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**TB CARE I**

# **Ghana**

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

**October 28th, 2011**

## Quarterly Overview

<b>Reporting Country</b>	<b>Ghana</b>
<b>Lead Partner</b>	<b>MSH</b>
<b>Collaborating Partners</b>	<b>KNCV, WHO</b>
<b>Date Report Sent</b>	28 October 2011
<b>From</b>	Rhehab Chimzizi, TB CARE I Country Manager
<b>To</b>	Dr Felix Osei-Sarpong, TB CARE I Activity Manager
<b>Reporting Period</b>	<b>July-September 2011</b>

<b>Technical Areas</b>	<b>% Completion</b>
1. Universal and Early Access	89%
2. Laboratories	100%
5. TB/HIV	58%
6. Health Systems Strengthening	94%
7. M&E, OR and Surveillance	77%
<b>Overall work plan completion</b>	<b>84%</b>

### Most Significant Achievements

1. In an effort to addressing the NTP's key challenge of the low TB case detection, TB CARE I supported the NTP to conduct a Trainer of Trainers (TOT) Workshop for Health Care Workers who will serve as trainers in their respective regions and districts for the implementation of the SOPs for TB case detection. The key deliverable for the TOT was the development of action plans for the implementation of the SOPs for TB case detection in all the regions. During this meeting it came clear that although Ghana achieved 100% DOTS coverage in 2005, based on anecdotal information provided by Regional TB Coordinators public health facility DOTS coverage was about 50% and as a result of this all the regions were tasked to conduct a TB situation analysis to assess the true DOTS coverage for Ghana. It was also recommended that in order to standardize TB control service across the country the National TB guidelines should be developed and disseminated. This has been included in the TB CARE 1 FY 12 (APA 2) work plan.
2. TB CARE I provided technical assistance to the NTP through a senior consultant from the WHO Regional Office for Africa (Dr. Daniel Kibuga). The consultant supported the NTP in developing a practical road map for scaling up PPM DOTS in Ghana . This road map will be implemented within the context of the Global Found Round 10 Grant.
3. Within the context of the Health Systems Strengthening (HSS) TB CARE I supported the Ghana Health Service to finalize the health Sector M&E plan. This support was provided knowing very well that contributing to the rolling out of a national health sector M&E plan, with the aim of improving data collection and data analysis quality, will in turn contribute to the strengthening of TB data since TB Control Services are integrated into the general health services.
4. Through periodic NTP reviews and routine TB programme monitoring and supervision TB data quality has been comprehensively documented as one of the challenges facing the NTP Ghana. During the quarter under review TB CARE I completed an analysis of the routine TB data from the Eastern Region for the purpose of identifying potential areas of errors and inconsistencies. Through this analysis several gaps in data quality were identified as follows: transcription errors, data incompleteness and misclassifications of various key TB data variables. There were also discrepancies between data at health facilities , the district, Region and the national level for the same cohort. These identified errors have been presented and discussed with the NTP Central Unit and in October a feed back meeting has been planned for the Eastern Region. In the FY 12 (APA 2) work plan TB CARE I will build capacity of the Health facility and District TB Coordinators in Eastern regional in data management based on these findings.
5. TB CARE I supported the NTP to conduct a mid year review meeting focusing on Monitoring and Evaluation for the purpose of assessing the progress of implementing the NTP work plan during the first 6 months of 2011 and review activities to be implemented during the remaining months of the year. The meeting also offered the opportunity for the NTP Central Unit to guide the regions on how to develop implementation plans that will utilize resources from the Global Fund Round 10 Grant. The NTP also

disseminated an outline of the budget proposal application form that the regions will be using to request funds from the Global Fund Round 10 grant.

6. The TB CARE I Country Manager (Rhehab Chimzizi) continued to serve as the Chair of the HIV-TB Oversight Committee of the CCM-Ghana. During the quarter under review Rhehab Chimzizi participated in the site visits to Principal Receipts (PRs) for the Global Fund Round 5 and 8 Grants. He also participated in the review of Progress Update and Disbursement Request (PUDR) and Dashboard and based on this review the HIV-TB oversight committee submitted a report to the main CCM main CCM Committee for action.

#### **Overall work plan implementation status**

The implementation of the TB CARE I FY 11 work plan started in March 2011 and at the moment over 80% of planned activities were successfully implemented.

#### **Technical and administrative challenges**

1. Though most activities have been completed, few activities will not be fully completed under APA 1 because additional \$200,000 will not be obligated to TB CARE I Ghana as originally planned. These will be included when implementing activities planned under APA 2 work plan

2. The TB CARE FY 11 work plan was developed in anticipation that the Global Fund Round 10 Grant will be signed and funds will become available for the comprehensive implementation of basic DOTS and other new approaches. However, to date the Grant signing has not taken place and this posed a challenge for TB CARE I to play its role of complementing the implementation of the interventions to be funded through the Global Fund Round 10 Grant.

## Quarterly Technical Outcome Report

	2010*	2011**
Number of MDR cases diagnosed	14	
Number of MDR cases put on treatment	2	1
* January - December 2010    ** January - June 2011		

### Technical Area 1. Universal and Early

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	TOT for TB prevention and care (focusing on TB case detection) for rolling out the national training plan	Number of health workers trained as TOTs for TB prevention and care	Health care workers with skills to train others (disaggregated by gender)	0	30	31 (21 male and 10 female)	A total of 31 clinicians made up of 21 male and 10 female participated in a TOT workshop which was conducted from July 4-6, 2011. A total of 8 participants were 8 HIV/ART Clinicians and 4 were Persons Living with HIV (PLHIV). The Key deliverable of the meeting was the development of the Regional Action plans for the implementation of SOPs of TB case detection. External Technical Assistance was provided by the Senior Consultants Dr, Pedro Suarez and Dr Eliud Wandwalo. The TB CARE I Manager, NTP Manager and the Deputy NTP Manager Co-facilitated the TOT ( <i>The group photograph for TOT participants is shown in figure one</i> ).	In order to know exact DOTS coverage in all the Public Health Facilities all Regional TB Coordinators were tasked to conduct TB situation analysis and data must be available to both the NTP Central Unit TB CARE I at least by end of October 2011

1.2	TA to develop an evaluation plan for on-going and new TB prevention and care intervention (focusing on TB case detection and interventions outlined in the GF Round 10 TB Proposal) provided	Short term technical assistance provided	Plan for evaluating TB prevention and care intervention available	No	Recommendations for evaluating TB control interventions provided to the NTP	Yes	During the mid-year review meeting that TB CARE I supported , Regions developed implementation plans that will utilize the Global Fund Round 10 Grant and within these Regional implementation plans monitoring and evaluation plan was also embedded to assess the implementation of the plans. External technical assistance was provided by Dr. Eveline Klinkenberg and Dr Samuel Kinyanjui. The Med-year review meeting was facilitated by the NTP, Manager, NTP Deputy Manager, NTP M&E Officer and the TB CARE I Country Manager. The Mid-Year review was also attended by the TB CARE I Activity Manager from the USAID/Ghana Mission. A total of 78 people participated in this review meeting that comprise 57 males and 21 females.	All Regional implementation plans to be submitted to the NTP Central Unitfor review and finalization
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Technical Area		2. Laboratories						
Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target	
2.1	Health workers trained as TB microscopists (smear preparation and examination)	Number of health workers trained as TB microscopists	Health workers with skills to perform smear preparation and examinations (disaggregated by gender)	0	20	23 ( 21 males and 2 were females)	TB sputum microscopists continue to implementation what they learnt during the training	In APA 2 the NTP and TB CARE I will conduct a monitoring mission to the Volta Region to assess the impact of the training particularly on the improved quality of sputum smear results

Technical Area		5. TB/HIV						
Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target	

5.1	TA to develop guidelines for intensified TB case finding among PLHIV provided	Short Term TA provided	Guidelines for intensified TB case finding available	First TA provided June 2010	TA provided and trip report available	Yes	Discussion with the NACP, NTP TB CARE I and the USAID mission was conducted and it was agreed that since the revised ART guidelines adequately address the TB screening among PLHIV, there was no need to develop specific TB screening guidelines, the USAID mission approved the use of these funds to print additional TB screening Algorithm among PLHIV.	50,000 TB Screening algorithm posters (25,000 for children and 25,000 for adults) printed and will be distributed initially to all 155 ART centers and the rest will be distributed to all HTC and PMTCT sites across the country. The use and impact of these TB screening algorithm will be assessed in eastern region and will be reported both to the NTP and NACP. <b>The two algorithms are shown in Fig. two)</b>
5.2	Tools for collecting TB screening data among PLHIV revised	Tools revised	Tools available and in use	NACP/NTP tools available	Data collection tool revised	Yes		
5.3	TB and ART clinic personnel and key PLHIV support group members trained as TOT for intensified TB case finding among PLHIV conducted	Number of health workers trained	20 Health care workers and 10 PLHIV with skills to train others (disaggregated by gender)	0	30	N/A		Activity modification requested based on the recommendations from NACP and this was approved by the USAID mission 50,000 TB screening algorithm printed and handed over to the NACP for distribution

Technical Area		6. Health Systems Strengthening				Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Y1			

6.1	HSS sub strategy and TB control training plan developed	HSS sub strategy and training plan developed	HSS sub strategy and plan to address HSS and training issues	No	Draft sub strategy available	Yes	As part of Health Systems Strengthening, TB CARE I funded and provided technical assistance to the finalization of the Ghana Health Services M&E Plan. This support was provided considering that TB Control Services in Ghana are integrated into the General Health Services and a strong GHS M&E plan will also strengthen the overall NTP M&E systems. External Technical assistance was provided by a Senior Consultant Dr. Bert Schreuder of KNCV and was assisted by the TB CARE I Country Manager). The Stakeholder meeting to review the Ghana Health Service M&E plan was conducted from September 6-8, 2011	The GHS M&E plan is expected to be completed before the end of the year and will have a clear operational plan
6.2	TA to identify and address leadership and management gaps for TB control provided	Short TA provided	NTP Central Unit staff mentored and coached in leadership and management	No	Gaps identified and listed in the trip report	Yes	A follow up MOST for TB Workshop for the NTP Central Unit was conducted from July 7-8, 2011 Dr. Pedro Suarez assisted by Alvaro Monroy and the TB CARE I country Manager provided technical assistance for mentoring and coaching NTP central unit staff and Regional TB coordinators in Leadership and Management. The key accomplished activity was the review of the status of implementation of the MOST for TB actions plans based on the five Management Components agreed in May 2010. During this follow up MOST for TB work shop it was observed that MOST of the Regional TB Coordinators were not fully conversant with the new technical policy and strategic decisions adopted by the NTP. This therefore called for the urgent finalization of the NTP TB Guidelines that will permit the standardization of TB Control Services across the Country	TB CARE I will continue to make follow up of the implementation of the MOST for TB action plans and by the end of the 2011, TB CARE I will ensure the NTP TB Guidelines are completed and submitted to the NTP for approval

6.3	The MOST for TB workshop conducted in one region and central Unit	Priority management components selected for improvements of TB control services	Number of priority TB management components for improving TB control services selected	5 five priority management components identified	5 priority TB Management components implemented	Not fully implemented	<p>Weak leadership and Management for TB Control was cited by the Regional Director of Health Services for the Eastern Region. As a result of this, TB CARE I conducted an initial MOST for TB Workshop in the Eastern region. A total of 33 participants ( 18 males and 15 females) attended this workshop. Participants were Senior Managers from the Eastern Region Health Directorate and all the District Directors of Health from all the 21 districts in the Eastern Region. During the workshop participants identified five priority management component components (1. Geographical and population coverage of DOTS, 2. Strategic Planning, 3. Staff training, 4. Monitoring and Evaluation, and 5. Community participation plan for TB control). Based on these five Management components action plans were developed for implementation during the next 12 months. The workshop was facilitated by Mr. Alavro Monroy and assisted by the TB CARE I Country Manager (Rhehab Chimzizi) from July 11-13, 2011. Through this process it was clear that the Eastern region had no clear idea as to how many public health facilities in the region provide DOTS services and all the District Directors of Health were tasked to conduct TB situation analysis in their respective districts. Preliminary results showed that out of the 451 public health and faith based health facilities 376 (83%) provide some form of DOTS services.</p>	Action plans will funded through the GF Round 10 Grant which is not yet signed
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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 Y1	Result Y1		
7.1	M&E Plan including plan for making better use of routine data for TB control revised	M&E plan with indicators and targets	M&E plan available	Draft	Final Draft of the M&E Plan available	The NTP M&E Plan finalized	Technical Assistance was provided by a senior Consultants (Eveline Klinkenberg) assisted by the TB CARE I Country Manager and the M&E Officer to review and updated the NTP M&E indicator framework. The review centered on to check whether the indicators in the draft M&E frame work were SMART. Suggestions for adjustments on some of the indicators were discussed in detail with the NTP. Suggestions were mainly on formulation of how to measure the indicator as well as to see whether the set targets were ambitious or not.	

7.2	One region (Eastern) prepared as pilot/model for data validation exercise and demonstration for better data use and monitor trends	Baseline data for case finding and for 2009 TB treatment outcomes	Baseline report	No	Baseline data available and compared with what was already reported to the national level	Final Report available	<p>Analysis of the Eastern Region demonstration data has been completed and shared with NTP. Key Findings from this analysis were:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Throughout incorrect use of district TB number, this is not used as a unique value as it was meant. Because of these results records between facility and district register could not easily be linked.</li> <li><input type="checkbox"/> Some facilities were using A4 sheets as their facility register and others too were not using the latest version of TB registers.</li> <li><input type="checkbox"/> Some Districts were using the same facility register as district register and other too were using district register as facility register.</li> <li><input type="checkbox"/> Differences in number of cases recorded between each administrative level (facility-district-region-national).</li> <li><input type="checkbox"/> Misclassification of smear positive and smear negative were identified. There was also misclassification of TB treatment regimen which was against the NTP policy.</li> <li><input type="checkbox"/> Some variables had high percent of missing variables (i.e. EPTB site, follow-up smear date &amp; result, outcome, CPT &amp; ART details)</li> <li><input type="checkbox"/> Some people were still on treatment even at moth five which in principle they were supposed to be put on retreatment regimen.</li> </ul>	The findings will also be discussed with Eastern Region Management. Based on these findings TB Coordinators in the Eastern region Will be trained on data management during the APA 2 work plan
7.3	Support for monitoring and evaluating TB control activities provided	Number of meetings and visits	Meeting and visit reports	0	2 review meetings supported and 3 monitoring and technical supervision conducted	2 review meetings and 3 monitoring and conducted	Mid year review meeting focusing on Monitoring and Evaluation was conducted from August 29-31, 2011. The key deliverable was the development of Regional implementation plans that will be funded through the Global Fund Round 10 Grant .	The Regional implementation plans will be submitted to the NTP Central Unit for final review and validation. Three support visites were conducted to Eastern, Brong Ahafo and Ashanti regions

## Quarterly Activity Plan Report

Outcomes	1. Universal and Early Access				Cumulative Completion	Planned		Cumulative Progress and Deliverables up-to-date
	Lead Partner	Approved Budget	Month	Year				
1.1 TOT for TB prevention and care (focusing on TB case detection) for rolling out the national training plan	1.1.1	Train health workers as TOTs for TB prevention and care in five regions	MSH	46.223	100%	Jul	2011	31 clinicians made up of 21 male and 10 female trained
	1.1.2	Develop TB prevention and care training implementation plan after the TOT	MSH		100%	Jul	2011	Evidence of action plans available in trip report of consultants
	1.1.3	Develop training impact assessments plan	MSH		50%	Jun	2011	Evidence of training impact assesment plan available in trip report. A plan to bring to
	1.1.4	Re-print SOPs for TB case detection and TB infection control to be used during training	MSH	5.750	100%	Jun	2011	1,000 SOPS printed
1.2 TA to develop an evaluation plan for on-going and new TB prevention and care intervention (focusing on TB case detection and interventions outlined in the GF Round 10 TB Proposal) provided	1.2.1	Review 1st and 2nd year work plan for GF Round 10 and extract TB prevention and care activities	MSH	962	100%	Aug	2011	Preparation for the TOT workshop included the review of the Global Fund Round 10 first and second yrea wrok plan
	1.2.2	Conduct stakeholder meeting to develop evaluation plan for TB control interventions	MSH	12.408	75%	Jun	2011	This was incorporated in the mid-year review meeting that was held in August 2011. This will be followed when the Global Fund Round 10 Grant has been signed
	1.2.3	Provide TA to develop PPM DOTS implementation plan	WHO	62.438	100%	Aug	2011	TA provided by Dr. Daniel Kibuga from WHO African Regional Headquarters in August. Debriefing PPT Slides and PPM Roadmap available
					89%			

Outcomes	2. Laboratories				Cumulative Completion	Planned		Cumulative Progress and Deliverables up-to-date
	Lead Partner	Approved Budget	Month	Year				
2.1 Health workers trained as TB microscopists (smear preparation and examination)	2.1.1	Train health workers in smear preparation and examination	MSH	11.958	100%	Jul	2011	23 (including 2 females) HCW trained in smear preparation and examination from Volta Region
					100%			

Outcomes	5. TB/HIV		Lead Partner	Approved Budget	Cumulative Completion	Planned		Cumulative Progress and Deliverables up-to-date
						Month	Year	
5.1 TA to develop guidelines for intensified TB case finding among PLHIV provided	5.1.1	Review global and local guidelines for intensified TB case finding among PLHIV	MSH	22.405	100%	Aug	2011	Activity modified as the Revised ART guidelines have taken on board TB screening guidelines among PLHIV. The ART guidelines were reviewed
	5.1.2	Conduct stakeholder meetings to provide comments to the draft guidelines	MSH	9.258	25%	Aug	2011	Activity modified - refer to 'technical outcome report' for TB/HIV for further information
5.2 Tools for collecting TB screening data among PLHIV revised	5.2.1	Revise tools for collecting TB screening data among PLHIV	MSH		50%	Jul	2011	Activity modified - refer to 'technical outcome report' for TB/HIV for further information
	5.2.2	Print algorithms for TB screening among PLHIV	MSH	6.900	100%	Sep	2011	Printing of the algorithm for TB screening among PLHIV
5.3 TB and ART clinic personnel and key PLHIV support group members trained as TOT for intensified TB case finding	5.3.1	Train health workers as TOTs for intensified TB case finding among PLHIV from five regions ( 6 participants per region)	MSH	25.536	50%	Sep	2011	activity modified and approved by the USAID Mission. Part of this budget has gone towards printing additional TB screening Algorithm. TB CARE I will assess the impact of these algorithms in increasing TB case detection
	5.3.2	Develop training plan for intensified TB case finding activities in Eastern region	MSH		25%	Sep	2011	Activity modified - refer to 'technical outcome report' for TB/HIV for further information. The NACP has been requested to share with TB CARE I the distribution of TB screening algorithms
					58%			

Outcomes	6. Health Systems Strengthening		Lead Partner	Approved Budget	Cumulative Completion	Planned		Cumulative Progress and Deliverables up-to-date
						Month	Year	
6.1 HSS sub strategy and TB control training plan developed	6.1.1	Conduct HSS national workshop with stakeholders	MSH	16.358	100%	Sep	2011	HSS trip report by Dr. Bert Schreuder
	6.1.2	Conduct HSS national workshop with stakeholders	KNCV	32.489	100%	Sep	2011	HSS trip report by Dr. Bert Schreuder
	6.1.3	Meeting with key stakeholders	KNCV		100%	Sep	2011	HSS trip report by Dr. Bert Schreuder
	6.1.4	Write HSS and training sub strategy and plan	KNCV		50%	Sep	2011	HSS trip report by Dr. Bert Schreuder. Operational plan for the Health Sector M&E Plan will be completed before the end of 2011. Dr. Bert Shreuder will make follow visits during APA 2
	6.1.5	Backstopping at KNCV head office	KNCV	4.813	100%	Aug	2011	HSS trip report by Dr. Bert Schreuder

6.2 TA to identify and address leadership and management gaps for TB control provided	<b>6.2.1</b>	Conduct consultations with NTP central unit staff on leadership and management issues	MSH	35.463	100%	Mar	2011	Dr. Pedro Suarez Trip report
	<b>6.2.2</b>	Mentor and coach NTP central unit Program Officers on leadership and management	MSH	24.009	100%	Jul	2011	Dr. Pedro Suarez Trip report
6.3 The MOST for TB workshop conducted in one region	<b>6.3.1</b>	Conduct MOST for TB workshops (initial and follow up)	MSH	70.034	100%	Jul	2011	Trip reports for follow up Most for TB and initial MOST for TB workshops for NTP Central Unit and Eastern region Respectively

94%

## 7. M&E, OR and Surveillance

Outcomes	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 M&E Plan including plan for making better use of routine data for TB control revised	<b>7.1.1</b>	Develop/review M&E plan with clear indicators and targets	MSH	15.860	75%	May	2011	Trip report for Dr. Eveline Klinkenberg and the M&E plan available. The TB CARE I Country Manager and M&E Officer will continue to work with the NTP to review indicators that are not SMART
	<b>7.1.2</b>	Develop/review M&E plan with clear indicators and targets	KNCV	30.729	75%	May	2011	Trip report for Dr. Eveline Klinkenberg and the M&E plan available
	<b>7.1.3</b>	Use of the revised M&E plan piloted in the Eastern region	MSH	11.748	0%	Sep	2011	This is being planned in Eastern region during the month of November 2011 under APA 2. It
	<b>7.1.4</b>	Use of the revised M&E plan piloted in the Eastern region	KNCV		0%	Sep	2011	Planned in October 2011
7.2 One region (Eastern) prepared as pilot/model for data validation exercise and demonstration for better data use and monitor trends	<b>7.2.1</b>	Collect baseline data on TB case finding and treatment outcome in the Eastern region	MSH	11.032	100%	May	2011	Data analysis report available
	<b>7.2.2</b>	Develop implementation plan for better use of TB data	KNCV	19.299	100%	May	2011	Evidence of implementation plan available in trip report for Dr. Eveline Klinkenberg
	<b>7.2.3</b>	Identify data validation sites in Eastern region	KNCV		100%	Aug	2011	All the 74 TB treatment sites in Eastern region identified as data validation sites

7.3 Support for monitoring and evaluating TB control activities provided	<b>7.3.1</b>	Conduct technical supervision and monitoring visits to the regions	MSH	10.980	 100%	Sep	2011	Three (3) monitoring visits to Eastern, Ashanti and Brong Ahafo Regions conducted. Reports available
	<b>7.3.2</b>	Support bi-annual NTP central unit/regional meeting focusing on improving data quality	MSH	44.578	 100%	Aug	2011	Bi-annual NTP central unit/regional meeting focusing on M&E conducted from August 29-31, 2011
		Support bi-annual NTP central unit/regional meeting focusing on improving data quality	KNCV		 100%	Aug	2011	Bi-annual NTP central unit/regional meeting focusing on M&E conducted from August 29-31, 2011
	<b>7.3.4</b>	Participate in the 42nd Union conference in Lille, France	MSH	10.466	 50%			Registration for NTP Official and TB CARE Country manager done and visa to France secured. The TB CARE I Country Manager and the NTP Official are set to leave for Lille on October 24, 2011
	<b>7.3.5</b>	Support one regional review quarterly meeting in Eastern region	MSH	5.869	 100%	Apr	2011	Review meeting conducted in Eastern Region in April 2011
	<b>7.3.6</b>	Participate in the National Launch of the 2011 World TB Day in Borng Ahafo region	MSH	1.544	 100%	Mar	2011	The TB CARE I Country Manager (Rhehab Chimzizi) participated in the National Launch of the World TB Day
					 <b>77%</b>			

## Quarterly Activity Plan Modifications

<b>Request for adding a new activity</b>										
<b>Approved By (write dates)</b>			<b>Old Code</b>	<b>5. TB/HIV Activities from the Work Plan</b>	<b>Lead Partner</b>	<b>Remaining Budget</b>	<b>New Code</b>	<b>Replace with the following</b>	<b>Lead Partner</b>	<b>Proposed Budget*</b>
<b>Mission</b>	<b>PMU</b>	<b>USAID</b>								
		9-9-2011	5.3.1	Reprogramming of 50% of the funds from activity (5.3.1) to increase the number of Algorithms for screening TB among PLHIVs in both Children and adults as already planned in activity 5.2.1. This was per guidance and approval from the USAID Mission and the NACP as beneficiary	MSH	12.674				

\* Detailed budget is attached

<b>Request for Postponement of Activities to Next Year</b>						
<b>Approved By (write dates)</b>			<b>Old Code</b>	<b>7. M&amp;E, OR and Surveillance Activities from the Work Plan</b>	<b>Lead Partner</b>	<b>Remaining Budget</b>
<b>Mission</b>	<b>PMU</b>	<b>USAID</b>				
			7.1.3	Use of the revised M&E plan piloted in the Eastern region	MSH	11.748

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

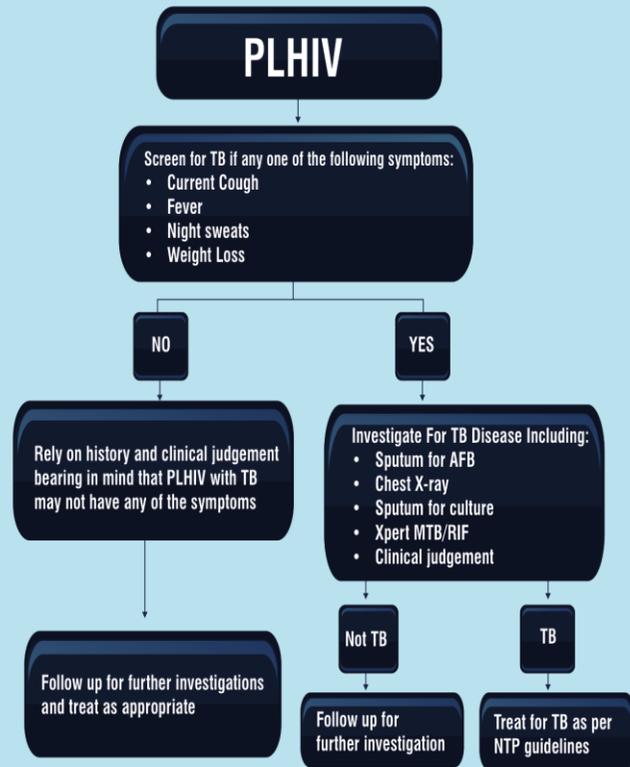


Quarterly Photos (as well as tables, charts and other relevant materials)

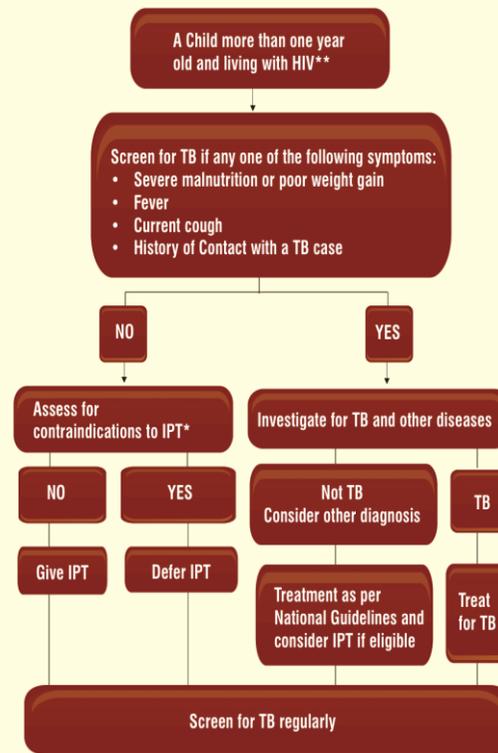


Figure one: Group photograph of participants to the Trainer of Trainers (TOT) Workshop for rolling out the implementation of the SOPs for TB case detection.

# ALGORITHM FOR TB SCREENING IN ADULT PERSONS LIVING WITH HIV (PLHIV)



# ALGORITHM FOR DIAGNOSIS OF TUBERCULOSIS IN CHILDREN LIVING WITH HIV



**\*\* Diagnosis of TB in children is difficult. Include all available evidence in the assessment, e.g.**

- Careful history
- Clinical exam (including growth assessment)
- And, as available:**
- Tuberculin skin test
- Chest x-ray
- Sputum smear microscopy, per expectation and/or sputum induction
- Lymph node biopsy
- Gastric aspirate
- Xpert MTB/RIF

**\*NOTE:**  
Isoniazid Preventive Therapy (IPT) to be given to children under the age of 5 years who are contacts of pulmonary TB cases after excluding active disease as well as children living with HIV regardless of age or to infants and children with exposure to an adult with active TB disease. The dose of INH is 10mg/kg