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TB CARE I

TB CARE I - Ghana

**Year 2
Quarterly Report
October-December 2011**

January 30, 2012

Quarterly Overview

Reporting Country	Ghana
Lead Partner	MSH
Collaborating Partners	KNCV, WHO
Date Report Sent	30/01/2012
From	Rhehab Chimzizi, Country Director
To	Dr. Felix Osei-Sarpong, TB CARE I Activity Manager
Reporting Period	October-December 2011

Technical Areas	% Completion
1. Universal and Early Access	14%
2. Laboratories	25%
3. Infection Control	25%
5. TB/HIV	25%
6. Health Systems Strengthening	15%
7. M&E, OR and Surveillance	14%
Overall work plan completion	20%

Most Significant Achievements

1. As part of scaling up TB case detection activities, TB CARE I in collaboration with the NTP conducted a TB situation analysis through out the 10 Regions in Ghana to determine the true DOTS coverage with particular focus in the public sector. Preliminary results show that out of the 3,663 health facilities (public, private and faith based), 1,432 facilities provide some form of TB DOTS services representing a 39% health facility DOTS coverage. Out of the 2,918 health facilities in the public sector and faith-based health sector 1,300 (45%) provide DOTS services. Furthermore, out of the 670 laboratories in the public and private sector 282 (42%) provide smear microscopy services, representing one TB microscopy centre for every 85,106 people. There are 332 medical laboratories in the public sector and 229 (70%) provide smear microscopy services. Three (3) labs have the capacity to perform culture and DST and two of these laboratories are in one city (Accra). Table one shows preliminary report of the TB situation analysis. (*see table one*)

2. The TB CARE I M&E Officer continued to support the NTP in analyzing quarterly data received from all 10 regions. During the quarter under review he completed analyzing the July-September 2011 quarter and the results show that 4,058 TB (all forms) were notified that is almost the same as the first and second quarter TB case finding figures of 4,057 and 4,051 respectively. Out of the 4,058 TB cases notified during the third quarter of 2011, females constitute 1,539 (38%) and children under the age of 15 years were 228 (6%). Figure one shows a detailed overview of TB cases notified during the first three quarters (January-September) of 2011.

3. To fully understand how TB case detection activities are organized in the Eastern region, TB CARE I conducted monitoring visits to six hospitals that report higher numbers of TB cases in the region. The results show that in 2010 a total of 809,711 OPD clients accessed care in these facilities and as low as 3,260 (0.40%) TB suspects had their sputum samples examined and 422 (13%) were smear positive cases. Since all these six hospitals were not using TB suspect registers, it was impossible to determine the number of the OPD attendees that met TB suspects criteria. Out of the 422 documented smear positive cases 241 (57%) had their 5 months follow up smears done and 10 (4%) did not convert. A total of 922 HIV positive individuals were registered with the HIV clinics in these six hospitals; 616 (67%) were screened for TB and 218 (35%) were diagnosed with active TB. This means that not all PLHIVs are screened for TB. The TB screening algorithm that was printed and handed over to the National AIDS Control Program to be distributed to all the ART clinics is aimed at improving TB case finding among PLHIVs (*see figure 2*). None of the six hospitals had a TB Infection Control plan. The identified short falls are being addressed in the APA 2 work plan and systematic organization of health facilities TB case detection will remain the highest priority of TB CARE I in subsequent work plans. Furthermore, TB CARE I has supported the update of the TB screening tool that will be used in all health facilities across the country.

4. Quarterly TB review meetings are essential elements of a well functioning NTP. On December 16, 2011, the TB CARE I Country Director, TB CARE I M&E Officer and the NTP Head of the M&E participated in the quarterly review meeting for Eastern Region for the purpose of assessing how the region conducts its review meetings. The TB CARE I team found that the review meeting mainly focused on powerpoint presentations by district TB coordinators and no practical sessions were held to permit for validation of data presented. The TB CARE I Country Director presented these observations to the NTP Manager and provided practical suggestions for conducting effective TB review meetings. The NTP Manager tasked the TB CARE I Country Director to draft a memo to be circulated to all the regions instructing them how the TB review meetings should be conducted.

One of the key features in the memo is to ensure that all TB coordinators should be bringing with them to each quarterly TB review meeting ;TB Registers and quarterly case finding report forms and TB treatment outcome report forms to permit for data validation through register swaps as well as to use these review meetings as part of building capacity in Data management at peripheral level.

5. The TB CARE I Country Director and the TB CARE I M&E Officer played a vital role in supporting the NTP in reviewing and updating TB Prevalence Survey Forms. The Ghana TB Prevalence survey is scheduled to be launched in April 2012.

6. As the NTP is preparing commencing the programmatic Management of Drug Resistance TB, the TB CARE I Country Director and the TB CARE I M&E Officer supported the NTP in reviewing the MDR-TB surveillance forms. The Forms have since been finalized and they are ready for printing.

Overall work plan implementation status

The overall work plan implementation at the end of the quarter was at 20%. There was some delays in the commencement of the implementation of planned activities because the work plan budget ceiling was reduced from \$1million to \$800,000 and some time was spent in deciding which activities to cut hence the delay in receiving final approval. Furthermore, the delay in signing the Global Fund Round 10 TB Grant equally affected the early start of implementation as other TB CARE I activities are linked to this Grant

Technical and administrative challenges

1. Initial FY 12PA 2 work plan was developed with a \$ 1 million ceiling, but this was later reduced to \$800,000 and this posed a challenge in deciding which activity budget line to cut.

2. TB CARE I complements the resources that the NTP receives from the Global Fund to Fight AIDS, Tuberculosis and Malaria and the delay in signing the Global Fund Round 10 Grant equally affected TB CARE I activities. The Round 10 was finally signed at the end of December 2011 and the first tranche of funds are awaited.

In-country Global Fund status and update

1. The Global Fund Round 10 TB Grant was signed at the end of December 2011. The budget for the first phase of the Grant is \$31,779,698. The NTP has subsequently submitted the first disbursement request and the first tranche of funds is expected soon.

2. In the light of the new development at the Global Fund Secretariat that resulted into the cancellation of the Round 11 and subsequent rounds until 2014, Ghana CCM hosted a one-day CCM Stakeholders Forum on Thursday December 15, 2011. The aim of this stakeholder meeting was for the CCM to receive updates from the main principal recipients (PRs) of the existing Grants that included the NTP. The PRs were briefed about the decision of the Global Fund Board meeting that took place in Accra in November, 2011. The CCM reiterated that all PRs should now focus on high impact interventions and essential prevention, treatment and care services. The TB CARE I Country Director actively participated in this meeting and the meeting was also attended by senior USAID Mission Officials.

3. The TB CARE I Country Director continued to chair the HIV-TB Oversight Committee of the Ghana CCM and during the quarter under review he led a team that conducted a site visit to the one of the PRs (

Quarterly Technical Outcome Report

Technical Area		1. Universal and Early Access				Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes	Outcome Indicators	Baseline		Target				
		Data	Year	Data	Year			
1.1 Increased demand for and use of high quality TB services and improve the satisfaction with TB services provided (Population/Patient Centered Approach)	1.1.1 Smear positive notified TB cases in Eastern Region increase by 10% relative to 2010 figure Indicator Value: Percent Level: Regional Source: NTP/TB CARE I Means of Verification: Annual report Numerator: Number of SS+ TB cases notified in 2012. Denominator: Number of SS+ TB cases notified in 2010					689	1. Initial visits to six big hospitals that report higher figures of TB cases in the Eastern region has been undertaken. The results clearly shows that TB case detection activities are not systematically organized, 2. TB situation analysis to determine the exact health facility DOTS coverage in all the 10 regions of Ghana including Eastern region conducted and preliminary report ready and shown in Table One. This information will be useful for scaling up TB case detection interventions in the region Comments on Y1 Result : From January to September 2011 a total of 689 smear positive cases were detected in the Eastern region. This is the year TB CARE I did not provide much support to the Eastern region in the area of TB case	Five districts have been identified where TB case detection will be optimized. Training of health care workers will start in February. On site training will be advocated for as opposed to the traditional method of hotel-based training. Training will include TB screening in PLHIV and TB Infection Control
		1,045	2010	1,150	2012			
1.2 Increased quality of TB services delivered among all care providers (Supply)	1.2.2 National TB guidelines developed and printed Indicator Value: Number of guidelines printed Level: National Source: NTP/TB CARE I Means of Verification: TB guidelines printed and distributed	0	2010	1000	2012	Draft	The outline of the draft NTP guidelines has been systematically reviewed by the TB CARE I Country Director and the MSH TB Director (Dr Pedro Suarez) and the Country Director is currently completing the first draft after carefully reviewing other existing NTP technical guidelines, new approaches and new TB diagnostic technologies.	It is expected that a meeting to receive comments from stakeholders will be undertaken between March and April 2012

1.3 Reduced patient and service delivery delays (Timing)	1.3.2 Provider Delay Indicator Value: Number (of days or weeks)	Not available	2010	Report available	2012		The TB situation analysis report to determine the exact health facilities TB DOTS coverage in the Eastern region is complete and this has provided useful information to identify DOTS centre where patients and providers delays will be assessed	The main health facilities that have both TB diagnostic and TB treatment capacity are being selected in consultation with the Eastern Region Health management Team. A short protocol and simple questionnaire for data collection will be developed
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Technical Area 2. Laboratories

Expected Outcomes	Outcome Indicators	Baseline		Target		Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year			
2.1 Ensured capacity, availability and quality of laboratory testing in country needed to support the diagnosis and monitoring of TB patients	2.1.2 Laboratories (public sector) with working internal and external quality assurance programs for tests that they provide smear microscopy Indicator Value: Percent Numerator: Number of laboratories enrolled in EQA program meeting description above in Eastern region. Denominator: All laboratories (Eastern region) that perform one or more of the above TB diagnostics.	30	2011	30	2012	24	The TB CARE I Country Director has conducted discussion with the Eastern Regional TB Laboratory Supervisor in finding effective ways to collect this information that includes supporting the TB lab Supervisor conduct QA monitoring visits in all the main microscopy centers Comments on the Y1 Result: the TB laboratory supervisor in the Eastern region without support from TB CARE I visited 24 microscopy centre to conduct QA and all of them had 100% concordance	It is been agreed that during the training of microscopists all participants will bring slides that are kept for blind rechecking for the laboratory supervisor to re-examine them. The Training will be conducted at the Koforidua Regional Hospital to allow for adequate time for practical sessions. Collection and submission of sputum samples for culture for all smear positive TB patients that do not convert at month 5 will be prioritized during the training.

Technical Area 3. Infection Control

Expected Outcomes	Outcome Indicators	Baseline		Target		Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year			
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 Indicator Value: Number of HCWs with TB disease notified to the NTP	7	2009	?	2012		During the TB quarterly Review meeting held on December 16, 2011, in the Eastern, TB CARE I, NTP and The Eastern Region Deputy Director Public urged all the TB coordinators to start reporting on Health workers who have been diagnosed with active TB disease	Ghana has been selected to field-test the HCW TB Guide for monitoring TB disease among HCW through a CORE Project and an external TA mission is planned for April, 2012

Technical Area 5. TB/HIV								
Expected Outcomes	Outcome Indicators	Baseline		Target		Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year			
5.2 Improved diagnosis of TB/HIV co-infection	5.2.1 HIV-positive patients who were screened for TB in HIV ART clinics in the 28 ART sites Eastern Region Indicator Value: Percent Numerator: Number of HIV-positive clients screened for TB at ART clinics Denominator: Total number of HIV-s	Not known with exactines	2011	>90%	2012		The first monitoring visits to Eastern Region has revealed that not all PLHIV registers in the HIV clinics are screened for TB. The TB screening algorithm among PLHIV has been handed over to the NACP and they are being distributed to all ART clinics	TB screening among PLHIV will be part of the training agenda for clinicians and nurses and all monitoring and supervision visits to health facilities information on TB screening among PLHIV will be systematically collected

Technical Area 6. Health Systems Strengthening								
Expected Outcomes	Outcome Indicators	Baseline		Target		Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year			
6.1 Ensured that TB control is embedded as a priority within the national health strategies and plans, with commensurate domestic financing and supported by the engagement of partners	6.1.4 TB CARE I Country Manager participates in CCM quarterly meetings and HIV-TB Oversight committee including site visit to PRs Value: Number	6	2011	10	2012	4	The TB CARE I Country Director as the chairperson of the HIV-TB Oversight Committee of the Ghana CCM led a team that conducted oversight visit to the Ghana AIDS Commission which is a PR for the Round 8 HIV GF Grant. On December 15, 2011 the Country Director also actively participated in the Ghana CCM Stakeholder Holder meeting where TB, AIDS and Programs presented updates on the existing grants and the CCM briefed the gathering about the Global Fund Decision that led to the cancellation of the Round 11 application and all PRs were strongly advised to focus on high impact intervention <i>Comment of Y1 Result: the TB CARE I Country Director lead a team of members of the HIV-TB oversight committee of the Ghana CCM that conducted site visit to 4 PRs (NTP, NACP, PPAG and ADRA)</i>	

6.2 TB control components (drug supply and management, laboratories, community care, HRD and M&E) formed integral part of national plans, strategies and service delivery of these components	6.2.1 The operational plan for M&E Plan for the Health Sector (GHS) finalized Indicator Value: report Level: National Source: GHS/ TB CARE I Means of Verification: Operational plan available	No	2010	Yes	2012	The Ghana Health Service M&E Plan has been completed and it is going through an approval process	Dr. Bert Schreuder will provide TA to the GHS to provide strategic guidance on how to effectively operationalize the plan. Dates of the STTA visit has not yet been agreed
	6.2.2 Training impact assessment conducted and results disseminated" Indicator value: yes/no" Indicator Value: report Level: National Source: NTP / TB CARE I Means of Verification: report available	No	2010	Yes	2012	Through support from the home office, four CVs for potential Training Impact consultants were submitted to the NTP Manager for him to select a consultant that best suits the scope of work (SOW). The Country Director Discussed with the NTP Manager and his observation was that while the CVs were impressive all of them do not have TB related training	The NTP Manager suggested the names of Ineke Huitema. Ineke was contacted and she has accepted to provide this TA in April 2012

Technical Area 7. M&E, OR and Surveillance

Expected Outcomes	Outcome Indicators	Baseline		Target		Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year			
7.1 Strengthened TB surveillance	7.1.3 Surveillance data are internally consistent Indicator Value: % (per quarter) Numerator: # of complete reports received from DOTS clinics/quarter in one calendar year in Eastern region. Denominator: Total #of DOTS clinics in the Eastern region.	No	2011	100%	2012		Reports from DOTS centers will be review during quarterly review meetings. One review has already taken place and TB CARE I has suggested to the NTP the way review meetings should be conducted and it is suggested that review meetings should always include practical session that will include Registers swaps between TB coordinators to serve as data validation exercise	TB CARE I will fund one Regional Review meeting to take place either in March or April in the Eastern region. The focus will be to review TB case finding data for the entire 2011, TB treatment outcome for 2010 and TB-HIV data for 2011 and review stocks for TB medicine and lab reagents and supplies
7.2 Improved capacity of NTPs to analyze and use quality data for management of the TB program	7.2.3 A data quality audit at central level has been conducted within the last 6 months Indicator Value: Yes/No	Yes	2011	Yes	2012		The Rapid Data Quality Assessment has been adopted to the Ghana local situation and it has been piloted in some DOTS centers in Accra	This tool will be further implemented in Eastern Region

7.3 Improved capacity of NTPs to perform operational research	7.3.1 OR studies completed and results incorporated into national policy/guidelines Indicator Value: Number (of OR studies and instances reported separately)	1	2011	1	2012	1	A protocol on assessing provider delays is being drafted. <i>Comments on Y1 Results: Operational results to identify potential areas of data inaccuracies and inconsistencies conducted and findings discussed with the NTP Central Unit and the Eastern region Management Team and TB coordinators</i>	The results of operational research conducted in year one has resulted into the NTP and TB CARE I in releasing a memo to all the regions guiding them how the Regional Quarterly review meetings should be conducted. All Quarterly reviews will have practical session that will include TB registers swaps among TB coordinators as part of data validation exercise
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Quarterly Activity Plan Report

1. Universal and Early Access			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
1.1 Increased demand for and use of high quality TB services and improve the satisfaction with TB services provided (Population/Patient Centered Approach)	1.1.1	Clinicians trained in TB case detection interventions	MSH	22,080	 25%	Mar	2012	Initial meeting with the Regional Director of Health Services for the Eastern region took place. The aim of the meeting was to identify hospitals where hospital based TB case detection will be focused. While in the Eastern Region the TB CARE I Country Director AND the M&E Officer participated in the Regional quarterly TB review meeting. At this meeting some short falls about how the review meetings are conducted were observed and suggestions for improving further review meetings were discussed with both the NTP Manager and the Regional Director of Health Services in the Eastern region. One key suggestion is that all review meetings should have practical sessions that include TB register swaps by TB coordinators as part of building data management capacity and permit for data validation. Visits to six hospitals have been conducted to have a clear picture how TB case detection activities are organized in these hospitals
	1.1.2	Nurses trained in TB case detection interventions	MSH		 25%	Mar	2012	See 1.1.1
	1.1.3	Consensus meeting to finalize the posters/job aids for TB case detection	MSH	3,400	 0%			Due to limited budget this activity awaits the time when the NTP will start receiving the Funds from from the Global Fund. The allocated budget is for printing of job aids to be distributed in the selected hospitals in the Eastern region that will be used as demonstration sites for best practice in the organization of TB case detection
	1.1.4	1000 posters/job aids for TB case detection printed and distributed	MSH		 0%			See 1.1.3

	1.1.5	Mid-Year NTP Review meeting supported (with focus on assessing the progress of implementing action plan for increasing TB case detection)	MSH	43,844	0%	Aug	2012	This meeting is scheduled for the month of August, 2012	
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date	
1.2 Increased quality of TB services delivered among all care providers (Supply)	1.2.1	Institutional TB Coordinators trained in recording and reporting for TB control activities with emphasis to TB case detection intervention	MSH	19,311	25%	Jun	2012	Number of health facilities that provide DOTS services in the Eastern is now known and 25 TB coordinators from the the big hospitals will be trained in data management skills and collecting data to assess patients and provider delays	
	1.2.2	Stakeholder consensus meeting conducted for the finalization of the TB National Guidelines	MSH	32,385	25%	Apr	2012	The outline of the draft NTP guidelines has been reviewed by the TB CARE I Country Director and the MSH TB Director (Dr Pedro Suarez) and the Country Director is currently completing the first draft after carefully reviewing other existing NTP technical guidelines and new approaches and technologies	
	1.2.3	National TB guidelines printed	MSH		0%	Jun	2012	Drafting of the guidelines progressing well	
	1.2.4	20 Regional coordinators trained in operationalization of PPM DOTS guidelines	WHO	15,498	0%	Jun	2012	The WHO NPO has started consulting the AFRO HQ requesting Dr. Daniel Kibuga to co-facilitate the training on PPM DOTS	
	1.2.5	30 participants from the private health facilities trained on the implementation of PPM DOTS	WHO		0%	Jun	2012	See 1.2.4	
	1.2.6	Demonstrating activities for Improving TB case detection	MSH	3,490	25%	Mar	2012	The TB CARE I Country Director has already started discussions with the NTP Manager on the forthcoming World TB Day Launch. The TB CARE I Team has already started preparing for materials to demonstrate during the World TB Day National Launch	
	1.2.7	Demonstrating activities for Improving TB case detection	MSH		25%	Mar	2012		
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date	
1.3 Reduced patient and service delivery delays (Timing)	1.3.1	Provider delays to TB care assessed	KNCV	15,161	25%	Jun	2012	Linked to 1.2.1 activity	
	1.3.2	Health facilities coordinators trained in collecting data on provider delays	MSH		25%	Jun	2012	Linked to 1.2.1 activity	
					14%				

2. Laboratories			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
2.1 Ensured capacity, availability and quality of laboratory testing in country needed to support the diagnosis and monitoring of TB patients	2.1.1	TB lab staff in Eastern Region trained	MSH		25%	Jun	2012	Through the TB situation analysis the number of laboratories performing sputum microscopy are now known and coordinators from selected smear microscopy sites will be trained in activities aimed at improving TB case detection, Quality assurance for microscopy, infection control and proper recording and reporting
	2.1.2	Follow up, document and support implementation of SOPs for case detection at regional level	MSH	3,396	25%	Sep	2012	This activity will continue to be implemented throughout the work plan period and monitoring visits conducted to the six hospitals in the Eastern region as reported above is part of this activity
					25%			

3. Infection Control			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
3.3 Strengthened TB IC Monitoring & Measurement	3.3.1	15 clinicians trained in TB infection Control	MSH		25%	Mar	2012	This is being implemented within the framework of activity number 1.1.1 and 1.1.2
	3.3.2	15 Nurses trained in TB Infection Control	MSH		25%	Mar	2012	This is being implemented within the framework of activity number 1.1.1 and 1.1.2
	3.3.3	25 Institutional TB Coordinators trained in TB infection Control	MSH		25%	Jun	2012	This is being implemented within the framework of activity number 1.2.1
					25%			

5. TB/HIV			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
5.2 Improved diagnosis of TB/HIV co-infection	5.2.1	15 clinicians trained in TB screening among PLHIV	MSH		25%	Mar	2012	This is being implemented within the framework of 1.1.1 and 1.1.2
	5.2.2	15 Nurses trained in TB screening among PLHIV	MSH		25%	Mar	2012	This is being implemented within the framework of 1.1.1 and 1.1.2

	5.2.3	25 Institutional TB Coordinators trained in reporting of TB screening among PLHIV activities	MSH		25%	Jun	2012	This is being implemented within the framework of 1.2.1
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25%

6. Health Systems Strengthening			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
6.1 Ensured that TB control is embedded as a priority within the national health strategies and plans, with commensurate domestic financing and supported by the engagement of partners	6.1.1	Follow-up MOST for TB workshop conducted	MSH	19,276	0%	Feb	2012	This workshop is scheduled to be conducted between January and February 2012
	6.1.2	TA for leadership and management provided	MSH	20,484	0%			This is part of building leadership and Management skills to NTP programme Officers and it will be provided by Dr. Pedro Suarez
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
6.2 TB control components (drug supply and management, laboratories, community care, HRD and M&E) formed	6.2.1	Operationalization of the M&E Plan for the Ghana Health Service developed and TB Insurance discussed	KNCV	28,281	25%	Sep	2012	The Ghana Health M&E Plan has been finalized and is undergoing an approval process
	6.2.2	Operationalization of the M&E Plan for the Ghana Health Service developed and TB Insurance discussed	MSH	19,476	25%	Sep	2012	The Ghana Health M&E Plan has been finalized and is undergoing an approval process

formed integral part of national plans, strategies and service delivery of these components	6.2.3	Training Impact Assessment Conducted	MSH	13,913	25%	Jun	2012	Through the MSH home office 4 CVs has been presented to the NTP Manager for him to select the best consultant that best suits the Scope of work. His response to the four CVs he has reviewed he has the view that none of the consultants have some experience in TB related training and he has suggested two names (Mustapha and Ineke)
						15%		

7. M&E, OR and Surveillance								
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
7.1 Strengthened TB surveillance	7.1.1	Monitoring and supervision to Eastern Region Conducted	MSH	19,250	25%	Sep	2012	The first monitoring and supervision visit to Eastern Regiona was conducted in November
	7.1.2	Review meetings conducted	MSH		0%	Apr	2012	
	7.1.3	Regional TB quarterly review meetings in the Eastern Region supported	MSH	14,938	0%	Mar	2012	
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
7.2 Improved capacity of NTPs to analyze and use quality data for management of the TB program	7.2.1	A data quality audit at central level has been conducted within the last 6 months	KNCV	15,161	0%	Sep	2012	
	7.2.2	A data quality audit at central level has been conducted within the last 6 months	MSH		25%	Sep	2012	The TB CARE I M&E Officer is now providing Technical Assistance to the M&E Unit of the NTP as part of demonstrating systematic data analysis as well as helping the NTP in conducting data validation exercises using a Rapid Data Quality Assessment tool. This part of building the capacity of the NTP staff in data management.
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
7.3 Improved capacity of NTPs to perform operational research	7.3.1	Improved capacity of NTPs to perform operational research	KNCV	11,720	25%	Jun	2012	This is linked to activity 1.2.1
	7.3.2	Improved capacity of NTPs to perform operational research	MSH		25%	Jun	2012	This is linked to activity 1.2.1
					14%			

Quarterly MDR-TB Report

Country	Ghana
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Period	October-December 2011
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MDR TB cases diagnosed and put on treatment in country

Quarter	Number of MDR cases diagnosed	Number of MDR cases put on treatment
Jan-Dec 2010	14	2
Jan-Sep 2011	9	0
Oct-Dec 2011	1	1
Total 2011	10	1

NOTE: (1) Three centres currently have the capacity to perform culture and DST. The other three centres operations were halted due to poor biosafety standards and work is on-going to make improvements on this (2) MDR-TB guidelines have been developed, MDR-TB surveillance have been developed and reviewed ready for printing (3) An order to procure second line TB Medicines to treat 20 MDR-TB patients has been pressed.

Quarterly GeneXpert Report

Country	Ghana
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Period	October-December 2011
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Table 1: GeneXpert instruments and cartridges procured or planned by quarter

	Procured			# still planned for procurement in APA 2	Month, Year procurement planned (i.e. April 2012)
	Jan-Sep 2011	Oct-Dec 2011	Jan-Dec 2011		
# GeneXpert Instruments	0	0	0	0	
# Cartridges	0	0	0	0	

Table 2: Cumulative List of GeneXpert Instruments Procured to Date or Planned in the Next Quarter

Already procured or still planned? (i.e. Write "Procured" or "Planned")	Instrument	# of Modules (1, 2, 4, or 16)	Location(s) (facility name & city/ province or TBD)	USG Funding Source (e.g., PEPFAR COP FYxx, USAID) ¹	Partner/ Implementing Organization; Additional Comments
	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				

¹ Differentiating between PEPFAR and USAID-funded is important. If it is PEPFAR funded, specify the fiscal year (i.e. FY2011). Add rows if there are more than 8 instruments in total.

Table 3: Cumulative Xpert MTB/RIF Cartridges Procured to Date or Planned for Next Quarter

Already procured or still planned? (i.e. Write "Procured" or "Planned")	Order #	# of Cartridges*	Location(s) (facility name and city/ province or TBD)	USG Funding Source (e.g., PEPFAR COP FYxx, USAID) ¹	Comments
	1				
	2				
	3				
	4				
	5				

*There are 10 cartridges per kit, but we need the total # of **cartridges** (not kits)
Add an additional row for every procurement order of cartridges

Any additional information/clarifications to the above (optional)

Please provide a brief description of any significant problems encountered in use of the GeneXpert machine(s) and Xpert MTB/RIF cartridges

Please describe technical assistance or evaluation of implementation activities performed and planned.

only)		0										
14	# of Medical Doctors	52	122	4	177	130	101	118	30	22	107	863
15	# Nurses	1499	1736	342	3040	2495	1571	1571	916	1159	2232	16561
16	# of Health assistants	431	739	74	475	337	423	533	303	116	258	3689
17	# of Medical Assistants	35	85	14	103	83	65	92	82	34	81	674
Sbu-Totals		2017	2682	434	3795	3045	2160	2314	1331	1331	2678	21787
18	# of Technical Officers	62	108	63	35	84	66	73	56	33	57	637
19	# of Field Technicians	54	121	31	46	100	64	77	80	42	75	690
20	# of Pharmacists	7	34	13	59	39	17	46	9	12	43	279
21	# of Pharmacy technicians	13	68	19	64	69	39	133	35	21	42	503
22	# of pharmacy assistants	35	56	6	31	73	42	61	13		43	360
23	Other Health Care workers	3041			1247		896	1060			957	7201
Sbu-Totals		3212	387	132	1482	365	1124	1450	193	108	1217	9670
LABORATORY SERVICES												
24	# of laboratories in the public Health sector	45	28	8	45	40	39	50	14	40	23	332
25	# of private medical laboratories	12	22	2	146	25	27	36	10	12	46	338
26		57	50	10	191	65	66	86	24	52	69	670
27	Sector)	32	25	10	24	30	23	32	16	15	22	229
28	Sector)	2	4	2	12	4	8	6	5	3	7	53
29		34	29	12	36	34	31	38	21	18	29	282
30	# of Laboratories providing TB Culture services	0	0	0	2	1	0	0	0	0	0	3
31	# of laboratories performing DST services	0	0	0	2	1	0	0	0	0	0	3
Sbu-Totals												
HUMAN RESOURCES IN LABORATORY SERVICES (GHS and CHAG)												
32	# of Biomedical Scientists in the Public sector	23	42	18	42	48	17	39	16	21	37	303

Figure One: Total TB cases notified (all forms) and Smear positives disaggregated by male and female (Quarter 1,2 and 3, 2011)

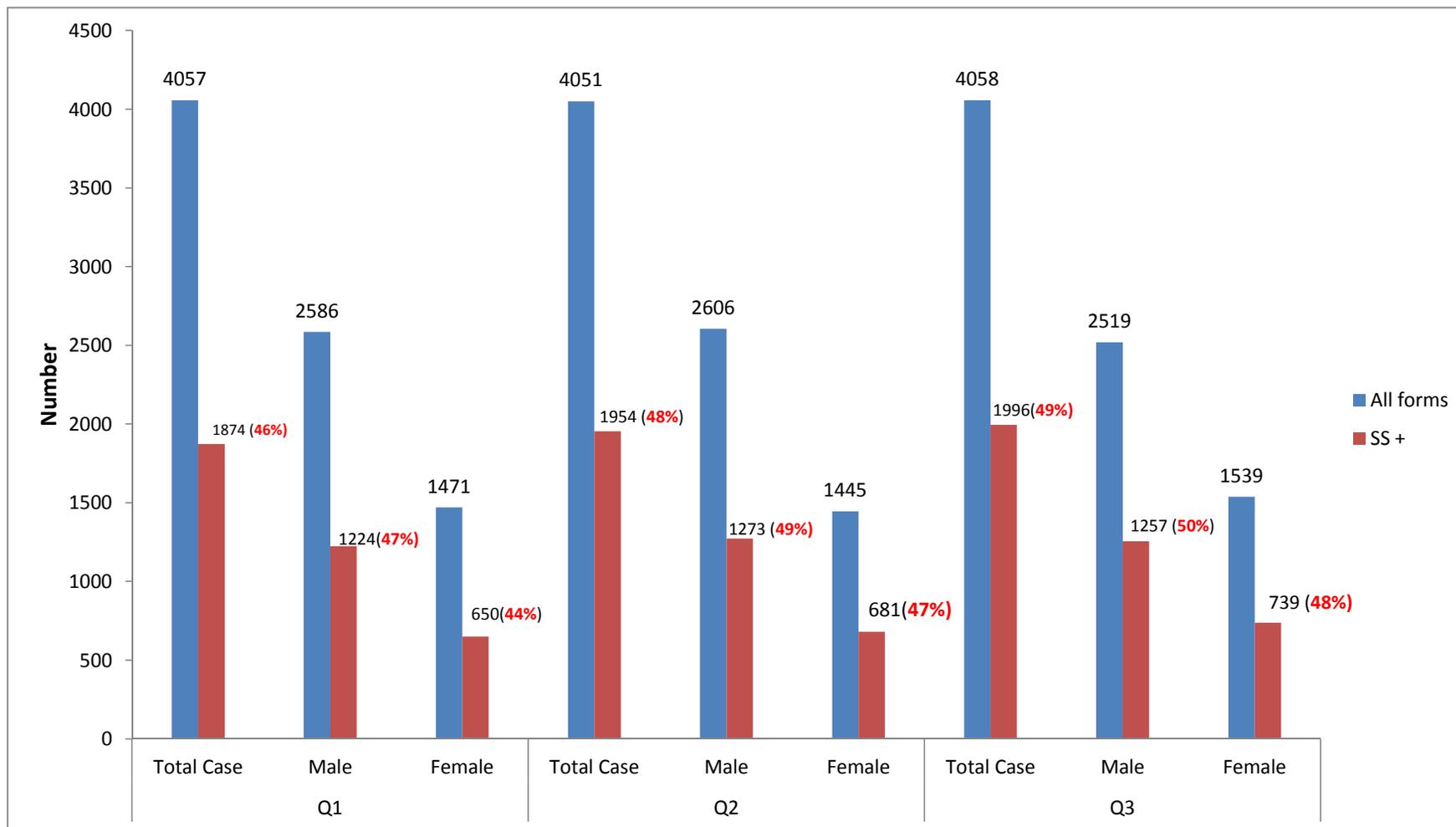




Figure 2: TB CARE I Country Director Handing Over the TB/HIV Screening Algorithm to the National AIDS Control Programme (NACP) Manager (Dr. Nii Akwei Addo) at NACP premises

Inventory List of Equipment - TB CARE I



USAID
FROM THE AMERICAN PEOPLE

TB CARE I

Organization:	TB CARE I
Country:	Ghana
Reporting period:	October-December 2011
Year:	APA 2

Description (1)	ID numbers (2)	Acquisition date (3)	Acquisition cost (4)	V.A.T (5)	Location (6)	Condition (7)	Disposition date (8)	Title held by (9)	Insurance Policy #
VEHICLE FORD EXPLORE	1FMEU73E38UA9252	April 17, 2009	\$34,000	EXEMPT	MSH Ghana	Good			Motor Comprehensive Insura
HP LASERJET PRINTER P2	CNBJP77837	May 30, 2008	\$478	CEPS DUTY	MSH Ghana	Good			
PHOTOCOPIER NASHUATE	L005119	November 12, 2008	GH¢ 4,548.83	VAT/NHIL	MSH Ghana	Fair			
CONFERENCE CHAIRS (4)		December 19, 2008	GH¢ 286	VAT/NHIL	MSH Ghana	Fair			
COMPUTER MONITOR	L005127	November 11, 2008	GH¢ 286	VAT/NHIL	MSH Ghana	Good			
COMPUTER MONITOR	L005131	November 11, 2009	GH¢ 574	VAT/NHIL	MSH Ghana	Fair			
CPU	L005126	November 11, 2008	GH¢ 1201.5	VAT/NHIL	MSH Ghana	Good			
CPU	L005130	November 11, 2009	GH¢ 1201.5	VAT/NHIL	MSH Ghana	Fair			
AIRCONDITIONER LG	L005125	November 11, 2008	GH¢ 969.90	VAT/NHIL	MSH Ghana	Good			
TELEVISION LG	8025YQT1Z820	November 11, 2008	GH¢ 524.27	VAT/NHIL	MSH Ghana	Good			
MICROWAVE	MB-3832E/01	November 11, 2008	GH¢ 140.77	VAT/NHIL	MSH Ghana	Good			
WATER DISPENSER		November 11, 2008	GH¢ 179.61	VAT/NHIL	MSH Ghana	Fair			
PHILIPS KETTLE	0814L1	November 11, 2008	GH¢ 41.75	VAT/NHIL	MSH Ghana	Fair			
OFFICE DESK (3)	L005133	November11, 2008	GH¢ 1,250	VAT/NHIL	MSH Ghana	Good			
CABINET (2)		November 11, 2008	GH¢ 790	VAT/NHIL	MSH Ghana	Good			
MANAGER'S CHAIR		November 11, 2008	GH¢ 335	VAT/NHIL	MSH Ghana	Bad			
OFFICE CHAIR (2)		November 11, 2008	GH¢ 400	VAT/NHIL	MSH Ghana	Good			
LCD PROJECTOR DX325	802DTJA01100	December 15, 2008	GH¢ 1,730	VAT/NHIL	MSH Ghana	Fair			
DINNING HALL TABLE		December 15, 2008	GH¢ 190	VAT/NHIL	MSH Ghana	Fair			
DINNING HALL CHAIRS (6)		December 15, 2008	GH¢ 270	VAT/NHIL	MSH Ghana	Fair			

- (1) Description of equipment: transportation (vehicles), administration (computers, faxes), laboratory equipment or others
- (2) Identification number (eg Manufacturer's serial number, model number, Federal stock number, national stock number)
- (3) Date of invoice
- (4) Total price including any sales tax paid. Use currency on invoice
- (5) Note any sales tax charged
- (6) Address
- (7) Good/fair or bad
- (8)+(9) Ultimate disposition data, (in the case of a vehicle) including date of disposal and sales price or the method used to determine current fair market value. where a recipient compensated TB CARE I for its share. Attach supplementary info