Annual Report

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

October 1, 2011 through September 30, 2012

Submitted to:
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Summary

COUNTRY	Mexico	REPORTING PERIOD	October 1, 2011 - September 30, 2012

FUNDING SOURCE	TO2015 FY11 and FY12 funds

OVERVIEW

In Mexico, PATH has worked with the NTP to introduce three TB control components in priority states—PMDT, PPM, and ACSM—to support implementation of the Stop TB Strategy. In collaboration with the NTP leadership team and state-level TB managers and stakeholders, PATH is supporting expansion of PMDT to state-level TB programs through assessments, development of action plans, ongoing supervision, intensive training, and M&E. With diverse partners such as the Mexican Social Security Institute, the prison system, private providers, and medical schools, PATH is supporting PPM networks to ensure timely referral of TB suspects to NTP-supported facilities for diagnosis and treatment and a standard of care among these providers that conforms with the NTP's DOTS-based guidelines. PATH is also supporting development and implementation of ACSM action plans aimed at improving case detection, patient satisfaction, and treatment outcomes in priority states. Finally, at the request of USAID/Mexico, PATH supported a sustainability planning process in collaboration with Project Concern International in anticipation of the phase-out of USAID funding for TB control.

ACHIEVEMENTS

PMDT support expanded and used to inform national guidelines

PATH consultant, Dr. Ivonne Orejel has continued to move forward with key activities aimed at supporting PMDT expansion to the state level, including a situation analysis of COEFAR supervision/technical assistance to state-level TB program managers in priority states. She has supported the NTP in conducting national MDR-TB/PMDT training workshops for health care staff, and in response to ongoing challenges with MDR-TB, Dr. Orejel supported the NTP in facilitating a national workshop on the management of adverse reactions to second-line drugs and use of national reporting forms to improve monitoring in September 2012 for 32 clinicians from 16 priority states. The NTP will utilize workshop findings to develop new national guidelines for management of adverse events.

PPM and ACSM support improves TB control in priority states

PATH consultant, Dr. Antonio Martinez continued to support PPM and ACSM activities and provided MDR-TB technical assistance during more than 30 supervision visits to priority states. The number of people identified as presumed to have TB increased by 39.3% across facilities receiving PPM support. There was a nearly 28% increase in the number of new smear positive TB cases detected, compared with 2010 baseline, by facilities supported with PPM. Dr. Martinez also supported the NTP in conducting a national advanced ACSM M&E training workshop for 37 state TB managers in August 2012. Several participants of the August 2011 ACSM workshop in Mexico City returned to share their results following six months of implementing their ACSM action plans. In Jalisco, ACSM activities implemented based on an action plan developed during the 2011 ACSM workshop, contributed to a 26% increase in the examination of respiratory symptomatics, a 42% increase in bacilioscopys conducted, and a 46% increase in the number of new pulmonary TB cases identified at Tlaquepaque Health Center over a six-month period.

Increased support for infection control

A recent study of TB among health care providers in Mexico revealed alarming rates of disease in hospitals where TB and MDR-TB patients are being treated. In response, Dr. Ivonne Orejel and Dr. Jose Antonio Martinez have scaled up technical support for infection control to priority states as a part of routine supervision visits. Together they provided on the job training, technical assistance and recommendations to nearly 350 health care workers to help improve infection control in project supported states. Supervervision visits to Chiapas, Tabasco and Guerrero helped gather evidence about how infection control activities are being implemented in primary health facilities, hospitals and prisons and found that: 85% of infection control measures were being implemented through low cost administrative controls, 10% through environmental controls and 5% through personal protective equipment. This data has helped inform NTP planning and resource allocation for infection control.

Planning for transition and evaluating nearly a decade of USAID contributions to TB control in Mexico

A key priority for 2011-2012 is successful transition of MDR-TB, PPM, and ACSM activities to the NTP and state-level programs in anticipation of USAID phase-out of support for TB control in Mexico. Dr. Fabio Luelmo (independent consultant) was supported by PATH to conduct an evaluation of USAID-supported TB activities in Mexico. The evaluation concluded that USAID support helped strengthen laboratory networks; human resource capacity at the national, state, and district levels (particularly for ACSM); the information system; and MDR-TB diagnosis and case management. In areas with direct support for service improvement, PPM, and ACSM, the detection of those presumed to have TB and notification of smear-positive TB cases increased rapidly. Please see full evaluation for details.

CHALLENGES

Challenge	How is PATH addressing this challenge?
Improving the management of adverse effects of second-line drugs and increasing and maintaining MDR-TB treatment success has been challenging.	PATH consultants and the NTP developed tools to improve MDR-TB treatment adherence. Dr. Ivonne Orejel provided support to the NTP for a national workshop on the management of adverse reactions of second-line drugs.
Infection control is an ongoing concern throughout the project-supported states. A recent study of TB among health care providers revealed alarming rates of the disease in hospitals where TB and MDR-TB patients are being treated.	PATH consultants are now incorporating infection control as a part of routine supervision and building in extra time during supervision visits to provide on-the-job training for state-level managers and clinicians.

CHANGES TO WORK PLAN

Change	Why is PATH making this change?	Approval from USAID
A revised FY11/FY12 combined work plan was developed to accommodate additional FY11 funds and submitted to USAID.	USAID/Mexico added additional FY11 funds to TO2015 ($150,397), and PATH was asked to submit a revised budget and implementation plan for FY12 to include the final evaluation of the USAID-funded TB activities that we discussed previously, as well as additional activities outlined in the sustainability plan. It was also agreed that the infection control technical support being provided by Thea Zuccotti (consultant) would be funded through TB IQC Task Order 1 Core MDR funds.	The revised TB IQC Task Order 1 FY11/FY12 Mexico work plan was approved by USAID on April 17, 2012.

ENVIRONMENTAL IMPACT STATEMENT

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

Global Indicators

NATIONAL LEVEL

Mexico

Indicator	Value	Comments	Time period
Number of new SS+ TB cases notified	Male 7,598 Female 4,426 Total 12,024	Preliminary information	Preliminary information for October 2011-October 2012
Smear positive notification rate	Male 14,1 Female 7,9 Total 10,9	Preliminary information	Preliminary information for October 2011-October 2012.
Number of new SS+ TB cases successfully treated	Male 6,760 Female 4,276 Total 11,036		January-December 2011
Smear positive treatment success rate	Male 85.2% Female 90.2% Total 87.1%		January-December 2011
Number of MDR/XDR-TB cases diagnosed	36	Data not available disaggregated by sex	Preliminary information for October 2011-October 2012
Number of MDR/XDR-TB cases who initiated treatment	96	Includes prevalent cases	Preliminary information for October 2011-October 2012
Number of TB patients tested for HIV	11,316	Data not available disaggregated by sex	Preliminary information for October 2011-October 2012
Percentage of TB patients tested for HIV	55.7%	Data not available disaggregated by sex	Preliminary information for October 2011-October 2012
Number of TB/HIV patients on ART	576	Includes only cases from the public sector; data for other institutions are not available	October 1, 2011-July 30, 2012
Number of health care providers trained in TB elements	Male 298 Female 897 Total 1,195	Preliminary information	Preliminary information for October 2011-October 2012

Source: NTP data

Activity Monitoring: Outcomes

TO2015 FY11/FY12 Mexico Work Plan

Goal: Improve TB case detection and treatment outcomes in 15 states in Mexico through implementation of high-priority Stop TB Strategy components.

OUTCOMES	OUTCOME TARGETS	RESULTS AS OF SEPTEMBER 30, 2012
Objective 1: Strengthen PMDT in project-supported states, with a focus on improving capacity to diagnose and treat MDR-TB and improved infection control practices.		
Number of confirmed MDR-TB cases diagnosed in project-supported states.	60% of all high-risk MDR-TB suspects receive culture and DST.	36 MDR-TB cases diagnosed in project-supported states received DST and culture, and 40% of all high-risk persons presumed to have MDR-TB received culture and DST. To work towards ensuring that at least 60% of all high risk persons presumed to have MDR-TB receive culture and DST, PATH consultants are identifying challenges to providing these services during routine supervision visits.
Number of MDR-TB patients initiating treatment in project-supported states.	Pending case detection results.	In project supported states, 46 MDR-TB patients initiated treatment.
Percentage of MDR-TB cases started on treatment who have negative culture results in month 6.	Culture conversion of at least 80% of all new MDR-TB cases initiating treatment in month 6.	87% of MDR-TB cases started on treatment had negative culture results by month 6.
Objective 2: Expand PPM activities to three new states and maintain support for PPM activities in nine existing states.		
Improved referral of TB suspects among PPM network facilities.	Increased TB case notification rate in participating PPM facilities.	Referrals of those presumed to have TB increased from 40% to 95% among PPM network facilities (hospital to primary health care). Detection of smear-positive TB improved within facilities participating in the PPM network, with 39.3% of people presumed to have TB identified and 27.7% new TB-positive cases identified compared with the baseline assessment.
Improved detection of smear-positive TB within facilities participating in PPM network.		
Objective 3: Incorporate appropriate ACSM activities in project-supported states to complement MDR-TB and PPM activities.		
Improved case detection and treatment outcomes in jurisdictions implementing ACSM interventions.	Finalization of action plans and M&E plans from 2011 ACSM workshop and selection of states and jurisdictions for intensive ACSM support.	Of the 15 action plans developed during the ACSM workshop in August 2011, six plans have contributed to improvements in identifying those presumed to have TB (12.4% increase) and identification of new TB-positive cases (31.4% increase) compared with baseline assessment. In Centro Tabasco, ACSM training helped state coordinators conduct advocacy with state health managers to get TB included in the managers' monthly meeting agendas. As a result, the jurisdiction director designated specific human resources for TB activities, which coincided with a 30% increase in TB case detection in primary health facilities. Please see Jalisco success story in tab 7.

Activity Monitoring: Outputs

TO2015 FY11/FY12 Mexico Work Plan

Goal: Improve TB case detection and treatment outcomes in 15 states in Mexico through implementation of priority Stop TB Strategy components.

Note: PATH consultants will continue to provide ongoing technical support in PMDT, MDR-TB, PPM and ACSM for priority states through December 2012.

Objective 1: Strengthen PMDT in project-supported states, with a focus on improving capacity to diagnose and treat MDR-TB and improved infection control practices.

ACTIVITY	OUTPUT	OUTPUT TARGET	EXPECTED DATE OF COMPLETION	STATUS AS OF SEPTEMBER 30, 2012	PROGRESS TO DATE
Activity 1.1: Expand PMDT to Oaxaca and Sinaloa.	Number of states assessed for expansion of PMDT.	Oaxaca and Sinaloa assessed for expansion of PMDT.	n/a	Completed	Oaxaca and Sinaloa have been assessed for expansion of PMDT, and are now managing MDR cases according to national regulations.
Activity 1.2: Improve PMDT capacity in Baja California, Chiapas, Coahuila, Guerrero, Hidalgo, Nuevo León, Puebla, and Veracruz.	National COEFAR workshop held for participants from priority states.	30 participants from priority states trained in PMDT.	n/a	Completed	The national COEFAR workshop was held April 26-28, 2012 with support from Dr. Pepe Caminero; 70 participants from ten priority states, as well as additional states supported by the NTP, attended. Please see report for details.
Activity 1.3: Build the capacity of COEFARs to support implementation of PMDT in project-supported states.	Number of COEFARs assessed for capacity-building needs.	Ten COEFARs assessed for capacity-building needs.	n/a	Completed	Ten COEFARs assessed for capacity-building needs through technical supervision visits to priority states. Key needs identified include: improved coordination among the different levels of care for MDR-TB patients, adequate provision of quality medicines, ensuring reliable access to laboratory and DOTS services, and ensuring adequate attention to adverse reactions to second line drugs. The project is providing ongoing technical support to COEFARs through December 2012.
Activity 1.4: Support annual National MDR-TB Course in Cancun for 33 people, including clinicians and state-level TB program managers.	Number of people trained in programmatic management of MDR-TB.	33 state-level personnel trained in programmatic management of MDR-TB.	n/a	Completed	The national COEFAR MDR-TB workshop was held April 26-28, 2012, with support from Dr. José A. Caminero Luna, MDR-TB Coordinator for the Union, Spain. 70 participants from the ten priority states, as well as additional states supported by the NTP, were trained in programmatic management of MDR-TB.
Activity 1.5: Incorporate infection control training into supervision visits for six priority states.	Number of individuals trained in infection control.	Six states receive technical assistance in infection control. Number of individuals trained determined on the basis of need and availability when visits are conducted.	n/a	Completed	Six priority states have received targeted technical support for infection control; however, all states visited by PATH consultants receive assistance on infection control as requested during visits. Individuals trained in infection control in the six states is as follows: Baja California (60), Chiapas (72), Jalisco (29), Tabasco (59), Veracruz (49), and Guerrero (52).

Activity 1.6: Print 500 copies of the drug resistance survey.	Drug resistance survey printed.	500 copies of the drug resistance survey printed.	Dec-12	Ongoing	The publication was delayed by the IJTLD editorial committee. PATH has engaged Dr. Pepe Caminero of the IJTLD to support finalization of the drug resistance survey. We will begin printing as soon as the survey is finalized and approved.
Activity 1.7: Support the NTP to finalize and print 1,000 copies of the *National Guide on Programmatic Management of Drug Resistant TB*.	*National Guide on Programmatic Management of Drug Resistant TB* finalized and printed.	1,000 copies printed.	Dec-12	Ongoing	The NTP and other authors are working to revise the technical concepts. We will begin printing as soon as the survey is finalized and approved.
Activity 1.8: Support the NTP to conduct a training workshop on identification, management, and reporting of adverse events related to MDR-TB treatment.	Number of infection prevention and control improvement activities undertaken.	Five infection prevention and control improvement projects initiated.	n/a	Completed	Seven infection prevention and control improvement action plans have been initiated. Positive results have been achieved in three facilities. PATH consultants will provide ongoing technical support for implementation of these action plans through December 2012.
	Number of clinicians receiving training on management of adverse effects of second-line drugs.	32 clinicians trained on management of adverse effects.	n/a	Completed	32 clinicians received training on management of adverse effects of second-line drugs at the workshop held September 10-12, 2012 in Mexico City. The NTP will utilize workshop findings to develop new national guidelines for management of adverse events.

Objective 2: Expand PPM activities to three new states and maintain support for PPM activities in nine existing states.

ACTIVITY	OUTPUT	OUTPUT TARGET	EXPECTED DATE OF COMPLETION	STATUS AS OF SEPTEMBER 30, 2012	PROGRESS TO DATE
Activity 2.1: Expand PPM activities to Guerrero, Oaxaca, and Veracruz.	Number of partners participating in PPM network, by state (existing and new).	At least three partners participating in PPM network (new states). At least three partners participating in PPM network (existing states).	n/a	Completed	Three partners are participating in the PPM network in existing states, as well as three new states (Guerrero, Oaxaca, and Veracruz). Further details and results are included in the summary report deliverable entitled "Summary PPM-ACSM, JULY,12.exe".
Activity 2.2: Continue support for PPM activities in nine existing states (Chiapas, Coahuila, Estado de Mexico, Hidalgo, Morelos, Nuevo Leon, Queretaro, Sinaloa, Tabasco).	Number of facilities receiving quality improvement interventions.	Number of PPM quality improvement action plans, by facility and state.	n/a	Completed	Nine states have developed PPM quality improvement action plans and are receiving ongoing supervision and support for data analysis and documentation.

Objective 3: Incorporate appropriate ACSM activities in project-supported states to complement MDR-TB and PPM activities.					
ACTIVITY	**OUTPUT**	**OUTPUT TARGET**	**EXPECTED DATE OF COMPLETION**	**STATUS AS OF SEPTEMBER 30, 2012**	**PROGRESS TO DATE**
Activity 3.1: Provide ongoing supervision of ACSM activities based on action plans from the August 2011 ACSM workshop in Mexico City.	Technical support and supervision provided based on ACSM action plans developed in August 2011.	Technical support and supervision provided for 14 of the ACSM action plans developed in August 2011.	n/a	Completed	Technical support and supervision were provided for 14 of the ACSM action plans developed in August 2011. Follow-up supervision visits identified that seven of the ACSM projects had produced good results (Tabasco, Veracruz, Jalisco, Hidalgo, Sinaloa, Puebla, Guerrero); four had made few changes (Coahuila, Morelos, Yucatan, Nuevo Leon); and three states (Queretaro, State of Mexico and Chiapas) have made no progress due to changes in leadership in the state and jurisdiction level of government. Dr. Jose Antonio Martinez and members of the NTP have begun returning to these states to ensure that new local leadership is up to date so that progress on ACSM action plans can continue.
Activity 3.2: Conduct a follow-up training workshop with high-performing states that launch ACSM activities after participation in the August 2011 workshop.	Number of individuals trained in advanced ACSM skills.	100 individuals trained in advanced ACSM skills.	n/a	Completed	During superivision visits, 110 health workers from the following states were trained in advanced ACSM skills: Hidalgo (Nov 7-8, 2011), Guerrero (March 1-2, 2012), Puebla (March 8- 9, 2012), Nuevo Leon and Coahuila (April 17-19, 2012). Following discussion with USAID and the NTP, it was decided that providing advanced ACSM training during supervision visits was more feasible than holding a separate workshop. Additionally, several participants who were trained on ACSM in August 2011 attended the ACSM M&E workshop in August 2012 to share their results and receive follow up training.
Activity 3.3: Conduct an intensive workshop on M&E of ACSM interventions for state and jurisdictional managers in priority states.	Number of individuals trained in ACSM M&E skills.	33 individuals trained in advanced ACSM and ACSM M&E skills.	n/a	Completed	The intensive workshop on advanced ACSM and ACSM M&E was conducted August 6-10, 2012 in Guadalajara; 38 health workers representing 15 jurisdictions were trained. The workshop brought together state TB coordinators from the following priority states: Baja California, Campeche, Chiapas, Chihuahua, Guanajuato, Jalisco, Michoacán, Quintana Roo, San Luis Potosi, Sonora, and Tamaulipas. As a result, 15 action plans have been developed.

Evaluation and sustainability activities					
ACTIVITY	**OUTPUT**	**OUTPUT TARGET**	**EXPECTED DATE OF COMPLETION**	**STATUS AS OF SEPTEMBER 30, 2012**	**PROGRESS TO DATE**
Participate in sustainability planning meetings. These meetings will be led by USAID/Mexico and the NTP and will involve PATH and Project Concern International.	Four (TBD based on USAID Mexico and NTP requests) sustainability planning meetings, potentially up to four, depending on USAID and NTP preferences. Report with recommendations for sustainability of TB activities post USAID/Mexico support developed.	At least two sustainability planning meetings held. Report with recommendations for sustainability of TB activities post USAID/Mexico support developed.	n/a	Completed	Sustainability planning meetings were held in Mexico City and San Diego, CA. No follow-up sustainability meetings have been requested by USAID Mexico or the NTP.
Final evaluation of USAID-supported TB control activities in Mexico.	Final evaluation and presentation of findings.	Final evaluation and presentation of findings.	n/a	Completed	Evaluation was conducted by Dr. Fabio Luelmo (consultant) August 1-15, 2012 in Mexico City and Guadalajara. Please see report and final presentation of findings. Findings were presented to the NTP and USAID/Mexico on August 14, 2012.

Photos, Graphs, Tables

Percent change in case notification in six priority states receiving PPM support

Time period	State	Key partners	Identification of those presumed to have TB			Identification of new smear-positive TB cases		
			Baseline in 2011	Following PPM support	% change	Baseline in 2011	Following PPM support	% change
1st half 2011 through September 2012	Centro, Tabasco	Health centers	1,281	1,385	8.12	83	109	31.33
1st half 2011 through September 2012	Tlaquepaque, Jalisco	Health centers	331	416	25.68	13	21	61.54
1st half 2011 through September 2012	Huejutla, Hidalgo	Health centers	9,915	10,433	5.22	26	29	11.54
1st half 2011 through September 2012	Xalapa, Veracruz	Municipality health officials	634	712	12.30	35	50	42.86
1st half 2011 through September 2012	Huejotzingo, Puebla	Health centers	2,247	1,712	-23.81	19	27	42.11
1st half 2011 through September 2012	Culiacán, Sinaloa	Health centers	2,505	2,841	13.41	106	123	16.04
		Total	**15,632**	**16,114**	**6.82**	**199**	**250**	**34.23**

Among participating health centers in six priority states, there was a 6.82% increase in the number of persons presumed to have TB being identified in project sites compared with baseline, and a 34.23% increase in the identification of new smear positive TB cases in project sites compared with baseline.

Participants at ACSM M&E Workshop in Guadalajara, August 2012

"The skills we learned are very practical because we can apply the strategic planning process, ACSM and M&E to other health programs in addition to TB."
- State TB manager

"All of the areas are important, and I think very helpful in my jurisdiction, while I think it will be challenging, with continued support, I can achieve what is needed."
- State TB manager

Photo credit: PATH

Evaluation and Operations Research

Title	Purpose of study	Evaluation type and method(s)	Mexico contact	PATH contact	Partner	IRB status	Status/Results
Final evaluation of USAID-supported TB control activities in Mexico.	To update findings and recommendations from the preliminary final evaluation of activities funded through the ten-year strategic objective agreement undertaken in 2009.	Summative assessment	Dr. Martin Castellanos Joya	Holly Greb	Evaluation conducted by Dr. Fabio Luelmo (consultant)	n/a	Completed and submitted to USAID and the NTP. Evaluation conducted August 1-15, 2012 in Mexico City and Guadalajara. Please see final report.
Ongoing analysis of case notification in sites where PATH is implementing PPM activities.	To monitor trends in case notification in sites where PATH is implementing PPM activities.	Ongoing monitoring	Dr. Jose Antonio Martinez	Holly Greb	Ongoing analysis being conducted by Dr. Jose Antonio Martinez	n/a	Ongoing analysis of PPM support; will be completed by December 2012.

Deliverables

TO2015 FY11/FY12 Mexico Work Plan

Activty in Work Plan in FY11/FY12 Mexico Work Plan	Deliverable	Target Date of Completion	Status as of September 30, 2012	Name of deliverable file	Dissemination
Objective 1: Strengthen Programmatic Management of Drug-resistant TB in project supported states, with a focus on improving capacity to diagnose and treat MDR-TB and improved infection control practices.					
Activity 1.2: Improve capacity for Programmatic Management of Drug-resistant TB in Baja California, Chiapas, Coahuila, Guerrero, Hidalgo, Nuevo León, Puebla and Veracruz.	National MDR-TB Training Course report	n/a	Completed	Workshop report - Cancun, MDR-TB (Spanish).	Feedback is provided to each state, NTP.
Activity 1.3: Build capacity of COEFARs to support implementation of PMDT in project-supported states.	Summary report/recommendations of situation analysis for COEFARs	n/a	Completed	COEFAR assessments are included in the technical reports of Dr. Ivonne Orejel.	Feedback is provided to each state, NTP.
Activity 1.4: Develop a national M&E plan for PMDT.	National MDR/XDR-TB Expansion Plan.	n/a	Completed	National MDR/XDR-TB Expansion Plan (Spanish) (M&E Plan included).	Cancun workshop participants, NTP, USAID.
Activity 1.5: Incorporate infection control training into supervision visits for six priority states.	Infection control training reports	n/a	Completed	Infection control training reports (Spanish): Baja California, Tabasco, Jalisco, Oaxaca, Veracruz, Chiapas (Tapachula).	State officials, NTP, USAID.
Activity 1.6: Print 500 copies of the drug resistance survey.	Final copies of National Drug Resistance Survey (print and PDF)	Dec-12	Ongoing	National Drug Resistance Survey.	
Activity 1.7: Support the NTP to finalize and print 1000 copies of the National Guide on Programmatic Management of Drug Resistant TB.	Final copies of National Guidelines for Programmatic Management of Drug-Resistant TB (print and PDF)	Dec-12	Ongoing	National Guidelines for Programmatic Management of Drug-Resistant TB.	
Activity 1.8: Support the NTP to conduct a training workshop on identification, management, and reporting adverse events related to MDR-TB treatment.	Report on training workshop on management and reporting of adverse events related to MDR-TB treatment	n/a	Completed	Workshop Report - Taller RAFA, including attachments	USAID, NTP. The workshop report will also be used to inform the creation of a national guide for management adverse events.
Objective 2: Expand Public Private Mix activities to three new states and maintain support for PPM activities in nine existing states.					
Activity 2.1: Expand PPM activities to Guerrero, Oaxaca, and Veracruz.	Baseline report on initial PPM assessment for Guerrero, Oaxaca, and Veracruz.	n/a	Completed	Summary PPM-ACSM 2012 Technical reports provide additional documentation	National Evaluation Meeting (annual) .
Activity 2.2: Continue support for PPM activities in nine existing states (Chiapas, Coahuila, Estado de Mexico, Hidalgo, Morelos, Nuevo Leon, Queretaro, Sinaloa, Tabasco).	Summary M&E report on contribution of PPM activities to smear-positive case detection for selected states/sites	n/a	Completed	Summary PPM-ACSM 2012 Report.excel Technical reports provide additional documentation	USAID, NTP.
	Formal MOUs signed between state level TB stakeholders and NTP.	Dec-12	Ongoing	MOU for Sinaloa (Spanish). MOU for Veracruz (Spanish)	NTP, USAID.
				PPM Guide. *USAID funded the translation of this guide.*	National Evaluation Meeting (annual).
Objective 3: Incorporate appropriate Advocacy, Communication and Social Mobilization activities in project supported states to complement MDR-TB and PPM activities.					
Activity 3.2: Conduct a follow up training workshop with high performing states that launch ACSM activities after participation in the August 2011 workshop.	ACSM support provided to states during supervision visits	n/a	Completed	Summary PPM-ACSM 2012 Technical reports provide additional documentation	National Evaluation Meeting (annual).
Activity 3.3: Conduct an intensive workshop on Monitoring and Evaluation of ACSM interventions for state and jurisdictional managers in priority states.	ACSM M&E workshop report, trip report	n/a	Completed	Workshop report - ACSM M&E Guadalajara. Trip Report - Holly Greb, Guadalajara	USAID, NTP, Project Concern International.
Note for USAID: Supervision reports for new and existing states, minutes from key stakeholder meetings, action plans resulting from training workshop and documentation of monitoring visits for ACSM pilot projects are available upon request.					
Evaluation and sustainability					
Participate in sustainability planning meetings. These meetings will be led by USAID/Mexico and the NTP and will involve PATH and Project Concern International.	Meeting notes and recommendations shared during sustainability planning meetings.	n/a	Completed	Trip report - Charlotte Colvin, Mexico City	USAID, NTP, Project Concern International.
Final evaluation of USAID-supported TB control activities in Mexico.	Trip report, evaluation.	n/a	Completed	Evaluation of USAID TB Support in Mexico	USAID, NTP.
				Evaluation presentation.	
				Trip report - Fabio Luelmo	

GeneXpert ® Procurement

Not applicable for this project.

Inventory

No project commodities costing more than $500 were purchased during this reporting period.

Success Story

Using ACSM to advance TB control in Tlaquepaque, Jalisco

ACSM is especially important in Mexico, where it helps align the many private- and public-sector partners who provide TB diagnosis and treatment services, promotes active participation in DOTS and encourages all health providers to diagnose, treat, and report TB using national guidelines.

Dr. Luz Celeste Leos runs the TB program at Tlaquepaque Health Center in Jalisco. In August 2011, she attended a project-sponsored ACSM skills-building training in Mexico City, where she developed an ACSM action plan for her facility. After Dr. Leos returned home, she and her team used the plan, as well as the 'cough to cure' pathway model, to identify gaps and the most effective package of ACSM interventions to resolve their challenges. The team identified their main challenges as case detection at the health-facility level and improving the quality of TB samples to ensure correct diagnosis.

As a first step, the team conducted advocacy and coordination meetings for TB control with state and regional authorities and mobilized facility staff through training on how to identify TB cases and implement infection control measures to protect staff and patients from transmission. Following six months of implementation, Dr. Leos and her team compared with their baseline data and found that there was a 26% increase in the number of people with respiratory symptoms being examined by the facility, an increase from 42% to 67.7% of TB cases being diagnosed at the facility compared with those being diagnosed by hospitals, and a 61.5% increase in the number of new pulmonary TB cases identified.

To help support other jurisdictions in their efforts to find and treat more cases of TB, Dr. Leos shared her results with state TB coordinators from 15 jurisdictions during a follow-up ACSM M&E workshop in August 2012. Following Dr. Leos' presentation, one participant commented: "*I feel better equipped to recognize and identify weaknesses in our program, both within and outside our jurisdiction; this will allow me to strengthen the TB program within my region* ." During the workshop, participants discussed using the Tlaquepaque Health Center's model ACSM action plan to scale up TB control efforts in health facilities throughout the region.

Staff at Tlaquepaque Health Center.
Photo credit: PATH

Acronyms List

ACSM	advocacy, communication, and social mobilization
ART	antiretroviral therapy
COEFAR	Comité Estatal de Farmacorresistencia
DOTS	internationally recommended TB control strategy
DST	drug-susceptibility testing
FY	Fiscal Year
HIV	human immunodeficiency virus
IJTLD	International Journal of Tuberculosis and Lung Disease
IRB	institutional review board
M&E	monitoring and evaluation
MDR-TB	multidrug-resistant tuberculosis
MOU	memorandum of understanding
NTP	National Tuberculosis Program
PMDT	programmatic management of drug-resistant tuberculosis
PPM	public-private mix
SS+	sputum smear positive
TB	tuberculosis
TB/HIV	tuberculosis and HIV co-infection
Union	International Union Against Tuberculosis and Lung Disease
USAID	US Agency for International Development
XDR-TB	extensively drug-resistant tuberculosis