

3. Please complete the 'CFCS Financial Report Form' (annex I)

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 authorised 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: M.C. MATEMBA

Full name of authorised officer: Machilika Matemba

Position in the organisation: Executive Director

Date:

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

For the first time in Mwanza, Malawi, the community are able to understand HIV and TB and other illnesses. The health workers had little knowledge in TB diagnosis and its complications but after the trainings they are now able to refer the patients to the nearby health centres. There were no sputum collection points right away in the communities but now 5 of them have been established and people are able to submit their sputum bottles timely. Only the PLHIV and other groups had time to gather and discuss more about their issue/challenges but now the project has assisted in the establishment of 12 TB Clubs in the communities around Nthache and STA Govati areas for the TB clients to meet and discuss. The project also strengthened the working relationship among key health players in the district of Mwanza, i.e. traditional healers, health workers and other civil society organizations.

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 influence early health seeking behaviour of TB suspects through health promotion	Sensitization meeting to DEC	70 DEC members were invited.	70 stakeholders invited accepted to assist MWASO	July-Sept, 2011	100% stakeholders agreed to support the project	75 % of the stakeholders are able to give advice to suspected TB people and referring to the nearby health facility for diagnosis.
	Sensitization meeting to local leaders.	70 local leaders & traditional healers from Thambani to be sensitised	70 local leaders and traditional healers were sensitised	July-Sept, 2011	100% stakeholders agreed to support the project	95 % of the local leaders and traditional healers are able to give advice to suspected TB people and referring to the nearby health facility for diagnosis.
	Conduct Community awareness meetings	To conduct 3 meetings and distribute 265 T-Shirts.	3 meetings conducted and 265 T-shirts blended with TB message distributed.	July-Sept, 2011	90% of people reached to understand the importance of early diagnostic and treatment of TB.	90% Of the people are able to discuss and understand TB and refer of escort their relatives to health centres for diagnosis and guard them when receiving TB treatment.
To improve on case	Training of HSAs and other	5 days training for 15	30 people were trained	July-Sept, 2011	100% trained to acquire basic skills of	80% of the trained HSAs and traditional healers are able to refer

Objective	Activity	Planned Output	Achieved Output	Duration	Outcome indicator at baseline (Before activity)	Outcome Indicator at completion (after activity)
finding and good diagnostic practices in order to deliver and monitor effective treatment.	communities on TB.	HSAs & 15 communities.	facilitated by TB Coordinator and his Assistant		TB (67% HSAs and 33% community).	the TB suspects to the nearby health facility or advise them to submit their sputum to the sputum collection points established.
To provide care and support for TB/HIV patients and prevent TB in HIV positive patients.	Establishment of TB Clubs	7 clubs to be established.	12 TB clubs already established.	July-Sept, 2011	25% membership to be on TB treatment	75% of the TB patients are HIV+ and that has really improved in the increasing in the disclosure of the people of their status.
	Supervisory visits to clubs per month	5 supervisory visits to be conducted per month	15 supervisory visits conducted	July-December, 2011		
To conduct participatory monitoring and evaluation of project activities in order to track progress and share lessons learnt	To conduct 2 quarterly meetings with stakeholders.	40 stakeholders to be in attendance.	-1 meeting -40 stakeholders attended the meeting	July-December, 2011	50% of stakeholders to be involved in the monitoring and evaluation of the project.	75% of the stakeholders were involved in the participatory monitoring and evaluation of the project and tracked progress and share lessons learnt.

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

1. Establishment of 5 sputum collection points in the project area due to the project.
2. Three Village Headmen came out with their TB status that also encouraged more people to seek for early TB diagnosis at the health centres.
3. Three TB Clubs have cultivated their garden and planted maize and MWASO has supported them with 2 bags of fertilizers each for them to assist others in the near future who will have the problems of food shortage.
4. The willingness and commitment by the HSAs to assist the TB clubs in technical and other issue of the club running.
5. Communities now are able to understand that TB is a curable and preventable disease if one takes an appropriate action that manifested to expectation of reduction in TB Clients in the year 2011 in Mwanza District and Malawi as a whole.

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)

Almost all the community in the project area were complaining for the delay in receiving the results after the sputum has been sent to the DHO due to distance, poor road network and transport. But after MWASO advocated for early diagnosis of the TB suspects with the community, THE Mwanza DHO has now opened out 5 sputum collection points in the villages for the TB suspects to provide their sputum and receive the results at least sooner and better than before by using the HSAs who are being used as transporters of these to and from the DHO for diagnosis.

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.

- 1, Establishment of the 5 sputum collection points in the communities initiated by the community themselves and the HSAs.
- 2, Establishment of communal gardens by three TB clubs where they have planted maize and other crops upon their own initiative and the HSAs.

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

Mwanza AIDS Support Organization wanted to implement a project called Total Eradication of TB in Mwanza District in collaboration with the Mwanza District Hospital especially in Traditional Authority Nthache and Sub- Traditional Authority Govati as pilot project because the area was more vulnerable to TB and HIV/AIDS than TA Kanduku as they are located in remotest areas away from the District Hospital. The area has more population than the other area. That was planned in line with the National TB Control

Programme of Ministry Of Health of Malawi to sensitize the community on the dangers of TB in HIV patients and other vulnerable groups, train hospital staff in new methods of combating TB and orient the HSAs on the new methods of TB and HIV/AIDS for the people to access early treatment of TB for easy cure. 7 TB Clubs were planned to be established by the TB patients for easy follow-up and easy collection of sputum by health personnel as well as one way of encouraging others to seek for early TB and HIV diagnostic and treatment measures. The project was mainly focus on advocacy for the advantage of early treatment of both TB and HIV/AIDS by PLHIV and other communities.

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

As planned area on in the project proposal, the sustainability of the project activities will continue because of these reasons:

1. The 12 TB Clubs that have been established in the communities are now owned by the communities themselves and are in the hands of the Village headmen as their own groupings
2. The setting up of sputum collection points by the DHO for TB suspects is a permanent community structure that will be there forever and will also contribute to the continuation of the TB activities in the villages after the phasing out of the project.
3. The commitment and ownership by the Health Surveillance Assistants (HSAs) to the TB Clubs has already shown that the activities of the project will be sustainable.
4. The continuation of meetings and reporting by the TB Clubs and establishments of gardens by the TB Clubs has set up a sustainable means of the activities.
5. More people are now aware of the importance of early TB diagnosis and treatment and certainly the TB Clubs membership will increase.
6. The Mwanza District Health Office set up mechanisms to continue supporting the TB Clubs.
7. MWASO will continue supporting the TB Clubs by conducting supervisory and technical support visits as well as reporting to District Health Office on a monthly basis
8. MWASO will continue encouraging TB clubs to establish communal gardens to harvest more food for supplementing their diet.

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).

Results	Total numbers:
Approximate number of beneficiaries reached in person: (e.g. small awareness raising mtgs, house-to-house visits, etc.)	350
Approx. number of beneficiaries reached through other means: (e.g. radio, media, public events, large meetings)	446
Approx. number of people that received printed information about TB:	265
Number of people affected by TB that were involved in TB Clubs	210
Number of communities under-serviced by health sector are now serviced	446
Number of plans/law/policy dialogue meetings held with decision makers	10
Number of plans/laws/policies that have been accepted or approved	7
Number of institutions that the organization collaborated with during this grant	20
Number of referred cases:	43
Number of those resulting in TB diagnose:	21
Number of defaulters traced:	15
Number of people supported through a community mechanism:	112
Number of cases diagnosed with MDR-TB:	43
Number of HIV patients tested for TB:	125

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

-A sixty one aged man by the name of Witness Munduka, from Kasuza Village in Traditional Authority Nthache in Mwanza district survived after he was diagnosed TB+ when one of her daughters died of the deadly disease. He is survived by a wife and two children who are all not on TB treatment. Mr. Munduka and his family earn their living by farming both cash and food crops. He is one of the role models and became the chairperson of Kasuza TB Club after trusted him to lead the group. Mr. Munduka was diagnosed TB + after looking after his daughter together with his wife Elifa. Lack enough, it was only the husband who was infected by the bacteria unlike the wife and other two daughters. He thanked MWASO and Mwanza DHO for the sensitization of early TB diagnosis and treatment that has resulted in many seeking the services and healed.

<http://www.stoptb.org/global/awards/cfcs/bestpractice.asp>

ANNEX I

CFCS Financial Report Form

Part I: Funding Status

Recipient Organization:
Name and complete
address

Mwanza AIDS Support Organization
P. O Box 82
Mwanza
Malawi.

Total grant approved (US\$)

16,325

Grant Period from _____(01/07/2010) to _____(31/12/2010)

Period covered by
this financial report _____(01/07/2010) to _____(30/07/2011)

Funds status	Date received	Amount in US\$
1 st disbursement	August, 2009	8163
2 nd disbursement	November, 2009	6530
3 rd disbursement	June, 2011	1633
Total Funds received (sum of Tranches received as of the date of this report) (A) :		16,326
Grant Awarded (C) :		16,326
Amount Spent* B :		16,326
Unspent funds (A-B) :		0
Undisbursed funds (A-C) :		0

Certified by [†] : Machilika Chavuta
Matemba

M. C. Matemba

Signature

Name

Title

* 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 provide 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 ³ 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)					
Sensitization meetings to DEC and local leaders.	1010	1010	1010	0	All went well and the budget was enough
Training of HSAs and communities	2303.5	2303.5	2303.5	0	30 invited people for orientation were present
Community awareness meetings on TB	1068.93	1068.93	1068.93	0	These were most important activities of the project.
Establishment of TB Clubs and orientation.	855	855	855	0	Instead of 7 TB Clubs we managed to establish 12 and its a great achievement.
Monthly supervisory visits to TB Clubs	462.5	462.5	462.5	0	Only the transport issue is a problem
Quarterly participatory meetings with stakeholders.	502.86	502.86	502.86	0	The meetings were very participatory.
End of project review meeting and reporting	520	520	520	0	During the last meeting the T/A Nthache urged MWASO to scale up

³ Distribution of funds received by activity planned in the first half of the grant duration

					the project to his area.
Administrative support and Financial support to UNAIDS (HLM) in New York.	2107.5	2107.5	2107.5	0	This made the supporting staff to implement the project fully.
Sub-Total	8159.79	8159.79	8159.79	0	
2. Procurement (where applicable)					
Procurement of T-Shirts with TB messages	1465	1465			Enough and good quality T-Shirts were procured & distributed.
Procure and distribute farm inputs to 7 TB club as communal support to them.	5539.29				The maize procured & distributed were of much assistant during the hunger period to TB/HIV people.
Sub-Total	7004.29	7004.29	7004.29	0	
3. Total	16326	16326	16326	0	Due to the devaluation of the Malawi Kwacha, we managed to implement all the project activities plus additional money was calculated for the trip to go to UNADIS HLM.