University Research Co., LLC (URC)

USAID TB Program South Africa

Quarterly Report

January 1, 2010 to March 31, 2010

Submitted to USAID by
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LIST OF ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ACSM	Advocacy Communication and Social Mobilization
BA	Baseline Assessments
CBO	Community-Based Organization
DOH	Department of Health
DOTS	Directly Observed Treatment Short-course
DTTC	Desmond Tutu TB Centre
EC	Eastern Cape Province
ETR	Electronic TB Register
FS	Free State Province
GAU	Gauteng Province
HIV	Human Immunodeficiency Virus
HST	Health Systems Trust
ICC	Integrated Coordinating Committee
IUATLD	International Union against Tuberculosis and Lung Disease
KZN	KwaZulu Natal Province
LOP	Life of Project
LIM	Limpopo Province
MOU	Memorandum of Understanding
MPU	Mpumalanga Province
NC	Northern Cape Province
NDOH	National Department of Health
NGO	Non Governmental Organization
NHLS	National Health Laboratory Service
NMMBM	Nelson Mandela Metro Bay Municipality
NTCP	National Tuberculosis Control Program
NW	North West Province
OR	Operations Research
PDOH	Provincial Department of Health
PD	Project Director
PMP	Program Monitoring Plan
PPM	Public-Private Mix
SCC	Strategic Coordinating Committee
TA	Technical Assistance
TB	Tuberculosis
URC	University Research Co., LLC
USAID	United States Agency for International Development
UTPSA	USAID TB Program South Africa
VCT	Voluntary Counseling and Testing
WC	Western Cape Province
WHO	World Health Organization
WTBD	World TB Day

1. Executive Summary

During the period January-March, the USAID TB Program, South Africa (UTPSA) focused on introducing the project to 8 out of the 9 provinces, identification of districts for initial support, other key activities focused on initiation of district interventions, finalization of terms of reference with the provinces (Memorandum of Understanding/MOU), awarding of the first round of grants and World TB Day commemoration.

Provincial MOUs: These have been drafted and submitted to eight provinces and are currently at different stages of approval. Northern Cape (NC) has been signed. MOUs have also been drafted for local municipalities in the Eastern Cape (EC) – Amathole and Nelson Mandela Metro Bay Municipality (NMMBM) and KwaZulu Natal (KZN) – eThekwini District. A project introductory visit in the Western Cape (WC) is planned for April 2010.

Districts: Table 1.1 below shows project supported districts as identified by the provinces and summarizes progress to date. Implementation of interventions began with 1 day planning meetings involving strengths, weaknesses, opportunities and threats analysis (SWOT), drafting of district specific work plans, conducting baseline assessments in selected facilities and finalization of quarterly implementation plans for the 2010 financial year. The project also conducted district ETR.net data analysis and evaluation to determine the current status and quality of the data in those districts identified for additional support. The core activities on improving quality of TB services, increasing availability of TB treatment and strengthening management of TB support systems through facility supervisory support and mentoring visits continued in the facilities selected for TB/HIV intervention through PEPFAR funding. These facilities were carried over from the TASC II TB project and are not all in the new districts identified for UTPSA.

ACSM: The project participated in a wide range of World TB Day (WTBD) build up activities during the month of March. The two major events were: 1) the national WTBD commemorative event held in Thokoza, Gauteng province on March 26. Through sub partners JHHESA, the project played a key role in the development of TB messages for the event – radio and television TB publicity interviews were held with various media houses throughout the country by various staff members of the project, half page newspaper advertorials on the symptoms of TB were published in two English national weekend newspapers and two local newspapers in NW 51 billboards of varying sizes bearing “TB is Curable” messages were displayed throughout the country in major highways and congregate settings, 2 giant soccer balls displaying TB messages were displayed at the national event as well as in Free State (FS). The national event was attended by the Minister of Health, Dr Aaron Motswaledi. Mr Jeff Bonn, Ms Roxanna Rogers and Ms Nellie Gqwaru from USAID. Mr Jeff Bonn also addressed the audience.

2) The second event was held in Kwazulu Natal Province (KZN) where the project, in partnership with the provincial TB program, embarked on a massive TBHIV awareness campaign. During the campaign, TBHIV educational messages were given to local school children and their teachers; intensified case finding conducted within communities including screening for TB and HIV testing. This event culminated with the hosting of a TB Indaba (gathering) where the provincial MEC for Health, Dr Dlomo, gave a key note address and encouraged health care workers to work even harder to control the spread of TB. Refer to figures 1 to 5 for pictures.

Grants: The first round of grant reviews is complete and 14 NGOs have been selected for full funding. All have been submitted and are awaiting approval from USAID. Appendix B summarizes the location and areas of focus for the selected NGOs.

TB Monitoring and Evaluation: In January 26 -27 2010, the projected co-facilitated a national M&E workshop with the National TB Control Programme (NTCP), TB program representatives from all nine provinces and other key TBHIV partners. The purpose of this workshop was to discuss the current challenges with TB data including the paper based registers in the facilities and the electronic TB register (ETR). The project presented on examples of TB data management from other high burden countries which emphasize cohort analysis at the facility level. The outcome was revision of the TB registers and a commitment to review the challenges highlighted with the ETR.
Following on this workshop, consultants from sub partners BEA, worked with the project to review the current data flow processes from facility through to the national level. This was done through 1) discussions held with the NTCP Cluster Manager and DOTS Director, 2) a visit to NMMBM facility and 3) Interviews and observations at data capture points (sub district level) and ETR management at district level. The findings and outcome are summarized in section 2d below.

Project Website (www.tbsouthafrica.org): The project website developed in the TASC II TB project is now fully functional and is amongst the top three sites that come up in internet search list for information on TB in South Africa. An agreement has also been reached with the NTCP to use the project's web portal to communicate NTCP events including important national publications on TB. This web portal will also be used as a project management tool allowing for ease of communication, data collection and reporting.

Infection control: Based on the findings of the Stellenbosch University's DTTC study conducted in TASC TB facilities, training on infection control guidelines and TB risk assessments are continuing with initial focus in Limpopo, Waterberg district. To date risk assessments have been conducted in 18 facilities and plans for interventions drawn for each facility. Monitoring of implementation will be done quarterly. The project is also in discussions with DTTC to follow up on two key findings of the study namely, 1) high initial defaulter rates and 2) high prevalence of TB amongst healthcare workers. To address the former, DTTC will be conducting a follow on study to evaluate risk factors, facility and patient related, for initial default. To address the latter, the project plans to work with the NTCP to pilot a health care worker medical surveillance system coupled with implementation of TB infection control measures in selected districts in at least

three provinces. This intervention will be evaluated through collaborative operations research with DTTC, URC and KNCV/Academic Medical Centre in Amsterdam

MDR TB: The project's MDRTB activities will initially focus in 5 provinces namely, MPU, FS, LIM, NW and NC. A national clinical train of trainers workshop will be conducted by IUATLD in April for 25 participants from all nine provinces. In addition, 2 project staff members and a consultant facilitator will be trained who will take a lead in the implementation of MDRTB activities within the project. A project MDR TB strategy and work plan have been finalized and submitted to USAID for approval.

Laboratories: The project will be working with two key partners on laboratory issues, namely TOGA laboratories and BD Pharmaceuticals. A meeting between TOGA and NHLS is planned in April 2010. A full time national laboratory coordinator will start work on developing tools to conduct laboratory capacity assessments; mapping of laboratories in the supported districts, designing and implementing training related to laboratory quality management and process improvement methods; identifying gaps around TB diagnostics and accelerate implementation of rapid diagnostic methods (Hain test, GeneXpert); assist National Health Laboratory Services and provincial Departments of health to improve supervision system for the laboratories using the laboratory supervision tool developed in TASC II TB project.. For MDRTB surveillance, comparison of lab data and NTCP data will be performed quarterly to ensure that all diagnosed cases are started on treatment. Training of health care workers on the revised TB diagnostic algorithm will be conducted jointly with NHLS.

PPM DOTS: The project will utilize the services of a consultant to conduct a national situational assessment of TB care in the non-Ministry of Health (non MoH) sector to assess the current status of TB care and control. This will also determine where and how the 17% insured population in the country receives TB care. The findings will be used to assist the NTCP to develop a policy framework for PPM DOTS. And finalize the project's strategy for PPM DOTS. Three Provinces will be selected in the first year for initial implementation of interventions. Key target sectors will include private practitioners, small and medium enterprises, medical schemes and traditional healers. The project is expanding the previous PPM interventions that were carried out under the TASC TB project. The activities focused on the involvement of general practitioners in NMMBM EC. The aim is to expand the interventions to involve general practitioners in Amathole District, EThekwini District and the City of Johannesburg. Terms of reference have been agreed on with local ward councilors and small and medium enterprises in the same district. A private sector gathering involving all key stakeholders is planned on April 11, 2010 in Port Elizabeth. The outcome of this gathering will be establishment of a PPM steering committee and agreement on roles and responsibilities. A similar event will take place on April 15 and 16 in Northern Cape (NC). In eThekwini an information evening will be hosted by the project for all private providers to coincide with the national TB conference. The aim will be to introduce PPM DOTS and share experiences from NMMBM.

The project held a meeting with DPSA in March to discuss the establishment of a technical advisory group to assist with piloting a tool for TB in the workplace in two

government departments namely, Correctional services and the Military. Input was given to the tool that has been given. A follow up meeting is anticipated in April.

Table 1.1

Province	MOU status	Supported Districts	# Sub Districts	SWOT Analysis	BA complete
EC	submitted	Nelson Mandela Bay Metro	3	Yes	Yes
		Amathole	3	Yes	Yes
FS	submitted	Fezile Dabi	3	Yes	No
		Motheo	3	Yes	No
		Lejweleputswa	3	Yes	No
GAU	submitted	Tshwane	1	Yes	No
		Metsweding	2	Yes	No
		Sedibeng	3	Yes	No
KZN	pending	UMkhanyakude	5	Yes	Yes
		EThekwini	3	Yes	Yes
		UMgungundlovu	7	Yes	Yes
		Zululand	5	Yes	No
LIM	pending	Sekhukhune	5	No	No
		Waterberg	5	Yes	No
MPU	submitted	Gert Sibande	6	No	No
		Nkangala	4	Yes	No
NC	signed	Siyanda	6	Yes	Yes
NW	submitted	Dr Kenneth Kaunda	5	Yes	No
		Dr Ruth Mompati	6	Yes	No
		Ngaka Modiri Molema	5	Yes	No
WC	Not done				
Total		20	83		

2. Progress since last report

a) ***Improved quality of services***

i) The USAID TB Program participated in the quarterly NTCP meeting where provincial operational plans were presented. Provinces were required to address recommendations of the WHO review conducted in 2009. A meeting was also held with the acting Director General, Dr Yogan Pillay, where realignment of project activities with the NDoH's new strategy was discussed. A document outlining the project's response to addressing the supply and demand challenges within the South African health care system is being finalized.

ii) A meeting was held with the National TB/HIV Unit to discuss implementation of the Minister of Health's announcements of December 1, 2009 World AIDS Day which includes:

1. Implementation of a mass HIV testing campaign starting in April 2010
2. Implementation of integrated TBHIV services in all facilities, specifically provision of ART to all TB patients with a CD4 count < 350 and all MDR TB patients irrespective of the CD4 count
3. Implementation of IPT policy and dissemination of the revised IPT guidelines

The outcome of the meeting was the following: i) joint TBHIV supervisory visits will be conducted in the 4 high HIV prevalence districts namely, uMgungundlovu, eThekwini, UGu and Gert Sibande districts and ii) joint TBHIV clinical management trainings in all the provinces will be conducted

iii) The SWOT analysis that has been conducted with the 20 identified districts in the eight provinces confirmed the following key findings

- Poor recording and reporting results in poor quality data at facility level
- Although TBHIV clinical management is understood well, implementation is a challenge because of fragmented services
- There have been significant improvement in the management of new TB cases but diagnosis of pulmonary TB without microscopy is still rife ranging between 12% -35% in some provinces.
- Poor management (sputum not collected, culture and diagnostic sensitivity testing not done) of the increasing numbers of retreatment cases is contributing to the increasing numbers of MDR TB cases
- the appointment of data capturers at facility level through the Public works program in 2008 resulted in significant improvements in data collection, capture and timely submission to higher levels. Since this project ended in April 2009 the deterioration in facility performance is evident.
- In the districts that participated in the NDoH's EU supported TB tracer project, there was a significant reduction in TB defaulters. This was also seen in areas where the TASC II TB project supported local CBOs to provide DOT, contact and defaulter tracing. These findings are important lessons to be utilized by the project in the implementation of interventions.

iv) In Limpopo the death rates at the end of 2 to 3 months of treatment are very high, up to 17% in some districts amongst new cases. It is suspected that this could be due to TBHIV co-infection and/or late presentation to facilities or even drug resistant TB. Operations research will be conducted by the project in May - June 2010 to identify the causes and implement necessary interventions.

v) In the Northern Cape, the project participated in a meeting with the district and local NGOs and facilitated the appointment /selection of a TB Tracer team.

vi) In KwaZulu-Natal facilities were assisted to complete the mapping of DOT supporters with patients in order to effectively support patients in the community to adhere to treatment.

vii) To adequately assess the status of the TB program in facilities, the project developed a comprehensive baseline assessment tool which incorporates all programmatic aspects of TB control and management, TB/HIV, ACSM, MDR TB and Infection prevention and control.

b) ***Increased availability of TB treatment***

i) Since October 2009, the project has trained a total of 917 health care workers in TBHIV management and infection control. This is well below target for the year, which is 3 500. Training activities will be accelerated in the first two months of next quarter. The delays experienced with project introductions in the districts partially contributed to the low numbers. There is need for training health care workers on the new NTCP guidelines and implementation of TBHIV integrated services. MDR TB training was conducted for nurses in NC, Siyanda district and in Fezile Dabi district in the Free State.

ii) One of the project's activities is the piloting of a community based model management of MDR TB in selected provinces. The strategy has been shared and discussed with USAID. National clinical management training of trainers will be conducted in April 2010.

iii) A meeting was held between the USAID TB Program and NDOH TB/HIV unit. The USAID TB Program work plan was shared with NDOH TB/HIV unit. Supervision of the TB/HIV program nationally will be done jointly by the USAID TB program and the national TB/HIV unit. The project is assisting and participating in preparations for the launch of the national HIV counseling and testing campaign (HCT) with a target of 15 million people tested for HIV by 2011; the HCT campaign will be launched in April. The USAID TB Program will work closely with the national TB/HIV unit in IPT implementation in districts with a high burden of HIV. The identified districts are uMgungundlovu, UGu, eThekwini and Gert Sibande.

iv) The TB/HIV advisor, USAID TB Director and provincial coordinators participated in the USAID PEPFAR Partner's meeting which is part of the strategic national rationalization strategy to ensure that partners funded by USAID and PEPFAR assist the provincial government in fulfilling their mandate to deliver health services. Districts have been given the mandate to allocate partners specific geographical areas of operation within a district and program support. This means that if a partner is allocated an area e.g. a sub district, that partner will provide support in both TB and HIV services including prevention, care, provision of antiretroviral, human resources and infrastructure. There is currently a lot of uncertainty regarding the feasibility of some of these changes, in terms of partner funding flexibility and capacity. Negotiations are ongoing between districts, partners and donors.

v) The project is finalizing its infection control strategy which will be shared with USAID in April 2010. Ongoing activities include TB infection control risk assessments in 18 facilities in Waterberg district in Limpopo. The focus is on implementation of universal infection control precautions, administrative controls and basic environmental controls including cough etiquette and natural ventilation. Although the majority of facilities have

structural challenges that prevent implementation of infection control measures, these are beyond the scope of the project and have not been approved by USAID. There is a noticeable increase in health worker knowledge on infection control resulting from numerous trainings conducted throughout the country by various partners including the TASC II TB project. The high prevalence of TB amongst health workers (2 – 3% Stellenbosch University DTTC/TASC II TB unpublished results) is of concern. Although a national policy on occupational health exists, implementation is still a challenge and only one province currently implements some form of health worker surveillance for TB, namely KZN. The project will use the lessons learnt from KZN and in collaboration with DTTC pilot a surveillance system that will be complemented by effective facility and community infection control measures

c) ***Increased demand for TB services***

i) Small Grants:

The project short listed 34 grants application proposals. These were jointly reviewed with the NTCP and USAID. Two proposal work shops were conducted in February for all invited organizations where the proposal writing process was explained as well as funding rules and regulations. The workshops were held in Gauteng and KZN. 14 organizations were recommended for funding and have been submitted to USAID for final approval, while 10 still have to give further clarifications.

Below is a table showing identified sub grantees and geographical location.

Name of Organization	**Provinces**
Operation Hunger	KZN, WC
MCDI	KZN
Namaqua Development Foundation	NC
Philanjalo	KZN
TB/HIV Care	KZN
SACTWU	EC, KZN, NC, WC, MPU, GAU, NC, FS
Nkenke Consulting	FS
Humana	EC, KZN, Limpopo
Stellenbosch	KZN, Limpopo, MPU, EC, NW
Aurum- Correctional Services	NW
Aurum- 3I's	Free State
Southern African Catholic Bishops Conference	KZN, EC
Reach for Life	Limpopo

ii) KwaZulu Natal - The project facilitated the steering committee involved in the planning and execution of the TB Indaba held at EThekwini district where the MEC for health, Deputy City Manager, hospital CEOs, provincial and district managers attended. The assistance of the USAID TB project in the province was acknowledged by the MEC and the Deputy City manager. In this event, four facilities supported by the project, Inanda CHC - best performing facility in the high burden category with a case load of more than 2000 TB patients per quarter, Hlengisizwe PHC - best performing in the medium case load of 1500 – 2000 per quarter, Umnini PHC- best performing in the low case load category - <800 per quarter and Sivananda PHC - the best Enrolled Nurse in managing the TB Program received awards for service excellence.

An interdepartmental social mobilization activity was conducted in the Department of Education, Department of Social Development, community health workers and other NGOs. The social mobilization activity lasted one whole week, schools and households were visited, IEC material distributed, symptomatic suspects investigated for TB and adults counseled and tested for HIV.

iii) Eastern Cape – In NMBM the project co facilitated the planning of a TB-HIV awareness campaign for the 100 days Mayors plan with local partners and youth. There is a planned PPM Summit in April. The theme of the summit is "A strategic public private collaboration for TB, MDR/XDR TB, HIV &AIDS prevention and control in NMBM". The summit will bring together public and private as well as other stakeholders and decision makers in health care services to discuss roles and responsibilities of all stakeholders in the control of TB.

iv) 2010 World TB Day- the USAID TB project and sub partner, JHHESA served in the national TB message communication Task Team which was part of the organizing committee for the National Department of Health. The commemoration of World TB day was held in Thokoza, Gauteng. The project had an exhibition stand on Infection Prevention and Control. IEC materials were distributed and cough hygiene and infection control was demonstrated to the public. The 8000 strong crowd was addressed by the Minister of Health and other dignitaries including representatives from USAID, Mission Head, Mr Jeff Bonn. USAID Head of Health, Ms Roxanna Rogers and CTO, Ms Nellie Gqwaru also attended the event wearing T shirts with TB messages of the project's "We Beat TB" campaign.

URC developed five messages for national billboards that were erected on 51 sites across the country. Messages covered by the billboards included, TB Stigma, TB prevention, infection control, TB/HIV and messages on testing for TB. The billboards featured translations in six languages; Sepedi, Afrikaans, Setswana, English, IsiXhosa, isiZulu. Radio Interviews and Media Releases - Various press releases were sent to the media and URC's "We Beat TB" campaign activities received exposure through radio interviews with various staff members participating in several local and national radio stations disseminating messages on TB and TB/HIV as well as addressing concerns and questions from the general public during TB Month

Television Interview - The USAID TB Program's Director, Dr Mhlongo-Sigwebela together with Mr D Mametja, the Chief Director for the TB cluster appeared on the'House Call' show on health related matters on SABC 2 television.

Newspaper advertorials - A total of four newspaper advertorials were placed featuring the signs and symptoms of TB and publicizing World TB Day commemoration event and well as provincial events.

The USAID TB Program and NDoH partnered to roll out school activation and community mobilization activities in five provinces; Eastern Cape, Limpopo, KwaZulu-Natal, Mpumalanga and North West. URC's "We Beat TB" and NDoH "Kick TB" campaigns will partake in road shows in the identified provinces.

Mrs. Mkhize of Hlengisizwe clinic receiving her trophy
For service excellence in the TB program from MEC,
Dr Dlomo, and USAID TB Program Coordinator, Mrs. Fikile Dlongolo during the KZN Indaba facilitated by URc's USAID TB program, South Africa

Giant soccer ball with TB messages developed by USAID TB Program South Africa on national WTBD 2010

USAID Mission Head, Mr Jeff Bonn, speaking at the national WTBD event, March 26 2010. To his left seated at the table is the MEC for Health Gau, Minister of Health and Mayor of Ekurhuleni

USAID Mission Head, Mr Jeff Bonn, USAID Chief of Health, Ms Roxanna Rogers with Ms Olive Shisana at the WTBD event.
The blue and white T-shirts were made by the USAID TB project

Ms Sarah Chitambo, USAID TB Program ACSM Advisor, at the project's We Beat TB stand during WTBD 2010

d) ***Improved management support systems***

i) Monitoring and Evaluation workshop with NTCP and Provinces, key outcomes:
- Paper based tools revised, data elements reduced and clinical data removed
- key challenges with ETR identified, service provider to visit individual provinces
- facility based cohort analysis to be considered but not adopted yet, pilot studies to be conducted by USAID TB Program

ii) BEA, an IT company which is one of the sub partners offering IT support visited the project in March to 1) evaluate communication, reporting and information management systems for the project, 2) get baseline information of the South Africa TB data management system, identify challenges, discuss possible solutions and identify areas for initial implementation and 3) discuss updates and future utilization of the project web portal. During the visit, BEA met with the NTCP, the TB management team in NMMBM, Deputy Director information systems, NTCP and Manager ETR.net from Wamtech. Key visit outcomes included the following:
- The web portal will be used to communicate NTCP activities, specifically information on ACSM activities and policy documents.
- project monitoring tools will be uploaded electronically
- project information management system: a facility based cohort analysis model will be piloted in champion facilities, approximately 60 -70 facilities
- Analysis of project data will include comparisons of performance between districts and champion facilities, champion facilities and TBHIV supported facilities.

3. Current data for output and performance indicators

Appendix A - TB Case finding data from the provinces Q1 –q4 2009.

4. Compelling individual-level success stories

Community TBHIV integration and intensified TB case finding.
The following is an extract from a study conducted by the Perinatal HIV Research Unit from Funding provided through the USAID TB Program: *Household Active Case-finding for HIV and TB in Klerksdorp, South Africa*

From 524 index adults TB cases diagnosed at Tshepong hospital in NW, 524 households were visited, with enrolment of 1207 people. Eight hundred and twenty four (64%) of those recruited consented to HIV testing, with 91 (11%) testing HIV positive. Twenty three of those who tested HIV positive were found to have low CD4 count, and referred for HAART.

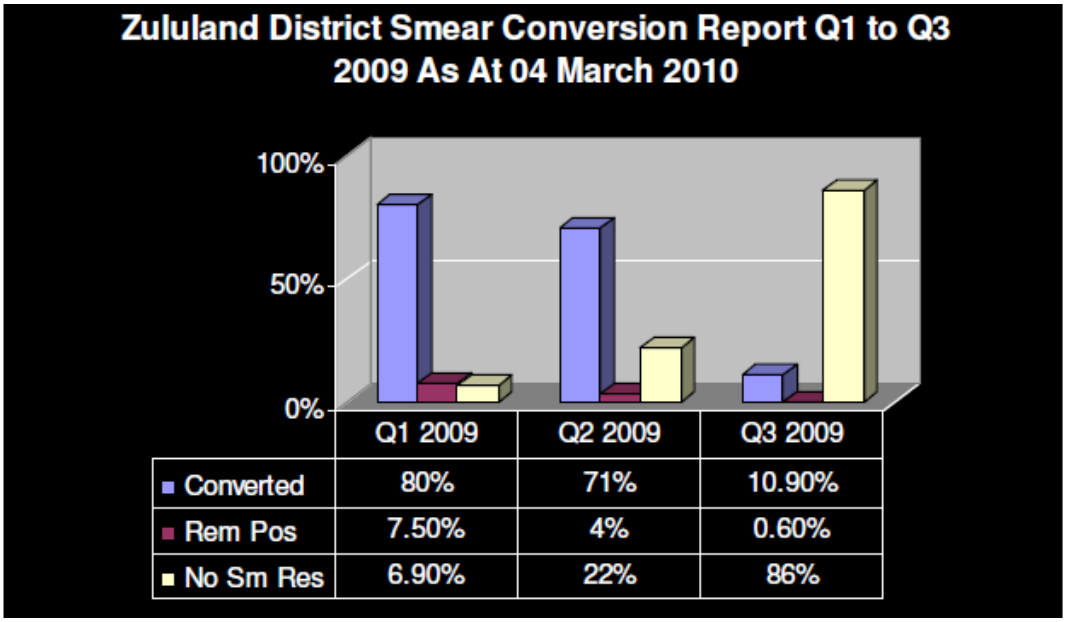
Nine hundred and twenty four sputa were collected and sent for AFB and culture. Three of these were positive for AFB, while 55 of those with results to date were culture positive for mycobacterium tuberculosis. All patients diagnosed with TB were referred for TB treatment.

Twenty two HIV infected individual were put on IPT.

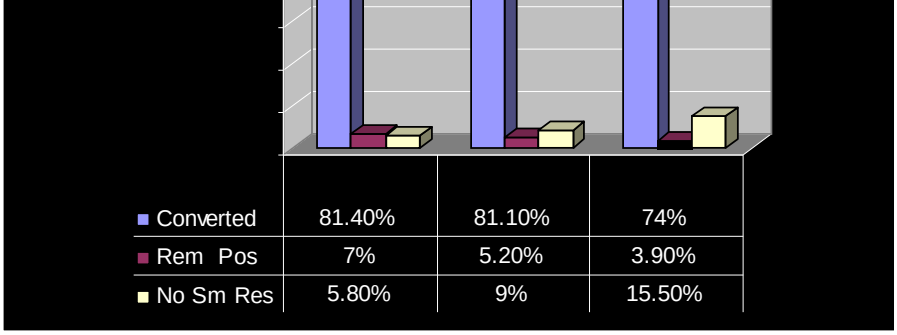
A full report and presentation will be provided by PHRU in May 2010.

5. Documentation of better practices that can be replicated or taken to scale Supportive supervision, data verification and timely capturing and submission improve the quality of data

On 04 March 2010, Ms Fikile Dlongolo, senior KZN Provincial coordinator, provided supportive supervision to the Zululand district. ETR data was reviewed, facilities without data contacted telephonically. It was difficult to get the latest data from the surveillance officer and data capturers, who initially refused to bring it, stating that the data was not yet due and would be ready towards month end. This was despite the fact that the data was already submitted to them. The capturers had decided to delay capturing until it was close to the deadline. Once this was resolved, daily capturing targets were set for each of the three data capturers. All the gaps were corrected and capturing brought up to date. There was an immediate significant change in all indicators i.e. Case finding, Smear conversion and treatment outcomes. Changes in the Smear Conversion rates are reflected in the graphs below.



Smear Conversion (Q3O9) before 04 March 2010 support visit:
This graph indicates smear conversion report before the data capturing backlog was cleared.



Smear Conversion (Q3O9) after data updating:
Through the intervention of the project – contacting facilities who had not submitted, conducting mentoring visits to the affected facilities and assisting the surveillance officers and data capturers to work more efficiently, the % converted in Q3 09 improved from 10.9% to 74%, no smear results from 86% to 15.5 % and remaining positive from 0.6% to 3.9%.

Challenges of TB/HIV integration still persist, poor recording and loss of cross referrals between the TB and HIV entry points. The project will continue to reinforce the importance of strong linkages between the two entry points during the facility support visits.

6. Major problems faced in implementation and strategies used for overcoming the challenges

i) In some Provinces there have been delays in responding to request by the USAID TB Project, e.g. Limpopo for district plenary meetings. Discussion with the Limpopo provincial manager has already happened and a meeting is planned to meet with the provincial management and district management in Sekhukhune District.
ii) The inception of the project activities was also delayed in Mpumalanga as a result of challenges to secure a meeting with the provincial department. The USAID TB project met the Mpumalanga Provincial department of Health in March and has just started plans of conducting the district plenary meetings which will be followed by baseline assessments in the identified districts of Nkangala and Gert Sibande

iii) There have been delays in finalization of the MOU for Gauteng. The province indicated that MOUs are the responsibility of the Provincial Legal Department; URC is still awaiting a copy of the MOU for comment and signature.

iv) There were reports of challenges with the ETR.net data in almost all districts. Challenges range from duplication of patients by the ETR.net, loss of data once it is transferred to a higher level. A meeting was held with the NTCP and Wamtech; an M&E Task team established which will come up with strategies to address these challenges including a team visit to the NMMBM ETR.net point in May 2010.

v) In most provinces, particularly Gauteng there is poor contact and defaulter tracing and management of TB contacts, this leads to a high number of initial defaulters who are not started on TB treatment. To this end, the project will appoint NGOs in all supported districts and assist the organizations in establishing functional defaulter tracing mechanisms linked to the facilities with proper monitoring.

vi) Shortages of isoniazid (INH) were reported in some facilities in the North West

province which affected the proper implementation of INH prophylaxis for HIV positive patients and management of child contacts. The provincial HAST coordinator was informed of the shortages

7. Coordination with Local and Other Stakeholders

Provincial and district meetings with other PEPFAR partners
Collaboration with CDC in M&E National activities
Collaboration with TB FREE, CDC and Eli Lilly in National ACSM activities
Collaboration with KNCV, Walter Sisulu University in PPM DOTS
Collaboration with WHO local office in National DOTS expansion activities
Collaboration with Stellenbosch DTTC, KNCV and Amsterdam Academic centre in Operations research around TB infection control

8. Timeline and Work plan for the Next Quarter

- Facility Baseline assessment reports – April 30, 2010
- IUATLD national trainings – Program management and Finance April 12 – 18, 2010; MDRTB clinical management April 12 – 16, 2010
- JHHESA/ WHO STOP TB ACSM national training – April 12- 16, 2010
- Grants: Request for Applications - second round: district outreach teams and community DOTS
- Conduct ETR.net support activities in three provinces starting with the Eastern Cape with newly established national task team comprised of the project staff, Wamtech and NTCP
- Implement the isoniazid prophylaxis therapy in three provinces and conduct trainings on TB/HIV integration with a focus on IPT in selected provinces
- Establish TB focal points in North West, UMkhanyakude district in KZN and Gauteng
- Training on the updated national TB guidelines and the newly adapted national policy on isoniazid prophylaxis; MDRTB for doctors and infection control
- Implement and strengthen access of TB services in the work place in two private companies in KwaZulu-Natal, PPM-DOTS
- Roll out a school activation and community mobilization activities in five provinces; Eastern Cape, Limpopo, KwaZulu-Natal, jointly with the NDoH KICK TB campaign