

COMPLETION REPORT

1. Please provide a copy of the grant budgeting expenses

(See attached)

2. Narrative Report

Introduction

The *Salama* SHIELD Foundation (SSF), a non-profit non-governmental organisation committed to support health solutions to critical health issues, applied for and was granted a \$20,000 US grant from the World Health Organization through the Challenge Facility for Civil Society of the Stop TB Partnership to support Community Based Directly Observed Therapy Short-course Strategy, in particular the case referrals to the health system.

The SSF team is privileged to present a completion report covering 12 months (June 2010 to May 2011).

This report presents methodologies/strategies employed while conducting activities, activities carried out throughout the year, summary of the planned output, output achieved, outcomes achieved, the important expected and unexpected outcomes, how the project encouraged the community to take action to address health issues, results related to HIV and TB, project sustainability plus challenges encountered and lessons learned.

Methodology

Various implementation methods were employed during the implementation of the Stop TB Partnership project, which included mobilisation, invitation letters, training, drama presentations, discussion, referrals and dialogues.

Activities

Launch of the Stop TB Partnership Project

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Launching of the Stop TB partnership Project was organized by *Salama SHIELD* Foundation at our Community Development Centre on the 17th August, 2010. The project was introduced to representatives of all stakeholders. The Lyantonde Resident District Commissioner (Uganda's President's Representative in the District) launched the project officially. This ceremony which attracted fifty (28 male and 22 female) people was reported in Uganda's leading Daily Newspaper, *The Daily Monitor*¹. The people who attended the ceremony included officials from the District Health Office in particular the District Health Officer, the District TB Leprosy focal person and Senior Nursing Officers. Other officials included the District Community Development Officer, District Council Chairperson, District Councillors, opinion and religious leaders plus Local leaders at lower levels from Lyantonde Town Council, Kaliiro and Lyantonde Sub-Counties, People Living with HIV and AIDs (PLHA) Network and representatives of other NGOs working in Lyantonde District.

The *Salama SHIELD* Drama group through songs, skits and cultural dances entertained the delegates. The songs and play depicted TB control measures, how it is spread and places where TB patients can be referred for diagnosis and treatment. (See attached pictures)

Introducing the Stop TB Partnership Project

SSF team introduced the Stop TB partnership project to religious leaders, district officials, community leaders and the general community. Letters officially introducing the project were sent to district officials, community leaders and district leaders in the 111 villages where the project was to be carried out. These letters included information on the objectives of the project, the villages to be covered, the grant amount and the planned activities.

¹ See attached article

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The project was later introduced to the community at large through meetings that were organised and held at village level. One hundred and eleven (111) village meetings were organised and attracted two thousand forty eight (2,048) males and two thousand four hundred thirty three (2,433) females totalling to four thousand four hundred eighty one (4, 481) people.

Identification of Selected Community Volunteers

Community participation is one of the approaches the *Salama* SHIELD Foundation employs. Basing on this approach, a total of one hundred and eleven (111) villages from three (3) Sub-Counties of Lyantonde Town Council, Lyantonde and Kaliiro Sub-Counties were mobilized for community meetings for the Stop TB Partnership Project in their villages. The objective of these meetings was to identify and select community volunteers from each village to act as a link between the *Salama* SHIELD Foundation, the community, Health centres and the Lyantonde Hospital.

A total of one hundred eleven (111) Community Volunteers were selected one from each village. The volunteers were selected by the community members following a criteria that was availed by SSF: one who knew how to read and write, one who was active in community activities, with the spirit of volunteerism and aged between twenty five (25) and forty (40) years. Among the selected volunteers were beneficiaries of the SSF Micro-credit program and members of the People Living with HIV and AIDs (PLHA) Network.

Health Workers Training

In collaboration with the District Health Office, twenty five (25) health workers including laboratory technicians were identified and selected from lower health units (Health Centre 11s and 111s) and Lyantonde Hospital for capacity building. A two-day non-residential

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training workshop was organized and conducted for the twenty-five health workers (25) at the Lyantonde Community Development Centre (CDC). The objectives of this training were to equip and enhance the capacity of health workers in co-management of TB/HIV patients, counselling, communication and interpersonal relations skills, orient health workers in documenting TB/HIV variables in respective monitoring tools and provide evidence-based training in TB and HIV infection control in health care.

Twelve (12) male and thirteen (13) females from Kaliiro Sub-County, Lyantonde Sub-County and Lyantonde Town Council attended the training. The District Health Officer closed the training workshop. The 25 trained health workers later facilitated the SSF Drama Group Members' training, the community volunteers' training and the community sensitization meetings.

SSF Drama Group Training

Twenty-one members (21) of the *Salama* SHIELD Foundation Drama Group were equipped with new knowledge and skills in HIV and TB management. This was to ensure that they had the right information to disseminate to the community through music, dance and drama.

Training of Community Volunteers

In an attempt to strengthen the referral health system, a capacity building workshop was organised for the selected Community Volunteers at the Lyantonde Community Development Centre (CDC) with the aim of equipping the trainees with TB Co-management skills, counselling, communication, and mobilization skills in order to make them aware of their roles and responsibilities in the fight against TB and the spread of HIV and AIDS. One hundred eight (108) participants, (sixty-three (63) females and forty-five (45) males) attended the training.

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For quality control and assurance purposes, the participants were divided into two groups facilitated by health workers and one counsellor. The methodology used to deliver the content included lectures, group discussions, demonstrations, and role-plays. At the end of the training, each participant received a folder with reading materials, a reporting form and referral forms. However, three (3) selected Community Volunteers did not make it to the training due to personal problems, but were followed up by the SSF team at a later date, briefed and given the reading files like the other Community Volunteers.

Community Health Education

In line with the project goal of encouraging the community to take action to address health issues, community health outreaches commenced immediately after the Community Volunteers had been trained. The trained health workers in collaboration with the SSF staff, Community Volunteers, and the SSF drama group did sensitization of communities about TB. During these health education sessions, trained Community Volunteers and health workers were re-introduced in their respective villages. This has contributed to sustainability of the project since these individuals are more permanent resource persons and points of reference.

The SSF drama group conducted its activities by mobilizing community members to come to the meeting venues and later presenting a song, and a play portraying the causes, modes of transmission, signs/symptoms of TB, how TB is diagnosed, how people resort to witchdoctors and the preventive methods of TB and HIV/AIDS. The health workers would then supplement on this in form of discussion, and lecture about the health issues raised in the drama presentations. They would also answer questions from the community members.

Community education sessions in 111 attracted a total of five thousand nine hundred sixty five (5,965) people of which three thousand four hundred thirty seven (3,437) were females and two thousand five

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hundred twenty eight (2,528) were males in the first six months. Another round of community education sessions in the same 111 villages in the second half of the year registered a total of five thousand five hundred forty three (5,543) people (3,184 females and 2,359 males). It was evident that women participated more in health issues compared to the men.

Local and Faith leaders Training

One hundred ninety four - 194 (41F, 153M) Local Council and faith leaders' capacity was enhanced during a training held at the CDC to improve TB/HIV coordination, management and leadership among the community. These local council and faith leaders were selected from the three targeted Sub-Counties of Kaliiro, Lyantonde Rural and Lyantonde Town. These leaders were able to share experiences, challenges and opportunities they encounter as leaders in their respective communities, and also came up with different ways of how best to improve on health service delivery especially TB control and HIV/AIDS in their respective villages.

The faith leaders resolved to reserve 15 minutes every prayer service (Sundays for Christians and Fridays for Moslems) to talk to the congregation about HIV and TB issues.

Local leaders would meet with the village advisory committee members to discuss further how to improve TB service delivery in their villages. After the training Memoranda of Understanding were entered into between *Salama* SHIELD Foundation and the local leaders to incorporate the TB Community Volunteers' work plan in the village work plans. They promised to collaborate with the Community Volunteers together with other village committees at village level and this is going on well.

World Tuberculosis Day Celebrations

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The Salama SHIELD Foundation in conjunction with Lyantonde District Health Office and Lyantonde Hospital organized the commemoration of World Tuberculosis Day on the 24th March, 2011 at Kabetemere Trading Center in Biwolobo parish, Lyantonde Sub-County in Lyantonde District. The theme of the day was: **“ON THE MOVE AGAINST TUBERCULOSIS- Innovative to accelerate action”**. The function was attended by the Lyantonde Resident District Commissioner (RDC), health workers, the NGO Forum Chairperson, lower local Leaders from various villages, Community Volunteers, Voluntary Counselling and Testing (VCT) Mobilizers and mentors (Ssengas and Kojjas) from the surrounding villages, SSF staff and the community at large. The function attracted four hundred sixty (460) people. The activities included speeches from government and development workers, music, dance and drama (a play) educating community members about TB and HIV, Health Counselling about TB and HIV Testing carried out by Lyantonde Hospital. The function ended successfully with one hundred thirty four (134) people who tested for HIV. The function was also reported in Uganda’s Daily Monitor on April 26, 2011².

Baseline Survey

SSF further deemed it imperative to conduct a baseline survey to establish the community understanding and knowledge about TB. The baseline survey was carried out concurrently with other Stop TB activities.

This was a six month longitudinal survey where both quantitative and qualitative methods were used to find out people’s knowledge, attitude and practice about tuberculosis in their respective villages. A semi-structured questionnaire was administered among 410 people from Lyantonde Town Council, Kaliiro and Lyantonde Sub-Counties of Lyantonde District. The sample population was randomly selected from selected villages.

² See attached article

The findings are contained in a report attached. Salama SHIELD Foundation has planned a follow up survey for August 2011 and the results shall be forwarded.

Monitoring

Village Advisory Committee Meetings

In a bid to increase case notification rates and strengthening referrals, community meetings with the Village Advisory Committee were organized and conducted in one hundred eleven (111) villages. A participatory approach was used to enable Community Volunteers explore more opportunities during these meetings. These meetings were aimed at sharing lessons and challenges encountered during the first phase of the project implementation, the opportunities and threats, observations made and to lay strategies on how best to improve on service delivery both at community level and at the health units.

Reporting

Reports were also submitted by the Community Volunteers indicating the numbers of clients met and those referred for TB diagnosis for comparison purposes with records at the hospital and health units³.

Meetings with District Health Team

Two meetings between the District Health Team and SSF were organized and conducted at the CDC in March and April 2011 aimed at updating the Lyantonde District Health Office about the Stop TB Partnership Project activities, discuss the strategies and key messages of TB to be distributed to health workers at Lyantonde Hospital and in other Health Centres and to Community Volunteers. These Key messages would be passed onto the community members. The members also

³ See attached sample report

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discussed the challenges encountered during community health outreach. The District Health Officer (DHO), District Tuberculosis Leprosy Focal Person, attended these meetings Senior Nursing Officers laboratory technicians from Lyantonde Hospital and SSF Team⁴.

Lessons Learnt

The use of drama during community mobilization and sensitization is an appropriate strategy for attracting, educating and sensitizing the community about health and development issues and this greatly contributed to the rise in community participation.

Involvement of community members at all levels of the project created a sense of ownership of the project, encouraged participation, and increased support and sustainability of programs.

Collaboration with other development partners promoted effective utilization of limited resources and avoided duplication of services.

Challenges

There is a high demand for TB diagnosis at the village level since the nearest government health unit lacks reagents to test for TB and given the long distances from the villages to Lyantonde Hospital where testing for TB is done.

In Kaliiro Health Centre III there is no screening done for those referred due to lack of a laboratory technician in that facility instead patients are referred to Lyantonde hospital, which is ten kilometers away.

There are high expectations for HIV Counselling and Testing (HCT) services from community members who want to know their sero-status.

To address the above challenges, Salama SHIELD Foundation and the Lyantonde Hospital are designing a strategy to increase supply of

⁴ See attached minutes

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reagents. The district employed a laboratory technician for Kaliiro Health Centre in May 2011.

Rain made roads impassable and delayed community members from coming to the training sessions in time because some community members stay far away from the meeting venues, which delayed sensitization sessions to start on time.

To address the above, Salama SHIELD Foundation team would extend the hours of working in order to cover the planned activities in such villages.

Having only one vehicle to transport staff and drama members to venues for community health education also delayed the starting time hence leaving the field very late (between 6:00pm and 8:00pm).

Observation

According to Lyantonde Hospital and Lyantonde Muslim Supreme Health Centre records, there has been an increase in the number of TB clients visiting the hospital for TB screening and diagnosis and this can be attributed to the recent active mobilisation and sensitization spearheaded by the *Salama* SHIELD Foundation in collaboration with Lyantonde hospital. In comparison to the previous years, TB suspects have increased. The table below indicates the number of cases referred.

REPORT FOR TB DIAGNOSIS (JANUARY 2010 - JUNE 2010)

Lyantonde Muslim Supreme Health Centre				
Cases Referred by Community Volunteers (There was no referral system before)	No. resulting from in TB diagnosis	No. defaulter traced	No. of cases diagnosed with MDR	HIV positive people tested for TB
0	20	00	00	65
Lyantonde Hospital				
0	44	00	01	130

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Kaliiro Health Centre (before July 2010 the health unit had no TB screening facilities)				
0	06	00	0	15
St. Elizabeth Dispensary Centre 111				
0	00	00	00	00
Total				
0	70	00	01	210

REPORTS FOR TB DIAGNOSIS JULY 2010 - JUNE, 2011

Cases Referred by Community Volunteers	No. Resulting from in TB Diagnosis	No. defaulter Traced	No. of Cases Diagnosed with MDR	People Tested for TB
Lyantonde Muslim Supreme Health Centre				
199	34	00	00	188
Lyantonde Hospital				
477	91	00	01	477
Kaliiro Health Centre				
We reported that Kaliiro Health Centre had tested 15 people between July and December 2010. We have now established that the Centre did not have a laboratory technician and the recorded 15 cases were referrals to Lyantonde Hospital. They however received treatment from Kaliiro Health Centre.				
St. Elizabeth Dispensary Centre 111				
St. Elizabeth Dispensary Centre III did not have TB screening reagents. All people who wanted to be screened were referred to Lyantonde Hospital.				
Total				
676	125	00	01	665

Sources: Lyantonde Hospital and Lyantonde Muslim Supreme Health Centre records

Note:

MDR – Multi Drug Resistance

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2.1 Summary Table

Objectives	Activities	Planned Output	Output Achieved	Time Span	Baseline Outcome indicator	Outcome Achieved
<p>One Raise awareness of TB and HIV co –infection and availability of TB treatment among PLWHA through targeted community sensitization meetings at the village level in 111 villages of Lyantonde Sub-County , Kaliiro Sub-County and Lyantonde Town Council in Lyantonde District to ensure timely TB diagnosis and treatment in PLWHA by March, 2010</p>	<p>Conduct 111 village based community meetings targeting 30 people per village including community leaders, faith leaders and community members to introduce the project, solicit community support and commitment and select Community Volunteers</p>	<p>111 community meetings conducted</p>	<p>111 community meetings held 4,481 community members attended</p>	<p>August – October 2010</p>	<p>No. of community members seeking for TB and HIV diagnosis</p> <p>No. of community members offering to</p>	<p>665 community members tested for TB</p> <p>111 community members offered to Volunteer and have fully</p>

volunteer participated by mobilizing and referring TB patients and those with fear that they have

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						the baseline survey
						111 Community Volunteers are disseminating TB information to other people plus family members
	Conduct community sensitization sessions targeting 30 people per village (for 111 villages) disseminating TB/HIV co-infection and treatment and the role of Community Volunteers to the community	111 community sensitization sessions conducted	111 community sensitization sessions have been conducted	October - June 2011	No. of development meetings discussing TB control	Discussed TB issue during preparatory meeting for World AIDS Day (1 st December, 2010) Held a TB commemoration day.

3,330 people Sensitized

5,754 (average of the two times) people have been educated sensitized

Discussed TB issues during 3 NGO Forum meetings

Discussed TB

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			treatment			Rise in community members' awareness of TB issues
	Train the <i>Salama</i> SHIELD Foundation Drama Group in TB/HIV information and conduct drama shows in 111 villages targeting 30 people per village about TB/HIV co-infection and treatment	25 SSF drama group members trained 111 village drama shows staged	21 drama group members were trained 111 village shows have been staged in 111 villages	August 2010	No. of community members approaching the Community Volunteers for referrals	676 community members approached Community Volunteers for referrals
Two Build the capacity of 111 selected Community based Volunteers from 111 villages through training in TB/HIV, interpersonal counselling and communication skills and the hospital referral system to ensure increased case	Identify and select 111 Community based Volunteers from 111 villages	111 Community Volunteers identified and selected	111 Community Volunteers were identified and selected	August - October 2010	No. of Community Volunteers identified and selected	111 people were identified and selected as Community Volunteers
	Organize and conduct training	108	108		No. of	108 Community

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<p>detection and treatment success rates by March, 2010</p>	<p>workshops in TB/HIV co-infection, interpersonal and communication skills and health referral systems for the 111 identified and selected Community Volunteers from 111 villages</p>	<p>Community Volunteers Trained</p>	<p>Community Volunteers were trained</p>	<p>Sept – October 2010</p>	<p>Community Volunteers trained</p> <p>No. of referrals made to the hospital</p>	<p>Volunteers were equipped with skills in TB/HIV co-infection, interpersonal and communication skills and health referral systems</p> <p>676 community members referred to the hospital</p>
<p>Three Build the capacity of leaders at the district level through training workshops to improve TB/HIV coordination, management and leadership among community leaders, health workers, health NGOs and faith leaders in Lyantonde Sub-County, Kaliiro Sub-County and Lyantonde Town Council by March, 2011</p>	<p>Organize and conduct capacity building workshops for 200 community and faith leaders to improve TB/HIV coordination, management and leadership among community groups and development plans</p>	<p>200 community and faith leaders trained</p>	<p>194 community and faith leaders trained</p>	<p>March, 2011</p>	<p>No of community and faith leaders trained</p>	<p>194 community and faith leaders equipped with skills in TB/HIV coordination, management and leadership</p>
<p>Organize and conduct two training workshops for 25 health workers from Lyantonde referral hospital and other health workers from the three Sub-Counties of Lyantonde Town Council, Lyantonde rural and Kaliiro</p>	<p>25 health workers trained</p>	<p>25 health workers trained twice</p>	<p></p>	<p>Sept 2010</p>	<p>No of health workers trained</p>	<p>25 health workers equipped with skills in TB/HIV co-infection management and Leadership</p>

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	Sub-County in TB/HIV co-infection management and Leadership			and March 2011	No. of patients satisfied with hospital services	Out of ten TB patients on treatment and those who completed treatment interviewed, 8 were satisfied with the hospital services. The 2 who were not satisfied gave the time spent at the health Centre to be the reason for their dissatisfaction.
					No. of patients completing TB treatment	21 patients completed TB treatment

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2.2 For you, which are the most important expected and unexpected outcome(s) of the funded grant (different from 2.1)

The most important expected outcome(s)

- Overwhelming number of community members attending community meetings and community health education on TB and HIV/AIDS. The expected number was 3,330 but those who were educated were 5,745 (an average from the 5,965 people who attended the meetings in the first half of the project year and 5,543 in the second half of the project year).
- Number of people pledging to Volunteer in the Stop TB control activities
- 111 Community Volunteers acquiring skills in TB/HIV interpersonal and communication skills and health referral systems
- Two hundred (200) community and faith leaders pledging to incorporate TB control activities in their work plans
- Discussion of TB at the World AIDS Day and the NGO Forum meetings
- Resolution

Unexpected outcome(s)

- Increased number of people testing for HIV
- Overwhelming number of community members attending community meetings and community health education on TB and HIV/AIDS
- Resolution by religious leaders to spare 15 minutes during prayer services to talk about TB
- Commemoration of the World TB Day for the first time in Lyantonde District
- National media reports
- Hiring of a laboratory technician by Lyantonde District for Kaliiro Health Centre

2.3 Did your project encourage community members to take action to address a health issue? Please explain:

Yes

The *Salama* SHIELD Foundation employs right based programming in all the activities in particular community participation at all levels of the project cycle. The fact that people have a right to health, they were encouraged to put health

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as the number one priority because without good health, nothing else can go on. They cannot go to their gardens and will not have food to eat to boost their immune system.

The duty bearers were encouraged to always discuss health issues in their meetings and also to promote health in their respective villages for instance, after local and faith leaders training organized by SSF in collaboration with the District Health Office, leaders in their capacities agreed in a signed agreement (MOU) to incorporate health issues in their daily activities. Faith leaders for example accepted to always spare time during church, mosque and prayer time for disseminating health issues in particular Tuberculosis and HIV and AIDS.

Community Volunteers were also requested to always visit the sick, counsel them, refer them to the hospital and visit them again after coming back from hospital, as a follow-up to offer more counselling and support and this has been done and we hope it is going to continue even after the completion of the project.

Village Advisory Committee meetings were encouraged as a way of laying strategies of improving health service delivery at community level and at the health units.

Local leaders during the training were encouraged to incorporate the TB Community Volunteers' work plan in the village work plans and collaborate with the Community Volunteers with other Village Health teams to improve health service delivery in their areas. The faith leaders also agreed to disseminate TB issues to their congregations during prayers on Sundays or Fridays.

3. Some results (you may add more results related to HIV or MDR-TB, as required)

	Total number of persons:
Approximate number of beneficiaries reached in person through small awareness raising meetings, house-to-house visits, etc.)	1,665
Approx. number of beneficiaries reached through media, public events and large meetings	20,000
Approx. number of people that received printed information about TB:	300
Number of referred cases:	676

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Number of those resulting in TB diagnose:	125
Number of defaulters traced:	00
Number of cases diagnosed with MDR-TB	01
Number of HIV patients tested for TB:	36

4. Did you find a way to sustain the activities you started with the grant? Please describe it:

Yes

Community Volunteers have been trained in TB/HIV and AIDS and interpersonal communication and counseling skills, which skills are going to stay with them for years even after the grant has ended. The Community Volunteers will continue referring TB patients to health centres with the supervision of SSF that will require quarterly reports and continue guiding them hence continuation of the project activities.

Volunteer Advisory Committee Groups at village level have been established and these will work hand in hand with the Community Volunteers at each village to report on the progress of TB control activities to their communities. These groups are composed of other volunteers like the mentors (Ssenga/Kojjas) SSF trained in health issues, women that benefit from SSF micro-credit revolving capital scheme, Village Health Team (VHT) members and local leaders of each village.

Local and faith leaders were trained to improve TB/HIV coordination, management and leadership among community groups and development plans. These leaders got skills they will use in disseminating appropriate TB information that they will share with community members at the village level, in church and mosque congregations. These leaders have entered a Memorandum of Understanding with SSF to incorporate TB messages during their work.

In a bid to sustain the project activities, SSF has gone a step ahead to train one hundred thirty four (134) teachers from both government and private institutions in TB, HIV and AIDS and other STIs. These teachers will continue disseminating TB information to their students.

The *Salama* SHIELD Foundation drama group developed a play depicting TB control measures, treatment and where TB patients could access treatment. This was recorded on video and will continue to be showed to people especially young people who come to the CDC during school break and in communities during health sensitization outreach.

The *Salama* SHIELD Foundation continues to strengthen its presence in the community of Lyantonde through development programmes. It is our plan to include TB messages in our other programmes.



STOT TB PROJECT

BASELINE REPORT

May 2011

Abbreviations /Acronyms

SSF: *Salama* SHIELD Foundation

SHIELD: Sustaining Health Initiatives Enabling Local Development

TB: Tuberculosis

KAP: Knowledge, Attitude and Practice

n: No of population

Boda Boda: Bicycle Taxi

Introduction

The *Salama* SHIELD Foundation (SSF), a not for profit organization committed to support health solutions to critical health issues, applied for and was granted a US \$20,000 grant from the World Health Organization through the Challenge Facility for Civil Society of the Stop TB Partnership to support Community Based Directly Observed Therapy Short-course Strategy, in particular the case referrals to the health system. *Salama* SHIELD has employed a number of interventions with strong research elements over the past decade of involvement. The *Salama* Foundation deemed it important to carry out a baseline survey to find out information, which would help it while implementing the Stop TB project.

A baseline survey was conducted for four hundred ten (410) randomly selected people of Lyantonde Town Council, Lyantonde Sub-County and Kaliiro. All the people who were interviewed signed a consent form to participate in the baseline survey. A survey instrument was designed for randomly selected community members and all were interviewed before the commencement of health sensitizations in their respective villages was conducted.

This report presents the findings of the study derived from the data that was collected from the three selected Sub-Counties of Lyantonde District where the program was to be implemented that is, Lyantonde Town Council and Lyantonde Sub-County and Kaliiro Sub-County.

Objective of the Baseline Survey

To find out the community's knowledge, understanding and belief regarding TB treatment and care.

Approaches and Methods Employed

This was a six month longitudinal survey where both quantitative and qualitative methods were used to find out people's knowledge, attitude and practice about tuberculosis in their respective villages. A semi-structured questionnaire was administered among 410 people from Lyantonde Town Council, Kaliiro and Lyantonde Sub-Counties of Lyantonde District. The sample population was randomly selected from selected villages.

Quantitative and Qualitative Analysis of the Baseline Survey

Respondent Bio Data

Age

Thirty five percent (35%) of people interviewed were aged between 18 to 30 years, thirty seven percent (37%) between 31 to 45 years, twenty percent (20%) were between 46 to 55 years of age and eight percent (8%) were above 56 years.

Sex

Forty seven percent (47%) of the respondents interviewed were male while fifty three percent (53%) were female.

Education

Fifty seven percent (57%) had not completed primary seven, six percent (6%) completed primary seven, six percent (6%) completed "O" level, one percent (1%) completed high school, one percent (1%) completed post primary training, three percent (3%) completed diploma and two percent (2%) are still in school.

Occupation

The findings showed that seventy four percent (74%) were peasant farmers, which included cattle keeping, crop husbandry especially banana plantation, poultry rearing, twenty five

percent (25%) were involved in other businesses such as hotel, teaching, tailoring, *boda boda* cycling and repairs.

Marital Status

Majority of the respondents were married with children representing sixty three percent (63%), eleven percent (11%) were single, eleven percent (11%) were cohabiting, five percent (5%) had separated and nine percent (9%) were widows/widower. The table below shows the bio data of respondents.

Table 1: Education Level

Highest Level of Education	% (n=410)
Did not Complete Primary seven (P.7)	64
Completed Primary seven (P.7)	20
Completed "O" Level	7
Completed "A" Level	3
Post Primary Certificate	1
Diploma	3
Degree	0
Still in School	2

Table 2: Marital Status

Marital Status	% (n=410)
Single	11
Officially Married	63
Co-habiting	11
Divorced	5
Widow/Widower	9
Other	1

Table 3: Main Occupation

Main occupation	% (n=410)
Peasant farmer	73
Other	25
Schooling	15

Conclusion

With regard to education level, majority of the respondents did not complete primary seven (P.7) totaling to sixty seven percent (67%). Close to sixty three percent (63%) were officially married and most of them were peasant farmers producing crops for domestic consumption.

Knowledge about Tuberculosis

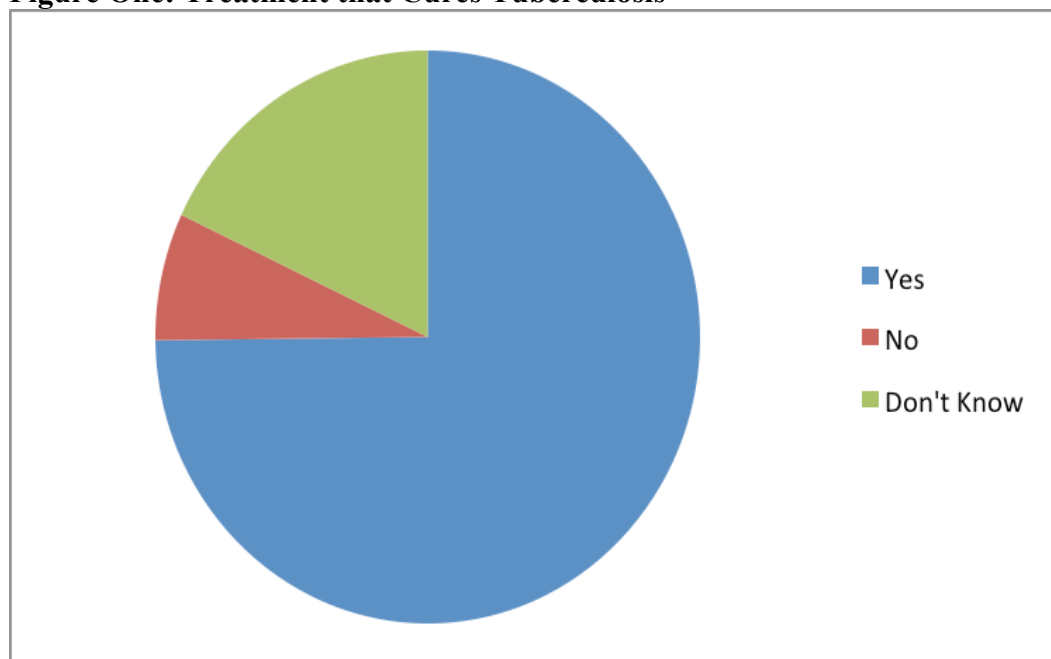
Coughing was the major definition of TB summing to seventy five point six percent (75.6%). Twenty-one point two (21.2%) had no idea and confessed that they had never heard of anyone in their village suffering from TB. The remaining 3.2% had mixed ideas of asthma and TB, as they could not differentiate the two diseases.

The survey further sought to know how TB is contracted. Twelve point two percent (12.2%) of the respondents mentioned taking alcohol and smoking as one of the ways one could contract TB. Twenty four percent (24%) zeroed onto sharing household utensils with TB patients and staying under the same roof. Twenty percent (20%) did not know how TB is contracted, twelve percent (12%) confirmed that TB was an air born disease while inheritance was five percent (5%) and taking un-boiled water and milk was also five percent (5%).

Forty nine percent (49%) of the respondents mentioned continuous coughing as one of the signs of TB patients, sweating one percent (1%), loss of weight three percent (3%), twenty four percent (24%) mentioned continuous coughing and loss of weight, and six percent (6%) knew continuous coughing and constant cough with blood.

Drug treatment was also analyzed. Fifty one percent (51%) knew that there were drugs that cure TB, fifteen percent (15%) said there were no drugs and thirty four percent (34%) did not know totally of any drug. Those who said yes mentioned septrin, medical assistance from medical personnel, injections, immunization, and tablets, but could not tell what kind of tablets. Others mentioned herbal medicines like a mixture of mango and orange leaves.

Figure One: Treatment that Cures Tuberculosis



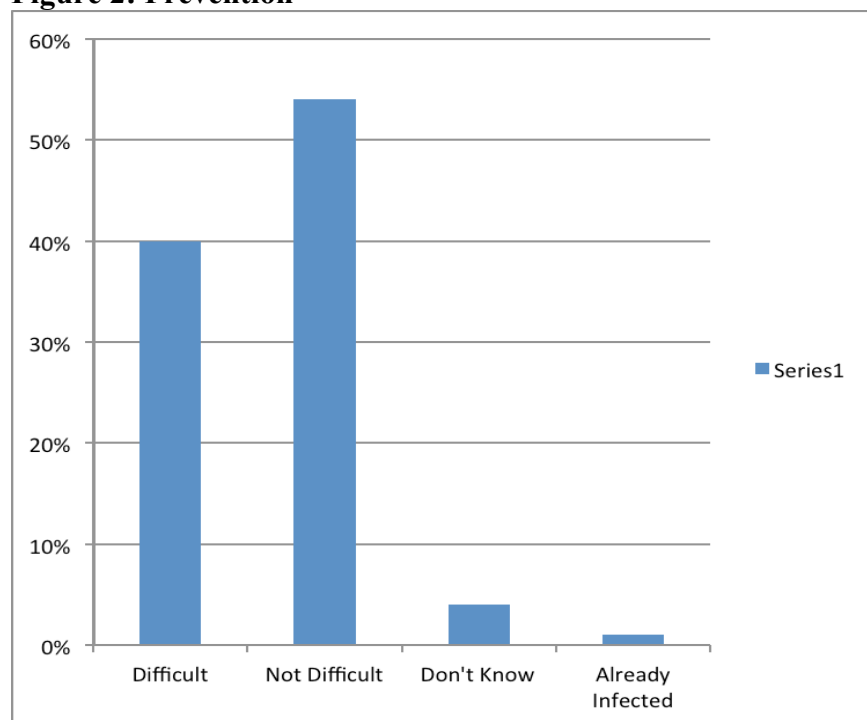
Regarding treatment, the majority knew about the treatment totaling to seventy six point one percent (76.1%) whereas twenty-five point six (25.6%) did not know. However, those who knew about the treatment, were refereeing to visiting the hospital, but did not know the particular treatment

Conclusion

According to the researcher's observation and survey findings, most of the respondents had mixed ideas and totally did not know the disease and how TB is contracted, the exact drugs that are used to treat TB and still had old beliefs of how TB is spread for instance through sharing of household utensils. The findings indicate there is a lack of sensitization about the TB disease among community members of Lyantonde Town Council, Lyantonde Sub-County and Kaliiro Sub-County.

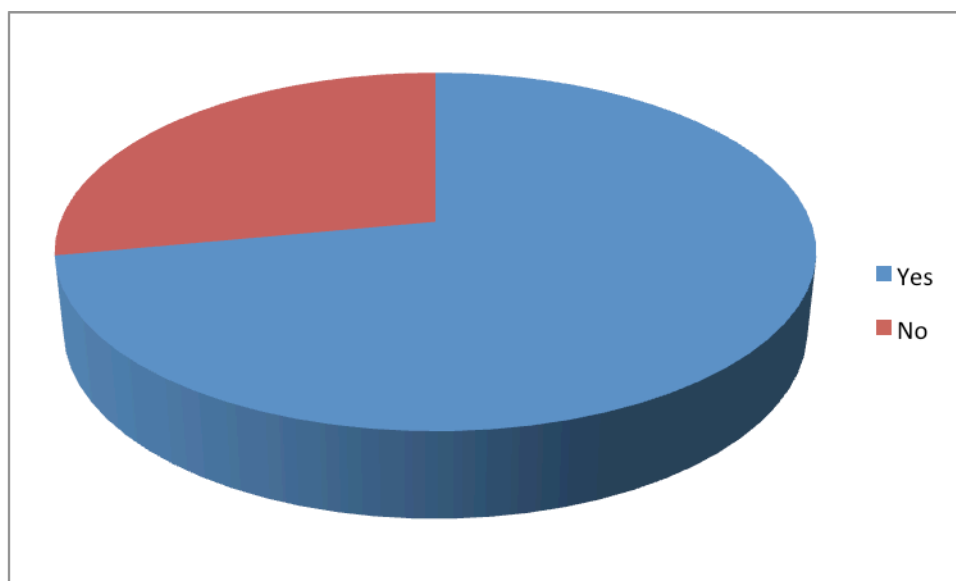
Beliefs and Attitudes

Figure 2: Prevention



Respondents were asked about their beliefs and attitude towards TB. Forty percent (40%) noted it was difficult for a person to prevent him/herself from getting infected with TB, fifty four percent (54%) confirmed it was not difficult, four percent (4%) did not know and one percent (1%) was already infected.

Figure 3: Transmission of TB to Careful People



Seventy two percent (72%) of the respondents believed that even the most careful individuals could still be infected with TB with justifications that TB is an air born disease. Some noted

that one could be staying with a TB patient under the same roof, which is not ventilated and others also noted that one couldn't avoid busy places like traveling in a bus, wedding ceremonies and burial functions.

Control Beliefs / Practices

The respondents were able to propose some of the ways to reduce the likelihood of getting TB. These included buying drugs or opting for free drugs from government hospitals, not sharing household utensils, immunizing new born babies, immediate check up and treatment if TB signs are seen, not smoking, not sharing straws with TB patients, endeavoring to learn about TB control measures and treatment, ensuring cleanliness, covering the mouth while coughing and constant medical checkups.

When asked about whether those TB patients take precaution not to spread to other people, fifteen percent (15%) responded yes and eight five percent (85%) no, the rest did not know.

Ninety percent (90%) knew where to get treatment for TB, nine percent (9%) did not know. Those who said yes were able to mention some of places including Lyantonde Hospital, Masaka referral hospital, Mulago referral Hospital, Mbarara referral Hospital, Kitovu Hospital and Kaliiro Health Centre III.

Fifteen percent (15%) had ever been diagnosed for TB and eighty five (85%) had never. Those who had ever been diagnosed went to Lyantonde Hospital, Lyantonde Muslim Health Centre III, Mulago, Mbarara, Kyazanga, and Masaka Referral hospitals.

Conclusion

In summation, most of the respondents did not know the treatment for TB patients, knew the signs and symptoms of TB, where to get treatment in case of any sign of TB, but still had old beliefs like not sharing household utensils with TB patients and not getting close to them. Nevertheless, most of them had an idea of the disease and were ready to learn and even disseminate the information on TB about preventive measures, control and treatment to others.

General Conclusion

The results indicate there is inadequate information about the TB disease as most of the respondents had mixed ideas and totally did not know the disease, how TB is contracted and still have old beliefs about how TB is spread. Therefore there is a need for constant sensitization about the TB disease as a way of informing community members with updated information and equip them with skills to enable them access TB services.

Recommendation

Understating of Tuberculosis

- Since majority of the respondents did not exactly know what TB was/is and had mixed ideas, there is need to continuously educate the community about TB.
- There is a need to involve other stakeholders in sensitization of community members namely local leaders, and Volunteers from the community for sustainability purposes
- There is also need to design, print and distribute Information, Education and Communication (IEC) materials - posters both in English and local languages for everyone to benefit from the materials

- There is also need to present radio talk shows specifically on TB in all local languages

Spreading of Tuberculosis

- There is need to continuously sensitize the populace about how TB is spread to avoid stigma
- There is also need to design and print posters both in English and local languages for everyone to benefit from the materials
- There is also need to present radio talk shows specifically on TB in all local languages

Treatment of Tuberculosis

- There is need to encourage TB patients to know where to access treatment that is from the government hospitals rather than depending on herbal medicine

Belief, Attitude and Practices towards Tuberculosis

- Still, there is need to educate communities about the facts of how TB is spread, controlled and treated to avoid negative attitudes towards TB patients
- Continuous sensitization of communities through music, dance and drama and electronic Information, Education and Communication (IEC) materials such as educational plays on CDs, to ensure there is continuous sensitization of TB issues



STOP TB BASELINE SURVEY

Date: ___/___/___
dd mm yy

STB #: | | | | | | | |

Interviewer: _____

Interviewer Code: | | | | |

We know these questions are sensitive and we want to assure you that your answers will be kept completely confidential—we will not share your personal information with anyone; no one will know what particular answers you gave. We ask that you be as honest as you can in answering these questions as it will help us to design better programs for young people in this community. If you feel very uncomfortable with any of these questions, you are free to refuse to answer them.

Now I would like to ask you a few questions on your background.

1.1 How old are you? _____

1.2 What is your sex? *Circle one*

1. Male 2. Female

1.3 Have you ever gone to school? *Circle one*

1. Yes 2. No

1.4 What is the **highest level** of education you have **completed**? *Circle one.*

1. Did not complete P 7
2. Completed P7
3. Completed "O" level
4. Completed "A" level
5. Completed Post Primary specialized training or Certificate
6. Completed Post Secondary specialized training or diploma
7. Completed University degree and above
8. I am still schooling. I am in ___ class

1.5 What is your **current** marital status? *Circle one*

1. Single 2. Married - religious/civil/traditional
3. Co-habiting 4. Separated
5. Widowed 6. Other

(specify) _____

1.6 What is your **main** work/occupation? *Circle one*

1. In School/Training 2. None 3. Other *(Specify)*

The following questions ask about your knowledge of TB, HIV/AIDS prevention, treatment and care.

2.0 What do you understand by TB?

2.1 How does one contract TB?

2.2 Is there any treatment that cures TB? *Circle one*

1. Yes (Specify) _____ 2. No 3. Don't know

2.3 What are the signs of TB? (Tick appropriate answers)

- Continuous coughing
- Sweating at night
- On and off fever
- Loss of weight
- Constant cough with blood

2.4 In your understanding, is there any current drug treatment that can be used to control TB?
Circle one

1. Yes 2. No 3. Don't Know

(If yes, please take some time to explain what your current understanding is)

2.5 How can TB be prevented from spreading to other people? *Circle one*

The following questions ask about your beliefs regarding AIDS and TB. Please tell me how each of the following statements describes how you see yourself and how you feel or think about others.

3.0 Is it difficult for a person to prevent him/herself from getting infected with the TB virus? *Circle one*

1. Difficult 2. Not difficult 3. Don't Know 4. Already infected

3.1 Would it be easy for you to prevent yourself from catching the TB virus? *Circle one*

1. Easy 2. Not easy 3. Don't Know 4. Already infected

3.2 Do you believe that people who are careful with their lives can still get infected with TB virus? *Circle one*

1. Yes 2. No

If yes, why do you believe this is true? _____

3.3 Do you believe that there is anything a person can do to prevent catching the TB virus?
Circle one

1. Yes 2. No

3.4 Do you believe that in terms of taking care of your body, there is something you can do for

yourself, once you have the TB virus? *Circle one*

1. Yes 2. No

If yes, why yes?

(Specify) _____

If not, why not? (Specify) _____

3.5 Once you have the TB virus, do you believe there are medical treatments that can help you?

Circle one

1. Yes

2. No

3. Don't Know

3.6 What are some of the ways that a person can use to reduce the likelihood of getting infected with the TB virus?

3.7 How about you personally, what have **you** done to reduce the likelihood of getting TB ?

3.8 Do you think most people who have TB have the responsibility to take precautions to avoid

transmitting TB to other people? *Circle one*

1. Yes

2. No

3. Don't Know

3.9 Is there a place that you know of where you could get treatment for TB? *Circle one*

1. Yes

2. No

3.9a *If yes to 3.9, **What** are these places? (Please list all the places)*

3.9a *(If yes to 3.9: **Which** places have you gone to try to get treatment?*

THANK YOU VERY MUCH
