THABA BOSIU CENTRE

BLUE CROSS LESOTHO

FINAL EVALUATION REPORT

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FOREWORD

This is the report of the final evaluation of the Thaba Bosiu Center (TBC) project. The evaluation was intended to facilitate continued learning and assess the performance of the project. It is the result of a team that performed a rapid assessment of the various project activities that took place.

There were a number of interesting lessons, and we are certain that this will assist all parties in sustaining TBC and formulating similar future projects.

ACKNOWLEDGEMENTS

From January 14, 2004 to January 23, the evaluation team visited different sites; villages, schools, and offices in and around the Maseru district of Lesotho. We interviewed community members, officers, clients, ex-clients, school children, school teachers, project staff, board members and BCL executive committee members. We held focus group discussions and all these were very useful.

The evaluation team would like to extend sincere gratitude to all the people who took time off their busy schedules to attend to us. Most of the materials you are reading are as a result of their contributions.

In a special way, the evaluation team would like to thank Mrs. Matsepo Letlola, the Director, and her entire team for providing all the necessary support for the field visits and making this evaluation exercise a successful one.

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EXECUTIVE SUMMARY

This is a report of the final evaluation of the Thaba Bosiu Center (TBC) project. A bulleted, power point version of the summary as given in the debrief that followed the evaluation exercise is attached to this report.

Background

Blue Cross Norway has since 1988 worked in cooperation with Blue Cross Lesotho (BCL) in establishing and running the Thaba Bosiu Centre (TBC) in Lesotho. Blue Cross Lesotho requested for financial assistance from Blue Cross Norway to establish the center. The project was initiated in 1988 when a feasibility study was carried out by a joined delegation comprising the Norwegian Blue Cross, the Blue Cross Lesotho and one representative from the MOH. The feasibility study report is largely in the Norwegian language with only a summarized version translated to English.

The center was established as a treatment and prevention centre on alcohol and drug problems. The centre is owned by Blue Cross Lesotho but is jointly funded by NORAD Norwegian Aid of Development Cooperation (NORAD), BCN and the Government of Lesotho (GOL) as per the agreements of cooperation and memoranda of understanding between GOL, BCL and BCN.. The Lesotho government has been funding the salaries of nine (9) professional staff since 1994 and other seven (7) support staff since 1998. According to the agreement the Government of Lesotho is scheduled to take over full financial responsibility for the running of TBC from the 1st of January 2005. A final evaluation for the project was scheduled and carried out in January 2004.

Alcohol and Drug use in Lesotho

According to the feasibility study done in 1988, the average consumption of alcohol by the ordinary drinkers in Lesotho was estimated to "reach considerable proportions" and quantified as 10 liters per inhabitant over 15 years. These estimates were described as rough. In the study, the MOH/SW is quoted as having said that "Alcohol was a major enemy of the Lesotho nation". The report, however, stated that the researchers could not substantiate the ministry's statement by reliable statistical evidence.

The feasibility study report also mentions that some efforts were already being made at grassroots levels to try and address the alcohol and drug problem and that there was no need for competition. The report suggested that TBC would concentrate mainly at the opinion leaders in the local establishment.

The TBC project

The TBC was set up by Blue Cross Lesotho (BCL) in partnership with Blue Cross Norway (BCN), and the Ministry of Health and Social Welfare (MOH/SW) of the Government of Lesotho (GOL). The TBC treats people with alcohol and drug abuse problems and educates the community about the risks associated with alcohol and drugs. The center was started and has been operational as project since 1991.

Through the prevention and treatment programs, the project has an overall objective of contributing to a reduction of alcohol and drugs related problems in Lesotho.

The specific objectives for the prevention program include:

1) Increasing the level of know-how on the dangers of alcohol and drugs,
2) Introducing the factor of alcohol and drug in ordinary statistics,
3) Working for an increased understanding on the use of alcohol political means,
4) Contributing actively to a behavioral change in people's perception of alcohol as a status symbol.

The treatment objective has the following objectives:

1) To treat individuals and families with alcohol and drug problems, irrespective of religious or political beliefs or race,
2) To pay attention to individual needs through a family and community based approach
3) Developing an aftercare program in cooperation with local institutions and organizations and,
4) Offering treatment free of medication.

In the partnership expressed by two sets of agreements the TBC was to be run by BCL in coordination with BCN but co-funded by NORAD through BCN and the GOL through the MOH/SW, but BCN was supposed to, gradually, reduce their contribution with MOH/SW taking over full financial responsibility from 31.12.2004. The agreements referred to are: 1) an agreement of cooperation signed on 27/09/1989 between BCL and BCN and, 2) an additional memorandum of understanding between BCL and BCN signed on 27/09/1989, 3) a memorandum of understanding signed on 08/02/1995 between BCL and GOL (MOH/SW) and, 4) a memorandum of undertaking signed on 04/03/1998 between GOL (MOH/SW), BCN and BCL. Appendix I detail the different stages through which the center was established. Appendix II summarizes the cost and contributions to the center for the period between 1990 and 2002.

The evaluation was designed to facilitate continued learning and assess the performance of the project to date. A participatory approach was adopted with the major stakeholders represented on the evaluation team. Rapid assessment methods were used to collect and analyze data that resulted into the information used to form an opinion about the achievements, current status of the center and lessons learned. The rapid methods used include focus group discussions (FGD), key informant interviews, literature review and observations. The focus groups include staff members, the TBC management committee, TBC board members, BCL executive committee, members of BCL groups, the youth, school children, teachers, village chiefs, and village members. Key informants included the Principal Secretary MOH/SW, the District Secretary (Maseru district), the TBC Director, BCN representative, ex-clients, and current clients.

Findings

The general impression of the evaluation team is that TBC is a socially viable project that is relevant to Lesotho and has lived up to its expectations. According to informants during the rapid assessment, the overall objective that aimed at contributing to a reduction in alcohol use and drug abuse is far from being met. All the groups and informants met asserted that the alcohol and drug abuse problem in Lesotho is on the increase. It must be noted that TBC is doing what it pledged to do and their activities surely aim at reduced alcohol and drug abuse. The problem, however, is gigantic and needs the concerted efforts of other actors. If TBC

alone is to significantly impact on the overall objective, a broader approach and bigger budget will have to be put in place.

The treatment program

TBC has maintained a unique treatment program that is appreciated by the clients, families of the clients, government, NGO and the community at large. The treatment philosophy considers the whole person and therefore takes into account the emotional and psychological aspects in addition to the physical aspect of the affected individuals. Both current and ex-clients testify that the approach works, but requires seriousness on the part of the client. People with alcohol and drug related problems come from all over Lesotho and even outside the country seeking treatment. Clients include civil servants, police service, teachers, students and ordinary people from the villages.

Two aspects of the treatment program, however, need to be addressed. First, the follow-up program wasn't working effectively by the time of this evaluation. With reduced funding as early as 2000, follow-up activities were scaled down. Second, there is an indication from management that more personnel are required to operate the treatment unit at full capacity.

The prevention program

The evaluation team's finding about the prevention program is that the center made significant efforts towards sensitizing the community about the dangers of alcohol and drug abuse, especially in the period of 1991 - 2002. TBC also did a lot to inform the public about its existence and purpose for which it was established. The center disseminated information about the dangers of alcohol and drug abuse to all sectors of the community through community workshops (pitsos), seminars, conferences, short courses, festivities, celebrations, music, some dance and drama in schools, visits to schools and churches, and mobilization of BC members in Lesotho. TBC printed and distributed literature through brochures, pamphlets, booklets, printed T-shirts, and posters. Local leadership was mobilized and organized to work together towards the objectives of TBC. Chiefs reported that meetings initiated by TBC led them to know each other and they started networking even on other developmental issues and problems like HIV/AIDS in their areas.
Community mobilization is evidenced by youth and other groups that are working on their own initiative (only with some encouragement from the TBC) to tell other community members about BC and about dangers of drugs and alcohol.

The prevention program, however, suffered setbacks due to the difficult period the centre was put in after the death of the Director and the resignation of the two program managers. Like the treatment program, the prevention program indicated need of more personnel and funds. It was also indicated the need of clearer strategies for the program to make a bigger impact.

Sustainability issues

Sustainability of the TBC project is examined from two perspectives: 1) financial sustainability which is the ability of TBC to continue operating smoothly with no major financial setbacks after the external donor (BCN) terminates the funding from NORAD and, 2) organizational and political sustainability which is the ability of TBC to survive the times with no hardships related to ownership wrangles, poor management, inadequate human resources in terms of numbers and competency. Below the findings concerning the two perspectives are presented:

Financial Sustainability

The evaluation team was of the opinion that the financial sustainability of TBC depends on how soon the Government of Lesotho (GOL) will decide to absorb the financial needs of TBC, especially as BCN are going to withdraw their financial support by the end of December 2004. Without government funding TBC's financial future is at stake.

BCL who are the legal owners of TBC have not substantially demonstrated capability of supporting TBC financially, at least in the short run. Their hope is with government with whom they signed an agreement. The mid-term evaluation of 1994 pointed out this problem and there has not been significant steps taken on the part of BCL to organize themselves in preparation for the eventual withdrawal of BCN. BCL, TBC Board, staff and BCN are worried about the financial future of TBC and beneficiaries have observed a decline in the delivery of services especially since 2003.

Organizational and Political sustainability

There is no immediate threat to the organizational and political sustainability of TBC, since the ownership of TBC is clear to all stakeholders. There are, however, a number of issues to attend to if TBC has to continue smoothly in the long run among them the following need attention:

a) **Structure of BCL**
The reality is that BCL does not, as of now, seem to have both the financial and organizational capacity to assist TBC.

b) **Agreements between BCN, BCL and MOH/SW**
There is need to review and refine the agreement between the partners. Although the documents are valid and are recognized by the GOL, they do not clearly define the objectives and roles of each of the parties concerned. Emphasis was mostly put on financial responsibilities.

c) **Human Resources and management**
The evaluation team was impressed by the majority of workers currently at the center. Information from clients and ex-clients also indicates that most of the personnel currently at the center are committed to their work. The current management is focused and working in good relationship with other stakeholders. However, TBC has not finalized the human resource manual that should outline the conditions of service and guidelines for the further development of their human resource. There are also some complaints from, especially, ex-clients about the centre assistants who take care of the patients most of the time.

d) **TBC strategy for the future**
All stakeholders in TBC including both the TBC board and management are optimistic about the future of TBC. The board and management plan to continue dialogue with the government of Lesotho to streamline the funding issues from the government. BCN stated that they are willing to facilitate the dialogue. TBC also has plans to enhance their own fundraising strategies like the income generating activities. The BCN international committee is planning to start a pilot project to use the capacity of TBC in a Blue Cross Resource Centre in the region. BCN also indicated that they will support TBC in their own projects but not directly as it has been. They will instead endeavor to strengthen BCL and develop the human resources required by TBC.

Lessons learned

- The two very important lessons for the BCL, as the owners of TBC are 1) they (BCL), through their Executive Committee, have to work closely with the management of TBC and the board by analyzing the reports given from management and, 2) BCL should have other funding strategies in addition to the GOL (MOH/SW). Other lessons learned include:

- The prevention program initially targeted to cover the whole country. This out-stretched the resources of the TBC and was found to be ineffective. The mid-term evaluation recommended that Maseru district then be used as a pilot project for the prevention activities. With the concentration of activities in Maseru district only, more was achieved, especially with schools and the youth.
- The treatment program experienced high relapse rates initially because the treatment period had been set to only 6 weeks. After the treatment period was prolonged to 3 months depending on individual needs and taking into account the family where applicable, relapse rates dropped.
- A one by one approach by the prevention program whereby the implement single methods in particular areas does not yield the best results. There is need for an integrated strategy that combines several approaches in the same area; information dissemination, targeting youth, targeting their parents, targeting schools, targeting churches etc. and making sure that chiefs and other officials are dedicated.

Conclusion

The TBC project has been focused to their original specific objectives and there are evident achievements for both the prevention and treatment components of the project. The MOH/SW, local leaders and the community at large, all recognize the center's contribution to finding a solution to alcohol and drug related problems. The TBC project is therefore a viable social venture and is in line with the MOH/SW mandated activities. The evaluation team, however, was not able to quantify what proportion the TBC has contributed to the overall objective of a reduction in the use of alcohol and drug abuse in Lesotho. Nevertheless, there is room for improvement so that even, better results can be achieved.

Recommendations

1. BCL as the owners of TBC should initiate and lead the negotiations or revisions of the agreements to facilitate a faster assimilation of the TBC budget by MOH/SW. There is need to point out, in very clear terms, the roles, objectives and financial responsibilities of each of the partners in the agreement. The agreement should, therefore, stipulate who should follow-up the issues and what procedure must be followed to avoid future frustrations as have been experienced by TBC and BCN in the past. It may be wise for BCL to appoint a negotiating team composed of individuals knowledgeable about GOL procedures and legal implications.
2. BCL should consider the proposal by MOH/SW to place TBC under the department of mental health. From ministry sources, this arrangement may ease the funding process as funds will flow to TBC through a government department. The ministry indicated that they have problems in convincing various organs of government about funding TBC as an independent entity. Should this happen, the autonomy and uniqueness of TBC should be granted and recognized. The principal secretary (MOH/SW) also hinted on possibilities of

going into private public partnership (PPP), an arrangement that seems to be working well with the Christian Health Association.

3. GOL should consider allowing TBC to broaden their income base by indulging in profitable projects like the poultry project now being piloted by TBC.
4. A discriminative revision of fees at the center may also relieve TBC, partly, of their financial worries. For example, sponsored and foreign clients could be charged on economic rates while the rural poor are charged subsidized rates. The PS (MOH/SW) indicated that GOL is moving towards allowing health facilities to charge economic rates to financially sustain their activities. This should, however, be done with a lot of consideration to cater for the low income earners who may wish to access services at TBC.
5. BCL needs to address their internal weaknesses that may affect the smooth running of TBC. Boards should be promptly constituted and the executive committee should put some strategies in place to identify alternative funding for TBC. Even if the GOL assumes its promised responsibility of completely funding TBC, there is still need for TBC to broaden their income base to ensure even better services and increase their capacity so that more clients could be handled in simultaneously.
6. For significant impact towards the overall objective, the TBC should plan to use their experience to aggressively cover the whole country with their prevention program. This calls for examining the staffing needs of TBC and acquiring more budgets for field operations. There is also need to increase on the number of staff to utilize all the available space at the clinic. More over, a careful study should be carried out to optimize space usage in terms of gender and marital status of clients.
7. The management of TBC, in consultation with the board, should develop a strategic plan for TBC. The plan will outline the route to their preferred future with clear definition of roles and responsibilities for all stakeholders. The plan should also define the time frame for each activity and the expected outcomes
8. A data trucking system needs to be developed so that statistics about clients are readily available. When data is systematically recorded and kept, it is easy to analyze trends, rates and proportions. Without proper statistics projecting into the future becomes difficult. By now TBC should be in position to analyze the time series for the various types of problems handled since they started. As of now, there is some data for only 4 years (2000 – 2003). Even then there is no easily accessible database. Figures can only be traced from departmental reports. A simple spreadsheet like Microsoft Excel can be used initially to keep track of data about clients. A more detailed relational database could then be developed. The fire incident in 1994 is sufficient to support this recommendation)
9. TBC should move towards doing some social research to justify their philosophical approach to the alcohol and drug problem in Lesotho and the region at large.
10. TBC should endeavor to offer capacity building in fields of information, sustaining income generating projects to youth and other BC groups that have been started in the community as a result of TBC activities.

MAIN REPORT

Introduction

Blue Cross Norway has since 1988 worked in cooperation with Blue Cross Lesotho (BCL) in establishing and running the Thaba Bosiu Centre (TBC) in Lesotho. Blue Cross Lesotho requested for financial assistance from Blue Cross Norway to establish the center. The project was initiated in 1988 when a feasibility study was carried out by a joined delegation comprising the Norwegian Blue Cross, the Blue Cross Lesotho and one representative from the MOH. The feasibility study report is largely in the Norwegian language with only a summarized version translated to English.

The center was established as a treatment and prevention centre on alcohol and drug problems. The centre is owned by Blue Cross Lesotho but is jointly funded by NORAD Norwegian Aid of Development Cooperation (NORAD), BCN and the Government of Lesotho (GOL) as per the agreements of cooperation and memoranda of understanding between the parties concerned. The Lesotho government has been funding the salaries of nine (9) professional staff since 1994 and other seven (7) support staff since 1998. According to the agreement the Government of Lesotho is scheduled to take over full financial responsibility for the running of TBC from 1 January 2005. An evaluation for the project was scheduled and carried out in January 2004. This is a report of that evaluation.

Alcohol and Drug use in Lesotho

According to the feasibility study done in 1988, the average consumption of alcohol by the ordinary drinkers in Lesotho was estimated to "reach considerable proportions" and quantified as 10 liters per inhabitant over 15 years. These estimates were described as rough. In the study, the MOH/SW is quoted as having said that Alcohol was a major enemy of the Lesotho nation. The report, however, stated that the researchers could not substantiate the ministry's statement by reliable statistical evidence.

The feasibility study report also mentions that some efforts were already being made at grassroots levels to try and address the alcohol and drug problem and that there was no need for competition. The report suggested that TBC would concentrate mainly at the opinion leaders in the local establishment.

The TBC project

The center was inaugurated on 11th October 1991. The overall objective of the center is:

> *"Contributing to a reduction in the total consumption of alcohol and other drugs in Lesotho".*

According to the original application to NORAD in 1988 the specific objectives were based on the two components of the project namely; the prevention and treatment programs.

For the prevention program, objectives include:

1) Increasing the level of know-how on the dangers of alcohol and drug.
2) Introducing the factor of alcohol and drug in ordinary statistics.
3) To work for an increased understanding on the use of alcohol political means.
4) To contribute actively to a behavioral change in peoples perception of alcohol as a status symbol.

The prevention program consists of spreading information on the effects of alcohol and drug abuse. This has been done through information campaigns, recreational activities, forming Blue Cross groups and conducting workshops and seminars. The target groups are professionals, decision makers, opinion leaders, village people and youth.

The goal of the treatment program is to treat alcohol and drug addicts by:

1) Developing and offering a good, family focused treatment methodology focusing on the children's problems.
2) Developing an aftercare program in cooperation with local institutions and organizations.
3) Offering treatment free of medication.

The treatment program consists of 20 beds - 10 for men and 10 for women. The clients are admitted for a 3 months treatment program. The program consists of dialog therapy, group therapy, occupational therapy etc. It includes both individual, family and community based approaches.

The project has been managed by a board of directors supported by health professionals, and had Norwegian representatives as advisors from 1990 to 1996.

In 1994 the TBC experienced a fire. The result was that a lot of valuable documentation was destroyed. Consequently, the files at BCN are not complete. Many of the employees originally working at the center are, however, still working at the centre at present and are sources of information.

Methodology of the evaluation

Blue Cross, Norway (BCN) in collaboration with TBC and an external consultant, prepared the Terms of reference (TOR) for this evaluation. The TOR specified that a participatory approach be adopted for this evaluation. Consequently, a team of 8 individuals representing the different major stakeholders (people with interest in the TBC project) was nominated, including an external facilitator (consultant) to lead the team. Stakeholders represented on the team are: Blue Cross Norway (BCN), Blue Cross Lesotho (BCL), Thaba Bosiu Center (TBC), TBC Board of Directors, Ministry of Health and Social Welfare (MOH/SW), the community, and Blue Cross Lesotho Youth.

The team converged at Lancer's Inn, Maseru, on January 13, 2004 to start the evaluation process.

The first step was to design an approach to the evaluation process. The team agreed on four approaches namely, a literature review of relevant documents, Focus Group Discussions (FGD), interviewing officials concerned with the project and field visits.

The questions for the FGD and the interviews were derived collectively by the team after examining and agreeing on the information required determining whether or not the different objectives of the project were achieved.

The Evaluation team agreed on particular categories and groups of people to interview to obtain the required information. Places visited and groups interviewed include:

The Management of TBC
The TBC staff on site
Ex-clients and Clients currently at the center
The TBC Board of directors
The Executive committee of the Blue Cross, Lesotho
The BCL groups at Mohale Dam settlements
A village within the Thaba Bosiu area
A Youth group

The Evaluation team also agreed to visit and interview the following institutions:
The office of the Principal Secretary, MOH/SW
The office of the District Secretary, Maseru district
The crime prevention unit of the Lesotho Mounted Police Services
Ntlo-kholo primary school
Letsie high school
The group of chiefs from the Thaba-bosiu area

The evaluation team met, again, at The Lancers Inn after the fieldwork to pull findings from the data they collected. For each objective, responses from the informants were analyzed and factual statements formulated. General conclusions were then drawn by the team.

Results

To have a proper understanding of the results presented below, readers are given the following chronology of management combinations:
When the project started in 1990 there were two Norwegians in the leading positions. Their first task was to get the centre built. In 1993 a local director) was hired. The management team, then, consisted of an administrative officer, a prevention program officer and a treatment program officer. Different Norwegian advisors remained until 1998.

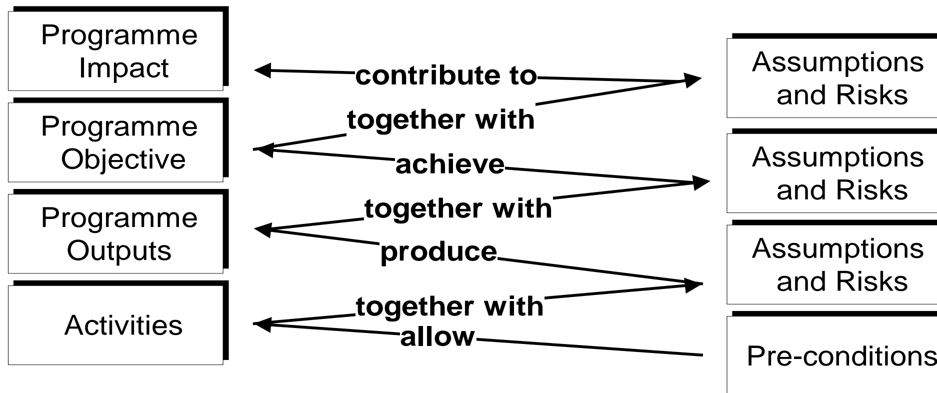
The director died in May 2002 and the first half of 2002 both the administrative officer and the prevention program officer resigned. The treatment officer, who had acted during the director's period of illness, then became Acting Director. She acted in that capacity for two years before being confirmed as permanent director in 2003. The management team in this period consisted of mostly acting officers. The acting treatment officer was appointed permanent officer in 2004 and at the end of April 2004 a prevention program officer has been appointed.
There is an indication that this series of events had some effect on the project and its operations. First, the start was of high quality as evidenced by the building, project composition, recruitment and also on values of partnership and sustainability. This period emphasized and developed professional issues and activities.

In periods the centre has experienced strain on the relationships between the major stakeholders, defaults in the accounts and other problems. The TBC board has also in some periods not functioned satisfactory. The board that was appointed in 2002 have looked into the matters mentioned above and have also worked together with the management in building a closer contact with the MOH/SW.

Achievements

Achievements of a project can be assessed by following the conceptual framework illustrated below.

Given the fulfillment of preconditions planned activities may produce expected outputs provided assumptions were right and the risks did not materialise. Outputs may lead to achievement of program objectives provided assumptions about casual relationships were



right and risks did not materialise. Finally, the program may contribute to achievement of overall program impact provided assumptions about causal relationships were right and that risks did not materialise.

The goal, objectives and assumptions of TBC are not properly articulated. Whereas the overall objective: "to contribute to a reduction in the total consumption of alcohol and drug abuse", is well sated, there is also no clear distinction between activities and objectives. Some of the objectives are not specific, not measurable or even achievable through the strategies adopted by TBC.

Objective	SMART Attribute				
	Specific	Measurable	Achievable	Relevant	Trackable
Prevention Program Objectives 1) increasing the level of know-how on the dangers of alcohol and drugs,	√	√	√	√	√
2) introducing the factor of alcohol and drug in ordinary statistics,	X	X	X	√	X
3) working for an increased understanding on the use of alcohol political means,	X	X	X	√	X
4) Contributing actively to a behavioral change in people's perception of alcohol as a status symbol.	X	X	√	√	X
Treatment Program objectives 1) to treat individuals and families with alcohol and drug problems, irrespective of religious or political beliefs or race,	√	√	√	√	√

2) to pay attention to individual needs through a family and community based approach	√	X	√	√	X
3) developing an aftercare program in cooperation with local institutions and organizations and,	√	√	√	√	√
4) Offering treatment free of medication.	√	√	√	√	√

Table 1: The "SMART" evaluation of the TBC objectives
√ Attainable
X May not be attainable

Table 1 illustrates the "SMART" evaluation of the TBC objectives. Clearly, some of the objectives do not pass the SMART test. This fact was raised during the mid-term evaluation. Moreover, no assumptions are stated for the project. This makes it difficult to measure performance of the TBC project. Nevertheless, the evaluation team did their best and came up with the following findings.

Commendable achievements
The general impression of the evaluation team is that TBC has remained focused to their stated objectives. Treatment of people with drug and alcohol problems and dissemination of information about the dangers of using alcohol and drugs is basically still the center's primary concern.

The Prevention Program

TBC carried out activities aimed at preventing the increase of use of alcohol and drug abuse. This section discusses the findings of the evaluation team in relation to the prevention program. The project has four specific objectives stated under this program.

a) Increasing the level of know-how on the dangers of alcohol and drug

TBC aimed at contributing to the reduction of the alcohol and drug abuse problem in Lesotho by informing the community in the country about the risks associated with abusing alcohol and drugs. The critical assumption was that the partners in the project namely the GOL, BCN and BCL would honor their obligations and promises pledged in the agreements they signed.
The evaluation team's finding about this objective is that the center has sensitized the community about the dangers of alcohol and drug abuse. TBC has also informed the public about its existence and purpose for which it was established.

In general the following have been observed:

i The center has disseminated information about the dangers of alcohol and drug abuse to all sectors of the community.

ii Before the staff turn-over that happened as mentioned earlier, seminars were conducted for different target groups including employers from government, NGO, workers' associations representatives, school children and teachers, and community leaders. Although such seminars were not evident in the later years, TBC is commended for the good initial start. Information shared at those seminars is still memorable in the people's minds as heard by the evaluation team.

iii Festivities were used to reach the people. Sports activities, music and drama competitions in some schools, especially during vacations when the kids have a lot of spare time, are some of the ways through which TBC reaches people and also provides alternative means of recreation instead of drugging.

iv Visits to institutions like schools, and churches and health facilities were made by TBC staff. School children and their teachers were addressed at their own schools and they were also invited to visit TBC. The school children were motivated to form clubs at their schools. They hold debates and sports competitions. At one school which had been part of an extensive SADC funded project a teacher expressed that described the whole process had even improved expression skills of their students.

v Mobilization of BC members by TBC is another commendable effort. After community workshops (pitsos), TBC encouraged community members to form BC groups. This aims at using the BC groups to continue disseminating the messages about the dangers of alcohol and drug abuse in their own communities. One of the activities is to motivate home brewers to stop their brewing. The Blue Cross groups take up different income generating projects and use the money to assist the home brewers to take up another line of income. Since all BC members are supposed to be abstainers, they therefore are working towards the overall objective of TBC by enrolling more members.

vi By gathering village chiefs monthly, the TBC motivates a strong voice in the communities. Through the chiefs the TBC have easier access to the community gatherings (commonly known as pitsos). These gatherings brought together all people in a particular village to be addressed by the TBC staff members. The meetings were organized with the help of village chiefs, thus encouraging local participation for sustainability.

vii Information through brochures, pamphlets, booklets, printed T-shirts, and posters. Tens of thousands of abstinence promotional material have been printed and distributed throughout Lesotho. Posters can be seen on buildings in the city, at schools and cars. Leaflets, brochures and pamphlets have been distributed.

viii Calendars and T-shirts have been printed with pictures and phrases discouraging the use of alcohol and abuse of drugs. These materials are distributed to visitors and clients.

b) Introducing the factor of alcohol and drug in ordinary statistics

This objective relates to how problems resulting from alcohol use and abuse of drugs are stated to the public. TBC aimed at advocating for a clear indication of the cause of such problems when they are reported. The team's findings are that although attempts have been made by TBC, not much has been achieved in this direction.

i A look at the reports released by the office of the Assistant commissioner of police at the police headquarters reveals that crime is, up to now, mainly analyzed according to type of crime and not factors contributing to crime. The reports tabulate categories of crime, by region, into Robberies, murder, attempted murder, rape, assault, etc, but they do not indicate the probable cause or factor leading to the crime. Details of factors thought to contribute to these crimes are, however, available at the police headquarter offices at Maseru.

ii The assistant commissioner of police told the evaluation team at his office that the drug problem is especially worrying because the type of drug grown in Lesotho commonly known as "Dagga" is now on demand even for export and it is exchanged for weapons. This factor escalates crime related to alcohol and drug abuse. In other words, there are crime cases that are linked to alcohol and drug abuse. He also indicated that cases of assault, murder, etc. linked to consumption of local brew are often reported to police from

villages. Report summaries of crime, however, do not indicate the possible causes of the crimes.

c) To work for an increased understanding on the use of alcohol political means.

For this Objective, TBC aimed at advocating for effective legislation concerning the use of alcohol and drugs and getting the community to understand laws so enacted. The team's findings are:

i The GOL has some laws about alcohol and abuse of drugs but apparently for alcohol, it is the "excessive use of alcohol" that is criminal. There has not been, however, any change of laws relating to alcohol use and drug abuse since the TBC project started.

ii TBC has made efforts to advocate for revision of laws and enforce the existing law on alcohol and drugs. For example, when a new alcoholic beverage was disguised as a soft drink, TBC joined forces with other agencies working against alcohol and drug use to influence the removal of the drink from the shelves and only be sold at beer stores. This was achieved. (See letters on this subject in the appendices).

iii TBC translated the liquor license act into the local language, distributed copies to the chiefs and villages and has been sensitizing the community about it. TBC has also worked hand in hand with the police to make people aware about the legal implications of using drugs like Dagga.

iv The community is much aware that the use of drugs like "Dagga" is prohibited while only a few informants indicated that the excessive use of alcohol is breaking the law.

v The police conduct raids, stage road blocks and arrest suspects dealing in or using drugs but do not directly deal with the use of alcohol unless people using alcohol are involved in crime. For example driving under the influence of "excessive" alcohol is an offense but drinking per se is not an offence. The assistant commissioner of police explained that traditionally, local brew is regarded as food and it is difficult to prosecute an individual for the use of food.

d) To contribute actively to a behavioral change in peoples perception of alcohol as a status symbol.

The evaluation team's finding is that alcohol signifies the importance or magnitude of functions in Lesotho. When celebrations, festivities and important functions take place, alcohol must be served if the attendants are to fully appreciate the function. Alcohol is, therefore, still a status symbol to most people. On the other hand, discussions also revealed that people who are a nuisance because of alcoholism or drugs are despised, especially, by the youth. Whether or not the activities of TBC are impacting on this objective is difficult to deduce from the rapid assessment that was carried out.

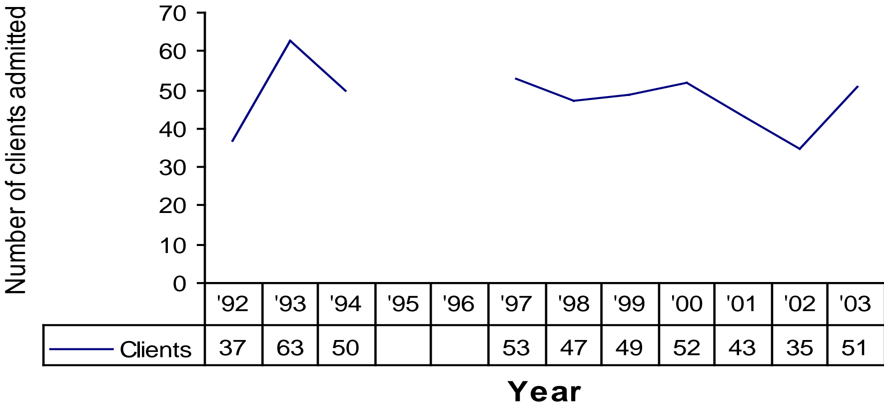
The prevention program, however, has serious staffing needs at present. After the resignation of the programs leader in the year 2002, the capacity of the prevention program has been weakened.

The Treatment Program

The goal of the treatment program is to treat alcohol and drug addicts. TBC has two specific objectives including:

a) Developing and offering a good, family focused treatment methodology focusing on the children's problems

TBC has maintained a unique treatment program that is appreciated by the clients, families of the clients, government, NGO and the community at large. The treatment philosophy considers the whole person and therefore takes into account the emotional and psychological aspects in addition to the physical and social aspect of the affected individuals. Although clients describe the process as difficult, they appreciate it and testify that it is effective. Whereas clients may not abstain completely, their behavior and the way they look at life changes after they complete the treatment and in the long run they may even abstain completely. Chart 1 illustrates the trend of admissions only for the years for which data was obtained.



	'92	'93	'94	'95	'96	'97	'98	'99	'00	'01	'02	'03
Clients	37	63	50			53	47	49	52	43	35	51

Chart 1: **Trend on client admissions**

Capacity of TBC's treatment program

The evaluation team could not establish, clearly, what the current capacity of TBC is in terms of admissions. Whereas staff members complained of lack of space, average monthly admissions are just about 4 clients. From chart 1, it is evident that admissions only reached a peak in 1993 at about 63 clients. The trend then started declining and has not picked to that level again. The team, however, explained that with the present space, it is difficult to host married clients who may want to be visited by their spouses overnight. More over, male admissions normally surpass female numbers. Even if there is space in the female house, more men cannot be accommodated.

TBC's capacity in terms of staff is said to be limited. Admitting more clients to fill all the space is not possible with the current level of staffing.

b) Developing an aftercare program in cooperation with local institutions and organizations.

It is commendable that TBC has an interest in their ex-clients. The evaluation team established that the follow-up program indeed worked very well at the beginning of the project. Ex-clients were traced and counseled, where need be, for at least two years. This ensured that TBC had an idea of whether a person had completely healed to abstinence or changed to reasonable positive living. When TBC started experiencing a reduced budget, the aftercare was one of the programs that were affected. Without the means to reach the ex-clients, TBC cannot fulfill their commitment to this objective. The team's finding is that since the year 2000, the follow-up activity has been scaled down to a minimum.

Other achievements

TBC is commended for the following "cross-edge" cutting achievements:

1. Networking

TBC established and maintained working relationship with the MOH/SW, Mohlome Mental Health Hospital and the Ithuseng Vocational Rehabilitation Centre (IVRC) for the physically disabled. TBC also networks with the police force. At the police headquarters, the evaluation team was informed that the crime prevention unit once worked hand-in-hand with the center staff to hold workshops and seminars where the community was informed of consequences of excessive use of alcohol and abuse of drugs.

In addition to the two institutions named, TBC has contacts with the following institutions: Lesotho Narcotics Bureau (LNB), Community alcohol rehabilitation program (CARP), Anti smoking network (ASN), Lesotho council of non-governmental organization (LCN), the ministry of agriculture, the ministry of education (national curriculum center), schools, Christian council of Lesotho, Christian health association of Lesotho, Save the Children Fund (SCF) – UK, South African council on alcoholism and drug dependence (SANCA), Ministry of youth sports, and culture, ministry of tourism, ministry of justice, ministry of broadcasting and the federation of Women Lawyers.

The current level of communication and networking with the various organizations is not as much as it was before the year 2000. As it has been mentioned before, change of personnel and reduction of funding affected some of the activities of TBC. The current management, however, said they are doing as much as possible to restart and maintain the networking.
The list of the institutions with which TBC networks is broad and traces all categories of institutions concerned with alcohol and drug abuse programs in Lesotho and beyond.

2. Reporting

TBC started and has maintained an informative reporting system from departmental level to the board and sponsors. All activities carried out are reported and management compiles annual reports.

3. Fundraising

TBC has piloted in income generating activities with a poultry unit that is reportedly doing very well. This pilot project has a multi-purpose. First it is a source of income to the center, second, it availed additional job opportunities to the community, third, the poultry project addresses nutrition in the district. The project could possibly serve as an example for income generation to the community.

4. Regional Recognition

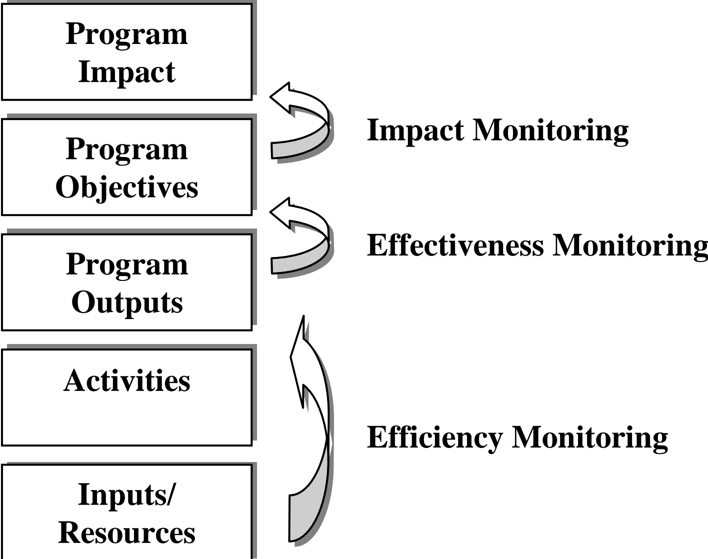
TBC has achieved regional recognition and has already attracted funding from the regional development body: the Southern African Development Cooperation (SADC). Funds donated by SADC were used to rehabilitate and partly equip a school hall at Letsie high school near TBC, with recreational equipment, for use by the particular school and other schools in the region and the community at large.

5. BCN's Role

BCN is commended for working along with TBC in terms of monitoring and fulfilling their financial obligations. Although there does not exist any systematic plans for monitoring and capacity building, the visit reports available indicate a dedicated effort to guide and assist TBC to achieve their objectives.

Lessons learned

The mid-years of TBC (1998 – 2002) experienced managerial and financial problems related to a number of problems as explained earlier. Quality of humanitarian programs depends on the management and monitoring of activities required for achieving initially planned outputs, objectives and impact.



For some time, the TBC board did not, promptly, follow-up on issues at the center. They did not scrutinize reports and information and discovered only too late that something was going wrong. "We have now learned to go hand in hand with management, taking responsibility", they said during the January 2004 evaluation.

Whereas continued monitoring of assumptions and risks and decisions as to whether changes in the context of the program necessitate alterations to the implementation of activities or revisions of outputs are part of program management, the Board serves as an overseer to the management committee to ensure that activities occur according to plan and that intended outcomes are realistic. In the absence of this function, management may relax and ignore basic supervisory roles.

With the personnel changes that occurred as reflected earlier, there was greater need for the TBC board to get more involved in the activities of the center.

The treatment program experienced high relapse rates initially because the treatment period had been set to only 6 weeks. After the treatment period was prolonged to 3 months depending on individual needs and taking into account the family where applicable, relapse rates dropped. This is one of the issues the initial assessment did not address properly. Although there are no clinics using the same treatment philosophy in the region, it was important to establish realistic recovery periods before setting the treatment time. Otherwise, clients would have been released on probation until a realistic treatment period was established.

The prevention program also weakened due to amongst other things, staffing issues. First, the department was over stretched when they tried to cover the whole country with few staff and other resources. Second, the position of prevention programs leader was filled by a person but without the relevant qualification and background to stir the operations to an optimal level. The task ahead of them is tremendous and the TBC should, therefore, lay down plans and

strategies to do the right priorities and find the best ways of organizing staff to be able to manage within ones boundaries.

BCL shouldn't have solely relied on GOL. Financial worries have been expressed by BCL, TBC management and staff as BCN intends to implement their financial withdrawal by the end of 2004 as originally planned. This is a result of a "killer" assumption that government would eventually finance the activities of TBC. Governments normally have many commitments. All along the BCL knew that BCN would be pulling out by December 2004. They should have prepared better to avoid the current financial worries. The financial worries are real as confirmed by the reduction in the intensity of activities of TBC since BCN started scaling down on the finances (from 2000). For example the follow-up program has tremendously been affected leading to more relapses. Some schools' activities have seized since January 2003 and the schools involved wonder what is going on.
There is need for BCL to seek alternative substitute funding or renegotiate new strategies with government as they prepare for the withdrawal of BCN.

The prevention program initially targeted to cover the whole country. This out-stretched the resources of the TBC and was found to be ineffective. The mid-term evaluation recommended that Maseru district then be used as a pilot project for the prevention activities. With the concentration of activities in Maseru district only, more was achieved, especially with schools and the youth.

Sustainability Issues

Sustainability is defined by economists and international development agencies as "the capacity of a project to continue to deliver its intended benefits over a long period of time". The degree of sustainability of a project has been defined by Honadle and VanSant (1985) as "the percentage of project-initiated goods and services that is still delivered and maintained five years past the termination of donor resources, the continuation of local action stimulated by the project, and the generation of successor services and initiatives as a result of project built local capacity".
Sustainability depends greatly on project design with respect to "transferring complete ownership" to the local community or government by the end of the donor funded project period. Measures of sustainability may include: cost recovery, financial commitment of partners to continue activities after cooperating sponsor support is withdrawn, cost share, and increased technical/managerial capacity of local partners (e.g., the strengthening of local technical capacity, and other partners), including preparing for, and/or mitigating the effects of natural disasters or responding to emergencies.

Sustainability of the TBC project is examined from two perspectives:

(a) Financial Sustainability

The ability of TBC to continue operating smoothly with no major financial setbacks after the external donor terminates the funding from donor agent.

(b) Organizational and Political Sustainability

The ability to survive the times with no hardships related to ownership wrangles, poor management, inadequate human resources in terms of numbers and competency. Even if the organization has smooth funding from government or any other source, without adequate

staff, proper management and guidance from an authentic owner, they would stand a risk of stagnating at some point in time.

Financial Sustainability

The financial sustainability of TBC depends on how soon the Government of Lesotho (GOL) will decide to absorb the financial needs of TBC, especially as BCN are going to withdraw their financial support by the end of December 2004. BCL who are the legal owners of TBC have not substantially demonstrated capability of supporting TBC financially, at least in the short run. Their hope is with government with whom they signed an agreement. The mid-term evaluation pointed out this problem. Although there was a clear strategy at the inception of the project there has not been significant steps taken on the part of BCL to organize themselves in preparation for the eventual withdrawal of BCN.

Further more, BCN says that if there is no TBC, the ground for funding of future projects in Lesotho will be jeopardized.

The GOL considers TBC to be offering essential services to the community and is in the process of trying to absorb its financial needs. The will of the GOL to support TBC was expressed by the Principal Secretary, MOH/SW in a meeting with the evaluation team held January 2004.

BCL, TBC Board, staff and BCN are worried about the financial future of TBC
Beneficiaries have observed a decline in the delivery of services especially since 2003. TBC management attributes this decline to reduced funding. Financial inflow from BCN has been declining since 2000. The fees charged to clients are too low to sustain TBC. On the other hand increase of fees will deprive the poor of the services rendered by TBC. Ironically, the poor are the very vulnerable to alcoholism and drug abuse.
TBC has a pilot income generating activity (IGA) through a poultry project and it is reported by the management committee to be successful. If this project is broadened and similar projects adopted, this could be interesting for the future. Probably the financial sustainability for TBC partly lies in such ventures.

Organizational Political and sustainability

There is no immediate threat to the organizational and political sustainability of TBC, since the ownership of TBC is clear to all stakeholders. TBC belongs to BCL. BCL has been running TBC in partnership with BCN and although BCN will stop financial support to TBC, they have pledged to continue the partnership with BCL.
There are, however, a number of issues to attend to if TBC has to continue smoothly in the long run.

a) Structure of BCL

Whereas it is outside the scope of this evaluation to analyze the situation of BCL, they being owners of TBC cannot be completely ignored regarding the organizational and political stability and sustainability of TBC. The reality is that BCL does not, as of now, seem to have both the financial and organizational capacity to assist TBC. I will give some pointers to this conclusion.

1. BCL failed to influence and organize the church collections designated for them every 1st Sunday of August. A decision was taken to give BCL the platform to promote BC and the

offerings of that particular Sunday. It is BCL's responsibility to follow-up with the church administration to ensure that the money is obtained. The report is that little money is forthcoming.

2. Two groups of BC members (at Mohale Dam settlements and at Sefika) did not have proper information about the organizational structure of TBC. They expect to gain out of TBC in terms of employment and other benefits. They were complaining of not being informed of what is going on at TBC. This was found not to be true since the management of TBC presents reports to BC at yearly annual general meetings.
3. Some statements from some members of the executive committee of BCL indicated that BCL has very few capable people to appoint to the executive committee. They are working hard to recruit more intellectuals to serve on the executive committee and board of TBC; quote "We want to improve the capacity and standard of the EC by the next election", end quote

b) There is need to review the agreements between BCN, BCL and MOH/SW

The current legal documents are valid and are recognized by the GOL but they do not clearly define the objectives and roles of each of the parties concerned. Emphasis was put on financial responsibilities. TBC management initiates and does most of the negotiation and follow-up of issues. Since the government of Lesotho is now stable with all the political organs in place, it is time to revisit the memoranda that were originally signed to clarify on a number of issues. BCN, through their representative on the evaluation team, have expressed willingness to support the discussions and negotiations between BCL and MOH/SW.

c) Human Resources and management

The most important resource for any project is the human resource. Without skilled and dedicated personnel, an organization faces the risk of inefficient performance. The human resource component is even more emphasized because of the nature of services offered and the philosophy adopted by the TBC. There is need for very dedicated and knowledgeable personnel to counsel and attend to the clients who report to the center with various psychological and social problems. The evaluation team was impressed by the majority of workers currently at the center. Information from clients and ex-clients also indicates that most of the personnel currently at the center are committed to their work. The current management is focused and working in good relationship with other stakeholders

It is important to mention here that TBC does not have a human resource manual that should outline the conditions of service and guidelines for the further development of their human resource. Most of the training given to workers has been in-house. Personnel who have got a chance of attending workshops/seminars outside TBC, benefited financially, from spontaneous sponsorships by government or other sources of funding. Already some of the personnel currently at TBC require retraining. There are some complaints from, especially, ex-clients about the center assistants who take care of the patients most of the time. This has also been shown in the budgets (NORAD) when the budget concerning capacity building has not been fully utilized.

Indirect Outcomes

The evaluation team also looked out for results related to the project that were not originally planned to be achieved by project. These include:

1. Electricity and public phone was extended to the Thaba Bosiu area because of the establishment of the centre. According to the chiefs of the area, this could have taken much longer and was not expected in the near future. Now their villages enjoy the facilities, they say.
2. Business community around the center has expanded due to the improved infrastructure that followed the establishment of the center. There are now milling machines that make it easier for the community to process their food. Shops are now much closer to the communities than before.
3. A chicken project has been established at the center, providing eggs to the community at lower prices than the market rates. The chicken project also provided additional employment for the community.
4. Chiefs reported that meetings initiated by TBC led them to know each other and can now network even on other developmental issues and problems like HIV/AIDS in their areas
5. The TBC now serves as a training center for National University, National Health Training center students and Nursing students from different Nursing colleges in the country on counseling practical training. At the time of the evaluation, there were five students (3 females and 2 male) from the University of Lesotho. The center has also received training requests from other countries and other institutions that wish to start similar projects. TBC, therefore, has gained reputation as a training and referral center.
6. There are activities started among youth that were not originally planned for TBC. The formation of the open house groups and competitions that followed especially in the years the Norwegian where in Lesotho had wonderful results.

The evaluation team did not witness any negative unplanned outcomes resulting from the TBC project.

Conclusion

The evaluation team cannot quantify the project's contribution to the overall objective for which the project was formulated as there are many factors outside the project's control that combine to bring about the reduction of the use of alcohol and drugs in the country. It is, however, evident that the project has been focused to their original specific objectives and there are evident achievements for both the prevention and treatment components of the project. The MOH/SW, Local leaders and the community at large, all recognize the center's contribution to finding a solution to alcohol and drug related problems. The TBC project is therefore a viable venture and is in line with the MOH/SW mandated activities.
Nevertheless, there is room for improvement so that even, better results can be achieved. The following recommendations may help TBC to achieve more than they have already done.

Recommendations

1. Review of Agreements

BCL as the owners of TBC should initiate and lead the negotiations or revisions of the agreements to facilitate a faster assimilation of the TBC budget by MOH/SW. There is need to point out, in very clear terms, the roles, objectives and financial responsibilities of each of the partners in the agreement. The agreement should, therefore, stipulate who should follow-up the issues and what procedure must be followed to avoid future frustrations as have been experienced by TBC and BCN in the past. It may be wise for BCL to appoint a negotiating team composed of individuals knowledgeable about GOL procedures and legal implications

2. Status of TBC in the GOL structure
BCL should consider the proposal by MOH/SW to place TBC under the department of mental health. From ministry sources, this arrangement may ease the funding process as funds will flow to TBC through a government department. The ministry indicated that they have problems in convincing various organs of government about funding TBC is an independent entity. Should this happen, the autonomy and uniqueness of TBC should be granted and recognized. The principal secretary (MOH/SW) also hinted on possibilities of going into private public partnership (PPP), an arrangement that seems to be working well with the Christian Health Association of Lesotho.

3. Source of Income
The GOL should consider allowing TBC to broaden their income base by indulging in income generating projects like the poultry project now being piloted by TBC. Such projects should however at the same time also serve to meet other objectives at the center such as occupational therapy or as part of the prevention strategy in community based projects.

4. Service Fees
A discriminative revision of fees at the center may also relieve TBC, partly, of their financial worries. For example, sponsored and foreign clients could be charged on economic rates while the rural poor are charged subsidized rates. The PS (MOH/SW) indicated that GOL is moving towards allowing health facilities to charge economic rates to financially sustain their activities. This should, however, be done with a lot of consideration to cater for the low income earners who wish to access services at TBC.

5. BCL Issues
BCL needs to address their internal weaknesses that may affect the smooth running of TBC. Boards should be promptly constituted and the executive committee should put some strategies in place to identify alternative funding for TBC. Even if the GOL assumes its promised responsibility of completely funding TBC, there is still need for TBC to broaden their income base to ensure even better services and increase their capacity so that more clients could be handled in simultaneously.

6. Expansion
For significant impact towards the overall objective, the TBC should plan to use their experience to aggressively cover the whole country with their prevention program. This calls for examining strategies to acquire increased or an optimal use of funds, staff etc. More over, a careful study should be carried out to optimize space usage in terms of gender and marital status of clients.

7. Planning
The management committee of TBC, in consultation with the board, should develop a strategic plan for TBC. The plan will outline the route to their preferred future with clear definition of roles and responsibilities for all stakeholders. The plan should also define the time frame for each activity and the expected outcomes

8. Networking
TBC should broaden and strengthen the sharing of information and experiences with other institutions and players in the field of combating alcohol and drug abuse.

9. Information System

A data trucking system needs to be developed so that statistics about clients and other prevention activities are readily available. When data is systematically recorded and kept, it is easy to analyze trends, rates and proportions. Without proper statistics projecting into the future becomes difficult. By now TBC should be in position analyze the time series for the various types of problems handled since they started. As of now, there is some data for only 4 years (2000 – 2003). Even then there is no easily accessible database. Figures can only be traced from departmental reports. A simple spreadsheet like Microsoft Excel can be used initially to keep track of data about clients.

10. Research

TBC should move towards doing some formative research to justify their philosophical approach to the alcohol and drug problem in Lesotho and the region at large.

11. Financial Management

The board should plan to strengthen the financial management system of TBC ensuring transparency at all levels. Departments should have a clear knowledge of their operating budgets to enable effective and efficient planning and execution of their activities.

12. Board and Management

Board membership and management committee membership should be reviewed. A definite term of office for both the board and management committee should be redefined.

APPENDICES

Appendix A: Terms of Reference

Terms of Reference

Date: 1/29/2009

Re: Evaluation 2004 – Project Thaba Bosiu Centre

Background

Blue Cross Norway has since 1988 worked in cooperation with Blue Cross Lesotho (BCL) in establishing and running the Thaba Bosiu Centre (TBC) in Lesotho. This is a treatment and prevention centre on alcohol and drug problems. The centre is funded by NORAD (Norwegian Aid of Development Cooperation), Blue Cross Norway and the Government of Lesotho.

The Lesotho government has been funding the salaries over the past years. According to the agreement the Government of Lesotho will take over full financial responsibility for the running of TBC from 1 January 2005.

The treatment program consist of 20 beds - 10 for men and 10 for women. The clients are admitted for a 3 months treatment program. The program consists of dialog therapy, group therapy, occupational therapy etc. It includes both individual, family and community based approaches.

The prevention program consist of spreading information on the effects of alcohol and drug abuse. This has been done through information campaigns, recreational activities, forming Blue Cross groups and conducting workshops and seminars. The target groups are professionals, decision makers, opinion leaders, village people and youth.

Blue Cross Lesotho is fairly well known in Lesotho and has had good contact with opinion leaders. BCL is said to have 5.000 members all over Lesotho in groups in villages and connected to congregations.

The objectives according to the original application to NORAD in 1988 are:

<u>For the prevention program</u>:
To contribute to a reduction of alcohol and drug abuse with the following means:

- Increasing the level of know-how on the dangers of alcohol and drug.
- Introducing the factor of alcohol and drug in ordinary statistics.
- To contribute to a reduction of the total consumption of alcohol and other drugs.
- To work for an increased understanding on the use of alcohol political means.
- To contribute actively to a behavioural change in peoples perception of alcohol as a status symbol.

The target group is as a chief expressed it "….one can't teach the backline before you teach the front line." With other words one of the most important target group was the opinion leaders.

<u>For the treatment program:</u>
To heal alcohol and drug addicts by:

- Developing and offering a good, family focused treatment methology focusing on the children's problems.
- To develop an aftercare program in cooperation with local institutions and organizations.
- To offer treatment free of medication.

The latest expressed objectives in the application to NORAD for 2004 are:

- Preventive strategies of targeted information and influence of groups and individuals to reduce the use of alcohol and drug in Lesotho.
- Professional and result oriented treatment offers to individuals and to families with alcohol problems.
- To influence attitudes and develop treatment strategies which are adapted to culture.

The project has been managed by locally appointed leaders and had Norwegian representative as advisors from 1990 to 1996.

In 1994 the TBC experienced a fire. The result was that a lot of valuable documentation was destroyed. The files at BCN are not as complete. It is however a big advantage that several employers (both Basothos and Norwegians) who were there from the start are still working at the centre or is somehow still engaged in the present work and is thus a valuable sources of information.

The purpose of the evaluation

The evaluation aims at four key issues namely; 1) Finding out the effectiveness of the approaches used for the project, 2) Detecting the impact of the project on the lives of people in Lesotho, 3) Examining the sustainability aspect and, 4) Documenting the lessons learned.

In Particular, the stakeholders are expected to learn from the experience of the project in order to further developing the project. The evaluation should also strive to be a documentation that can be used in addressing decision-makers. The evaluation has to address the following objectives:

1. Assess the cooperation between Blue Cross Norway and Blue Cross Lesotho in implementing the Thaba Bosiu Centre project.
2. Assess effectiveness regards to the projects objectives.
3. Assess the impact of the activities for all parties involved in Lesotho in form of increased know-how and altered practice. The parties being clients and their families, Blue Cross Lesotho and other groups in Lesotho society.
4. Assess financial, organizational and political sustainability. Possibly including other suggestions of future funding.
5. Learn more about the principals of evaluation and monitoring.

Methods and extent

Information is vital to determining the extent to which the project met its objectives and understanding barriers to better performance. The evaluation will be carried out in a participatory approach, beginning with a workshop of stakeholders to determine information needs and methods of obtaining the required information.

The question of methods and the extent of the evaluation (see time schedule below) will be subjects of discussion and negotiation between Blue Cross and the external consultant.

Vital to the method is that the evaluation will take its form as a participatory evaluation using a combination of desk studies and participatory methods. In striving to give the evaluation some objective qualities, both quantitative and qualitative methods will be employed to gather the required data.

To secure the learning process workshops will be conducted both in Lesotho (before the evaluation) and in Norway (after the evaluation) so that the evaluation can become a valuable tool for developing both the partnerships and the work done.

Specific Tasks

As the identified technical member of the evaluation team, the external consultant will be expected to:

- Guide the entire evaluation process and will be responsible for the implementation of the evaluation
- Discuss the information needs and research strategy with the BLUE CROSS team and the designated evaluation team.
- Identify the major issues to be covered in in-depth interviews with key informants.

- Prepare a semi-structured interview guide for in-depth interviews.
- Train the team in evaluation methods to prepare them to:
  - Identify key issues to be covered in focus group discussions with clients.
  - Prepare an interview guide for use by the moderator in focus group interviews.
  - Identify the various categories of key informants to be interviewed. Some suggested categories are program staff, village leaders, district officials in the line departments etc.
  - Conduct in-depth interviews with at least 20 key informants on the basis of the semi structured interview guide.
  - Conduct a focus group interview with clients in each of the operational zones to elicit their opinions and perspectives on the project performance.
  - Write a summary of each interview conducted with a key informant, highlighting the issues covered, information and ideas provided, and the recommendations made.
- Edit the summary of group discussions for the focus groups.
- Code, edit, and process the information.
- Analyze the data and prepare a final report as described under "Reporting."

Evaluation team

The evaluation team will be composed of a representative of Blue Cross Lesotho (To be named by BCL), Heidi Westborg Steel (representative of Blue Cross, Norway) and Joseph Hayuni (independent external evaluator). The team is free to Copt other individuals whom the team may deem resourceful to the evaluation exercise.

The evaluation team:

- Is collectively responsible for the conclusion in the report. If it isn't possible to reach consensus the disagreement should be submitted in the report.
- Is responsible for conducting workshops in Lesotho and Norway when the report is out.
- Will take part in further discussions on implementing the ideas and recommendations from the evaluation in Norway and Lesotho.

Preliminary time schedule

This is a time schedule which has to be subject for discussion and can be changed due to external factors which we are still not sure about.

Deadline		Comments	Responsible
20.12.03	Signed contract		BCN/External evaluator
20.12.03	Agreed T of R		BCN/External evaluator
December	Preparations	Sending documentation to the external evaluator.	BCN and BCL
Jan 6 -8	Workshop on evaluation methods	Extent 2-3 days	Evaluation team
Jan 9 - 17	Fieldwork	Extent 1 week	Evaluation team
Jan 20 -21	Summary workshop	Extent 2 days	Evaluation team
Jan 22 - 31	The first addition of the report	Extent 1 week	External evaluator
Feb	Report circulated for comment	To the evaluation team, BCN, BCL, TBC	External evaluator
May	The final addition of the report		External evaluator
September/ october	Workshop in Lesotho and Norway on lessons learned.		Evaluation team

Reporting

The report should be presented in English, in a discussed number of copies. The report must be readable for all involved parties, and the length not more than 20-30 pages. BCN, represented by

the International committee and BCL, represented by the Board, and TBC, represented by the Board should be entitled to comment on the report before it is final.

Budget/contract

The budget for this evaluation activity shall be discussed and agreed upon by the parties concerned.

Stakeholders

Who are the important stakeholders that have to be contacted?

Blue Cross Lesotho (BCL)
Blue Cross Norway (BCN)
Blue Cross Norway International Committee
Thaba Bosiu Center
NORAD
Blue Cross Youth Norway
Blue Cross Youth Lesotho
Ministry of Health and social welfare
Clients
Clients families
Medical hospital in Lesotho
Other hospitals
Institutions in Norway

International Federation of Blue Cross
Blue Cross organizations in Africa
Blue Cross groups in Lesotho
Blue Cross Youth groups around in Lesotho
Villages around the TBC
Lesotho Highland
Lesotho Council of NGOs (LCN)
Lesotho Evangelical Church (LEC)
Pilotproject group from 1988
Norwegian Church Aid
FORUT
ACTIS in Norway
The Norwegian Embassy in Pretoria, South Africa

Expectations from the evaluation

Members of the different meetings (TBC Board and TBC staff) want to learn the following from the evaluation:

The Thaba Bosiu Centre Board 23/10-03:

- How sustainable is the centre financially?
- Would like the evaluation to look into the achievements – strengths and weaknesses.
- Impact on the prevention and treatment strategy
- How does the BCL support the centre and the programs?
- Are we transparent when we deal with others?
- Is the number of Blue Cross memberships increasing?
- How do people see Blue Cross?
- Are others thinking of doing what we are doing because we are not doing it well?
- Look into the impact of the Centre in the Basotho nation and to the neighbouring countries.
- How many people came to the centre?
- What is the long term effect? How many relaps?
- What are the contributions to the centre?

The Thaba Bosiu Centre Staff 28/10-03:

TREATMENT:

- Effectiveness – how many have relapsed and how many are still sober?
- Are we addressing the problems properly?
- What brings about relapses – why?
- Impact of the occupational therapy.
- Impact of follow-up care.
- Compared with other institutions, where are we ranking?
- Who uses the centre – what groups in society?

PREVENTION:

- Impact on opinion leaders?
- Who contributes in the prevention work – what is BCLs understanding and contributing to the prevention work
- Impact of information, education and community (IEC).
- Impact of alternatives to using alcohol: sport activities and recreation.
- Impact on IEC on youth.
- Effectiveness of replacing the alcohol and drug sales with other income generating projects.
- Are these other income generating projects sustainable?
- Are policymakers addressing the issues of alcohol and drugs?
- How much do people know about TBC?
- Do people differentiate TBC from CARP?
- How is the 2001 Drug bill compared to other countries?

ADMINISTRATION

- Financial sustainability?
- How are the centres funds managed to get optimal outputs?
- Does TBC have enough human resources?
- How is the management of human resources and material?
- Possibilities and needs for expansion?
- Is there an effective use of premises (incl. the information centre in town)
- Are the reporting systems functioning?

STAFF

- What are the opportunities for learning/Is there a learning environment?
- How salaries/benefits in relation to job done are compared to the Lesotho society?

EXTERNAL ENVIRONMENT

- How is the relationship between TBC and BCL?
- How is the relationship between TBC and the TB village?
- How is the relationship between TBC and the Government? Etc.

Appendix B: Evaluation Team

1. Mr. Joseph Hayuni (External consultant), leader of the Evaluation team
2. Mrs. Heidi Westborg Steel, Blue Cross Norway (BCN)
3. Mrs. Olive Makante, Blue Cross Lesotho (BCL)
4. Mrs. ‘Matsepo Letlola, Thaba Bosiu Center (TBC)
5. Mrs. ‘Mathabiso Mosala, Chairperson, TBC Board of Directors
6. Mrs. ‘Mamohau Matsoso, Ministry of Health and Social Welfare (MOH/SW)
7. Chief James Theko, Village Chief and Community representative
8. Mr. Motabang Thatho, Blue Cross Lesotho (BCL), Youth Coordinator

Appendix C: Evaluation Schedule

Schedule of Activities for the Final Evaluation of the Thaba Bosiu Centre (TBC)

DATE	SESSION	ACTIVITY	PARTICIPANTS
12/1/04	Morning/ Afternoon	Travel to Lesotho	Joseph/Heidi
	Evening	Briefing and preliminary planning	Joseph/Heidi/Matsepo
13/1/04	Morning	Agree and finalize schedule	Joseph/Heidi/Matsepo
	Afternoon	Finalize logistics and invitations	Joseph/Heidi/Matsepo
14/1/04	Morning	Introduce and discuss the Evaluation concept	Evaluation team
		Review the Project Objectives and Goals	Evaluation team
	Afternoon	Discuss Needs and sources of information for evaluation purposes in relation to the objectives and goals of the BCL project	Evaluation team
15/1/04	Morning	Introduce, discuss and agree on assessment techniques	Evaluation team
	Afternoon	Develop Questionnaires and other tools for the field	Evaluation team
Friday 16/1/04	Morning	TBC – staff, management team, clients and students	Evaluation team
	Afternoon	TBC	Evaluation team
Saturday 17/1/04	Weekend		
Sunday 18/1/04	Morning/Afternoon	9.00 Sefika BC group? Meet with Youths Other Possible meeting	
Monday 19/1/04	Morning	TBC Board	Evaluation team
	Afternoon	BCL EC	Evaluation team
Tuesday 20/1/04	Morning	Early: Mohale Dam	Evaluation team
	Afternoon	Thaba Bosiu area Dihaseng Khoabane	Evaluation team

DATE	SESSION	ACTIVITY	PARTICIPANTS
Wednesday 21/1/04	Morning	8.00 School 10.00 Districts Secretary	Evaluation team
	Afternoon	14.00 PS and DPS 17.00 Sefika BC-group?	Evaluation team

Thursday 22/1/04	Morning	9.00: Chiefs at TBC Preview and integrate Findings(Triangulation)	Evaluation team
	Afternoon	Draft brief (bulleted) report	Joseph

23/1/04	Morning	Debriefing to representatives of stakeholders	Evaluation team/Representatives of stakeholders

24/1/04	Morning / Afternoon	Travel	Joseph/Heidi

Appendix D: List of documents provided to and used by Evaluation Team:

1. Official documents
    i. Constitution of TBC
    ii. Memorandum of Understanding
    iii. Memorandum of Undertaking
2. Board Minutes
3. Management annual reports
4. Trip Reports
5. Mid-term Evaluation Report
6. Samples of Posters, Pamphlets, Booklets and fliers with messages about dangers of alcohol and drug abuse