BLUE CROSS LESOTHO: THABA-BOSIU CENTRE

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Final Evaluation Report

The Blue Cross Advocacy and Outpatient Treatment (BCAOT) Project 2018-2019

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Acronyms

APAL	Alcohol Policy Alliance Lesotho
BCAOT	Blue Cross Advocacy and Outpatient Treatment
BCL: TBC	Blue Cross Lesotho: Thaba-Bosiu Centre
BCN	Blue Cross Norway
CSO	Civil Society Organization
DALY	Disability Adjusted Life Years
LECSA	Lesotho Evangelical Church of Southern Africa
MOH	Ministry of Health
MOU	Memorandum of Understanding
NGO	Non-Governmental Organization
NORAD	Norwegian Agency for Development Corporation
SAAPA	Southern African Alcohol Policy Alliance
SADC	Southern African Development Corporation
TOR	Terms of Reference
VHW	Village Health Worker
WHO	World Health Organization

Executive Summary

This is an independent evaluation of the BCAOT Project covering (2018 – 2019). The Project commenced in 2015 and has received its funding from Digni through BCN. The purpose of this evaluation is to assess the achievements, the factors that facilitated or hindered achievements, and to compile lessons learned to inform future similar projects. The overall goal of this project is to prevent the harmful use of alcohol through alcohol policy and outpatient treatment: (a) to ensure Lesotho has an alcohol policy that is in line with WHO's recommendations to protect people from harmful use of alcohol, and are acting to implement the policy, (b) quality treatment for alcohol and substance abuse is available for, and used, by people in the rural areas of Lesotho.

The evaluation was undertaken by an independent consultant hired by BCL: TBC, with TOR to guide the process for four-to-seven weeks. The evaluation employed a combination of qualitative and quantitative methods to answer the questions related to the progress achieved, factors in project performance and relevance of the BCAOT Project. Data and information for the evaluation were derived from both secondary and primary sources. The evaluation team conducted a scan of grey and academic literature, manuals, project materials, documents and reports; including the budget and work plans, audit reports and other relevant documents. These documents formed basis for defining the subsequent thematic scope of the evaluation and critical areas of interest.

The review of Data and information from primary sources was obtained from key informants and focus group discussion of both the Advocacy and Treatment teams, respectively comprising of the Advocacy Officers, Community Policing Forums, Community Leaders, Members of BCL Youth, Former International Program Manager of BCN, Mobile Team (social workers and counsellors), village health workers, ex-patients, family members of clients and current patients. Following field work, the completed questionnaires were collected, and data extracted and analysed using relevant statistical techniques.

Findings and Conclusion

The analysis of the results identified challenges and strategies for future interventions. The findings determined the impact of the project on intended groups. Furthermore, core set of criteria were applied in evaluating the project.

In evaluating the impact of the project on intended groups, the review of findings was as follows:

The advocates trained about the project know the content of alcohol draft policy and they can document its violation and react upon it. And they have employed different strategies to advocate and implement relevant productive activities in their communities. As advocates of the policy, stakeholders complain though that due to lack of funding some activities are hard to carry out; such as follow-up activities, means of travelling for advocacy officers and funds that do not arrive on time, makes it hard to reach hard hit places especially in the very rural areas, lack of motivation and commitment of the trained groups to carry out planned activities, because they do not receive any incentives from the office lack of jobs and the unstable economy, they still face reluctance from members of their communities who drink alcohol and use drugs as a means of stress-relief. Further reluctance, as claimed, comes from local bar owners who feel threatened by the advocacy of the policy. However, with stated challenges, respondents still maintain that the BCAOT project is very important in the lives of their communities, and they, therefore, wish for it to continue and spread throughout other communities.

In terms of outpatient treatment, the evaluation concludes that quality treatment for alcohol and substance abuse is available for and used by people in the four identified districts of Lesotho. VHWs play a vital role in motivating and encouraging potential clients to seek help and majority claim to have basic knowledge of substance abuse and motivational counselling. The challenge as in the previous phase of the project (2015-2017) is that there seem to be very low referral rate by this group. The ideal behind training them on Motivational counselling was for them to refer potential clients to the mobile teams for treatment. The evaluation noted that VHWs have been promised monthly allowance by the Government but has been dragging for some years now. It was their believe that Blue Cross Lesotho through this project will be an incentive in terms of stipends even though they were informed during their trainings that the project will only cater for their travelling expenses and lunch only for their meetings. They believe their efforts as primary health care workers are not taken seriously. This might be the reason behind low referrals or inadequate understanding of their role in the project. Although they work with neither stipends nor manuals from the project, they highly regard the project and consider it to have a significant impact in people's lives. With all achievements and challenges by the project, the evaluation concludes that the harmful use of alcohol is reduced and treatment for substance abuse is

available for people in Lesotho. Thus, there is a significant impact of the project on intended groups.

For overall evaluation of the project, the following criteria were identified:

Relevance

To determine the relevance of the project, the evaluation addressed two key issues; the extent to which BCAOT objectives were consistent with stakeholders' requirements and with country needs and global priorities, and the extent to which the outcomes addressed key issues, their underlying causes, and challenges. The evaluation concludes, therefore, that the project was in line with country needs for a resilient healthcare system and improved healthcare outcomes[1]. With the treatment requirements of all patients, the BCAOT project was spot-on and inline with the sustainable development goal 3, target 3.5 which aims at "strengthening the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol"[2]. And in terms of outcomes, BCL members have received training in alcohol policy and advocacy and they have taken initiatives for new advocacy activities.

Efficiency

Under efficiency, the evaluation tried to determine if the outputs were achieved with the lowest possible use of resources; funds, expertise, time and administrative costs. All these could easily be determined through an analysis of the proposed budget; outlining all budget line items, their unit of measure, quantities and costs. 2018 financial report some activities didn't take place and hence 37.8% of the budget was utilised. For the first quarter of 2019, there have been other organizational challenges that have made it difficult to contribute added value in the form of capacity building and similar activities however the focus has rather been on follow-up and control measures. The second quarter 82.98% of the budget was utilised mainly for follow-up activities and training of local leaders and civil servants on alcohol policy.

Effectiveness

Of all the issues addressed by the project, advocacy and awareness on the alcohol policy draft seemed to take top priority. The counselling sessions for alcohol and substance addiction were very effective and a great success thereof. In conclusion, there were several

[1] Government of Lesotho, NSDPII2018/19-2022/23 draft report
[2] WHO Sustainable development goals

factors, though, that contributed to the non-realization of some outcomes. Specifically, from the advocacy side, these were; the alcohol policy that has not yet been enacted, there seems to be no interest at all from the relevant ministries, regarding the implementation of the policy, politicians are very lenient to adopt the policy as some of the parliament members own public bars and Maloti Mountain Brewery is the biggest sponsor of government sporting activities. The limited resource makes other stakeholders' reluctance to take part in activities and to support the project, on the treatment side lack of incentives for VHWs.

Impact, Coherence, Sustainability and Community Value Added

The project had a substantial positive impact in reducing harmful use of alcohol in Lesotho. With the help of community leaders and the community forums the opening/closing of taverns/bars are now being monitored, and most bars/taverns open/close on agreed times. Most people understand especially after attending the community gatherings and try their best to change their lives as a result they have reduced their misuse of alcohol/drugs. Criminal offences and domestic violence influenced by alcohol/drug abuse have reduced, because the communities are now aware of harmful use of alcohol/drug abuse. However, there was no baseline study in order to see the situation before the project started. Underage children are no longer sent to the bars to buy alcohol for their elders. The factors, though, that unintentionally hampered the smooth progress of the project and the prospect of sustainability were the limited follow-ups in treatment and trainings.

BCN – Value Added BCN has provided professional training for staff and board members, particularly on family therapy and anti-corruption in the period 2015-2017. The change in program manager in 2018 made it difficult to provide added value in this project period. For 2019, there have been other organizational challenges that have made it difficult to contribute added value in the form of capacity building and similar activities. The focus has rather been on follow-up and control measures. However, the project has been effectively implemented; in the light of the challenges it has faced since its inception. 2018 was the start-up year for the current period, with a delay of funds from Digni and temporary closure of TBC. For 2019 there have also been challenges in terms of late dispersal of funds as well as the closure of TBC.

Conclusion

Through the Project, communities are equipped with relevant information to make informed and conscious decisions on using alcohol. And majority of stakeholders are empowered in their respective lines of duty. Communities are experiencing decreased crime related activities induced through alcohol and drug abuse. Through support of patients who abuse alcohol and drugs, dignity is restored in families and societies. The stakeholders have expressed gratitude on the knowledge acquired through the prevention training sessions offered by BCAOT.

Recommendations

The recommendations are derived from the conclusions; followed by a discussion of their anticipated implications. The section consists of a list of proposals for action to be taken (short- and long-term) for follow-up, and suggestions for implementation.

Project Development and Management

In preparation for the next project, a baseline survey should be undertaken prior to project design to set base and to inform the design accordingly. In case of limited resources, at least vital phases such as stakeholders' participation to understand perceptions and expectations should be considered. This will, further, help identify other stakeholders that should have been consulted by the project, such as nurses and businessmen. And with consultation and participation, most stakeholders will feel they have ownership of the project, which will reflect in their commitment and determination.

The recruitment of mobile teams should be revised. Having two individuals work in two districts stretches their limitations. At least there should be one mobile team per district. Although the team's work is complementary, there should be some independence that would allow one to work without limitations in the absence of the other.

The project should strengthen the collaborations with other NGOs' and government's initiatives to see progress in their advocacy and work in general. The project should have follow activities to ensure that trained groups carry out the planned activities. Moreover, the project could consider replicating some of the approaches adopted by other African countries with similar cultural and economic values.

Prevention and Advocacy

Challenges faced through government's role call for an introduction of a top-down approach. For a more rapid response, the project needs to 'shake the tree from the top' as was recommended during the last evaluation report.

The project has tried through SAAPA Lesotho, to convince the government through intensive engagement of the Ministry of Health relevant officials, the draft policy still needs the involvement of other ministries (trade and tourism) to have a thorough complete policy draft. SAAPA Lesotho should keep on piling the much-needed pressure even after the project life for the policy to be finally adopted. This is one of the sustainability strengthens behind the project in that SAAPA Lesotho will carry on beyond the funding from Digni.

The draft, further, needs to involve groups such as church leaders, especially on issues surrounding Christianity. Church leaders can also encourage congregations, especially the youth, to join the Blue Cross movement, which is slowly fading due to low membership. And it needs to touch on the issue of local brews; which constitute majority of outlets in rural areas. It should also be specific on penalties and fees it proposes other statutes such as the Road Traffic Act and Liquor Licensing Act to adopt.

Treatment and Rehabilitation

From the outpatient treatment side, the team needs to learn to address grievances, risks and challenges immediately as they occur during the project cycle. Overall, despite a few challenges identified by the evaluation, the project has been a successful in terms of impact on intended groups. It was expected that the project would have manuals to be used by VHWs. However, these manuals were neither developed nor translated, and the omission was on top of VHWs' grievances.

Introduction

Blue Cross Lesotho (BCL) was founded 1936 and Thaba-Bosiu Centre (TBC) was opened in 1991, initiated by BCL. BCL are a membership based organization, Christian, diaconal and with close links to local churches, in particular Lesotho Evangelical Church of Southern Africa (LECSA) where much of the membership base is recruited. BCL are members of Lesotho Council of Non-Governmental organizations, where it has taken a strong role in the health commission. Through this they have established a valuable network to connect issues of

alcohol to other relevant health- and community issues in the Basotho society, like HIV, gender equality and inclusion of disabled persons[3].

Blue Cross Lesotho (BCL) runs a rehabilitation centre at Thaba Busiu (TBC) as a project aiming to curb the harmful use of alcohol and drugs. This centre was originally supported by Blue Cross Norway (BCN) with funds from NORAD until the Government of Lesotho provided full support from 2005. The Centre has two main departments to achieve this goal. These are Prevention and Treatment Departments. The Centre has been in operation for 29 years. These has been a growing trend in the number of clients willing to go for rehabilitation, but the infrastructural and human resource capacity is never sufficient to accommodate all the potential clients. In order to address this problem, Blue Cross Norway has supported the Blue Cross Advocacy and Outpatient Treatment Project which operates in selected areas in the four Districts of Maseru, Berea, Leribe and Butha-Buthe. The project started running in 2015 to 2017. In 2018 the project was extended for another three years (2018 to 2020) after the external evaluation was done. The project is now scheduled to finish by the end of 2019.

The project's ,main goal is to reduce the harmful use of alcohol in Lesotho; therefore Blue Cross Lesotho and Thaba-Bosiu Centre are advocating for a good alcohol Policy in Lesotho and ensuring that alcohol and substance abuse treatment is available in rural areas of Lesotho. The national Alcohol Policy was developed in 2007. However, at the time, the policy was found not to be in line with recommendations put forward by the World Health Organization (WHO), and thus was never implemented. The policy neither embraced vital elements of public health nor included more recent outcomes and recommendations made by the WHO for effective alcohol policies. Therefore, since 2007, work has been on going to revise it.

The Lesotho (MoH), relevant civil society organizations and other stakeholders have worked tirelessly to redesign a draft policy as a framework to provide a comprehensive guide for priority setting. Specifically, the framework offers guide in programme development and implementation of policies aimed at reducing the harmful use of alcohol through inter-sectoral coordination and the involvement of the community. And in view of this, BCN has increased efforts to contribute to the growth of civil society networks working on alcohol policy in Lesotho, and throughout the Southern African region. As such, it actively supports the networks/alliances to achieve national evidence-based alcohol policies in their countries. An evidence-based approach is necessary to respect the pleasurable drinking of

[3] Project Document' reducing harmful use of alcohol through alcohol policy and outpatient treatment Project application 2018-2020

some, while carefully addressing the many problems associated with alcohol consumption that affect both individuals and the entire society. Two such networks are the Alcohol Policy Alliance Lesotho (APAL) and the Southern African Alcohol Policy Alliance (SAAPA)[4]. The national APAL was formed through an alliance of civil society organizations in 2013. The network performs its role as a watchdog for and supporter of evidence-based alcohol policies in the country. APAL is a subset organization of SAAPA; a network of Non-Governmental Organizations (NGOs) formed in November 2012 to advocate for evidence-based alcohol policies in Sub-Saharan African countries.

Background

The project aims to push for the implementation of National Alcohol Policy in order to reduce the harmful use of alcohol in the country. In order for the public to have a say in the policy document, which is still in draft form, different groups of the community are being trained in alcohol policy advocacy by Advocacy Officers stationed in the districts.

BCL have the last three years started mobile treatment teams, offering substance abuse treatment in four districts. They have also strengthened advocacy work and effort to revise the alcohol policy in Lesotho, a legislation that was drafted by a representative of the alcohol industry before adopted in parliament. The aim of the project is now to secure that outpatient treatment is still available in the rural areas of Lesotho, in a phase with decreased funding from Blue Cross Norway and also to continue mobilizing for a revised alcohol policy in Lesotho

Purpose of the Assignment

The purpose of the assignment is to undertake the final evaluation of the Blue Cross Advocacy and Outpatient Treatment Project.

Deliverables

- Conduct a field visit to assess the impact of the project at community level.
- Interview trained groups and village leaders
- Consultation with trained Village Health Workers
- Interview ex-clients and current clients and family members to determine the difference in behavior change and perception of alcohol and drugs
- Assess project documents and reports

[4] The Lesotho National Alcohol Policy, Draft paper 2013

- Interview or focus groups with project staff and Blue Cross members
- Interview with Blue Cross Norway program manager.

Approach and Methodology

Approach

Considering the scope of the evaluation, the approach taken by the evaluation team was characterised by: an appreciative enquiry approach, a theory of change lens to establish where the core contribution of the projects lay, and drawing on monitoring data. Guided by a review of best practice, the evaluation further established if/how the engagement was set to contribute to wider learning.

Evaluation Questions

The evaluation was guided by three overarching questions and ten specific ones below.

Overarching Evaluation Questions

1. Considering all activities of the project, what impact was achieved and were there any changes that were incidental (externalities) from project activities?

2. Assess the project efficiency in the use of resources allotted and project effectiveness in terms of implementation of activities (consistency, commitment, scheduling and implementing with specified quality and attention as well as monitoring project implementation and reporting effectively).

3. Based on feedback from the impact assessment as well as a review of modalities of implementation, make recommendations for future projects with focus on lessons learnt, sustainability, leveraged future support from Blue Cross Norway, and immediate possible response mechanisms.

Specific Questions

- Assess the project's results. To what degree has the project achieved goals? Are there unplanned results?
- What are the reasons if goals are not achieved?
- What kind of impact has the project had on the communities, if any?
- Are there control measures introduced in the communities as a result of advocacy training to curb the harmful use of alcohol in accordance with alcohol policy draft and Liquor Licensing Act of 1998?
- What kind of impact has the treatment had on drinkers and their families, if any?

- What kind of impact has the motivational interviews had, if any?
- To what degree have target groups been empowered to live a life in dignity?
- How effective is the implementation of the project, in terms of use of resources, use of funds and how it is organized?
- Can the project be organized or implemented differently and achieve similar results? What are the strongest points that should be prioritized for future sustainability?
- Recommend strategies to have tangible impact at both community and national level?
- What added value has Blue Cross Norway contributed besides funding, if any?

Evaluation Criteria

A core set of criteria and sub-questions will be applied in assessing the results. The evaluation criteria includes: *relevance, design, project impact, effectiveness*, *efficiency, sustainability, coherence and community value-added*. Each specific objective and key question required a specific methodology consisting of: evaluation objectives/overarching question, specific evaluation questions, performance indicators, data source, evaluation design, sampling plan, data collection instruments, and data analysis plan.

Data Collection Methods

Guided by the TOR and further consultations with the TBC representatives, an integrated approach that combines a number of main tasks has been pursued in undertaking the assignment. We used both qualitative and quantitative research methods. The approach was to work closely with the Client and other key stakeholders as much as possible, so as to promote stakeholder buy-in and long-term sustainability of the intervention strategies adopted. Our professionals and a number of support staff (field workers) worked on the assignment. Throughout the whole assignment, there was close liaison with the Client so as to ensure optimal delivery of expected outputs.

Data and information for the evaluation was derived from both secondary and primary sources. The data will be collected from reviewing of documents such as; academic literature, manuals, project materials, documents and reports; including the budget and work plans, audit reports and other relevant documents.

The primary data will be obtained from key informants of both the Advocacy and Treatment teams, respectively comprising of the Advocacy officers, community policing forums, chiefs, members of the police force, the youth, members of Blue Cross Lesotho, Civil Society Organizations, selected community councillors, mobile teams (Social Workers and

Counsellors), VHWs, family members of ex-clients and current clients. The evaluation will carry out semi-structured in-depth key-informant interviews, focus group discussions, interview guides and participant observation.

Sample Size

We have used 'purposeful sampling approach' that led to a selection of a maximum variation framework. Selecting participants purposefully implies choosing those who could contribute towards the evaluation's purpose. Furthermore, purposive sampling of participants with wide-reaching information has provided deeper understanding of the projects' challenges and successes. In each district, KII semi-structured interviews have been carried out; two VHWs in each of the sixteen clinics, four interviews with mobile team, one interview with BCN, one interview with TBC project manager and one interview per district with community leaders.

The evaluation assembled focus group discussions with ex & current clients, family members and community forums (*Mahokela)* per district. That will be four focus group discussions in each district. It was assumed these groups will provide the opportunity to investigate in detail the impact and effectiveness of the project implementation. And data from all conducted interviews is coupled with direct observations made by the evaluation team.

PARTICIPANT GROUP	***Data collection Activity***	***How many?***	***REMARKS***
Treatment side			
VHW	KII	32 interviews: 2per clinic X 16 clinics	
Mobile Team – Social Worker Counsellor	KII	4 interviews: 2x2 per Mobile Team	
Current Patients	FGD	4 per District	
Ex-clients	FGD	4 per District	
Family members of the clients	FGD	4 per District	
Advocacy side			
BCN program manager	KII	1	
Project Manager	KII	1	

PARTICIPANT GROUP	*Data collection Activity*	*How many?*	*REMARKS*
Advocacy officers	KII	4 per District	
Community Leaders & Local Authorities	KII	4 per District	
Community Forum	FGD	4 per District	

Primary Data Collection Method

An integrated data collection approach that combines these techniques will be adopted:

- Desk Review;
- Key Informant interviews;
- Focus group discussions (FGD);
- Direct observation.

Guided Desk Review

Existing documents that detail out issues covering the subject matter will be reviewed in the context of the project's objectives, focusing specifically on the process, outcomes and effectiveness dynamics that will require thorough investigation. Such as;

- National alcohol policy documents,
- BCAOTP Evaluation Report
- BCAOTP Monthly Reports
- Reducing harmful use of alcohol through alcohol policy and outpatient treatment Project application 2018-2020 etc.

Key Informant Interviews (KIIs) and Consultations

These preliminary consultations will mainly be through interviews, including telephonic where face-to-face interactions are not possible. Key Informants are conducted with selected individuals in a community who are involved with or have knowledge of particular situations. Key informant interviews are a way to get "insider information" about an issue, situation or problem. These key informants were consulted and we conducted semi-structured and structured interviews with relevant stakeholder's e.g.

- chiefs,

- counsellors,
- trained village leaders,
- trained health workers
- TBC and BCN staff etc.

A chain referral system/snowball approach will be adopted wherein identified individuals or institutions will be asked to refer others that should also be consulted. Interviews will address questions such as; assessing the project's results, what degrees has the project achieved goals, the unplanned results and the reasons if goals are not achieved.

Focus Group Discussions

A focus group is a structured interview of a group of 6 to 12 people that has been successfully used by marketing researchers, community developers and others to obtain insights and reactions to products, programs or needs. Participants will be selected at random or chosen to represent different groups within the community e.g.

- Ex-clients & current clients
- Families of the clients
- Community Forum etc.

The strategy is to begin with a set of pre-selected questions but allow for flexibility so that the group can expand upon ideas. Five or six questions are usually enough, with the more direct and detailed questions coming later in the session such as;

- Identifying what kind of impact has the project had on the communities,
- What kind of impact has the treatment had on drinkers and their families,
- What kind of impact has the motivational interviews had,
- To what degree have target groups been empowered to live a life in dignity?
- How effective is the implementation of the project, in terms of use of resources, uses of funds and how it is organized?
- Can the project be organized or implemented differently and achieve similar results? What are the strongest points that should be prioritized for future sustainability? etc.

Focus groups are very effective in getting participants involved in an issue and making them feel that their viewpoints count. Experience has found that the group interaction often stimulates discussion and produces data and insights which may be difficult to secure through individual interviews, surveys or secondary data. In order to reduce bias arising

from power dynamics in the discussion group, these will comprise homogenous groups' e.g. man, woman, and youth-groups.

Direct Observation

Observation manuals that will guide interviewers on issues that they should be looking for while gathering information will be developed. In this study we will;

- Observe the attitude and control measures introduced in the communities as a result of advocacy training to curb the harmful use of alcohol in accordance with alcohol policy draft and Liquor Licensing Act of 1998
- Observe the impact the treatment has had on drinkers and their families
- Identify areas requiring improvement at each evaluated service.

A short guide will outline how to capture data from observations and synthesis in selected key locations and provide photographs.

Data Processing and Analysis

Following the collection of quantitative and qualitative data, quality control of the data management process was ensured and the use of professional computer software for collecting data for accuracy and efficiency was employed. The team will also review the data collected. Thematic data analysis will be based on the issues of interest in this study. Qualitative data analysis where the specific techniques used depends on the range of questions to be addressed as well as the quality of the data. The analysis will be conducted by the consultant with the possible input of other three consultants using Statistical software's to analyse data such as SPSS or Stata. Analysis and interpretation of the data collected will form the basis for compiling the Draft Report and the data will be in electronic format.

Findings and Conclusion

The chapter presents the findings and conclusions of the evaluation. It provides a critical assessment of performance (including factors affecting performance), and the results achieved, using the approved evaluation criteria. The findings are, therefore, analysed according to the evidence derived from the information collected, and organized into two sections covering the following topics:

- **Evaluation of the BCAOT Project**
- **Impact Assessment of the Project on Intended Groups**

Response rate

The team held four community focus groups per four districts, those included community forums, youth, and civil society and community leaders. As per the evaluation's proposed methodology, the community leaders, local authorities and VHW were interviewed. About 16 community leaders /local authorities: four community leaders and local authorities per district were interviewed. There were also questionnaires for current patients, ex-patients and their families. The initial plan was to do FGD for current, ex-patients and families per four districts, however it was agreed because of the sensitivity nature of the evaluation and ethical reasons, the evaluation team decided not to opt for but to do KII for two current patients, two ex-patients and two-family members per district. As a result, we only covered all interviews in Leribe and Butha-Buthe; however we did only one family in Maseru and one in Berea. The two worked during awkward hours which could not allow for one-on-one sessions.

The evaluation, further, designed specific data collection tools for the BCAOT project team; the project leader, BCN project manager, advocacy officers and the mobile teams. Overall the evaluation was able to achieve a response rate that was representative to have allowed making inference to the population of interest. As such, the evaluation exceeded the response rate of 95% within review completion rate for all questionnaires. This, therefore, is a clear indication that irrespective of the identified limitations and challenges, the team was able to carry out the evaluation process.

Impact Assessment on Intended Groups

Prevention and Advocacy

To assess the impact of the project in communities, the evaluation team investigated whether community leaders, local authorities and youth groups in Lesotho know the content of the alcohol legislation and can document its violation and react upon it. The evaluation interviewed a total of 16 community leaders and local authorities, four Advocacy officers, Project manager, BCN manager and 38 FGD of community members (community forum, police, youth, chiefs, councillors and civil society) range aged between 18 and 55.

Majority of those interviewed had attended training sessions organized by BCL and seemed to have significant knowledge on the Lesotho alcohol policy draft. They were further aware of the BCAOT project and were knowledgeable on its specific objectives and role. For instance, they understood it as a tool encouraging advocacy on the alcohol policy, raising awareness, prevention and delivering outpatient treatment to people addicted to alcohol and drugs. The youth were particularly able to identify sections of the policy that addressed

issues related to them as young people, such as the age limit and implications of advertisement rights. Upon training, they gained invaluable knowledge and were grateful to BCAOT's officers for their assistance and intervention. More importantly, the trainings are said to have united community leaders across villages; in the fight against alcohol and substance use. Local authorities noted that the training sessions enhanced their knowledge on the proposed laws relating to alcohol and drug abuse and were now in a better position to handle relevant cases and disputes. With acknowledgment and appreciation of the trainings received from the sessions they indicated that they now feel qualified to impart training onto fellow members in respective communities. However, they iterated that they would need manuals and illustrative materials for guidance. Although the respondents praised the dedication, patience and warmth of the trainers, they, however, complained that issues discussed at the gatherings have no follow-up, they are shelved, no one is appointed to be accountable to solve issues addressed at the gatherings. They noted though that they still need the BCAOT project officers to offer refresher trainings on a regular basis and play an advisory role as experts. They further suggested trainings could perhaps be on a quarterly basis and cover more areas, especially the urban part of the country.

> '***Retselisitsoe: Hold workshops and gatherings'***

Through various strategies, they claim to have taken active roles in their homes and communities advocating and supporting the policy. Community leaders and local authorities have engaged youth in community sports, counselling those affected, giving talks at schools, community meetings, and churches, working well with bar owners and zoning smoking areas at certain public places. They say they have taken to supporting the policy by spreading the message at community meetings in the surrounding villages and schools.

Individuals in local policing forums have taken it upon themselves to check on the public drinking places for compliance, although they often face resistance and get verbally abused. Since these individuals are not employed nor paid for the work they do in communities, they rarely get the respect they deserve. They are ridiculed and called 'police without licenses,' and this negatively impacts on their confidence to carry out the job. They, however, acknowledge that they have relentless support of chiefs, councillors and local police. Through word of mouth, leaders have spread awareness to neighbouring villages that had not yet received trainings. They have indicated that they often receive invitations from other villages to hold public gatherings to impart knowledge on the project. The youth, on

the other hand, have formed several groups and co-operations engaging in different activities. Some of the activities include sports teams, talent shows, income generating initiatives and choral music.

All these activities are just frontlines for the advocacy; since they use such platforms for advocacy. They, however, insisted that they need more than one encounter to finally get through to their targets. More often they need regular visits or consistent activities to finally convince their targets. As such, all respondents noted that with access to resources and remuneration for the work they do, and they are certain that if the project ended, then they would be in a better position to carry through the work without regular guidance.

> ***Theko: "Nothing is introduced to keep the youth busy for them not to go to the taverns"***

However, they explained that these strategies are often met with resistance and faced with challenges. Unemployment and poverty were stated as major constraints by almost all respondents.

Without jobs, alcohol and drug users are said to be idle, bored and stressed out, hence spend days drinking alcohol and engaging in substance abuse.

Leaders are adamant, though, that there have been positive changes in their villages since some community members pay heed to their message. They claim to have realized a general reduction in alcohol consumption and alcohol and drug related crimes. Furthermore, some bars/taverns are said to be following stipulated opening and closing times.

However, there are still community members who feel leaders are interfering with their way of life and thus continue to brew alcohol, do not adhere to stipulated opening and closing times and sell to minors (under 18s). And the greatest challenge that hinders progress is realized in cases where leaders themselves are involved in substance and alcohol abuse, and/or where they own such brewing places and public bars. Bar owner are particularly reluctant to be involved with BCL, since they perceive the draft policy as a tool interfering with their livelihoods. To address this challenge, some villages have since introduced their own restrictions, although not legally binding. For instance, in one Butha-Buthe village, permission to brew traditional beer or open a public bar is first sought from local chiefs and councillors.

As advocates, BCL youth face many challenges. They are called names for standing against harmful use of drugs and criticized for not being users. They are ridiculed by older people for thinking they can approach them and offer advice. They also complained about limited documents and illustrative materials on the consequences of alcohol and drug abuse. They also noted how most bar owners are community leaders and/or wealthy locals respected in communities; thus, making it difficult to stand against them, especially without any legal back-up of a legislation.

The respondents maintain, however, that the BCAOT project is important in the lives of their communities, and they wish for it to continue and spread throughout other communities and Districts. They advised that trainings should be conducted on regular basis so that the message is not lost in translation. In their opinion, the three years that it has been running has proved to be too short to bear fruits. They noted there is need to offer trainings at public gatherings, schools and churches, and felt the advocacy officers and SAAPA representatives are not able to cover all areas of need. They suggested BCL could start partnering with other NGOs like Kick for Life. The youths suggested there would be far greater impact if they met with youths from other countries, especially SADC countries, to share with and learn from each other's experiences. They also felt they need to be trained beyond the scope of the project, specifically in leadership and conflict resolution skills to ensure the sustainability and well-functioning of the group, also they suggested that they have a youth representative in the Parliament who will address youth issues and advocate on behalf of others as a call to implement the policy. They suggested a few strategies that could be put in place to ease their role in the project. On top was the need to introduce various sports and entertainment activities to keep the youth busy, and to also illustrate how fun does not have to be linked to alcohol and drug abuse. They need to be empowered to be the facilitators of youth training sessions on advocacy

The police, on the other hand, claim poor legal support and lack of interest from colleagues as some of the challenges that impede the fight to advocate for the support measures to reduce substance and alcohol abuse. The friendships between public bar owners and some members of the police services hinders the enforcement of the law, involving the hours of operation also they feel restricted to extend the full arm of the law for motorists who drive drunk due to the shortage of breathalyzers for testing alcohol content in blood. The police officers recommended that intensive measures should be taken with involvement of government officials to pass the draft policy into law and that BCAOT should recruit more

advocacy officers who in turn should train as many people as possible. They believe that if the message is spread to the mass, that might just help in attracting relevant government ministries into action as far as the enacting of the policy is concerned. Substance and alcohol abuse prevalence is problematic to the force as it is in most cases the root of criminal offences.

Chiefs suggested livelihood projects could be introduced. Others pointed out that regular public meetings and workshops, especially at high schools are necessary to spread the message and offer training. They also suggested that organizations be formed in villages that will focus on policy advocacy. Should the project end, most of them feel empowered and equipped to carry out the work without regular guidance and they believe that with the training they have received thus far, they can continue with the awareness, but would still need the BCAOT team for support and guidance.

The councillors suggested different approaches that could help in advocating for the policy. They advised that workshops, trainings, visits to schools and community meetings should be done continually. Radio programs in support of the policy should be developed to spread the message, especially to the areas where training has not been done. Some feel that introduction of projects that the youth can use to sustain themselves and keep busy would greatly help in combating the abuse of alcohol and substance abuse.

All respondents feel they are part of a life changing initiative in their respective communities. It is their hope that the alcohol policy draft could be passed into legislation as soon as possible. Overall, as individuals and in their respective groups, they portrayed a sense of pride and passion when discussing the impact of the project on the lives of their communities. They considered BCAOT to have been a success in its mission, thus rendering a positive impact.

Treatment and Rehabilitation

Patients

To assess the project impact on all categories of individuals offered therapy by the mobile teams, about 26 respondents were interviewed. Current patients, ex-patients and their families were assessed individually. Overall 7 ex-patients, aged between 24 and 45, 8 current patients, aged between 16 and 34, and 7 families of ex-patients were interviewed. Also 4 members of mobile team were individually interviewed.

Of the current patients interviewed, 87.5% were men, while women were represented by a trivial 10.9%. The poor representation of women seeking therapy could have several meanings. One could be the difference in shame and prejudice men and women face, from society, as alcohol and drugs users. Women are mothers and homemakers, therefore, expectations on how they ought to behave during everyday stresses are always high. The other could simply imply that as evidently proved by previous related projects in Lesotho, men constitute more users. About 12.5% of respondents began therapy in 2017, 25% in 2018 and 62.5% in 2019. They confirmed that they normally have one-on-one sessions with the social worker and their counselling sessions are normally weekly basis. The current patients all indicated a positive therapy as they all stated that they have reduced their intake of drugs since they have started their treatment. However, they have encountered challenges such as withdrawal symptoms and critics from their peers.

Butha-Buthe" hard to quit, becomes a loner, moody, dizzy & sick sometimes"

LERIBE:" difficult letting go of friends who were bad influence."

BEREA:" no support from peers, they criticize."

MASERU:" it's hard when bored, try to keep busy"

Of the Ex-patients interviewed, 85.7% were men, while women were represented by a trivial 14.3%. The average age interviewed was 24-45years, 25% began counselling in 2017, 37.5% in 2018 and 37.5% in 2019. Majority claimed to have one on one treatment sessions and they met weekly with the social worker. Of the ex-patients interviewed 85.7% showed a positive reaction towards the training as they elaborated that they quit their addictions and they are able now to support and encourage those struggling with addictions. *Tumahole (Maseru) "I even encourage our youth by my actions since I have stopped now "Mamakhetha (Butha-Buthe) "I used to be ashamed at the beginning but now I am used to a healthy good life"*

About 14% said they relapsed. When they were asked about the challenges they encountered, majority raised the issue of friends, stress, cravings and idling. However, they employed different strategies to avoid indulging back into addiction, *Ameer (Butha-Buthe) "I keep busy with gym and exercise" Mamakhetha (Butha-Buthe) "I should always chew on something"* and her addiction was on glue and sniff. As per the challenges faced by each group, a similar trend was observed for current and ex-patients. Most complained of getting severe cravings when angry, stressed, bored or even when in proximity to users. They reiterated that what further pulls them back were the withdrawal symptoms, the negative influence of old friends who are still users and existing family conflicts in their homes.

Berea "I did relapse after six month because of my stress from my wife"

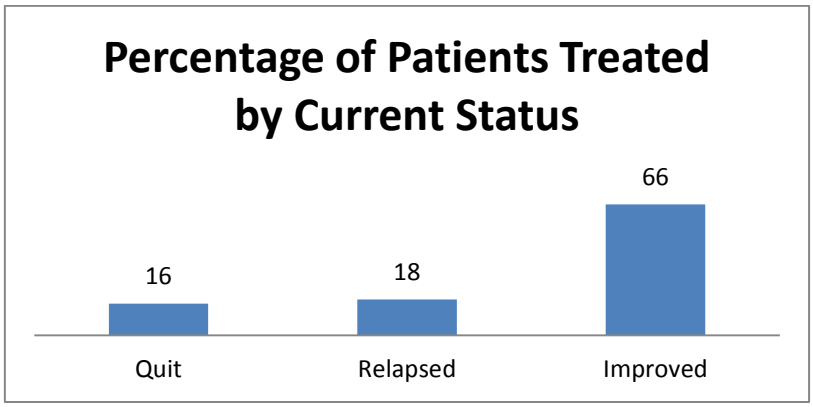
Lebohang (Maseru) "I am now confident that I will never relapse

Of the families of ex-patients interviewed, 71.4% were women, while men were represented by 28.6%. This could sure that women really are supportive compared to men, when it comes to therapy and empowerment in the society. 14.3% began counselling in 2017, 28.6% in 2018 and 52.1% in 2019. Majority claimed to have one on one treatment sessions and they met weekly with the social worker. Majority of the interviewed showed a positive reaction towards the therapy sessions and they are able now to support and encourage those struggling with addictions. However, they post a challenge that the community as a whole is not supportive, as some neighbours are not cooperative, and friends still pose a bad influence. One family member posed that sometimes the patient poses a threat to her on the other hand, explained that although they have been counselled by mobile teams, they do at times lose their temper and often get discouraged when patients relapse.

Mobile teams

Four members were interviewed. The team is made out of 2 social workers and 2 councillors. Their role was to offer counseling sessions to clients with problems associated with drug abuse, to give education and awareness about drug and alcohol abuse also educate clients on BCL services and provide family therapy to families of people who receive our services. They work with Hospital and clinics, DHMT, District Child Protection Team, Village health workers and mental and treatment unit. They have rated their relationship with stakeholders as 80% and fair enough. The average consultation rate per week range

from 4 to 7 weekly and 16 to 140 monthly, with 69.8% referred by VHW and 30.1% without referrals. The table below shows a positive trend to recovery.



Most of the clients that relapse are those that are brought to the services by their parents or relatives not willingly. This because most of them only want to please their spouses, family members or the community and they are given ultimatums like *"if you don't go for counseling, I am divorcing you and taking the children with me."* Another reason, some of the clients are in denial that they have a problem and when one begins to feel a lot better, he or she no longer returns for more sessions. Lastly, some clients when they suffer WITHDRAWAL SYMPTOMS (they feel headache, nausea and shaking when trying to quit or decrease their drug intake) and they find all these symptoms very unbearable.

The challenges they face during their duties is that of not having treatment manuals, Not being available when other clients need help because of working in 2 districts all at once, the clients being too mobile due to work-related issues or any other personal issues, sometimes they do not get to finish their counselling journey, sometimes even the communication with them becomes very difficult because of unavailability for a very long time and the last 2 years have been emotionally and mentally taxing due to lack of stability with funding from the donor. This has led to loss of momentum with village health workers. The closure last year cost trust from stakeholders and clients. Therefore, getting clients this year 2019 became a challenge and meetings did not go as planned, the training for other groups of VHW only happened in July (towards end of project), they have only been trained and no follow-up meeting has been done due to unavailability of funds.

VHWs

To further assess the impact of the project, the evaluation team investigated if VHWs have basic knowledge of substance abuse and motivational counselling. About 24 VHWs were interviewed; 8.3% representative of men, while the rest of the districts were manned by

92% of females. VHWs, about 37.5%, were trained in motivational counselling in 2017, 58.3% were trained in 2018 and 4.2% trained in 2019.

All VHWs were adamant that they can offer motivational counselling. Regarding follow-up on trainings, Leribe is the only district in which there was follow-up. VHWs in the other three districts claim there has never been any follow-up to the trainings offered.

> ***Leribe "Yes we call counsellor to confirm if the patient did go for counselling"***

The number of people they offer counselling to differ drastically with a range of 1 to 50 per monthly. On a weekly basis, the range is between 1 and 5 people. In terms of the referral procedure employed, most said they first begin by talking to their clients and raising awareness on the harm that could be brought about by alcohol & substance abuse and then refer them to the mobile group. They claim to do follow ups to ensure that their patients have indeed met up with the mobile team and were getting treatment.

However, their main challenge sometimes the mobile team fail to honour the appointment, *Kabelo (Maseru) "Yes, I do follow ups and found that the patient failed to go because no one answered when he called to make an appointment"* and this negatively affects their work relations. *'Mabafokeng (Berea) "Some patients say they will seek help from church"*

Majority work is undertaken without manuals or guidelines from the BCAOT project. The VHWs are adamant that if provided with materials, this would instil a sense of confidence in their work and that people would believe that they work for BCL: TBC. Since VHWs work without identification cards, people become sceptical of their work. Some users hurl insults at them and even want incentives to be motivated to quit. *'Mamohanoe (Butha-Buthe) "Wives sometimes think we are having affairs with their husbands when we frequently visit their husbands. It is easy to convince ladies to reduce that it is to gentleman."*

In terms of the impact on workload because of motivational counselling, majority expressed that they would like to be helped with incentives, airtime and transport, to reach clients who live far, instead of using personal funds in such instances. They suggested frequent trainings from the BCAOT team and motivational counselling in the villages, at schools and churches would have more impact.

Although there were challenges faced by the treatment and rehabilitation team, the project still had a significant impact on intended groups. However, more needs to be done for better coverage, effectiveness and to ensure sustainability.

Evaluation of the BCAOT Project

A core set of criteria was applied in assessing the results of the evaluation. The analysis of results, as stipulated below, identify challenges and strategies for future interventions.

Relevance

The evaluation identified the extent to which BCAOT's objectives were consistent with stakeholders' requirements and with country needs and global priorities, and the extent to which the outcomes addressed key issues, their underlying causes, and challenges. At this point it was important to reflect on the project's main objectives; being that an effective and evidence-based alcohol policy is passed and implemented, and to put in place cost-effective and easily accessible treatment services for persons suffering from substance addictions.

Country needs and global priorities

Lesotho has one of the highest death rates attributable to alcohol use among 15- to 49-year-olds in the world. In May 2010 WHO member states endorse the global strategy to reduce the harmful use of alcohol. According to WHO global strategy, the harmful use of alcohol has a serious effect on public health and it is considered to be one of the main risk factors for poor health globally and a serious health burden and it affects all individuals on international scale. It was estimated that 2.5 million people worldwide died of alcohol related causes in 2004, including young persons between the ages of 15-29 years. The harmful of alcohol was responsible for 3.8% of all deaths in the world in 2004 and 4.5% of the global burden of disease as measured in disability adjusted life lost and represents the fifth largest risk factor for disability adjusted life-years (DALYs) globally. It is also the number one risk factor for DALYs in Southern Sub-Saharan Africa and the third highest risk factor for DALYs in Lesotho. The WHO globally, as well as regionally, clearly states that increased effort is needed to reduce the harmful use of alcohol through the development and implementation of comprehensive and evidence-based policies and availability of treatment for addiction.[5] The BCAOT project thus contributes to the adoption and implementation of the proven best and most cost-efficient strategies to prevent the harmful effects of alcohol,

[5] WHO Global Strategy to reduce the harmful use of alcohol

as well as ensuring the availability of high-quality treatment for persons suffering under substance abuse.

The Lesotho Alcohol Policy, developed in 2007, was at the time found not to be in line with recommendations put forward by the World Health Organization (WHO), and thus was never implemented. The policy neither embraced vital elements of public health nor included more recent outcomes and recommendations made by the WHO for effective alcohol policies. Therefore, it was vital that the country worked on having an alcohol policy in line with WHO's recommendations, and acts to implement it.

As elaborated in the introduction section, BCL: TBC is currently the only specialist centre in the country that works towards prevention and in-patient treatment for people suffering from addiction to substances. The services are offered through a three-month *in-patient* assessment. As such, there is evident lack of neither public nor private therapy sessions for addicted people and affected family members. The rehabilitation centre is currently understaffed, lacks facilities and financial support to accommodate all potential clients. Therefore, to help people rediscover a life free of addiction, a project such as BCAOT was a dire necessity. And it is through the stated observations that the evaluation establishes the relevance of such a project in Lesotho.

Stakeholders' Requirements and Aspirations

In terms of the requirements of all those offered therapy and rehabilitation treatment; current patients, ex-patients and affected family members, the BCAOT project was spot-on. It is difficult, however, to say if the objectives were in line with the remaining stakeholders' requirements and aspirations. There was no prior communication with stakeholders on what they required from the project, and what expectations and aspirations they had. This is mainly because there was no baseline survey to bring all these to the fore.

The baseline survey would have identified all stakeholders' requirements and aspiration. It is important to note that, this would have been in line with the identified aspects of the evaluation process and would have simplified the analysis in terms of comparisons with the baseline findings. To ensure 'relevance' in projects, it is important to take note of all stakeholders' needs, as this helps identify and outline stakeholders' needs. The baseline study would have identified the needs of all patients and stakeholders, them being an important component of the project.

The previous projects used as baseline were, however, able to equip the project with less than 50% of indicators needed to address requirements and aspirations. And with regards to

the identified indicators, the project dealt with them exquisitely. The project team was able to train and empower VHWs, the youth, community leaders and local authorities in all areas of importance; including equipping them with strategies to spread the message in the communities. As such, in terms of training, the BCAOT advocacy and treatment departments were also spot on.

However, due to lack of information and partial transparency on issues of importance to the identified groups, the project encountered inevitable challenges along the cycle. And this relies heavily on the recommendations that would have been made by the baseline survey, had it been carried out prior to inception.

However, BCN argued that as per donor's requirements, they view a baseline approach as establishing facts regarding starting point of indicators. Although, there are weaknesses as in the baseline indicators, the project team is adamant that a baseline survey was never required as part of the project, for several reasons. For instance, their argument stems from the fact that they could not measure the success of therapy by comparing the answers of clients in a baseline to what was delivered, but rather by the impact of therapy after treatment.

Project's Outcomes

To address relevance in terms of the project's outcomes, the evaluation examined if the outcomes addressed key issues, their underlying causes, and challenges. It further tried to understand if new issues and causes, and challenges that arose during the project cycle were adequately addressed.

Considering the number of people trained and treated through the project, the important aspects they were being trained on and the impact of the therapy offered, it is logical to conclude that the outcomes addressed key issues as identified by previous projects.

Design

There is no specific baseline study to inform the evaluation. Building on experience gained, BCN took steps to ensure continuation of the most successful parts of the previous projects, partly merging the experiences into one comprehensive project, whilst incorporating the proven effective methodology used in the *training program on evidence-based alcohol policies*. A baseline study would have explicitly identified accurate levels of harmful use of alcohol and drugs in Lesotho. This would have provided the project with specific indicators and helped the evaluation to assess if the project was in line with country needs.

The project document was prepared by BCL: TBC. The latter, though, is strictly the implementing partner and is responsible for the daily running of the project. The Centre was engaged to provide information in developing a local situational and needs assessment. And the board and staff members gave key input to the formulation of the project's objectives and content.

Effectiveness

To determine the effectiveness of the project, the evaluation tried to find ways in which special emphasis was placed on; VHWs', youths', community leaders' and local authorities' capacities, advocacy and awareness on the alcohol policy draft and outpatient treatment. Therefore, to assess thorough effectiveness of the project, the evaluation, further, analysed factors that contributed to the realization or non-realization of the outcomes.

Capacities of Community Leaders, Local Authorities, the Youth, and VHWs

The training of community leaders, local authorities and the youth was well accepted by majority of respondents and they reflected on its importance and the calibre of the facilitators. This part of the training was a success and what had a huge impact was the awarding of certificates at the end of the training. Therefore, the said groups are quite capable as trained advocates.

> ***Moeketsi (Berea) "The certificate, certify that I have knowledge about alcohol abuse and I can train and rehabilitate people"***

Although motivational counselling for VHWs was ideal, the evaluation found that there were no manuals proposed in the project document, neither developed nor implemented and this had a negative impact on VHWs' capacity to perform well. The project was effective because most people who were referred to the counsellor quit, and they are happy with their sessions also the project has increased moral of the Blue Cross trained members to share and educate about the dangerous of alcohol and substance abuse.

Advocacy and Awareness on Alcohol Policy Draft

Since BCL has increased its organizational capacity and members are knowledgeable on the policy, this implies that the project team was also effective in mobilizing others to support the alcohol policy draft and the actions taken by the communities to support the policy draft the communities worked together with the police to make sure that business owners abide,

held community gatherings to discuss the dangers of excessive use of alcohol/drugs and have the youth involved in fighting the abuse of alcohol/drugs.

Some villages that were neither included in trainings nor offered any support are now on par in terms of knowledge and interest with those who did. Word has spread fast, and the process has united community leaders and local authorities; as they work in harmony to achieve the common interest of reducing harmful use of alcohol and drugs in their communities. They hold community gatherings to raise awareness on alcohol/drug abuse, the policing forums monitor the opening/closing of bars/taverns and they inform owners about the policy and most understand it. As leaders, they have demonstrated good behaviour to their communities and are the best influencers.

Outpatient Treatment

Quality treatment for alcohol and substance addiction is now available beyond the BCL: TBC and it is more accessible to people in rural areas of the country. The mobile teams have been effective in offering counselling sessions to those in need. However, the main challenge has been follow-up sessions after treatment, since most patients relocate to search for jobs and unavailability of funds.

Factors that Contributed to the Realization or Non-Realization of the Outcomes

The Lesotho Alcohol Policy Draft

Although the advocacy officers and SAAPA representatives followed proper channels to ensure the alcohol policy draft gets to parliament, the country still has no alcohol legislation. SAAPA travelled through all districts to document a video in support of the existing alcohol policy. The organization further sought petition from all stakeholders, which they are yet to present to the MoH. Despite all efforts, the draft policy has not yet been enacted in Parliament. The unstable political state, frequent change of governments and officials stifled all progress made and achieved. Therefore, to push for the new alcohol policy to be passed in the Parliament seemed an impossible task. In as much as the existing draft policy is in line with WHO's recommendations, the process to enact it is still at the beginning stages.

The enactment and implementation of the policy is most likely to happen in years to come. Since the policy is still at the MoH's legal office desk for review, this means it is yet to pass several stages before it gets to cabinet, and then parliament. The delay and frustrations caused by change in governments have demotivated SAAPA members and some project personnel; since some seem to have lost interest and are not as committed as before.

Even where little progress is made, there is still lack of political will from government. Officials fail to weigh social ills caused by alcohol consumption against revenue collected from the alcohol industry. Public interest at heart is unrealized in most aspects. For instance, the government is reluctant to remove ginger beer from the grocery store shelves, and efforts to convince officials in this regard have come to a halt. Other government officials own shares in public bars, and are involved in alcohol/drug abuse, so there is no assistance/cooperation from them in advocating the policy. Politicians are very lenient to adopt the policy in fear of losing followers.

Limited funds have also played a part in hindering success of the project. There are limited resources to enable trainings. As such, there is no continuous communication between the project office and all stakeholders, largely due to lack of funds on the side of the project. This explains why there has not been a follow-up in most cases after the initial training sessions. As a result, the project's prospect of sustainability in this regard has been hugely affected.

Some stakeholders expect sustained payment, such as the youth, and thus lose interest when they discover that such is not forthcoming. Most of the trained groups thought they would be provided with incentives to carry through the advocacy work. Some show reluctance and become negative towards the draft policy. For instance, some law-enforcers fail to make confiscations on leads provided by the project, only because they get offered free beer as incentives. Reluctant members of the communities fail to relate or link the social ills with the use of alcohol. There is general lack of interest by some on issues pertaining to alcohol abuse. Alcohol and drugs have become socialized so much that some people do not see any harm drinking or using them. Limited academic research hampers advocate officers' and all trained stakeholders' abilities to validate assertions and claims when giving presentations. As such, there is lack of research studies and findings to track the statistics and claims made of alcohol induced incidents and illnesses in Lesotho.

The Outpatient Treatment

Lack of livelihood means drives most patients to relapse; due to the stress and pressures of life. Since the project lacks a factor in livelihoods, which is one aspect that worked well in previous projects, the bottom-up approach advocated for is limited in effectiveness.

The mobile teams only operate in 4 districts, although all the districts need the very same services because drug abuse affects all the districts. It is understaffed and this leads to a poor service delivery as the counsellor is not able to show up anytime when necessary. The

last 2 years have been emotionally and mentally taxing for mobile teams due to lack of stability with funding from the donor. This has led to loss of momentum with village health workers and the community they serve. The closure last year cost them trust from stakeholders and clients. Therefore getting clients this year 2019 was a challenge. The project needed to expand to all 10 districts. The salaries were low for temporary employees not on permanent basis who also got no benefits. This project was supposed to be 3 years and it is ending prematurely with no proper exit strategy will negatively impact strategic linkages and projects in the districts we take part in.

Furthermore, lack of developed manuals and stipend or other incentives for VHWs have also negatively affected the performance of VHWs. Most complain that the project does not offer them anything in return for the work they do.

Family therapy has been stated as the greatest strength of the project, as it plays a vital role in sustainability. However, the team has not been able to help children from affected families. This is mainly because they are not equipped and skilled enough to offer counselling to children, as therapy is only offered to adults. This has become a huge hindrance since children are the ones most negatively affected by alcohol and drug-use in families.

Efficiency

Under efficiency, the evaluation tried to determine if the outputs were achieved with the lowest possible use of resources; funds, expertise, time and administrative costs. All these could easily be determined through an analysis of the proposed budget; outlining all budget line items, their unit of measure, quantities and costs, against the actual amounts spent. The budget should also segregate funds per outcome and identify the amount to be spent per activity.

In terms of budgetary control of 2018, the budget allocation was sound. Most of the costs encountered were directly related to the project. The evaluation could, however, not identify a specific standard segregation of the budget, thus hampering a strong analysis of resource allocation.

In terms of actual spending, the project activities were partially done, while evaluating the 2018 financial report. The first quarter only 2.4% of the budget allocated for follow up activities alcohol policy and SAAPA was utilised. The second quarter only 1.21% used on follow ups activities for policy and SAAPA. Third quarter 39.3% was utilised that includes the

budget allocated for training of village health workers their follow ups and follow up activities for policy and SAAPA.

Lastly fourth quarter 37.8% was also used for Alcohol Policy trainings for BCL members, follow up activities alcohol policy and SAAPA, Training, Village Health Care workers and follow up Village Health Care Workers. However for money budgeted for 2018, some activities never took over, such as Training of BCL members for organizational and leadership skills, Training BCL and TBC on proposal writing and fund raising, follow up of members of civil society organisations and Alcohol Policy training for local leaders and civil servants.

For 2019, there have been other organizational challenges that have made it difficult for BCN to contribute added value in the form of capacity building and similar activities however the focus has rather been on follow-up and control measures.

Impact

The project had a positive impact on both the prevention and treatment sides. There is an advocacy officer per district. These officers raise awareness on issues surrounding alcohol and the alcohol policy; by organizing education and advocacy activities on all possible platforms in and outside the identified districts. They train different groups on alcohol policy advocacy and assist them to develop plans and activities to implement thereafter. They, further, teach communities on the contents of the alcohol policy to solicit enough support and to have it translated into law also attend public gatherings and pay planned visits to schools and churches.

As such, community leaders and local authorities now have knowledge on evidence-based alcohol policy and act to implement such in their community. The youth are knowledgeable on the content of the policy draft and can document its violation and react upon it. And most importantly, SAAPA in Lesotho is a strong alliance and capable of advocating for the enactment and implementation of alcohol policy nationally.

The project, further, consists of two mobile treatment teams operating in the four districts. The social workers provide health education at health facilities, public gatherings and conduct family therapy sessions and supervise VHWs and train them on motivational counselling. As such, VHWs have basic knowledge of substance abuse and motivational counselling. The counsellors help clients with drug abuse and alcohol problems through counselling. The offered therapy is meant to help them face everyday challenges that trigger

their use. As a result, out-patient treatment for individuals in respective districts has been established.

Sustainability

The project has a Sustainability plan 2018-2020 that contains a specific plan for securing sustainability. The plan should be reviewed by the board of TBC, including the 2 representatives of the ministry of health, to have a clear plan for what to do to achieve sustainability. BCN's key additional recommendations are to come to an agreement with the Government of Lesotho to avoid permanent closure of TBC, to cultivate new local partnerships and partnerships in South Africa and other countries in the region and to look for funds outside the Blue Cross movement.

The impact of prevention training and the outpatient treatment also plays a vital role towards sustainability. The VHWs chosen due to evidence that such activities reach numerous people with limited funds, have been the most hit with challenges in Lesotho. The expectation was that after motivational counselling, VHWs can continue their activities with less follow-up, especially with manuals developed. However, these manuals were neither developed nor translated, thus hampering progress.

Coherence

The evaluation determined the extent to which activities undertaken would allow the country to achieve its policy objectives without internal contradiction or without contradiction with other countries' policies. The comparative analysis confirms that the current Lesotho policy draft is coherent with other countries' policies and interventions. Therefore, the trainings and advocacy were relevant, and their direction (i.e. focus and approach) was in line with activities in other African countries. Table below

policies and interventions	**Lesotho**	**Botswana**	**South Africa**	**Senegal**	**Benin**	**Mali**
Written national policy/ National action plan	Yes (draft)/ =	Yes (2010/—) / No	Yes (1999/2007) / Yes	No / —	No / —	No / —
Tax/levy on beer/wine/spirit	Yes / Yes /	Yes / Yes / Yes	Yes / Yes / Yes	Yes / Yes / Yes	Yes / Yes / Yes	No / No / No

s	Yes					
National legal minimum age for off-premises sales of alcohol beverage (beer/wine/spirit	18 / 18 / 18	18 / 18 / 18	18 / 18 / 18	18 / 18 / 18	No / No / No	No / No / No
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18	18 / 18 / 18	18 / 18 / 18	18 / 18 / 18	No / No / No	No / No / No
Restrictions for on-/off-premise sales of alcoholic beverages: Hours, days / places, density/special events/petrol stations	Yes, Yes/ Yes, Yes, Yes/ No/ Yes	Yes, Yes / Yes, No Yes/Yes/Yes	Yes, No / Yes, No No/Yes/No	Yes, No / Yes, Yes Yes/No/No	Yes, No / No, No No/No/No	No, No / No, No No/No/No
National maximum legal blood alcohol concentration (BAC) when driving a vehicle	0.08 / 0.08 / 0.08	0.08 / 0.08 / 0.08	0.05 / 0.05 / 0.05	Zero tolerance	0.05 / 0.05 / 0.05	0.03 / 0.03 / 0.03

(general / young / professional), in %						
Legally binding regulations on alcohol advertising / product placement	No / No	No / No	No / No	No / No	No / No	No / No
Legally binding regulations on alcohol sponsorship / sales promotion	No / No	No / No	No / No	No / No	No / No	No / No
Legally required health warning labels on	No / No	No / No	No / Yes	No / No	No / No	No / No
alcohol advertisements / containers						
National government support for community action	Yes	Yes	No	No	Yes	Yes
National monitoring system(s)	No	Yes	Yes	No	No	No

Value-Added

BCN

BCN has provided professional training for staff and board members, particularly on family therapy and anti-corruption in the period 2015-2017. The change in program manager in 2018 made it difficult to provide any added value in this project period. For 2019, there have been other organizational challenges that have made it difficult to contribute added value in the form of capacity building and similar activities.

Community

It was important for the evaluation to determine the extent to which the project added benefit to what would have resulted from interventions in the same context. A Focus Group Discussions were held for four districts and those Focus Group Discussions was made of Community Leaders, BCL Youth, Community Forums and Civil Society members. It is evident that the BCAOT project has decentralized BCL: TBC's services to meet the nation half-way. The project has raised awareness on the contents of the alcohol policy, has helped people in their own communities and has given them an opportunity to heal in their places of origin. Through the Project, communities are equipped with relevant information to make informed and conscious decisions on using alcohol. And majority of stakeholders are empowered in their respective lines of duty.

Moeketsi (Community counsellor) "ever since the project started, here in Ha Telu-khunoana the abuse and crimes caused by drug abusers has really declined"

The stakeholders have expressed gratitude on the knowledge acquired through the prevention training sessions offered by BCAOT. Communities are experiencing decreased crime related activities induced through alcohol and drug abuse. Through support of patients who abuse alcohol and drugs, dignity is restored in families and societies.

Alcohol is very much linked with gender inequality, and in many respects, contribute greatly when left unregulated. More men than women are addicted to alcohol, therefore, the harm they do to others when drunk; physical abuse instigated by domestic violence for instance, is significant. On the contrary, women who drink alcohol are faced with more negative effects than men due to an often-smaller body size, physical vulnerability and often social stigma and exclusion. The project also has a positive effect on the environment in identified local communities. Respondents claimed that there was less littering and vandalism. The

project also has a positive effect on the environment in identified local communities. Respondents claimed that there was less littering and vandalism. Furthermore, the amount of research confirming the connection between harmful use of alcohol and HIV/AIDS is significant and growing. Alcohol is a leading driver causing new cases of infection as persons with an addiction problem are more likely to contract HIV. Alcohol consumers are at 77% higher risk of being HIV positive than non-drinkers[6]. Thus, through its focus on the prevention of harmful alcohol use, the project contributes to limit new cases of HIV infections and enable infected persons to take care of their overall health and treatment schedule

Empowerment Assessment

The empowerment assessment has been based on three thematic areas of results; which are strengthening civil society, good health and gender equality

	DEGREE AND LEVEL OF EMPOWERMENT					
Thematic Areas of Result	**Outcome 1**	**Level 1: Output** **Individual or community**	**Level 2: Output** **Individual or community**	**Level 3: Outcome** **Individual or community**	**Level 4: Outcome** **Community and/or society**	**Level 5: Impact** **Community/Society/Structural**
	Civil Society					X
	Good Health				X	
	Gender Equality			X		
	Total Assessment of Project				X	

Qualitative analysis

Strengthening Civil Society

Has been rated level 5 (Impact): (community and/ or society/ structural), in an effort to arrange advocacy trainings for local communities, local groups, NGOs and for government representatives (Community leaders, policing forums and Village Health Care Workers), BCL: TBC has joined hands with LENASO, AIDS-Free, Kick-4Life, Phelisanang Bophelong and others

[6] Baulinas, D and J. Rehm (2009), Alcohol consumption and risk of incident human immunodeficiency virus infection: a meta-analysis, International Journal of Public Health, Issue 3, 2010, pp 159-166

to advocate for better alcohol policy. There were 417 decision makers who received training on evidence based alcohol policy. 28 youth groups established and 12 SAAPA member organizations that are fully committed in the implementation of the Policy.

Good Health

Good health has been rated at Level 4 Outcome (community and/or society) 346 clients receiving treatment for alcohol and substance addiction and about 2,835 family members benefiting from the treatment as 66% of the clients treated for substance and alcohol abuse and empowered to live a life in dignity. They reiterated that the project should continue as it helped a lot of people more especially those who were addicted to substance abuse. About 334 VHW have been trained on alcohol related topics and they have referred 430 clients for treatment and they believe that more people need to know about Blue Cross and how it works.

Gender Equality

Gender equality has been rated at Level 3 outcome (individual or community), in the second quarter of 2019 a total of 93,191 people have been sensitized on harmful effects of alcohol and a need for better legislation. Sensitized activities have been done through public gatherings, the radio stations, Ministry of Education and Training and also the Lesotho Environmental Justice and advocacy center. The project has also sensitized around 2,430 people on gender equality in relation to substances abuse.

Total Assessment of Project

The project has raised awareness on the contents of the alcohol policy, has helped people in their own communities and has given them an opportunity to heal in their places of origin. Through the Project, communities are equipped with relevant information to make informed and conscious decisions on using alcohol. And majority of stakeholders are empowered in their respective lines of duty.

The stakeholders have expressed gratitude on the knowledge acquired through the prevention training sessions offered by BCAOT. Communities are experiencing decreased crime related activities induced through alcohol and drug abuse. Through support of patients who abuse alcohol and drugs, dignity is restored in families and societies.

Conclusion

The section discusses achievements; extent of activities' impact and challenges. As illustrated below, the conclusions are addressed as per the report's findings category. The conclusions include a discussion of the reasons for successes and failures, especially the constraining and enabling factors.

Evaluation of the BCAOT Project

Relevance

To determine the relevance of the project, the evaluation addressed two key issues; the extent to which BCAOT objectives were consistent with stakeholders' requirements and with country needs and global priorities, and the extent to which the outcomes addressed key issues, their underlying causes, and challenges. The evaluation concludes, therefore, that the project was in line with country needs. However, in terms of addressing the requirements of relevant stakeholders, the evaluation found gaps in the project's implementation.

With the treatment requirements of all patients, the BCAOT project was spot-on. However, due to inconsistencies observed with other stakeholders' requirements, and lack of baseline study thereof, it is difficult to conclude the objectives were in line with their requirements and aspirations. This is also because there was no prior communication with the stakeholders on their requirements and expectations.

In terms of outcomes, the numbers of people trained and empowered by the project and the impact on their lives, are clear indications that outcomes addressed key issues.

Design

It was clear through findings that the unavailable baseline survey led to limited indicators for the project to work on and contributed highly to the project's role in not achieving some of the results. Although specific goals and outputs were set, there was ambiguity in terms of set targets. Furthermore, the project document did not have specific time bound and cost-based activities. The evaluation concludes, therefore, that the design had bottlenecks that potentially hampered the project progress to a certain extent.

Effectiveness

The project has been effectively implemented; in the light of the challenges it has faced since its inception. 2018 was the start-up year for the current period, with a delay of funds from Digni and temporary closure of TBC. For 2019 there have also been challenges in terms of late dispersal of funds as well as the closure of TBC. Of all the issues addressed by the project, advocacy and awareness on the alcohol policy draft seemed to take top priority. The counselling sessions for alcohol and substance addiction were very effective and a great success thereof.

In conclusion, there were several factors, though, that contributed to the non-realization of some outcomes. Specifically, from the advocacy side, these were; the alcohol policy that has not yet been enacted, government's role in delaying the process, limited resources, other stakeholders' reluctance to take part in activities and to support the project, and limited academic research on the state of alcohol consumption and consequences in Lesotho. From the treatment side, factors included; unemployment and lack of livelihood means, lack of treatment manuals, relationships that were not nurtured and lack of incentives for VHWs.

Efficiency

It was a challenge to identify if outputs were achieved with the lowest possible use of resources; funds, expertise, time and administrative costs. For the year 2018 financial report some activities didn't take place hence 37.8% of the budget was utilised. For the first quarter of 2019, there have been other organizational challenges that have made it difficult to contribute added value in the form of capacity building and similar activities however the focus has rather been on follow-up and control measures. The second quarter 82.98% of the budget was utilised mainly for follow-up activities and training of local leaders and civil servants on alcohol policy.

Impact, Coherence, Sustainability and Community Value Added

The project had a positive impact on all those who received counselling and trainings. The factors, though, that unintentionally hampered the smooth progress of the project and the prospect of sustainability were the limited follow-ups in treatment and trainings, lack of training manuals for VHWs, and the government's and SAAPA's partial commitment to seeing through the enactment of the policy. However, the evaluation found that some activities undertaken by the project had a potential to help the country achieve its policy objectives without internal contradiction or without contradiction with other countries' policies. And concludes, thereof, that the country's policy draft is coherent with other countries' policies and interventions

Impact Assessment of the Project on Intended Groups

Community leaders, local authorities and the youth know the content of the evidence-based alcohol policy draft; can document its violation and react upon it. And have employed different strategies to advocate and implement relevant productive activities in their communities. As advocates of the policy, stakeholders complain though that due to lack of jobs and the unstable economy, they still face reluctance from members of their communities who drink alcohol and use drugs as a means of stress-relief.

Further reluctance, as claimed, comes from local bar owners who feel threatened by the advocacy of the policy. However, with stated challenges, respondents still maintain that the BCAOT project is very important in the lives of their communities, and they, therefore, wish for it to continue and spread throughout other communities.

In terms of outpatient treatment, the evaluation concludes that quality treatment for alcohol and substance abuse is available for and used by people in the four identified districts of Lesotho. 85.7% ex-patients interviewed claim to have entirely quit using alcohol and drugs, while 14% relapse every now and then. This is inline, therefore, with the project's expected output of above 50% of patients claiming to have quit.

VHWs play a vital role in motivating and encouraging potential clients to seek help and claim to have basic knowledge of substance abuse and motivational counselling. Although they work with neither provision of stipends from the project nor manuals, they highly regard the project and consider it to have a huge impact in people's lives.

With all achievements and challenges faced by the project, the evaluation concludes that the harmful use of alcohol is reduced and treatment for substance abuse is available for people in the four identified districts of Lesotho. Thus, there is a substantial impact of the project on intended groups. Although there were loopholes, the BCAOT project was a success in term of impact on intended groups.

Lessons Learned

This Section focus on lessons learned with a basis on the evaluation findings and drawing from the evaluation team's overall experience. In other contexts; valuable lessons learned are identified, including both positive and negative lessons.

Project Development and Management

- Inadequate funds and lack of political will from the government & alcohol being used as a livelihood in most parts of the country
- There is a need to conduct baseline study in order to see the situation before the project can start.
- The project could have achieved so much more had it included the livelihoods component

Prevention and Advocacy

- The Lesotho Alcohol Policy draft is still at the phase at which it started in 2015; after ensuring it is in line with WHO's recommendations. This is mainly due to regular change in governments and respective officials. The delay and unresponsiveness of the government have affected SAAPA's commitment and determination of seeing the policy draft enacted in parliament. This implies that the energy with which activities were carried out with during the inception period is slowly fading.
- It was limited to only four (4) out of ten (10) districts of Lesotho.
- There is a lot of potential in human resource, as people who have been trained are willing to go out and do the job. They just need to be supported and motivated
- Very instrumental in helping people reduce their alcohol intake by being aware of the dangers associated with the consumption of alcohol. The project has also helped clients that could not afford rehabilitation services

Recommendations

The recommendations are derived from the conclusions and lessons learned; followed by a discussion of their anticipated implications. The section consists of a list of proposals for action to be taken (short- and long-term) for follow-up, suggestions for implementation.

Project Development and Management

In preparation for the next project, a baseline survey should be undertaken prior to project design to set base and to inform the design accordingly. There should be an implementation of an M&E system for an on-going tracking of project results. The M&E plan should include training provisions for staff on management of data as well as proper reporting of results.

The recruitment of mobile teams should be revised. Having two individuals work in two districts stretches their limitations. At least there should be one mobile team per district. Although the team's work is complementary, there should be some independence that would allow one to work without limitations in the absence of the other. There is need for an enquiry into the remuneration packages offered by similar projects in the country. This will ensure that packages offered by BCAOT's are on par with those offered by other projects; with sufficient and competitive benefits to retain staff for the duration of the project.

The project should strengthen its collaborations with other NGOs' and government's initiatives to see progress in their advocacy and work in general. Moreover, the project could consider replicating some of the approaches adopted by other African countries with similar cultural and economic values.

Prevention and Advocacy

Challenges faced through government's role call for an introduction of a top-down approach. For a more rapid response, the project needs to 'shake the tree from the top' as was recommended during the last evaluation report and focus on educating and empowering the government to ensure officials understand the economic impact of having an alcohol legislation that is regionally and globally aligned.

A thorough analysis of the existing alcohol policy draft revealed the need for a revision. There are some sections in the draft that are left incomplete, with a note that says, 'to be revisited'. SAAPA should work together with advocacy officers to review the sections with rigor and amend as required; to have a thorough complete policy draft. For instance, the issue of the 500m clause in the section of the draft that discusses eligible places to sell alcoholic beverages is not clear on what will happen to places that already exist within stated perimeters.

The draft, further, needs to involve groups such as church leaders, especially on issues surrounding Holy Communion. Church leaders can also encourage congregations, especially the youth, to join the blue cross movement, which is slowly fading due to low membership. And it needs to touch on the issue of local brews; which constitute majority of outlets in rural areas. It should also be specific on penalties and fees it proposes other statues such as the road traffic act and liquor licensing act to adopt.

Outpatient Treatment

VHWs should, further, be offered incentives such as affordable mobile phones, airtime and monthly transport fees to ease communication with and transportation to potential clients. This will in turn yield positive results since they would feel acknowledged and accepted as part of the project. Overall, despite a few challenges identified by the evaluation, the project has been a huge success in terms of the impact on intended groups. For better coverage, as the evaluation team, we would like to take the opportunity to advise BCN and the project management team to broaden the expertise and scope of the project to include at least two more districts if it's not all. For BCN and BCL: TBC to observe change that can be sustainable, the project needs to be extended at least for more years. Not only will the

nation prosper in different aspects, but the two organizations will for years be remembered and honoured as agents of change in Lesotho. The evaluation pleads with higher academic institutions in Lesotho to take part and bridge the gap in limited research on issues concerning alcohol and drug use, and calls upon statisticians to track and trace data on alcohol induced incidents and illnesses in Lesotho. It is the responsibility of all with stake to see the use of alcohol and drugs decline in Lesotho, therefore, as a nation we all need to make significant moves.

Annex

Terms of Reference (TOR)
Introduction

Blue Cross Lesotho runs a rehabilitation Centre at Thaba-Bosiu as a project aiming to curb the harmful use of alcohol and drugs. This Centre was originally supported by Blue Cross Norway until the Government of Lesotho took over. The Centre has two main departments to achieve this goal. These are the Prevention and Treatment Departments. The Centre has been in operation for 25 years. There has been a growing trend in the number of clients willing to go for rehabilitation but the infrastructural and human resource capacity is never sufficient to accommodate all the potential clients. In order to address this problem, Blue Cross Norway has supported the Blue Cross Advocacy and Outpatient Treatment Project which operates in selected areas in the four districts of Maseru, Berea, Leribe and Butha-Buthe. The project started running in 2015 and is now applying for an exit period, which will allow TBC to secure results and sustainability for the project. The Centre is therefore looking for the services of a consultant to undertake project evaluation of the Blue Cross Advocacy and Outpatient Treatment Project.

Project Background

The project aims to push for the implementation of National Alcohol Policy in order to reduce the harmful use of alcohol in the country. In order for the public to have a say in the policy document which is still in a draft form, different groups of the community are being trained in alcohol policy advocacy. They are highlighted on the contents of the draft policy and encouraged to make advocacy plans to take action in their respective communities to make a difference. These groups are, the community policing forums, chiefs, members of the police, youth, members of Blue Cross Lesotho, Civil Society Organizations and elected community councillors.

On the treatment side the project has a mobile team which comprises of the Social Worker and Counsellor. The project has two such teams which work in the two districts each (Maseru-Berea Team and Leribe- Butha-Buthe Team). The teams are responsible for training Village Health Workers on Motivational Counselling. This is meant to empower them with skills to encourage people already addicted to alcohol and other drugs to come for our free counselling. The Social Workers are also responsible for the coordination and formation of Self Help Groups which are formed out of ex-Clients to share experiences and advise one another on how to overcome challenges and triggers on their recovery journey. The teams

are also responsible for family therapy/ home visits in order to include family members in the recovery of the clients. The Counsellor offers individual and group counselling sessions for the clients.

Expected outcome from the evaluation: - Assess the project's results. To what degree has the project achieved goals? Are there unplanned results? -What are the reasons if goals are or are not achieved? -What kind of impact has the project had on the communities, if any? - Are there control measures introduced in the communities as a result of advocacy training to curb the harmful use of alcohol in accordance with the Alcohol Policy draft and the Liquor Licensing Act of 1998? -What kind of impact has the treatment had on drinkers and their families, if any? -What kind of impact has the motivational interviews had, if any? - How effective is the implementation of the project, in terms of use of resources, use of funds and how it is organized? -Can the project be organized or implemented differently and achieve similar results? What are the strongest points that should be prioritized for the future? - What recommendations can be given for the next project period, 2018-2020? - How can the project be advised to secure future sustainability? - Recommend strategies to have tangible impact at both community and national level. - What added value has Blue Cross Norway contributed besides funding, if any?

Methods:

• Conduct field visits to assess the impact of the project at community level. Interview trained groups and village leaders.

• Consultation with the trained Village Health Workers.

• Interview ex-clients and current clients, and family members to determine the difference in behaviour change and perception of alcohol and drugs. Assess project documents and reports

• Interview or focus groups with project staff and Blue Cross members.

Qualifications and Experience

• Appropriate tertiary qualification (preferably Postgraduate in Project Management, Health Sciences or Economics) with 10 year experience in project evaluation or similar role

• Proven track record in project evaluation

• Ability to undertake inspections and monitoring

• Knowledge of the proposed national Alcohol Policy

• Experience working with NGOs

• Knowledge of Lesotho's Health sector.

• No personal bindings to Thaba Bosiu Centre, the project, staff or other stakeholders.

Skills and Competences

• Excellent stakeholder analysis in project management

• Conscientious understanding of policy issues

• Thorough knowledge of Lesotho's political situation and the possible effect on policy issues

• Excellent report writing skills

• Fluent in both Sesotho and English languages

• Proven knowledge to analyse project progress

• Approve ethical standards of evaluations and Digni's ethical guidelines (attached).

• Conduct the evaluation openly and independent. Share openly the findings; include all stakeholders and beneficiaries in a respectful way, also giving them a chance to adjust impressions before finalizing the evaluation report.

Reporting: The findings of the evaluations should be presented in a report of which the project management and donor can give its comments. A final report should then be finalized and presented in a meeting with project staff, and other stakeholders can be invited. Thaba-Bosiu Centre will be responsible for disseminating findings to beneficiaries and other stakeholders, like the government.

Duration

The successful consultant is expected to start on 1st November 2019 and submit the evaluation report on or before 13th December 2019.

List of Documents Reviewed

- Baulinas, D and J. Rehm (2009), Alcohol consumption and risk of incident human immunodeficiency virus infection: a meta-analysis, International Journal of Public Health, Issue 3, 2010, pp. 159-166

- Global Status Report on Alcohol and Health 2014, WHO, Geneva, http://www.who.int/substanceabuse/publications/globalreport/profiles/lso.pdf?ua=1http://
- Empowerment assessment Tool A framework for assessing the degree of empowerment achievement in Digni-funded projects
- Guide to the modules “Training program on evidence based alcohol policies in developing countries
- Reducing the harmful use of alcohol through alcohol policy and outpatient treatment. Project application 2018-2020. Thaba Busiu Centre owned by Blue Cross Lesotho
- National alcohol policy documents,
- BCAOTP Evaluation Report
- BCAOTP Monthly Reports

Results framework

	DEGREE AND LEVEL OF EMPOWERMENT				
	Results	**Indicators**	**Baseline**		**Targets**
	Outcome Level				
	Outcome 1			**2018**	**2019**
	Blue Cross and Thaba Bosiu Centre are advocating for a good alcohol policy in Lesotho	1.1 Number of persons participating in advocacy initiatives to influence decision-makers over total number of direct beneficiaries in advocacy	Total participating in advocacy activities:	Total in advocacy activities: 900	Total in advocacy activities: 968[7]
		1.2 Number of advocacy activities taking place as a result of the project	11 Activities	11 Activities (public gatherings etc.)	10 activities
Impact goals	**Outcome 2**				
	Alcohol and substance	2.1 Number of places where		16 Health Facilities	15 Health Facilities

[7] The 2019 figures are based on the first and second quarter

	abuse treatment is available in rural areas of Lesotho	outpatient treatment for alcohol abuse is offered by mobile teams is sustained			
		2.2 Signed agreement/MoUs with local authorities/MOH for provision of outpatient substance abuse treatment		Short-term MoU with MOH	0
	Output Level				
	Outcome 1				
	Output 1.1				
outputs	Blue Cross members receive training in alcohol policy and advocacy and take initiatives for new advocacy activities	1.1.1 Number of BCL members trained in advocacy skills over total number of persons trained in advocacy and total number of persons participating in advocacy initiatives initiated by the project		58	0

		1.1.2 Number of new alcohol policy trainings or advocacy initiatives by BCL members		Total BCL members trained: 139	0
	Output 1.2				
	Blue Cross Lesotho and Thaba Bosiu Centre arrange advocacy trainings for local communities, local groups, NGOs and for government representatives (Community leaders, policing forums and Village Health Care Workers)	1.2.1 Number of decision makers receiving input/training on evidence based alcohol policy		Total BCL members trained: 95	
		1.2.3 Number of activities where 3 or more organizations together advocate for better alcohol policy		12	90
		1.2.4 Number of groups organized and retention rate		4	5
	Output 1.3				
	People in the four target districts in Lesotho have	1.3.1 Number of persons sensitized on harmful		540	51,851

	knowledge of harmful effects of alcohol and the need for a better legislation for Lesotho	effects of alcohol and the need for a better legislation			
		1.3.2 Number of persons sensitized on gender equality in relation to substances abuse		1,450	90
	Outcome 2				
	Output 2.1				
	Mobile teams are offering outpatient treatment for alcohol and substance addiction	2.1.1 Number of clients receiving treatment		45	20
		2.1.2 Number of family members benefitting from the treatment		225	1205
	Output 2.2				
	Village Health Care Workers have knowledge about alcohol addiction and can refer to treatment	2.2.1 Number of VHCW trained on alcohol related topics		37	139
		2.2.2 Number of referrals from VHCW		8	172

Empowerment Scale

Below we have provided definitions or characteristics of each level in the assessment table:

Level 1 (Output):

Resources: Have increased, been provided by project to individuals and/or community and/or other target groups

Agency: No demonstration of target groups having changed their behavior or using resources to act.

Achievements/Results: There are no documented changes in target groups' situation

Level 2 (Output):

Resources: Have increased by project to individuals and/or community, some local resource mobilization

Agency: Target groups tell that they have "power within", increased self-esteem, and/or have changed perspectives. Still little change in behavior and signs of agency.

Achievements/Results: There are few documented changes in target groups' situation

Level 3 (Outcome):

Resources: Have increased by project to individuals and/or community, and/or other target groups. There might be some local contribution of resources to the project.

Agency: Target groups show that they have gained not only individual power, but also some collective agency, the "power with". There are some documented actions.

Achievements/Results: There are documented changes in target groups' situation.

Level 4 (Outcome):

Resources: Have increased, been provided by project to individuals and/or community, and/or local resources are contributed.

Agency: Target groups show that they have gained not only individual power, but also some collective agency, the "power to" act. There are documented community/target group actions.

Achievements/Results:	There are documented changes in the situation for direct and immediate indirect target groups. There indications of results at “structural level” for instance stakeholders such as local government and/or other power elites are providing some resources or changed their behavior/practice to some degree

Level 5 (Impact):

Resources:	Have increased, been provided by project, and/or local resources are contributed and/or provided by stakeholders.
Agency:	Target groups show that they have gained collective agency, the “power to” act but also some “power over”. There are documented community/target group actions.
Achievements/Results:	There is substantial documented change that most often goes beyond improvement of the situation for direct target groups. The changes are often perceived to be sustainable and results are often at a “structural level”. There might be multiplication effects and adoption of project methodology by others. Examples may be change in norms and harmful traditions, policies and laws; stakeholders such as local government and/or other power elites are providing increased resources or changed their behavior and institutional practice.

Questionnaires

EVALUATION OF THE BLUE CROSS ADVOCACY AND OUTPATIENT TREATMENT (BCAOTP) PROJECT:

Data Collection Tool for PROJECT MANAGER (BCAOTP)

This is an independent evaluation of the BCAOTP project. This evaluation at end of project cycle is designed to assess the achievement of the results, the factors that facilitated/hindered achievement, and to compile lessons learned. You are kindly requested to answer all applicable questions in this schedule and, if possible, provide any additional information that will facilitate this important exercise. Thank you for your support.

A. Background information

1. Name……

2. Position…….

3. Gender…….Male.....Female

4. Year of employment…….

B. Organizational Plan

1. Briefly explain your role in the project

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2. How many people do you have in your team? Name them

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3. Do you feel they each understand their roles and responsibilities clearly? Explain

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4. Which government ministries/departments and civil society groups do you work with?

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5. In your own words, please explain the relationship with the different stakeholders

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C. The BCAOTP Project

1. Were you and your team part of the planning process of the Project?

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2. Where does your team fit in within the project cycle?

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3. What activities have you achieved so far (under the BCAOTP Project)?

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4. What frameworks have been proposed or adopted with the help of the project?

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5. What challenges have you faced so far as Project Manager?

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6. in your own opinion, how successful were the activities carried out by BCAOTP?

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7. What do you think BCAOTP project could have done better since the inception period?

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8. Comment on efficiency of resource utilization under the BCAOTP project in general

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9. What would you say are the projects?

Strengths:

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Weaknesses:

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10. Any other comments:

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Data Collection Tool for ADVOCACY OFFICERS

This is an independent evaluation of the BCAOTP project. This evaluation at end of project cycle is designed to assess the achievement of the results, the factors that facilitated/hindered achievement, and to compile lessons learned. You are kindly requested to answer all applicable questions in this schedule and, if possible, provide any additional information that will facilitate this important exercise. Thank you for your support.

A. Background information

1. District……

2. Name……

3. Work Title ……

4. Year of employment……

B. Advocacy and National Alcohol Policy (Draft)

1. Briefly explain your role in the project

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2. Who do you train and work with? Name all with stake

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3. How can you rate your relationship with each stakeholder? 1: worst – 10: Best

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4. What are the reasons behind the worst relationships you have?

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5. Currently what materials have been adapted in your line of duty?

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5. At what Phase of implementation is the draft of the Policy?

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7. Which government ministries/departments do you work with?

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8. In your own words, please explain the relationship with government

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9. What do you think is the stumbling block in the policy's progression to legislation?

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10. What measures could be put in place to counterattack the challenges?

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11. How do you mobilize the nation to support the policy and take part in the organized activities?

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12. Which media channels do you use to advocate?

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13. How many people have you reached so far? And what was the initial target?

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14. What challenges have you faced in advocating for and implementing the Policy?

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15. Are you happy with the draft Policy, or do you feel there are gaps that still need to be bridged?

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16. What challenges do you face in your line of work?

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17. What can you say about the whole project?

Strengths:

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Weaknesses:

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18. Any other comments:

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19. Please attach or list any publications, reports or documents produced by your Alliance which you consider relevant to this evaluation:

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Data Collection Tool for EX-CLIENTS

This is an independent evaluation of the BCAOTP project. This evaluation at end of project cycle is designed to assess the achievement of the results, the factors that facilitated/hindered achievement, and to compile lessons learned. You are kindly requested to answer all applicable questions in this schedule and, if possible, provide any additional information that will facilitate this important exercise. Thank you for your support.

A. Background information

1. District……

2. Number of Individuals in Group……Male……Female……

3. Age Range of Group Members……..

B. Counselling and Rehabilitation

1. How many have received counselling therapy since:

2017.....2018.....2019.....

2. Do you have one-to-one sessions or group sessions?

.....

3. At least how many sessions do you have:

Weekly.....Monthly.....Yearly.....

4. Are you happy with the spacing of the sessions?

Yes? Why? ……

No? Why? ……..

5. Do you trust your counsellor and her abilities to guide you?

Yes? Why?

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No? Why?

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6. Do you feel the sessions are helping you? If not, why?

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7. At least how many of you have: quit? ……reduced? ……. relapsed?

8. What do you find most challenging in this journey of treatment and rehabilitation?

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9. Do you feel empowered to face your communities when released, without the temptation to relapse?

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10. What strategies do you think could be employed to best help you with the addictions?

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11. Any Comments?

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Data Collection Tool for CURRENT PATIENTS

This is an independent evaluation of the BCAOTP project. This evaluation at end of project cycle is designed to assess the achievement of the results, the factors that facilitated/hindered achievement, and to compile lessons learned. You are kindly requested to answer all applicable questions in this schedule and, if possible, provide any additional information that will facilitate this important exercise. Thank you for your support.

A. Background information

1. District……

2. Male……Female…….....

3. Age Range of Group Members……..

B. Counselling and Rehabilitation

1. You have been receiving counselling therapy since:

2017.....2018.....2019.....

2. How did you learn about the mobile team? Referral, Please explain

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3. Do you have one-to-one sessions or group sessions? 76

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4. At least how many sessions do you have:

Weekly.....Monthly.....Yearly.....

5. Are you happy with the spacing of the sessions?

Yes? Why? ……

No? Why? ……..

6. Do you trust your counsellor and her abilities to guide you?

Yes? Why?

……

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No? Why?

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7. Do you feel the sessions are helping you? If not, why?

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8. Since attending therapy sessions, have you:

Quit? ……reduced? ……. relapsed?.....

9. What do you find most challenging in this journey of treatment and rehabilitation?……

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10. Do you feel there is prejudice or stigma attached to going for treatment? Explain

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11. Do you have your family's support? Community support?

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12. Any Comments?

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Data Collection Tool for FAMILIES of EX-CLIENTS

This is an independent evaluation of the BCAOTP project. This evaluation at end of project cycle is designed to assess the achievement of the results, the factors that facilitated/hindered achievement, and to compile lessons learned. You are kindly requested to answer all applicable questions in this schedule and, if possible, provide any additional information that will facilitate this important exercise. Thank you for your support.

A. Background information

1. District…….

2. Male……Female…….....

3. Relation to the patient…….

B. Counselling and Rehabilitation

1. You have been receiving counselling therapy since:

2017.....2018.....2019.....

2. Do you have one-to-one sessions or group sessions?

.....

3. At least how many sessions do you have:

Weekly.....Monthly.....Yearly.....

4. Are you happy with the spacing of the sessions?

Yes? Why? ……

No? Why? …….

5. Do you trust your counsellor and her abilities to guide your family member?

Yes? Why?

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No? Why?

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6. Do you feel the sessions are helping you and the patient? If not, why?

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7. Has your family member: quit……reduced ……. relapsed.....

8. What do you find most challenging in supporting him/her?

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9. Do you feel the community/village is also empowered to support the patient?

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10. What strategies do you think could be employed to best help you and the patient?

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11. Any Comments?

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Data Collection Tool for BCN MANAGER

This is an independent evaluation of the BCAOTP project. This evaluation at end of project cycle is designed to assess the achievement of the results, the factors that facilitated/hindered achievement, and to compile lessons learned. You are kindly requested to answer all applicable questions in this schedule and, if possible, provide any additional information that will facilitate this important exercise. Thank you for your support.

A. Background information

1. Name…….....

2. Position…..…….

3. Gender…….Male.....Female

4. Year of employment…….

B. Organizational Plan

1. Briefly explain your role in the project

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2. Do you have a BCN representative assigned in Lesotho? Name them

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3. Do you feel they each understand their roles and responsibilities clearly? Explain

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4. What added-value has the Blue Cross Norway contributed besides funding, if any?

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5. How can the project be advised to secure future sustainability?

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6. How effective is the implementation of the project as a whole, in terms of use of resources, use of funds and how it is organized?

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C. The BCAOTP Project

1. Were you and your team part of the planning process of the Project?

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2. Where does your team fit in within the project cycle?

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3. What activities have you achieved so far (under the BCAOTP Project)?

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4. What frameworks have been proposed or adopted with the help of the project?

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5. What challenges have you faced so far as BCN?

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6. in your own opinion, how successful were the activities carried out by BCAOTP?

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7. What do you think BCAOTP project could have done better since the inception period?

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8. Comment on efficiency of resource utilization under the BCAOTP project in general

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9. What would you say are the projects?

Strengths:

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Weaknesses:

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10. Any other comments:

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Data Collection Tool for COMMUNITY LEADERS and LOCAL AUTHORITIES

This is an independent evaluation of the BCAOTP project. This evaluation at end of project cycle is designed to assess the achievement of the results, the factors that facilitated/hindered achievement, and to compile lessons learned. You are kindly requested to answer all applicable questions in this schedule and, if possible, provide any additional information that will facilitate this important exercise. Thank you for your support.

A. Background information

1. District……………………………………………………………………………………

2. Village/Police Station…………………………………………………………………..

3. Do you know about the BCAOTP Project? Yes?.................................No? ……….

4. In your own words, what is the project about?
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B. Information on the Quality of Trainings Offered

1. Have you been trained by BCL: TBC?

2017?.................................2018?..................................2019?...................................

2. At least in a year, how many trainings have you been to? ....

3. What were the trainings about?

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…………………………………………………………………………………………………….

4. Who offered the trainings?

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5. Name three things or more you liked about the trainings?

a) ……..

b) ……..

c) ……..

……..

6. Name three things or more you disliked/ felt uncomfortable with, regarding the trainings

a) ……

b) ……

c) ……

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7. Do you feel empowered to facilitate the trainings on your own (training other people)?.....

8. if not, what are the reasons behind?

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9. Have you been awarded a certificate by BCL: TBC?

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10. What is the significance of the certificate/ what does it mean to you?.....

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C. Knowledge and Advocacy on the National Alcohol Policy (Draft)

1. Have you seen the Lesotho Alcohol Policy draft?

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2. What exactly is the role of this policy/ what does it do?

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3. As advocates of the policy, how do you see yourselves playing your role (How do you fit in)?

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4. What actions have you taken so far in your communities to support the Policy?

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5. What challenges do you face as Leaders/Authorities in advocating for the support measures to reduce substance abuse and alcohol addiction in your communities?

a)

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b)

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c)……

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6. What strategies do you think would be best in advocating for the Policy?

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7. Do you feel you say the mission of advocating with other leaders/ do you work towards the same goal?

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8. Do you think your communities understand your message?

Yes? Why do you say so?

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No? Why do you say so?

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9. If this project ends, do you feel you are empowered and equipped enough to carry through the work without regular guidance?

Yes?……

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No?……

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10. Comment Freely on the BCAOTP Project

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