



USAID | **TB CARE I**
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Botswana

**Year 1
Quarterly Report
July - September 2011**

1 November, 2011

Quarterly Overview

Reporting Country	Botswana
Lead Partner	KNCV
Collaborating Partners	
Date Report Sent	1-nov-11
From	Obert Kachuwaire
To	Ms Joan LaRosa
Reporting Period	July-September 2011

Technical Areas	% Completion
1. Universal and Early Access	100%
2. Laboratories	58%
3. Infection Control	100%
4. PMDT	100%
5. TB/HIV	100%
7. M&E, OR and Surveillance	100%
Overall work plan completion	93%

Most Significant Achievements

Trained 20 laboratory technicians in AFB smear microscopy at the National Tuberculosis Reference Laboratory External Quality Assurance Unit from August to September 2011 (13 females and 7 males). All participants successfully completed a competence assessment test.
 Draft BNTP Strategic plan 2012-2016 developed and costed through support from international Senior KNCV consultant and Regional Budget Expert.
 Final Costed Prevalance survey protocol available.

Overall work plan implementation status

93%

Technical and administrative challenges

Delays in the validation of the first and second line drug susceptibility testing using MGIT due to staffing challenges and laboratory renovation.
 Hiring of Senior Technical Advisor to the BNTP delayed as Ministry of Health was still in process of fulfilling new PEPFAR requirements.

Quarterly Technical Outcome Report

	2010*	2011**
Number of MDR cases diagnosed	102	31
Number of MDR cases put on treatment	92	23

* January - December 2010 ** January - September 2011

Technical Area		1. Universal and Early Access					
Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
				Y1	Y1		
1.1	Establish a synergistic (all stakeholders) action plan for Community DOTS scale-up in Botswana	Action plan for Community DOTS scale-up	No	Yes	Yes	Completed in Quarter 3	

Technical Area		2. Laboratories					
Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
				Y1	Y1		
2.1	Training of lab techs in smear microscopy including external quality assurance	Number of local staff trained on smear-microscopy including external quality assurance	0	75	78	Trained 20 laboratory technicians (13 females and 7males)	Training venue needs to be renovated too small to accommodate all participants

2.2	SANAS accreditation for the Botswana TB National Reference Laboratory	Botswana NTRL is successfully accredited by SANAS	SANAS provides written proof of passing accreditation by September 2011	No	Yes	Ongoing	SANAS have scheduled for a site visit in October 2011	Laboratory Renovation led to the postponement of the SANAS assessment initially scheduled for July 2011
2.3	Finalized validation of MGIT 1st line drug susceptibility testing and begin validation for 2nd line testing	Laboratory capacity for quality 1st line drug susceptibility testing	The Botswana NTRL has the capacity to perform quality 1st line DST and enhances capacity to perform 2nd line DST	No	Yes	Ongoing	Laboratory Renovation led to the postponement of the validation	Laboratory Renovation led to the postponement of the validation

Technical Area 3. Infection Control

Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
				Y1	Y1		
3.1	Establish a synergistic (all stakeholders) action plan for TB infection control scale-up in Botswana	Action plan for TB Infection Control scale-up	No	Yes	Yes	Completed in Quarter 3	

Technical Area 4. PMDT

Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
				Y1	Y1		
4.1	Establish a synergistic (all stakeholders) action plan for PMDT scale-up in Botswana	Action plan for PMDT scale-up	No	Yes	Yes	Completed in Quarter 3	

Technical Area		5. TB/HIV					Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target	Result		
					Y1	Y1		
5.1	Establish a synergistic (all stakeholders) action plan for TB/HIV scale-up in Botswana	Action plan for TB/HIV scale-up		No	Yes	Yes	Completed in Quarter 3	

Technical Area		7. M&E, OR and Surveillance					Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target	Result		
					Y1	Y1		
7.1	Prevalence survey study protocol development	Preparation of a TB prevalence survey study protocol	TB CARE KNCV technically assists the NTP and partners to develop a TB prevalence survey study protocol	No	Yes	Yes	KNCV TA in collaboration with partners developed a costed TB prevalence survey protocol (Co-financed by Global Fund) . A final draft of the Protocol is now available	Costed Prevalence protocol to be used in Global Fund Round 11 proposal
7.2	Reduce proportion of new smear positive DOTS treatment outcome cohorts classified as not evaluated	Proportion of new smear positive DOTS treatment outcome cohorts classified as not evaluated	TB CARE KNCV technically assists to reduce proportion of new smear positive DOTS treatment outcome cohorts classified as not evaluated	No	Yes	Yes	Replaced with supporting the development of strategic plan for the BNTP 2012-2016. First draft of National Strategic plan was developed and costed.	Costed Strategic plan to be used in Global Fund Round 11 proposal

Quarterly Activity Plan Report

	1. Universal and Early Access	Lead Partner	Approved Budget	Cumulative Completion of the Activity	Planned Completion		Cumulative Progress and Deliverables up-to-date	
					Month	Year		
1.1 Establish a synergistic (all stakeholders) action plan for Community DOTS scale-up in Botswana	1.1.1	KNCV international staff conducts field assessment for community DOTS (combined with TB IC, PMDT, and TB/HIV)	KNCV	500	100%	Apr	2011	Field assessment performed in Gaborone and Francis Town: Interviewed community DOTS representatives in Francistown. Preliminary findings suggest that this program could be expanded but utilizing incentives (as with other programs) will increase sustainability.
	1.1.2	Stakeholder meeting (1/2 day) to develop action plan for Community DOTS scale-up	KNCV	550	100%	Apr	2011	First draft of action plan developed. Workshop with approximately 11 stakeholders (1 full-day) developed draft action plans. Working group on Community DOTS established to steer the final action plan with assistance by KNCV (remote)
	1.1.3	Technical assistance by in-country technical advisor in Community DOTS (combined with spectrum of Stop TB activities)	KNCV		Cancelled	Sep	2011	
	1.1.4	Technical assistance by international senior technical consultant in Community DOTS (combined with spectrum of Stop TB activities)	KNCV	7.942	100%	Sep	2011	Dr. Scholten facilitated the action planning workshops (including evaluation of GF R10 TRP comments on Community DOTS proposal and future strategic action planning for GF R11 proposal (or other initiatives)
				100%				

		2. Laboratories					Planned Completion		Cumulative Progress and Deliverables up-to-date
			Lead Partner	Approved Budget	Cumulative Completion	Month	Year		
2.1 Training of lab techs in smear microscopy including EQA	2.1.1	Technical input into course	KNCV	10.700	 100%	Sep	2011	Trained 78 laboratory technicians (43 males and 35 females)	
	2.1.2	Technical input into EQA for AFB microscopy	KNCV	1.800	 100%	Sep	2011		
2.2 SANAS accreditation for the Botswana TB National Reference Laboratory	2.2.1	Technical input into accreditation	KNCV		 75%	Sep	2011	Awaiting SANAS site assessment scheduled for the month of October	
2.3 Finalized validation of MGIT 1st line drug susceptibility testing and begin validation for 2nd line testing	2.3.1	Finalize validation of MGIT 960 first line drugs susceptibility testing	KNCV	no budget	 25%	Sep	2011	Activities will be supported through mission from Regional technical advisor. Approved as activity 2.3.1 in APA 2	
	2.3.2	Begin validation for 2nd line DST	KNCV	1.650	 25%	May	2011	Activities will be supported through mission from Regional technical advisor. Approved as activity 2.3.1 in APA 2	
	2.3.3	Provide regional TA for support for DST (1st and 2nd line)	KNCV	17.072	 25%	Sep	2011	Activities will be supported through mission from Regional technical advisor. Approved as activity 2.3.1 in APA 2	
					 58%				

	3. Infection Control			Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date	
	Lead Partner	Approved Budget			Month	Year		
3.1 Establish a synergistic (all stakeholders) action plan for TB infection control scale-up in Botswana	3.1.1	KNCV international staff conducts field assessment for TB/IC (combined with Community DOTS, PMDT, and TB/HIV)	KNCV	500	 100%	Apr	2011	Field assessment performed in Gaborone and Francis Town. Interviewed personnel and observed TB/IC situation in various hospital, clinic and penitentiary settings. In general, an awareness of TB IC is evident however in practice TB IC could be greatly improved. Intensified case-finding among HIV-infected persons and prisoners would reduce potential infectious exposures. The Princess Marina MDR-TB clinic sits in the middle of the ARV clinic which poses a serious threat. This situation must be addressed immediately.
	3.1.2	Stakeholder meeting (1/2 day) to develop action plan for Infection control scale-up	KNCV	550	 100%	Apr	2011	First draft of action plan developed. Workshop with approximately 10 stakeholders (1 full-day) developed draft action plans. Working group on TB IC established to steer the final action plan with assistance by KNCV (remote)
	3.1.3	Technical assistance by international technical consultant in Infection Control	KNCV	8.263	 100%	Sep	2011	Dr. Scholten facilitated the action planning workshops (including evaluation of GF R10 TRP comments on TB IC proposal and future strategic action planning for GF R11 proposal (or other initiatives)
	3.1.4	Technical assistance by in-country technical advisor in Infection Control	KNCV		Cancelled	Sep	2011	
					 100%			

	4. PMDT		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
4.1 Establish a synergistic (all stakeholders) action plan for PMDT scale-up in Botswana	4.1.1	KNCV international staff conducts field assessment for PMDT (combined with Community DOTS, TB-IC, and TB/HIV)	KNCV	500	 100%	Apr	2011	Field assessment performed in Gaborone and Francis Town. Observed shortages of drugs, lack of adequate attention to side effect management (particularly regarding hearing loss prevention and management), inadequate infection control. Drug supply mgt, TB IC and appropriate attention to side effect mgt all need to improve
	4.1.2	Stakeholder meeting (1/2 day) to develop action plan for PMDT scale-up	KNCV	550	 100%	Apr	2011	First draft of action plan developed. Workshop with approximately 12 stakeholders (1 full-day) developed draft action plans. Working group on PMDT established to steer the final action plan with assistance by KNCV (remote)
	4.1.3	Technical assistance by international senior technical consultant in PMDT	KNCV	7.942	 100%	Sep	2011	Dr. Scholten facilitated the action planning workshops (including evaluation of GF R10 TRP comments on PMDT proposal and future strategic action planning for GF R11 proposal (or other initiatives) and will further provide input into the draft action plan on PMDT
	4.1.4	Technical assistance by in-country senior technical advisor in PMDT	KNCV	no budget	Cancelled	Sep	2011	
						 100%		

	5. TB/HIV		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
5.1 Establish a synergistic (all stakeholders) action plan for TB/HIV scale-up in Botswana	5.1.1	KNCV international staff conducts field assessment for TB/HIV (combined with Community DOTS, TB IC, and PMDT)	KNCV	500	 100%	Apr	2011	Field assessment performed in Gaborone and Francis Town. Several ART clinics were visited as well as a prison. Screening at the ART clinics is only for initiation of ART and remains passive-case finding thereafter. Inadequate recording and reporting of ICF activities. Slow initiation of ART and CPT among TB patients. Access to ARTs limited for foreigners (must self-pay). Shortages of rapid testing HIV kits in prisons which delays initiation of appropriate HIV-related treatment (preventative and curative). More emphasis needed in developing 3Is.
	5.1.2	Stakeholder meeting (1/2 day) to develop action plan for TB/HIV scale-up	KNCV	550	 100%	Apr	2011	First draft of action plan developed. Workshop with approximately 12 stakeholders including representatives from the NAP (1 full-day) developed draft action plans. Working group on TB/HIV collaborative activities established to steer the final action plan with assistance by KNCV (remote)
	5.1.3	Technical assistance by international senior technical consultant in TB/HIV	KNCV	7.942	 100%	Sep	2011	Dr. Scholten facilitated the action planning workshops (including evaluation of GF R10 TRP comments on TB/HIV proposal and future strategic action planning for GF R11 proposal (or other initiatives)
	5.1.4	Technical assistance by in-country senior technical advisor in TB/HIV	KNCV	no budget	Cancelled	Sep	2011	
					 100%			

		7. M&E, OR and Surveillance				Planned Completion		Cumulative Progress and Deliverables up-to-date
		Lead Partner	Approved Budget	Cumulative Completion	Month	Year		
7.1 Prevalence survey study protocol development	7.1.1	KNCV provides TA to develop with partners a prevalence survey protocol (Co-financed by Global Fund)	KNCV	20.724	 100%	Mar	2011	Costed Prevalence survey protocol developed (Co-financed by Global fund)
7.2 Reduce proportion of new smear positive DOTS treatment outcome cohorts classified as not evaluated	7.2.1	KNCV international staff conducts M&E field assessment for treatment outcome collection	KNCV	26.263	Cancelled	Aug	2011	Changed to supporting the development of strategic plan for the BNTP 2012-2016. First draft of National Strategic plan was developed and costed.
	7.2.2	KNCV convenes 1 day meeting with NTP/partners on reasons for not evaluated outcomes	KNCV	1.800	Cancelled	Aug	2011	Changed to supporting the development of strategic plan for the BNTP 2012-2016. First draft of National Strategic plan was developed and costed.
	7.2.3	KNCV provides recommendations for improvement in treatment outcome reporting	KNCV	no budget	Cancelled	Sep	2011	Replaced with support development of strategic plan for the BNTP 2012-2016. First draft of National Strategic plan was developed and costed.
	7.2.4	Technical assistance by in-country senior technical advisor in M&E	KNCV	no budget	Cancelled	Sep	2011	
					 100%			

Quarterly Activity Plan Modifications

Request for Cancellation or Discontinuation of Activities										
Approved By (write dates)			Old Code	7. M&E, OR and Surveillance Activities from the Work Plan	Lead Partner	Remaining Budget	New Code	Replace with the following activity (if any)	Lead Partner	Proposed Budget*
Mission	PMU	USAID								
5 Oct 2011	5 Oct 2011		7.2.1	KNCV International staff conducts M&E field assessment for treatment outcome collection		26.263		Support development of strategic plan for the BNTP 2013-2018		28063
5 Oct 2011	5 Oct 2011		7.2.2	KNCV convenes 1 day meeting with NTP/partners on reasons for not evaluated outcomes		1.800				
5 Oct 2011	5 Oct 2011		7.2.3	KNCV provides recommendations for improvement in treatment outcome reporting		No budget				
5 Oct 2011	5 Oct 2011		7.2.4	Technical assistance by in-country senior technical advisor in M&E		No budget		In country Senior technical Advisor could not be hired in APA 1		
			3.1.4	Technical assistance by in-country technical advisor in Infection Control		No budget		In country Senior technical Advisor could not be hired in APA 1		
			5.1.4	Technical assistance by in-country senior technical advisor in TB/HIV		No budget		In country Senior technical Advisor could not be hired in APA 1		

* Detailed budget is attached

Request for Postponement of Activities to Next Year						
Approved By (write dates)			Old Code	1. Universal and Early Access Activities from the Work Plan	Lead Partner	Remaining Budget
Mission	PMU	USAID				
6-okt-11			2.3.1	Finalize validation of MGIT 960 first line drugs susceptibility testing		
6-okt-11			2.3.2	Begin validation for 2nd line DST		
6-okt-11			2.3.3	Provide regional TA for support for DST (1st and 2nd line)		

Request for Adding New Activities to the Current Work Plan						
Approved By (write dates)			New Code	2. Laboratories	Lead Partner	Proposed Budget*
Mission	PMU	USAID		Proposed New Activities		
5 Oct 2011	5 Oct 2011			Support attendance at MGIT DST training course for head of DST section at MRC in South Africa		5.000
5 Oct 2011	5 Oct 2011			Support attendance at SANAS technical assessor course for NTRL quality officer		2.000

* Detailed budget is attached

Quarterly Photos (as well as tables, charts and other relevant materials)

