HFFG

TB SCREENING CHECKLIST

NAME: Kobina Anobil

AGE 47 SEX M DATE 20/12/2010

SYMPTOM SCREEN

Do you have any of the following symptoms? (*Please grade the symptoms as indicated)*

	No	Yes
Cough for 2weeks or more	o	(2)
Coughing up blood	o	(2)
Sputum production	o	(2)
Loss of weight in last 3months	o	(1)
Loss of appetite recently	o	(1)
Fever for more than 1 week	o	(1)
Chest pain	o	(1)

PAST MEDICAL HISTORY

Exposure to a TB patient?	Yes	(No)
Have you been treated for TB in the past 5years?	Yes	No.

Total Score: (Max 10)

[illegible]	[illegible]
Cough for 2weeks or more	Suspect
Score of 7 or more on symptom screen	Suspect
Previous TB treatment in last 5years	Suspect

CONCLUSION (Circle) (SUSPECT) **NON SUSPECT**

REQUEST SPUTUM SMEAR MICROSCOPY FOR ALL SUSPECTS

RESULT ***(Circle Final Diagnosis)***

SPUTUM 1: Date 18/11/2010 **POS NEG REF NPC DEA ILL**

SPUTUM 1: Date..... **POS NEG REF NPC DEA ILL**

SPUTUM 1: Date..... **POS NEG REF NPC DEA ILL**

KEY

POS: positive smear result **NEG:** negative smear result **REF:** refused to provide sputum

NPC: non productive cough **DEA:** *died before sputum collection* **ILL:** too ill to provide sputum

HFFG

TB SCREENING CHECKLIST

NAME: Kwame Kakraba

AGE: 40 SEX: M DATE: 4/11/2020

SYMPTOM SCREEN

Do you have any of the following symptoms? (*Please grade the symptoms as indicated)*

	No	Yes
Cough for 2weeks or more	(0)	2
Coughing up blood	(0)	2
Sputum production	(0)	2
Loss of weight in last 3months	(0)	1
Loss of appetite recently	0	(1)
Fever for more than 1 week	0	(1)
Chest pain	0	(1)

PAST MEDICAL HISTORY

Exposure to a TB patient?	Yes	(No)
Have you been treated for TB in the past 5years?	Yes	(No)

Total Score: (Max 10)

Cough for 2weeks or more	Suspect
Score of 7 or more on symptom screen	Suspect
Previous TB treatment in last 5years	Suspect

CONCLUSION (Circle) SUSPECT (NON SUSPECT)

REQUEST SPUTUM SMEAR MICROSCOPY FOR ALL SUSPECTS

RESULT *(Circle Final Diagnosis)*

SPUTUM 1: Date..... POS NEG REF NPC DEA ILL

SPUTUM 1: Date..... POS NEG REF NPC DEA ILL

SPUTUM 1: Date..... POS NEG REF NPC DEA ILL

KEY

POS: positive smear result NEG: negative smear result REF: refused to provide sputum

NPC: non productive cough DEA: *died before sputum collection* ILL: too ill to provide sputum

Challenge Facility for Civil Society (CFCS)

Name of Organization: HOPE FOR FUTURE GENERATIONS

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:
Full name of authorised officer: Cecilia Senoo (Mrs)
Position in the organisation: Executive Director
Date:

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

The goal of this project was to contribute to the NTP's overall strategic objective of achieving World Health Assembly (WHA) and MDG targets by increasing the proportions of cases detected, cured and reducing prevalence of TB death rates by 2015. Specifically, the project sought to improve TB case detection, reduce myths and misconceptions of TB among community members and build the capacity of key stakeholders in advocacy and communication skills.

Through the implementation of this project, 874 community members including HIV positive persons were screened for TB, out of these, 46 suspected cases were referred to the nearest health center for further TB test and treatment and 6 TB cases detected. Community members and PLHIV were educated on TB through community durbars house to house and church/mosque education and radio programs. These people now know

the basic facts about TB. Through the TB screening, there has been early TB case detection, the community now accepts and supports TB clients and have established a community health fund to support community members who have financial difficulties in accessing health care. Additionally, a media advocacy network made up of about 25 media personnel have been formed to increase TB/HIV reporting and advocacy activities in the region.

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

☑ **yes** ☐ **no**

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)[1]**	**Outcome Indicator at completion (after activity)**
To improve TB Case detection among persons living with HIV (PLHIV) and	Train 10 community health volunteers and 10 PLHIV support group leaders (Models of Hope) and 5 sub district staff in TB screening, sputum collection,	Capacity of 10 community health volunteers, 10 PLHIV "Models of Hope" and 5 sub district staff built in TB screening,	5 sub district staff, 13 community health volunteers and 8 PLHIV trained in TB screening,	July, 2010	• No (0) Community member and HIV positive persons	• 874 community members including HIV positive persons screened for TB

[1] No baseline survey conducted. Baseline data is based on approximation from observations and informal interviews held in communities.

Objective	Activity	Planned Output	Achieved Output	Duration	Outcome indicator at baseline (Before activity)[1]	Outcome Indicator at completion (after activity)
community members in ten (10) rural communities in the Ajumako Enyan Essiam District using community structures.	referral and treatment support/monitoring	referral and treatment support	referral and treatment support		screened for TB in their communities • No (0) TB suspected cases referred to the health center for further TB test and treatment. • No (0) TB cases detected in communities and among HIV positive persons.	• 46 suspected cases referred to the nearest health center for further TB test and treatment. • 6 TB cases detected among community members and HIV positive persons.

Objective	Activity	Planned Output	Achieved Output	Duration	Outcome indicator at baseline (Before activity)[1]	Outcome Indicator at completion (after activity)
	Organise quarterly community durbars for TB education, screening and sputum collection	• 4 community durbars organised in each community (4x10 communities = 40) • Community members educated on TB, screened for TB and Sputum of suspects collected.	• 3 community durbars organised in each of the ten communities • Reached out to about 2,321 community members with basic TB information through community durbars	August, 2010 – July, 2011	About 70% awareness of community members on TB but with superficial knowledge and with a lot of myths and misconceptions surrounding the disease (mode of transmission, symptoms, treatment and curability)	2,321 [2] community members and PLHIV educated on TB through community durbars. These people now know the basic facts about TB.

[2] Data collected through participant registration forms. During outreaches, we send sheets round for participants to register. This therefore shows the total on the participants list. There are however others who participated but could not register such as children. These have not been reported on. Data collection was done by staff with support from some very good volunteers.

Challenge Facility for Civil Society (CFCS)

Name of Organization: HOPE FOR FUTURE GENERATIONS

Objective	Activity	Planned Output	Achieved Output	Duration	Outcome indicator at baseline (Before activity)[1]	Outcome Indicator at completion (after activity)
To reduce the myths and misconceptions of TB among community members of 10 rural communities in the Ajumako Enyan Essiam District by the end of the project.	Hold bi-monthly radio talk shows on TB	9 radio talk shows held. Information on TB and issues related with myths and misconceptions provided to target population	• TB radio talk shows held • Communities educated on TB. Myths and misconceptions about TB cleared among most community members		Superficial knowledge and with a lot of myths and misconceptions surrounding the disease (mode of transmission, symptoms, treatment and curability)	Almost all community members have an appreciable level of correct knowledge about TB. Community acceptance of TB clients (Reduced stigma)
	Train 20 youth and TB/HIV clients in interactive theatre performance	20 youth and TB/HIV clients trained in interactive theatre performance and carrying out TB/HIV related interactive theatre in communities	• 23 youth and TB/HIV clients trained in interactive theatre performance • 2 interactive theatre performances carried out in each community	July 2010		
	Organise monthly community outreach, sensitisation and	10 community outreach TB education, house	• 50 (5 in each of the 10 communities)	August, 2010 – June,		

Objective	Activity	Planned Output	Achieved Output	Duration	Outcome indicator at baseline (Before activity)[1]	Outcome Indicator at completion (after activity)
	education activities (e.g. community durbars, home visits etc.)	to house and sensitisation activities carried out with households	community outreaches on TB home visits, church and mosque visit etc) carried out by trained volunteers and staff	2011		
To build the capacity of 30 people in advocacy and communication skills to carry out TB advocacy activities.	Train 5 HFFG staff, 10 traditional leaders, 5 journalists/reporters/radio presenters, 5 CBOs, 5 past TB clients in TB advocacy and communication skills	5 HFFG staff, 10 traditional leaders, 5 journalists/reporters/radio presenters, 5 CBOs, 5 TB clients and past clients trained in advocacy and communication skills	• 7 HFFG staff, 25 journalists/radio presenters/reporters, 4 traditional leaders, 2 CBOs and 5 TB clients and past clients trained in advocacy and communication skills • Capacity of participants built in TB	July, 2010	• No (0) TB advocacy meetings held with district policy makers and community leaders • No (0) Media advocacy programs held in project communities	• 3 advocacy meetings were held with district policy makers and • 10 advocacy meetings held with community leaders. • 4 media advocacy programs held • Media include TB issues in news items. 3 TB activities of HFFG reported

Objective	Activity	Planned Output	Achieved Output	Duration	Outcome indicator at baseline (Before activity)[1]	Outcome Indicator at completion (after activity)
			advocacy and communication skills			by radio stations and TV • Community traditional leaders support community volunteers in carrying out their house to house education and screening. • All stakeholders working together to source funding to support TB clients • The training of the media personnel has given birth to a network of media personnel in
	Organise quarterly Advocacy activities	4 advocacy activities in each community and 2 district level advocacy programs carried out	• 3 advocacy meetings held with district policy makers and 10 advocacy meetings held with community leaders. 4 media advocacy programs held	September, 2010 – June, 2011		

Objective	Activity	Planned Output	Achieved Output	Duration	Outcome indicator at baseline (Before activity)[1]	Outcome Indicator at completion (after activity)
						advocacy on TB/HIV in the Central Region of Ghana. The network [3] will be inaugurated soon. • Communities established community health fund to support TB clients. Community members have become more empathetic to TB clients

[3] The network is made up of 25 media personnel (Radio presenters and reporters, newspaper reporters, journalists and TV program editors. There have been proposal of names for the network such as Central Regional Media Health Network and Media Network for Health Advocacy but the group is yet to decide on the name.

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

1. ***Formation/establishment of a media advocacy network on TB/HIV:***

As a result of the training of the media personnel and other groups on TB and the need for advocacy in the Central Region of Ghana, key media personnel immediately had a caucus meeting and decided to establish a media advocacy network where their main objective will be to use their various media houses to educate and advocate on issues relating to TB/HIV. They decided to involve officials of the Ghana Health Service, especially the Regional and District Directors of Health and the TB/HIV focal persons at the regional and district levels and to liaise with the traditional leaders as well to get information on the TB/HIV related trend and issues in the communities and at the district levels which the media advocacy network will use for advocacy. The media advocacy network is now fully established in the Central Region. If this is sustained, it would be one of the greatest achievements of the project. And to sustain this, HFFG seeks to train the media network in fundraising skills to enable them develop proposals to raise funds to build their capacity further and sustain the project.

2. ***Community's Acceptance of TB clients:***

Throughout the project period, the level of acceptance of TB clients by the community has been very encouraging. Some of these communities have very high TB cases recorded. The TB clients and their immediate family members were highly stigmatised initially, but through this project there has so far been a very high level of acceptance of TB clients by the entire community. Though this outcome was expected, the rate at which this has happened was not expected. This has been as a result of the various strategies used in the communities. Many community members who cough more than two weeks voluntarily go the health facility for screening. TB positive people are supported by family members, volunteers and HFFG staff acted as treatment supporters to adhere to their treatment to prevent default.

3. **Community Support of transport to Hospital through the Establishment of Community Health Fund**

The practice of some community traditional leaders establishing a community health fund and using the proceeds of the fund to support the transport fare of suspected clients and those clients on treatment to the health facility is a good practice. Communities have seen the need to take action/initiative in addressing their health related issues by supporting each other through contributing to the health fund. This belief in their own strengths could go a long way to positively affect prospective development projects in the communities.

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)

This grant has an advocacy component. Advocacy activities were carried out at local (community) levels and at the district levels through Advocacy teams established. This grant has contributed immensely to th overall advocacy plan of the organisation through the training of the media and other stakeholders in advocacy and communication. As part of our program, we are engaged in advocacy for support and provision of services to hard to reach and deprived communities for the eradication of preventable diseases in the communities. With the capacity of key stakeholders built in advocacy, this advocacy team will continue to be used to achieve the overall advocacy goal of the organisation.

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 <u>by community members</u> after benefiting from your project.

The strategy used in this project was building community structures and also building the capacity of the community to take steps in addressing their own health issues. The entire community, from the traditional leaders to ordinary members of the community were made to understand the need for them to take action to address their health issues. Through the establishment of the advocacy teams, these teams (including traditional leaders) ensured that each community carries out specific activities to address their health needs. Though most of the actions taken by the community was on malaria, some communities put in some measures on TB. For instance, in one of the project communities, there was the concept of a "watchdog" where household members were tasked to identify people in the household who were showing signs of TB infection (especially coughing for more than two weeks) and refer them to the community health volunteer for screening. The leaders of the community put in place incentives to motivate people to report.

Establishment of Health Fund in Communities: in all our project communities, we have assisted the communities to establish a community health fund managed by the community to assist people who have critical health conditions. Seed money for the funds were mostly raised during festivals or other community activities where a lot of visited were present. Part of the money is also raised during interactive theatre performances. This health fund is currently helping the communities in supporting their members to access health care.

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

Until very recently, the approaches to TB care and control have been focused in most settings on the essential public health and medical interventions with very limited scope to contribution by communities. This calls for active involvement of CSOs in bringing communities on board through ACSM strategies. Now the National TB Control Program recognises the importance of CSOs in the fight against TB therefore actively involves CSOs in developing strategies for TB eradication in Ghana. Communities have now become more aware of their roles in case-finding, case-holding and retrieving sick people who interrupt their treatment.

Due to the increased awareness and understanding of issues relating to TB, more people in the project district are now willing to seek medical care because they now know that they can be cured and understand that TB is not a spiritual disease. Though there has been an increased understanding/knowledge of TB among project communities, there are still a lot of communities where they still hold on to the belief that TB is a spiritual disease. In our project communities, there is now early TB case detection as a result of the regular TB screening done by the volunteers and staff. Stigmatisation of TB patients has also reduced significantly. Majority of community members no longer go to herbalists and spiritualists as their first point of call. They first visit the health centers. Project communities have now established community health funds to support community members who may not visit the health center due to monetary reasons.

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

Sustainability plans for this project grant started from the beginning of the project. Sustainability issues were considered in planning and implementing all project activities. Some of the ways activities of the project grant will be sustained include;
Interactive Theatre Performances: The theatre troupes were selected from the community. These troupes have been well established and they raise funds during their performances. Hence interactive theatre performance in the community by the trained groups will not be dependent on the project grant. In due course, they would be trained on fundraising skills to enable them support the group. We have ensured that these troupes will be able to function effectively after the grant.

Community Volunteers: Community volunteers trained were selected from a pool of trained volunteers being used by HFFG on other projects. Some of these volunteers are also being used by the Ghana Health service. Therefore, with the added knowledge, exposure and experience gained in implementing this grant, community volunteers will continue to carry out their activities in the community

since they live in the community and have been very well recognized in the community. In some communities, these volunteers have been very well recognized to a point that some people call them "Community nurses". For most of them, this recognition gives them the urge to continue working even without any financial remuneration.

Education through media: With the training of media personnel on the basic facts of TB and advocacy skills, most of them continue to report TB/HIV related issues on their programmes. The Media advocacy network that has been established through this grant, media personnel will continue to see the need to report on and advocate on health related issues especially on TB/HIV will continue.

Treatment Support: with the strong collaboration and partnership established with the District Health Management team and the District TB focal person in implementing this project, the DHMT sees this project as their own too and have been actively involved in most activities, especially getting the appropriate capacities ready for service delivery and committing other resources to the project. HFFG will therefore continue to work very closely with the DHMT and the TB focal person in identifying and referring suspected cases to the health centers through the trained community volunteers, most of whom are also volunteers used by the Ghana health service. The volunteers will also continue to provide treatment support through motivation of the DHMT.

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 number of persons:**
Approximate number of beneficiaries reached in person: (e.g. small awareness raising mtgs, house-to-house visits, etc.)	3,850[4]
Approx. number of beneficiaries reached through other means: (e.g. radio, media, public events, large meetings)	30,000[5]
Approx. number of people that received printed information about TB:	3,500[6]
Number of referred[7] cases:	46

[4] Data from Community Volunteers' outreach data collection forms.
[5] This is an approximation of the total estimated coverage of the radio stations where radio programs were held. Thus information was taken from the radio station based on their coverage. Data for other outreach activities were not added since the radio programs reach the same communities.
[6] Printed materials received from the National TB Control Program and Distributed in communities
[7] Referrals done by community volunteers and HFFG staff

Number of those resulting in TB diagnose:	6
Number of defaulters traced:	3
Number of HIV positive persons screened for TB[8]	242
Number of HIV positive persons referred for TB	28
Number of TB clients supported[9] for treatment	14
Number of people affected by TB that were involved in project activities (Advocacy, education and experience sharing)	3

[8] Data from TB screening form used by volunteers
[9] Support includes psychosocial support by Community volunteers and satisfying clients and T&T support by community through the use of the community health fund.

5. Success Stories from the grant.

HOUSE TO HOUSE TB EDUCATION AND SCREENING SAVES LIVES

Charles Appiah is a 40 year old farmer and has two children living with his sister. Charles lives with his mother and maternal uncle in Abeka, a community about 12 Kilometers from Ajumako, the District Capital of the Ajumako Enyan Essiam District in the Central Region of Ghana. Until he was diagnosed of TB, Charles was very hard working as a farmer but he used all his earnings for smoking "wee" (Indian hemp), cigarettes and drinking alcohol.

Charles realised that he was coughing seriously and eventually, coughing up blood, felt very weak, lost appetite and had chest pains. Through a drama outreach educational durbar organised by Hope for Future Generations (HFFG) in his community, his mother related the signs and symptoms discussed at the educational durbar to what her son was experiencing. She therefore suspected TB and impressed upon him to visit the health center. At the nearest health center, he was referred to the district hospital where he was diagnosed of TB through a sputum test. Charles was immediately put on treatment but he defaulted and his situation deteriorated. He no longer visited the health center.

During a house to house education and screening session organised by HFFG's trained volunteers, Charles was screened for TB and sent to the district hospital for treatment by the volunteer. He was once again put on treatment and the volunteer offered to be his treatment supporter. Through the support of the volunteer, Charles has since adhered to treatment for the past five months. He is now stronger and looking very good.

As Charles said, *"I really thank HFFG and the volunteer for visiting me and sending me back to the hospital for treatment. Because I defaulted, I did not know how to go back to the hospital. I resorted to herbal medicine and my sickness became worse. I almost died. If it hadn't been the visit by the volunteer to my house, I surely would have died. Through the education, visits and support by the volunteer, I have quit smoking and drinking and I am adhering to treatment. I am very happy that I have been brought back to life through the work of the volunteer. I want everybody to know that TB is real but it is Curable and treatment is absolutely FREE. I would want to go everywhere to spread the information to all corners of the country where people are still dying of TB.*

Before Charles was put on treatment again

Charles (Sitting) with HFFG staff and Volunteer

Challenge Facility for Civil Society (CFCS)

Name of Organization: HOPE FOR FUTURE GENERATIONS

TB CASE DETECTION INCREASES IN COMMUNITIES

"I was coughing for several weeks. I took a lot of cough mixtures but I was still coughing. The situation was deteriorating so I moved from my community to another community due to the way the community members started stigmatising me. In this new community (HFFG project community), immediately they realised I was coughing, my cousin advised that the volunteer screens me so the volunteer screened me and went with me to the health center. I was tested and diagnosed to be having TB. I got scared because I thought I was going to die but the volunteer and health officials ensured me that once I adhere to treatment, I would be cured. Since I started treatment, my cousin, the volunteer and the entire community have been very friendly and supportive. I really thank God that I took the decision to go to my cousin in this community. I am gradually getting better but I think that the good work that is being done here should be done in all communities in the district so that all persons living in the district will benefit from it and help eradicate TB from the district. I would have died if I were still in my community and if this project was not initiated by HFFG in my cousin's community." A TB satisfying client, Kwabena Ntsiful testified.

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

☑ **yes** ☐ **no**

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** ☐ **no**

Challenge Facility for Civil Society (CFCS)

Name of Organization: HOPE FOR FUTURE GENERATIONS

ANNEX I CFCS Financial Report Form

Part I: Funding Status

Recipient Organization: Name and complete Address	Hope For Future Generations P.O Box GP20550, Accra - Ghana
Total grant approved (US$)	19,855.00

Grant Period from: **15/07/2010** to **30/11/2011**

Period covered by
this financial report: **15/07/2010** to **30/11/2011**

Funds status	**Date Received**	**Amount in US$**
1st disbursement	15/07/2010	10,012.59
2nd disbursement	1/04/2011	7,862.58
3rd disbursement		-
Total Funds received (sum of Tranches received as of the date of this report) **(A):**		17,875.17
Grant Awarded **(C):**		19,855.00
Amount Spent **B:**		17,806.11
Unspent Funds **(A-B)**		69.06
Undisbursed funds **(A-C)**		(1,979.83)

Certified by[10]:

Signature
Name: Cecilia Lodonu Senoo
Title: Executive Director

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

Challenge Facility for Civil Society (CFCS)

Name of Organization: HOPE FOR FUTURE GENERATIONS

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)

S/N	Task (Budget Lines	Approved Budget to be spent in US$ (A)	Amount Allocated[11] 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)**					
Pre-Implementation Activities						
	Transportation	357.14	357.14	428.57	(71.43)	
	Sub-Total	**357.14**	**357.14**	**428.57**	**(71.43)**	
Project Start Up Workshop						
	Participants Allowance	142.86	142.86	128.57	14.29	
	Meals	85.71	85.71	85.71	-	
	Resource Person Allowance	85.71	85.71	85.71	-	
	Workshop Materials	42.86	42.86	42.86	-	
	Venue	35.71	35.71	35.71	-	

[11] Distribution of funds received by activity planned in the first half of the grant duration

Challenge Facility for Civil Society (CFCS)

Name of Organization: HOPE FOR FUTURE GENERATIONS

S/N	Task (Budget Lines	Approved Budget to be spent in US$ (A)	Amount Allocated[11] by Grantee from funds received to date, in US$ (B)	Actual Expenditure in US$ (C)	Variance in US$ (B-C)	Comment
	Media Coverage	71.43	71.43	71.43	-	
	Sub-Total	**464.28**	**464.28**	**449.99**	**14.29**	
Training of 5 HFFG, 10 traditional leaders and 5 journalist & 5 key stakeholders in Advocacy & Communication skills						
	Meals	145.71	145.71	242.86	(97.15)	
	Transportation	242.86	242.86	145.71	97.15	
	Resource Person Allowance	71.43	71.43	71.43	-	
	Training Materials	72.86	72.86	72.86	-	
	Venue	107.14	107.14	107.14	-	
	Sub-Total	**640.00**	**640.00**	**640.00**	**-**	
Training of 20 youth and TB/HIV clients in interactive theatre performances						
	Mobilization	71.43	71.43	258.93	(187.50)	
	Transportation	714.29	714.29	714.29	-	
	Meals	428.57	428.57	428.57	-	

Challenge Facility for Civil Society (CFCS)

Name of Organization: HOPE FOR FUTURE GENERATIONS

S/N	Task (Budget Lines	Approved Budget to be spent in US$ (A)	Amount Allocated[11] by Grantee from funds received to date, in US$ (B)	Actual Expenditure in US$ (C)	Variance in US$ (B-C)	Comment
	Resource Person Allowance	428.57	428.57	428.57	-	
	Training Materials	25.71	25.71	21.43	4.28	
	Venue	178.57	178.57	178.57	-	
	Sub-Total	**1,847.14**	**1,847.14**	**2,030.36**	**(183.22)**	
Training of 20 volunteers, 10 PLHIV support group leaders in TB screening, referral & treatment support						
	Transportation	471.43	471.43	400.00	71.43	
	Meals	282.86	282.86	264.00	18.86	
	Resource Person Allowance	171.43	171.43	160.00	11.43	
	Training Materials	70.71	70.71	60.00	10.71	
	Venue	71.43	71.43	66.67	4.76	
	Sub-Total	**1,067.86**	**1,067.86**	**950.67**	**117.19**	
Monthly Monitoring & Supervision by project staff						
	Transportation	1,714.29	1,714.29	1,220.00	494.29	

Challenge Facility for Civil Society (CFCS)

Name of Organization: HOPE FOR FUTURE GENERATIONS

S/N	Task (Budget Lines	Approved Budget to be spent in US$ (A)	Amount Allocated[11] by Grantee from funds received to date, in US$ (B)	Actual Expenditure in US$ (C)	Variance in US$ (B-C)	Comment
	Quarterly Joint Monitoring with key stakeholders	857.14	857.14	419.04	438.10	
	Sub-Total	**2,571.43**	**2,571.43**	**1,639.04**	**932.39**	
Bi-monthly radio talk shows						
	Facilitation	514.29	514.29	971.43	(457.14)	
	Transportation	142.86	142.86	342.86	(200.00)	
	Sub-Total	**657.15**	**657.15**	**1,314.29**	**(657.14)**	
Quarterly community outreach sensitization & Education						
	Mobilization	285.71	285.71	209.53	76.18	
	Transportation	514.29	514.29	552.38	(38.09)	
	Refreshment	142.86	142.86	563.33	(420.47)	
	Media Coverage	571.43	571.43	138.10	433.33	
	Hiring of Public Address System	571.43	571.43	467.14	104.29	
	Canopies and Chairs	685.71	685.71	418.10	267.61	

Challenge Facility for Civil Society (CFCS)

Name of Organization: HOPE FOR FUTURE GENERATIONS

S/N	Task (Budget Lines	Approved Budget to be spent in US$ (A)	Amount Allocated[11] by Grantee from funds received to date, in US$ (B)	Actual Expenditure in US$ (C)	Variance in US$ (B-C)	Comment
	Allowance for GHS facilitators & Counsellors	571.43	571.43	662.86	(91.43)	
	Sub-Total	**3,342.86**	**3,342.86**	**3,011.44**	**331.42**	
End of project dissemination meeting						
	Refreshment	285.71	285.71	200.00	85.71	
	Resource Person Allowance	85.71	85.71	80.00	5.71	
	Media Coverage	285.71	285.71	133.33	152.38	
	Venue	35.72	35.72	33.33	2.39	
	Sub-Total	**692.85**	**692.85**	**446.66**	**246.19**	
Administrative Cost						
	Communication	857.14	857.14	757.14	100.00	
	Coordination	2,571.43	2,571.43	2,271.43	300.00	
	Office Supplies	857.14	857.14	808.34	48.80	
	Bank Charges	257.14	257.14	274.99	(17.85)	

Challenge Facility for Civil Society (CFCS)

Name of Organization: HOPE FOR FUTURE GENERATIONS

S/N	Task (Budget Lines	Approved Budget to be spent in US$ (A)	Amount Allocated[11] by Grantee from funds received to date, in US$ (B)	Actual Expenditure in US$ (C)	Variance in US$ (B-C)	Comment
	Sub-Total	**4,542.85**	**4,542.85**	**4,111.90**	**430.95**	
Documentary						
	Documentary	857.14	857.14	533.33	323.81	
	Sub-Total	**857.14**	**857.14**	**533.33**	**323.81**	
Quarterly Advocacy and project review meetings with stakeholders, community traditional leaders on TB stigma reduction						
	Transportation	571.43	571.43	409.53	161.90	
	Meals	342.86	342.86	325.71	17.15	
	Resource Person allowance	85.71	85.71	81.43	4.28	
	Training Materials	42.86	42.86	37.02	5.84	
	Venue	142.86	142.86	135.71	7.15	
	Sub-Total	**1,185.72**	**1,185.72**	**989.40**	**196.32**	
Quarterly advocacy review meetings with community volunteers, PLHIV models of Hope						
	Meals	428.57	428.57	407.14	21.43	

Challenge Facility for Civil Society (CFCS)

Name of Organization: HOPE FOR FUTURE GENERATIONS

S/N	Task (Budget Lines	Approved Budget to be spent in US$ (A)	Amount Allocated[11] by Grantee from funds received to date, in US$ (B)	Actual Expenditure in US$ (C)	Variance in US$ (B-C)	Comment
	Transportation	714.29	714.29	391.90	322.39	
	Resource Person Allowance	342.86	342.86	325.71	17.15	
	Venue	142.86	142.86	135.71	7.15	
	Sub-Total	**1,628.58**	1,628.58	**1,260.46**	**368.12**	
2	**Total**	**19,855.00**	**19,855.00**	**17,806.11**	**2,048.89**	

Certified by[ℜ]: Cecilia Senoo

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Signature

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