Stop TB Partnership

COMPLETION REPORT

1. Please provide a copy of the grant budgeting expenses
(You may attach it to this report)

At the end of the financial report, please add an acquittal declaration signed by an appropriately authorized officer of the funded organisation stating the following:

'I declare that:

- this report is complete and accurate
- the acquittal is a correct record of income and expenditure for this project
- the expenditure detailed in the acquittal has been extracted from the organisation's financial accounting records
- a detailed record of income and expenditure at an individual item level is available
- The funds allocated to this project were used in accordance with the contract and the Application Form, including any variations to the project approved by the Stop TB Partnership Secretariat in writing.'

Signature:

MACOBO
MALOSA COMMUNITY BASED ORGANISATION
P.O. Box 71, CHILEMA

Full name of authorized officer: **Henry Jefferson Chikakuda**

Position in the organization: **Organization Director**

Date: **Monday, 13 February 2012**

2. Abstract (10-line summary of the project results & outcome)

The Stop TB Partnership worked with MACOBO in Malawi from August 2010 to October 2011. Coverage included 4 health facilities of Bimbi, Chamba, Pirimiti, and St. Luke's with an approximate population of 17,383. Fifty-one volunteers from 20 HSAs were trained in TB control and managed Sputum Collection Points. 22 Sputum Collection Points were established and operationalised. A total of 365 TB suspects taken from 22 Sputum Collection Points were referred for TB diagnosis. Eighteen cases were TB smear positive and a total 29 TB patients were started on TB treatment. 19 PLWHA were screened for TB and 10 were started on TB treatment. A total of 4,413 community members were reached with TB/HIV messages through open days and community awareness meetings.

Do you agree to this Completion Report being published on the Stop TB Partnership website? YES

3.1 Summary Table

- Please read the document 'guidance for CFCS applicants' before completing this table
- Outputs are immediate results achieved as a consequence of the activities carried out. They are usually measured in units of service (for **example**, the number of persons you trained or number of policy meetings held).
- Outcomes are not what you do, but what changes for the people or groups you serve. They are measurable changes in health indicators, health care services, or policies. Outcomes should always be measured with indicators that describe your outcome in numerical terms (e.g. the number of people who go for testing, the % of patients who default, etc).
- Outcomes should be measured before the activity (baseline outcome indicator) and after (outcome achieved).
- Your planned output must use the same indicator as your achieved output. Similarly, the outcome should be measured using the same indicator both before (i.e. at baseline) and after (outcome achieved) the activity takes place.
- Your targets (output and outcome) are what you hope to achieve. Your targets are then compared to what you actually achieved.

Objective	Activity	Planned Output	Achieved Output	Duration	Outcome indicator at baseline (Before activity)	Outcome Indicator at completion (after activity)
To strengthen the capacity of 100 volunteers and health facility staff to integrate TB and HIV, prevention, care and	1.0 Train 40 volunteer and 20 health facility staff in TB control at community level	3 TB control training sessions. 40 volunteers and 20 Health facility staff trained.	4 TB control training sessions. *51 volunteers and 20 Health facility staff trained.	(Oct 2010 to Oct 2011)	Low community on case detection and few TB cases detected and commenced on treatment	29 TB suspects detected with TB, 29 TB patients started on TB treatment
	1.1 Orientation of 40 volunteers on infection prevention	3 orientation infection prevention sessions conducted. 40 volunteers oriented	4 orientation infection prevention sessions conducted. 51 volunteers oriented	Oct 2010 to Oct 2011	Limited volunteer's knowledge on infection prevention on TB	4 orientation infection prevention sessions conducted. 51 volunteers oriented and knowledgeable and practising infection prevention when handling sputum spacemen and patients of TB

* The 51 is coming up because the budget at first was to train 40 so other balances from this line budget made us to train extra 10 volunteers

Objective	Activity	Planned Output	Achieved Output	Duration	Outcome indicator at baseline (Before activity)	Outcome Indicator at completion (after activity)
support by March, 2011	1.2 Orientation of 50 PLWHA and 20 Former TB patients on TB/HIV activities	3 TB/ HIV activities orientation sessions conducted. No. 50 PLWHAs and 20 former TB patients oriented on TB activities.	3 TB/ HIV activities orientation sessions conducted. No. 50 PLWHAs and 20 former TB patients oriented on TB activities.	Aug 2010	Limited skills on screening fellow PLWHAs on TB and other diseases. Few PLWHAs detected with TB were followed to accessed TB treatment. Few PLHA were on ART due to fears and lack of knowledge on ART.	29 TB suspects and 10 PLWHAs detected with TB. 29 TB patients and 10 PLWHAs started on TB treatment[†]. 19 PLWHAs started on ART.
	1.3 Orientation of 40 volunteer to screen TB contacts	3 TB screening orientation sessions conducted 40 volunteers oriented on TB screening.	[‡]Increased TB suspects and PLWHAs avail themselves at sputum collection centres.	1 month	Only obvious suspects screened through Home based care visit using home based care skills.	365 TB suspects and 10 PLWHAs detected with TB. 29[i§] TB patients and 10 PLWHAs started on TB treatment. 6TB patients test for HIV and started on ART 19 PLWHAs started on ART.
	1.4 Conduct household visits	40 volunteers participated in household	[**]Increased No. of chronically ill households	12 months	Few CIs households received quality care and support.	278 of CIs visited during households visits, 20 CIs referred for TB diagnosis and

[†] 19 PLWHas were identified separately and out of them 10 detected with TB and registered on treatment. 29 patients were diagnosed from sputum collection points and 2 out of the figure died due to malnutrition 10 is a separate number which has its separate register
[‡] This means that volunteers were recorded 365 from all the sputum collection centers that came direct to SCPs.
[§] 5TB patients out of 29 that received TB treatments were identified through contact tracing.
[**] During home visits it was discovered that numerous people suffer most by using local traditional medicine whilst not know the symptoms and signs of TB this helped volunteers to register 278 from this exercise.

Challenge Facility for Civil Society (CFCS)
Name of Organization: Malosa Community Based Organization

Objective	Activity	Planned Output	Achieved Output	Duration	Outcome indicator at baseline (Before activity)	Outcome Indicator at completion (after activity)
	through 40 volunteers	visits.	received care and support.			started on TB treatment
	1.5 Procure and Distribute 120 T-Shirts for volunteers	119 TB T-shirts procured. 100 volunteers and 19 partners[††] receive the T-shirts.	[‡‡]Well accepted and trusted volunteers by the community.	8 months	Volunteers not well accepted by the community because they had no identity as TB/HIV community volunteers. Low attendance at meetings organized by TB volunteers	4413[§§] people reached with TB/HIV messages in two zones. Bimbi: 1248 women 603 men 166 children Chamba: 785 women 248 men 371 children Pirimiti: 982 220 youths 332 men, 430 women,
	1.6 Establish community sputum collection points	20 SCPs established	[***]Trained volunteers start referring TB	12 months	No TB suspects were referred for TB diagnosis using community initiative from impact areas	365 TB suspects referred for TB diagnosis 29 suspects detected with TB 29 TB patients commenced on TB

[††] Partner to access T-shirts include HSAs, DTOs, project staff
IMACOBO did not conduct baseline survey
[‡‡] The program has managed to register more suspects because with the presence of T-shirts as identity also made suspects to confide their secrets to them.
[§§] Still at each activity volunteers were assigned to headcount community attendance hence the figure.
[***] A total of 51 volunteers were trained and empowered to refer TB spacemen to health facility.

Objective	Activity	Planned Output	Achieved Output	Duration	Outcome indicator at baseline (Before activity)	Outcome Indicator at completion (after activity)
			suspects through 22 functional[†††] SCPs. [‡‡‡]More people access TB services within reach		especially Bimbi and Chamba	treatment

[†††] The extra 2 sputum collection points benefited from Stop TB partnership funding in the form of training and the logistics (sputum metal boxes, bicycles, pales, basins, sputum bottles, chronic cough registers etc) are being sourced through the District Health Office and other stakeholders such as St Luke's hospital.
[‡‡‡] Apart from the data gathered more than 20 people per week access TB services as per reports from the TB offices in every health centers.

3.2 Discuss 2 to 3 of the most important outcome(s) of the grant. These may be expected or unexpected outcomes.

The use of bicycles at the sputum collection points, intended for sputum transportation to microscopy centres on other critical cases prevalent in the community to referral health facilities or hospital, is a positive unexpected outcome. This is helping to alleviate the sufferings and mortality rates of such cases (e.g. malaria and pregnant women).

An expected outcome is that the community has become aware of the presence of TB/HIV services that are within their reach and TB suspects are being referred from the community to sputum collection points for submission of sputum to be examined at the microscopy centres.

3.3 Does this grant have an advocacy component? If so, how does this grant contribute to a broader advocacy plan that your organization is following. (Depending on the grant it may not be applicable to answer)

It has strengthened collaboration and networking among local communities to identify on their own suspects and refer them for early treatment. All sputum collection centres has formed a networking team which meets quarterly at Health centre aiming at sharing challenges and successes done in their locations, the exercise is done together with staff from the health centres for proper guidance.

3.4 Did the project encourage community members to come together to address TB or another health issue? These are not the planned activities in the grant proposal; these are activities that were carried out by community members after benefiting from your project.

After TB training community members came up with other needs to address other problems such as malaria and nutrition in TB patients.

- **Through networking, the community were linked to Malaria against Foundation to provide 9,500 free insecticide treated nets.**
- **MACOBO provided training in making peanut butter using locally available materials such as (*wooden mortal and pestle , winnowing basket ,groundnuts , sugar, salt,*)**

3.5 How did the gap/challenge/policy issue originally described in the application form (funding proposal question 1: introduction) change?

The bottom up approach (submitting sputum at Sputum Collection Points) used in establishing and operational zing Sputum Collection Points has helped the community to better understand the importance of early case detection of TB and subsequent TB treatment by screening TB suspects and any person with symptoms suggestive of TB using a simple questionnaire.

PLWHAs, through their group therapy, are encouraged to conduct TB screening among them using a simple questionnaire. This has helped in early case detection of TB, thereby benefiting from early TB treatment. This is in line with the policy which aims at reducing mortality among PLWHAs through an increase of case detection of TB.

Bringing TB services closer to the community has helped to clear misconceptions about TB and HIV/AIDS. Many people in the community now are aware that TB is curable even in the presence of HIV.

Stigma and discrimination against HIV/AIDS and TB in areas where TB/HIV services have been implemented is declining; this is evidenced through care and support which community members, including the family, have rendered to the affected people. Above all, the testimonies from Former TB patients and PLWHAs have encouraged the community to feel there is hope in TB/HIV management initiatives, because the formerly ill are now competing with them in all socio-economic activities.

3.6 How is the organization going to sustain the activities started with the grant?

This project has been implemented through community involvement and participation. These communities have village health committees that are already addressing health issues in their constituencies and some of these members are trained in the management of Sputum Collection Points. The organization will continue to link up with these village committees in collaboration with the Health surveillance Assistants and District TB officers in conducting supervision and above all empowering community health workers to take up the responsibilities of conducting supervision and capacity building for the volunteers. TB/HIV prevention, care and support activities will continue to be carried out by volunteers from the same community through a home based care initiative. **The project will also continue to establish linkages with other stakeholders, like government health facilities and other government departments such as the socio-welfare and NGOs in order for the affected to benefit from other services offered by them. For example, NGOs may provide nutritional, family planning and other livelihood services.** **MACOBO has already submitted proposals to the National AIDS Commission through the District Assembly to get funds from the Global Fund to support the continuation of implementation of the integrated TB/HIV activities.**

4. Results: Only complete the indicators that are appropriate to the project. You may add more indicators as required (add indicators that are appropriate for the project).

4. Expected Outcomes - grant results *(identify outcome measures / indicators: For each outcome, identify one or more outcome indicators that could be measured to track progress towards the outcomes, see Guidance for Applicants)*
Outcome 1:40 volunteers and 20 health facility staff trained in TB control
Indicator 1: **51** volunteer trained in TB control and infection preventions
Indicator 2: **20** health facility staff(H S A) trained in TB control
Indicator 3: **50** PLWHAs oriented on TB/HIV activities
Indicator4: **20** former TB patients oriented on TB/HIV activities
Outcome 2: Increased Knowledge of TB and HIV/AIDS among the targeted communities
Indicator 5: **3** TB/AIDS open days conducted in the targeted communities

Indicator 6: **6** community awareness campaigns conducted in the targeted communities
Indicator7: **3002** IEC materials on TB and HIV/AIDS distributed
Indicator 8: **100** volunteers that have received T-Shirts in target area and **19** other partners have received T-Shirts in target areas
Outcome 3: Targeted communities and TB suspects have improved access to TB services.
Indicator 9.0: **22** sputum collection points established and functional
Indicator 9.1: **365** TB suspects submitting sputum at SCPs
Indicator 9.2: **10** smear positive TB patients detected through SCPs
Indicator 9.3: **29** TB patients commenced on TB treatment through SCPs
Indicator 9.4: **19** PLWHA screened for TB
Indicator 9.5: **10** PLWHA detected with TB and commenced on treatment
Indicator 10: **3** referral network meetings conducted.
Indicator 11: **20** bicycles, **20** litres pails, **20** Basins and **20** hand towels and **20** metal sputum boxes procured and distributed.

Results	**Total numbers:**
Approximate number of beneficiaries reached in person: (e.g. small awareness raising mtgs, house-to-house visits, etc.)	**278**
Approx. number of people that received printed information about TB:	**4413**
Number of people affected by TB that were involved in TB open day, community sensitization meetings and village development meetings	**9**
Number of communities under-serviced by health sector are now serviced	**12**
Number of referred cases:	**385**[§§§]
Number of those resulting in TB diagnose:	**49**
Number of defaulters traced:	**0**
Number of cases diagnosed with MDR-TB:	**0**
Number of HIV patients tested for TB:	**19**

5. Include 1 or 2 individual success stories from the grant. Please use the 'information gathering for success stories' found online at:

http://www.stoptb.org/global/awards/cfcs/success.asp

[§§§] Referred from 22 sputum collection centres and identified from household visits.

A TALE OF THE MANYAMBA FAMILY

Friday Manyamba is a 39-year-old man from Ntola Village in Group Village Headman Machinjiri, Traditional Authority Malemia in Zomba. The village is home to about 114 people with the majority of them being poor women whose husbands left for South Africa in search of greener pastures. Most of the people in the area speak the Yao language and practice Islam. Their main health facility is St Luke's Mission Hospital administered/ran by the Upper Shire Diocese of the Anglican Church. The hospital is located at the base of Malosa Mountain Forest Reserve, about three-kilometers away from Friday's house.

Friday's main source of income was from his work as an assistant bricklayer. He worked in different construction companies throughout several districts in Malawi. Friday married his cousin, Esnart Chilupya, and they were blessed with three children. After some time, however, Friday ran away from the responsibility of taking care of his family and went to live in the capital, Lilongwe. Friday continued to work with a construction company and was able to afford a few luxurious such as a cell phone and money. This newfound wealth enabled him to spend most of his leisure time in bars to drink, smoke and visit sex workers.

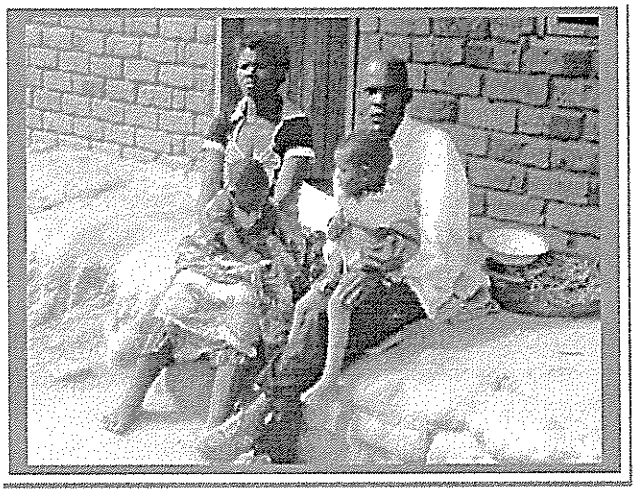
Thereafter, Friday experienced some health problems, forcing the construction company to eventually dismiss him. He was then forced to go back home for parental care since none of his friends in Lilongwe could afford the time to look after him. He had a persistent cough that lasted more than two months, accompanied by fever, chest pains, difficulties when breathing, loss of weight, and haemptysis problems one after the other over several months. Friday's illness was very costly and he sold everything he had in search of assistance from the traditional healers who charge exorbitant fees for their services. The idea came about after he visited many hospitals which resulted in doctors only prescribing antibiotics that, unfortunately, are just a mere painkiller.

Surprisingly during this time, his former wife remarried to a fisherman who relocated her and the three children to Lake Chilwa. Unfortunately, the fisherman also died of TB and this forced the wife to return to her original home, now with four children, to live in extreme poverty.

Villagers informed Friday's mother about the medical help available at the offices of Malosa Community-based Organisation (MACOBO) as a nearby resident also received treatment from the facility. Thereafter, the villagers carried Friday to MACOBO's main offices in the area. He lost his old and upon trying to find out from him on when he started getting sick, he had lost his old health passport book. This put MACOBO in a very tight situation because it was very difficult to help. After Friday explained his symptoms, he was told to submit sputum at the MACOBO sputum collection center and a volunteer was assigned to help in the examination process, which was done for free.

Results showed there were traces of tuberculosis bacteria in his sputum and after the positive TB diagnosis; he was admitted to the hospital for 14 days. After two weeks, he was released and instructed to continue treatment at home. MACOBO hospital covered Friday's medical expenses, totalling MK 2,413 (14.11 US Dollars). While at home, the patient continued taking the drugs, but his condition persisted. A qualified MACOBO volunteer referred Friday to St Luke's Hospital, where, upon his arrival and undergoing testing, he was found HIV positive. He was not surprised with the results and informed the health personnel how he acquired the virus. Eventually Friday started taking ARVs after completing TB treatment and interestingly, he reunited with his former wife who is battling skin cancer and HIV.

The family is living happily and the couple is continuing to take ARVs. They also welcomed a new addition to the family over a year ago with the birth of their fourth child. Friday is now selling roasted maize at Namwera Turn-off Trading Center to earn some income for his living and makes about MK 1500 per day (8.77 US Dollars)



Do you agree to us publishing on the Challenge Facility / Stop TB Partnership website any of these success stories? YES

Do you have the written or verbal consent of the people on the picture that allows you and us to publishing it on the website? YES

6. Please complete the 'CFCS Financial Report Form' (Annex I) and submit a detailed Financial Report.

ANNEX I **CFCS Financial Report Form**

Part I: Funding Status

Recipient Organization: Name and complete address	**MALOSA COMMUNITY BASED ORGANIZATION, POST BOX 71, CHILEMA-MALOSA, Email:macobo@sdnp.org.mw**
Total grant approved (US$)	**20,000.00**

Grant Period from 2010 (DD/MM/YYYY) to 2011 (DD/MM/YYYY)

Period covered by this financial report July,2010 (DD/MM/YYYY) to Oct 2011 (DD/MM/YYYY)

Challenge Facility for Civil Society (CFCS)
Name of Organization: Malosa Community Based Organization

Funds status	Date received	Amount in US$
1st disbursement	**30/07/2010**	**10,000.00**
2nd disbursement	**04/04/2011**	**9,042.61**
3rd disbursement		
Total Funds received (sum of Tranches received as of the date of this report) **(A):**	**30/10/2011**	**19,042.61**
Grant award **(C):**	**30/10/2011**	**19,042.61**
Amount Spent**** **B:**	**27/10/2011**	**19.042.61**
Unspent funds **(A-B):**		**0**
Undisbursed funds **(A-C):**		**956.38**

MACOBO
MALOSA COMMUNITY BASED ORGANISATION
P.O. BOX 71, CHILEMA

Certified by††††:

Signature
Name: **Henry Jefferson Chikakuda**
Title: **Organization Director**

**** Spent means cash that has been paid out from the bank account into which grant money is being received.
†††† Certified by the Head of the Organization receiving funds

Part II: Expenditure Status by Activities

Expenditure by budget line (please provides the same detailed tasks or budget lines and approved budget as per your approved proposal)

Task (budget line)	Approved budget to be spent in US$ (A)	Amount allocated‡‡‡‡ by Grantee from funds received to date, in US$ (B)	Actual expenditure in US$ (C)	Variance in US$ (B-C)	Comment
1. Activities (itemized as per approved budget)					
SALARIES					
Project coordination	1,216.55	604.65	1,216.55	-608.27	
Project acc	720.00	360.00	720.00	-360.00	
Data clerk	502.88	251.44	502.88	-251.44	
Salaries for 3 people	**2,439.43**	**1216.09**	**2,439.43**	**-1219.71**	Month of January there was 190.82USD used instead of 193.56 USD due to bank charge at time of printing provisional statement.2.74 usd charged. See January financial report
TRANSPORTATION					
Equipment maintenance	165.52	0	165.52	165.52	
In country travel	248.28	20.69	248.28	227.59	
Lodging and per diem	198.62	16.55	198.62	182.07	
	612.42	37.24	**612.42**	575.18	
OFFICE EXPENSES					
Office Utilities	165.52	165.52	165.52	0	
Office supplies	248.28	248.28	248.28	0	
Telecommunications and postage	124.14	124.14	124.14	0	
Bank fee	82.76	82.76	82.76	0	
	620.70	620.70	620.70	0	It was discovered that calculations of other activities during the second funding

‡‡‡‡ Distribution of funds received by activity planned in the first half of the grant duration

					was under calculated due to different in foreign currency hence some other activities(bank fee, telecommunications, were not appear.
OTHER DIRECT COSTS					
TB Training	4,228.24	2,818.83	4,228.24	1,409.41	With first funding 2 initial training conducted and the other one finished later with second funding.
Orientation of 50 PLWHAs and 20 X-TB patients	1,500.76	1,500.76	1,500.76	0	This group had their first sessions to clearly the misconceptions which others had to each other.
Conducting community sensitizations.	1,378.45	1,378.45	1,378.45	0	This activity took place in second funding deliberately because those two groups were used to used direct and contact to see the impact of the project if has welcomed by community themselves. All materials were distributed in second phase.

Certified by[9]: Henry Chikakuda

Signature:

MACOBO
MALOSA COMMUNITY BASED ORGANISATION
P.O. Box 71, CHILEMA

[9] Certified by the Head of the Organization receiving funds