



USAID | **TB CARE I**
FROM THE AMERICAN PEOPLE

Botswana

**Year 1
Quarterly Report
October 2010 - March 2011**

April 28th, 2011

Quarterly Overview

| | |
|-------------------------------|--------------------------------|
| Reporting Country | Botswana |
| Lead Partner | KNCV |
| Collaborating Partners | |
| Date Report Sent | |
| From | |
| To | |
| Reporting Period | October 2010-March 2011 |

| Technical Areas | % Completion |
|-------------------------------------|---------------------|
| 1. Universal and Early Access | 69% |
| 2. Laboratories | 63% |
| 3. Infection Control | 75% |
| 4. PMDT | 50% |
| 5. TB/HIV | 75% |
| 7. M&E, OR and Surveillance | 20% |
| | |
| | |
| Overall work plan completion | 59% |

Most Significant Achievements

Developed first draft of TB prevalence protocol, developed first drafts of actions plans for PMDT, TB/HIV, community DOTS and infection control. Developed SOPs and protocol for validation of MGIT960 SLD DST. 30 lab technicians trained to AFB microscopy (see picture on Tab 6. Photo Album). SANAS document assessment done and passed.

Overall work plan implementation status

The workplan is being successfully implemented.

Technical and administrative challenges

MGIT960 DST validation of FLD and SLD has been delayed due to interruption of supplies, shortage and transfer of trained staff and ongoing renovation of the NTRL building. AFB microscopy training has been challenged by absence of proper lecture room. Technical advisor for TB program has been not recruited yet due to delays with opening TB CARE bank account and local administration delays.

Quarterly Technical Outcome Report

| Technical Area | | 1. Universal and Early Access | | | | | Highlights of the Quarter | Challenges and Next Steps to Reach the Target |
|-------------------|--|---|----------------------|----------|-----------|-----------|---------------------------|---|
| Expected Outcomes | | Outcome Indicators | Indicator Definition | Baseline | Target Y1 | Result 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 | Ongoing | | |

| Technical Area | | 2. Laboratories | | | | | Highlights of the Quarter | Challenges and Next Steps to Reach the Target |
|-------------------|--|--|--|----------|-----------|-----------|--|---|
| Expected Outcomes | | Outcome Indicators | Indicator Definition | Baseline | Target Y1 | Result Y1 | | |
| 2.1 | Training of lab techs in smear microscopy including external quality assurance | Number of local staff trained in for smear-microscopy including external quality assurance | Number of local lab techs trained or retrained at the NTRL (1 week course) every two years by September 2011. Note: this is an ongoing activity from TB CAP but the denominator is set to "0" for TB CARE. | 0 | 75 | 30 | 30 lab technicians (17 males, 13 females) trained to AFB microscopy. | Shortage of staff. Absence of lecture room. Continue training |
| 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 | Document assessment done and passed | Site assessment will be done mid May 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 | Package of documentation for SLD DST validation prepared. SLD validation has not started. Validation of FLD has not been continued. | Supplies interruption, shortage of staff, renovation of the building. Next step: start DSTs validation after renovation - end of May 2011. |
|------------|---|--|--|----|-----|---------|---|--|

| 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 | Ongoing | | | |

| 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 | Ongoing | | | |

| Technical Area | | 5. TB/HIV | | | | | | |
|--------------------------|---------------------------|-----------------------------|-----------------|---------------|---------------|----------------------------------|--|--|
| Expected Outcomes | Outcome Indicators | Indicator Definition | Baseline | Target | Result | Highlights of the Quarter | Challenges and Next Steps to Reach the Target | |
| | | | | 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 | Ongoing | | |
|------------|--|---------------------------------|--|----|-----|---------|--|--|

| | |
|-----------------------|--|
| Technical Area | 7. M&E, OR and Surveillance |
|-----------------------|--|

| Expected Outcomes | Outcome Indicators | Indicator Definition | Baseline | Target | Result | Highlights of the Quarter | Challenges and Next Steps to Reach the Target |
|-------------------|--|---|---|------------|------------|---------------------------|---|
| | | | | Y1 | Y1 | | |
| 7.1 | Prevalence survey study protocol development | Preparation of a TB prevalence survey study protocol | TB CARE KNCV technically assist the NTP and partners to develop a TB prevalence survey study protocol | No | Yes | Ongoing | |
| 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 assist to reduce proportion of new smear positive DOTS treatment outcome cohorts classified as not evaluated | 24% (2008) | 20% (2011) | ongoing | |

Quarterly Activity Plan Report

| | 1. Universal and Early Access | | Lead Partner | Approved Budget | Cumulative Completion | 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 | | 0% | 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 | 75% | 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) and will further provide input into the draft action plan on Community DOTS |
| | | | | | 69% | | | |

| | | 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 | 30 lab technicians trained in Q1 | |
| | 2.1.2 | Technical input into EQA for AFB microscopy | KNCV | 1.800 | 100% | Sep | 2011 | EQA (panel testing, blinded re-checking, supervisory visits) is ongoing in all 52 labs | |
| 2.2 SANAS accreditation for the Botswana TB National Reference Laboratory | 2.2.1 | Technical input into accreditation | KNCV | | 100% | Sep | 2011 | Preparation of NTRL to SANAS audit in May 16-17 2011 | |
| 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 | | 25% | Sep | 2011 | SOP (MGIT960 FLD DST and log sheets) and validation protocol | |
| | 2.3.2 | Begin validation for 2nd line DST | KNCV | 1.650 | 25% | May | 2011 | SOPs (MGIT960 SLD DST, preparation of SLD stock and working solutions and lod sheets) | |
| | 2.3.3 | Provide regional TA for support for DST (1st and 2nd line) | KNCV | 17.072 | 25% | Sep | 2011 | SOPs and protocols for MGIT960 FLD and SLD DST | |
| | | | | | 63% | | | | |

| | | 3. Infection Control | | | | | Planned Completion | | Cumulative Progress and Deliverables up-to-date |
|--|--------------|---|------------------------|------------------------------|--|-------------|---------------------------|--|--|
| | | Lead Partner | Approved Budget | Cumulative Completion | 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) and will further provide input into the draft action plan on TB IC | |
| | 3.1.4 | Technical assistance by in-country technical advisor in Infection Control | KNCV | |  0% | Sep | 2011 | | |
| | | | | |  75% | | | | |

| | 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 |  0% | 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 | |  0% | Sep | 2011 | |
| | | | | | |  50% | | |

| | 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) and will further provide input into the draft action plan on TB/HIV. BNTP will apply to a PEPFAR 3 Is funding application. Dr. Scholten provided technical feedback on the application. |
| | 5.1.4 | Technical assistance by in-country senior technical advisor in TB/HIV | KNCV | | 0% | Sep | 2011 | |
| | | | | | 75% | | | |

| | | 7. M&E, OR and Surveillance | | Lead Partner | Approved Budget | Cumulative Completion | Planned Completion | | Cumulative Progress and Deliverables up-to-date |
|--|--------------|---|------|---------------------|--|--|---------------------------|---|--|
| | | | | | | 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 | Support visit of KNCV consultant in Mar 2011, conducted workshop on writing TB prevalence protocol, First draft of TB prevalence protocol | |
| 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 |  0% | Aug | 2011 | | |
| | 7.2.2 | KNCV convenes 1 day meeting with NTP/partners on reasons for not evaluated outcomes | KNCV | 1.800 |  0% | Aug | 2011 | | |
| | 7.2.3 | KNCV provides recommendations for improvement in treatment outcome reporting | KNCV | |  0% | Sep | 2011 | | |
| | 7.2.4 | Technical assistance by in-country senior technical advisor in M&E | KNCV | |  0% | Sep | 2011 | | |
| | | | | | |  20% | | | |

Quarterly Activity Plan Modifications

| Request for Cancellation or Discontinuation of Activities | | | | | | | | | | |
|---|-----|-------|----------|---|--------------|------------------|----------|--|--------------|------------------|
| Approved By (write dates) | | | Old Code | 1. Universal and Early Access 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 | | | | | | | | |
| | | | | {Copy from the work plan} | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

* 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 | | | | |
| | | | | {Copy from the work plan} | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Request for Adding New Activities to the Current Work Plan | | | | | | |
|--|-----|-------|----------|---|--------------|------------------|
| Approved By (write dates) | | | New Code | 1. Universal and Early Access Proposed New Activities | Lead Partner | Proposed Budget* |
| Mission | PMU | USAID | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

* Detailed budget is attached

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



Mr. Garoaelwe Letsibogo gives AFB microscopy training certificate to a NTRL laboratory technician Mr. Moeti