



**USAID**  
FROM THE AMERICAN PEOPLE

| **TB CARE I**

# **Ethiopia**

**Year 1**

**Annual Report**

**October 1, 2010 – September 30, 2011**

**October 28, 2011**

## Table of Contents

Executive Summary .....	4
Introduction .....	6
1. Universal Access .....	7
2. Laboratories .....	8
3. Infection Control .....	9
4. Programmatic Management of Drug Resistant TB (PMDT) .....	11
5. TB/HIV .....	12
6. Health System Strengthening (HSS) .....	13
7. Monitoring & Evaluation, Surveillance and OR .....	14
8. Drug supply and management .....	15
Financial Overview .....	17

## List of Abbreviations

ACSM	Advocacy communication & social mobilization.
AFB	Acid Fast Bacilli
AHRI	Armauer Hansen Research institute
ALERT	All African Leprosy research and training center
APA	Annual plan of Action
CTBC	Community tuberculosis care
DOTS	Direct Observational treatment, Short course.
DSM	Drug supply management
EQA	External Quality Assurance
GLRI	German Leprosy and TB Relief Association
HEWs	Health Extension Workers.
HEAL TB	Help Ethiopia Address the low TB performance
KNCV	Royal Netherlands Ant Tuberculosis Association
IPLS	Integrated Pharmaceutical logistics system
PFSA	Pharmaceutical fund & supply Agency.
PMDT	Programmatic Management for Drug Resistant Tuberculosis
MDR	Multi drug resistance
MOST	Management & Organizational Sustainability tolls
MOH	Ministry of Health
M&E	Monitoring & Evaluation
SOPs	Standard Operational Procedures.
TB IC	Tuberculosis Infection Control

## Executive Summary

TB CARE I, a continuation of the Tuberculosis Control Assistance Program (TB CAP), is a USAID five year cooperative agreement (2010-2015) that was awarded to KNCV Tuberculosis Foundation whom is the lead partner of a coalition of seven organizations including; ATS, FHI 360, JATA, MSH, The Union and WHO. TB CARE I started implementation in Ethiopia officially since January 2011. Since the work plan was approved in March 2011, most of the implementation was started in April. The total buy in for APA1 was 1,724,845.00 USD.

TB CARE I-Ethiopia is designed to support MOH in implementing its strategic plans for prevention and control of TB at national level. It is implemented by three partners namely: KNCV Tuberculosis Foundation, as lead partner, MSH and WHO as collaborating partners. The project provides support to the FMOH through eight components of TB prevention and control activities. These include: 1) Universal and early access; 2) Laboratories; 3) Infection Control; 4) Programmatic Management of Drug Resistant TB; 5) TB/HIV; 6) Health Systems Strengthening; 7) M&E, Operations Research and surveillance and 8) Drug supply and management.

**Universal and early access:** TB CARE I supported the community TB care program by improving knowledge and skills of the health extension workers and their supervisors through capacity building activities. Topics included TB suspect identification and referral, supporting treatment and follow-up of patients on anti-TB drugs and tracing contacts of TB patients. During the reporting year, training on community based Tuberculosis care was conducted for 127 female HEWs and their supervisors. Joint supportive supervisions and review meetings were also conducted in seven Zones of the three major regions of the country. The community based TB care program was implemented smoothly in most supervised Woredas and Regional health bureaus have accepted the need to allocate or mobilize resources required to sustain the community based TB care activities.

**Laboratories:** Laboratory strengthening is one of the key areas in which TB CARE I works closely with EHNRI & Regional Laboratories in order to improve the case detection rate of the country. In APA1, training was given to 56 Laboratory technicians on EQA & AFB Microscopy. TB CARE I supported EHNRI in the installation to validate the GeneXpert, which is being piloted at Adama and Woliso Health centers. To improve the diagnostic capacity of five regional Laboratories, it was planned to conduct TOT on TB DST and culture but EHNRI decided to conduct the training when the regional laboratories are fully functional, probably in APA2.

**Infection Control:** the second National TOT and basic TB IC training has been conducted and a total of 27 & 34 Health Care Workers from all regions of the county participated in the TOT and basic training respectively. After having feedback from end users, the existing TB IEC materials were redesigned and 10,000 TB IC posters were printed. TB CARE I worked closely with MoH and other partners and reached consensus to incorporate TB IC issues in the health facility design of all newly constructed health facilities across the nation.

**Programmatic Management of Drug Resistant TB:** This year a total of 100 MDR TB patients were put on treatment using USAID funds, bringing the total number of MDR TB patient who started treatment to 303. As part of strengthening the electronic data base system of the MDR TB service, TB CARE I procured five computers with accessories and delivered them to Gondar Hospital MDR-TB ward and to two MDR TB follow up health facilities in Addis Ababa region. Simultaneous orientation on electronic data entry and data capturing systems has been given to the staff of MDR TB ward by the data manager of St. Peter Hospital who is seconded by TB CARE I. Several capacity building activities were conducted to prepare ALERT hospital start MDR treatment. Training of health care workers was also conducted for Gondar MDR hospital and its follow-up centers and for health care workers working

in health facilities of Addis Ababa & Dire Dawa Regions. TB CARE I experts participated in the development protocol to pilot Ambulatory care Model of MDR TB service at two regions (Addis Ababa & Dire Dawa) and are fully involved in the readiness assessment of the pilot regions. Job aid/provider tool on the MDR TB side effect and its management strategies developed and printed by TB CARE I to be distributed to health facilities.

**TB/HIV:** TB CARE I experts participated in the development of a comprehensive TB & TB/HIV participant's module and trainer guide; they assisted with the field test of the modules. The project also supported assessment to evaluate the EH -RH regimen shift implementation status in three urban Regions of the country, and TOTs on EH-RH regimen shift for 60 health care workers. As of April 2011, SOP to improve TB case detection has been piloted at 26 Health Facilities in West Arsi Zone of Oromia, expecting that these SOPs would bring tangible and quantifiable progressive improvement of TB CDR at the Pilot site and nationally in the near future. To improve management & leadership skill of TB program managers, a three day training on MOST for TB/HIV and a two day follow up workshop for MOST for TB training were conducted.

**Health Systems Strengthening:** TB CARE I fully supports the TB ACSM activities of the national program. In APA1, the project supported the World TB Day commemoration by covering the cost of 6000 T shirts with World TB Day Messages in national and two local languages. It was also able to produce and broadcast TB radio messages nationally for 30 minutes per week in year I. TB CARE I supported the media forum by building the capacity of journalists through training to effectively and accurately report on TB, TB/HIV and MDR TB at quarterly bases. After the training the number as well as the content of the articles improved; during APA1, a total of seven TB stories were published in two English and five national language newspapers.

**M&E, Operations Research and surveillance:** TB CARE I supported the national TB program through printing of recording and reporting formats. The first national TB prevalence survey has been conducted in Ethiopia; TB CARE I supported the survey by covering the salary of the survey staff and by procuring supplies and technically assisting the survey team throughout the data collection process. The project will continue supporting the survey team till the final report. TB CARE I supported the sixth national TB conference financially and technically by chairing sessions and moderating panel discussions. In consultation with KNCV HQ consultants, AHRI research unit has started operational research to estimate TB patient cost which is being done in eleven public health facilities of Addis Ababa region and the result will be shared in the first Quarter of APA2. TB CARE I covered the full cost of this operational research.

**Drug supply and management:** National sensitization and consultative workshop on the integration of TB, Malaria and FP pharmaceuticals in to the new Pharmaceuticals Logistics System was organized. It aimed to create common understanding among all stakeholders and a total of 64 individuals participated. IPLS training has been given for 65 participants and 142,000 stock record cards procured and distributed to IPLS implementing health facilities. As part of a follow on activity to the national forecasting and quantification workshop, a stock status analysis and supply planning exercise was done under the leadership of PFSA.

## **Introduction**

Tuberculosis has been recognized as a major public health problem in Ethiopia since the 1950s. The country ranks seventh among the 22 high burden countries severely affected by tuberculosis, as reported by the WHO Global Report 2010. The estimated incidence of all forms of TB, as per this report, was 359/100,000 population, and of smear positive cases was 160/100,000 population. The prevalence of all forms of TB is estimated to be 572/100,000 population. TB mortality rate is estimated as 64 per 100,000.

TB CARE I (2011-2015) as a follow-on project to TBCAP has started its operation in the country since January 2011. The project continued its support by intensifying the good reputation of TB CAP to play an active role for strengthening TB control in Ethiopia.

TB CARE I-Ethiopia is implemented by three partners namely: KNCV Tuberculosis Foundation, as lead partner, MSH and WHO as collaborating partners and German Leprosy and TB Relief Association (GLRA) as subcontractor.

The project is designed to support the Federal Ministry of Health in its plans for prevention and control of TB. The project support is mainly at Federal level, and regional health bureaus as well as regional laboratories with need based support to lower levels of the health system. The approach being provided to implement the program is comprehensive and aligned with the four main technical areas: TB care and treatment (DOTS expansion and strengthening); Programmatic Management for Drug Resistant TB (PMDT); TB/HIV care and treatment; Health Systems Strengthening.

The TB CARE I country office has a management unit which is set up to facilitate the smooth implementation and monitoring of the Program, maintain internal consistency amongst various components of TB CARE project and external coherence with all activities carried out at national level.

The TB CARE I Country office comprises a Country director, MSH TB CARE coordinator, M&E officer, technical experts for PMDT, TB IC, Laboratory, DSM, TB/HIV as well as support staffs.

The project implements activities in eight technical areas: Universal and early access; Laboratories; Infection Control; Programmatic Management of Drug Resistant TB; TB/HIV; Health Systems Strengthening; M&E, Operations Research and surveillance; Drug supply and management. Further technical support to National TB program is provided through the national technical working groups, such as Stop TB partnership, MDR, TB/HIV and laboratory TWGs.

This brief report is thus an account of the activities accomplished from January 1, 2011 to September 30, 2011.

## 1. Universal Access

### Technical Outcomes

	Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result	Comments
					Y1	Y1	
1.1	Ensured continuity of Community TB care activities in Arsi	Number of Quarterly supportive supervision conducted for on community based TB care at Arsi Zone	This activity is implemented by GLRA and supportive supervision will continue for 2 quarters	0	2	2	
1.2	Ensured continuity of Community TB care activities in WHO supported Zones	Number of HEW trained	Number of HEWs trained on CTB in TB CARE I supported Zones.		120	127	
		Number of review meetings	Number of review meetings conducted		2	5	
		Number of supportive supervisions	Number of supportive supervisions conducted		6	6	

### Key Achievements

- All newly assigned health extension workers in TBCAP supported zones have been trained and started the implementation of community based TB care activities.
- The technical capacities of zonal health departments and district health offices were built to enable them to take over the community based TB care activities.
- Regional health bureaus have accepted the need to allocate or mobilize resources required to sustain the community based TB care activities in TBCAP supported zones.

### Challenges and Next Steps

Allocation or mobilization of additional resources may be a challenge for regional health bureaus. However the community based TB care components of the Global Fund Round 10 may be used to financially and technically support these zones. In one of TB CAP/TB CARE I supported zones these activities will be continued by the support of a new USAID funding project, HEAL TB and TB CARE will provide technical assistance from central level.

## Laboratories

### Technical Outcomes

Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result	Comments
				Y1	Y1	
1. Strengthened EQA capacity	Number of supportive supervisions conducted	Number of supportive supervisions conducted on quarterly basis in TB CAP/CARE I supported Zones.		172	195	
	Number of lab professionals trained	Number of lab professionals trained disaggregated by gender.	0	60	53	Able to train 53 Lab technicians which was prevailing need as other support was given by other partners.
	Number of regional lab staff trained	Number of regional lab staff trained on TB culture and DST disaggregated by gender	0	20	0	The regional laboratories are not yet functional and EHNRI decided to conduct the training when the regional laboratories are ready/fully functional.
2. Strengthened lab networks	Number of panel test performed	Number of panel test performed at supra national lab	0	1	0	Communication with EHNRI and Supra national Lab conducted but final decision not yet made. TB CARE has planned to revitalize the issue in APA II.
	Number of Lab TWG meetings attended	Number of lab TWG meetings attended on a regular basis	0	4	4	
	Number of EQA performed	Number of EQA performed at 5 regional labs	0	1	0	Regional Laboratories, not yet functional to perform this activity.
	Number of sites piloted for Gen expert machine	Number of sites piloted for Gene Xpert machine at 3 sites	0	3	2	

## Key Achievements

- Gap filling training on AFB microscopy and EQA was provided to 53 laboratory personnel
- 188 (96.4 %) health facilities participated in EQA and were able to have greater than 95% concordant results in 172 (92.4%) health facilities.
- GeneXpert machines were installed and are being piloted at Adama regional Laboratory and Asella Hospital. Training on the use of the machine has been given to the laboratory technician working in the health facilities.

## Challenges and Next Steps

The Four regional laboratories which are expected to perform diagnostic service of MDR TB are not yet functional. This also indirectly slows the performance of TB CARE I activities under Laboratory & PMDT technical Area specially training on TB Culture & DST.

### Next steps

Revitalize the issue in national technical working group meetings and discuss with EHNRI on possible solution.

## 3. Infection Control

### Technical Outcomes

Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target	Result	Comments
					Y1	Y1	
3.1	Strengthened scale-up of TB IC implementation	Percentage of regional health bureaus that received TA on TB IC	Numerator: regional health bureaus that received TA, Denominator: total number of Regions.	0	50	100%	TA given to Addis Ababa (twice), Dire Dawa, Harari, Oromia, Amhara RHB and FMOH
3.2	Strengthened system for incorporation of TB IC issues in health facility design	Advocate to incorporate TB IC issues in the health facility designing	Key information on TB IC incorporated in the designing of Health facilities	No	Yes	Yes	The principle of IC incorporated in Amhara RHB, 30 hospital design & USAID supported H/Center design (200)

## Key Achievements

- Ethiopia has 27 additional pools of trainers who can cascade TB IC trainings in their respective regions/city administrations and support areas. Furthermore, two health facilities per region were selected to serve as model and follow-up TB IC sites to replicate to the rest of the health facilities of the country.



2<sup>nd</sup> national TB IC TOT group picture and International TA during capacity building

- New TB IC Poster developed, printed & ready for use.



*This is the Poster promoting the advantage of opening windows at home & on public transportation to prevent TB infection.*

- Able to incorporate TB IC issues in health facilities (hospitals and health centers) design documents

**Next Steps**

- Advocate incorporation of TB IC issues in IP guidelines at national and at regional level.
- Supporting scale up of TB IC activities in the country as lead partner

## 4. Programmatic Management of Drug Resistant TB (PMDT)

### Technical Outcomes

Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result	Comments	
				Y1	Y1		
4.1	Treated 100 MDR-TB patients with SLD funded by USAID	Number of MDR-TB patients put on SLD	MDR patients treated with SLD by USAID funds	0	100	100	Procured SLD for 100 MDR TB patients through GDF.
4.2	Strengthened MDR data management	Establishment of electronic database system	A computerized data management system which can generate automatic information	No	Yes	Yes	Currently the electronic version of the WHO Recording & Reporting form in use. TB CARE I is requested by MoH to develop analytic software.
4.3	Established routine surveillance system for MDR-TB	Preparation of national guideline for establishment of 'routine surveillance for MDR-TB'	A guideline for establishment of 'routine surveillance for MDR' developed by the national technical working group	No	Yes	No	The DST expansion process was delayed nationally and the selected regional laboratories not yet started the culture and DST process.

### Key Achievements

TB CARE I procured SLD for 100 MDR TB patients in APA1, which brings the total number of patients enrolled in MDR TB treatment to 303 in two hospitals (275 at St. Peter and 28 at Gondar University Hospital).

TB CARE I contributed to establishing an electronic data base system at Gondar MDR-TB ward by procuring computers with accessories and by introducing the same data base system with St Peter Hospital (the first hospital started treatment of MDR TB in the country).

TB CARE I organized a training and orientation workshop on PMDT to support the preparatory process at MDR TB service at ALERT Center. The Center is ready to start the service in terms of trained staff, equipment and other supplies through the support of TB CAP & TB CARE I.

Training on PMDT was conducted and 55 health care workers participated.

Developed provider tool on the MDR TB side effects and its management strategies .

### Challenges

Delay in the scale up of the regional laboratory for the MDR-TB service, weak central level coordination.



**Next Steps**

Scale up the magnitude of support on PMDT to improve access to MDR TB treatment.

**5. TB/HIV****Technical Outcomes**

Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target	Result	Comments
					Y1	Y1	
<b>5.1</b>	Improved coordination of TB/HIV Collaborative activities	Number of TB/HIV TWGs attended	Number of TB/HIV TWGs attended on a regular basis	0	3	6	
		Number of manuals and training materials revised	Number of TB/HIV manuals and training materials revised based on FMOH need	0	1	1	
		Number of TB/HIV experts participated in TOT	Number of TB/HIV experts participated in TB/HIV national TOT disaggregated by gender	0	30	63	
		Number of TB/HIV program managers trained	Number of TB/HIV program managers trained on MOST for TB/HIV disaggregated by gender	0	20	31	
<b>5.2</b>	Improved CDR at national level	Number of TB exerts participated in TOT	Number of TB exerts participated in the DOTs TOT based on the revised TBL and TB/HIV manual disaggregated by gender	0	30	63	
		Number of follow up/supervision made	Number of follow up/supervision made to the SOP pilot site	0	2	2	

		Number of regions and towns regimen shift completed	Number of regions and towns implemented regimen shift	3	7	11	
--	--	---	---	---	---	----	--

### Key Achievements

- SOP to improve case detection is being implemented in 26 HFs of Arsi Zone & is well underway.
- Supported EH-RH Regime shift implementation at all regions and TB CARE I provided both technical and financial support to the regions.
- MOST for TB/HIV training and MOST for TB follow up workshops were conducted and follow up mechanisms agreed upon.

### Challenges

Fail to conduct TBL & TB/HIV TOT as per schedule due to delay in the revision of National Guidelines of the TBL & TB/HIV.

### Next Steps:

- Support TBL & TB/HIV Guidelines revision process in APA2.

## Health System Strengthening (HSS)

### Technical Outcomes

Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result	Comment	
				Y1	Y1		
6.1	Improved Political commitment for TB control	Regular meeting of the national stop-TB partnership	Number of meetings held by Stop TB partnership	1	3	3	
6.2	Improved community awareness	Number of audio visual message sessions broadcasted per year	Number of TB audio message sessions broadcasted per year	0	24	23	
		Number of newspapers with TB message printed per year	Number of both public and private print media with TB message printed per year	0	12	11	

		Number of TB events supported per year	Number of TB events supported per year	0	1	1	
--	--	--	--	---	---	---	--

## Key Achievements

TB Media Forum that was established by journalists and public relation officers of the Ministry of Health & its institutes through financial & technical support of TB CAP has had quarterly review meetings in APA1 of TB CARE I. Various sub committees were formed and the event subcommittee organized a panel discussion with staffs working at Cinema, Theatre and DSTV houses.

## Next Step

Similar events are going to be organized for the transport sector and congregate settings (i.e. prisons, schools, religious gatherings) in APA2.

## Monitoring & Evaluation, Surveillance and OR

### Technical Outcomes

Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Comments
<b>7.1</b>	Strengthened data management for TB and TB/HIV at national level	Adequate availability of registers and formats	Adequate availability of Registers: unit TB register, Laboratory register, Formats: sputum request, case finding, treatment outcome	unknown	100%	100%	
<b>7.2</b>	National TB Prevalence survey conducted	Completion of national survey	The data collection for the ongoing survey on TB prevalence will be completed	Ongoing	Completed	field work completed	Final result will be disseminated on the second week of Dec/2011
<b>7.3</b>	National operational research agenda for TB prepared	List of priority for research area prepared	Review meeting on TB research conducted by TRAC	No	Yes	Completed	

## Key Achievements

The National TB prevalence survey field operation was successfully completed on 25th of June 2011; TB CARE I played an active role in providing financial, logistic & technical support.

TB CARE I supported the sixth national TB conference both financially & technically, which was an important event to promote research on TB, TB/HIV & MDR TB.

Operational Research on patient cost is well underway and the report will be shared in the first Quarter of APA2.



Dr Eshetu Lema, EHNRI, & Dr Ezra Shimelis, Country Director of TB CARE I, leading the workshop.

## Drug supply and management

### Technical Outcomes

Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result	Comment
				Y1	Y1	
Improved IPLS	Number of health facilities implementing IPLS	This includes the number of health centers and hospitals that implement IPLS	61	300	595	
Supported implementation of new TB regimens	EH/RH regimen shift implemented as per the national plan	EH/RH shift implemented at least in Urban and selected agrarian regions of the country	3	7	11	

	Improved skills on quantification and supply planning	Availability of quarterly supply planning at national level	Quarterly supply planning prepared in line with the national quantification and forecast for anti-TB drugs	biannual	2	2	
--	---	---	--	----------	---	---	--

### **Key Achievements**

Two sessions of IPLS training were conducted in two rounds for 65 pharmacy personnel. An adequate amount of stock record cards were distributed to IPLS implementing sites.

TB CARE I supported the national sensitization and orientation workshop on the integration of anti-TB, family planning and anti-malarial pharmaceuticals into the national pharmaceuticals logistics system.

### **Challenges and Next Steps**

Delay in the implementation of some activities due to competing priorities at PFSA. As a result we were forced to cancel and modify some of our planned activities.

Most of the budgeted activities for this component in APA1 were under budgeted and hence forced to squeeze three to four activities and modify it in to one activity.