



Annual Report Bangladesh

GHN-I-00-09-00006-01, Task Order 01
(or TB IQC Task Order 2015)

April 3, 2013 through September 30, 2013

Submitted to:

US Agency for International Development

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Summary

COUNTRY	Bangladesh	REPORTING PERIOD	April 3, 2013 - September 30, 2013
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FUNDING SOURCE	TO2015 FY13 funds
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OVERVIEW

With funding from USAID, and in collaboration with WHO and other partners, PATH supports the NTP in its efforts to provide universal access to high-quality TB prevention, diagnosis, and treatment in order to eliminate TB as a public health problem in Bangladesh. PATH's goal is to provide support to universal access to high-quality diagnosis and treatment for all TB patients in project-supported areas. During this year, PATH will focus efforts on setting the stage for well-coordinated and robust PPM networks in Bangladesh. Our overarching strategic objective is to increase TB case notification and maintain treatment adherence through enhanced engagement of the private sector in providing high-quality TB services.

ACHIEVEMENTS

Working closely with local stakeholders, PATH helped facilitate the creation of new TB PPM committees at the national, divisional, and district levels. This effort has helped bring decision-makers together to assess, streamline, and expand PPM planning and programming throughout Bangladesh. The first joint PPM meeting held was attended by representatives from all major partners and stakeholders, including the NTP. Terms of reference for each PPM Committee were prepared and approved during the meeting. These committees will be critical to ensuring that project activities are being implemented in the most relevant and efficient way possible moving forward. Additionally, given the growing challenge of MDR/XDR-TB in Bangladesh, efforts are underway to make TB a notifiable disease. With notification, public health authorities can identify cases and offer support and treatment, supervise the quality of treatment in the private sector, and monitor disease trends. During this reporting period, PATH undertook high-level advocacy efforts with NTP and Ministry of Health and Family Welfare officials. Officials have since initiated the process of making TB a notifiable disease in Bangladesh. PATH will continue to provide technical support to the NTP to fast-track the process and support NTP efforts to obtain an executive order regarding making TB a notifiable disease.

CHALLENGES

Challenge	How is project addressing this challenge?
As there are many NGOs and partners implementing different types of TB activities in Dhaka and nationally (most are not PPM focused), selecting suitable sites without duplication of TB programming is a challenge.	To help address this challenge, PATH is holding frequent discussions with the NTP and other stakeholders to better understand the implementation of TB activities by different partners.

CHALLENGES

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As there are many NGOs and partners implementing different types of TB activities in Dhaka and nationally (most are not PPM focused), selecting suitable sites without duplication of TB programming is a challenge.	To help address this challenge, PATH is holding frequent discussions with the NTP and other stakeholders to better understand the implementation of TB activities by different partners.

MAJOR CHANGES TO WORK PLAN THIS REPORTING PERIOD

Change	Why is PATH making this change?	Approval from USAID
Activities related to training of the Bangladesh Garment Manufacturers & Exporters Association (BGMEA) and Bangladesh Knitwear Manufacturers & Exporters Association (BKMEA) physicians and laboratory technicians have been removed from the work plan.	As BRAC (a local NGO) will be doing this work with support from the Global Fund, it has been removed from our work plan.	This change was approved by USAID via email.

ENVIRONMENTAL IMPACT STATEMENT

During the reporting period, the main activities undertaken by PATH were support for assessments, training, and provision of supportive supervision. Aside from the impacts of travel, there was no adverse impact of these activities on the environment.

Activity Monitoring: Outcomes

TO2015 FY13 Bangladesh Work Plan

Goal: Provide universal access to high-quality diagnosis and treatment for all TB patients in the project-supported areas.

Strategic objective: Increase TB case notification through enhanced engagement of the private sector in providing high-quality TB services.

INTERMEDIATE RESULT	SUB-INTERMEDIATE RESULT	STATUS AS OF SEPTEMBER 30, 2013
IR 1: Enabling environment for effective PPM implementation strengthened.	Sub-IR 1.1 Understand the current status of all aspects of the PPM environment in Bangladesh.	PATH has initiated identification and contracting of national and international technical consultants to conduct activities related to Sub-IR 1.
	Sub-IR 1.2 Leadership and coordination mechanisms established to improve TB program effectiveness.	Working closely with local stakeholders, PATH helped facilitate the creation of new TB PPM Committees at the national, divisional, and district levels. This effort has helped bring decision-makers together to assess, streamline, and expand PPM planning and programming throughout Bangladesh. The first joint meeting was held to strengthen PPM activities, attended by representatives from all major partners and stakeholders, including the NTP. Terms of reference for each PPM Committee were prepared and approved during the meeting.
	Sub-IR 1.3 National PPM Operational Guidelines updated.	This activity is planned for the next reporting period.

INTERMEDIATE RESULT	SUB-INTERMEDIATE RESULT	STATUS AS OF SEPTEMBER 30, 2013
IR 2: Capacity of private providers to identify and manage TB cases in line with national guidelines improved.	Sub-IR 2.1 Customized PPM training tools introduced.	Compilation of different training tools currently being used by different partners is in progress.
	Sub-IR 2.2 Knowledge of international TB standards increased among trained private providers.	This activity is planned for the next reporting period. Discussions are being held with stakeholders regarding ways to advocate for use of the International Standards of TB Care.
	Sub-IR 2.3 Private providers are able to record and report TB cases.	This activity is planned for the next reporting period.
	Sub-IR 2.4 NTP is able to collect data on TB cases from the private sector.	This activity is planned for the next reporting period.

Global Indicators

NATIONAL LEVEL

Bangladesh

Indicator	Value	Comments	Time period
Number of new SS+ TB cases notified	98,942 Male: 65,459 Female: 33,483		2011
Smear positive notification rate (new SS+)	65 per 100,000 population	Sex-disaggregated data are not reported	2011
Number of new SS+ TB cases successfully treated	96,807	Sex-disaggregated data are not reported	2010
Smear positive treatment success rate (new SS+)	91.62%	Sex-disaggregated data are not reported	2010
Number of MDR/XDR-TB cases diagnosed	701	Sex-disaggregated data are not reported	2012
Number of MDR/XDR-TB cases who initiated treatment	508	Sex-disaggregated data are not reported	2012
Number of new TB patients tested for HIV	1,325	NSP: 1,060; NSN: 265	2011
Percentage of new TB patients tested for HIV	0.45%	NTP report	2011
Number of TB/HIV patients on ART	81	WHO report	2011
Number of health care providers trained in TB/HIV elements	88	Sex-disaggregated data are not reported	2011

Dhaka

Indicator	Value	Comments	Time period
Number of new SS+ TB cases notified	7,539	Sex-disaggregated data are not reported	2011
Smear positive notification rate	55.19%	Sex-disaggregated data are not reported	2011
Number of new SS+ TB cases successfully treated	7,131	Sex-disaggregated data are not reported	2010
Smear positive treatment success rate	88.50%	Sex-disaggregated data are not reported	2010
Number of MDR/XDR-TB cases diagnosed	n/a	Only national-level reporting for MDR-TB	n/a
Number of MDR/XDR-TB cases who initiated treatment	n/a	Only National level reporting for MDRTB	n/a
Number of TB patients tested for HIV	n/a	District-level performance not being analyzed by the NTP for this indicator	n/a
Percentage of TB patients tested for HIV	n/a	District-level performance not being analyzed by the NTP for this indicator	n/a
Number of TB/HIV patients on ART	n/a	District-level performance not being analyzed by the NTP for this indicator	n/a
Number of health care providers trained in TB elements	n/a	District-level performance not being analyzed by the NTP for this indicator	n/a

Activity Monitoring: Outputs

TO2015 FY13 Bangladesh Work Plan

Objective 1: Strengthen policy and support systems for effective delivery of TB services by all types of health care providers.

Sub-IR	ACTIVITY	OUTPUT TARGETS	EXPECTED DATE OF COMPLETION	STATUS AS OF SEPTEMBER 30, 2013	PROGRESS TO DATE
1.1	1.1 Conduct an in-country visit to compare proposed activities against the SOW to refine SOW activities.	One visit conducted. Revisions to SOW completed.	Jun-13	Completed	The revised work plan was submitted and received approval from USAID on September 19, 2013.
1.2	1.2 Support formation of a national TB PPM Sub-committee and PPM Working Group.	PPM Sub-committee formed. PPM Working Group formed.	Sep-13	Completed	PATH facilitated and supported the NTP in the establishment of TB PPM Committees formed at the national, divisional, and district levels. About 22 members, including all the major partners and stakeholders, attended the first meeting to strengthen PPM, held on September 9, 2013. Member lists and TOR for the PPM Committees at the different levels were prepared and approved in the meeting. Minutes of the meeting were circulated by the NTP to all stakeholders.
1.1	1.3.1 Conduct a national situation assessment of PPM to better understand the infrastructure, resources, and systems being used for PPM activities in Bangladesh.	Report of national situational assessment of PPM developed.	Nov-13	In progress	An international consultant has been identified to conduct the national situational assessment of PPM. The SOW has been developed, and the consultant contract is being processed. The assessment will be conducted during the next reporting period.
1.1	1.3.2 Assess existing PPM models and projects being implemented by national, local, and international partners in Bangladesh, including the major NTP non-public health care facilities providing TB care.	Landscape analysis of current PPM models being implemented in Bangladesh completed.	Dec-13	In progress	A national consultant has been identified to conduct the landscape analysis during the next reporting period. The SOW has been developed, and the consultant contract is being processed.

1.1	1.3.3 Assess the regulatory environment related to mandatory TB case notification, rational use of antibiotics, and standards of medical practice.	Report of the assessment of the regulatory environment and recommendations completed.	Dec-13	In progress	The project has begun collecting information required to assess the regulatory environment in Bangladesh.
1.1	1.4 Identify, review, compile, and synthesize available PPM data to better understand the reporting capacity of private facilities.	Report on PPM data analysis from sample of hospitals in Dhaka and Chittagong completed and shared with the NTP.	Feb-14	Pending	A national consultant has been identified to develop this report. The SOW has been developed, and the consultant contract is being processed.
1.3	1.5 Support the NTP to update PPM operational guidelines.	Updated National PPM Operational Guidelines developed.	Jan-14	Pending	This activity is planned for the next reporting period.
1.2	1.6 Support the NTP through review of existing tools and providing recommendations for standardized tools to enhance collaboration between the NTP and private/NGO providers.	Recommendations on standardized tools for collaboration developed and provided to the NTP.	Jan-14	Pending	This activity is planned for the next reporting period.
1.2	1.7 Establish an advisory group of academics to support expansion of services in private medical colleges not currently involved with the NTP.	Advocacy group of academicians formed to support expansion in private medical colleges that are not currently involved with the NTP.	Dec-13	Pending	This activity is planned for the next reporting period.
1.2	1.8 Review the existing strategic communication mechanisms and list relevant and additional activities to support the new project activities.	Report on existing strategic communication mechanisms developed.	May-14	Pending	This activity is planned for the next reporting period.

Objective 2: Improve the capacity of private health care providers to manage TB cases in line with national guidelines.

Sub IR	ACTIVITY	OUTPUT TARGETS	EXPECTED DATE OF COMPLETION	STATUS AS OF SEPTEMBER 30, 2013	PROGRESS TO DATE
2.1	2.1 Conduct training needs assessment and human resources mapping in support of PPM operational guidelines.	PPM training needs assessment report and human resources mapping for targeted private-sector service providers completed.	May-14	Pending	This activity is planned for the next reporting period.

2.1	2.2 Support the NTP to revise PPM training tools customized for major types of providers.	Customized PPM training tools developed and used in trainings.	Mar-14	Pending	This activity is planned for the next reporting period.
2.1	2.3 Conduct needs-based training for private practitioners in select catchment areas and targeted facilities in Dhaka.	Need-based training for private practitioners conducted in select catchment areas and targeted facilities in Dhaka.	Mar-14	Pending	This activity is planned for the next reporting period.
2.2	2.4. Initiate awareness campaigns among a select group of management and decision-makers in the private sector to promote ISTC.	ISTC awareness campaign designed.	Feb-14	Pending	This activity is planned for the next reporting period.
2.3	2.5.1 Adapt recording and reporting tools to collect PPM data.	Standardized PPM recording and reporting tools developed and disseminated.	Jan-14	Pending	This activity is planned for the next reporting period.
2.3	2.6 Train Bangladesh Garment Manufacturers & Exporters Association (BGMEA) and Bangladesh Knitwear Manufacturers & Exporters Association (BKMEA) physicians and laboratory technicians.	20 BGMEA and BKMEA physicians trained. 20 BGMEA and BKMEA laboratory technicians trained.	n/a	Cancelled	As BRAC (a local NGO) will be doing this work with support from the Global Fund, it has been removed from our work plan. USAID has approved this change.
		20 BGMEA and BKMEA laboratory technicians trained.	n/a	Cancelled	As BRAC (a local NGO) will be doing this work with support from the Global Fund, it has been removed from our work plan. USAID has approved this change.
2.4	2.5.2 Train NTP and private facility staff on the recording and reporting tools in a pilot area of Dhaka.	50 staff trained in PPM recording and reporting tools.	Feb-14	Pending	This activity is planned for the next reporting period.
		1,000 referrals to NTP-designated sputum microscopy centers from the private sector conducted in the project areas reported.	Sep-14	Pending	This activity is planned for the next reporting period. PATH will provide semiannual and annual updates on the number of referrals made to NTP-designated sputum microscopy centers by the private sector in the project-supported area.

	100 TB patients diagnosed by the private sector in the project areas with diagnostic capabilities reported.	Sep-14	Pending	This activity is planned for the next reporting period. PATH will provide semiannual and annual updates on the number of TB patients diagnosed by the private sector in project-supported areas.
	50 TB patients treated by the private sector in project areas reported.	Sep-14	Pending	This activity is planned for the next reporting period. PATH will provide semiannual and annual updates on the number of TB patients treated by the private sector in project-supported areas.

Objective 3: Increase TB case notification by private-sector providers.

SUB IR	ACTIVITY	OUTPUT TARGETS	EXPECTED DATE OF COMPLETION	STATUS AS OF SEPTEMBER 30, 2013	PROGRESS TO DATE
3.2	3.1 Pilot an "outreach worker model" with private chest specialists and physicians with high patient load in Dhaka.	Outreach Worker Model piloted in five Dhaka City Corporation wards.	Jul-14	Pending	This activity is planned for the next reporting period. Identification of local NGO for subcontracting to implement this activity is under progress.
		Mechanism to collect and transport sputum specimens or to refer patients presumed to have TB to NTP-designated facilities established.	Jul-14	Pending	This activity is planned for the next reporting period.
3.3	3.2 Support NTP efforts to expand existing DOTS corner model activities to additional private tertiary and medical college hospitals.	'DOTS corner' established in 15 private tertiary/medical college hospitals.	Jul-14	Pending	This activity is planned for the next reporting period.
3.1	3.3 Support NTP efforts to introduce accreditation mechanism for private health care facilities and practitioners.	Assessment tool for accreditation of private facilities/practitioners developed.	Feb-14	Pending	This activity is planned for the next reporting period.
		Accreditation body formed.	Mar-14	Pending	This activity is planned for the next reporting period.

		Launch event held to disseminate accreditation mechanism.	Mar-14	Pending	This activity is planned for the next reporting period.
3.1	3.4 Support and expand existing efforts to produce a directory of NTP and NTP-accredited TB service facilities to be supplied to private providers.	Directory of NTP-accredited facilities developed and disseminated to private providers.	Mar-14	In progress	Identification and contracting of a qualified, national consultant to conduct this activity is in progress.
3.2	3.5 Pilot incentive mechanisms for private practitioners to refer potential TB patients for diagnosis and to ensure TB treatment compliance in Dhaka.	Incentive mechanisms piloted among 20 service providers.	Jul-14	Pending	This activity is planned for the next reporting period.
		Outreach worker model piloted in five city wards.	Jul-14	Pending	This activity is planned for the next reporting period.
3.3	3.6 Support the expansion of existing workplace TB service models with BGMEA and BKMEA.	Workplace TB service model expanded to 20 BGMEA and BKMEA sites.	n/a	Cancelled	As BRAC (a local NGO) will be doing this work with support from the Global Fund, it has been removed from our work plan. USAID has approved this change.
3.3	3.7.1 Deploy two PPM coordinators to work in Dhaka developing and strengthening PPM networks and linkages.	Two PPM coordinators deployed to Dhaka to work on developing and strengthening PPM networks and linkages.	Oct-13	In progress	The project has begun to identify and contract local consultants to serve as PPM coordinators. Scopes of work are being developed.
3.4	3.7.2 Convene task force and design comprehensive/intensive Dhaka Model based on project lessons learned to date.	Dhaka Model designed based on project lessons learned to date.	May-14	Pending	This activity is planned for the next reporting period.
		1,440 service providers trained in project-supported areas.	Jul-14	Pending	This activity is planned for the next reporting period.
		100 additional PPM service providers involved in the project-supported areas.	Jul-14	Pending	This activity is planned for the next reporting period.
3.3	3.8 Expand the ongoing TB REACH model to peri-urban areas of Dhaka.	TB Reach model expanded to Dhaka peri-urban areas.	Jan-14	Pending	This activity is planned for the next reporting period.

Photos



First ever meeting on strengthening TB PPM activities in Bangladesh, held at the NTP on September 9, 2013. During the meeting, TB PPM Committees were established at the national, divisional, and district levels. Photo credit: PATH.

Evaluation and Operations Research

Title	Purpose of study	Evaluation type and method(s)	PATH field contact	PATH DC contact	Partner	IRB status	Status/Results
Not applicable. Currently, there are no operations research or evaluation-related activities in the approved work plan.							

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Deliverables					
TO2015 FY13 Bangladesh Work Plan					
Activity	Deliverable	Target date of completion	Status as of September 30, 2013	Name of file	Dissemination
Objective 1: Strengthen policy and support systems for effective delivery of TB services by all types of health care providers.					
1.1	Vetted and revised work plan	May-13	Completed	PATH Workplan - PPM TB-Bangladesh_NTP	USAID
1.2	List of members of the TB PPM Working Group	Sep-13	Completed	PPM meeting minutes	Stakeholders, USAID
1.3.1	National assessment report	Nov-13	In progress		USAID
1.3.2	Landscape report on the existing PPM models and projects	Dec-13	In progress		USAID
1.3.3	Report on findings of the regulatory environment with recommendations to PPM Sub-committee	Dec-13	In progress		USAID
1.3.3	Concept note: Importance of TB as a notifiable disease	Oct-13	In progress		USAID
1.4	Report with examples of non-reported PPM data provided to NTP	Feb-14	In progress		USAID
1.5	Updated National PPM Operational Guidelines	Jan-14	In progress		USAID
1.6	Report with recommendations for standardized contract tools between NTP and private providers submitted to NTP	Jan-14	In progress		USAID
1.7	List of members of the advisory group formed	Dec-13	In progress		USAID
1.8	Report on review of existing communication mechanisms with recommendations to the PPM Working Group/NTP	May-14	In progress		USAID
	Trip reports	Ongoing	In progress	trip report folder	USAID
Objective 2: Improve the capacity of private health care providers to manage TB cases in line with national guidelines.					
2.1	Training needs assessment report	May-14	In progress		USAID
2.1	Human resources mapping report	May-14	In Progress		USAID
2.2	Revised/developed PPM training tools	Mar-14	In Progress		USAID
2.3	Training plan	Feb-14	In Progress		USAID
2.4	Advocacy campaign plan/strategy	Feb-14	In progress		USAID
2.5.1	PPM recording and reporting tools	Jan-14	In progress		USAID
2.5.2	Report on training on recording and reporting tools	Mar-14	In progress		USAID

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2.6	Training reports	Jul-14	In progress		USAID
	Trip reports	Ongoing	In progress		USAID
Objective 3: Increase TB case notification by private-sector providers.					
3.1	Outreach Worker Model pilot report	Sep-14	In progress		USAID
3.2	List of medical colleges with 'DOTS Corners' started	Jul-14	In progress		USAID
3.3	Accreditation assessment tool	Feb-14	In progress		USAID
3.3	List of accreditation body members	Mar-14	In progress		USAID
3.4	Comprehensive directory of NTP/government TB service facilities	Mar-14	In progress		USAID
3.5	Report on the pilot of incentive mechanisms	Sep-14	In progress		USAID
3.6	Progress report on Workplace Model expansion	Sep-14	In progress		USAID
3.7	Formal declaration of support for the Dhaka Model by local authorities	Apr-14	In progress		USAID
3.8	Inauguration of service delivery in peri-urban areas; 'TB REACH' model expanded to selected peri-urban areas	Dec-14	In progress		USAID
	Trip reports	Ongoing	In progress		USAID

Success Story

This project has been in progress for less than five months and initial activities have focused on project start-up. A personalized success story will be provided in the next report.

GeneXpert® Procurement

Not applicable for this project.

Inventory

Project commodities costing more than \$500 purchased during this reporting period.

No commodities costing more than \$500 were purchased during the reporting period.

Acronyms

BGMEA	Bangladesh Garment Manufacturers & Exporters Association
BKMEA	Bangladesh Knitwear Manufacturers & Exporters Association
DOTS	internationally recommended TB control strategy
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
ISTC	International Standards for Tuberculosis Care
MDR-TB	multidrug-resistant tuberculosis
NGO	nongovernmental organization
NSP	new smear positive
NSN	new smear negative
NTP	National Tuberculosis Program
PPM	public-private mix
SOW	scope of work
SS+	sputum smear positive
TB	tuberculosis
TOR	terms of reference
USAID	US Agency for International Development
WHO	World Health Organization
XDR-TB	extensively drug-resistant tuberculosis