

AN EVALUATION OF

The Schools-Based Component of MSF's Tuberculosis Programme

IN ESHOWE, SOUTH AFRICA 2019-2021

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BACKGROUND

MSF began working in Eshowe in 2011. The initial programme focused on HIV and once the 90:90:90 goals had been achieved, the programmes switched to TB. This was followed by the introduction of a schools-based TB programme in 2019 with a view to improving case detection and prevention within schools. This evaluation has a specific focus on lessons learned about the design and implementation of the school-based component of the Eshowe TB programme.



MIXED-METHODS APPROACH



DESK REVIEW



3 KEY INFORMANT INTERVIEWS



THEORY OF CHANGE



2 FGD SESSIONS & GROUP INTERVIEWS



IN-DEPTH INTERVIEWS



SURVEY WITH LEARNERS (5 SCHOOLS)

LESSON LEARNED

- 1: Developing a Theory of Change during programme design helps to understand the desired outcomes and set indicators.
- 2: Relying solely on modules to mobilise young people against TB may not be effective as TB incidence in this group is low.
- 3: School-based programmes requires both clear content and functional implementing context for effectiveness.
- 4: Conducting needs-analysis before implementation helps to ensure best use of resources.
- 5: Knowledge alone does not lead to behavioural change
- 6: The Covid-19 pandemic provided an opportunity to enhance the programme.

CONCLUSIONS

Schools-based programmes have enormous potential to reach an often-vulnerable group of young people in a controlled environment, and with the correct processes in place, demonstrate enormous potential for change.

The schools-based component of the Eshowe TB Programme was designed without an understanding that knowledge alone does not result in behaviour change. To be able to change behaviour in relation to TB, it was imperative that the programme be designed with the input of a Social Behaviour Change Communication (SBCC) Specialist.

There is limited evidence of the schools' taking ownership of the programme in three of the five schools. This reduces the likelihood of sustainability beyond MSF.

Schools-based component of the HIV programme was successful because it had taken place while the 90-90-90 targets were achieved, and that consequently a schools-based TB programme would be successful is not evidence-based.

It was further found this component of the programme had not been implemented according to its initial design, and this makes it more difficult to establish the true extent of outcomes for learners, to ensure sustainability of the programme, or to ensure its replicability and implementation in alternative contexts.

The inconsistency in quality and gaps in processes suggest that MSF is better positioned to focus on its core strengths in biomedical programmes and technical assistance.

All future programmes would be strengthened by considering the theory of change behind any intervention at design phase.