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TB CARE I

TB CARE I - Ghana

**Year 2
Quarterly Report
July-September 2012**

October 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	July-September 2012

Technical Areas	% Completion
1. Universal and Early Access	77%
2. Laboratories	88%
3. Infection Control	75%
5. TB/HIV	100%
6. Health Systems Strengthening	65%
7. M&E, OR and Surveillance	86%
Overall work plan completion	82%

Most Significant Achievements

1. Two monthly monitoring and supervision visits to the two districts implementing intensified hospital based TB case detection activities successfully conducted. Data for the months of May and June 2012 (The first 2 months of implementing the interventions) show a significant increase in the proportion of OPD attendance (47%), TB suspected cases registered in the suspect register (> 3000%), TB suspected cases with sputum examined (50%), Sputum smear positive (33%) and all forms of TB identified (26%). While there is this overall increase in the proportion of suspects identified, sputum examined and the TB cases identified, there are a number of challenges identified:

- (a) There is under diagnosis of TB among children (only 8 children were diagnosed with active TB during the two months period;
- (b) There continue to be a weak strategy to reduce TB deaths largely because doctors/clinicians have not been formally oriented to managing TB complications and co-morbidities including MDR-TB;
- (c) Most TB cases including SS+ cases are referred to other hospitals before TB treatment is started and not clear whether they are on treatment as some are not documented where they are referred to;
- (d) Weak TB/HIV collaboration as a results of lack of integration between TB and ART/HIV clinic.

2. 50 (29 Male & 21 Female) District and Health Facility TB coordinators from all the 21 districts in Eastern Region trained in conducting basic operational research studies using routine data from the various TB recording and reporting forms. Using TB treatment registers that participants brought to the training session, treatment delays (time from date of sputum smear results to date of TB treatment) were assessed. Through consensus treatment delay of up to 4 days was agreed to be acceptable by participants. Each district assessed treatment delay and completeness of the TB treatment registers for the last 50 TB cases recorded in individual registers. External technical assistance in the training of staff on conducting operational research was provided by Dr. Eveline Klinkenberg. **See Figure 1**

The results from the treatment delay assessment exercise showed a large variation between districts with complete/correct recorded dates for sputum examination and start of TB treatment in the treatment registers, ranging from 60% to 100% complete and accurate records. Some districts have good completeness for "date sputum examined" while not for "TB treatment start date" and vice versa, so quality of dates was not always consistent within a register. **See figure 2.**

Furthermore, the results show that the proportion of patients (for whom treatment delay could be calculated) as having an unacceptable treatment delay of more than 4 days varied by districts and ranged from as low as 5 to 31 days. All the 21 districts had unacceptable treatment delay (> 4days). See figure 3

3. TB monitoring and evaluation (M&E) training was conducted for 37 (27 Male & 10 Females) frontline TB officers that included 9 Regional M&E Officers hired through the Global Fund Round 10 TB Grant. The purpose of the training was to orient the newly recruited regional M&E officers to the basic principles of TB M&E. This training was therefore aimed at ensuring that regional M&E officers are effectively contributing to the grant performance since they were not formally oriented at the time of taking their posts. The key topics of the training were a). Identification of the top M&E challenges in each region and suggest solutions to address them (see figure 4) b). Introduction to key TB key indicators and targets for the NTP and the Global Fund Round 10 Grant c). Use of the Rapid Data Quality Assessment (RDQA) tool to enable participants identify data transcriptions errors, Data inconsistencies and incompleteness with the aim of improving data quality d). Setting of specific regional TB case detection target based on previous performance, as opposed to using WHO estimates e). Agreeing on timelines for submitting Quarterly Regional TB case finding and TB treatment outcome data to the national level f) Introduction of DHMIS2 electronic data reporting from health facilities to the higher level as per Ghana Health Service guidelines g). Agreeing on key deliverables and responsibilities of the Regional M&E Officers to be used to assess the performance of regional M&E Officers.

This 3-day training adopted adult training style that comprised 70% practical session and and pre& post test as well as end of training evaluation.

The key next step was that each region will be reporting on data validation exercise conducted in at least two facilities each quarter using the RDQA tool

4. External technical assistance by Dr. Pedro Suarez to validate and carefully review the second draft of the TB guidelines for Ghana was successfully conducted. During the mission the first eight (8) of the fourteen (14) chapters of the guidelines were reviewed and validated.

During the review of the first 8 chapters of the TB guidelines the following areas were incorporated and the suggested next steps were proposed by the consultant:

Issues/items incorporated into the TB guidelines

- Clear responsibilities of the NTP central unit, regional, district, health and community levels
- Clear responsibilities of various types of health facilities i.e. teaching, regional and district hospitals, poly clinics, health centers and Community Health Plan Services (CHPS) zone/compound
- Clear matrix of TB services provided at various types of health facilities
- Cross reference with various existing national guidelines, manuals and SOPs

Suggested next steps for the completion of the TB guidelines

- TB diagnosis and treatment algorithm for Ghana needs further review
- The table of pediatric formulation of TB medicines needs to be completed
- The flow chart for TB contact tracing should be included in the TB guidelines
- Clear statement on the deletion of transfer out (TO) as a TB treatment outcome should be made
- There should be an additional chapter on prevention of tuberculosis and this is where Isoniazid Preventive Therapy (IPT) and BCG should be included
- The last STTA mission to complete the systematic review of guidelines should be undertaken at the end of October 2012

5. On September 18, 2012 the Country Director successfully chaired the HIV/TB oversight committee of the Ghana CCM. The main objective of the meeting was to review the dashboards of various principal recipients (PRs) for the Global Fund Round 8 and 10 with focus to the round 10 TB Grant. At the beginning of the review of the round 10 grant dashboard, the NTP Manager briefed the members of the committee on the following issues:

- a. The main thrust of the TB R10 Proposal is on diagnostics and the introduction of new approaches and technologies.
- b. The proposal is largely hinged on human resource development that includes training (16%), monitoring and evaluation (17%) and living support/enablers package (14%).
- c. The Grant for the TB R10 Proposal was signed on December 17, 2011 and October 2011 was established as the start date. The first disbursement was made in February 2012 and the PSM Plan approved in May 2012. This means the phase 2 renewal will start 18 months from the commencement date which is closer than anticipated and would require extra efforts to achieve a good performance rating for the grant prior to the CCM's renewal request for phase II.
- d. All CPs have been met with the exception of a request for approval from the CCM for the implementation of negotiated emoluments, incentive schemes and living support. The NTP Manager therefore called on the CCM to act expeditiously
- e. Though the HR division of the GHS has worked on the recruitment of about 75 Laboratory Assistants/technicians, the programme still awaits CCM endorsement letter for the recruitment of these personnel. The NTP Manager said the situation is further compounded because the budget for trainings has not been released and the cumulative effect is a low absorption rate of 6.6%. He further stated that the funds received so far represent 55% of the total amount signed for phase I.

Oversight Committee key Recommendations to the PR

- a. It is important that PRs during times of grant negotiation, consider it important to keep the CCM informed during grant negotiations.
- b. Considering the urgency of the matter and the fact that the programme has an initial disbursement of over \$8 Million and an absorption rate of 6.6%; it was suggested that the CCM should strongly recommend to the GF that the Program goes ahead to use the existing R10 GF resources already in the country while awaiting further disbursement for the implementation of program activities. This will ensure that the PR does not have a huge pipeline

The Country Director informed the USAID mission about the challenges the NTP is facing in the implementation of the grant activities particularly those that require Global Fund secretariat decisions. At the time of writing of this report the USAID mission had already taken up the issues with the Global Fund.

Overall work plan implementation status

The work plan implementation status by the end of the 4th quarter was 82%

Technical and administrative challenges

1. Not all the planned activities were implemented on time largely because TB CARE I activities are meant to complement activities under the Global Fund R10 Grant; during APA 2 the NTP was overoccupied with addressing various CPs. This also affected the completion of finalizing the TB guidelines for Ghana
2. At the time of writing this report a monitoring visit to the two districts where TB CARE I is supporting the implementation of intensified hospital based TB case detection was undertaken because the dates for the visit continued to change because of competing priorities by health care workers in these districts
3. There continue to be a weak strategy to reduce TB deaths as doctors and clinicians have not received formal training in managing TB complications, co-morbidities as well as MDR-TB
4. TB among children remains underreported
5. Due to high TB stigma among health care workers reporting on data for active TB among HCW is still not a routine activity
6. TB case detection targets were somehow over ambitious especially because they were not based on the trend of previous performance. This has been addressed in APA 3
6. The limited budget allocated to the Ghana TB CARE I project continue to be insufficient and the support to the NTP is not comprehensive

In-country Global Fund status and update

Following the TB CARE I HR Consultant mission report addressing conditions precedent on the training plan, the Global Fund Secretariat has since approved the training budget but funds are yet to be disbursed to the PR. Though the training plan has been approved there still remains some issues to be addressed and this long process of addressing various CPs have equally affected the speedy implementation of grant activities resulting into a very low absorption rate of 6.6.% as at the end of June 2012. The MDR-TB indicator is lagging being currently at 20% of the agreed target

While there are still these challenges, it is worthy mentioning that the USAID mission has been very helpful in assisting the CCM by conducting direct discussions with GF secretariat aimed at resolving the identified bottlenecks.

The TB CARE I Country Director continues to chair the HIV-TB oversight committee of the Ghana CCM and two key roles of this committee is to review the dashboards before submission to the LFA and conducting site visits to the PRs with purpose of working with them to solve any identified challenge that may hamper effective implementation of the grants

Quarterly Technical Outcome Report

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Technical Area 1. Universal and Early Access		Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes	Outcome Indicators	Data	Year	Data	Year	Y1		
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) 474 (Jan - June, 2012)	A total of 185 new smear positive TB cases were diagnosed in the two districts (Lower Manya Krobo and Kwaebibirim) where TB CARE I is providing direct support . The data reported comprise 120 SS+ from Kwaebibirim for the period of January - August, 2012 and 65 SS+ from Lower Manya Krobo for the period of January - June, 2012	<p>1. Most of the TB patients including sputum smear positive cases diagnosed in the two districts where TB CARE I is providing direct support are referred to other treatment centers before starting treatment but there is no clear follow-up mechanism to check if these patients have actually started TB treatment</p> <p>2. At the time of compiling this report, data for July-September, 2012 quarter had not been collected due to competing priorities for both project staff and the health care workers in the two districts</p> <p>3. The target set on TB case detection was over ambitious as it was not based on the trend of previous performance</p> <p>Next Steps Review the target based on the current WHO guidelines on setting TB case detection target based on previous performance over a number of years</p>

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	Second Draft	two thirds of the draft guidelines has been validated and reviewed	The NTP being our main partner have been busy addressing Global Fund Round 10 CPs Next Steps The final draft would be completed by end of October 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	Preliminary report available	Treatment delay assessed in the 21 districts of Eastern Region. The preliminary results show that the time from date of sputum results to date TB treatment start ranged from 5 - 31 days.	Due to incompleteness of data in the TB treatment registers, full assessment of treatment delay was not possible Next Steps To address the issue of incompleteness TB coordinators will be oriented to using the RDQA tool.

Technical Area 2. Laboratories

Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y1		
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%	Eastern Region EQA report for 24 TB sputum microscopy centers received from the regional lab supervisor. The overall performance was 61% out of the 80% set target	During APA3, the 24 lab technicians that were trained will be further assessed by the Regional laboratory supervisor

Technical Area 3. Infection Control

Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y1		

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 (from 2 teaching hospitals for 2011 cohort)	The intervention for monitoring active TB disease among HCW is still under pilot and Data collection not well established	Due to high TB stigma among HCWs reporting on HCWs with active TB disease is not yet routine Nest Steps Need for strong advocacy among hospital management team and HCWs
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Technical Area 5. TB/HIV		Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes	Outcome Indicators	Data	Year	Data	Year	Y1		
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	99.6% from two districts that receive direct support from TB CARE I	Almost all PLHIVs registered in 3 ART centers in the two districts receiving direct support from TB CARE I were screened for TB	1. Due to weak TB/HIV integration it was not easy to get data on PLHIVs registered in the 28 ART centers in the entire Eastern region but data on number of PLHIVs who were diagnosed with active TB for the period January - June, 2012 is available (294) 2. During the past several months there has been stockout of HIV test kits and this may have affected the overall enrollment of client in the HIV care Next steps In APA 3 TB CARE I will work closely with the NACP and NTP to revamp TB/HIV integration at all levels. The first step will be to review the TORs for the national TB/HIV technical working group

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

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	6	On September 18, 2012 the Country Director successfully chaired the HIV/TB oversight committee of the Ghana CCM. The main objective of the meeting was to review the dashboards of various principal recipients (PRs) for the Global Fund Round 8 and 10 with focus to the round 10 TB Grant.	The absorption rate for the round 10 grant by end of June 2012 is 6.6% Next Steps TB CARE I will work closely with the PR, CCM and USAID to ensure speedy implementation of agreed activities for the round 10 Grant
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 activity related to this indicator will be implemented during the October-December, 2012 quarter
	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	Following the consultant report the Global Fund has approved the training plan for the Round 10 Grant	Although the training plan budget has been approved funds are yet to be disbursed

Technical Area 7. M&E, OR and Surveillance

Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y1		

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	75%	TB CARE I M&E Officer supported the analysis and validation of TB data from October 2011 to June 2012 for the Eastern Region	1. Delay in submitting data from the districts to the region. 2. Weak data analysis skill of HCWs at the peripheral level Next steps Continue regular supervision that include providing on-job training
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	Yes	Training of regional M&E Officers, regional TB coordinators and programme officers for the NTP central unit successfully conducted. Key topics include data validation through the use of the RDQA tool	Since TB control is integrated within the general health service staff do almost everything with little attention to the quality of the data Next Steps Regional TB team have now started scaling up the use of the RDQA tool
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	50 (29 Male & 21 Female) District and Health facility TB coordinators from all the 21 districts in Eastern Region trained in conducting basic operational research studies using routine data from the various TB recording and reporting forms.	There are still weak capacity to conduct operational research by staff at all levels Next steps Establish a national task force on operational research that include experts from various research institutes including the school of Public Health

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	100%	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. This is a 310% increase over the target of 30 participants. The reason for over achieving the target is that we adopted a strategy of training participants in their respective health facilities and this result in training more staff will less funds. This training include TB-HIV collaborative activities with focus to TB screening among PLHIV as well TB infection control with priority to reporting data on HCW diagnosed with active TB disease
	1.1.2	Nurses trained in TB case detection interventions	MSH		100%	Mar	2012	See 1.1.1. Nurses and clinicians were trained in one training in order to foster team work at hospital level
	1.1.3	Consensus meeting to finalize the posters/job aids for TB case detection	MSH	3.400	100%			The messages to be included in the job aids and posters have been identified and discussed but due to inadequate fund allocated to this activity development of the materials could not take place. TB CARE I is discussing with the NTP to consider incorporating these messages when the programme develops IEC materials using the Global Fund round 10 Grant
	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	25%	Aug	2012	Due to the slow pace of implementing the Global Fund Round 10 Grant, this activity has not taken place. It is planned to take place during the October - December, 2012 Quarter.
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	100%	Jun	2012	Activity completed and some little saving made and will be reprogrammed
	1.2.2	Stakeholder consensus meeting conducted for the finalization of the TB National Guidelines	MSH	32.385	75%	Apr	2012	8 of the 14 chapters of the TB Guidelines have been carefully validated and reviewed. The final review of the guidelines will take place in October 2012. The chapters that have already been reviewed forms the bulk of the guidelines
	1.2.3	National TB guidelines printed	MSH		0%	Jun	2012	Await finalization of the TB guidelines
	1.2.4	20 Regional coordinators trained in operationalization of PPM DOTS guidelines	WHO	15.498	100%	Jun	2012	A successful training took place in the Western Region in July 2012 and with external technical assistance provided by Dr. Daniel Kibuga from WHO/AFRO

	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. The TB CARE Project Officer participated in the launch of the 2012 world TB day activities for Kwaebibirim district, Eastern Region
	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. The TB CARE Project Officer participated in the launch of the 2012 world TB day activities for Kwaebibirim district, Eastern Region
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	75%	Jun	2012	50 (29 Male & 21 Female) District and Health facility TB coordinators from all the 21 districts in Eastern Region trained in conducting basic operational research studies using routine data from the various TB recording and reporting forms. Technical assistance was provided by Dr. Eveline Klinkenberg and she is expected to make one additional mission during October-December 2012 quarter
	1.3.2	Health facilities coordinators trained in collecting data on provider delays	MSH		100%	Jun	2012	50 (29 Male & 21 Female) District and Health facility TB coordinators from all the 21 districts in Eastern Region trained in conducting basic operational research studies using routine data from the various TB recording and reporting forms. Technical assistance was provided by Dr. Eveline Klinkenberg and she is expected to make one additional mission during October-December 2012 quarter <input type="checkbox"/>
					77%			

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		100%	Jun	2012	24 (23 males and one female) microscopists from Eastern region successfully trained in sputum smear preparation and examination and a training report has been finalized.
	2.1.2	Follow up, document and support implementation of SOPs for case detection at regional level	MSH	3.396	75%	Sep	2012	Based on the observations in the implementation of hospital based TB case detection in Kwaebibirim and Lower Manya districts there were a number of identified challenges and these will be addressed during the refresher training for health workers in the above stated districts.
					88%			

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		75%	Mar	2012	This was 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 was 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		75%	Jun	2012	This was implemented within the framework of activity number 1.2.1
					75%			

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		100%	Mar	2012	See 1.1.1
	5.2.2	15 Nurses trained in TB screening among PLHIV	MSH		100%	Mar	2012	See 1.1.1
	5.2.3	25 Institutional TB Coordinators trained in reporting of TB screening among PLHIV activities	MSH		100%	Jun	2012	See 1.1.1
					100%			

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	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. the Hospital based intensified TB case detection being implemented in the two districts were as a result of this bottleneck analysis
	6.1.2	TA for leadership and management provided	MSH	20.484	75%			External TA for leadership and management planned for October-December, 2012 quarter
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 components	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	STTA mission planned for October-December quarter 2012 and will be provided by Dr. Bert Shreuder from KNCV.
	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	STTA mission planned for October-December quarter 2012 and will be provided by Dr. Bert Shreuder from KNCV. Part of the funds will be used to print the M&E plan for the health sector that will be desiminated during the time the above stated STTA mission is undertaken
	6.2.3	Training Impact Assessment Conducted	MSH	13.913	100%	Jun	2012	Successfully completed. STTA mission report complete and submitted tom the Global Fund as part of addressing Conditions Precedent related to training plan for the GF Round 10 Grant. Based on this report the Global Fund has now approved the training plan but funds are yet to be disbursed to the PR
					65%			

7. M&E, OR and Surveillance			Activity Leader	Approve d Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
7.1 Strengthened TB surveillance	7.1.1	Monitoring and supervision to Eastern Region Conducted	MSH	19.250	75%	Sep	2012	One monitoring visit to Lower Manya Krobo District to take place in October-December 2012 quarter
	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. In APA 3 TB CARE I will support 3 review meetings in three regions
	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 supported by TB CARE I successfully conducted on February 28 and 29, 2012. In APA 3 TB CARE I will support 3 review meetings in three regions
Outcome	Activity #	Activity	Activity Leader	Approve d 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	75%	Sep	2012	See 1.3.1. During the regional M&E Officers training the RDQA Tool was introduced
	7.2.2	A data quality audit at central level has been conducted within the last 6 months	MSH		75%	Sep	2012	See 7.2.1 During the regional M&E Officers training the RDQA Tool was introduced
Outcome	Activity #	Activity	Activity Leader	Approve d 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	75%	Jun	2012	See 1.3.1
	7.3.2	Improved capacity of NTPs to perform operational research	MSH		100%	Jun	2012	See 1.3.2
					86%			

Quarterly MDR-TB Report

Country	Ghana
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Period	JULY-SEPTEMBER 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	5	2
Jan-Sep 2011	7	2
Oct-Dec 2011	0	0
Total 2011	7	2
Jan-Mar 2012	U	U
Apr-Jun 2012	U	U
Jul-Sep 2012	U	U
To date in 2012	0	0

NOTE: (1) Work to analyse MDR TB data is on-going and the TB CARE M&E Officer is providing technical Support to the NTP to systematically analyze MDR TB data and data for 2012 has not been approved by NTP for wider circulation. The figures for 2010 and 2011 have been revised because some of the MDR TB cases were not confirmed as MDR TB cases by the Supra National Laboratory. The NTP has since received SLD to treat 20 patients but none of the existing MDR TB patients has been put on treatment this year.

Quarterly GeneXpert Report

Country	Ghana
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Period	JULY-SEPTEMBER 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-Sept 2012	Cumulative total		
# 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.

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

Figure 1: Dr. Eveline Klnikenberg illustrating a point in developing operational research protocol through a problem tree



Figure 2. Graph showing completeness of data on sputum smear date and date TB treatment started in the TB treatment registers

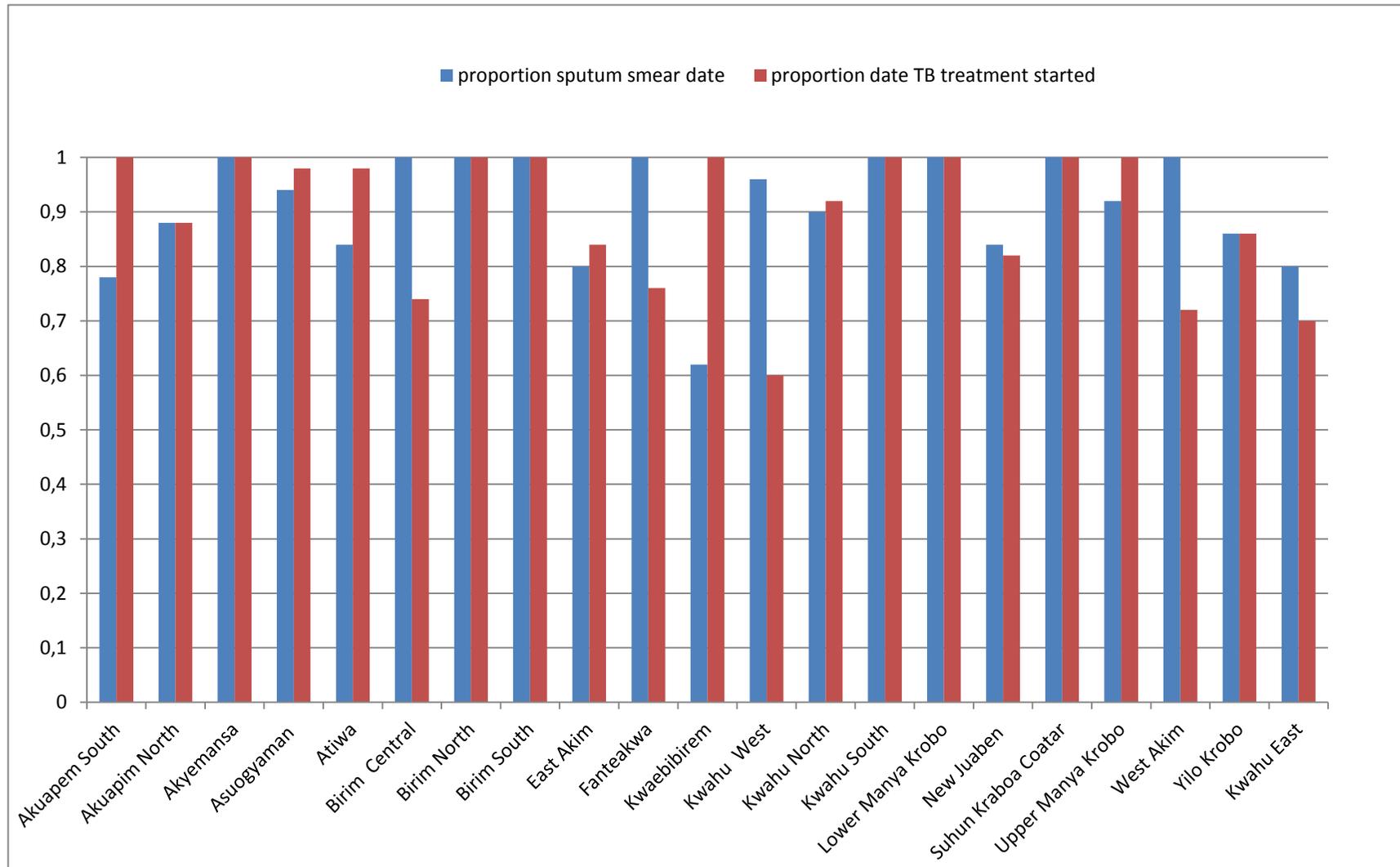


Figure 3. Results of treatment delay assessment from 21 districts in Eastern Region

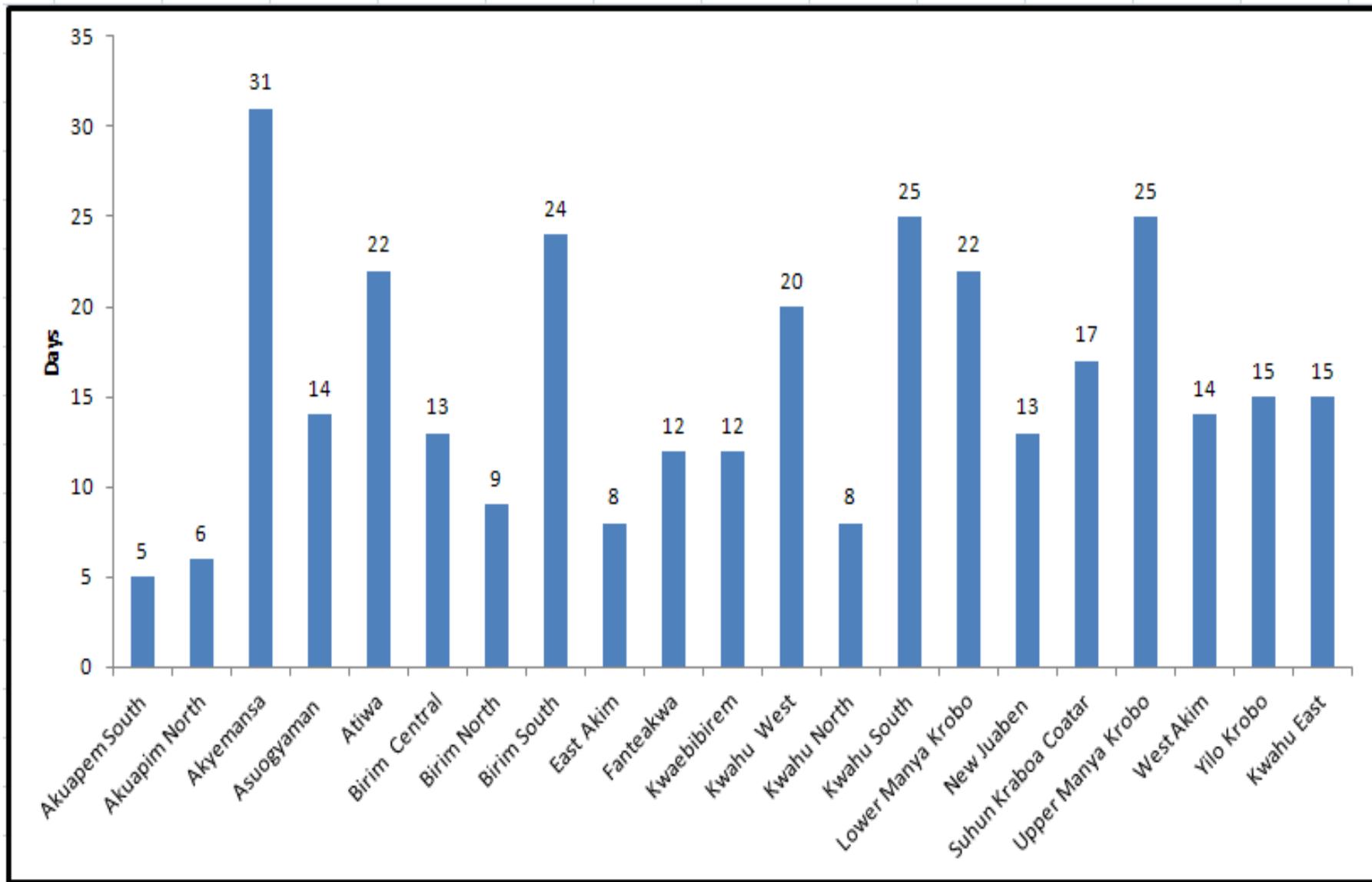
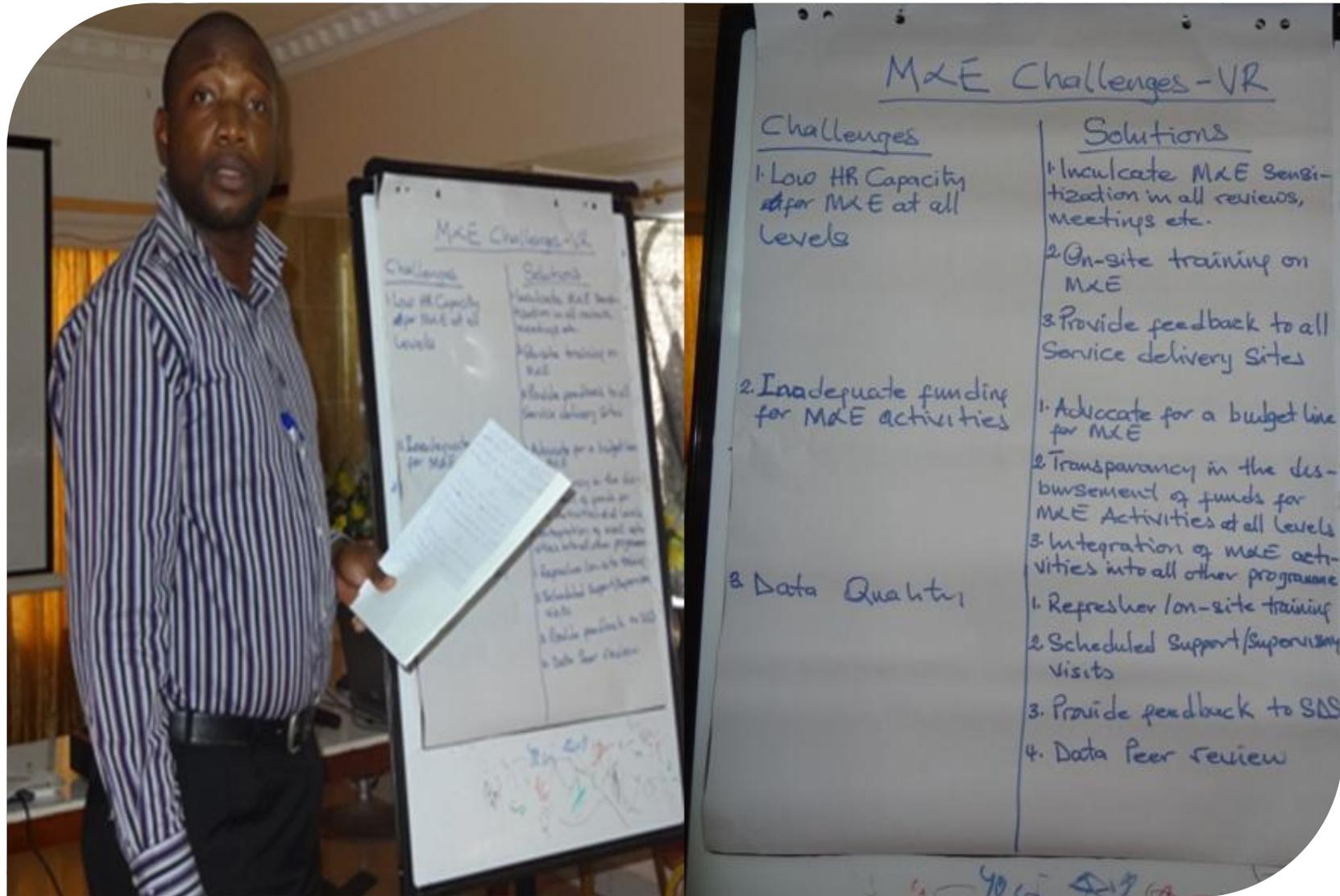


Figure 4: Regional M&E Officer presenting M&E challenges in the Volta Region



Inventory List of
Equipment - TB CARE I



USAID
FROM THE AMERICAN PEOPLE

TB CARE I

Organization:	TB CARE I
Country:	Ghana
Reporting period:	July-September 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