



USAID
FROM THE AMERICAN PEOPLE

TB CARE I

TB CARE I - Namibia

**Year 2
Quarterly Report
January-March 2012**

April 30, 2012

Quarterly Overview

Reporting Country	Namibia
Lead Partner	KNCV
Collaborating Partners	The Union
Date Report Sent	18/04/2012
From	KNCV Namibia Office
To	USAID Mission Namibia
Reporting Period	January-March 2012

Technical Areas	% Completi
1. Universal and Early Access	29%
3. Infection Control	13%
4. PMDT	30%
5. TB/HIV	19%
6. Health Systems Strengthening	38%
7. M&E, OR and Surveillance	44%
Overall work plan completion	29%

Most Significant Achievements

Universal Access: The signing of Global Fund Round 10/Round 2, Wave 7, Rolling Continuation Channel (RCC) under single-stream funding (SSF): With significant TB CARE I technical and financial support right from the very inception of the proposal in mid-2010, the NTLP managed to successfully apply for Global Fund round 10 funding. US\$12 million was approved for the first phase, of the total US\$31.6 million approved for 5 years, of which USD1.9 million was disbursed to the Principal Recipient in February 2012.

World TB Day (WTBD) commemorations: WTBD was successfully commemorated in Windhoek in March 2012 through technical and financial support from TB CARE I.

TB National Steering Committee (NSC) meeting was held in Windhoek with TB CARE I support. This important meeting chaired by the Deputy Permanent Secretary was very helpful in bringing together various stakeholders in TB control in the country to share experiences and challenges.

A meeting of all local and international NGOs involved in community-based TB Care (CBTBC) services was successfully conducted at which the NGOs shared successes, challenges and plans to improve bottlenecks. One of the outcomes of the meeting was to analyze the various CBTBC models and come up with a model that best suits the country.

TB Infection Control (TB-IC): Training of TB-IC focal persons for all state hospitals was funded by TB CARE I this quarter.

PMDT: TB CARE I continued to provide technical support to the NTLP in coordinating and participating in management of DR-TB patients through the weekly Central Clinical Review Council (CCRC) meetings along with provision of technical support to regions and districts in DR-TB management through telephone and on-site visits.

Planning for the forthcoming international DR-TB training organized by The Union, in collaboration with NTLP and KNCV TB Foundation, Namibia Country Office, has already started. Preparations are also under way to host a delegation of DR-TB team from Ethiopia in May 2012 to share experiences and best practices.

A four-day retreat to finalize the first-ever drug-resistance survey (DRS) report as well as planning the next round of DRS was conducted in late 2011, and during this reporting quarter with financial and technical support from TB CARE I. The pre-final DRS report was submitted to the Deputy Permanent Secretary for inputs and possible signing off for printing and distribution.

TB/HIV: A vibrant TB/HIV technical working group (of which TB CARE I is an active member) successfully applied for OGAC funding in a TB/HIV proposal, worth nearly USD6 million for a period of three years. This demonstration project will be implemented in four districts of Namibia. Several TB/HIV TWG meetings were held this quarter to plan implementation of this project.

An HIV clinicians' society continuing medical education (CME) meeting was held with support from TB CARE I funding in Windhoek. A breakfast meeting was also held in Windhoek, where future collaboration between the NTLP, TB CARE I and the HIV clinicians' society of Namibia was discussed.

HSS: Regular KNCV field office staff meetings as well as weekly TB CARE I meetings for Country Representative officers (through Skype) have brought about an improvement in project follow-up and monitoring implementation of APAs. Meetings on weekly basis with NTLP has also increased levels of cooperation between the two entities. Recruitment and training of Field Promoters engaged in CBTBC services in Karas and Erongo region (where TB CARE I provides direct financial and technical support) was conducted this quarter. A total of 22 field promoters were trained this quarter. Recruitment of a CBTBC focal person stationed at the KNCV Windhoek office to oversee CBTBC coordination in the two regions, Erongo and Karas, was made possible this quarter. Two visits to the regions introducing this cadre and providing on-site support were conducted this quarter.

M & E , OR and surveillance: Program management and data quality support visits to identified districts and regions was done this quarter with support from TB CARE I. Khomas region was supported this quarter through a targeted supportive supervision aiming to improve data quality and other aspects of program management. Feedback session was given after the visit.

In line with improvement of data quality, SOP's for the conduct of Zonal Review Meetings were developed and distributed for use. Two of the five zonal meetings planned each quarter are supported by national level staff through TB CARE I funding. Also done this quarter was the revision of the quarterly reporting formats for community based TB care which will form part of the reporting forms to be used quarterly.

All planned (5) Zonal Review Meetings were held with support from TB CARE I; these meetings are important in ensuring improved data quality through peer reviews and data cleaning. Initiation of the process of writing the NTLP annual report for 2011 began in the second quarter and will be finalized in the third quarter.

Overall work plan implementation status

The state of implementation of TB CARE I planned activities is encouraging, currently standing at 29%, and is promising to be good throughout the year. Good collaboration with the NTLP is the main recipe for this good state of implementation of activities.

Technical and administrative challenges

Abrupt discontinuation of Global Fund resources to community Based TB Care (CBTBC) organisations disrupted some activities during this quarter. TB CARE I had to provide gap-filling funds to organisations such as CoHeNa (Omaheke), Penduka (Khomas) and Health Unlimited in Otjozondjupa regions this quarter. This has forced TB CARE I to juggle through APA 1 activities to make the fund available to sustain the

In-country Global Fund status and update

The Global Fund approved a total of US\$31.6 million for NTLP, of which US\$1.9 million was disbursed in early 2012. However, there are a lot of conditions attached to the budget making implementation as per the original plan drawn out in the approved proposal difficult. Challenges facing the implementation of Global Fund range from limited capacity at Programme Management Unit (PMU)/GFATM/MoHSS to staff attrition at facility level as a result of salary cuts across the board.

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	Baseline		Target		Result		
		Data	Year	Data	Year	Y2		
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 Updated information available on the quality of services from a patients' perspective Indicator Value: Yes/No	No	2009	Yes	2014		World TB Day commemorations were successfully held and community awareness on TB raised	nil
1.2 Increased quality of TB services delivered among all care providers (Supply)	1.2.4 CB-DOTS program is implemented Indicator Value: Score (0-3) based on definition.	2	2009	3	2014		Support to Erongo and Karas regions continued. A CBTC focal person was recruited. Two visits conducted to the two regions introducing the focal person as well as provided on the job technical	nil
	1.2.5 Capacity building of health care workers Description: Number of field promoters (health care workers) trained on any area of TB control using TB CARE 1 funds Indicator value: Number Level: National and Regional (TB CARE 1 geographical area) Source of funds: TB CARE I project/USAID Frequency: Quarterly/Annually Means of Verification: Training reports Disaggregation: by gender and type of training	47 (41 field promoters and 6 supervisors)	2011	63	2012		22 Field promoters (21 females and 1 male) were trained in Erongo this quarter	Newly recruited field promoters are being trained on the job until the next regional training is held.

	<p>1.2.6 Direct salary/stipend support for health care workers</p> <p>Description: The proportion of USAID salary/stipend supported health workers who should remain in-country beyond USAID support that are known to have been absorbed by Namibian stakeholders.</p> <p>Indicator value: Percentage</p> <p>Level: National</p> <p>Source of funds: TB CARE I project/USAID</p> <p>Frequency: Annual</p> <p>Means of verification: Employment contracts</p> <p>Numerator: Number of USAID salary/stipend supported health workers absorbed by Namibian stakeholders at the end of each year.</p> <p>Denominator: Total number of USAID salary/stipend supported health workers in the region at the beginning of the TB CAREI project</p>	N/A	N/A	100% (63/63)	2012		Salary support to all 63 Field Promoters (100%) in the two regions were provided from TB CARE I funding	Due to some changes in terms of employment, senior Field Promoters raised some queries related to remuneration and benefits, which were resolved amicably.
--	---	-----	-----	--------------	------	--	---	--

Technical Area 3. Infection Control		Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes	Outcome Indicators	Data	Year	Data	Year	Y2		
3.2 Scaled-up implementation of TB-IC strategies	3.2.1 "TB IC core package" strategy has been adapted and adopted Indicator Value: Score (0-3) based definition.	2	2009	3	2014		Supported the NTLF TB-IC focal person's travel to Otjozondjupa region to facilitate in TB a training on congregate settings in collaboration with ITECH and	nil

Technical Area 4. PMDT		Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes	Outcome Indicators	Data	Year	Data	Year	Y2		

4.1 Improved treatment success of MDR	4.1.2 MDR TB patients who are still on treatment and have a sputum culture conversion 6 months after starting MDR-TB treatment Indicator Value: Per cent Numerator: Number of MDR TB patients in a cohort who are still on treatment and had culture conversion latest at month 6 (having had 2 negative sputum cultures taken one month apart and remained culture negative since) Denominator: Total number of MDR patients who started treatment in the cohort.	52% (143/275)	2009	65%	2014		11 out of the planned 12 CCRC meetings were held this quarter	Annual figures will be presented at the time of reporting results for all four quarters.
	4.1.3 MDR TB patients who are still on treatment and have a sputum culture conversion 11 months after starting MDR-TB treatment Indicator Value: Per cent Numerator: Number of MDR TB patients in a cohort who are still on treatment and had culture conversion latest at month 11 (having had 2 negative sputum cultures taken one month apart and remained culture negative since) Denominator: Total number of MDR patients who started treatment in the cohort	58% (160/275)	2009	70%	2014			Annual figures will be presented at the time of reporting results for all four quarters.
	4.1.4 MDR TB patients who have completed the full course of MDR TB treatment regimen and have a negative sputum culture Indicator Value: Percentage Numerator: Number of MDR TB patients in a cohort who completed a course of MDR treatment and who fit the WHO criteria for cure or completed treatment Denominator: Total number of MDR patients who started treatment in the cohort	46% (93/201)	2008	70%	2014			Annual figures will be presented at the time of reporting results for all four quarters.

Technical Area 5. TB/HIV								
Expected Outcomes	Outcome Indicators	Baseline		Target		Result Y2	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year			
5.1 Strengthened prevention of TB/HIV co-infection	5.1.2 Districts that are providing HIV prevention message at TB services Indicator Value: Per cent Numerator: Number of randomly-selected districts, providing DOTS, which have a trained staff on HIV counselling. Denominator: Total number of districts providing DOTS	50% (17/34)	2009	95%	2014			This will be reported annually
5.2 Improved diagnosis of TB/HIV co-infection	5.2.2 TB patients with known HIV status Indicator Value: Per cent Numerator: Total number of all TB patients registered over a given time period who were tested for HIV (after giving consent) during their TB treatment Denominator: Total number of TB patients registered over the same given time period.	74% (9849/13332)	2009	90%	2014		Latest data on TB/HIV pending; will be collected during the Zonal Review meetings and the report will be submitted in the next quarter.	Annual figures will be presented at the time of reporting results for all four quarters.
5.3 Improved treatment of TB/HIV co-infection	5.3.1 Registered HIV infected TB patients receiving ART during TB treatment Indicator Value: Per cent Numerator: All HIV-positive TB patients, registered over a given time period, who receive ART (are started on or continue previously initiated ART) Denominator: All HIV-positive TB patients registered over the same given time period.	35% (1995/5676)	2009	90%	2014		Initiating HIV positive TB patients on ART as soon as possible was strongly emphasized at the DTLC Retreat and at the DR-TB review meetings	Annual figures will be presented at the time of reporting results for all four quarters.

Technical Area 6. Health Systems Strengthening								
Expected Outcomes	Outcome Indicators	Baseline		Target		Result Y2	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year			

6.1 Ensured that TB control is embedded as a priority within the national health strategies and plans, with commensurate domestic financing and supported by the engagement of partners	6.1.1 TB care and control strategic plan embedded within national health strategies, including quantifiable indicators and budget allocations Indicator Value: Yes/No	Yes	2009	Yes	2014	Yes	All activities under APA2 are aligned to the Second Medium Strategic plan of the NTLP. Joint planning with the NTLP and regular meetings are also done.	
	6.1.4 Local KNCV and NTLP staff provided continuous education to upgrade skills and knowledge Indicator Value: Number Level: National and regional Source: KNCV quarterly report Means of Verification: Numerator: Number of staff attending local and international trainings/conferences/workshops Denominator: Total number of NTLP staff	?	2009	?	2014		No staff training done this quarter	Staff have to identify relevant trainings and then seek authority to apply for the training. The process may take too long

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	Y2		
7.2 Improved capacity of NTPs to analyse and use quality data for management of the TB program	7.2.1 National M&E plan is up-to-date Indicator Value: Yes/No	No	2009	Yes	2014	Yes	The M and E plan is in use	Nil
	7.2.2 NTP provides regular feedback from central to lower levels Indicator Value: Per cent per quarter Numerator: Number of quarterly feedback reports prepared and disseminated disaggregated by three levels. Denominator: Total number of recipient units/facilities at each level	?	2009	100%	2014		All 5 planned zonal review meetings held this quarter; the fora are important in improving data quality	Nil
	7.2.3 A data quality audit at central level has been conducted within the last 6 months Indicator Value: Yes/No	No	2009	Yes	2014		Data quality checks were done for Khomas region during the targeted support visit to the region.	Lack of commitment of some team members at district level is worrisome. Reports with recommendations have been submitted

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)	0	2009	2	2014		A meeting to set the OR research agenda held this quarter with participants from ITECH, UNAM, MoHSS, KNCV and NTLP	Nil
---	--	---	------	---	------	--	--	-----

Quarterly Activity Plan Report

1. Universal and Early Access								
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						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	Support development of National TB ACSM strategy	KNCV	23.773	0%	Jun	2012	Netty Kamp will provide the TA from May 28 through June 08, 2012; preparations for the TA are ongoing.
	1.1.2	Support communication for Behavioural Impact (COMBI) including TB community Life-style Ambassador (LA) programme	KNCV	18.939	25%	Sep	2012	TB CARE I supports this activity through payment of incentives for Lifestyle ambassadors to attend review meetings every quarter. A total of 150 people attended review meetings in Oshana regions
	1.1.3	Support World TB Day (WTBD) celebration	KNCV	16.894	100%	Mar	2012	Commemorations of this year's WTBD were a huge success mainly because of the unique nature of the event; TB messages were spread through a "flash-mob" where professional and amateur dancers took to the streets and attracted the attention of many people before revealing their TB messages at the end. TB CARE I supported more than 90% of the budget for the main event in Windhoek.
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	Consolidate and expand support for Community-based TB Care (CBTBC) services in Erongo and Karas regions	KNCV	263.745	25%	Sep	2012	On-going support to Karas and Erongo region through salaries/stipends for the 63 (56 females and 7 males) field promoters. Support visits to the two regions were also conducted with TB CARE funding.
	1.2.2	Support TB control in congregate settings	KNCV	10.962	25%	Sep	2012	A training on TBIC guidelines organised by Ministry of Defence in collaboration with I-TECH was held this quarter. TB CARE I supported the TB-IC focal point at national level to attend and facilitate at the training. A total of 23 officers (16 males and 7 females) were trained.

	1.2.3	International TA on TB control in congregate settings	KNCV	28.518	0%	Sep	2012	Planned to be conducted by Victor Ombeka; however, the NTLP has yet to establish a formal relationship with the Ministry of Safety and Security before the TA visit can be organized.
	1.2.4	Support Short-term technical assistance on general TB programme	KNCV	35.067	25%	Jun	2012	Bert Schreuder visited Namibia in late 2011 to discuss with MoHSS, USAID and other relevant stakeholders/partners about the transition plan of KNCV TB Foundation under which resident expat TA positions will be handed over to local experts in the life-span of TB CARE I. He will conduct a 2-week follow-up visit in June 2012.
					29%			

3. Infection Control						Planned Completion		
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
3.2 Scaled-up implementation of TB-IC strategies	3.2.1	Coordinate annual review meeting for TB-IC officers	KNCV	15.545	0%	Apr	2012	A training for TB-IC focal persons is planned for early April 2012 with funding from TB CARE I
	3.2.2	Train TB-IC maintenance staff at selected DR-TB sites	KNCV	8.955	25%	Sep	2012	The TB-IC focal person at national level was supported to visit two regions for Infection control assessments this quarter.
					13%			

4. PMDT						Planned Completion		
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
4.1 Improved treatment success of MDR	4.1.1	International TA to review progress in PMDT	KNCV	17.511	0%	Aug	2012	To be conducted by Victor Ombeka in August 2012
	4.1.2	Support annual national drug resistant TB review exercises	KNCV	16.758	100%	Mar	2012	The annual DR-TB review exercise was conducted this quarter. Main Outcomes: Data verification and cleaning from all 13 regions was done, resulting in annual DR-TB report, final outcome for 2009. Update on the latest DR-TB guide was given to participants
	4.1.3	Support the Tsumkwe ambulatory DR TB treatment project	KNCV	33.515	25%	Sep	2012	Ongoing support provided to the Regional Health Directorate and Health Unlimited

	4.1.4	Organize Annual International PMDT training course.	KNCV	80.707	25%	Jun	2012	Planning for the international DR-TB training to be conducted in Namibia in July have started. The DR TB Clinical coordinator is responsible for the coordination in collaboration with The Union. The faculty members from The Union facilitating the training are Jose A. Caminero and Ignacio Monedero.
	4.1.5	Design and implement tailor-made PMDT interventions in Kavango, Rundu and Ohangwena regions	KNCV	16.703	0%	Sep	2012	Planned to be conducted in the 3rd and 4th quarters of APA 2.

30%

5. TB/HIV								
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
5.1 Strengthened prevention of TB/HIV co-infection	5.1.1	International TA on TB/HIV collaboration	KNCV	31.308	0%	Sep	2012	To be conducted in September 2012 by 2 consultants from The Union - Paula Fujiwara and Riitta Dlodlo - both of which took part in the TB/HIV training in Namibia IN MID-2011
	5.1.2	Consolidate TB/HIV PPM initiatives through support to Namibia Business Coalition on HIV/AIDS (NABCOA)	KNCV	28.104	25%	Sep	2012	Ongoing technical and financial support to the coalition to improve TB/HIV collaborative activities at work places and private companies.
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
5.2 Improved diagnosis of TB/HIV co-infection	5.2.1	Strengthen awareness of TB/HIV issues among clinicians	KNCV	5.788	25%	Sep	2012	One HIV clinicians' society meeting was held in Windhoek, while a breakfast meeting for the HIV clinicians society was also held this quarter with support from TB CARE I.
5.3 Improved treatment of TB/HIV co-infection	5.3.1	Maintain the TB/HIV technical working group (TWG) at National level	KNCV	3.909	25%	Sep	2012	Several TB/HIV TWG meetings were held specifically targeting implementation of the OGAC TB/HIV proposal which was approved late last year.

19%

6. Health Systems Strengthening					Planned Completion	

Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
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	Conduct quarterly TB National Steering Committee (NSC) meeting	KNCV	5.212	100%	Sep	2012	The National Steering committee meeting for this quarter was held. A total of 51 people attended this meeting (31 females and 20 males)
	6.1.2	Hold annual district TB and Leprosy Coordinators' (DTLC) Forum	KNCV	25.545	100%	Mar	2012	This annual event was attended by representatives from all 13 regions and was a huge success as DR-TB data was verified cleaned and updated. 42 (33 females and 9 males) participants attended the review meeting.
	6.1.3	Improve skills and knowledge of local staff on TB control programme (general and specialized)	KNCV	4.950	0%	Sep	2012	TB CARE I will support international trainings for NTLP staff when such courses are identified and are found to be relevant.
	6.1.4	Annual TA on HRD	KNCV	15.633	25%	Jun	2012	Marleen Heus has been in contact with the NTLP in connection with development of training plans as well as HRD/Technical Assistance plan. Her viist is scheduled in early June 2012. She will be accompanied by Bert.
	6.1.5	Annual visit to the Hague by local office management	KNCV	10.184	0%	Jun	2012	Pending; planned in June 2012
	6.1.6	Support skills improvement for MoHSS and NTLP staff	KNCV	31.924	0%	Sep	2012	Through regular interaction with the TB CARE I team, the NTLP staff at all levels are exposed to support through sharing of experience and presentations including CME sessions. International trainings including attending The Union conference are supported through TB CARE I.
					38%			

7. M&E, OR and Surveillance								
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Planned Completion Month	Year	Cumulative Progress and Deliverables up-to-date
7.2 Improved capacity of NTPs to analyse and	7.2.1	Support zonal quarterly TB and Leprosy Review Meetings	KNCV	121.212	50%	Sep	2012	All planned 5 zonal review meetings for the quarter were held in January 2012 and meetings for the next quarter will be held in April 2012.

use quality data for management of the TB program	7.2.2	Support supportive supervisory visits at national and regional levels (including data quality review)	KNCV	6.667	 50%	Sep	2012	Targeted support and supervisory visits were conducted in Kavango in the first quarter and to Khomas in the second quarter. The main DSP supportive visits will be done in the fourth quarter.
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
7.3 Improved capacity of NTPs to perform operational research	7.3.1	Organize OR training for NTLP staff	KNCV	49.062	 25%	Sep	2012	Preparatory work has already started in this regard. The training will be organized in the second-half of September 2012.
	7.3.2	Support NTLP staff to develop and present operational research	KNCV	4.268	 50%	Sep	2012	A meeting of stakeholders already took place in Windhoek, possible research areas have been identified and agreed upon.
					 44%			

Quarterly MDR-TB Report

Country	Namibia
----------------	----------------

Period	January-March 2012
---------------	---------------------------

MDR TB cases diagnosed and put on treatment in country⁽¹⁾

Quarter	Number of MDR cases diagnosed	Number of MDR cases put on treatment
Jan-Dec 2010	222 ⁽²⁾	222 ⁽²⁾
Jan-Sep 2011	157 ⁽³⁾	157 ⁽³⁾
Oct-Dec 2011	41	41
Total 2011	198	198
Jan-Mar 2012 ⁽⁴⁾	Pending	Pending

(1) The electronic laboratory R&R/data system doesn't capture information based on new and old cases; it only captures number of samples tested; NTLP working with NIP, CDC and KNCV to address the issue

(2) Eight out of the total 222 MDR-TB cases are XDR-TB cases

(3) Two out of the total 157 cases are XDR-TB cases.

(4) MDR-TB figures, Jan - MARCH 2012, pending as regions are verifying figures submitted from DR-TB referral sites.

Quarterly GeneXpert Report

Country	Namibia
---------	---------

Period	January-March 2012
--------	--------------------

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-Mar 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)



The Hon. Minister of Health and Social Services, Dr Richard Kamwi, with a 12 year old former TB patient



The main venue of the commemorations in a Park in Windhoek



A group of dancers dancing to Afro-beat music spreading TB messages during the WTBD commemorations