



TB CARE I

TB CARE I - Botswana

Year 4

Quarterly Report

April – June 2014

July 30, 2014

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1. Quarterly Overview

Country	Botswana
Lead Partner	KNCV TB Foundation
Coalition Partners	None
Other partners	CDC BOTSWANA, WHO, ACHAP, I-TECH, BUP
Work plan timeframe	Oct 2013-Sep 2014
Reporting period	April – June 2014

Most significant achievements:

The senior technical advisor supported a research project on evaluation of Community TB Care (CTBC) in Botswana. He supported data analysis, report writing and sharing of preliminary results with stakeholders on the research carried-out during this quarter. The objective of the study is to evaluate the effectiveness and acceptability of community TB care models implemented in the country and explores their sustainability. The study aims also to document lessons learnt from CTBC implementation over the last years. The results of the study will guide the NTP/MoH to adopt an appropriate CTBC approach to be scaled up, taking into consideration the declining funding in the near future.

Completion of data analysis and report writing is progressing well during the quarter. The preliminary result is available and shared at stakeholders meeting. CTBC approaches using incentivized volunteers were deemed the most effective and associated with quality despite poor sustainability. CTBC approaches managed by Civil Society Organizations were noted to be significantly effective for hard to reach populations and acceptable. The views obtained also emphasized that the success of the CTBC program depends on the following three essential functions; treatment of infectious patients to ensure their cure, social support and sustainability. The complexities of patient behaviors with regards to non-adherence to treatment were reported to be largely attributable to their low socio economic status, competing priorities such as substance abuse (alcohol abuse, smoking), Preference of non DOT services, self-stigmatization, community and health facility stigma. Another interesting key lesson to be drawn from this study is that the concept of addressing social determinants of health in TB service provision was largely appreciated and associated with the likelihood of completing treatment. The final report will be ready during the next quarter. The abstract has been accepted by the Union and will be presented at the Union TB Conference in Barcelona in October 2014.

TB CARE I has also supported development of the addendum to the current TB Strategic Plan 2013 – 2017 in-line with the WHO post-2015 TB strategic plan and the Global Fund New Funding Model requirements. The strategic plan is at final draft and will be completed in the next quarter to be used for concept note development and Global Fund application under the new funding model.

With regard to the Global Fund application under the new funding model, the senior technical advisor has supported Epidemiological and Impact analysis (Epi-analysis) and TB program desk review. He has also actively supported the single TB/HIV concept note development. The draft scope of the concept note has been developed and shared with the CCM and Global Fund Country Team in Geneva. The intended date of submission for the concept note has been rescheduled to the 15th October 2014. TB CARE I has also supported the closure of the previous Round 5 Global Fund TB grant and transitional funding mechanism (TFM). The full closure of the grant has been done during this quarter.

TB CARE I has supported the ongoing GeneXpert roll out. GeneXpert machines have been installed in 33 health facilities (laboratory and point of care) covering all the 28 health districts across the country. The remaining one Xpert machine will be installed during the 4th quarter. TB CARE I supported training of staff, selection of appropriate location and deployment of the machines at the health facilities. Four to five health care workers (laboratory technicians and nurses) per each site were trained for 3 days on GeneXpert test. The trainings were organized on-site and mainly practical sessions.

The regional laboratory consultant, Dr Valentina Anisimova, relocated to Botswana during this quarter. She will continue to coordinate the previous chief laboratory technician's (Obert's) responsibilities and ensure continued technical support to National TB Reference Laboratory.

Technical and administrative challenges:

There are still continued challenges with the procurement of supplies at the National TB Reference Laboratory (NTRL). As a solution the Ministry of Health is transitioning all procurement issues to the Central Medical Stores and that is hoped to solve the frequent interruption of laboratory commodities and supplies.

2. Year 4 technical outcomes and activity progress

2.1 Universal Access

Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date ¹		Comments
1.2.9	Population covered with Community TB Care		65% (1,324,848)	90% (1,834,405)	Measured annually		Showing good progress over the last quarters though it is still below the national target
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status ²	
				Start	End		
1.2.1	KNCV	Increased coverage of CTBC. The Senior Technical Advisor, in collaboration with the NTP, supports enhanced Community TB Care implementation from existing guidelines and National Strategic plan to increase coverage of CTBC from 65% to 90%.	Supported in data analysis and report writing of CTBC evaluation research project during this quarter. Upon completion, this project will guide the NTP/MoH to adopt an appropriate CTBC approach to be scaled up, taking into consideration the declining funding in the near future. The preliminary results have been shared at stakeholders meeting. The abstract will be presented at the upcoming Union TB Conference in Barcelona.	Oct 13	Sep 14	Ongoing	

2.2 Laboratories

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date	Comments
2.1.2	Laboratories with working internal and external QA programs for smear microscopy and culture/DST	100% (52/52) (2013)	100% (52/52) (2014)	52/52	Panel testing sent with an average 97.3% pass mark. Laboratory

¹ If results are not available, write “Measured annually” or “Not yet measured” and say when the data are estimated to be available. Not all indicators can be measured quarterly.

² Status options: Pending (the activity has not yet started, but is not delayed); Ongoing (the activity has started and is in process); Completed (all sub-activities and outputs are complete); Postponed (the start or completion of this activity has been delayed, but will still be completed by the end of the workplan year); Cancelled (the activity, which may or may not have started, will not be completed by TB CARE I.)

						technicians who failed will be recalled for retraining in Gaborone
2.3.1	Diagnostic sites offering advanced technologies for TB or drug-resistant TB	20 GeneXpert machines (2012)	34 GeneXpert machines (2014)	33/34		The remaining one GeneXpert machine will be deployed during the 4 th quarter
2.1.4	NRL maintains ISO accreditation Description	Yes (2013)	Yes (2014)	Results available in quarter 4 report		Ongoing
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status
				Start	End	
	KNCV	Support NTRL and TB laboratory network through training in smear microscopy and technical input into quality assurance and external quality assurance	Panel Tests were sent out to all laboratories with a 97.3% average pass mark. Laboratory technicians who failed will be recalled for retraining in Gaborone	Oct 13	Sep 14	Ongoing
2.1.2	KNCV	Support the NTRL to maintain its accreditation to ISO 15189 international Standard from the South African National Accreditation Systems (SANAS)	Annual review of all procedures conducted and training of local staff on QA practices conducted	Oct 13	Sep 14	Ongoing
2.3.1	KNCV	Support roll out of GeneXpert	GeneXpert is rolled out to 33 health facilities (laboratory and point of care) with only 1 machine remaining to be installed during the 4 th quarter. TB Care I supported training of staff, selection of appropriate location and deployment of the machines at the health facilities	Oct 13	Sep 14	Ongoing
2.3.2	KNCV	Strengthen Culture and DST at NTRL	Dr Valentina Anisimova supported the review of DST SOPs with major input in drug preparation, trained staff in preparation of in-house media, and also reviewed the NTRL testing algorithm	Oct 13	Sep 14	Completed

2.3 PMDT

Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date		Comments
3.1.3	MDR TB patients who have completed the full course of MDR TB treatment regimen and have a negative sputum culture		59%	70%	Results available in quarter 4 report		
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status	
				Start	End		
3.1.1	KNCV	Support MDR treatment sites	One round of mentoring and supportive supervision to the MDR-TB treatment sites has been carried out during this quarter. The second round will be carried out during the 4 th quarter.	Oct 13	Sep 14	Ongoing	
3.1.2	KNCV	Support biannual MDR meeting and GLC missions	Two MDR-TB clinical meetings held as planned and one GLC mission supported	Oct 13	Sep 14	Completed	

3. TB CARE I's support to Global Fund implementation in Year 4

Current Global Fund TB Grants

Name (i.e. Round 10 TB)	Average rating*	Current rating	Total approved amount (for closure)	Total disbursed to date (for closure)
Round 5 & TFM Grant Closure	A2	B2	\$ 94,000.00	\$ 94,000.00

* Since January 2010

In-country Global Fund status - key updates, challenges and bottlenecks

The Country Coordinating Mechanism (CCM) for Botswana has assigned a technical working group to develop a single TB/HIV concept note to apply for Global Fund under the New Funding Model. The senior technical advisor has been actively participating in the concept note writing process. The draft scope of the concept note has been developed and shared with the CCM and Global Fund Country Team in Geneva. He has also supported the Epidemiological and Impact analysis (Epi-analysis) and TB program desk review. The intended date of submission for the concept note has been rescheduled to the 15th October 2014.

The Senior Consultant from KNCV central office, Dr Jerod Scholten, will travel to Botswana to support and quality check for the development of the concept note during the next quarter.

TB CARE I has also supported the grant closure for the previous round 5 Global Fund grant and transitional funding mechanism, which is closed during this quarter.

TB CARE I & Global Fund - TB CARE I involvement in GF support/implementation and effect of GF on the TB CARE I workplan

TB CARE I, through in-country staff and technical support from the central office, will continue to work tirelessly to support the Ministry of Health in the development of single TB/HIV concept note and throughout the entire grant period. The concept note submission date is rescheduled to 15th October 2014.

4. MDR-TB cases diagnosed and started on treatment in country

Quarter	Number of MDR cases diagnosed	Number of MDR cases put on treatment	Comments:
Total 2010	106	92	
Total 2011	46	44	
Total 2012	51	44	
Jan-Mar 2013	19	14	
Apr-Jun 2013	9	9	
Jul-Sep 2013	12	12	
Oct-Dec 2013	18	18	
Total 2013	58	53	
Jan - Mar 2014	17	17	
Apr - Jun 2014	15	15	
Total 2014	32	32	

5. TB CARE I-supported international visits (technical and management-related trips)

#	Partner	Activity Code	Name	Purpose	Planned month, year	Status	Dates completed	Additional Remarks (Optional)
1	KNCV	1.2.1	Jerod Scolten	Support in the aligning of National TB Strategic Plan	February 2014	Completed	February 2014	
2	KNCV	2.3.2	Valentina Anisimova	Support in the review of DST SOPs with major input in drug preparation and staff training in preparation of in house media	February 2014	Completed	February 2014	
3	KNCV	2.3.2	Tjeerd Datema	Produce a best-practices document to facilitate the evidence-based, efficient planning of ISO 15189 quality management system implementation in TB laboratories in the future	June 2014	Completed	30 th June 2014	This is a TB CARE I core project implemented in collaboration with Laboratory Strengthening team at the Royal Tropical Institute (KIT) in The Netherlands
4	KNCV	1.2.1	Jerod Scholten	Supervision and monitoring of local office Support in the development of TB/HIV concept note of the Global Fund	August 2014	Pending		Scheduled for the month of August 2014 (13 th – 27 th)
Total number of visits conducted (cumulative for fiscal year)							3	
Total number of visits planned in workplan							4	
Percent of planned international consultant visits conducted							75%	