

TERMS OF REFERENCE INTEGRATED TB/HIV PROJECT, Thyolo, Malawi - FINAL EVALUATION

August 2017

1. Background

Project Background:

Integrated TB/HIV project in Thyolo District, Malawi.

An Integrated TB HIV project commenced in February 2015 and will finish its operations in March 2018 (pending final approval of no cost extension from an original end date of 31st January). It is with this background that DAPP Malawi in conjunction with TB Alert is hiring an external consultant to assess the impact of the project. The project was funded by COMIC RELIEF (UK) through TB Alert (UK) who also provides technical and M&E support to the project. The project was implemented with the aim of increasing community knowledge and awareness of HIV and TB, improving the quality of HIV and TB related services through microscopy training, doorstep HIV testing and sputum collection, improving treatment adherence & successful treatment completion for clients with HIV/TB through counselling and support from the family and the community and improving the nutritional status of MDRTB & HIV/TB co-infected clients enabling them to complete treatment through counselling, nutritional support and training.

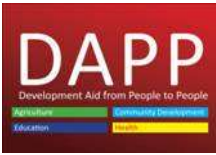
Development Aid from People to People (DAPP Malawi) is a national non-governmental organization with over 21 years of experience in the implementation of development and educational projects in Malawi, including community based TB and HIV prevention, Scaling UP Nutrition programme (SNIC), TB in the Mining Sector (TIMS) and vocational skills training to the marginalised population

The Integrated TB HIV project is implemented in Thyolo district with a population of over 600000. This is one of the districts with the highest prevalence of HIV which was 21% (although recent demographic studies show a decrease of the prevalence rate to 11.9%). TB/HIV co-infection: TB is the leading cause of death amongst HIV+ people. Poorly integrated HIV-TB activities and lack of awareness of HIV/TB co-infection coupled with a lack of active case finding remain a challenge. In addition to this, lack of community support leads to low treatment adherence and drug resistance especially in hard to reach areas in Thyolo District as there had been very few testing centres in the district before initiation of the project. Health personnel especially microscopists had often lack the skills and support required to do their work efficiently; the project has been addressing these issues.

The project's intended outcomes are:

Outcome 1: To increase community knowledge and awareness of addressing HIV and TB.

Outcome 2: To Improve the quality of HIV and TB related services through microscopy training, doorstep HIV testing and sputum collection.



Outcome 3: To Improve treatment adherence & successful treatment completion for clients with HIV/TB through counselling and support from the family and community.

Outcome 4: To improve the nutritional status of MDRTB & HIV/TB co-infected clients enabling them to complete treatment through nutritional support and training.

Outcome 5: Increased capacity of DAPP to implement and monitor integrated HIV/TB projects

These are achieved through:

- ❖ Door to Door Visits by Community Health Workers and Community Volunteers to give TB and HIV information and conducting counselling on about TB / HIV symptoms, treatment and prevention, using traditional and popular methods.
- ❖ Awareness campaign meetings in the community involving traditional leaders in the community and events of World AIDs and TB day.
- ❖ Strengthening of TB diagnostic capacity through training for Microscopists, the provision of Microscopes and setting up sputum collection centres.
- ❖ Voluntary rapid HIV testing during door-to-door visits and counselling.
- ❖ Establishing TRIOs (which provide peer support and consist of the HIV/TB client and two family members/friends) and Training them with cooking demonstrations and establishing backyard gardens for improved nutrition.
- ❖ Nutritional food packs provided to MDR and HIV/TB co-infected patients to improve nutrition and treatment adherence
- ❖ Support support groups for effective counselling and sharing of information.

Project indicators and targets are defined in the Grant Start Up Form which is provided as an Annex.

Some of the major achievements of the project over past two and a half years include:

- 133,596 people have been reached with door to door information on HIV and TB
- 6931 people tested for HIV at door step.
- 282 people diagnosed with TB through project's efforts.
- 1866 people were counselled and formed into TRIOs/DUOs.
- 905 people with HIV/TB established a backyard garden using distributed seeds
- 5 MDR TB and 184 TB/HIV co- infected patients were provided with nutrition support

Partners:

The project is managed by TB Alert UK who are responsible for training DAPP staff on TB and M&E; providing technical support and monitoring visits; overseeing financial and programmatic management and reporting; and international advocacy. The project has been delivered by implementing partner DAPP Malawi (Development Aid from People-to-People Malawi) who are responsible for project staff, carrying out activities and coordination with district and national health authorities.

Final Evaluation:

A baseline study was undertaken in 2015 in Thyolo District. The project is due to end in March 2018 (pending final approval of a no cost extension). A final Evaluation is to be carried out to assess the project's impact. To avoid bias and for credibility of evaluation the project will hire an external consultant.



2. Evaluation Aim & Objectives:

Purpose: Assess the project impact (*what* difference the project has made), the extent to which stated objectives have been achieved at the end of the project and effectiveness of project approach (*how* the project made a difference).

Results will be used for:

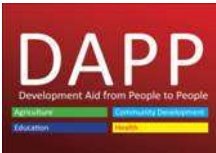
- accountability to the intended beneficiaries, partners (NTP, MoH, TB Alert etc.) and the donor (Comic Relief)
- learning for project staff, implementing organisations and TB Alert to inform and improve future interventions
- advocacy with local partners, particularly MoH,

Who should be involved?

Implementing partner (DAPP Malawi) and UK partner (TB Alert)
Comic Relief (for approval of the TOR and as a key informant)
Community Members, Beneficiaries, Local & District MoH officials, Health Clinic Staff, Traditional Leaders

The objectives of the Final Evaluation are to:

- Identify the contributions and impact of the project with respect to the project purpose, outcomes and outputs and in comparison with the baseline findings.
- To independently verify (and supplement where necessary), grantees' record of achievement as reported through its Annual Reports
- Assess the efficacy and lessons learned of the approaches used during the project (on community empowerment; equity; gender; capacity building; monitoring and innovation) and make recommendations.
- Identify lessons to be learnt for future, successes and challenges.
- Assess whether the project represented value for money (economy, efficiency and effectiveness) in its efforts to deliver results.
- Provide recommendations from the lessons identified to improve future TB programming in DAPP and other organisations in Malawi and in the region..
- Facilitate a process of critical analysis that allows people to celebrate success, challenge assumptions and ways of working, and explore areas that have been difficult



Key Questions:

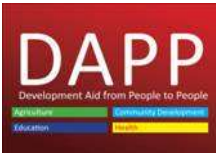
What difference has the project made to people's lives (what, who, where, when)?

- To what degree have project outcomes been achieved? Were there any unexpected outcomes?. What were the key drivers and barriers for success? Who has benefited (women, men, girls and boys) and in what ways? To what extent has the project included the most vulnerable groups (poorest community members, people living with HIV/AIDS)?
- Are those changes (outcomes) relevant to people's needs?
- Are they likely to be sustainable in the long term after funding has ceased? What is the level of local ownership and views of the local government departments?
- Have there been changes to policies, practice and attitudes of decision and policy makers to benefit the project's target groups?
- To what extent has the project contributed to the achievement of broader national and international policies, conventions, targets etc in the country/ies where the project is working?
- To what extent has the achievement of the changes/ outcomes been influenced by external context and other factors?

How has the project made this difference?

Approaches used by the project and implementing organisations:

- What was the overall theory of change for this project? Has it been effective in bringing about lasting change? Were there any gaps?
- What have been the most effective methodologies and approaches the organisation used to bring about changes to people's lives? What has worked and what has not? What lessons have been learned? Who have they been shared with?
- What have been the major challenges encountered in course of project implementation and how have they impacted on the quality and level of delivery of the project? How have they been overcome/ addressed?
- How has the type of organisations funded (e.g. user-led, social enterprise, national or international NGO), both UK and local, helped or hindered the delivery of lasting change?
- How have relationships between partners throughout the relationship chain (looking at UK organisation-local partner(s)-target groups) helped or hindered the delivery of change /outcomes?
- How effective have the project's management, monitoring, learning and financial systems been (DAPP Malawi and TB Alert)? How have they helped or hindered the delivery of lasting change?
- Were activities delivered on-time, to budget and as planned?
- Has the project been cost effective?
- Were the expected results achievable and reasonable, considering the time, the resources, and the conditions of the project?

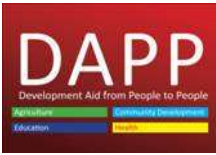


Key MEL Questions:

- Assess the challenges to integrating TB and HIV services. These will be assessed through end of project evaluation which will include key informant interviews with health office staff/clients and village heads and case studies.
- Assess how successful the TRIO approach is, in supporting adherence and completion of treatment? (e.g. comparison of The adherence rate for ART amongst pregnant women and treatment completion rates for TB and HIV/TB co-infected clients from baseline KAP to endline evaluation) Assess the appropriateness of approaches and analyse whether they have supported better transition rates between referral and treatment? The electronic database and the field staff forms for data collection will provide information that will enable an analysis of referrals (by origin e.g. door to door contact, awareness meeting, village head, self -presentation at clinic etc.). During the end of project evaluation, this will be analyzed against the % clients who started and completed treatment and the TB cure rate.

Approaches used by Comic Relief:

- How have Comic Relief's grant making policies and processes (e.g. how we define our programme strategies and outcomes, how we assess applications) helped or hindered the delivery of lasting change?
- How has Comic Relief's approach to grant management (e.g. individual work with grantholders, and learning activities with other funded organisations) helped or hindered the delivery of lasting change?
- How has the way Comic Relief used its organisational assets helped or hindered the delivery of change (e.g. use of the media, access to decision makers)?
- Are there any other ways in which Comic Relief has helped or hindered the delivery of change?



3. Scope of Work

Scope of work:

- Desk review, including a review of key project documents.
- Develop participatory assessment tools to measure the impact of the project and its success in achieving the outcomes and outputs.
- Co-ordinate with DAPP Malawi for the submission of the assessment tools to the relevant authorities for approval.
- Undertake a pre-test of the tools.
- Undertake field visits to engage with all stakeholders in the project including the District health department, District TB Officer, representatives from laboratories, communities, TB and HIV support groups and patients, outreach workers and project management.
- Key informant interview with Comic Relief (the donor) and TB Alert (the UK partner)
- Analyze the information collected.
- Write and submit an Evaluation Report.
- Carry out an initial briefing session and a final de-briefing session.

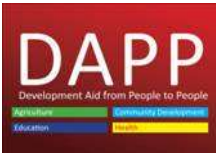
Expected outcomes /deliverables:

- Final participatory assessment/evaluation tools.
- Final evaluation report
 - *The report should be clear and simply written, free of jargon. The main body of the report should not exceed 30 pages and should include an executive summary and recommendations. Technical details should be confined to appendices, which should also include a list of informants and the evaluation team's work schedule. Background information should only be included when it is directly relevant to the report's analysis and conclusions.*
 - *The report's authors should support their analysis of a project's achievements with relevant data and state how this has been sourced. Recommendations should also include details as to how they might be implemented.*
 - *The report is to include guidance on the process by which findings will be shared and discussed with all stakeholders including those who are benefiting from the project and how any resulting changes in the report will be included*

Case studies.

Location:

The evaluation is to take place in the project sites in Thyolo District, Malawi.



Methodology:

- The evaluation shall capture both quantitative and qualitative information through a range of methods, using participatory and structured methods. A participatory methodology, whereby the work engages all key stakeholders (including beneficiaries, implementing partner and Comic Relief grants staff who should be provided with an opportunity to provide input and comment to the evaluation team) is required.
- Methods include one to one interviews including a Knowledge Awareness and Practice survey (KAP), meetings, focus group discussions and observation techniques with project beneficiaries, target groups, project personnel and volunteers and other stakeholders/partners. In detail it will include the following:
 - Desk review of documents including the project proposal and indicators/targets (Grant Start Up Form), annual donor reports, monitoring data and relevant government strategies.
 - KAP survey with target community about TB and HIV awareness and quality of services (Sample size 303)
 - Interviews with Project staff and volunteers and Comic Relief.
 - Focus Group Discussions and interviews with Community Groups; with Traditional leaders and key informants (Health centre in-charges).
 - One-to-one interviews with HIV and TB clients.
 - Patient satisfaction survey with people who have used the health services e.g. Microscopy centres, sputum collection centres, health centres etc. and of TRIOs on provision of DOTs and cooking methods
 - Meetings with government health personnel.

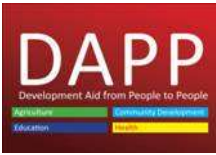
The data collected should be disaggregated by gender, age, region.



Timeframe:

The evaluation is to take place between November 2017 and February 2018. *Timeline assumes approval of pending no extension of project end date from 31 Jan 2018 to March 2018

Action	Responsible	Due Date
Advertising	TB Alert & DAPP	1 st - 20 th September 2017
Shortlisting of candidates	TB Alert & DAPP	20 th - 31 st Sept
Comic Relief Approval sought of chosen Consultant (<i>at least 1 month before intended field work</i>)	Comic Relief	1 st -31 st October
Sign contract with consultant	DAPP	1 st November
Desk research and development of assessment tools	Consultant	November
Assessment tools shared with DAPP/TB Alert and approved by TB Alert	Consultant	10 th December
Evaluation Field Work: field research, interview with Comic Relief, & Write-Up	Consultant	5 th January - 5 th February 2018
Draft Evaluation Report To be submitted	Consultant	10 th February
DAPP & TB Alert Review Draft Report & Provide Feedback	TB Alert & DAPP	15 th February
Comic Relief review & provide feedback on draft (<i>4-6 weeks</i>)	Comic Relief	15 th February - 15 th March
Final Evaluation Report Based on Feedback	Consultant	25 th March 2018



4. Application

Qualification and Experience required:

The Final Evaluation needs to be carried out by an independent consultant/ consulting firm to obtain unbiased findings. The consultant / consultancy firm should have the following:

- A Master's Degree in Public Health (MPH with background and experience on TB and HIV issues).
- Extensive and Proven experience of leading and undertaking baseline and final evaluations of health related projects.
- Experience in developing and using both qualitative and quantitative evaluation methods including participatory methodologies.
- Skills in analyzing and synthesizing complex information.
- A demonstrated ability to communicate and build strong relationships with stakeholders including the communities, Ministry of Health (District Health Office), NGO staff and volunteers.
- Knowledge of Chichewa and English.

Application guidelines:

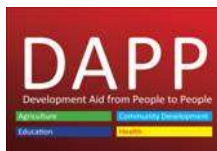
To apply, please submit an Expression of Interest (EoI) to the contacts below. The EoI should be in Word and include:

- Name, address and contact details of the Consultant.
- An outline of how you would undertake the final evaluation including the methods and tools that would be used to collect the information.
- A detailed budget breakdown (For payments, travel, perdiems required, etc).
- Updated CV(s) outlining relevant experience.
- Examples of previous written work including a copy of a previous evaluation report undertaken by the applicant and written in English.
- Three referees.

Please submit the EoI to DAPP Malawi at the following two email addresses below:

info@dapp-malawi.org and kubomaoscar2@gmail.com

Application deadline: 20th September 2017

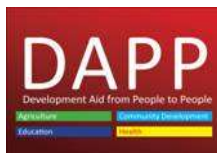


ANNEX: International Grant Start-up Form

Grant summary			
Comic Relief (CR) goal(s):	People affected by HIV	UK and local partner representatives:	<i>Sarah Lamb, TB alert Chimwemwe Mponya, DAPP Malawi</i>
Grant ID:	174251	Date submitted:	<i>10/05/17</i>
Organisation name :	<i>TB Alert</i>	Duration of grant:	<i>36 months</i>
Project title:	<i>Integrated HIV/TB Project in Thyolo district, Malawi</i>	Funded amount:	<i>£376,582</i>
Project start date:	<i>01 February 2015</i>	CR funded amount:	<i>£376,582</i>
Partner organisation(s):	<i>DAPP Malawi</i>	CR contribution to the overall project budget:	<i>100%</i>
Contact person who submitted the form:	<i>Sarah Lamb, TB Alert</i>		



Section 1: Numbers of people benefiting				
1.1 Narrative description: Provide a brief summary of who you are working with for each category as relevant.				
Type of beneficiaries	Narrative description of who this includes (10 words per line maximum)	Total	Male	Female
People benefiting directly:	People tested for HIV	15723	4717	11006
	People tested for TB	4542	2271	2271
	People provided DOTS and ART	3624	1812	1812
	Pregnant women provided ART	1116	0	1116
	HIV/TB co-infected/MDR clients getting nutrition	92	N/A	N/A
	Total people benefiting directly	25097	8800	16205
Frontline workers:	Community Supervisor/M&E Officer	1	1	0
	Community Health Workers	24	12	12
	Community Volunteers	207	100	107
	Total frontline workers	232	113	119
Other people benefiting:	Lab technicians	32	32	0
	District TB Officer and District HIV Officer	2	2	0
	Traditional heads	12	12	0
	People provided with TB/HIV messages through awareness activities who gain new knowledge about the transmission of TB and the location of the nearest microscopy centre	18,328	5498	12,830
	Total other people benefiting	141035	42343	98692



Overall total	166364	51305	115059
1.2 How have you calculated targets? Please provide a brief explanation about how you have calculated/estimated the numbers provided above. (100 words maximum)			
Those who gain new knowledge about the transmission of TB and the location of the nearest microscopy centre is calculated based on the expected 13% percentage change from baseline to end of project evaluation in indicator 1 a and the expected total number of people provided with TB/HIV messages through awareness activities (140,989) . Lab technicians, district TB and HIV Officers and traditional heads are the existing numbers provided by the district health office. People tested for HIV and TB, pregnant women on ART, numbers getting nutrition etc. are based on a formula of number of contacts, HIV and TB prevalence and numbers of MDR TB clients. There is one community volunteer for every two villages.			

Section 2: Outcomes (<i>changes you aim to bring about in people's lives</i>)							
Revised outcomes for grant duration: Please review your outcomes and indicators which you will measure as evidence of progress.							
Outcome 1 description							
To increase community knowledge and awareness of addressing HIV and TB.							
Quantitative indicators:							
Indicator	Description	Baseline	Target number Total	Percentage (%) change	Number Male	Number Female	Data collection methods
Indicator a	Percentage of respondents aware of at least two methods of transmission of TB and the location of the nearest microscopy centre	72.3% (219 out of 303 respondents)	18,328 (represented by 258 out of sample of 303)	13% (target of 85%)			KAP survey and end of project evaluation
Indicator b	Number of people tested for HIV at their doorstep	87722	15723		8176	7547	CHW activity reports and monitoring forms



Indicator c	Number of sputum smear samples tested for TB	1927	4542		2362	2180	Laboratory forms and clinic TB register
Qualitative indicators:							
Indicator	Description	Baseline (if appropriate)		Target (if appropriate)		Data collection methods	
Indicator d	% respondents surveyed in the community who report better quality of community HIV/TB services compared to before the project	N/A		78% (236/303 respondents)		<i>End of project evaluation</i>	
Indicator e							
Indicator f							

Outcome 2 description (delete if not applicable)							
To improve the quality of HIV and TB related services through microscopy training, doorstep HIV testing and sputum collection.							
Quantitative indicators:							
Indicator	Description	Baseline	Target number Total	Percentage (%) change	Number Male	Number Female	Data collection methods
Indicator a	Number of health care professionals trained	0	32		24	8	Workshop attendance sheet
Indicator b	Number of PLWHIV identified and started on treatment	6922	3522		1831	1691	ART register maintained by the ART Coordinator at the district
Indicator c	% of clients who are diagnosed with TB by the project with unknown HIV status who are tested for HIV	Not available	98%		N/A for target but numbers achieved will be reported	N/A for target but numbers achieved will be reported	CHWs Registers District TB register
Qualitative indicators:							



Indicator	Description	Baseline (if appropriate)	Target (if appropriate)	Data collection methods
Indicator d	Improved quality of TB testing	N/A	N/A	<i>Blind checks report by district lab supervisor</i>
Indicator e	HIV and TB clients report improvements in HIV/TB related services	N/A	N/A	<i>One to one interviews with HIV and TB clients collected during baseline and final evaluation. Case studies of beneficiaries</i>
Indicator f				

Outcome 3 description (delete if not applicable)

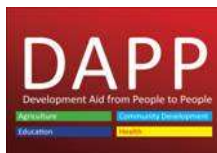
To improve treatment adherence & successful treatment completion for clients with HIV/TB through counselling and support from the family and community

Quantitative indicators:

Indicator	Description	Baseline	Target number Total	Percentage (%) change	Number Male	Number Female	Data collection methods
Indicator a	Number of people formed into TRIOs with documented counselling and support group activity	0	2920		1518	1402	CHW Household Register Activity Form maintained by CHW
Indicator b	TB Cure Rate	85% (430/505)	490	12	250	240	District TB register
Indicator c	Number of HIV+ pregnant women supported for ART adherence	0	1116		0	1116	Register maintained by the CHW

Qualitative indicators:

Indicator	Description	Baseline (if appropriate)	Target (if appropriate)	Data collection methods
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Indicator d	HIV/TB co-infection patients report increased support for treatment	N/A	N/A	One to one interviews and case studies
Indicator e	HIV+ pregnant women report on ART adherence post-delivery	N/A	N/A	One to one interviews and case studies
Indicator f	% TRIOS that report having provided DOTS to the TB clients until treatment completion	N/A	80%	KAP Survey and end of project evaluation

Outcome 4 description (delete if not applicable)

To improve the nutritional status of MDRTB & HIV/TB co-infected clients enabling them to complete treatment through nutritional support and training.

Quantitative indicators:

Indicator	Description	Baseline	Target number Total	Percentage (%) change	Number Male	Number Female	Data collection methods
Indicator a	Number of HIV/TB clients who establish a backyard garden using distributed seeds to enhance family nutrition.	0	2920		1518	1402	Activity Form maintained by the CHW Distribution list of seeds packets. Acceptance receipt by client.
Indicator b	Number of TB/HIV co-infected Patients and MDR TB patients receiving food packets to supplement nutrition requirements out of target population	0	92		48	44	Activity Form maintained by the CHW Distribution list of food packets. Acceptance receipt by client.

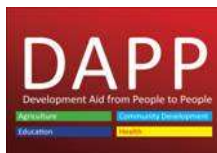
Qualitative indicators:

Indicator	Description	Baseline (if appropriate)	Target (if appropriate)	Data collection methods
Indicator d	% participants who report that their cooking method and dishes they prepare have changed after the cooking demonstrations.	N/A	75% of all participants	End of project evaluation
Indicator e	Perceptions of TB/HIV and DR TB patients	0	N/A	One to one interview and case studies



	provided with nutrition supplements and it's contribution to their treatment adherence			
Indicator f				

Outcome 5 description							
Increased capacity of DAPP to implement and monitor integrated HIV/TB projects							
Quantitative indicators:							
Indicator	Description	Baseline	Target number Total	Percentage (%) change	Number Male	Number Female	Data collection methods
Indicator a	Number of staff members utilising participatory techniques for nutrition awareness in the community	0	20		10	10	End of project evaluation Participatory training report
Indicator b	Electronic database for HIV and TB installed and functioning	0	2				End of project evaluation Participatory training report
Indicator c							
Qualitative indicators:							
Indicator	Description	Baseline (if appropriate)		Target (if appropriate)		Data collection methods	
Indicator d							
Indicator e							
Indicator f							



Section 3: Outputs (*your deliverables*)

Outputs for year 1: Please review your original plan and confirm your project outputs i.e. the activities you will deliver to achieve your outcomes.

Output description	Output numbers for year 1 (if relevant, e.g. number of sessions)	Number of people for year 1		
		Total	M	F
Start-up workshop with 60 participants	1	60	40	20
Identification and training of 24 CHWs	1	24	10	14
Community mass awareness meetings	404	12384	4954	7430
Identification and training of community volunteers	207	207	100	107
Door to door mobilisation	30,000	30000	12000	18000
<i>Training of lab technicians/microscopists</i>	32	32	32	0
<i>Establish sputum collection centres</i>	20 centres	20	N/A	N/A
<i>Doorstep HIV testing and sputum collection</i>	3000	3000	1200	1800
<i>Number of clients provided counselling</i>	500	500	300	200
<i>KAP survey undertaken</i>	1 evaluation	N/A	N/A	N/A

Section 4: Monitoring, Evaluation, and Learning (MEL) (*your understanding of change*)

MEL activities and use of data: Please explain how you will monitor, evaluate and learn from your work.

4.1. Key questions: What are the key questions that you and your partner(s) want monitoring, evaluation and learning activities to answer? (300 words maximum)

1. What are the challenges to integrating TB and HIV services? These will be assessed through the annual reports and end of project evaluation which will include key informant interviews with health office staff/clients and village heads and case studies.
2. How successful is the TRIO approach in supporting adherence and completion of treatment? The adherence rate for ART amongst pregnant women and treatment completion rates for TB and HIV/TB co-infected clients will be available after the KAP. This will be compared to adherence and treatment completion rates at the end of the project and the data will be taken from the electronic database and cross validated with the district TB and district ART registers available with the District Health Office.
3. Have the approaches supported better transition rates between referral and treatment? The electronic database and the field staff



forms for data collection will provide information that will enable an analysis of referrals (by origin e.g. door to door contact, awareness meeting, village head, self -presentation at clinic etc.). During the end of project evaluation, this will be analysed against the % clients who started and completed treatment and the TB cure rate.

4.2. Data collection method for evidencing outcomes and indicators: Please summarise how you plan to collect data, briefly describing the types of tools you will use, who they will be used with, how they will be used, and when. (300 words maximum)

At the beginning a survey to assess people's knowledge, attitudes and practices will take place. A consultant will develop a MEL framework, including the design of monitoring forms and of a TB/HIV database. They will conduct a training of trainers on data collection and analysis. Monitoring tools include: household, ART PMTCT and TB registers, referral slips, activity forms, training questionnaires, attendance lists, food/seed distribution lists. These will measure numbers reached, referred, tested, client progress. Case studies will be gathered to collect qualitative information. The database will be updated weekly and regular reviews will be held to analyse what is/is not working, including: monthly review meetings; bimonthly reviews and a joint quarterly project steering committee meeting. A final evaluation will take place to gather data and undertake a KAP survey.

Outreach workers will collect data from the clients in privacy and with the assurance that a client's status will not be revealed at any cost. Data collected and stored will be available on a single computer accessible only by the data entry operator. The computer will be a stand-alone system which is not online all the time and will have upgraded anti-virus software and a security code to log in. The backup of the data and the hard copies of the forms collected will be maintained under lock and key with the project manager. Data will be analysed by the M&E Officer in Malawi and analysis provided to TB Alert or other agencies will not include the names, addresses or location of the clients.

4.3. Use of learning: How do you intend to use and share the learning generated by your monitoring, evaluation and learning activities?(300 words maximum)

Information will be gathered and entered onto the data basis each week so that it can be used in real time and corrective measures taken. This analysis will be fed back front line workers during regular monitoring visits, during which time they will review the information and discuss what is and is not working well. Progress will be fed back to DAPP and local health authorities via regular visits and the supervisory committee. Information will be shared with the Thyolo Department of Health and the Central Ministry of Health to strengthen future programmes. The lessons will inform DAPP's and TB Alerts future HIV/TB projects in Malawi and other countries. Case studies will be published on DAPP's and TB Alert's websites and lessons published in newsletters (DAPP, TB Alert, Malawi MoH, WHO). Both partners will present lessons during conferences, such as the International Union against TB and Lung Diseases conference. In addition, DAPP and TB Alert staff will coordinate regularly over the phone and via email.