



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

# Ghana

**Year 1  
Quarterly Report  
April - June 2011**

**July 29th, 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>	
<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>April-June 2011</b>

<b>Technical Areas</b>	<b>% Completion</b>
1. Universal and Early Access	39%
2. Laboratories	100%
5. TB/HIV	4%
6. Health Systems Strengthening	28%
7. M&E, OR and Surveillance	60%
<b>Overall work plan completion</b>	<b>46%</b>

### Most Significant Achievements

1. The new Monitoring and Evaluation Officer (Bismarck Owusu Adusei) officially reported for duties on April 18 and successfully completed a period of orientation
2. The USAID Mission met the NTP Manager on May 24, 2011 to officially introduce the TB CARE I Project and during the same meeting the USAID Officials handed over a letter of information to the NTP Manager which outlines TB CARE I's principle role and key strategic areas of focus during the life of the project
3. The TB CARE I Country Manager (Rhehab Chimzizi) was selected to be a member of the HIV-TB Oversight Committee of the Ghana Global Fund Country Coordinating Mechanism (CCM). He was subsequently elected as the chairperson of the HIV-TB oversight committee. This is in line with the roles of TB CARE I as stipulated in the USAID letter of information to the NTP
4. The NTP approved all the external Technical Assistance missions that are outlined in the year one (1) TB CARE I work plan. As per the NTPs guidance all the schedule TA missions have been uploaded into the TBTEAM Website
5. The Monitoring and Evaluation external technical assistance provided by Eveline Klinkenberg and Claire Moodie was successfully completed
6. 23 (including 2 females) from Volta Region successfully completed a five day training on smear sputum microscopy preparation and examination

### Overall work plan implementation status

The quarter under review saw considerable progress for the implementation of approved activities which increased from 12% to 46%. This means that by end of September 30, 2011 at least over 90% of the activities will be implemented

### Technical and administrative challenges

1. According to the guidance from the USAID mission, one of the key principle roles for TB CARE I is to ensure the NTP implements the interventions outlined in the Global Fund Round 10 Proposal in a coordinated fashion and that these interventions yield the largest impact. However, the grant signing has not taken place and this role has not fully commenced, though TB CARE I is involved in establishing a solid foundation for the implementation of the GF Round 10 Grant
2. Under the technical Area number five (5)-(TB-HIV guidelines for intensified TB case finding) were to be developed. However, on further discussions with the NACP Manager, he indicated that there is no need to develop separate guidelines as TB screening activities are outlined in the revised ART guidelines for Ghana. He proposed that part of these funds could be used for printing TB screening algorithm for use in districts with high HIV rates such Lower Manya Krobo in the Eastern Region.

## 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 Access						
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	All materials for the training were developed. The date and venue of the TOT has been identified. The TOT will be conducted from July 4 to 6, 2011 at Forest Hotel in Dodowa, Greater Accra Region. Dr Pedro Suarez and Dr Eliud Wandwalo will be the lead facilitators.	a) Participants to the TOT will include HIV/ART clinicians and PLHIVs registered with the National Association of HIV and AIDS for Ghana (NA+Ghana). This is to ensure that TB screening among PLHIV is a key activity in increasing TB case detection in Ghana, b)The draft NTP guidelines reviewed and the final guidelines will be ready during the first quarter of Year 2 work plan. The guidelines will ensure that TB control services are standardized across the country and will be aligned with the interventions outlined in GF R10 Tuberculosis Project	All participants have received their invitation letters and have confirmed their participation

<b>1.2</b>	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	TB CARE I Manager and the NTP Manager agreed that this will be under the Technical Area number 7 (M&E, OR and Surveillance). This was started during the TA visit by Dr. Pedro Suarez in March 2011	It has been agreed that since the first objective of the Global Round 10 Proposal aims at increasing TB case detection the evaluation plan will focus on evaluating the impact of implementing SOPs for TB case detection	This activity will be included in the M&E external Technical Assistance mission planned for the week of 22 August 2011 and in the action plans to be developed by participants of the TOT
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<b>Technical Area</b>		<b>2. Laboratories</b>						
<b>Expected Outcomes</b>	<b>Outcome Indicators</b>	<b>Indicator Definition</b>	<b>Baseline</b>	<b>Target</b>	<b>Result</b>	<b>Highlights of the Quarter</b>	<b>Challenges and Next Steps to Reach the Target</b>	
				<b>Y1</b>	<b>Y1</b>			
<b>2.1</b>	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 (2 were females) trained in smear preparation and examination	The focus of the training was on quality of smear preparation and examination so to increase sputum smear positive pick up rate and reduce false negative smear results	TB CARE I will support monitoring visit to Volta Region to assess whether the training produced expected results

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

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	The NACP has indicated that the revised ART guidelines include TB screening among PLHIV and therefore there is no need to develop separate guidelines for this	The NACP Manager proposed that part of the funds for this activity should be used to print new algorithm for suspecting TB among PLHIV to be posted in some of the consultations' rooms in districts with high HIV rates	The TB CARE I Country Manager has written the USAID Mission requesting activity plan modification. Final approval is yet to be received. TB screening among PLHIV guidelines will also be included in the TB guidelines for Ghana to be developed during the year two (2) work plan for TB CARE I
5.2	Tools for collecting TB screening data among PLHIV revised	Tools revised	Tools available and in use	NACP/NT P tools available	Data collection tool revised			
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			

<b>Technical Area</b>		<b>6. Health Systems Strengtheni</b>						
<b>Expected Outcomes</b>	<b>Outcome Indicators</b>	<b>Indicator Definition</b>	<b>Baseline</b>	<b>Target</b>	<b>Result</b>	<b>Highlights of the Quarter</b>	<b>Challenges and Next Steps to Reach the Target</b>	
				<b>Y1</b>	<b>Y1</b>			
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	Draft Scope of work for the external Technical Assistance for this mission has been developed and negotiations with the MOH/GHS officials started	Dr. Bert Schreuder from KNCV is the consultant to undertake this mission during the first week of September 2011	

<b>6.2</b>	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	Action plans for the MOST for TB workshop conducted in May 2010 were reviewed and complied to be discussed during the follow up MOST workshop on July 7-8, 2011	Invitations letters for the follow up MOST for TB workshop have been sent out to all participants and everyone has confirmed his/her participation	The follow up MOST for TB workshop is scheduled to take place on July 7-8, 2011
<b>6.3</b>	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	The date for the MOST for TB workshop has been agreed to be July 11-13, 2011. Dr Pedro Suarez and Mr. Alvaro Monroy will be the lead facilitators and will be assisted by Rhehab Chimzizi ( TB CARE I Country Manager). USAID has already provided concurrence for the two consultants	All the 30 participants have already received invitations and have confirmed their participation. Participants have also received the MOST for TB document for them to read before the meeting	Participants will be Senior Management team members of the Regional Health Directorate in Eastern Region and District Directors of Health from all the 21 districts in Eastern region

<b>Technical Area</b>		<b>7. M&amp;E, OR and Surveillance</b>						
<b>Expected Outcomes</b>	<b>Outcome Indicators</b>	<b>Indicator Definition</b>	<b>Baseline</b>	<b>Target</b>	<b>Result</b>	<b>Highlights of the Quarter</b>	<b>Challenges and Next Steps to Reach the Target</b>	
				<b>Y1</b>	<b>Y1</b>			
<b>7.1</b>	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	75% of the M&E Plan developed during the STTA mission by Eveline Klinkenberg and Claire Moodie	The draft M&E Plan reviewed and gaps identified by Eveline Klinkenberg and Claire Moodie using MESST. TB CARE I and the NTP are currently completing the M&E Plan based on the recommendations made by the two external consultants	A final M&E Plan is expected to be reviewed during the M&E Review meeting to take place from August 23-25, 2011

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	Data collection and entry completed	Preliminary data analysis performed during the data cleaning exercise has revealed inadequacy in data quality and inconsistency between the District Treatment register and Health Facility TB treatment Register	Full data analysis will be performed in July and a draft report will be ready by August 19, 2011. The final report will be finalized by September 30, 2011
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	One (1) quarterly review meeting in Eastern region conducted. Three (3) monitoring and supervision visits conducted in Eastern, Ashanti and Brong Ahafo Region	The highlights of the findings of the monitoring and supervision visits include: a) TB case detection in health facilities not systematically organized, b) there are a number of facilities with high initial defaulters due to the fact that the number of smear positives TB patients in the lab register are not routinely compared with those who have actually started TB treatment, c) Most of the facilities not implementing early start of ART among HIV positive TB patients hence low uptake of ART among HIV positive TB patients	The systematic organization of TB case detection in health facilities will be highlighted in the TOT reported technical area number one (1). The challenges identified during monitoring visits will also be discussed during the TB CARE I/NTP bi-annual review meeting that will be conducted during the week of August 22, 2011

## Quarterly Activity Plan Report

Outcomes	1. Universal and Early Access			Approved Budget	Cumulative Completion	Planned		Cumulative Progress and Deliverables up-to-date
		Lead Partner				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	50%	Jul	2011	All preparations for this TOT has been completed and the only remaining activity is the actual TOT
	1.1.2	Develop TB prevention and care training implementation plan after the TOT	MSH		0%	Jul	2011	
	1.1.3	Develop training impact assessments plan	MSH		0%	Jun	2011	
	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	75%	Jun	2011	Two external technical assistance missions reviewed the Global Fund round 10 work plan
	1.2.2	Conduct stakeholder meeting to develop evaluation plan for TB control interventions	MSH	12.408	25%	Jun	2011	Preparation for the this meeting has started and it will be completed during the M&E review meeting to be held during the week of August 22, 2011
	1.2.3	Provide TA to develop PPM DOTS implementation plan	WHO	62.438	25%	Sep	2011	The external consultant has been identified. Dr Daniel Kibuga will provide technical assistance from August 7-13, 2011
					39%			

Outcomes	2. Laboratories			Approved Budget	Cumulative Completion	Planned		Cumulative Progress and Deliverables up-to-date
		Lead Partner				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
					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	25%	Aug	2011	Discussion with NACP Managers conducted on how to proceed with this activity
	5.1.2	Conduct stakeholder meetings to provide comments to the draft guidelines	MSH	9.258	0%	Aug	2011	
5.2 Tools for collecting TB screening data among PLHIV revised	5.2.1	Revise tools for collecting TB screening data among PLHIV	MSH		0%	Jul	2011	
	5.2.2	Print algorithms for TB screening among PLHIV	MSH	6.900	0%	Jul	2011	
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	0%	Sep	2011	
	5.3.2	Develop training plan for intensified TB case finding activities in Eastern region	MSH		0%	Sep	2011	
					4%			

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	25%	Sep	2011	Draft SOW developed
	6.1.2	Conduct HSS national workshop with stakeholders	KNCV	32.489	25%	Sep	2011	Discussions with GHS PPME officials started
	6.1.3	Meeting with key stakeholders	KNCV		0%	Sep	2011	
	6.1.4	Write HSS and training sub strategy and plan	KNCV		0%	Sep	2011	
	6.1.5	Backstopping at KNCV head office	KNCV	4.813	25%	Aug	2011	
6.2 TA to identify and address leadership and management gaps for TB control	6.2.1	Conduct consultations with NTP central unit staff on leadership and management issues	MSH	35.463	50%	Mar	2011	This is on going

for TB control provided	<b>6.2.2</b>	Mentor and coach NTP central unit Program Officers on leadership and management	MSH	24.009	50%	Jul	2011	This is on going
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	50%	Jul	2011	Preparation for follow up and initial MOST for TB completed and the two workshops scheduled to take place during the first and second week of July, 2011
					28%			

## 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	The draft M&E plan reviewed and gaps identified
	<b>7.1.2</b>	Develop/review M&E plan with clear indicators and targets	KNCV	30.729	75%	May	2011	The draft M&E plan reviewed and gaps identified
	<b>7.1.3</b>	Use of the revised M&E plan piloted in the Eastern region	MSH	11.748	0%	Sep	2011	
	<b>7.1.4</b>	Use of the revised M&E plan piloted in the Eastern region	KNCV		0%	Sep	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	Base line data from Eastern region Collected as as date entry. Data nalaysis in in progress
	<b>7.2.2</b>	Develop implementation plan for better use of TB data	KNCV	19.299	50%	May	2011	Routine Data audit tool developed by TB CAP piloted in Accra
	<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 valaidation 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 conducted

provided

<b>7.3.2</b>	Support bi-annual NTP central unit/regional meeting focusing on improving data quality	MSH	44.578	 25%	Aug	2011	Dates for the bi-annual review meeting approved by the NTP and list of participants being compiled. The meeting will take place on August 23-25, 2011
<b>7.3.3</b>	Support bi-annual NTP central unit/regional meeting focusing on improving data quality	KNCV		 25%	Aug	2011	Key topics to be discussed during the review meeting being compiled
<b>7.3.4</b>	Participate in the 42nd Union conference in Lille, France	MSH	10.466	 25%			The NTP nominated the Regional Director of Central Region to participate in the Union Conference
<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
<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>60%</b>			

## Quarterly Activity Plan Modifications

Request for Cancellation or Discontinuation of Activities										
Approved By (write dates)			Old Code	1. Universal and Early Access Activities from the Work Plan	Lead Partner	Remaining Budget	New Code	Replace with the following activity (if any)	Lead Partner	Proposed Budget*
Mission	PMU	USAID								
				{Copy from the work plan}						

\* Detailed budget is attached

Request for Postponement of Activities to Next Year						
Approved By (write dates)			Old Code	1. Universal and Early Access Activities from the Work Plan	Lead Partner	Remaining Budget
Mission	PMU	USAID				
				{Copy from the work plan}		

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

\* Detailed budget is attached

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



The Regional Director of Health-Volta Region (Middle) and the TB CARE I Country Manager (Rt) with the most improved participant of the sputum microscopy training



Microscopists busy during their practical session ( Sputum microscopy training)