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**TB CARE I**

# **Namibia**

**Year 1  
Quarterly Report  
October 2010 - March 2011**

**April 29th, 2011**

## Quarterly Overview

<b>Reporting Country</b>	<b>Namibia</b>
<b>Lead Partner</b>	<b>KNCV</b>
<b>Collaborating Partners</b>	
<b>Date Report Sent</b>	{22/04/2011}
<b>From</b>	KNCV Namibia Country Office
<b>To</b>	KNCV HQ/PMU
<b>Reporting Period</b>	<b>October 2010-March 2011</b>

<b>Technical Areas</b>	<b>% Completion</b>
1. Universal and Early Access	33%
3. Infection Control	29%
4. PMDT	20%
5. TB/HIV	5%
6. Health Systems Strengthening	13%
7. M&E, OR and Surveillance	34%
<b>Overall work plan completion</b>	<b>22%</b>

### Most Significant Achievements

TB CARE I Namibia provided technical and financial support to the National TB and Leprosy Program (NTLP) in much the same way that TB CAP has been doing over the past five years.

#### **Achievements of the last quarter included but not limited to:**

- Recruitment of the Country Representative officer
- Recruitment of the senior Finance and Administration manager
- Supporting the successful commemoration of the World TB day throughout the country
- Providing technical assistance to the NTLP at national level in the development of
  - The TB and Leprosy M and E plan
  - DR TB pocket handbook
  - The Annual report 2010/2011
  - Finalization of the National Guidelines for the Management of TB and Leprosy in Namibia, 3rd edition
- TB CARE I supported the planned District TB and Leprosy Coordinators' (DTLCs') annual forum in January 2011 in Otjiwarongo, Waterberg Plateau. This forum brought together all 34 District TB and Leprosy coordinators of the country to one venue, where a combination of routine work and team building was done.
- TB CARE I continued tirelessly to support the NTLP in the various clarifications sought by the Technical Review Panel - TRP. The GF Round 10 application for TB is approved by the Global Fund subject to a few clarifications.
- On the job training and supportive mentorship to District TB and Leprosy coordinators during the recently held zonal Quarterly review meetings
- Supported the NTLP in conducting various trainings for health care workers (doctors, pharmacists, rehabilitation technicians/social workers)
  - Training of doctors and pharmacists in the revised TB guidelines
  - Training of Rehabilitation technicians on TB guidelines
  - Training TB Infection control focal persons

### Overall work plan implementation status

The level of implementation of the workplan remains low due to the changeover procedures from TB CAP to TB CARE 1.

We anticipate more accelerated implementation over the next reporting period.

### Technical and administrative challenges

Repeated revision of the Annual Plan resulted in delayed approval of the plan and budget led to slow implementation of planned activities.

The fact that GF Round 5 reprogrammed funds for TB were not approved by GF Secretariat put a lot of pressure on KNCV/TB CARE I in terms of filling the gap created by the sudden interruption of much needed GF resources.

## Quarterly Technical Outcome Report

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%		The NTLP has achieved 85% treatment success rate in 2010 (not yet official data).	The NTLP has to work hard in regions with low treatment success rates if the country is to achieve $\geq$ 90% success rate by 2015 (87% in 2011).
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%		The CDR is still high.	There is a plan to conduct population based TB surveillance using GF resources.

Technical Area		3. Infection Control					Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1			
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		Managerial and administrative control measures are slowly being put in place.	GF Round 5 resources for TB IC activities are not approved leaving significant gaps in consolidating and expanding TB IC activities.

Technical Area		4. PMDT						
Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter		
				Y1	Y1			
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%		Central Clinical Review Council (CCRC), the body formed to review DR-TB cases sent from regional DR-TB sites and the national DR-TB hospital is active and functioning well.	NTLP, KNCV, CDC and Namibia Institute of Pathology (NIP) are working together to improve TB laboratory diagnostic services, including culture and DST. There is a plan to introduce rapid molecular tests.

Technical Area		5. TB/HIV						
Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target	
				Y1	Y1			
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%		The TB/HIV TWG is working actively to roll out the revised WHO guidelines of putting all PLHIV with active TB on HAART within 2 to 8 weeks of anti-TB treatment, regardless of CD4 count	So far, CD4 count is used to assess eligibility of PLHIV with active TB for HAART.

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 CBTBC providers)	Number of health care workers and CBTBC providers attending any local training courses on TB per year		0	430		KNCV is working closely with NTLP and I-TECH in training health care workers on revised TB and ART guidelines	High turn over of trained staff.

Technical Area		7. M&E, OR and Surveillance					Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target	Result		
					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%)		The district and zonal TB and Leprosy Review Meetings at which TB data is verified were conducted as planned through KNCV financial and technical support	There is inadequate supportive supervision to districts and diagnostic centers from regional and national staff.

## 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	 25%	Sep	2011	Support for Erongo and Karas is planned for the whole year, with TB CARE I funding the two regions in the reporting period, hence 25%. This is a follow-on activity funded under TB CAP for CBTBC in Walvis Bay and Swakopmund districts in Erongo and Kitmanshoop and Luderitz in Karas region. The plan under TB CARE I, APA 1 is to cover all 4 districts in Erongo and 3 districts in Karas.
	1.1.2	Assist in developing tailor made DOTS interventions for mobile indigenous communities and other disadvantaged groups	KNCV	3.438	 0%	Sep	2011	
	1.1.3	Publish the National guidelines for the management of TB 3rd edition	KNCV	21.000	 75%	Jul	2011	Guidelines finalized and submitted to the printers but have not yet been printed and distributed. Partial payment for the printing has already been paid. Upon distribution, we shall report 100%.
	1.1.4	Support TB control in congregate settings	KNCV	1.487	 0%	Sep	2011	
	1.1.5	Support Penduka Community TB organisation consolidate community based DOTS in Windhoek	KNCV	38.000	 0%	Sep	2011	
	1.1.6	Support short term technical assistance on general TB programme implementation	KNCV	29.134	 100%	Mar	2011	Bert Schreuder provided the only TA planned for the quarter from February 21 to March 04, 2011; hence, 100%. Specific objectives of Bert's visit were: <ul style="list-style-type: none"> <li>• Assessment of functioning of field office</li> <li>• Programming of activities for TB CARE I, APA 1</li> </ul>
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	

<b>1.2.2</b>	Develop and distribute IEC materials on TB/HIV and MDR TB	KNCV	17.500	 50%	Sep	2011	DR TB pocket-book finalized and camera-ready version developed for printing, Cost of printing already paid.
<b>1.2.3</b>	Support the World TB Day celebration	KNCV	37.391	 100%	Mar	2011	The World TB day commemorations were successfully held with support from TB CARE 1. <b>(See Photo 2).</b>
<b>1.2.4</b>	Support the preparation for the TB awareness week	KNCV	11.200	 50%	Sep	2011	This activity is planned for the fourth quarter but during the preparations for the world TB day, some IEC materials were produced in preparation for the TB awareness week activities.
<b>1.2.5</b>	Promote public and private sector partnerships	KNCV	21.258	 0%	Sep	2011	
<b>1.2.6</b>	Consolidate TB/HIV PPM initiatives through support to Namibia Business Coalition on HIV/AIDS (NABCOA)	KNCV	56.000	 0%	Sep	2011	
				 <b>33%</b>			

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	<b>3.1.1</b>	Hold TB infection control training courses for health care workers	KNCV	19.062	 0%	Jul	2011	
	<b>3.1.2</b>	Conduct health facility TBIC assessment visits to support implementation of TBIC plans	KNCV	10.871	 25%	Sep	2011	Facility assessments conducted in Rundu hospital TB ward, Katutura State hospital and a few other sites constitute a quarter of the intended facility assessments for the year.
	<b>3.1.3</b>	Support minor engineering modifications to improve TBIC and maintain UVGIs	KNCV	14.000	 0%	Sep	2011	
	<b>3.1.4</b>	Hold annual planning and review meeting for infection control focal persons	KNCV	11.351	 100%	Mar	2011	The only training planned for the year for TBIC focal persons was held this quarter, hence the activity is now completed.
	<b>3.1.5</b>	Support best practice exchange visits between health facilities	KNCV	4.295	 25%	Sep	2011	Information sharing during the TBIC focal persons training constituted 25% of best practice sharing. Upon conduct of exchange visits, 100% will be reported.

3.1.6	Support the national fit testing programme for particulate respirators used by health care workers	KNCV	6.720	 25%	Sep	2011	Fit testing was partially done during the TBIC focal persons in March 2011. More site visits and fit testing is planned in the future.
				 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	0%	Aug	2011	
	4.1.2	Support training courses for focal nurses on drug resistant TB	KNCV	20.412	0%	Jul	2011	
	4.1.3	Support the national biannual drug resistant TB review exercises	KNCV	23.598	50%	Sep	2011	During this year, two DR TB review exercises were planned. One such exercise was conducted this quarter (hence 50%). Another will be held in the fourth quarter.
	4.1.4	Conduct technical support visits to DR TB treatment sites	KNCV	4.914	25%	Sep	2011	Only a few DR TB treatment sites were visited this quarter due to competing priorities. Central Clinical Case review meeting were also conducted weekly to assist DR TB case management.
	4.1.5	Support an occupational rehabilitation programme for patients with DR TB	KNCV	24.416	50%	Sep	2011	TB CARE 1 supported DR TB management sites with provision of rehabilitation equipment ( <b>see photo 1</b> ). As a component of this activity, a total of 34 Rehabilitation Technicians (12 males and 22 females) were trained on DR-TB.
	4.1.6	Support the Tsumkwe ambulatory DR TB project	KNCV	78.722	0%	Sep	2011	
	4.1.7	Local cost for the international training course for clinicians on drug resistant TB in Namibia	KNCV	18.914	0%	Jun	2011	
	4.1.8	External TA for the international training course for clinicians on drug resistant TB in Namibia	The Union	44.993	0%	Jun	2011	
	4.1.9	Publish the MDR TB pocket clinical manual	KNCV	3.500	75%	Jul	2011	DR TB pocket handbook was developed and send for printing. Partial payment for printing made. Upon distribution, 100% will be reported.
	4.1.10	Train community based workers on DR TB & TB infection control	KNCV	13.611	0%	Jul	2011	
					20%			

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	0%	Jul	2011	
	5.1.2	External TA for TB/HIV international training course	The Union	59.546	0%			
	5.1.3	Organise TB/HIV working group meetings	KNCV	896	25%			One TB/HIV working group meeting is planned per quarter. One was held for this quarter so the progress on achieving the annual target is 25%.
	5.1.4	Partly sponsor the annual HIV clinicians Society meeting	KNCV	1.711	0%			
	5.1.5	External TA by PMU TB/HIV expert	KNCV	15.255	0%			
				5%				

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 CBTC providers)	6.1.1	Conduct quarterly national TB steering committee meetings	KNCV	1.982	25%	Sep	2011	The meetings are held on a quarterly basis, one meeting was held during the reporting period.
	6.1.2	Hold annual district TB coordinator forum	KNCV	23.142	100%	Jan	2011	One TB and Leprosy coordinator's retreat is planned annually. This meeting was successfully held in January 2011 (hence 100%).
	6.1.3	Maintain the TB/HIV Resource centre at the University of Namibia	KNCV	4.200	25%	Sep	2011	The plan is to provide support to the resource centre throughout the year. For this quarter support was provided, at the end of the year, 100% will be reported. Support includes paying salary of Asistant Librarian at the center and running expenses.
	6.1.4	Support attendance of national staff to international courses on TB	KNCV	12.900	0%	Sep	2011	
	6.1.5	Subscribe to journals, purchase other publications and maintain membership to The Union	KNCV	5.867	0%	Sep	2011	

<b>6.1.6</b>	Local support for resource mobilisation (including Global Fund Round 10 grant negotiation)	KNCV	6.014	25%	Sep	2011	TB CARE I provided TA during the GF 10 proposal writing process and continues to support the NTLP throughout the process of grant negotiation expected to last until end of September 2011. Disbursement of funds is expected in late 2011 or early 2012.
<b>6.1.7</b>	Annual TA for the human resource development strategy for the National TB and Leprosy programme	KNCV	16.583	0%	Sep	2011	
<b>6.1.8</b>	Support training of doctors and pharmacists on TB/HIV guidelines	KNCV	6.300	25%	Sep	2011	A total of 32 doctors and pharmacists (22 males and 10 females) were trained this quarter. More are to be trained next quarter.
<b>6.1.9</b>	Support training of nurses and pharmacy assistants on TB/HIV guidelines	KNCV	88.410	25%	Sep	2011	A total of 23 nurses and pharmacist assistants (14 males and 9 females) were trained this quarter. More are to be trained next quarter
<b>6.1.10</b>	Support national level programme managers to attend international conferences and share ideas/experiences etc	KNCV	14.312	0%	Sep	2011	
<b>6.1.11</b>	Support training of community health workers (including field promoters) on TB	KNCV	14.952	0%	Sep	2011	
<b>6.1.12</b>	Support KNCV resident technical officer to attend international conferences and share ideas/experiences etc	KNCV	7.156	0%	Jul	2011	
<b>6.1.13</b>	Annual TA for Health Systems Strengthening	KNCV	19.472	0%	Aug	2011	
<b>6.1.14</b>	Ensure human resource development for local KNCV office staff by supporting continuing education	KNCV	12.100	0%	Jul	2011	
<b>6.1.15</b>	Annual visit to the Hague by Country director and Financial officer	KNCV	10.900	0%	Jun	2011	
<b>6.1.16</b>	Annual visit of Unit Head to Namibia office	KNCV	15.048	0%	Aug	2011	
<b>6.1.17</b>	Annual visit of Financial controller to Namibia office	KNCV	11.455	0%	Aug	2011	
				13%			

Outcomes	7. M&E, OR and Surveillance		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						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	
	7.1.2	Support development of the National TB&Leptosy M&E plan	KNCV	14.759	 100%	Mar	2011	The M&E plan was finalised and send for printing. Payment has been fully made.
	7.1.3	Provide TB focal staff with basic computer skills	KNCV	7.000	 0%	Jul	2011	
	7.1.4	Support the zonal TB quarterly review meetings countrywide	KNCV	122.136	 50%	Jul	2011	Ten out of the planned 20 zonal review meetings have been held so far.
	7.1.5	Support the implementation of eTB manager system for PMDT	KNCV	30.240	 0%	Sep	2011	
	7.1.6	Print and distribute the Annual TB report	KNCV	21.000	 75%	Jun	2011	Finalisation of Annual report done. Report printing paid for in part.
	7.1.7	Purchase and maintain programme computers, network connection and software at national level	KNCV	14.560	 75%	Jun	2011	TB CARE 1 supported the purchase of 10 computers and printers for the regions during this quarter
	7.1.8	Purchase and maintain programme computers, networking connections and software at district and regional level	KNCV	10.780	 75%	Jun	2011	TB CARE 1 supported the purchase of 10 computers and printers for the national level staff during this quarter
	7.1.9	Local costs for TA on country consultation on Quality and completeness of TB Surveillance system	KNCV	3.040	 0%	Aug	2011	
	7.1.10	External costs for TA for country consultation on Quality and completeness of TB Surveillance system	WHO	11.357	 0%	Aug	2011	
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	 0%	Sep	2011	

 34%

## 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)**

**Photo 1. DR TB patients received recreational equipment to keep them busy and entertained**



**Photo 2. TB CARE gave significant support to the NTLP in organising and funding of the World TB day commemorations**

