



USAID
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TB CARE I

TB CARE I - Ghana

**Year 2
Quarterly Report
April-June 2012**

July 30, 2012

Quarterly Overview

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

Technical Areas	% Completion
1. Universal and Early Access	66%
2. Laboratories	88%
3. Infection Control	75%
5. TB/HIV	67%
6. Health Systems Strengthening	65%
7. M&E, OR and Surveillance	61%
Overall work plan completion	70%

Most Significant Achievements

1. In response to addressing the general low TB case detection in Ghana and specifically in the Eastern Region USAID-TB CARE I has trained 123 health care workers (84 females and 49 males) in the implementation of hospital based intensified TB case finding. These health care workers were mainly drawn from the six big hospitals from the two districts of Kwaebibirim and Lower Manya Krobo in the Eastern Region. In order to have more health care workers trained, the training sessions took place in the respective districts using the on-job training approach. The training was based on the standard operating procedures (SOPs) for TB case detection. The hospital teams developed TB case detection mini plans with clear goals and targets as well as coming up with individual hospital TB teams chaired by a senior Medical Doctor. Participants were also oriented to completing the TB suspect register that are now placed in the main hospital departments including the outpatient department (OPD). During the first month (May 2012) of implementing hospital intensified TB case finding a total of 33,325 clients/patients were registered at the OPD in these six hospitals, 243 (7%) had their sputum examined and 30 (12%) were smear positive. During the first four months of 2012 (January to April) before staff were trained on average 175 TB suspects were examined for AFB and 21 were being notified as having smear positive TB a clear indication that these training activities have started bearing fruits. TB CARE I in collaboration with the NTP Central Unit, the Regional TB Coordinator for Eastern region is mentoring, coaching and supporting monthly monitoring and supervision as part of building capacity in conducting effecting supervision in these districts. The processes for introducing the hospital based TB case detection will be shared with all the other regions so that this become a national approach aimed increasing TB case detection (see Figures II, III and IV).

2. Quality assurance performance in most of the parameters of TB microscopy in the Eastern Region had decreased and within the context of increasing TB case detection in the region there was the need to train laboratory personnel in TB smear preparation and examination to enhance their skills and improve the quality of TB microscopy ultimately improving TB case detection in the region. USAID-TB CARE I thus supported the training of 24 microscopists (23 male and one female) one from each TB diagnostic center. In order to assess baseline performance of these TB diagnostic centers prior to this training, participants brought 15 slides for blind rechecking by TB laboratory supervisors. The results of the blind re-checking showed that general performance for the six main parameters in TB microscopy was just above average. The national target for performance in TB microscopy is 80% and this performance fell short of this target with a score of 61%. However, considering the individual parameters, staining quality of smears was good with an average of 83% . All other parameters were below the 80% target though there was an improvement in sputum quality (54%) compared to the 2011 third quarter EQA performance of 51%. There was also an improvement in performance for size (79%) and evenness (64%) of smears compared to the 2011 third quarter EQA where performance scores were 53% for size and 57% for evenness. In summary, it was only one hospital (St Dominic's hospital) that achieved a performance of 89% which is above the 80% target. TB CARE I will support the Regional TB laboratory Supervisors and the NTP Central Unit Laboratory Focal Point to monitor the quality of TB microscopy after the training (Fig I show participants practicing smear examination)

3. An STTA to validate the first draft of the TB guidelines for Ghana was successfully undertaken. The team that met to validate the TB guidelines comprised all NTP Central Unit staff, TB CARE I and WHO. The key observations were that some chapters and technical areas lacks clear objective and strategies as well as that in some instances specific activities are not outlined and no clear guidance as who will carry out those activities. It was also recommended that the TB guidelines should include the following areas: Integrating TB into the maternal, newborn and child health, urban DOTS and improve clinical care of TB patients concomitant diseases. The comments are being incorporated taking into considerations other existing guidelines/manuals and SOPs to assure standardization practices.

4. The Ghana National Tuberculosis Control Program (NTP) successfully applied for the Global Fund Round

10 Grant. The first phase of the grant has been signed and the portion of first tranche of funds has been received while the training budget has been withheld. One of the conditions precedent to finance training activities is to satisfy a number of conditions as part of the grant signing with the Global Fund. The Ghana NTP requested USAID--TBCARE I to assist the program in bringing to Ghana a consultant who will provide Technical assistance (TA) to work towards meeting these GF set conditions and to support capacity building of NTP staff in the field of quality training more specifically training needs assessment and monitoring and evaluation of training. The external Consultant mission by Marleen Heus has successfully been completed and the mission report has been submitted to the Global Fund Secretariat and it is hoped that the training budget will be unlocked and be obligated to the NTP permitting for a comprehensive implementation of the grant activities.

Overall work plan implementation status

Overall work plan completion status is at 70% and the remaining activities to be implemented in APA 2 plans have been developed and dates have also been blocked indicating when they are going to be conducted.

Technical and administrative challenges

1. The preliminary results of the hospital based TB case detection activities show an improved index of suspicion of a TB suspect and this has resulted into almost 100% increase of sputum samples being examined in the laboratory. The laboratory personnel have already registered concerns about the increased work load in the laboratory and potential of having poor quality of smear results if not addressed.
2. Due to inadequate TB diagnostics centers many TB suspects are referred to a distance TB diagnostic centers for sputum examination and when patients have smear positive results they are told to go back to TB treatment centers near their homes to start TB treatment and there is still no proper follow up mechanisms to check if these TB patients have reached their destinations and that they have started TB treatment.
3. Given that TB case finding data are collated and submitted to the regional level as lumped district report and not as a separate facility TB data, it is sometimes not easy to verify whether all health facilities that register TB patients for TB treatment have reported their monthly or quarterly data to the district for onward submission to the region and national level.
4. In one hospital (atua Government Hospital) where hospital Based TB case detection is being implemented doctors and clinicians are complaining that almost all sputum samples from PLHIVs are coming out negative indicative of the low sensitivity of the current ZN stain method. This is where the GeneXpert technology would be of great benefit, but the limited budget of TB CARE I cannot support the procurement of Xpert technology.
5. Due to the fact that TB CARE I activities are planned to complement the Global Fund Round 10 Grant the delay in receiving the training budget from the Global Fund Secretariat is equally affecting smooth implementation of TB CARE I approved activities.

In-country Global Fund status and update

1. TB CARE I HR Consultant mission report addressing conditions precedent for the Global Fund Round 10 Grant has been submitted to the Global Fund. It is hoped that this report will persuade the Global Fund to release the training budget to Ghana as no training is currently taking place and this is greatly affecting progress of implementing the grant activities as there are a lot of new approaches and TB diagnostics to be introduced, thus requiring training of staff. It is understood that Ghana is not getting the expedited responses from the Global Fund Secretariat because there is currently no substantive Fund Portfolio Manager for Ghana.

Quarterly Technical Outcome Report

Technical Area: 1. Universal and Early Access

Expected Outcomes	Outcome Indicators	Baseline		Target		Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the 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	1,045	2010	1,150	2012	886 (2011 cohort)	During the months of January to May 2012 a total of 113 smear positive TB cases were diagnosed in the six hospitals from two the districts that TB CARE I is supporting, however during the same period only 42 smear positive TB cases were registered in these six hospitals while the rest were referred to other hospitals	Due to inadequate number of TB diagnostic centers these six hospitals are diagnosing many SS+ cases but most of them are starting TB treatment in other districts and follow up to ensure that these SS+ have actually started TB treatment still needs to be worked out
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 first draft of the TB guidelines has been validated and comments being incorporated	The NTP has developed a number of manuals/guidelines and SOPs and the finalization of the TB guidelines is slow to make sure that all the NTP documents have consistent messages and strategies
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	Result due end of July	The strategic approach to assess provider delays has been developed and data will be collected from data recorded in the TB treatment register and results will be ready by end of July, 2012	

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 (100%)	2011	30	2012	80%	The general performance for the six main parameters in TB microscopy in these 24 centers is just above average. The national target for performance in TB microscopy is 80% and the region fell short of this target with a score of 61%. However, considering the individual parameters, staining quality of smears was good with an average of 83%. There was also an improvement in performance for size (79%) and evenness (64%) of smears compared to the 2011 third quarter EQA where performance scores were 53% for size and 57% for evenness.	The high TB laboratory staff turn over is affecting the performance of the TB microscopy

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	23 (for from 2 teaching hospitals for 2011 cohort)	Piloting the guide of active TB among health care workers has started and through this process it was revealed that 23 health care workers in the two teaching hospitals were diagnosed with active TB in 2011	Due to high TB stigma among health care workers, notifying of health care workers with TB is proving difficult

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-positive clients registered at the ART clinic.	Not known with exactness	2011	>90%	2012	104% from two districts	532 (104%) PLHIV were screened for TB out of the 510 registered in the ART clinics and 31 (6%) were diagnosed with active TB in the two districts where TB CARE I is supporting the implementation of hospital based TB case detection. This is data for the months of January to May 2012.	In the Eastern region there are only 28 ART sites and there are some districts with no ART site at all and this result into the PLHIVs from other districts accessing HIV care in another districts

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 continues to chair the HIV/TB over site committee of the Ghana CCM and so far (APA 2) he has chaired 2 meetings and led committee members to conduct 2 site visits to PRs for Round 8 and R10	The Training budget for the GF Round 10 TB Grant is still being held by the GF secretariat thus no training has taken place since the signing of the grant. The CCM has written to the Global Fund and the USAID mission has been requested to assist in following up with the Global Fund Secretariat
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 M&E plan for the health sector complete and more TB forms included in the HMIS. The external consultant planned to come in September to provide TA in developing the operational plan for the health sector M&E Plan	Results will be available after the STTA mission
	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	YES	Training Impact Assessment STTA mission successfully completed. The report submitted to the Global Fund secretariat for the purpose of unlocking the training budget being with held by the GF	The tool for assessing the training impact not yet developed. The current training curriculum does not fully address MDR-TB and Childhood TB (Planned for APA 3 work plan)

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	No complete results yet	Data validation continues to ensure that at the end of the calendar year complete data is collected for reporting	Data reported from the district to the regional level and from the region to the national does not include facility data and this makes it difficult to check if all DOTS centers are reporting TB data to the higher level
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	No complete results yet	Complete data quality audit is planned for the month of August	The delay in receiving the training budget from the Global Fund is affecting this indicator
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	One operational research on provider delay to be completed at the end of July, 2012. Data will be collected from health facility TB register to determine time from the submission of sputum to start of TB treatment	Missing dates in some variables will likely affect the results of this operational research

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	75%	Mar	2012	123 health care workers (84 females and 49 males) trained in hospital based TB case detection in six hospitals from two districts in the Eastern Region. (Participants included Medical Doctors, Nurses, Lab staff and Disease control officers as it was requested to combine these cadres)
	1.1.2	Nurses trained in TB case detection interventions	MSH		75%	Mar	2012	See 1.1.1
	1.1.3	Consensus meeting to finalize the posters/job aids for TB case detection	MSH	3.400	100%			Done within the framework of monitoring the implementation of hospital based TB case detection as monitoring visits included discussing messages needed for improving TB case detection
	1.1.4	1000 posters/job aids for TB case detection printed and distributed	MSH		75%			Final documents to be printed during the last quarter of APA 2
	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	25%	Aug	2012	Planned for August or September 2012 but key agenda items being discussed with the NTP
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	MSH	19.311	50%	Jun	2012	First training conducted within the context of TB case detection and improving the overall TB M&E
	1.2.2	Stakeholder consensus meeting conducted for the finalization of the TB National Guidelines	MSH	32.385	75%	Apr	2012	The first meeting to validate the TB guidelines successfully conducted and co-facilitated by an external consultant (Dr. Pedro Suarez) and the in-country TB CARE I team. Comments from the validation meeting being incorporated into the final version taking into consideration other existing guidelines and SOPs
	1.2.3	National TB guidelines printed	MSH		0%	Jun	2012	Await finalization of the guidelines

	1.2.4	20 Regional coordinators trained in operationalization of PPM DOTS guidelines	WHO	15.498	50%	Jun	2012	The training planned during the Week of July 9-13, 2012 and will take place in Western region. The agenda items finalized and SOW for the external consultant (Dr. Daniel Kibuga) approved by both the NTP and USAID
	1.2.5	30 participants from the private health facilities trained on the implementation of PPM DOTS	WHO		100%	Jun	2012	Chemical sellers/private pharmacy shop owners trained in identifying and referral of TB suspects in Suhum Kraboa Coatar District in the Eastern region. Implementation of activities on going and data being collected
	1.2.6	Demonstrating activities for Improving TB case detection	MSH	3.490	100%	Mar	2012	Two posters that highlighted the TB case situation and how to improve TB case detection among PLHIV and children were displayed at the 2012 World TB National Launch. The two posters attracted the attention of the USAID mission and the Head of HPNO requested the posters to be displayed at the USA embassy reception in Accra after the world TB day ceremony where they currently are on display.
	1.2.7	Demonstrating activities for Improving TB case detection	MSH		100%	Mar	2012	Two posters that highlighted the TB case situation and how to improve TB case detection among PLHIV and children were displayed at the 2012 World TB National Launch. The two posters attracted the attention of the USAID mission and the Head of HPNO requested the posters to be displayed at the USA embassy reception in Accra after the world TB day ceremony where they currently are on display.
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	50%	Jun	2012	The data for assessing the provider delay will be collected from the health TB Registers focusing on time from sputum submission to time of starting TB treatment
	1.3.2	Health facilities coordinators trained in collecting data on provider delays	MSH		50%	Jun	2012	Training planned to take place during the week of July 9-13, 2012. Letters of invitation already sent out and the SOW for the external consultant (Eveline Klinkenberg) approved by both the NTP and USAID. Baseline data collected and analyzed.
					66%			

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	2.1.1	TB lab staff in Eastern Region trained	MSH		100%	Jun	2012	24 (23 males and one female) microscopists from Eastern region successfully trained in sputum smear preparation and examination and reports being completed.

needed to support the diagnosis and monitoring of TB patients	2.1.2	Follow up, document and support implementation of SOPs for case detection at regional level	MSH	3.396	 75%	Sep	2012	On-going during the monthly monitoring and supervisory visits to the Eastern region.
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 **88%**

3. Infection Control						Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	
3.3 Strengthened TB IC Monitoring & Measurement	3.3.1	15 clinicians trained in TB infection Control	MSH		 75%	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		 75%	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	MSH		 75%	Jun	2012	This is being implemented within the framework of activity number 1.2.1

 **75%**

5. TB/HIV						Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	
5.2 Improved diagnosis of TB/HIV co-infection	5.2.1	15 clinicians trained in TB screening among PLHIV	MSH		 75%	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		 75%	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		 50%	Jun	2012	This is being implemented within the framework of 1.2.1

 **67%**

6. Health Systems Strengthening						Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	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	6.1.1	Follow-up MOST for TB workshop conducted	MSH	19.276	100%	Feb	2012	The follow up MOST TB workshop conducted on March 13 and 14, 2012. Due to delay in receiving funds from the Global Fund there has been minimal implementation of the MOST for TB action plans. This workshop therefore focused on conducting a bottle neck analysis in light of the declining performance in TB case detection. Participants that included District Directors of Health Services, Medical Superintendent and District TB Coordinators from all the 21 district in Eastern Region conducted a bottle neck analysis focusing on the following key identified challenges (1) Low TB case detection (2) unfavorable TB treatment outcomes, Weak TB lab network, weak TB-HIV collaborative services, No functioning PMDT services and weak M&E systems. Participants discussed the root causes of the challenges were identified, solutions to address the challenges proposed and activities for implementation in 2012 prioritized
	6.1.2	TA for leadership and management provided	MSH	20.484	75%			Dr. Pedro Suarez STTA visit to Ghana planned for August 2012
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 integral part of national plans, strategies and service delivery of these	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	Dr. Bert Shruder planned to come in September and this STTA will include discussing the exit strategy post TB CARE I and GF Round 10 Grant given that Ghana is rapidly progressing into a middle income country
	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	See 6.2.2
	6.2.3	Training Impact Assessment Conducted	MSH	13.913	100%	Jun	2012	Successfully completed. STTA mission report complete and submitted to the Global Fund as part of addressing Conditions Precedent related to training plan for the GF Round 10 Grant
					65%			

7. M&E, OR and Surveillance			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
7.1 Strengthened TB	7.1.1	Monitoring and supervision to Eastern Region Conducted	MSH	19.250	25%	Sep	2012	Being conducted as scheduled and these visits include on-job training for facility staff and mentoring of the Regional TB Coordinator for the Eastern Region in conducting effective supervision

surveillance	7.1.2	Review meetings conducted	MSH		100%	Apr	2012	The Regional TB Quarterly review meeting supported by TB CARE I successfully conducted on February 28 and 29, 2012. Subsequent quarterly review meetings supported through the GF Round 10 TB Grant
	7.1.3	Regional TB quarterly review meetings in the Eastern Region supported	MSH	14.938	100%	Mar	2012	The Regional TB Quarterly review meeting successfully conducted on February 28 and 29, 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	50%	Sep	2012	Planned for the month of August and this will include training of Regional M&E Officers in Data Quality Assessment using the DQA tool
	7.2.2	A data quality audit at central level has been conducted within the last 6 months	MSH		50%	Sep	2012	See 7.2.1
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	50%	Jun	2012	Planned for the month of July and STTA will be provided by Eveline Klinkenberg from KNCV
	7.3.2	Improved capacity of NTPs to perform operational research	MSH		50%	Jun	2012	See 7.3.1
					61%			

Quarterly MDR-TB Report

Country	Ghana
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Period	APRIL-JUNE 2012
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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	
Jan-Mar 2012	0	0	see note
Apr-Jun 2012	0	0	see note
To date in 2012	0	0	

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) Second line drugs to treat 20 MDR-TB patients have been procured and received. MDR-TB data for the first six months of 2012 is being analyzed and will not be reported in this report as the results from the supranational lab has not been received.

Quarterly GeneXpert Report

Country	Ghana
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Period	APRIL-JUNE 2012
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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-Dec 2011	Jan-Jun 2012	Cumulative total		
# GeneXpert Instruments	0		0	0	
# Cartridges	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.

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



Fig I: Participants in a practical session performing sputum microscopy at Koforidua Regional Hospital Laboratory in the Eastern Region



Fig II: Participants in group work developing hospital TB case detection min plan ate St. Donomic Mission Hospital in Kwaebibirim district



Fig III: Participants busy in a group work during the intensified TB case finding training at Atua Government Hospital in Lower Manya Krobo district



Fig IV: Staff of ST' Martins mission hospital and Akuse Government Hospital busy discussing ideas for improving TB case detection in their hospitals

Inventory List of
Equipment - TB CARE I



USAID
FROM THE AMERICAN PEOPLE

TB CARE I

Organization:	TB CARE I
Country:	Ghana
Reporting period:	April-June 2012
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 EXPLORER XLT	1FMEU73E38UA92523	April 17, 2009	\$34,000	EXEMPT	MSH Ghana	Good			Motor Comprehensive Insurance
HP LASERJET PRINTER P2015	CNBJP77837	May 30, 2008	\$478	CEPS DUTY	MSH Ghana	Bad			
PHOTOCOPIER NASHUATEC	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	Bad			
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	Bad			
OFFICE DESK (3)	L005133	November 11, 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	Bad			
DINNING HALL CHAIRS (6)		December 15, 2008	GH¢ 270	VAT/NHIL	MSH Ghana	Bad			
UPS (2)		November 11, 2008	GH¢ 232.60	VAT/NHIL	MSH Ghana	Good			
SCANNER (G4010)	CN85JA60GQ	November 11, 2008	GH¢ 188.75	VAT/NHIL	MSH Ghana	Good			
PROJECTOR SCREEN		February 23, 2010	GH¢400	VAT/NHIL	MSH Ghana	Good			
PANASONIC FAX	L003175	February 23, 2010	GH¢ 320	VAT/NHIL	MSH Ghana	Good			
STABILIZER	L003210	February 23, 2010	GH¢ 256	VAT/NHIL	MSH Ghana	Good			
DIGITAL CAMERA DSC-W170		February 23, 2010	GH¢ 747	VAT/NHIL	MSH Ghana	Fair			
BINDING MACHINE	L005256	February 23, 2010	GH¢ 950	VAT/NHIL	MSH Ghana	Bad			
FLIP CHART STAND		February 23, 2010	GH¢ 180	VAT/NHIL	MSH Ghana	Bad			
NOTICE BOARD (2)		February 23 2010	GH¢ 360	VAT/NHIL	MSH Ghana	Good			
HP DESKJET PRINTER (2235)	L005263	February 24, 2010	GH¢ 108	VAT/NHIL	MSH Ghana	Good			
LAPTOP COMPUTER DELL INSPIRON		February 24, 2009	GH¢ 1150	VAT/NHIL	MSH Ghana	Bad			
IBURST INTERNET MODEM		December 10, 2008	GH¢370	VAT/NHIL	MSH Ghana	Bad			
10 UNITS, MICROSCOPES KIT		July 2, 2009	\$11,900	EXEMPT	NTP	Good			
ANTI VIRUS (NTP)		December 15, 2009	GH¢4,843.57	VAT/NHIL	NTP	Good			
DELL LATITUDE LAPTOP		February 9, 2010	\$ 1,476	EXEMPT	MSH Ghana	Bad			
HP LASERJET PRINTER P1006		February 9, 2010	GH¢310.67	VAT/NHIL	MSH Ghana	Fair			
DELL LATITUDE LAPTOP		March 17, 2010	\$1,476	CEPS DUTY	NTP	Good			
AIRCONDITIONER Trane		April 27, 2010	GH¢1,692.32	VAT/NHIL	NTP	Good			
SONY DIGITAL TAPE RECORDER (2)		August 24,2010	GH¢618.45	VAT/NHIL	MSH Ghana	Good			
DELL LATITUDE LAPTOP	s/N: 86J94Q1	April 6, 2011	\$1,500,00	CEPS DUTY	MSH Ghana	Good			

DELL LATITUDE LAPTOP	S/N: BGK94Q1	April 6, 2011	\$1,500.00	CEPS DUTY	MSH Ghana	Good			
HP LASER JET PRINTER	P3015DN. 42PPM	April 12, 2011	GH¢1,599	VAT/NHIL	NTP	Good			
OFFICE DESK (M&E OFFICER)	1.301.272	March 24, 2011	GH¢650	VAT/NHIL	MSH Ghana	Good			
OFFICE CHAIR (M&E OFFICER)	PVC	March 24, 2011	GH¢250	VAT/NHIL	MSH Ghana	Good			
MANAGER'S CHAIR	0006307	November 11, 2011	GH¢550	VAT/NHIL	MSH Ghana	Good			
STATA 12 SOFTWARE	3D40120548136	December 30, 2011	\$967.80	EXEMPT	Easten Regional Health Directorate	Good			
DELL LATITUDE LAPTOP	s/N: JDYDYRI	February 15, 2012	\$1,468.93	EXEMPT	MSH Ghana	Good			
DELL LATITUDE LAPTOP	S/N: JDYFYRI	February 15, 2012	\$1,468.93	EXEMPT	Easten Regional Health Directorate	Good			
DIGITAL CAMERA (SONY NEX 5K)	DSC-HX9/HX9V	February 2012	\$579.00	EXEMPT	MSH Ghana	Good			
PROJECTOR	CN-0K1CG1-S0081-14G-0167	March 2012	\$1,641.50	VAT/NHIL	MSH Ghana	Good			
PENDRIVE	C906	March 2011	\$29.80	VAT/NHIL	MSH Ghana	Good			
EXTERNAL HARD DRIVE 1TB	IB3720073168	April 2012	\$233.00	VAT/NHIL	MSH Ghana	Good			

(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