



FINAL EVALUATION

SUPPORTING THE FIGHT AGAINST TB AT COMMUNITY LEVEL IN TWO PROVINCES OF LAOS

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EVALUATION DATES: JUNE - DECEMBER 2023



COUNTRY:
LAOS



BUDGET:
€978,047



LEAD ORGANIZATIONS:
Community Health and Inclusion Association - CHIAs

PARTNERS:
Humana People to People Laos - HPPL



START DATE:
01/07/2020

END DATE:
30/09/2023

THE PROJECT

Background

Although Laos has seen a steady decline in estimated TB incidence since 2015, the number of TB cases detected (10,600 in 2022) represents a treatment coverage rate of 78%. The decline in incidence is too slow to meet the “end TB” goal of halving TB incidence by 2025, compared to 2015. The main challenge is low levels of suspected cases being identified in the community and in health centers due to a lack of awareness, stigma and rural poverty. In addition, the national TB program has not yet adopted a policy to allow community workers to collect sputum samples for diagnostic purposes.

Project operating model

The L'Initiative-funded project aims to identify at least 600 additional TB cases and successfully treat 95% of them. Three main interventions were carried out in 211 of the 430 villages, covering nearly 400,000 inhabitants, which is half of the population in the two provinces targeted by the project (Khammouane, which is supported by CHIAs and Bolikhamxay, which is supported by HPPL). Interventions were implemented by 403 community health workers (CHWs) in collaboration with health centers, which included 1) raising awareness among the population of TB symptoms, 2) active screening of suspected symptomatic cases in villages and support to populations in remote areas, 3) support for the treatment of TB patients through a “trio” system (CHW-family-patient) and nutritional support.

OBJECTIFS

Overall objective

Contribute to the “end TB” strategy in the Lao People’s Democratic Republic.

Specific objectives

- **OS1** : Reduce morbidity and mortality due to tuberculosis and HIV/TB co-infection in the 17 districts of Khammouane and Bolikhamxay provinces, measured by three indicators:
 - 600 additional TB cases identified by the project.
 - A treatment success rate of 95% among the 600 TB cases identified.
 - Provide TB preventive treatment (TPT) to children under 5 living in the same household as a TB case.

EVALUATION RESULTS

Relevance

The objectives of the project are relevant and correspond to national and international priorities around community engagement. However, there were gaps in the following areas: lead organizations lacked monitoring and evaluation skills; alignment of project data with the National Tuberculosis Control Program (NTCP) national DHIS2 system; different targets between the NTCP and L'Initiative protocols for the same interventions; logical framework that was not well adapted to monitoring a tuberculosis project.

Effectiveness

The project exceeded its target in terms of the number of identified TB cases and achieved an 89% treatment rate for these identified cases. The TPT rate for children under 5 reached the target of 50%. However, the target set in the CHIAs - PNT memorandum of understanding for the identification of tuberculosis cases was not reached. The evaluation concluded that the involvement of civil society organizations (CSOs) appears to reduce the period of care for patients rather than enabling additional cases to be identified.

Efficiency

The cost per case identified was €1,225, which corresponds to the cost of earlier detection and a lower mortality rate. There was a good level of efficiency as the project achieved its targets despite the increase in coverage from 4 to 17 districts and target for identified TB cases from 238 to 600, with the same level of budget and the same number of people.

Impact

CSOs appear to reduce the period of care for patients rather than enabling additional cases of TB to be identified, which has an impact on transmission and mortality. The evaluation also demonstrated that the project had a positive impact on CHWs' skills, knowledge and practices in terms of identifying and referring suspected TB cases for testing. Gaps remain, however, in terms of evidence demonstrating that the project has been successful in reducing delays in patient testing.

Sustainability

The project does not have an exit strategy for continuity of TB screening and awareness-raising activities by CHWs. Monthly community awareness meetings could be continued due to the experience gained through capacity strengthening of CHWs on TB identification during the project. The need for consultations when common TB symptoms are present may also continue for some time. Identification of suspected TB by the community in Phase I project areas is expected to continue in the recently approved Phase II.



Conclusions and recommendations

Based on the evaluation results, the following recommendations have been made:

1. At the end of Phase 1 and at the beginning of Phase 2 of the project, CHIAs-HPP should:

- ▶ Develop a funded continuity plan to support CHW activities in Bolikhamxai and Khammouane provinces.
- ▶ Carry out a second knowledge, attitudes and practices (KAP) study looking at the evolution of each indicator to assess changes in the population's knowledge.
- ▶ Develop guidelines on TB community engagement in collaboration with NTCP and other partners.

2. CHIAs-HPP in collaboration with NTCP should:

- ▶ Study and assess the contribution of CSOs to early diagnosis (mid-upper arm circumference [MUAC] study, patient delays, deaths, etc.)
- ▶ Re-train staff on M&E and TB epidemiology using NTCP trainers to prepare quarterly notification and cohort analysis reports.
- ▶ Assess the lessons learned from the DHIS2 used by CHWs for malaria to apply it to CHW data on TB using an Android app and a restricted amount of data.
- ▶ Recruit medical/health staff with TB management experience in each organization.
- ▶ Promote healthcare staff or CHWs being present when patients give sputum samples.
- ▶ Encourage men to seek care as soon as symptoms of tuberculosis appear through a targeted gender approach.

3. The NTCP should:

- ▶ Separate CHW TB notifications and monitoring in the Hansa 2 PBF project to avoid bias and competition.
- ▶ Establish a mechanism for validating data on CSO contributions at quarterly district meetings.
- ▶ Encourage men to seek care as soon as symptoms of tuberculosis appear through a targeted gender approach.

4. L'Initiative should:

- ▶ Ensure CSO projects include a continuity plan from the start of the project.
- ▶ Support the project for a second phase to include:
 - L'Initiative funding to the NTCP to be shared to ensure better collaboration and distribution between CSOs and NTCP.
 - Continuity of activities at provincial level from the start with a continuity plan for Savannakhet province.
 - Pro-male gender approach.
 - A study on the early detection of screened cases.
 - No «childhood TB» component, as this requires a medical approach that is not part of the CHIAs-HPP work.

JULY 2024