the project

Conclusion
SSF deployed the available resources well through effective collaboration, tapping into existing resources and opportunities outside the project activities.

Recommendation
The above strategies should be maintained and scaled-up in any future interventions.

4.2.4 Project Impact

Conclusion
The project has contributed to an increase in the number of people seeking testing and treatment services for TB and HIV/AIDS and completion of treatment among TB clients at Lyantonde hospital.

Recommendation
SSF and the district health department should establish why more patients at the hospital complete treatment compared to those at other health facilities such as Kaliiro Health Centre III. Such good practices would then be scaled up throughout the district. As already reflected in SSF strategic plan, a comprehensive programme that embraces other related health issues such as HIV/AIDs, nutrition, water, sanitation and hygiene will ensure a more integrated approach to addressing TB. This is definitely dependent on availability of funding.

4.2.5 Project sustainability

Conclusion

The project is likely to be sustainable because of the capacities (knowledge and skills) developed at community and health facility levels. Also, the community level structures (with some members being part of other SSF activities) established are likely to keep the project alive. SSF staff also indicated that the drama group hired by other agencies, institutions and individuals. Lyantonde district and other organizations hire the group during national and district functions. The income realized is used by the group to develop members' skills and knowledge in formulating educative plays, skits, songs and dances. The only challenge is that they pay them a small fee claiming that the group is already supported by SSF.

Recommendation

Community volunteers who are not involved in the micro-finance for life program could be included in the near future. SSF should also explore the possibilities of negotiating for a reasonable fee from stakeholders that hire the drama group.

ANNEXES

Annex 1: List of Respondents

Key informants

1. Majidah Nakyeyune: Nurse, Lyantonde Hospital/Chairperson PWLHA Network)
2. Anthony Ndawula: Laboratory Attendant, Lyantonde Main Hospital
3. Kafeero Moses: Nursing Officer, Lyantonde Hospital
4. Victoria Tadhuba: In-Charge, Kaliiro Health Centre III
5. Julius Turyatunga: In-Charge, Lyantonde Muslim Health Center III
6. Nakiwala Annet Nursing Officer, Lyantonde Main Hospital
7. Obbo Okoth: Acting District Health Officer, Lyantonde/Medical Superintendent, Lyantonde Main Hospital
8. George Lubega: TB Focal Person, Lyantonde district
9. Esther Nakkazi: Enrolled Midwife, Lyantonde Main Hospital
10. Owen Njuki: In-charge, Kabatema Health Center II
11. Passy Ssebuliba: In-charge, St Elizabeth Health Centre
12. Gertrude Nanyonjo: Programme Officer, Health for Life, SSF
13. Rose Kawere: Programme Manager, Community Development, SSF
14. Robert Yiga: Driver, SSF

Community Volunteers in Kabatema Parish

1. Benon Turyamusiima
2. John. B Batte
3. J. Bosco Ssendagire
4. Gertrude Namulema
5. Takiya Natalina
6. Night Scovia Muwonge
7. Sande Tarasisi
8. Charles Katongole
9. Goreth Namugerwa
10. David Bbale

Annex 2: Terms of Reference for the evaluation

Salama Shield Foundation

Stop TB Partnership: Terms of Reference for End of Project Evaluation

The *Salama* SHIELD Foundation (SSF), a non-profit non-governmental organization committed to support health solutions to critical health issues, applied for and was granted a US $20,000 grant from the World Health Organization through the Challenge Facility for Civil Society of the Stop TB Partnership to implement and support a Community Based Directly Observed Therapy Short-course Strategy, in

particular the case referrals to the health system in 111 villages in three (3) Sub-counties of Lyantonde Town Council, Lyantonde and Kaliiro Sub-counties in collaboration with Lyantonde Hospital. The project had three main objectives:

- To raise awareness of TB and HIV co-infection and availability of TB treatment among PLWHA through targeted community sensitization meetings at the village level to ensure timely TB diagnosis and treatment in PLWHA

- Build the capacity of 111 selected community based volunteers from 111 villages to ensure increased case detection and treatment success rates

- Build the capacity of leaders at the district level through training workshops to improve TB/HIV coordination, management and leadership among community leaders, health workers, health NGOs and faith leaders

SSF is preparing for an end of project evaluation of this project and thus seeks competent individuals or firms to undertake this assignment under the following Terms of Reference:

Objective: The main objective of the evaluation is to get an independent assessment on the relevancy, effectiveness, efficiency and sustainability of the project and how the project impacted on the lives of the community. The evaluation is also to assess the extent to which the assistance provided by the project contributed to overall performance in delivery of health services in Lyantonde and identifying the remaining gaps/weaknesses in delivery of TB services in Lyantonde to inform implementation of new Programmes.

Roles:

The Consultant will undertake exercise to:

1. Determine the relevancy, quality and appropriateness of the project design.
2. Evaluate the effectiveness, efficiency, and quality of project implementation and of resource utilization.
3. Assess progress made towards achieving the project objectives, and the overall key outcomes and/or impact of the project activities linked to each output measured according to the indicators.
4. Assess progress on TB services delivered, interventions and how the interventions are impacting on the beneficiary communities.
5. Has the Stop TB Project had any positive or negative unintended

results? To what factors can such unintended results be attributed?

6. Determine the effectiveness of the coverage of the programme compared to the whole district.
7. Assess the potential sustainability of the project and suggest alternative strategies.
8. Determine to what extent the Stop TB Project's assistance contributed to strengthened health referral systems and improved performance in the provision of quality service delivery.
9. Evaluate the effectiveness, efficiency and quality of the partners i.e. Local government and Civil Society Organizations in the implementation of the Stop TB Partnership project.
10. Generate workable recommendations and lessons learnt and best practices related to implementation of the Stop TB Partnership project.

11. Examine project effects to the surrounding communities.
12. Compile the evaluation findings report and generate workable recommendations for other such SSF interventions.

Scope: The exercise will be conducted in the three Sub-Counties of Lyantonde district including Lyantonde Town Council, Lyantonde and Kaliiro Sub-Counties
Duration: The exercise is expected to take ten working days
SSF will provide transport and fuel to the field to meet key respondents including the stakeholders and other required documents.
Report Ownership: The evaluation report will be presented to the World Health Organization and owned by the Salama SHIELD Foundation.

How to apply:
Interested parties should submit both technical and financial proposals; giving clear strategies and methodologies for successfully conducting this exercise.
Profiles and/or CVs of interested firms and individuals should also be submitted with the technical proposals.
Applicants must show past experience and competence in either management of similar health programmes or experience in evaluation of such health service delivery programmes.
Applications should be emailed to ssfuganda@salamashield.org or hand delivered to the SSF Kampala Office, Plot 6, Somero Road Kitante Hill, Kampala.

Deadline:
All details should be submitted to SSF by Wednesday March 14th 2012 at 2.00pm.
All queries in regard to this notice should be addressed to ssfuganda@salamashield.org