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TB CARE I

TB CARE I - Ethiopia

Year 2

Annual Report

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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
GDF	Global Drug Fund
DOTS	Direct Observational treatment, Short course.
DSM	Drug supply management
EQA	External Quality Assurance
HEWs	Health Extension Workers.
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 has been implemented in Ethiopia by three partners; KNCV, the lead, with MSH and WHO as collaborators. The total buy in was \$4,736,604, composed of \$3,356,545 for APA2 and \$1,425,000 for APA-2b. The APA-2b work plan was approved late in the fourth quarter and implementation started recently; therefore all accomplishments included in this report are that of the APA2 proper only.

Like APA 1, the project has successfully implemented all the eight TB CARE technical areas: Universal access, laboratory, TB Infection control, Programmatic management of drug resistant TB, TB/HIV collaborative activities, Health system strengthening, M&E and Operational research as well as drug supply management. Some of the major achievements of TB CARE I include:-

- TB CARE I supported technically & financially revision of:
 - national comprehensive TB/HIV guideline and training manual,
 - TB reference material for Health Extension Workers in to four local language (Amharic, Oromifa, Somalia& Tigrigna)& printing of 40,000copies
- Procured SLDs for 150 MDR TB patients and the required ancillary drugs. Because of critical shortage of Pyridoxine in the country, MOH requested TB CARE I for procurement and TB CARE I responded in timely manner by procuring the required amount through the GDF.
- Supported Renovation of:
 - TB outpatient building complex at Gondar hospital, which is one of the MDR hospitals in the country, which includes rooms for management of probable TB cases, DOT clinic, MDR follow up clinic and PICT room, with well-ventilated waiting area.
 - TB clinic at Semien Health Center in Mekele town, in Tigray region
- Twenty three sputum collection booths designed, produced and distributed to support health facilities TB infection control interventions.
- Supported national consultative meetings/workshops and conferences, which include:
 - National PMDT expansion scale up consultative workshop;
 - Consultative workshop on national diagnostic strategy
 - National childhood TB consultative workshop,
 - Commemoration of World TB day and
 - The 7thnational TB conference (TRAC), with an operation research priority setting exercise conducted as satellite session.
- Training
 - total of 589(M=389 ;F=203) health care workers & TB program managers trained on TB, TB/HIV, TB Culture, TB infection control, PMDT, TB/HIV, OR and on TB data quality.
- OR on TB patient cost completed and provided technical and financial assistance to seven TB Ors of which two are near completion, while five are on progress
- Supported revision, development and printing of new recording and reporting formats for MDR TB program and supported development of electronic data base for MDR TB service.

Introduction

Tuberculosis has been recognized as a major public health problem in Ethiopia since the 1950s. The country ranks 8th among the 22 High Burden Countries in the world, and one of the top three in Africa, with regard to the prevalence of TB. Ethiopia is also among the 27 MDR-TB high priority countries (2009 WHO report). According to the 2011 WHO report, the incidence and prevalence of TB is 261/100,000 and 394/100,000 population, respectively. The TB related mortality rate for the same year is 35/100,000 population.

TB CARE I (2011-2015) as a follow-on project to TBCAP has started its operation in Ethiopia in 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.

It is led by KNCV that ensure effective coordination of TB CARE at country level and facilitate the smooth implementation and monitoring of the Program. MSH and WHO as collaborating partners of TB CARE I. The total buy in for APA2 was 4.736.604, which is composed of \$3,356,545 for APA2 proper and \$1,425,000 for APA-2b. The APA-2b work plan was approved late in the fourth quarter, and activities are yet to start. Therefore all accomplishments included in this report are that that of the proper APA2.

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 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. Major achievements, challenges and next steps of each component reported in detail in the following pages of this report.

Universal Access

TB CARE I partners: KNCV,WHO

The universal access activities planned in TBCARE Ethiopia are meant for improving the utilization of TB services by different segments of the society by raising level of awareness and introducing childhood TB activities. This will certainly have important contribution towards increasing the access to TB service, which FMOH strives for.

Technical Outcomes

Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline (Year or timeframe)	Target Y2	Result Y2	Comments
1.1	Increased demand for and use of high quality TB services and improve the satisfaction with the services provided (Population/Patient Centered Approach)	1.1.3 Patients' Charter is implemented Indicator Value: Score (0-3) based on definition	Score (0-3) based on definition	0 (2011)	1	0	
1.2	Increased quality of TB services delivered among all care providers (Supply)	1.2.4 CB-DOTS program is implemented Indicator Value: Score (0-3) based on definition.	Score (0-3) based on definition.	1 (2011)	2(2012)	3	
1.3	Reduced patient and service delivery delays (Timing)	1.3.2 Provider Delay Indicator Value: Number (of days or weeks)	Number (of days or weeks)	4 (2011)	2(2012)	0	

Key Achievements

TB CARE I supported the community TB care program through development of guidelines and training material. Thus, HEWs TB reference material, TB Treatment supporters (TTS) Training material and M&E tool for TTS is developed, translated in to four local languages and printed. This reference materials are crucial to scale up of community TB nationwide thereby improve the contribution of community TB service to control TB in the country

Engaging civil societies on TB control is one of the activity of the project, hence a total of 41(M=1 & F=40) from three civil societies of Addis Ababa city administration participated in Basic TB training and

started actively participating in suspect referral & case identification. In addition, regular monthly follow up and group mentorship have been taking place for trained individuals and referral linkage between community, health facilities & health extension workers established.

TB CARE I sponsored and technically assisted the national childhood TB consultative workshop, in collaboration with Ethiopian pediatric association, and also supported preparation of childhood TB section of national TBL and TB/HIV guide and training on childhood TB for 25 (M=22; F=3) participants including pediatricians and TB program managers and this training was facilitated by renowned expert on childhood TB, Professor Robert Gie, from South Africa.

Challenges and Next Steps

No Major challenges encountered during the fiscal year; TB CARE I support on community TB care and childhood TB trainings will continue in APA3.

Laboratories

Partner – MSH

The support of TBCARE on strengthening TB diagnostic capacity has mainly focused on national level meeting the demand of the national reference laboratory. Some of the activities like updating national TB diagnostic strategy were so relevant and so timely in addressing the priorities of MOH.

Technical Outcomes

Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline (Year or timeframe)	Target	Result	Comments
				Y2	Y2	
2.1	Ensured capacity, availability and quality of laboratory testing in country needed to support the diagnosis and monitoring of TB patients	Laboratories with working internal and external quality assurance programs for tests that they provide including: a) smear microscopy, b) culture, c) DST, and d) rapid molecular test	450/1596=28% (for a) In 2011 0(for b, c & d)	50% (for a) In 2012 100%(5 /5) (for b, c & d) (100%)	(57.5%) 1119/1946 (for a) (40%) 2/5 (for b, c, d)	

Key Achievements

In order to ensure capacity, availability and quality of laboratory services needed to support the diagnosis and monitoring of TB patients, TB CARE I supported national and regional laboratories through capacity building, guideline revision and supportive supervisions. In APA 2, 14 (M=10; F=4) laboratory personnel attended training on TB culture and DST, supported national workshop on AFB microscopy EQA and revision of AFB microscopy EQA guideline.



Practical exercise on TB culture and identification

To strengthen the AFB microscopy network, an international Technical assistance on AFB microscopy lab network was provided and future directions have been advised by the consultant.

Twenty Olympus microscopes with starter kits procured and distributed for two regions (Oromia and Amhara).

Challenges and Next Steps

Regional laboratories were not ready as expected to start TB culture service.

Planned to further discuss with regional laboratories and technical support will be provided to initiate TB culture services in the remaining three laboratories in APA3.

Infection Control

Lead Partner- KNCV

TBIC has taken strong root in Ethiopia because of the efforts of TBCARE and other important stakeholders. This has helped MOH in promoting not only TBIC, but also general infection prevention measures in many health facilities. It has also significant contribution for the scale up of PMDT services.

Technical Outcomes

Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline (Year or timeframe)	Target Y2	Result Y2	Comments
3.2	Scaled-up implementation of TB-IC strategies	3.2.2 Key facilities with IC focal person, implementation plan, budget, and monitoring system	Percent Numerator: The number of selected categories of key facilities with all three (a+b+c) interventions in place. Denominator: Total number of key facilities of the selected categories	16/50(32%) 2011	60/90 (67%)	89/90 (99%)	
3.4	Improved TB-IC human resources	3.4.1 A team of trained trainers in TB IC is available	Yes/No	Yes,2011	Yes,2012	Yes	
3.3	Strengthened TB-IC monitoring & measurement	3.3.1 Annual reporting on TB disease (all forms) among HCWs is available as part of the national R&R system	Yes/No	N/A,2011	Yes,2012	No	No data source to reporting this indicator

Key Achievements

TB IC training for a total of 122(M=76; F=46) Health care workers drawn from Amhara, Addis Ababa health facilities and Oromiya Regional Health Bureau and provided, and 17(M=14;F=3) Engineers and Architects working at MOH and Regional Health Bureau participated in the workshop of TB IC. The training aimed to introduce major issues regarding TB risk of transmission, set of intervention, building norms and role of Engineers/Architects in health facility design and construction. This training was assisted by two international consultants from KNCV, Max Meis and Hans Mulder.

TB CARE I supported renovation of two health facilities in Tigray region, Semien HC and Amhara Region, Gondar university hospital and inaugurated.

Twenty three sputum collection booths designed, produced and distributed to health facilities for strengthening TB infection control interventions.

Side View of Gondar TB building complex



Challenges and Next Steps

National unit TB register does not capture information on TB disease (all forms) among HCWs; hence it was difficult to report this indicator. Advocacy work for the inclusion of the indicator in the Recording and reporting format at national level will continue in APA3.

Success Story

Training and Mentoring Program Yields Visible and Measurable Improvements in Infection Control Practices in Ethiopia

With support from the previous TB CAP project, an assessment of tuberculosis infection control (TB IC) practices was undertaken in 2008. The results indicated that TB IC did not exist at any level of the health care system. TB IC guidelines and training materials were not available, nor had health care personnel been trained in TB IC.

Since that date, both the TB CAP project and the current TB CARE I project have prioritized TB IC interventions. In collaboration with the Federal Ministry of Health, national guidelines, training materials, and other supporting documents have been developed, serving as an essential foundation for the initiation and expansion of TB IC activities throughout the country. Since 2009, more than 1,000 health personnel and program managers have been trained in TB IC with technical and financial support of TB CAP and TB CARE I.

Of those trained, 34 health care workers from 13 facilities in one region — Addis Ababa City Administration Health Bureau — were closely followed up through mentorship visits scheduled three months after the training. The follow-up visits found that nine of the thirteen health facilities (70%) had established a coordination body to address infection prevention in general, and TB-IC in specific in the short time period since the training. Infection prevention coordinating bodies already existed at the other four facilities and their functioning was strengthened to implement infection prevention interventions in the context of tuberculosis control. The follow-up visits also revealed that TB IC plans had been developed by 10 facilities (77%) and 12 facilities (93%) had instituted a process to expedite the

management of patients suspected of having TB. These facilities triaged patients by quickly assessing their cough and on that basis, taking appropriate infection control precautions.

One of the important practical changes made after the training concerned the collection of sputum samples. Three of the health facilities required patients to deliver sputum samples to the laboratory on three consecutive mornings for the diagnosis of TB. This requirement was not in line with national guidelines for TB diagnosis. Following the training, two of the three health facilities agreed to alter their practice and to adhere to the national procedure for sputum collection, which is a spot-morning-spot scheme. In this way, delays in TB diagnosis were reduced.

In addition to changing certain managerial and administrative procedures, some of the health facilities mobilized their own resources to implement both major and minor renovations.

Akaki Health Center is one such facility. The TB IC training included a visit to the Geda Health Center in Adama Oromiya, a model TB clinic renovated with assistance of TB CARE I.

Following the training, the Akaki facility undertook renovations based on what staff learned from the visit to the model clinic. Ato Desalegn Merja, head of Akaki Health Center, who participated in the training said:

“We have taken lessons on what to improve and how to intervene in our facilities by visiting Geda Health Center during the training. We were able to renovate the general outpatient department waiting area, walkway, card rooms, triage rooms, and TB room by allocating budget from our own resources. We believe that the renovated waiting area, card rooms, triage rooms, and TB room will be attractive and safe places to work in and stay for staff and clients, which undoubtedly brings a decline in TB transmission in health facilities.”



The renovated waiting area, card room, and triage rooms with walkway at Akaki Health center

Programmatic Management of Drug Resistant TB (PMDT)

Lead Partner- KNCV

MDR treatment sites have reached to three hospitals over the past years, increasing the coverage of the service by growing number of patients even outside the capital city. This was helpful for FMOH, which aims to significantly increase the access by patients in all regions of the nation. TBCARE's support in this regard was comprehensive including provision of supplies, capacity building, patient support system and related programmatic support, which all help to assure quality of care.

Technical Outcomes

Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline (Year or timeframe)	Target	Result	Comments
					Y2	Y2	
4.1	Improved treatment success of MDR TB	4.1.1 Number of MDR cases put on treatment	Indicator Value: Number Numerator: The number of MDR patients put on treatment disaggregated by gender and type of patient (new or previously treated)	150,2011	300,2012	150	Payment of Second Line Drugs for 150 MDR TB patients has been done to GDF by KNCV HQ , first shipment is expected to arrive in December 2012.
		4.1.2 MDR TB patients who are still on treatment and have a sputum culture conversion 6 months after starting MDR-TB treatment	Percent Numerator: Number of MDR TB patients in a cohort who are still on treatment and had culture conversion latest at month 6 (having had 2 negative sputum cultures taken one month apart and remained culture negative since) Denominator: Total number of MDR patients who started treatment in the cohort.	36.4% (31/85) 2011	55%, 2011	11.2% (7/62)	It was able to collect six month culture conversion result of 09 (07 negative; 02 positive) MDR TB patient of the total 62 patient started treatment in the calendar year, the result of 42 patients were unknown during the reporting period.

Key Achievements

Procurement of SLD for 150 MDR TB patients, first payment has been done to Global Drug Facility, first shipment is expected to arrive in December, 2012. TB CARE I also procured ancillary drugs for Gondar and ALERT MDR TB Sites and lab reagents for Gondar MDR TB site. Besides, it procured Vitamin B-6 50mg (pyridoxine HCl) tab 10,173 of 1000 tablets.

TB CARE I also supported the MDR Sites through procurement of medical equipment and supplies: 23,850 pieces of surgical mask & 4750 pieces N-95 procured and being distributed to the sites.

MDR TB training for 138 (M=81 & F=57) health care workers working in MDR TB sites and follow up health centers.

600 staffs of Gondar University hospital and 80 support staffs of ALERT center oriented on MDR TB with full support of TB CARE I.

TB CARE I participated in readiness assessment and potential sites identification visit for MDR activity at Oromiya region conducted in Adama, Jimma and Nekemt Zones of found in Oromiya regional health Bureau.

Supported regular catchment area meeting of MDR TB sites found in Addis Ababa.

KNCV International consultant provided technical assistance and participated in visits conducted to identify potential MDR TB treatment and follow up centers in Adama, Jimma and Nekemt Zones of found in Oromiya regional health Bureau.

TB CARE I supported monthly transportation allowance of 30 MDR TB patients who were admitted in ALERT hospital and now being treated as ambulatory patients, covers the cost of all follow up laboratory investigation of the patients for the tests which are not available at hospital, and has covered the house rent of 4 patients based on the house assessment of individual patient done by the hospital MDR TB management team.

TB CARE I supported the national PMDT expansion scale up consultative workshop, where a total of 62 (M=51; F=11) participants from NTP, Regions and partner organizations have participated. The meeting was a good opportunity for the regions to exercise their regional plan for the expansion of MDR TB service for the year 2012- 2015.

Challenges and Next Steps

Timely getting of culture result is still a problem for MDR TB patients. TB CARE I will try to bridge the gap by building the capacity of the Regional laboratories selected for TB culture service by procuring the necessary supplies and equipment in APA3.

TB/HIV

Lead Partner- MSH

The TB/HIV support by TBCARE has been complementary to what PEPFAR funded partners have been doing. Most of the partners support health facility level activities while TBCARE's support had been mainly the programmatic.

Technical Outcomes

Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline (Year or timeframe)	Target Y2	Result Y2	Comments
5.1	Strengthened prevention of TB/HIV co-infection	5.1.1 New HIV patients treated for latent TB infection during reporting period	Percent Numerator: Total number of newly-diagnosed HIV-positive clients in whom active TB has been excluded who start (given at least one dose) treatment of latent TB infection. Denominator: Total number of newly-diagnosed HIV-positive clients.	21% (6636/31650) (2010)	80% (2015)	N/A	
5.3	Improved treatment of TB/HIV co-infection	5.3.1 Registered HIV infected TB patients receiving ART during TB treatment	Percent Numerator: All HIV-positive TB patients, registered over a given time period, who receive ART (are started on or continue previously initiated ART) Denominator: All HIV-positive TB patients registered over the same given time period.	39% (3823/9809) (2010)	100% (2015)	N/A	
		5.3.2 HIV-positive TB patients who receive CPT	Percent Numerator: Number of HIV-positive TB patients, registered over a given time period, who receive (given at least one dose) CPT during their TB treatment Denominator: Total number of HIV-positive TB patients registered over the same given time period.	69% (6723/9809) 2010	100% (2015)	N/A	See 5.3

Key Achievements

SOP on TB case detection being piloted for a year period in west Arsi ZHD. Evaluation will be done in first quarter of APA3 and the finding of this intervention will serve as a baseline to scale up to other regions of the county.

TB CARE I with full participation of its technical staff supported the revision and development of national TBL and TB/HIV guideline and training material.

Supported national TBL and TB/HIV TOTs training of the national TB program, a total of 46 participants (M=33; F=13) from 11 regions participated. The participants of this training are expected to cascade the training to health care workers in their respective region and TB CARE I will continue the support of regions in APA3.

TB CARE I supported orientation of 93 (M=41; F=52) HCWs on EH-RH regimen shift and group discussions conducted on DOT of Addis Ababa Region. Based on the findings suggestion and recommendations were forwarded and follow up of the health facilities will continue in APA3.

Quarterly follow up meetings Organized in three zones. Moreover, Meeting conducted with Amhara and Addis Ababa Regional Health Offices. Joint MOST for TB & MOST for TB HIV workshops planned in May 2012.

MOST for TB and MOST for TB/ HIV follow up workshops were held in Oromia region and in Amhara region. It was aimed to: follow up the MOST for TB Control and MOST for TB/HIV collaboration; recognize improvements and gaps; prioritize management components to be improved next year (July 2012-June 2013); prepare an Action Plan for strengthening TB Control Program; prepare an Action Plan for strengthening TB and HIV Programs Collaboration. In addition to TB CARE I country staffs, facilitation of these workshops were supported by MSH international consultant, Eluid Wondwalo.

Challenges and Next Steps:

National TB/HIV data is uncertain due to revision process of the HMIS formats & indicators. Moreover, the previous program based reporting formats is being phased out; and this created a gap in collecting quality data from respective regions. Therefore, NTP is still using the year 2010 TB/HIV data for reference; TB CARE I also using this data to compile the report. TB CARE I through Technical working group will advocate the national HMIS to initiate use of the new indicators.

Health System Strengthening (HSS)

The importance for Health system strengthening has been acknowledged significantly especially in Ethiopia because of the health system reform which centers on highly integrated approach. TBCARE's support on HSS has been oriented ensuring that TB control program benefits from strong health system and also contributes for its effectiveness.

Technical Outcomes

Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline (Year or timeframe)	Target	Result	Comments
					Y2	Y2	
6.1	TB control is embedded as a priority within the national health strategies and plans, with matching domestic financing and supported by the engagement of partners	6.1.1 TB care and control strategic plan embedded within national health strategies, including quantifiable indicators and budget allocations	Yes/No	No(2011)	Yes (2012)	Yes	

Key Achievements

Two week international technical assistance provided on how to make a health system scan & identify gaps using the WHO's Health system tool. Thus, Health System Strengthening (HSS) scan exercise workshop was conducted in Oromiya region where a total of 31(M=26 & F= 05) individuals have participated. Major gaps of the health system were identified and an action plan developed, to address the identified gaps. Follow up of Oromiya RHB on progress / implementation of action items outlined during the workshop, couldn't be done due to several competing priorities. TB CARE I has a plan to continue the follow up of this activity in APA3.

TB CARE I in its ACSM activities supported regular weekly TB message broadcasting for half an hour through FM 98.1. Further through TB media forum, TB CARE I supported the Panel discussions with various congregate settings (elementary & high schools, universities, cinema & theatre houses, transport sector)

TB CARE I also sponsored and technically assisted world TB day (WAD) commemoration.

TB CARE I supported revision of national checklist for joint supportive supervision of FMOH.

Challenges and Next Steps

Follow up of HSS is on progress. Implementation of action items outlined during the workshop couldn't be done due to several competing priorities of at the regional health bureau. TB CARE I has Plan to continue its support for the region in APA3. Like previous years, the support for Media form & Radio program on TB will continue and will expand to other regions of the country.

Monitoring & Evaluation, Surveillance and OR

In light of an integrated health system in place in Ethiopia, the health management information system (HMIS) remains the sole approach for information collection, reporting and analysis. TB CARE has been supporting MOH to help TB data management get the required level of attention within the HMIS, through TB specific capacity building and system strengthening. OR has won a good initiative in APA2, to be further systematized and scaled up in APA-2b, and APA3.

Technical Outcomes

Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline (Year or timeframe)	Target Y2	Result Y2	Comments
7.3	Improved capacity of NTPs to perform operations research	7.3.1. OR studies completed and results incorporated into national policy/guidelines	Number (of OR studies and instances reported separately)	1(2011)	2(2012)	1	
		7.3.2. Number of NTP staff trained on OR	Number Numerator: Number Denominator :	0(2011)	25(2012)	15	
7.2	Improved capacity of NTPs to analyze and use quality data for the management of the TB program	7.2.3. A data quality audit at central level has been conducted within the last 6 months	Yes/No	No(2011)	Yes(2012)	No	

Key Achievements

Armauer Hanson Research institution (AHRI) in collaboration with TB CARE I with technical support of KNCV HQ completed an operational research on TB Patient cost. TB CARE I also provided technical and financial support to three researches titled: epidemiology of pulmonary Tuberculosis in northwest Ethiopia; MDR-TB patient's survival assessment and IPT impact on the incidence of TB disease. Besides, five operational researches on TB have started in collaboration with TRAC/AHRI and activities on progress.

A framework on national OR strategy drafted with support of international technical assistance and planned for implementation in the first quarter of APA 3.

The seventh TB Research Advisory Committee (TRAC) conference was held March 21- 23, 2012 and TB CARE I provided technical and financial assistance for this event including organizing a satellite session on Operational Research priority setting.

TB CARE I sponsored operational search and ethics training and a total of 15(M=13;F=2) individuals were attended this training.

The National TB prevalence survey field operation was successfully completed on 25th of June 2011after a 12 months long year field work. Its final result dissemination workshop was conducted in December 2011and TB CARE I sponsored this event in addition to technical and financial support provided during the survey. TB CARE I was awarded a certificate of recognition for its exemplary partnership.

TB CARE I supported revision, development and printing of new recording and reporting formats for MDR TB program and supported development of electronic data base for MDR TB service.

TB CARE I supported training on use of TB information for decision making. A total of 30(M=21; F=9) regional TB focal persons from 11 regions of the country were attended the training.

Challenges and Next Steps

The HMIS has its own tool to assess the data quality of all health programs in the country but due to other competing priorities; it was not possible to conduct as per their plan. TB CARE I has a plan to improve the scale to work with them in APA3.

Drug supply and management

The FMOH follows an integrated pharmaceutical logistic management (IPLS) whereby all commodities are forecasted, quantified, procured, stored and distributed in one channel. TBCARE has been supporting FMOH for ensuring the quality of anti-TB drug supply management within the integrated system.

Technical Outcomes

Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline (Year or timeframe)	Target	Result	Comments
					Y2	Y2	
8.1	Ensured nationwide systems for a sustainable supply of anti-TB drugs	8.1.1 Quarterly national stock information available	Number (as months of stock for FLDs and SLDs separately)	N/A (2011)	6-12 for FLDs (2012)	6-12 for FLDs (2012)	System in place, regular (every two month) national stock information available for decision makers.
		8.1.2 Updated SOPs for selection, quantification, procurement, and management of TB medicines available	Yes/No	No (2011)	Yes (2012)	Yes	

Key Achievements

TB CARE I supported four joint supportive supervision in Adama, Gulele, and Hawassa regional Hubs and West Arsi zones and 97 health facilities were supervised and assessed on the level of Integrated Pharmaceutical Logistics System (IPLS) implementation with especially emphasis on DSM of TB drugs and its channel of distribution. Based on the findings appropriate intervention had taken place.

Training on Basic of TB & TB/HIV was given to 59 (M=47; F=12) PFSA staff.

A training on TB DSM was provided to 31 (M= 22; F=9) pharmacy professional from 29 MDR TB treatment and follow up sites.

Challenges and Next Steps

No major challenge and TB CARE I will continue its support in APA3