TRIP REPORT: Technical Assistance and Assessment of TB Services

Pedro Suarez

April 2008

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Sante pur le Développement et la Sabilité d’ Haïti
Management Sciences for Health
784 Memorial Drive
Cambridge, MA 02139
Haiti SDSH Project

Pedro Suarez Trip Report

Dates: April 1- April 12, 2008

Purpose:

A) To provide technical assistance and participate in workshop on TB to be organized by NTP (2nd week of April)

B) To follow-up on NTP’s request to Pwojè Djanm for technical assistance in areas of TB program management, assessments of needs and gaps, considering:
   - other sources of funds and technical assistance already available to NTP
   - limited funds available at SDSH-PD

C) To develop in a formal joint effort with NTP a proposed plan for SDSH-PD assistance and support in critical areas for NTP program success

D) To conduct a technical review of ongoing SDSH-PD interventions in organizing and delivery of TB-DOTS services
I. Background

During the last week of September 2005 HS-2007 organized an internal Technical Retreat to review Project implementation and assess progress, identify strengths and weaknesses, and develop the “grandes lignes” and priorities for the last quarter of 2005 and the 2006 Action Plan.

As a consequence of this activity, HS 2007, requested MSH/CHO for technical assistance to review HS-2007 TB strategy, as well as ICC/CAT and CDS current contracts/plans and results, and to make recommendations for strengthening partners interventions and HS-2007 assistance in 2006.

A consultancy by MSH TB advisors, which took place between November 21 and December 02, 2005, highlighted the main issues inhibiting the rapid expansion of DOTS and made a series of recommendations to improve the situation. HS-2007 considered these recommendations and made some key decisions to strengthen the NTP and partners interventions.

Other consultancy took place between July 10 - 17, 2006 to follow up on the recommendations made in 2005, which focused on the assessment of the TB National Lab network, including current/Expected Capacity of the new National Lab and developed recommendations to NTP, USAID and HS-2007 for strengthening the National Network of Labs for the TB Program.

Another mission took place between July 23-29, 2006 jointly with PAHO/WHO to assist USAID/Haiti, the Ministry of Health of Haiti and other partners, including MSH and contracted NGOs, in reviewing their activities as part of the USAID-financed TB Control Project.
II. Purpose of the trip

- To provide technical assistance and participate in workshop on TB to be organized by NTP (2nd week of April)
- To follow-up on NTP’s request to Pwojè Djanm for technical assistance in areas of TB program management, assessments of needs and gaps, considering:
  1. other sources of funds and technical assistance already available to NTP
  2. limited funds available at SDSH-PD
- To develop in a formal joint effort with NTP a proposed plan for SDSH-PD assistance and support in critical areas for NTP program success
- To conduct a technical review of ongoing SDSH-PD interventions in organizing and delivery of TB-DOTS services

The methodology included a document review and interviews with key stakeholders including professional staff of SDSH, USAID/Haiti, the NTP Central staff, GFATM/Sogebank, WHO/PAHO, Association Medicale Haitienne, Association of Registered Nurses, Public Health Association of Haiti, ICC. TB workshop and other activities were canceled by problems with demonstrations in Haiti during April 8 – 11.

III. Conclusions of analysis of Program’s strategy: strengths and weaknesses

1. Progress in the implementation of the STOP TB strategy

- Various international missions, such as the TBCTA and GDF in 2004, 2008 and WHO 2005, 2006 have strongly recommended that the NTP and key stakeholders such as SDSH at both national and departmental levels in expanding quality DOTS coverage in health facilities
- Haiti has continued to make progress in their fight to bring TB under control, despite the serious economic and social difficulties, and an incomplete expansion of health services

**NTP Management**

- Recruitment was carried out and NTP staffs were appointed into roles at national and departmental levels. In particular, the manager of the NTP is in charge during last 5 years
- There is available a biannual operational plan 2006 -2008
- DOTS is being gradually integrated in the expansion of general health system through PMS, in particular through the financial support from USAID/HS 2007 and SDSH, and GFATM/Sogebank. At present several NGOs are involved in DOTS activities, mainly ICC/CAT, CDS and CARE

**Financial support**

- GDF has renewed the second term grant of first line drug supply (normally 3 years, but approved on yearly basis). This supply covers first line TB treatment in the country
The Haitian Country Coordinating Mechanism (CCM) has been awarded USD 14.6 million for Round II start-up activities in TB between 2004 - 2009, with Sogebank the Primary Recipient (budget left for this years USD 3,298,153 and next year USD 1,587,570).

**DOTS coverage, case detection and quality of treatment**

- DOTS has been expanded, in collaboration with partners, covering 91% of entire population of Haiti in 2006 (*WHO report 2008*). This is a generous estimate of population coverage. It assumes the whole population of a district to be covered even if only one health facility in the communes provides DOTS, regardless of the actual number of people having access to that facility
- NTP objectives are a 70% case detection rate and 85% treatment success rate. However, the case detection rate for TB SS + is 55% in 2006 and the treatment success rate is at 81% only in DOTS health facilities. Both indicators are well below the national target.
- The number of TB cases reported by public and NGO health facilities has increased by a total of 33.9% over the past five years, rising from 10,420 reported cases in 2000, to 10,291 cases in 2001, to 12,170 cases in 2002, to 14,071 cases in 2003, to 14,533 cases in 2004, to 14,311 cases in 2005 and to 13,959 cases in 2006 (*WHO report 2008*). However, between 2004 and 2006 the number of reported TB cases has decreased in 4.1% due to a decrease in the notification of pulmonary tuberculosis sputum smear negative (TB SS-) cases at Port-au-Prince and Metropolitan Area. This number, however, represents only 55% of the expected number of TB cases, which means 45% of TB cases still go undetected.

2. Limitations in the implementation of the STOP TB strategy

Although the NTP has made gradual progress in the implementation of STOP TB Strategy the following significant limitations exist:

**NTP Management**

- Weak leadership, organization and management of the NTP.
- The NTP has a serious staffing problem at the NTP central level, where there is only five technical staff with limited skills on TB control, poor commitment and motivation. Basically the TB team at central level is non-existent. In general staffing problem has not been resolved over the past 4 years.
- As a consequence of situation described above, the NTP has no capacity to coordinate international financial and technical assistance from GFATM grant, GDF and USAID funding projects.
- The commitment of the departmental directorates and other authorities at MOH central level to TB control needs to be strengthened and given priority in the agenda of ministry of health.
- Because TB problems are so large, partnerships, although continuously expanded and quite effective, still need further development and technical support.
- Limited participation of academic institutions and NTP in planning strategies for proper TB care delivery.
- The process to review NTP guidelines is finalized after three years of discussion and is now in the process to be published. It is expected to be finalized by May 2008.
However, the new guidelines do not follow the latest WHO first line treatment recommendations (6 month treatment, with R/H in second phase). In addition, no plan has been developed to implement these guidelines. ICC provided financial support for printing reviewed NTP guidelines.

**Financial support**

- The budget framework for 2008 contains limited MOH support for the NTP (USD 300 000 yearly), only funding the salary of NTP personnel and some supervisory visits. The NTP and stakeholders assume that in short and medium term this situation will continue. Consequently, to guarantee DOTS expansion, the NTP should be supported by international donors mainly GFATM, GDF and USAID.
- Deadline to present R8 proposal for GFATM will be July 1st. However at this point in time, any activity to prepare this proposal is organized by NTP. Given the current management situation of the NTP at central level the MOH does not have the managerial and technical capacity to lead and coordinate this process.

**DOTS coverage, case detection and treatment**

- Insufficient DOTS coverage on health facilities, including hospitals and primary health centers. The number of health facilities applying DOTS has increased from 155 in 2001, to 68 in 2002, to 84 in 2003, to 181 in 2004, to 245 in 2005 and to 269 in 2006 (NTP/ICC data). This represents a 73% increase, in the number of health facilities applying DOTS over five years. Given that the number of health facilities in Haiti is approximately 722, this means there is 37% coverage in all of the country. There is no data available for 2007.
- In the Metropolitan Area (Capital City) with around 35% of Haitian’s population, the estimated coverage rate is 12.7% of all facilities with DOTS activities (19 of 150) in 2005 and 21% in 2006 (32 of 150). However the NTP notified around 30% of the total TB case reports in the Capital City. This means that the DOTS coverage is lowest in the Capital City in spite of the important concentration of population and expected TB cases. For these reason the NTP and stakeholders should consider “priority zone” for TB control in the Metropolitan Areas (Capital city) in the next two years. There is no information for 2007.
- The lack of standard operating procedures, including organization of services for case detection, has lead to the implementation of various approaches in some clinics. The consultant estimated that there is an increased probability of missing a significant number of cases.
- The organization and quality of DOTS services in some of the sites is poor, for example - respiratory symptomatic individuals seeking health care for other problems in polyvalent clinics are often missed; in some clinics patients provide sputum for microscopy in close proximity to others attending clinic, leading to increased risk of transmission; often, treatment partners return for anti-TB drugs without the patient. In the majority of cases, treatment partners provide DOTS during the first two months only.
- DOTS in Haiti relies heavily on the usage of “accompagnateur” services. There is, however, no system to monitor and evaluate the quality of this strategy.
**Surveillance system and M&E system**

- The surveillance system and monitoring & evaluation for TB control at NTP central unit are weak and basically non-existent. The NTP does not have a qualified person in charge of this key component. Therefore, during our visit, the NTP couldn’t give any information about TB situation in the country in 2007. ICC/CAT is responsible to manage this component, but their work in this area needs improvement.

- The information system at department level is in a similar situation. Departmental TB coordinators usually do not have any conduct process to collect and analyze operational and epidemiological information for TB control.

**TB Drug supply system**

- According MSH/GDF report 2008, the TB drug supply systems including the main phases such as annual selection, quantification, procurement, and distribution of TB medicines, lab reagents and other supplies for the departments are very weak and basically inexistent.

- The NTP does not have a pharmacist or a qualified person in charge of TB drug supply. The NTP director is managing it himself where his work in this area is basically reduced to signing the orders that are coming from the peripheral level. Drugs are distributed from central level to the departmental bulk stores that are a part of the partner organizations’ distribution chain and managed by these organizations: ICC, CDS and CARE (see GDF report, 2007, and 2008).

- Drug storage at the central level has improved since last year. All drugs are stored at PROMESS instead of being divided between two warehouses (MSH premises and PROMESS). However, drug supply management at the central level is still not adequate.

- The program has no control on stock once it distributed from PROMESS. Drug management information system is very weak and inventory management and reporting tools are inexistent or/and not standardized even with the same partner organization distribution chain (ICC or, CARE, or CDS).

- The NTP does not have a policy for TB KITS – which (in the opinion of the consultant) may greatly facilitate the management of Fixed- dose Combination (FDC) at the intermediate and local levels

- MDR-TB drug supply is managed by two partners (Zanmi de la Sante and Geskio), without coordination with the NTP. This later has no involvement in MDR-TB clinical or supply activities

- TB/HIV is under the HIV/IADS program and supply and treatment of patients is not well coordinated with the NTP.

- Drug supply for pediatric treatment under global fund PR responsibility is not well coordinated with NTP.

**TB Lab network**

- Lack of a public laboratory network to support the NTP. To date, no functional TB Laboratory network exists in Haiti

- A Quality Control (QC) system for sputum microscopy examination virtually does not exist except for ICC/CAT and CDS areas. In fact technical team from GFTAM
receives QC information from ICC/CAT and NRL. NTP, however, has no information at central level.

- To date, no basic Bio-safety Standard Operating Procedures (SOPs) for TB Laboratories exist in Haiti

**TB/HIV coordination**

- Few activities have been conducted regarding TB/HIV coordination and a few NGOs are involved. Voluntary Counselling and Testing (VCT) for TB patients are available with several limitations. An adequate operational and epidemiological information system is not available for TB/HIV.

**IEC and BCC strategy**

- Information, Education, and Communications (IEC) and health education materials for health personnel, TB patients or the community are very limited.
- Although several IEC activities are planned and resources are available through the GFATM, the NTP does not have an overarching Strategy for Information, Education, and Communications/Behavior Change and Communications (IEC/BCC).
- Health personnel do not seem to be one of the essential target populations for the IEC activities that are planned.
- Cultural barriers also exist, such as the stigma families attach to TB.

**IV. Recommendations for strengthening TB Program management and improve expansion of quality STOP TB Strategy.**

According to the background, recommendations of previous missions, conclusions of current mission, and the limited budget available, it is recommended to focus USAID/SDSH technical assistance to strengthen the following three strategic components:

1. Strengthen TB Program Leadership, Management and Technical capacity at NTP central unit
2. Develop R8 – GFATM Proposal
3. Develop and implement the “DOTS Model Areas” in Metropolitan Area and West Department

**Goal**

- Support the NTP to accelerate quality DOTS expansion as the first priority and to achieve 70% case detection rate before end of 2010. All health facilities at departmental and communes levels should implement DOTS. All health care providers should also be invited for DOTS activities
- Continue to give TB control as a national priority because TB is one of the most important public health and socio-economic burdens in the country (i.e. disease of poverty). This should be reflected in the development of national strategic policies and subsequent legislation for Haitian health expansion and communicable disease control and also reflected in the allocation of available budget and resource to ensure NTP sustainability
Strategy of strengthening TB program

- A senior technical advisor from SDSH and a senior TB technical advisor from MSH/WDC will work closely with the NTP manager and central unit and be responsible to develop JD and for oversight on all TB activities implementation in a timely fashion, coordination and communication between the NTP, USAID, the SDSH project and partners. To formalize this technical support SDSH Project and NTP should sign a letter of understanding
- Support of a management and leadership workshop using MOST for TB tool
- Engage international technical support and all stakeholders, as well as the MOH in developing a bi-annual Operational Plan 2008-2010 for the NTP that focuses on expanding quality DOTS coverage in health facilities
- Over the coming year, focus international technical advisories on improving NTP management and technical capabilities on developing SOPS, organizing the implementation of SOPS and training for health personnel and organizing TB drug supply system

1. To strengthen TB Program Leadership, Management and Technical capacity at NTP central unit

- Continue to support the NTP for capacity building throughout the various functional layers of the NTP, especially at national and departmental levels. Only with explicit understanding and with the presence of strong NTP leadership and its team, will the NTP and stakeholders deliver an effective TB control
- With international support review the organizational structure of the NTP according to the increased need in the program and help the NTP to expand staffing in collaboration with key partners. At the same time, complete, ‘without delay’, the recruitment of qualified and required staff.
- With international support developing the NTP organization resource profile and respective job descriptions. For example, there should be units for surveillance, monitoring and evaluation, training, supervision, DOTS expansion, TB drug supply system, TB/HIV coordination, IEC/BCC and MDR TB.
- Provide support needed to the NTP central unit so that the central unit could address issues effectively. It is strongly recommended to hire three full time local technical positions for: M&E unit, DOTS expansion unit and TB drug supply unit at NTP central unit. We propose that this position will be housed at NTP offices.
- To avoid duplication of effort and confusion at the departmental and operational levels (hospitals, health centers), specify clearly the roles and responsibilities of the NTP and stakeholders.
- Strengthen the national TB laboratory network by focusing international technical advisories over the next year on updating assessment of TB Lab network and finalizing comprehensive Standard Operating Procedures (SOPs) for TB laboratories and organizing the implementation of SOPs and training for lab technicians
2. **To develop R8 – GFATM Proposal**

- Provide international technical assistance to the MOH/NTP and partners to develop R8 – GFATM proposal.
- This proposal should address clear ways to achieve the global targets and to move towards the Millennium Development Goals (MDGs). In light of “Expanding quality STOP TB in Haiti” the proposal should have four strategic objectives as follows:
  - To emphasize on the need to include provision in the proposal to support the managerial and operational activities to ensure an efficient coordination at different level of the NTP.
  - To expand quality STOP TB to the whole country: Improving DOTS coverage, case detection, diagnostic capacity (TB lab network), quality care (implementing FDC and six month Category I treatment), TB/HIV coordination, TB IC control, MDR TB prevention and control and bi-national TB program.
  - To guarantee sustainability of TB control activities: Build the management and technical capacities at NTP central unit, departmental and local level, focusing on surveillance, monitoring and evaluation, training, supervision, DOTS expansion, TB drug supply system, TB/HIV coordination, IEC/BCC and MDR TB.
  - To develop a PSM plan and request provision for drug supply as requested by GDF.

3. **To develop and implement the “DOTS Model Areas” in Metropolitan Area and West Department**

- With international technical assistance from USAID/SDSH, support the expansion of quality DOTS, organizing “DOTS pilot areas” and prioritizing the Metropolitan Area (Capital City)
- Develop a comprehensive approach to expanding quality DOTS coverage that includes doing the following:
  - Setting clear targets for each year, with priority given to organizing and expanding case detection
  - Surveying and mapping governmental and non-governmental facilities in the departments, communes and UCS for possible expansion of DOTS
  - Specifying organizational and technical SOPs on TB case detection; case treatment; an NTP information system (operational and epidemiological); and on programming the logistic requirements for drugs and lab materials
  - Developing a functional referral network
  - Strengthening human resource capacity, including training, supervision, and monitoring
  - Improving the reporting and recording system
  - Organizing case detection and treatment supervision
  - Organizing the regular supply of TB drug and laboratory supplies
  - Developing a functional laboratory system for TB control activities, focusing on the quality control of sputum smears
  - Applying (IECC/BCC) strategies.
- Develop SOPs for the following: (1) Sputum smear microscopy; (2) Supervision of microscopy laboratories; (3) National quality assurance (QA) of sputum smear microscopy, focusing in quality control for sputum smear microscopy; (4) Quantification of laboratory supplies to facilitate procurement at the national level; (5)
Bio-safety procedures and techniques for maintenance of lab equipment; (6) TB culture, including internal quality control procedures

- Organize a “Package DOTS” recommended for implementation of new DOTS health facilities (See Annex)
- Organize a National TB Reference Lab
- Implement an annual evaluation workshop with all players, to analysis the national TB situation and effectiveness of the DOTS expansion process during 2007.
- Develop annual reports outlining the activities in all departments giving information for instance; financial outlook, technical progress, NTP performance, identifying program risks and proposed possible solutions

V. Next steps

For the following three months, May through July 2008, the following activities should be undertaken (see table below for more details):

1. As matter of urgency, provide international technical assistance to the MOH/NTP and partners to develop R8 – GFATM proposal. It is expected that TA will be in Haiti during May – June 2008.
2. Support developing of the NTP organization resource profile and respective updating of job descriptions.
3. Hire three full time local technical positions for: M&E unit, DOTS expansion unit and TB drug supply unit at NTP central unit on May 2008.
4. Support the development of a plan NTP Guidelines implementation
5. Organize and conduct a MOST for TB workshop by July 2008, to strengthen leadership and management of the NTP at the Central and Departmental Levels
6. Start the process of development and implementation of “DOTS Model Areas” in Metropolitan Area and West Department
Proposed work plan

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<td>1. Designate a senior technical advisor from SDSH and a senior TB technical advisor form MSH/WDC to work with the NTP</td>
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<td>1.2. Review NTP Organizational structure and update job descriptions</td>
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<td>1.3. Hire local technical positions for NTP</td>
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<td>1.4. Start the orientation and training of restructuring the TB team at NTP central unit (Study tour to Dominican Republic)</td>
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<td>1.5. Organize a meeting with all stakeholder of the program to inform on USAID/SDHS plan to strengthen the NTP</td>
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<td>1.6. Start an active supervision of the current three technical position working at NTP (by SDSH senior technical advisor)</td>
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<td>1.7. Provide an external technical assistance (MSH-CHS) to monitoring work of three technical position at NTP</td>
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<td>1.8. Develop and implement intensive training plan to disseminate NTP guidelines</td>
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<td>1.9. Organize and conduct a “Workshop: Strengthening Management in Haitian NTP” using MOST for TB tool (3 days) in Haiti</td>
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<td>1.10. Follow up action plan for MOST for TB</td>
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<td>1.11. Develop draft of TB Operational Plan 2008 - 2010</td>
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<td>1.12. Conduct with NTP- central unit and stakeholders a workshop (3 days) for technical validation and build consensus on TB Operational Plan 2008 – 2010</td>
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<td>1.13. Provide international technical assistance to strengthen the TB drug supply system (by MSH – CPM technical advisor)</td>
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<td>1.13.1 Organize a training and a planning workshop on drug management</td>
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<td>1.13.2 Monitoring of the implementation of the activities to be planned during the workshop by SDSH local focal point</td>
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<td>1.13.3 External (MSH-CPM) monitoring of the implementation of the activities to be planned during the workshop</td>
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<td>1.1.4 International technical assistance for TB lab network</td>
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2. Activities to develop R8 – GFATM proposal

| 2.1. Oversight technical proposal of the R8 of GF (MSH-CHS) | ✓ | X | X |
| 2.2. Provide international technical assistance (MSH) on development of the proposal in coordination of all partners | X | X |

3. Activities to implement DOTS Model Areas in Metropolitan Area and West Department

| 3.1. Prepare the DOTS Package needed for the program | ✓ | X | X |
| 3.2. Select sites for DOTS Model Areas and develop a plan for its implementation | ✓ | X | X |
| 3.3 Implement and follow up DOTS Model Areas | ✓ | X | X | X | X | X | X | X | X |
### Annex

**Suggested Package for implement DOTS by each Health Facility**

<table>
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<tr>
<th>Item</th>
<th>Activity /Supplies</th>
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<tbody>
<tr>
<td>1</td>
<td>TB treatment available for 3 months according to NTP and programming criteria</td>
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<tr>
<td>2</td>
<td>Laboratory reagents and sputum containers available for 6 months</td>
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<tr>
<td>3</td>
<td>Record and report package (1 register for TB suspected cases, 1 register for laboratory, 1 register for TB patients, and 100 TB treatment cards, TB patients identity cards, TB referral transfer form, requisition for TB drugs, 1000 request form for sputum examination)</td>
</tr>
<tr>
<td>4</td>
<td>IEC package (1 flipchart for nurse counseling, 1 flipchart for give education to attendees, 1 flipchart for give education to TB patients and their families during domiciliary visits, and wall posters)</td>
</tr>
<tr>
<td>5</td>
<td>3 NTP guidelines for each health facilities (1 for Medical doctor, 1 for Nurse, 1 for Laboratory technician)</td>
</tr>
<tr>
<td>6</td>
<td>3 SOPs to organize case detection for each health facilities (1 for Medical doctor, 1 for Nurse, 1 for Lab technician)</td>
</tr>
</tbody>
</table>