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TB CARE I

Namibia

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

July 29th, 2011

Quarterly Overview

Reporting Country	Namibia
Lead Partner	KNCV
Collaborating Partners	
Date Report Sent	{18/07/2011}
From	Omer Ahmed Omer
To	Melissa Jones
Reporting Period	April-June 2011

Technical Areas	% Completion
1. Universal and Early Access	52%
3. Infection Control	29%
4. PMDT	50%
5. TB/HIV	35%
6. Health Systems Strengthening	35%
7. M&E, OR and Surveillance	50%
Overall work plan completion	42%

Most Significant Achievements

Apart from the routine and regular TA to the NTLP, TB CARE I achieved the following:

- With TB CARE I support the National TB and Leprosy Program (NTLP) successfully held yet another International DR TB training facilitated by Jose Caminero and Ignacio Monedero from The UNION. A total of thirty-one (12 females and 19 males) participants attended, of which 9 were international participants (Ethiopia, Zimbabwe, The Netherlands, Mozambique and Zambia).
- Five of the planned five zonal quarterly review meetings were supported with TB CARE I funding. Two national level staff attended and provided technical support to one of these review meetings.
- TB CARE I conducted 3 TA visits to Tsumkwe constituency in relation to the DR-TB epidemic among members of the San Community ("Bush Men"). During one of these visits, the Chief Medical Officer and another senior officer from the NTLP joined the team and met with relevant stakeholders. and partners to discuss the best ways to curb the TB (DR-TB) epidemic in the community, taking into consideration the cultural values and the itinerant nature of the livelihood of members of the San Community.
- TB CARE I staff, a consultant from HQ and resident TAs, provided input to the process of Single Stream Funding (SSF) and coming up with consolidated performance framework, work plan and budget for the two Global Fund (GF) grants (GF Round 2, Wave 7, Rolling Continuation Channel, RCC, and GF Round 10 TB grants).
- TB CARE I staff also provided technical inputs to the development of the OGAC-driven TB/HIV proposal, worth 6 million USD, which was submitted timeously. The NTLP is awaiting the response from OGAC.
- TB CARE I team visited Erongo and Karas regions on Community-based TB Care (CBTBC) consolidation and expansion mission with the NTLP: met with the Regional Management Teams as well as with the Field Promoters and Supervisors from two regions to review MOU, contracts and job descriptions of Field Promoters and Supervisors. In summary, the consultative meetings revealed that the regions need more Field Promoters to replace those who left, new Field Promoters and Supervisors in Omaruru, Usakos and Karasburg districts as well as continued support from TB CARE I/KNCV TB Foundation.
- One of the in-country TA's attended a training organised and run by USAID on Environmental Procedures and Environmentally Sound Design and Management in Windhoek (environmental Compliance, Reg 216.)
- Procurement of computers for national level use as well as for use at some districts.
- Two posters (from the districts) were developed and presented at conference in Hong Kong with support from TB CARE I. In addition, with TB CARE I support, seven of the eight abstracts submitted

Overall work plan implementation status

Nearly 42% of the work plan is implemented so far and the team is optimistic that more than 80% of the planned activities will be implemented by year end except for CBTBC activities in Erongo and Karas regions; CBTBC in Khomas region implemented through PENDUKA and PPM-DOTS activities implemented by NABCOA, as the result of delays in getting approval for memorandum of understanding and sub-agreements.

It is worth noting that the areas where KNCV Namibia Country Office made significant progress under APA 1 are the critical activities for which the bulk of the money is allocated.

Technical and administrative challenges

- The abrupt withdrawal of Global Fund Round 5 to some organizations resulted in disruption of services.
- Resignation of the TB data clerk at the Central Unit of the NTLP will be felt in the coming reporting

Quarterly Technical Outcome Report

	2010*	2011**
Number of MDR cases diagnosed	N/A***	N/A****
Number of MDR cases put on treatment	214	95

* January - December 2010 ** January - June 2011

***/** The laboratory surveillance system is unable to provide information on number of MDR TB cases diagnosed at this stage due to the Medi-Tech electronic system that captures the number of samples tested rather than cases.

KNCV is working with NTLP and CDC to rectify the problem by modifying the recording and reporting system expected to be operational by end of 2011.

Technical Area		1. Universal and Early Access					Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1			
1.1	Exceed the 85% treatment success rate target	Treatment success rate	The percentage of a cohort of TB cases registered specific period of time that successfully completed treatment with bacteriologic evidence of success (cured) or without (treatment completed)	82%	84%		5 Zonal review meetings were conducted as planned. Steps towards expanding CBTC services to the rest of districts in Karas and Erongo.	Gaps left by the Global Fund's abrupt withdrawal will take some time to fill. A number of health care workers were laid off while others left due to mounting uncertainty. APA 1 reprogramming will address some of these gaps by providing funds for selected local NGOs engaged in CBTC while Global fund 10 is expected to fill the remaining gap.
1.2	Maintain or exceed the current 76% case detection rate	Case detection rate (CDR)	The percentage of TB cases detected (diagnosed and reported) among the total number of cases expected to occur countrywide each year	76%	80%			CBTC expansion to remaining districts will result in major improvement in case detection and treatment.

Technical Area		3. Infection Control					Highlights of the Quarter	Challenges and Next
Expected Outcomes	Outcome	Indicator Definition	Baseline	Target	Result			

		Indicators			Y1	Y1		Steps to Reach the Target
3.1	Basic TB infection control measures implemented in all hospitals and at major health facilities according to national guidelines	Proportion of public hospitals with functioning TB infection control plans	Numerator: Number of public hospitals having a functioning TBIC plans in a specific period of time Denominator: The total number of district hospitals	17/34	25/34		The TB-IC is actively engaged with KNCV Nam office to expedite the process of consolidating and expanding TB-IC activities, based on the national TB-IC strategy and guidelines.	The process of implementing TB-IC is slow despite the presence of a workable plan. KNCV will continue working closely with NTLN to address the bottle-necks.

Technical Area		4. PMDT						
Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter		
4.1	All confirmed drug resistant TB cases put on appropriate treatment according to national guidelines	Proportion of confirmed cases of multidrug resistant (MDR) TB cases that are put on treatment	The percentage of patients found to have laboratory confirmed MDR TB that are started on appropriate therapy among all cases diagnosed from the laboratory	50% (estimate)	70%		International Clinical Management of DR TB was conducted in Windhoek again with majority of participants being from Namibia.	More engagement of the Lab will result in more cases being lab confirmed in the future

Technical Area		5. TB/HIV						
Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target	
5.1	Reduce the mortality rate standing at <10% among TB-HIV co-infected patients by 50%	Case fatality rate	The percentage of HIV co-infected TB cases registered in a specific period that die of TB during treatment	9%	9%		Provision of ART to the co-infected is slowly becoming standard practice in the country.	Delayed presentation of some TB cases resulting in avoidable deaths despite the optimal management the patients are provided.

Technical Area 6. Health Systems Strengthening

Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
				Y1	Y1		
6.1	Adequate and competent human resources for TB control at all levels (including CBTC providers)	Number of health care workers and CBTC providers attending any local training courses on TB per year	0	430		No trainings were conducted this quarter except the international training	More trainings will be conducted once the guidelines are available. Gradual withdrawal of ITECH may cause a great challenge for coordination and provision of quality training.

Technical Area 7. M&E, OR and Surveillance

Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target	
				Y1	Y1			
7.1	Timely high quality TB data available	Proportion of districts submitting high quality, timely TB quarterly reports	Numerator: Number of reporting districts that submit complete quarterly reports on TB data before the specified deadlines Denominator: Total number of districts	27/34 (80%)	31/34 (90%)		Districts well known for reporting on time maintained their record while a few sites who used to report late improved.	Resignation of the TB data clerk from national level will surely be a set-back. The ministry through the RM&E Subdivision; Directorate: Special Programmes (DSP), assigned a Data Clerk to provide data management services though his scope is a lot wider than TB data alone.

Quarterly Activity Plan Report

Outcomes	1. Universal and Early Access		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
1.1 Exceed the 85% treatment success rate target	1.1.1	Continue and consolidate support for community based TB Care (CBTBC) in Erongo & Karas regions	KNCV	229.991	 75%	Sep	2011	Ongoing support was provided to the two regions. Visits to the regions were also conducted in view of expanding the services to the remaining three districts (Karasburg district in Karas region and Omaruru and Usakos districts in Erongo). More activities are expected in the coming reporting period.
	1.1.2	Assist in developing tailor made DOTS interventions for mobile indigenous communities and other disadvantaged groups	KNCV	3.438	 50%	Sep	2011	TB CARE 1 conducted 3 TA visits to Tsumkwe constituency; during one of these visits, the Chief Medical Officer and another senior officer from the NTLP visited Tsumkwe and met with many stakeholders.
	1.1.3	Publish the National guidelines for the management of TB 3rd edition	KNCV	21.000	 75%	Jul	2011	Actual printing not yet done. NTLP send document to WHO for inputs prior to printing. Once from WHO, printing will be done.
	1.1.4	Support TB control in congregate settings	KNCV	1.487	 0%	Sep	2011	Had meetings with Ministry of Defense senior management to expedite the implementation of this activity
	1.1.5	Support Penduka Community TB organisation consolidate community based DOTS in Windhoek	KNCV	38.000	 0%	Sep	2011	MOU developed in collaboration with Penduka and HQ, just waiting for USAID Washington's approval in order to start the activities.
	1.1.6	Support short term technical assistance on general TB programme implementation	KNCV	29.134	 100%	Mar	2011	Activity completed
1.2 Maintain or exceed the current 76% case detection rate	1.2.1	Support communication for Behavioral Impact (COMBI) including TB community lifestyle ambassador programme	KNCV	20.370	 0%	Sep	2011	Activities planned for July in Oshana, Omusati and Kavango region in July 2011
	1.2.2	Develop and distribute IEC materials on TB/HIV and MDR TB	KNCV	17.500	 100%	Sep	2011	DR TB pocket handbook sent to WHO-AFRO together with the National Guidelines for the management of TB. Awaiting inputs from WHO prior to printing.
	1.2.3	Support the World TB Day celebration	KNCV	37.391	 100%	Mar	2011	Activity completed

1.2.4	Support the preparation for the TB awareness week	KNCV	11.200	100%	Sep	2011	Activity planned for fourth quarter although partially implemented through purchase of IEC material during the World TB Day event.
1.2.5	Promote public and private sector partnerships	KNCV	21.258	25%	Sep	2011	A training of private doctors on TB/HIV collaborative activities was conducted in Windhoek over a two-day period.
1.2.6	Consolidate TB/HIV PPM initiatives through support to Namibia Business Coalition on HIV/AIDS (NABCOA)	KNCV	56.000	0%	Sep	2011	Sub-agreement developed in collaboration with NABCOA and HQ; waiting for USAID Washington's approval in order to start the activities.
				52%			

Outcomes	3. Infection Control		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
3.1 Basic TB-IC measures implemented in all hospitals and at major health facilities according to national guidelines	3.1.1	Hold TB infection control training courses for health care workers	KNCV	19.062	0%	Jul	2011	planned for August 2011
	3.1.2	Conduct health facility TBIC assessment visits to support implementation of TBIC plans	KNCV	10.871	25%	Sep	2011	nil
	3.1.3	Support minor engineering modifications to improve TBIC and maintain UVGIs	KNCV	14.000	0%	Sep	2011	Activity planned for Oshakati TB ward
	3.1.4	Hold annual planning and review meeting for infection control focal persons	KNCV	11.351	100%	Mar	2011	Activity completed
	3.1.5	Support best practice exchange visits between health facilities	KNCV	4.295	25%	Sep	2011	Activity will be done September
	3.1.6	Support the national fit testing programme for particulate respirators used by health care workers	KNCV	6.720	25%	Sep	2011	nil
				29%				

Outcomes	4. PMDT		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
4.1 All confirmed drug resistant TB cases put on appropriate treatment according to national guidelines	4.1.1	Biannual TA on PMDT/GLC from KNCV	KNCV	27.426	25%	Aug	2011	Dr. Victor Ombeka will come in August 2011 to provide the TA.
	4.1.2	Support training courses for focal nurses on drug resistant TB	KNCV	20.412	0%	Jul	2011	No training was conducted this quarter. One training may be conducted next quarter
	4.1.3	Support the national biannual drug resistant TB review exercises	KNCV	23.598	50%	Sep	2011	No review was planned for this quarter. The next review meeting will only be done in fourth quarter
	4.1.4	Conduct technical support visits to DR TB treatment sites	KNCV	4.914	50%	Sep	2011	This will be part of the forthcoming general supportive supervisory visits to be conducted in August 2011
	4.1.5	Support an occupational rehabilitation programme for patients with DR TB	KNCV	24.416	75%	Sep	2011	Ongoing activity.
	4.1.6	Support the Tsumkwe ambulatory DR TB project	KNCV	78.722	25%	Sep	2011	Three consultative visits from national level to Tsumkwe were conducted with support from TB CARE I/APA 1. More consultation on this activity will be guided through the forthcoming National TB Steering committee meeting scheduled for July.
	4.1.7	Local cost for the international training course for clinicians on drug resistant TB in Namibia	KNCV	18.914	100%	Jun	2011	Activity carried out successfully with a total of 30 (18 males and 12 females) attended the training.
	4.1.8	External TA for the international training course for clinicians on drug resistant TB in Namibia	The Union	44.993	100%	Jun	2011	Activity carried out successfully with two international trainers from UNION facilitating
	4.1.9	Publish the MDR TB pocket clinical manual	KNCV	3.500	75%	Jul	2011	Printing not yet done as we await external review from WHO
	4.1.10	Train community based workers on DR TB & TB infection control	KNCV	13.611	0%	Jul	2011	
					50%			

Outcomes	5. TB/HIV		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	

5.1 Reduce the mortality rate standing at <10% among TB-HIV co-infected patients by 50%	5.1.1	Local cost for international TB/HIV training (The Union course)	KNCV	17.682	75%	Jul	2011	Activity at an advanced stage with actual training planned for end of July 2011
	5.1.2	External TA for TB/HIV international training course	The Union	59.546	50%			Activity planned for end of July 2011
	5.1.3	Organize TB/HIV working group meetings	KNCV	896	50%			Two TWG meetings were held this quarter
	5.1.4	Partly sponsor the annual HIV clinicians Society meeting	KNCV	1.711	0%			Activity will be implemented next quarter
	5.1.5	External TA by PMU TB/HIV expert	KNCV	15.255	0%			not done

35%

Outcomes	6. Health Systems Strengthening		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
6.1 Adequate and competent human resources for TB control at all levels (including CBTBC providers)	6.1.1	Conduct quarterly national TB steering committee meetings	KNCV	1.982	50%	Sep	2011	TB CARE I supported the conduct of all 5 planned review meetings. Two officers from national level provided technical support one of the zonal review meeting.
	6.1.2	Hold annual district TB coordinator forum	KNCV	23.142	100%	Jan	2011	Activity completed
	6.1.3	Maintain the TB/HIV Resource centre at the University of Namibia	KNCV	4.200	50%	Sep	2011	Ongoing support to UNAM
	6.1.4	Support attendance of national staff to international courses on TB	KNCV	12.900	25%	Sep	2011	TB CARE I will support one cadre from the Ministry to attend the TB course in Arusha Tanzania this year.
	6.1.5	Subscribe to journals, purchase other publications and maintain membership to The Union	KNCV	5.867	25%	Sep	2011	Activity planned for July 2011. Compiling of the current members' list as well as submitting application forms for prospective members is underway.
	6.1.6	Local support for resource mobilization (including Global Fund Round 10 grant negotiation)	KNCV	6.014	100%	Sep	2011	TB CARE continues to give inputs to the GF application process. Latest involvement was on SSF and grant consolidation exercise.

6.1.7	Annual TA for the human resource development strategy for the National TB and Leprosy programme	KNCV	16.583	 100%	Sep	2011	Marleen Heus provided TA to the program on HRD and training plan development in May and late June/early July 2011. She supported the NTLP in the development of the national Technical Assistance and training plans based on the NTLP 5-year Strategic Plan. She is currently providing remote/virtual TA from HQ to finalize the plans in the coming 3 months.
6.1.8	Support training of doctors and pharmacists on TB/HIV guidelines	KNCV	6.300	 25%	Sep	2011	NTLP still awaits finalization of guidelines before any further training is conducted.
6.1.9	Support training of nurses and pharmacy assistants on TB/HIV guidelines	KNCV	88.410	 25%	Sep	2011	NTLP still awaits finalization of guidelines before any further training is conducted.
6.1.10	Support national level programme managers to attend international conferences and share ideas/experiences etc	KNCV	14.312	 0%	Sep	2011	TB CARE will support two national level staff to attend the UNION conference in Lille this year.
6.1.11	Support training of community health workers (including field promoters) on TB	KNCV	14.952	 0%	Sep	2011	This activity will be conducted in the fourth quarter.
6.1.12	Support KNCV resident technical officer to attend international conferences and share ideas/experiences etc	KNCV	7.156	 0%	Jul	2011	TB CARE will support one KNCV staff member to attend the UNION conference in Lille this year.
6.1.13	Annual TA for Health Systems Strengthening	KNCV	19.472	 0%	Aug	2011	Dr Bert Schreuder will visit Namibia in September (tentative; to be discussed with NTLP/MoHSS).
6.1.14	Ensure human resource development for local KNCV office staff by supporting continuing education	KNCV	12.100	 25%	Jul	2011	One resident TA from Namibia will attend a training in Singapore in August.
6.1.15	Annual visit to the Hague by Country Representative Officer (CRO) and Senior Finance and Administration Officer	KNCV	10.900	 75%	Jun	2011	CRO attended a 1-week meeting in The Hague in June 2011
6.1.16	Annual visit of Unit Head to Namibia office	KNCV	15.048	 0%	Aug	2011	The Head of Regional Team Africa, HQ, is providing continued virtual/remote TA since the inception of APA 1; unlikely that he will be able to visit Namibia before the end of Sept 2011

	6.1.17	Annual visit of Financial controller to Namibia office	KNCV	11.455	0%	Aug	2011	Staff at Finance Department at HQ are providing continued virtual/remote TA since the inception of APA 1; unlikely that the Financial Controller will be able to visit Namibia before the end of Sept 2011
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35%

		7. M&E, OR and Surveillance			Planned Completion		Cumulative Progress and Deliverables up-to-date	
Outcomes		Lead Partner	Approved Budget	Cumulative Completion	Month	Year		
7.1 Timely high quality TB data available	7.1.1	Support supervisory visits by national and regional level	KNCV	12.740	0%	Sep	2011	Preparations for conducting the annual supportive supervisory visits have begun in earnest. These will be done from mid August 2011, with partial support from TB CARE I.
	7.1.2	Support development of the National TB&Leprosy M&E plan	KNCV	14.759	100%	Mar	2011	Activity completed. Printed copies are in circulation.
	7.1.3	Provide TB focal staff with basic computer skills	KNCV	7.000	0%	Jul	2011	Still to be done before the end of September 2011
	7.1.4	Support the zonal TB quarterly review meetings countrywide	KNCV	122.136	75%	Jul	2011	TB CARE I supported all 5 planned review meetings that took place. Two officers from national level provided technical support to one of the zonal review meeting.
	7.1.5	Support the implementation of eTB manager system for PMDT	KNCV	30.240	50%	Sep	2011	A pilot is planned for next quarter although ongoing discussions between MSH and TB CARE I continue
	7.1.6	Print and distribute the Annual TB report	KNCV	21.000	75%	Jun	2011	Printing not yet done as final editing is in progress
	7.1.7	Purchase and maintain programme computers, network connection and software at national level	KNCV	14.560	100%	Jun	2011	Activity completed
	7.1.8	Purchase and maintain programme computers, networking connections and software at district and regional level	KNCV	10.780	100%	Jun	2011	Activity completed
	7.1.9	Local costs for TA on country consultation on Quality and completeness of TB Surveillance system	KNCV	3.040	0%	Aug	2011	It is unlikely that this TA visit will take place in APA 1.

	7.1.10	External costs for TA for country consultation on Quality and completeness of TB Surveillance system	WHO	11.357	 0%	Aug	2011	It is unlikely that this TA visit will take place in APA 1.
7.2 Maintain or exceed the current 76% case detection rate	7.2.1	Support abstract writing, poster presentations, and submission of OR papers for publication	KNCV	2.100	 50%	Sep	2011	Two posters (from the districts) were developed and presented at conference in Hong Kong with support from TB CARE I.
					 50%			

Quarterly Activity Plan Modifications

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

* Detailed budget is attached

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

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

* Detailed budget is attached

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

DR TB International Clinical Training Course in session, Windhoek June 2011



DR TB International Training course: One of the participants receives his certificate from Pepe



Zonal TB review meeting in progress in Caprivi Region, Namibia, June 2011

