



TB CARE I

TB CARE I - Ghana

Year 4

Quarterly Report

January-March, 2014

April 30, 2014

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Acronyms

ACF	allocable cost factor
APA	annual plan of activities
ART	antiretroviral therapy
ATS	American Thoracic Society
CCM	country coordinating mechanism
CPT	co-trimoxazole preventive therapy
EPI	Expanded Program of Immunization
FAST	F inding TB and MDR-TB A ctively, S eparating safely, T reating effectively
IC	infection control
IPT	Isoniazid Preventive Therapy
JATA	Japanese Anti-Tuberculosis Association
KAP	key affected populations
KNCV	KNCV Tuberculosis Foundation
M&E	monitoring & evaluation
MDR-TB	multidrug resistant tuberculosis
MOH	ministry of health
MSH	Management Sciences for Health
MTB	Mycobacterium tuberculosis
NACP	National AIDS Control Program
NGO	non-governmental organization
NSP	National Strategic Plan
NTP	National Tuberculosis Control Program
OR	operational research
PMDT	programmatic management of drug-resistant tuberculosis
PMU	project management unit
SLD	second-line drug
SOP	standard operating procedure
SOW	scope of work
STTA	short-term technical assistance
USAID	United States Agency for International Development
WHO	World Health Organization
WTD	World TB Day

1. Quarterly Overview

Country	Ghana
Lead Partner	Management Sciences for Health (MSH)
Coalition Partners	KNCV Tuberculosis Foundation (KNCV) and World Health Organization (WHO)
Other partners	
Work plan timeframe	October 1, 2013-September 30, 2014
Reporting period	January-March, 2014

Most Significant Achievements:

1. Reviewed hospital's 2013 TB case detection performance

TB CARE I is supporting the implementation of intensified hospital-based TB case detection at six hospitals in three districts of Ghana's Eastern Region. In 2013, these six hospitals set a case detection target of 592 TB cases. Between January and December 2013, the hospitals detected 569 TB cases, thereby achieving 96 percent of the target. The hospitals would have achieved or even exceeded the target, had it not been for countrywide stock outs of sputum containers (sputum containers are now available in all the health facilities). As a result, several presumptive TB case samples were returned to the health facilities untested. Despite this challenge, the health facilities' detected 10 percent more TB cases in 2013 than they had in 2012 and 54 percent more than they had in 2011. Out of the 569 TB cases detected 25 (4.4%) were children aged 0-14 years, representing 47 percent more pediatric TB cases than had been detected in 2012.

Out of the 569 TB case detected, 318 started TB treatment at the six hospitals, while the rest were referred to other health facilities before starting TB treatment. Among the 318 TB patients, 41 died during treatment, which represents a TB mortality rate that is 24 percent lower than the 2012 TB mortality rate.

2. Supported two regional, annual review meetings

TB CARE I supported two regional annual review meetings in the Western and Eastern Regions. In the Western Region, the meeting focused on assessing TB data quality in 23 districts. TB case finding data for the first three quarters of 2013 from the 23 districts showed that of the 1,279 TB cases that were reported to the regional level 1,182 were validated to be true TB cases. This means that 97 (7.6%) TB cases were wrongly reported as they did not exist. The regional health directorate will use these findings to inform the design of the 2014 district TB training programs focusing on data quality improvements.

In the Eastern Region, the focus of the meeting was to improve community involvement in TB care. Although Ghana's National Tuberculosis Program (NTP) adopted community-based TB care several years ago, it is clear that community health officers do not yet have the capacity to effectively contribute to community-based TB control services. It was recommended that the Community-Based Planning Services program take on TB control activities as they have other activities, such as maternal, newborn, and child health activities.

3. Developed a short training guide on quality clinical care for TB patients to address the high rate of TB mortality

Several independent external consultants conducted assessments of the NTP that included a comprehensive review of the NTP in March of 2013. These assessment reports all found unacceptable and unexpectedly high TB death rates in Ghana since 1996. The nation continues to suffer from these high TB death rates, despite the relatively low HIV prevalence (<2%) in the general population. Although the HIV prevalence is generally low, several other factors contribute to Ghana's high TB mortality rate, including co-morbidities and clinicians' weak capacity to manage TB patients with complications and to identify the mortality risks among TB patients.

Fortunately, this quarter, Dr. Pedro Suarez, MSH's Global Technical Lead for TB, conducted a short-term technical assistance (STTA) visit to help TB CARE I Ghana address this issue. Dr. Suarez supported the project team in developing a short, step-by-step guide designed to build the capacity of clinicians to provide quality care for TB patients. In June and July of 2014, TB CARE I will use this guide to conduct a training of trainers program for clinicians from the regions and hospitals that consistently report a high rate of TB deaths. The project team will then select master trainers to help roll out this training to other regions and hospitals.

The mortality rate among undiagnosed TB patients and treatment defaulters in Ghana is not known. The NTP's data on TB mortality shows a marked difference among the 10 regions and the three teaching hospitals. According to the NTP's 2011 cohort analysis, the highest TB mortality rates were reported in the Upper West, Brong Ahafo, and Upper East regions. These regions' TB mortality rates were all above the national average of eight percent. TB mortality rates were even higher in the three teaching hospitals of Komfo Anoyke (20.5%), Korle Bu (15.1%), and Tamale (11.1%).

4. Supported technical supervision in the Eastern Region

TB CARE I supported technical support supervision in eight districts in the Eastern Region. At one hospital in Upper Manya Krobo District, the TB coordinator reported that, in the first quarter of 2013, 14 of the 16 TB patients on treatment (87 percent) were lost to follow up. These findings alarmed the monitoring team and inspired them to visit one of the communities in the district to learn more about the causes of TB patient loss to follow-up. During this visit, some of the villagers told the monitoring team that community does not believe in modern medicines. Furthermore, some of the villagers showed clear signs and symptoms of TB infection, such as cough, but refused to seek medical care. These findings helped to explain the cause of high TB patient loss to follow-up at the hospital. The monitoring teams recommended that the NTP and its partners develop a targeted community sensitization campaign to mitigate the impact of these misconceptions and beliefs about TB (see Picture 4B).

During their hospital visits, the monitoring team also found that some primary schools teachers had been diagnosed with and treated for TB (**see Picture 1**). This finding indicates the need for TB education in schools to prevent teachers from transmitting TB to their pupils. This recommendation has been suggested to the NTP.

5. Updated the joint national TB-HIV policy guidelines

The Global Fund's Country Coordinating Mechanism (CCM) has agreed to allow the NTP and the National AIDS Control Program (NACP) to submit a joint concept note to the Global Fund. The Global Fund also agreed that both programs will develop and update their national strategic plans (NSP) and develop joint TB-HIV policy guidelines. To support these efforts, TB CARE I helped to update of the 2007 TB-HIV policy guidelines. A first draft of these guidelines is currently being reviewed by TB-HIV Technical Working Group members that include civil society organizations and key affected populations (KAP). The CCM has agreed that the NTP and NACP should have their NSPs ready by August of 2014 and submit the concept note to the Global Fund in October of 2014.

Technical and Administrative Challenges:

- Diagnosing TB in children remains a challenge. This quarter, the project-supported facilities diagnosed 135 TB cases, but only four of these cases (three percent) were children under the age of 15 (see figure 1). The NTP should prioritize pediatric TB screening and diagnosis, especially since some primary school teachers have been diagnosed with TB and now pose a risk of transmitting the disease to their pupils. The NTP should also prioritize contact tracing and investigation to address these findings.
- The project team found incomplete and inaccurate data in some regions and districts. High staff attrition at the district and facility levels may explain this. A number of staff providing TB control services have not been formally trained or orientated on TB service delivery.
- Misconceptions and negative perceptions about TB and TB medicine continued to be the major contributing factors to delayed access to TB diagnosis and treatment services and patient loss to follow-up. Out of the expected 160 TB cases 135 (84%) TB cases were detected during the quarter under review. Weak advocacy, communication, and social mobilization around TB control may also be contributing to these problems.
- In the quarter under review (January-March, 2014) the six project-supported hospitals were unable to meet their TB case detection targets due to a number of reasons that include sputum container stock-outs. The hospitals detected 135 TB cases (all forms), which represents 21 percent of the 2014 target of 638 TB cases. The sputum container shortage was due to protracted procurement processes in the public sector. The NTP has since received an ample supply of sputum containers.
- In 2014, the Global Fund will focus on funding essential TB control services and activities that were not fully implemented during Phase 1 of the Global Fund Round-10 grant. This means that the NTP will not be able to implement any new activities in 2014, which will pose a challenge to the nation's TB control efforts.

2. Year 4 Technical Outcomes and Activity Progress

2.1 Universal Access

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to Date ¹	Comments
1.2.4	Children younger than 5 (contacts of SS+ adults) that were put on Isonizid Preventive therapy (IPT)	Data not routinely collected	Data reported from 6 project-supported districts on IPT initiation among children under 5 years old who are contacts of SS+ adults	Not yet measured	Contact investigation not routinely conducted
1.2.5	Childhood TB approach implemented	Capacity of health care workers to diagnose TB in children improved in the 3 districts in Eastern Region	9 health facilities in 6 districts implementing childhood TB approaches	7	One new district and hospital received training during this quarter
1.2.6	Number of TB cases (all forms) diagnosed in children 0-4	National Figure Children 0-14 in 2012 = 820 (14 in TB CARE I supported districts)	50 TB cases diagnosed in children ages 0-14 years (up from 14 cases in 2012 in the TB CARE I-supported areas)	21	
1.2.11	Number of TB cases detected in the health facilities implementing intensified TB case detection <i>Description: Number of TB cases notified between October 1, 2013 and September 30, 2014 at 9 facilities in 6 old and new districts, relative to the 2012 results</i>	793 TB cases from 6 hospitals	1,000 TB cases notified in the 9 TB CARE I-supported hospitals	288 (data from 6 hospitals)	Data is from 6 hospitals. Data from Suhum and Nsawam hospitals has not been collated. One hospital/district is yet to be trained

¹ If results are not available, write "Measured annually" or "Not yet measured" and say when the data are estimated to be available. Not all indicators can be measured quarterly.

1.2.12	Proportion of prison inmates at Nsawam Prison screened for TB <i>Numerator: Number of prisoners screened for TB during the specified period</i> <i>Denominator: Total number of prisoners during the specified period</i>		No data available	80% of inmates screened for TB	Measured annually		Training not conducted. Planned for the April-June, 2014 quarter
Activity Code (***)	Lead Partner	TB CARE I Year 4 Planned Activities	Cumulative Progress as of the Quarter's End	Planned Month		Status ²	
				Start	End		
1.2.1	MSH	Launch the documentary on TB case detection	The TB case detection documentary was finalized after incorporating feedback from the USAID Mission. The launch could not be conducted during the World TB Day (WTD) commemoration because the WTD venue changed from an indoor facility to an outdoor space. In response, TB CARE I in consultation with the NTP changed the documentary's launch date to April 30, 2014.	Oct 13	Dec 13	Ongoing	
1.2.2	MSH	Support in-service training for districts implementing intensified TB case detection	Six hospitals that are implementing hospital based TB case detection interventions completed in-service training sessions which focused on addressing the identified challenges from the review of the 2013 performance	Oct 13	Sept 14	Completed	
1.2.3	MSH	Support prison health care workers and officers at Nsawam Prison in performing TB screening among new/old inmates	Planned for April-June quarter, 2014	Oct 13	Sep 14	Pending	
1.2.4	MSH	Develop and disseminate a scale-up plan for the implementation of intensified	Planned for April-June quarter, 2014, after conducting regional review meetings	Jan 14	Mar 14	Ongoing	

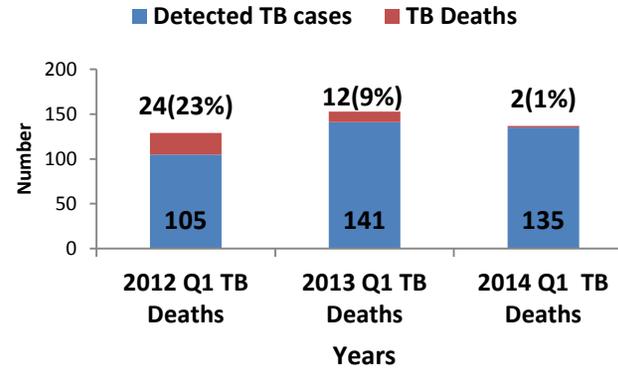
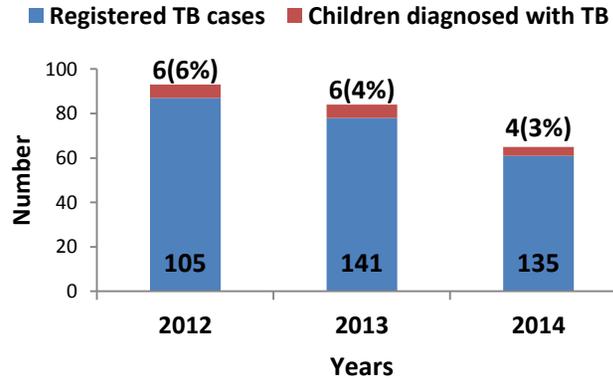
² Status options: Pending (the activity has not yet started, but is not delayed); Ongoing (the activity has started and is in process); Completed (all sub-activities and outputs are complete); Postponed (the start or completion of this activity has been delayed, but will still be completed by the end of the work plan year); Cancelled (the activity, which may or may not have started, will not be completed by TB CARE I.)

		TB case detection and clinical care for TB patients				
1.2.5	MSH	Conduct district review meetings in 3 districts implementing hospital-based TB case detection activities	Joint review meeting scheduled for January 30 and 31, 2014	Oct 13	Sep 14	Completed
1.2.6	MSH	Conduct regional quarterly review meetings	Conducted 2 review meeting for the Western and Eastern region	October 13	Sept 14	Completed
1.2.7	MSH and KNCV	Implement TB mortality audit	Based on the TB CARE I guide on conducting a TB mortality audit a simple training guide was developed in consultation with Dr. Pedro Suarez. Training of clinicians and nurses from regions and hospital that report high TB deaths is scheduled for June/July	Oct 13	Sep 14	Ongoing
1.2.8	MSH	Participate in 2014 World TB Day National Launch	TB CARE I actively participated in the national WTD launch. The launch of the project's TB documentary, which was planned for WTD, will be now conducted during the April to June quarter.	Jan 14	Mar 14	Completed

Graph 1: Number of children among the total number of TB cases detected at the 6 TB CARE I-supported hospitals during the first quarters of 2012, 2013, and 2014

Graph 2: TB deaths among the total number of TB cases detected at the 6 TB CARE I-supported hospitals during the first quarters, 2012, 2013 and 2014

Picture 1: A primary school teacher being treated for TB at St. Dominic Hospital



2.2 Laboratories

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to Date	Comments
2.3.2	Rapid tests conducted			680 (GeneXpert)	This will be linked to the STTA mission due in June of 2014
2.3.3	Patients diagnosed with GeneXpert	22 mycobacterium TB positive and 3 rifampicin resistant patients diagnosed (at the end of June 2013)	100	152 MTB Positive and 9 Rifampicin Resistance	This will be linked to the STTA mission due in June 2014
2.2.3	GeneXpert national roll-out plan <i>Description: National roll-out plan for GeneXpert developed and incorporated into the new strategic plan</i>	No	Yes	A draft scope of work (SOW) for the STTA has been developed and reviewed by the NTP manager.	The STTA mission will take place in June of 2014.

Activity Code (***)	Lead Partner	TB CARE I Year 4 Planned Activities	Cumulative Progress as of the Quarter's End	Planned Month		Status
				Start	End	
2.3.1	MSH	Develop GeneXpert national roll-out plan	Draft SOW developed and reviewed by both the NTP manager and a consultant (Dr. Alaine Nyaruhirira)	Jan 14	Mar 14	Ongoing
2.3.2	MSH	Review the uptake of GeneXpert technology	A review meeting on the introduction of rapid diagnostic tools conducted. During the review it was apparent that clinicians in the sites with GeneXpert machines are not well oriented in the eligibility criteria for XPERT (picture 2 and 3)	Oct 13	Sep 14	Completed
2.3.3	MSH	Train staff in evaluating the implementation of the GeneXpert technology	The staff will be trained during the scheduled STTA mission due in June of 2014.	Jan 14	Mar 14	Completed

Picture 2: The NTP Manager, Deputy NTP Manager, and TB CARE I Country Director with laboratory technicians at a review meeting where participants learned about Rapid TB diagnostic tools, including GeneXpert



Picture 3: TB CARE I Country Director presenting at a review meeting where participants learned about Rapid TB diagnostic tools



2.3 Infection Control (IC)

Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to Date		Comments
3.2.1	"FAST" strategy has been adapted and adopted		No	Yes	Not yet measured		This activity will be linked with the finalization of the new NSP, which is due in July of 2014.
3.2.2	Facilities implementing TB IC measures with TB CARE I support		9	9	7		
3.1.3	Availability of a guide on monitoring TB disease incidence among health care workers <i>Description: A guide on monitoring TB incidence among health care workers incorporated into the NSP</i>		No	Yes	Not yet measured		This activity will be linked with the finalization of the NSP, which is due in July of 2014.
Activity Code (***)	Lead Partner	TB CARE I Year 4 Planned Activities	Cumulative Progress as of the Quarter's End	Planned Month		Status	
				Start	End		
3.3.1	MSH/PMU ³	Incorporate a guide on monitoring TB incidence among health care workers into the NSP	This activity will be linked with the project's technical assistance to support finalization of the NSP and will likely take place in July of 2014	Jan 14	Jun 14	Pending	
3.3.2	MSH/PMU	Adopt FAST strategy	This activity will be linked with the project's technical assistance to support finalization of the NSP and will likely take place in July of 2014	Jan 14	Jun 14	Pending	

³ PMU = Program Management Unit

2.4 Programmatic Management of Drug-Resistant TB (PMDT)

Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to Date	Comments
C6	Number of MDR-TB cases diagnosed		50	100	9	
C7	Number of MDR-TB cases put on treatment		20	50	0	6 patients were due to start on MDR-TB treatment in January of 2014. This figure will be verified after completing support supervision visits. Between January and December of 2013, 23 MDR-TB patients were put on second-line drugs (SLDs).
4.1.2	MDR-TB patients who are still on treatment and have a sputum culture conversion 6 months after starting MDR-TB treatment		No data available	20		In collaboration with the NTP, the project is analyzing the data by quarter and month. Currently, 10 MDR-TB patients have completed 6 months of treatment on SLDs.
4.1.4	A functioning national PMDT coordinating body		A functioning national PMDT coordinating body is a key component of the MDR-TB training curriculum	Yes (MDR-TB sub-group meeting conducted and MDR-TB clinical team supported)	The MDR-TB core team has been established and met on January 23, 2014	
Activity Code (***)	Lead Partner	TB CARE I Year 4 Planned Activities	Cumulative Progress as of the Quarter's End	Planned Month		Status
				Start	End	
4.1.1	MSH	Hold MDR-TB sub-group	The MDR-TB core team met in January of	Oct 13	Dec 13	Ongoing

		meeting	2014. The focus of this meeting was for teams to submit their reports from support visits they made to various regions. In some regions it was reported that some MDR-TB patients are refusing to start SLD considering the long treatment regimen. Need to invest in improving the counseling skills of health care workers			
4.1.2	MSH/KNCV	Train doctors and nurses in managing MDR- TB patients	This training will be linked to the technical assistance mission, which is due to take place in May of 2014. The SOW of this mission is currently being finalized.	Apr 14	Sept	Ongoing
4.1.3	MSH	Train community and family members in the care of MDR-TB patients		Oct 13	Mar 14	Pending

2.5 TB/HIV

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date	Comments
5.2.1	HIV-positive patients who were screened for TB in HIV care or treatment settings	1,216 from the TB CARE I supported areas in 2012	2,000	560 HIV-positive patients screened for TB and 69 (12%) diagnosed with active TB	
5.2.2	TB patients (new and re-treatment) with an HIV test result recorded in the TB register	77%	85%	72%	Starting from 2013 to date, the NACP is going through major funding difficulties because the Global Fund reduced support for procurement of HIV test kits. Available HIV testing kits are reserved for testing pregnant women and for blood safety. This explains the under - achievement in HIV testing for TB patients target.
5.2.3	TB patients (new and re-treatment) recorded as HIV-positive	21%	No target	21%	
5.3.1	HIV-positive TB patients started or continued on antiretroviral therapy (ART)	37%	50%	43%	
5.3.2	HIV-positive TB patients started or continued on co-trimoxazole preventive therapy (CPT)	80%	85%	75%	Starting from 2013 to date, the NACP is going through major funding difficulties because the Global Fund reduced support for procurement of

Activity Code (***)	Lead Partner	TB CARE I Year 4 Planned Activities	Cumulative Progress as of the Quarter's End	Planned Month		Status
				Start	End	
5.1.1	MSH/WHO	Conduct a meeting to review terms of reference for the National TB-HIV Technical Working Group	TB CARE I coordinated a revision of the joint TB-HIV policy guidelines. The first draft is currently being reviewed by core members of the National TB-HIV Technical Working Group. This document is part of the Global Fund's requirements for submitting a joint TB-HIV concept note.	Jan 14	Mar 14	Ongoing
5.3.1	MSH/WHO	Advocate for early initiation of ART for HIV-TB co-infected patients	This is being discussed with NACP/NTP	Jan 14	Mar 14	Ongoing

co-trimoxazole tablets. This explains the under achievement of the CPT target

2.6 Health System Strengthening (HSS)

Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to Date	Comments
6.1.1	Government budget includes support for anti-TB drugs		57% of the total budget for first- and second- line drugs is expected to come from the Government of Ghana. The reminder will most likely come from the GF.	25% of the budget for first- and second-line drugs comes from the Government of Ghana	Not yet measured	Collecting data from the Ministry of Health
6.1.2	CCM and/or other coordinating mechanisms include TB civil society members and TB patient groups		Yes	Representatives from civil society organizations attend each CCM meeting	The president of the Network of People Living with HIV participates in all CCM meetings	
6.2.1	TB CARE I-supported supervisory visits conducted		6	10	4	
6.2.2	People trained using TB CARE I funds		400	400	625 (362 men, 263 women)	The target was surpassed because TB CARE I conducted most of the training sessions for health care workers in their own districts or health facilities thus more health care workers trained
Activity Code (***)	Lead Partner	TB CARE I Year 4 Planned Activities	Cumulative Progress as of the Quarter's End	Planned Month		Status
				Start	End	
6.1.1	MSH/KNCV	Support the development of	TB CARE I helped the NTP develop a first	Oct 13	Mar 14	Ongoing

	/WHO	the new five-year national strategic plan	draft of the NSP that includes proposed goals, objectives and strategic interventions. This support is continuing and a national TB epidemiological analysis is scheduled for May of 2014. Final inputs from external consultants will inform strategic interventions of the national strategic plan to be completed by July of 2014.			
6.2.1	MSH	Support the activities of the CCM	The TB CARE I Country Director participated in the CCM meeting in March of 2014. At this meeting, partners agreed the NSP would be finalized by July of 2014 and the concept note would be submitted to the Global Fund by October of 2014.	Oct 13	Sep 14	Ongoing
6.2.2	MSH/WHO	Provide support for the Global Fund's Phase II grant negotiation	This project team is supporting development of the NSP and implementation of essential TB interventions	Oct 13	Jun 14	Ongoing
6.2.3	MSH/KNCV	Implement standard operating procedures (SOPs) for planning and evaluating TB training events for basic TB DOTS, PMDT, and TB-HIV	In May of 2014, after the MDR-TB training curriculum is implemented, Marleen Heus from KNCV will complete a mission to implement SOPs for planning and evaluating MDR-TB trainings. TB CARE I is now finalizing a SOW for this STTA mission.	Apr 14	Sep 14	Ongoing

2.7 Monitoring and Evaluation (M&E), Operational Research (OR), and Surveillance

Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to Date	Comments
7.2.1	Data quality measured by NTP		A routine data quality assessment (RDQA) tool was introduced	Yes	Supported supervision to facilities in the Eastern Region using the RDQA tool.	
7.2.2	NTP provides regular feedback from the central to the intermediate level		Feedback mechanisms were provided for every supportive supervision visit. Mid-year review of the NTP work plan conducted with the region and district teams.	Y	Two regional review meetings were conducted in the Western and Eastern Regions.	
7.3.2	OR study results disseminated		Results from the TB referral study were disseminated at the national level, in the Eastern Region, and in other regions.	2	Results from the TB referral study were disseminated in the Eastern Region, the Northern Region, and the Western Region during annual review meetings and the NTP's bi-annual review meeting.	
Activity Code (***)	Lead Partner	TB CARE I Year 4 Planned Activities	Cumulative Progress as of the Quarter's End	Planned Month		Status
				Start	End	
7.2.1	MSH	Analyze quarterly TB data submitted by regions	An STTA mission to support the NTP in performing an epidemiological analysis of	Oct 13	Sep 14	Ongoing

			their routine TB data is scheduled for May of 2014. This STTA will be conducted by Dr. Navindra Persaud and Dr. Eveline Klinkenberg. This is a core component of finalizing the NSP.			
7.2.2	MSH	Conduct quarterly monitoring and supportive visits	Two supportive supervision visits have conducted in the districts implementing hospital-based TB case detection activities.	Oct 13	Sept 14	Ongoing
7.2.3	MSH	Conduct 7 monitoring supportive visits in 4 regions	Two supportive supervision visits were conducted in the Ashanti and Eastern Regions.	Oct 13	Sept 14	Ongoing
7.2.4	MSH/KNCV	Develop an OR road map	The project team has started discussions with the consultant (Dr. Eveline Klinkenberg) who will provide this STTA. This STTA will be linked with the finalization of the NSP, which is scheduled for July of 2014.	Oct 13	Mar 14	Ongoing
7.2.5	MSH	Disseminate national TB guidelines	The national TB guidelines have been edited and will be submitted to the NTP for their input before the end of April, 2014.	Jan 14	Jun 14	Ongoing
7.2.6	MSH	Disseminate final TB CARE I results/report	Scheduled for September/October of 2014.	Aug 14	Sept 14	Pending
7.3.1	MSH/KNCV	Conduct a manuscript (paper) writing workshop	Scheduled for July/August of 2014.	Oct 13	Mar 14	Pending

Picture 4: Misconceptions about TB led to high TB patient loss to follow-up in the Upper Manya District



Picture 4 a: The TB coordinator tells the monitoring team about the problem of high TB patient loss to follow-up at her facility.



Picture 4 b: The monitoring team walks down a dusty road to trace TB patients who have been lost to follow-up.



Picture 4 c: A village where some of the TB patients who were lost to follow-up live. Many of these patients stated that they don't believe in modern medicine, including TB treatment.

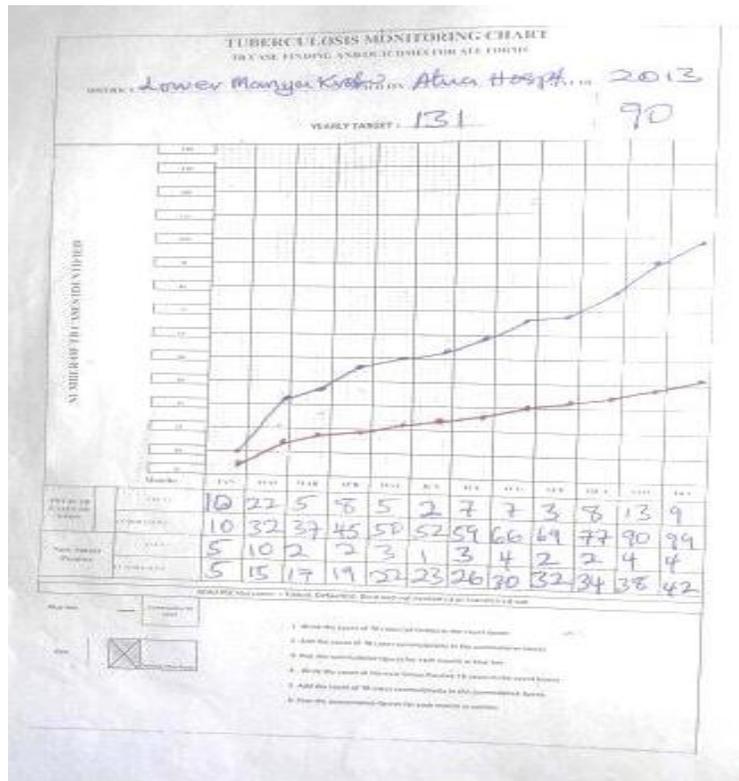


Figure 1: One hospital used this monitoring chart, adopted from the Expanded Program of Immunization (EPI) to improve TB data use and analysis at their facility.

3.TB CARE I's Support to Global Fund Implementation in Year 4

Current Global Fund TB Grants

Name (i.e. Round 10 TB)	Average rating*	Current rating	Total approved amount	Total dispersed to date
Round 10		B1	USD \$31,738,598	USD \$25,084,406

* Since January 2010

In-country Global Fund Status: Key Updates, Challenges and Bottlenecks

In 2014, the NTP will not receive additional funds from the Global Fund to implement new activities. The funds remaining from Phase 1 will only be available to support essential TB control activities, such as laboratory related activities, monitoring, supervision, and procurement of TB medicines. This will significantly affect the gains the NTP has made over the past several years, as there has been a steady flow of financial support to the NTP through Global Fund rounds 1, 5, and Phase 1 of the Round 10 grant.

TB CARE I's involvement in the Global Fund grant support/implementation and effect of the Global Fund on the TB CARE I work plan

The TB CARE I Country Director continues to chair the HIV/TB oversight committee for Ghana's CCM. This quarter, the Country Director was actively involved in reviewing the Global Fund principal recipients' dashboards, including the NTP's Round 10 grant. The Country Director also participated in the CCM's quarterly review meeting in February of 2014. During this meeting, the CCM agreed that the NTP and NACP should complete the NSP by August of 2014 and submit the concept note by October of 2014.

Support to the development of the NSP as part meeting conditions for accessing funds from the Global Fund

The TB CARE I in-country staff has been involved in developing the new NSP. In May of 2014, TB CARE I will provide external technical assistance to support the NTP in performing an epidemiological analysis of national TB control data to inform the NSP strategic interventions. The Epidemiological analysis of routine TB data will complement the results of the National Tuberculosis Prevalence Survey due in July 2014. The NTP and NACP are also developing joint TB-HIV policy guidelines and TB CARE I is supporting this process. TB CARE I will also assist in NTP in developing the Global Fund's concept note.

4.MDR-TB cases diagnosed and started on treatment in country

Quarter and Annual Totals ⁴	Number of MDR-TB cases diagnosed	Number of MDR-TB cases put on treatment	Comments
Total 2010	4	0	<p>MDR-TB data collection from the first quarter of 2014 has not yet been completed. TB CARE I's field team led by the NTP is currently collecting and analyzing these data.</p> <p>A careful analysis of the NTP's MDR-TB data showed that, in 2013, 680 presumed MDR-TB cases were tested. Among these, 38 were diagnosed with MDR-TB and 23 were started on MDR-TB treatment.</p>
Total 2011	7	2	
Total 2012	38	2	
Jan-Mar 2013	7	4	
Apr-Jun 2013	8	4	
Jul-Sept 2013	14	15	
Oct-Dec 2013	9	0	
Jan-Mar 2014	??	??	
Total 2013	87	27	

⁴ Annual totals are cumulative for the period of 2010 to 2013

5. TB CARE I-Supported International Visits

#	Partner	Activity Code	Name	Purpose	Planned Month, Year	Status	Date(s) Completed	Additional Remarks (Optional)
1	MSH	1.2.4	Pedro Suarez	Develop and disseminate a plan to scale-up implementation of intensified health facility TB case detection, including clinical care of TB patients	Jan-Mar, 2014	Completed	February 15, 22	Follow up mission to take place in July
2	MSH	1.2.5	Abel Nkolo	Conduct district review meetings in 3 districts where hospitals are implementing TB case detection activities	Jan-Mar, 2014	Pending		
3	MSH	2.3.1	Alaine Nyaruhirira	Develop a GeneXpert national roll-out plan	Jan-Mar, 2014	Pending		Planned for June of 2014
4	MSH	1.2.4	Abel Nkolo	Develop and disseminate a plan to scale-up the implementation of intensified health facility TB case detection, including clinical care for TB patients	Jan-Mar, 2014	Pending		Planned for July of 2014
5	MSH	6.1.1	Navindra Persuad	Support the development of the new, national five-year strategic plan with a focus on performing an epidemiological analysis	Oct-Dec, 2013	Pending		Planned for May of 2014
6	MSH	7.2.6	Pedro Suarez	Disseminate final TB CARE I results/report	Sept, 2014	Pending		Planned for September and

								October of 2014
7	WHO	6.2.3	TBD	Implement SOPs for planning and evaluating TB training (i.e., basic DOTS, PMDT, laboratory basic training)	Apr-May, 2014	Pending		Planned for May of 2014
8	KNCV	7.3.1	Eveline Klinkenberg	Conduct a manuscript development workshop	Feb-Mar, 2014	Pending		Planned for July and August of 2014
9	KNCV	6.2.3	Marleen Heus	Implement SOPs for planning and evaluating TB training (i.e., basic DOTS, PMDT, laboratory basic training)	Apr-May, 2014	Pending		Planned for May of 2014
10	KNCV	7.2.4	Eveline Klinkenberg	Develop an OR roadmap	Oct-Dec, 2013	Pending		Planned for July of 2014
Total number of visits conducted (cumulative for fiscal year)								1
Total number of visits planned in work plan								10
Percent of planned international consultant visits conducted								10%