"Fight Stigma and Improve Health" Advocacy Campaign for Persons Affected By TB/HIV through Participatory Theatres Approaches in 2 Sub Counties of Mubende District

Project

Completion Report

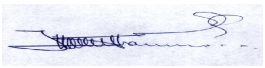
June 2011

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: Muhammad Kyeyune
Position in the organisation: Executive Director
Date: 13th June 2011

2. Abstract (10-line summary of the project results & outcome)
'Fight stigma and improve health project' led to; Improved TB performance indicators that is to say the Case Detection rate (CDR) of the district from 35.7% in 2009 to 44.3% by May 2011, Treatment success has also improved from 73.1% in December 2010 to 80.8% by May 2011, Default rate has been reduced from 17% before our project to 16.1%.There is a local authority's recognition of TB and HIV as serious public health concerns in the district and hence their incorporation in the district health operational plan with an increased budgetary allocation from 25% in the year 2009/10 to 48% during the year 2010/11.There is also a marked improvement in awareness and knowledge on TB and HIV.

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)	Outcome Indicator at completion (after activity)
1. To advocate for the incorporation of TB and HIV collaborative activities in district strategic and operational plans through district policy makers and implementers focused engagement meetings by 2010.						
	1.1 Support to 2 district advocacy meetings targeting both political and technical leaders for 40 participants	2 meetings held of 40 participants each	104 district leaders and 32 leaders of NGOS,CBOs engaged in two separate meetings	One day meeting each in February to March 2011	TB and HIV concerns ;care and prevention given limited support during the year 2009/2010	TB and HIV enlisted as first priority in the district operation plan for the year 2010/2011*

* 2010/2011 District health sector operational plan lists TB and HIV as number one areas of intervention for the that period

Objective	Activity	Planned Output	Achieved Output	Duration	Outcome indicator at baseline (Before activity)	Outcome Indicator at completion (after activity)
	1.2 Support to 20 TB and HIV patient participation in participatory planning process- 1 needs assessment session, 1 budget conference and 1 world AIDS day.	20 TB and HIV patients selected to participate in 2 participatory planning activities- needs assessment and budget conference, and 50 patients supported to participate in world AIDS day	-2 meetings held, of 40 participants each in two participatory planning meetings of needs assessment and budget conference. -56 persons living with HIV and AIDs supported to participate in the world AIDs of 1st December 2010 and a speech given	Each meeting lasted for one day and carried out between August to December 2010	-None involvement of TB/HIV patients in the budgeting and planning process -None participation of TB patients during the specific advocacy events like world AIDs day -3 laboratory staff existing -Budget for TB and HIV for the district stood at 25%	60 TB/HIV patients were involved in the budgeting process direct from needs assessment ,participation in budget conference - 56 TB and HIV patients participated in the world aids day Decembers 2010 -11 more laboratory personnel -The district budget for TB and HIV activities has increased to 48%

Objective	Activity	Planned Output	Achieved Output	Duration	Outcome indicator at baseline (Before activity)	Outcome Indicator at completion (after activity)
2. To increase knowledge on the relationship between TB and HIV and their prevention, care and control measures among patients, care givers and the community through participatory theatre approaches.	2.1 Support to 6 interactive radio programmes on community based FM radio stations	6 interactive radio talk shows featuring service providers, project staff, political leaders and Persons living with TB/HIV	-8 talk shows were held featuring the district TB focal person, a laboratory staff, SDA staff and TB and HIV patients. -These interactive talk shows have attracted an average of 15 callers per shows from the listenership spread over the project locality and 5 neighbouring districts. -the commonly asked questions and comments from callers revolved around;causes,symptoms,ways of spreading, seeking information of service points and acknowledging the work of SDA in opening the eyes of the population on TB.	Each talk show lasted for 1 hour, once per months for 6 months starting from August 2010 to January 2011	20% of the population constituting (patients 'family members, local leaders and government leaders knew and fully appreciated the importance of TB and HIV co-infection, care prevention and treatment.	-60% of the population are now aware of the symptoms, ways of spreading and where to go for testing and treatment.
	2.2 Support to 8 community based participatory theatre performances	Eight (8) community- based participatory theatre performances targeting 200 participants per	8 participatory theatre shows were presented in 3 sub counties and attracted a total of 2985 participants of remote communities	Each show lasted for 4 hours and presented twice a months for four months between August to December 2010	Limited knowledge on TB symptoms and importance of TB testing and adherence to treatment among highly TB affected	-2985 persons have improved knowledge on TB symptoms and importance of TB testing and adherence to treatment

Objective	Activity	Planned Output	Achieved Output	Duration	Outcome indicator at baseline (Before activity)	Outcome Indicator at completion (after activity)
	–edutainment and HCT	show			rural enclaves	
3. To improve the attitudes of health workers and caregivers towards TB and HIV clients through patient – health worker engagement meetings by the end of the project	3.1 Support to 3 patient and health workers' dialogue meetings for 40 participants	3 meetings were planned	-3 meetings have been held each involving ; 20 TB and HIV Patients, 12 health workers drawn from community based health units, 6 communities and 2 SDA staff.	Each meeting lasted for one day and held in March 2011	3 of the required 15 laboratory staff existed and thus over worked by the population seeking TB and HIV services	-11 new personnel have been recruited totalling to 14. -There is a reported improvement of TB and HIV patient care due to improved patient to Laboratory staff ratio; more especially by having laboratory services where they were lacking
	3.2 Support to 4 TB focal point persons to undertake monthly home visits to 10 patients per month and 20 parish based community awareness meetings	4 persons supported with 40 litres of petrol per month for 10 months to undertake home visits to a total of 160 patients(4 patients per month per Health worker and 20 parish meetings	4 health staff, 5 community based volunteers and 2 SDA staff have been supported to undertake home visits involving home visits involving DOT.	112 patients have been visited since the inception of the project	12 TB patients were being provided with DOT	112 TB patients have been visited and being provided with DOT as well as psychosocial care

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

The three most important outcomes of this project both expected and unexpected include the following;

1- Incorporation of TB and HIV in the district operational plan

This project tasked the district policy makers to consider Recruitment of laboratory staff in order to fill the gaps that were identified and voiced during the radio talkshow.As a blessing this happened during the political campaign and thus incumbent leaders attempted to fill all the gaps identified in order to garner support.

This has come along with increased budget allocation for TB and HIV intervention raising from 25 % before our intervention to 48% during the financial year 2010/11.This means that SDA has established a platform for her target population and health service providers to ask for more funding and hence the sustainability of this intervention.

TB and HIV and been henceforth prioritised and key health issues to consider by the district health sector ahead of other diseases namely malaria,diahorial,trauma,mental health ,maternal health ,reproductive health etc.

2- Increased awareness of the need for TB and HIV screening

TB registers at all diagnostic and treatment health units in district indicate an increased number of persons seeking TB and HIV screening. Health workers now acknowledge that individuals and the community discuss freely TB and HIV. Some go to health units aware of their health conditions basing on what they hear on the radio and through participatory theatre. There is no more fear of one to expose his status especially among those visited and provided with psychosocial care hence reduced stigma.

Reduced stigma-more free

Though not progressing on well as anticipated, there is an improved TB case detection from improved detection rate from 35.7% to 38.9% for the entire district. The detection rate in the four sub counties is 45.3% which is higher than the district[†].These results are still far below the 59% national average and still far below the 70% recommended performance. This performance is attributed to factors that can be addressed through taking TB screening out of the clinic[‡].

3- Support gained from other partners;

As an unexpected outcome, this project has led to the recognition of SDA's work in the district. We have been thus able attract support for community based screening and Livelihood support for indigent co-infected TB and HIV patients to enable them meet costs of travel and nutrition while on treatment. This approach has continued to encourage more persons to come out for screening in anticipation for incentives.

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 was typically for Advocacy communication and social mobilisation.

This grant has contributed to SDA efforts of influencing policy and resource allocation in favour of vulnerable categories of the society. In this case the persons affected by TB and HIV.

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.

This project has encouraged the community especially women living with HIV and TB patients to start up initiatives aimed at improving their income status in order to be able to afford treatment and better nutrition. Four (4) Sub county based groups of women each with 25-50

[†] This project is implemented in only 4 of the 19 sub counties that make up the district.

[‡] This project and our learning from good practices from South Africa have provided a lesson that better results can be achieved through community based TB screening with a vibrant community led army of volunteer with s strengthened referral system. The current health system is far from achieving this, and SDA is looking forward to changing to this approach.

membership have formed village savings and loan associations. These aim at meeting the membership health, psychosocial and income needs. Members are supported and encouraged to groups vegetables for improved nutrition.
These groups are having formed the basis and nucleus of community based mobilisation for village and door to door screening – in our take TB out of the clinic approach.
These groups are also supporting PMTCT among their members as well as disseminating information on reproductive health.
Issues of girl child trafficking from Rwanda to be married off to widowers in the project are have come out as an accelerate to HIV and AIDs

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

By the end of this project, there has been an improved collaborative management of TB and HIV in the district. This is also reflected in the budgetary allocation increment from 25% before this intervention to 48% as 2010/11 financial year.

Health providers are now more willing than ever before to engage and dialogue with patients. Health workers have also pledged to give total support to SDA during the time for community based as well as door to door sputum collection

The community and the society at large appreciated TB and HIV.Patients freely discuss their situation on the radio and now have accurate messages on symptoms, where to go for screening and how to manage the dosage .

There is how still one major challenge of some suspected TB patients still finding it a challenge to reach the health units for screening. They still give the distance fact excuse and lining up in the health units waiting for screening and treatment.

There have been some drug stock outs during first quarter to 2011 which has been partly leading to patients missing out on treatment.

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

SDA has already made two important headways towards ensuring sustainability of the intervention;
1-The district has been lobbied to prioritize TB and HIV which has happened; and will continue because this project has exposed the extent of the problem and the need among the people. District policy makers easily buy in for an issue if there is clear evidence as demonstrated by this project.
2-SDA attained addition funding from Bristol Myers Squibb Foundation –secure the future; this will push activities up to the end of 2011.It is anticipated that community based and door to door screening will demonstrate another sustainable model that will be supported by the district even after the end of the project.

The organization further intends to do further fundraising and applying to future rounds of this grant in order to push further and replicate in other unreached sub counties.

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 meetings , house-to-house visits, etc.)	**336**
Approx. number of beneficiaries reached through other means: (e.g. radio, media, public events, large meetings)	**2,310,000**
Approx. number of people that received printed information about TB:	N/A
Number of people affected by TB that were involved in the project	464
Number of communities under-serviced by health sector are now serviced	09

Number of plans/law/policy dialogue meetings held with decision makers	04
Number of plans/laws/policies that have been accepted or approved	O1
Number of institutions that the organization collaborated with during this grant	20
Number of referred cases:	N/A
Number of those resulting in TB diagnose:	464
Number of defaulters traced:	40
e.g. Number of people supported through a community mechanism:	40
e.g. Number of cases diagnosed with MDR-TB:	02
e.g. Number of HIV patients tested for TB:	**420**

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/bestpractice.asp

Fred Mukwaya 38, a Cobra Slum dweller in Mubende town Affords a Smile

"Although there was fun making about me, I did not take it as a joke because surely I realised my life was in danger and more dangerous to others." Fred narrates

For five years, a 38 year-old cobra and a peasant of Mubende Town, lives on his own after he lost his wife. His four children were taken away by their maternal relatives miles apart. Hardly could he cater for the family because of his low income of about 0.8 USD per day. He lost his wife to HIV and AIDS a secret he discovered about four years later .In such a lonely life, Fred became an addict. Months later, he developed TB symptoms including fevers, night sweats and weight loss. To Fred, the syptoms came as a blessing in disguise. He discovered the hidden part of his life, which has turned him to live positive live with hope to blow more candles.

"While seeping local brew with friends in the evening during the month of August 2010, I happened to listen to a Radio Health programme "Heart Doctor". The programme sunk in my mind because most of the issues that were being addressed were happening in my life then," he says, adding "I was only taking Panadols-Paracentamol; for self medication against the constant fever and cough." At one time, Fred revealed to have consulted a witchdoctor over his sickness.

He said during the programmes, SDA staff and health professionals elaborated a number of issues related to TB/HIV and were encouraging persons with any of the TB symptoms to reach the nearest health unit for screening.

Following this call, Fred says, his local bart friends started making fun of him saying he could be the best person in need, they had realised the he had a constant cough.

"Although there was fun making about me, I did not take it as a joke because surely I realised my life was in danger and more dangerous to others." Fred narrates.

He says to have proceeded to the Health Unit the following day, only to discover that he was not only infected with TB but in bad state with HIV/AIDS.

"I'm so happy with SORAK, had it not been the health programme and further psychosocial support, I would be dead by now," he commends.

"I have already completed the TB dosage and I am happily living a positive life on ARVs," Fred concludes his testimony. He contemplates remarrying and looks forwards to re-intergration with his children.

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	SORAK Development Agency(SDA), Plot 614 Tufnell Drive ,Kamwokya Po Box 16617 Wandegeya, Kampala

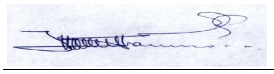
Total grant approved (US$) 18,701

Grant Period from 17th /June/2010 (DD/MM/YYYY) to 17th /June/2011 (DD/MM/YYYY)

Period covered by this financial report 16th August 2010 to 30 /April /2011

Funds status	Date received	Amount in US$
1st disbursement	**18th August 2010**	9351
2nd disbursement	**22nd December 2010**	7480
3rd disbursement	**N/A**	N/A
Total Funds received (sum of Tranches received as of the date of this report) **(A):**		16,831
Grant Awarded **(C):**		18,701
Amount Spent§ **B:**		16,831
Unspent funds **(A-B):**		00
Undisbursed funds **(A-C):**		1870

Certified by**:



Signature
Name: Muhammad Kyeyune
Title: Executive Director

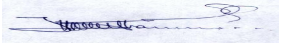
§ Spent means cash that has been paid out from the bank account into which grant money is being received.
** Certified by the Head of the Organization receiving funds

Part II: Expenditure Status by Activities

Expenditure by budget line (please 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[6] 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)					
1.1 Support to 2 district advocacy meetings	2315	1962	1962	00	1. Budget was approved in a higher exchange rate of USD 1: 1900 Uganda shillings the rate of exchange deteriorated to USD1:2243 by the time of implementation. However expenditure was done in Uganda shillings equivalent to the US$ Actual expenditure in column (C) 2.More was spent on activity 1.2 and 2.1 due to a higher attendance during the World AIDs community based participatory theatre than it had been anticipated
1.2 Support to 20 TB and HIV patient participation in planning process	1894	1605	2321	-716	
2.1 Support to 6 interactive radio talk shows	2210	1872	2387	-515	
2.2 Support to 8 community based participatory theatre shows	3789	3210	3638	00	
3.1 Support to 3 patient and health workers' dialogue meetings	1052	892	892	00	
3.2 Support to 4 TB focal persons to undertake monthly home visits and parish based awareness raising meetings	4000	3388	3386	2	
4.1. Support to salaries	2842	2407	2036	371	
4.1.1 NSSF deduction	284	00			
4.2 Project audit	315	267	179	88	
Bank Charges	00	32	32	00	
Sub-Total	18,701	16,008	16,832	-824	
2. Procurement (where applicable)	N/A				
3. Total	18,701	16008	16,832	-824	

Certified by[ℜ]: Muhammad Kyeyune



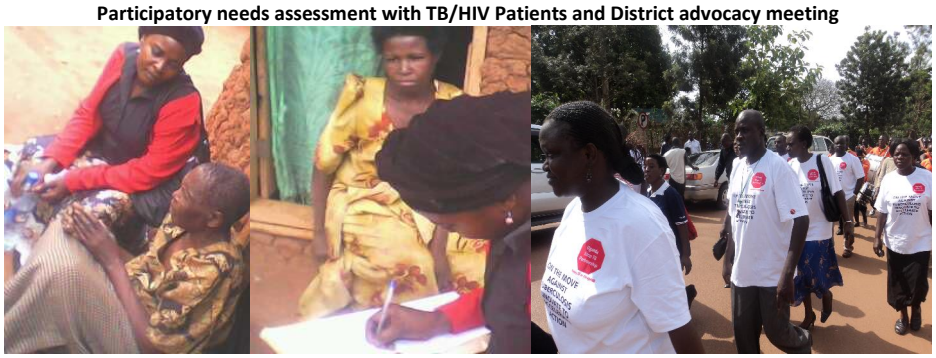
Signature _____

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

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

Radio talk show featuring TB survive, care giver, volunteer and infotainment participatory theatre

Participatory needs assessment with TB/HIV Patients and District advocacy meeting



Home visits by SDA volunteer and our participation in World TB day