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TB CARE I

TB CARE I - NAMIBIA

Year 3

Annual Report

October 1, 2012 –September 30, 2013

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List of Abbreviations

ACSM	Advocacy Communication and Social Mobilization
AIDS	Acquired immunodeficiency syndrome
APA	Annual Plan of Activities
ART	Anti-retroviral therapy
ARV	Anti-retroviral drugs
CCRC	Central Clinical Review Council
CBTBC	Community Based TB Care
CDC	Centres for Disease Control and Prevention
DR-TB	Drug-resistant TB
GFATM	Global Fund against AIDS, TB and Malaria
HIV	Human immunodeficiency virus
HSS	Health Systems Strengthening
IEC	Information, education, and communication
ICT	Information and communication technology
KNCV	TB Foundation Royal Netherlands TB Foundation
M&E	Monitoring and evaluation
MoHSS	Ministry of Health and Social Services
MoU	Memorandum of Understanding
MSH	Management Sciences for Health
NGO	Non-governmental organization
NSC	National Steering Committee (for TB)
NTP	National Tuberculosis and Leprosy Program
OGAC	Office of the Global AIDS Coordinator
OR	Operational Research
OVC	Orphans and vulnerable children
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	Person living with HIV
PMDT	Programmatic Management of Drug Resistant TB
PMTCT	Prevention of mother-to-child transmission
PMU	Programme Management Unit, TB CARE I, The Hague
SI	Strategic Information
SSF	Single Stream Funding (GFATM)
SOPs	Standard Operating procedure
TB	Tuberculosis
TB CAP	TB Control Assistance Programme
TB-IC	TB Infection Control
TB COMBI	Communication for Behavioural Impact for Tuberculosis
UNAM	University of Namibia
USAID	United States Agency for International Development
UVGI	Ultra-violet Germicidal Irradiation
VCT	Voluntary counselling and testing (for HIV)

Executive Summary

KNCV TB Foundation is the lead partner in the TB CARE I coalition for implementing USAID funded support to the National TB and Leprosy programme (NTLP). During APA3, TB CARE I provided wide-ranging technical and financial support to the Ministry of Health and Social Services (MoHSS). Other in-country coalition partners (but who do not work under TB CARE I) are Management Sciences for Health (MSH) and World Health Organization, while The Union collaborated with KNCV in provision of technical assistance (TA) in the area of TB/HIV consultancies. Due to the co-location of KNCV and NTLP, joint planning and implementation of activities in accordance with the National TB and Leprosy Strategic plan II, 2010 – 2015, is easier and more effective.

Technical officers from TB CARE I participate in weekly meetings with the NTLP, coordinate weekly review of second-line anti-TB regimens for the management of drug resistant TB through Central Clinical Review Council (CCRC) meetings as well as routine and on-going support to the NTLP program officers in the areas of Health Systems Strengthening (HSS), TB/HIV, TB infection control (TB IC), Programmatic management of drug resistant TB (PMDT), Monitoring and Evaluation (M&E) and operations research (OR) as well as in Universal Access through advocacy, communication and social mobilization (ACSM) and Community-based TB Care (CBTBC) service provision.

Some of the key results of TB CARE I operations in Namibia during APA3 include:

- Successful implementation of a mid-term review of the National TB and Leprosy program enabled the NTLP to take stock of level of implementation of planned activities and general direction towards achieving targets set in MTP II (**improved program performance and universal access**). TB CARE I technical advisors worked closely with the NTLP in planning, logistics and implementation of this activity as local reviewers. KNCV headquarters and Unit Africa also contributed senior TA's who participated in specialized areas of the review. TB CARE I also covered the funds for the WHO Team Leader of the review and TB/HIV TA from The Union.
- Increased public awareness on national TB control efforts through successful commemoration of the World TB day event (road shows and speeches by dignitaries) aired on national TV and radio. Involvement of other ministries, other departments and the private sector in these collaboration strengthened PPM. All five prisons which have on-site clinics are providing DOT on site. (**Universal Access**).
- Coordination and collaboration with the NTLP to apply for Global Fund phase two renewal of the single stream of Funding (SSF) for TB. On-the-job training and training workshops for health care workers and the launch of five OR research projects in the country improved staff's capacity to manage TB in the country (**HSS**).

- Team building exercise for NTLP and KNCV staff strengthened collaboration, cooperation and unity of purpose (**HSS**). The model of support to Namibia is that of close collaboration with the NTLP in planning and implementation of activities while providing TA. New cadres joined the NTLP during the course of the year; some members of the NTLP left the team. It was a rewarding experience whose results were observed with immediate effect as team members became more familiar with each and shared problems and solutions more easily afterwards.
- The implementation of the 3I's project in Namibia was marked by the recruitment of the project coordinator and M&E officer for the OGAC 3I's Demonstration Project (**TB/HIV**) through TB CARE I technical and financial support.
- In 2012, 89% of TB patients were counseled and tested for HIV while 74% of the HIV positive TB patients were commenced on ART. This shows a marked improvement from the 84% and 54% reported in 2011 respectively, which TB CARE I is proud to be associated with. Recruitment of an M&E Officer and two national level data clerks (through Global Fund) for the NTLP and the subsequent on-the-job training provided through TB CARE I and the quarterly data review meetings, strengthened data quality and data usage at all levels. Fewer errors are encountered on submitted data and deadlines for submission of periodic reports are consistently met in 2012 (**M&E and OR**).
- Five operations research (OR) projects technically and financially supported through TB CARE I were initiated during the year resulting in improved capacity of health care workers to conduct OR. Report-writing and publishing of these studies will be done in APA4 (**M&E and OR**).

Introduction

TB CARE I Namibia, a 5-year USAID funding mechanism, is led by KNCV TB foundation and collaborates in-country (at a technical level, but not directly under TB CARE 1) with WHO, MSH and the Ministry of Health and Social services. The Union is one of the coalition partners with whom KNCV collaborates especially in areas of PMDT and TB/HIV through external TA. The total buy-in amount for APA3 was USD 2, 898,563 and by end of September over 90% of planned activities had been implemented.

Six technical areas are implemented through TB CARE I in Namibia country-wide; Universal access, HSS, TB/HIV, TBIC, PMDT, M&E and OR. Through joint planning and in accordance with the strategic plan for TB and Leprosy, activities were implemented to achieve set targets throughout the year. Technical support is the main function of TB CARE I although financial support is provided for specific activities. TB CARE I has strength and vast experience in the areas of general program management PMDT, TB/HIV and M&E as well as operations research. WHO led a program review for Namibia in February 2013; TB CARE I played a crucial role in the planning and implementation with two of its technical officers serving as local reviewers. TB CARE I technical officers facilitated in several trainings of health care workers (doctors, nurses, pharmacists, pharmacy technicians and non-health care workers) conducted throughout the year in collaboration with I-TECH.

TB CARE I also provided direct support for community TB care activities in two of the thirteen regions throughout the year; based on a MoU signed between TB CARE I and regional directors of Erongo and Karas regions. The support includes salary support for 63 TB field promoters and supervisors, other incentives and maintenance of directly observed treatment (DOT) containers.

Core Indicators

TB CARE I has seven core indicators that the program as a whole is working to improve across all countries. Table 1 summarizes the core indicator results across the life of the project for TB CARE I-Namibia. Results for 2013 will be reported on next year.

Table 1: TB CARE I core indicator results for Namibia

Indicators	2010 (Baseline)	2011 (Year 1)	2012 (Year 2)
C1. Number of cases notified (all forms)	12625	11924	11145
C2. Number of cases notified (new confirmed)	4464	4502	4333
C3. Case Detection Rate (all forms)	54% (2009)	57% (2010)	64% (2011)
C4. Number (and percent) of TB cases among HCWs	n/a		
C5. Treatment Success Rate of confirmed cases	85%(2009)	85%(2010)	83%(2011)
C6. Number of MDR cases diagnosed *	214	192	206
C7. Number of MDR cases put on treatment*	214	192	206

* 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

TB CARE I provides technical and financial support to the NTLP in all areas of TB control except laboratory and pharmaceutical services where CDC and MSH are active, respectively. This places TB CARE I Namibia in a position to be involved in all plans that the NTLP is implementing. TB CARE I technical staff participate in joint planning meetings with the NTLP and its partners; they also provide TA to program officers and support NTLP staff as needed. Training of health care workers is an important activity in which the TB CARE I is actively engaged. Improved adherence to the use of national guidelines is chiefly responsible for improved treatment outcomes observed over the years. Active case finding for DR-TB and use of the Central Clinical Review Council has improved Programmatic Management of Drug Resistant TB in the country. TB CARE I provides services to this important area through a National DR-TB Clinical Coordinator.

Summary of Project Indicators and Results

Table 2: TB CARE I-<Namibia> Year 3 indicators and results

Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline or Y2 (timeframe)	Target	Result	Comments
					Y3	Y3	
Universal Access							
1.2	Increased quality of TB services delivered among all care providers (Supply)	1.2.5 Childhood TB approach implemented	Childhood TB approach implemented (Y/N)	Yes, 2012	Yes	Yes	
		1.2.7 Prisons with DOTS	# of prisons implementing DOTS	N/A, 2011	5	5	All prison facilities with Health care services do provide DOT on site
		1.2.8 CB-DOTS program is implemented	CB-DOTS program is implemented (Y/N)	Yes, 2012	Yes	Yes	
Infection Control							
3.2	Scaled-up implementation of TB-IC strategies	3.2.2 Facilities implementing TB IC measures with TB CARE support	# of Facilities implementing TB IC measures with TB CARE support	17 (2011)	34	34	All district hospitals are now implementing TB IC measures following trainings and assessments conducted with TB CARE I funding
Programmatic Management of Drug-Resistant TB (PMDT)							
4.1	Improved treatment success of MDR TB	4.1.3 MDR TB patients who have completed the full course of MDR TB treatment regimen and have a negative sputum culture	MDR TB patients who have completed the full course of MDR TB treatment regimen and have a negative sputum culture as proportion of those registered	44% (2010)	50% (2011)	58% (2012)	

			in the same period				
TB/HIV							
5.2	Improved diagnosis of TB/HIV co-infection	5.2.2 TB patients (new and re-treatment) with an HIV test result recorded in the TB register	TB patients (new and re-treatment) with an HIV test result recorded in the TB register as a proportion of all TB cases recorded in the TB register	84% (2011)	90%	89%	Most facilities have achieved 90% or more testing rate for TB patients as the practice is fast becoming a standard. A direct result of numerous trainings and review meetings in which TB CARE I plays an important part
5.3	Improved treatment of TB/HIV co-infection	5.3.1 HIV-positive TB patients started or continued on antiretroviral therapy (ART)	HIV-positive TB patients started or continued on antiretroviral therapy (ART) as a proportion of all HIV positive TB patients recorded for period	54% (2011)	75%	74%	An ambitious target of 75% was set but realistically only 74% was achievable as facilities implemented the revised ART guidelines at different rates
Health System Strengthening							
6.1	TB control is embedded as a priority within the national health strategies and plans, with matching domestic financing and supported by the engagement of partners	6.1.1 Government budget includes support for anti-TB drugs	Government budget includes support for anti-TB drugs (Y/N)	Yes (2011)	Yes	Yes	The GRN procures all anti-TB medicines.

Monitoring, Evaluation & Surveillance							
7.2	Improved capacity of NTPs to analyze and use quality data for the management of the TB program	7.2.1 Data quality measured by NTP	Data quality measured by NTP (Y/N)	Yes (2011)	Yes	Yes	TB CARE I supports the conduct of zonal data review meetings which strengthen data quality through rigorous review of data (all 20 planned zonal review meetings were conducted in the year)
		7.3.1 OR studies completed	# of OR studies completed	N/A (2011)	3	0	Although 3 out of the 5 studies have conducted data collection, studies have not yet been finalized, through data entry, analysis, manuscript writing and publishing of papers yet. A workshop on data analysis is planned for 18-29 November 2013

Universal Access

TB CARE I works closely with the National TB and Leprosy program to deliver its mandate in the provision of services that ensure universal and early access to TB care in Namibia. The main partners in this technical area are WHO, various non-governmental organizations involved in Community TB Care activities (listed below) the ministry of Health and Social Services (MoHSS) through the NTLP. TB CARE I Namibia TB CARE I supports the NTLP in all aspects of TB control and some of the top achievements of TB CARE I in this area included the following:

- All three districts of Karas region and all four districts of Erongo region implemented CBTBC activities using 63 field promoters and supervisors supported through TB CARE I. TB CARE I continued to provide gap-filling financial support provided to three community based NGO's providing community TB care services: Penduka in Khomas region, CoHeNa in Hardap and Omaheke, Health Unlimited in Otjozondjupa regions respectively. This gap-filling support is expected to continue until such time that the GF is ready to provide all the approved funding to the organisations whose CBTBC services are vital for success of the NTLP in general.
- Indirect support was also provided to the rest of the country through TA and financial support provided at national level.
- Successful conduct of the WHO-led mid-term program review that formed the basis for phase two renewal for the Global Fund proposal. TB CARE I played a pivotal role in logistics and technical support (local and international TA's participated in the review).
- Namibia commemorated World TB Day (WTBD) this year with support from TB CARE I and the Global fund; 2 road shows were held: one from the north-western corner of Opuwo and another from the north western corner of Katima Mulilo and the two teams converging in Walvis Bay (the venue for the national event). TB CARE I provided financial, technical and logistical support throughout the WTBD commemorations. Community awareness on TB was raised significantly during this period, more enquires were received from the colleges and universities on TB, students carrying out research focused more on TB and HIV and came to the NTLP looking for data.
- TB CARE I supported an annual retreat for CBTBC field promoters, district TB and Leprosy coordinators in Otjozondjupa region from 07-09/05/2013. A total of 59 field promoters/field supervisors (8 males and 51 females) and 5 DTLC's (all females) attended the retreat. The retreat was instrumental for sharing best practices, learn from challenges faced by the Field Promoters with focus on how they managed to tackle the challenges, including cultural barriers.
- Three of the planned 4 quarterly National TB Steering Committee (NSC) meetings were held during the year; more than 60 participants attended each meeting whose main focus was review of the implementation of planned activities as well as preparing for the mid-term program review and general program performance.
- Of the 13 prisons in the country, five provide health services on site with provision of DOT in all five prisons. TB CARE I supports initiative by the NTLP to engage the prison officials more and more

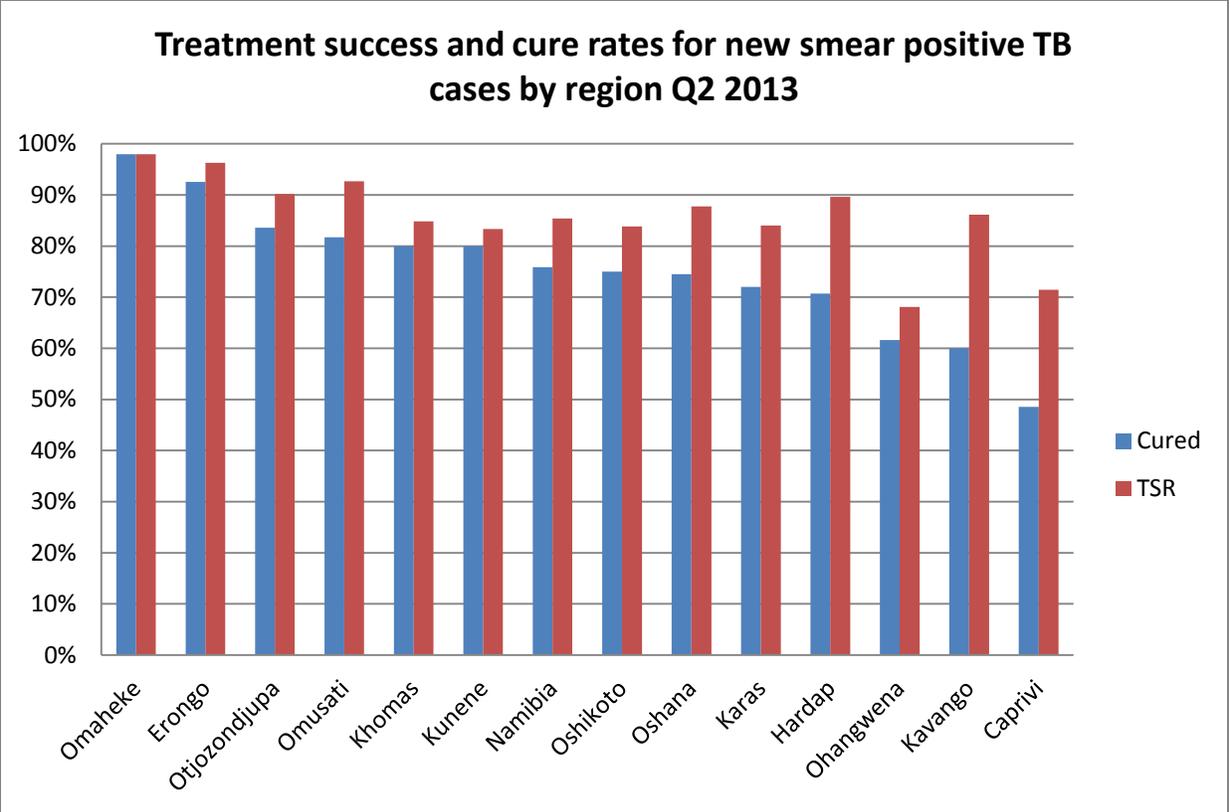
- Following a series of meetings and workshops, the USAID/TB CARE I funded independent national CBTBC assessment by a team of 2 international and 4 local consultants commenced in February 2013. The report is expected by end of February 2014.

Key Results

- Treatment success rates for new smear positive cases have remained over 90% in Erongo (92% for period April-June 2012) and over 85% in Karas region based on improved use of field promoters in the provision of DOT at facility and community level. These are the two regions where TB CARE I has a huge presence.
- The slight decline in overall treatment success rate for the country was largely due to disruption of services emanating from premature withdrawal of Global Fund support to some organizations; major disruptions in CBTBC services were averted with support from TB CARE I during the rest of the reporting period
- Childhood TB: revised guidelines addressed issues related to childhood TB

Some graphs and pictures for technical area

Omaheke followed by Erongo had the highest treatment success rates and cure rates in the country, these are the regions CBTBC services provided through CoHeNa and TB CARE I have been most successful. Incidentally TB CARE I provided gap-filling support to CoHeNa over the past two years.



Infection Control

In the area of TB Infection control, TB CARE I supported the initiatives of the NTLP:

- TBIC focal person’s annual meeting attended by 35 participants (10 males and 25 females) supported largely through TB CARE I funding (see table 2 on training below)
- Facility TB IC assessments were conducted in three regions of Oshikoto, Oshana and Omusati during the second quarter with support from TB CARE I. This completed the whole list of 13 regions and 34 district hospitals having TBIC facility assessment as planned.
- The participation and facilitation of the TB CARE I team in a consensus building workshop on reviewing of the TB IC national guidelines. Max Meis, funded through PMU/TB CARE I, was the lead facilitator during this workshop, where a total of 49 (29 females and 20 males) people participated with support from TB CARE I. The guidelines should be completed and ready to launch by the end of 2013.

Key Results

Key results in this technical area included:

- Availability of TB infection control plans in all district hospitals
- A pre-final draft version of the revised TB IC guidelines

Some TBIC pictures

TB Infection control in action....All windows and doors in the TB clinic are always opened



Programmatic Management of Drug Resistant TB (PMDT)

TB CARE I works closely with the NTLP in ensuring that there is improved programmatic and clinical management of DR-TB, mainly through the services of a resident Clinical Coordinator for DR-TB; training of DR-TB doctors and nurses; and the services of the CCRC for management of DR-TB patients and other patients on second line TB medicines. Throughout the year, 95% of all planned weekly Central Case Review Committee (CCRC) meetings were held with TB CARE I support. TB CARE I supported the implementation of a curriculum review for DR TB training for medical officers, nurses and pharmacists. The revised curriculum is now being used for all the training.

TB CARE I also supported the purchase and handover of 20 tents to be used for the ambulatory care for TB patients in Tsumkwe constituency of Grootfontein district in Otjozondjupa. This is envisaged to improve compliance with taking TB medicines for the hugely mobile San community.

The NTLP in collaboration with TB CARE I and other stakeholders participated in the initial meetings in preparation for the second Drug Resistance Survey (DRS) and participated in subsequent meetings to finalize the protocol for the second DRS for Namibia. External technical advisors provided virtual TA in the finalization of the DRS protocol, including the Data Management Protocol (DMP).

TB CARE I, through the Resident DR-TB Clinical Coordinator, took a leading role in ensuring the successful conduct of yet another International training of health care workers on DR-TB through collaboration with The UNION. Of the participants, 20 were from Namibia while the other five were from other countries in Africa (2 from Kenya, 2 from Sudan and 1 from Tanzania).

Key Results

- Improved quality of case presentations and documentation of CCRC cases from the regions has been observed throughout the year. Patients are adequately worked out, details of examination and investigation findings are documented clearly making it easier for the committee to determine patient regimens
- Improved treatment success rate among DR-TB patients from 44%, to 58% in 2010 and 2012 respectively. Compared to other countries in the region, this is a major improvement, but efforts to reach higher rates continue in the country.

Tsumkwe Ambulatory care project received tents for use through TB CARE I support



TB/HIV

In the area of TB/HIV, TB CARE I supported the NTLP in ensuring that scheduled TB/HIV technical working meetings are held regularly. To this end, all planned monthly meetings were held and good progress was made in ensuring collaboration between the TB and HIV programs. TB CARE I Namibia is tasked with the responsibility of recruiting and retaining the OGAC 3 I's Demonstration Project staff (Project Coordinator and M&E Officer) as well as major procurements for the project.

KNCV Namibia Office is currently working with PMU/TB CARE I, NTLP, HIV/AIDS Team/MoHSS, USAID/Namibia and CDC/Namibia to revise the OGAC 3 I's Demonstration Project plan to fit with the 20-month timeline for the USAID/TB CARE I funded activities. The revision includes making funds available for staffing and operations – 3 key personnel, central office back-stopping and field office expense – for a period of 7 months, 01 January – 31 July 2015.

Key Results

- Maintain a functional TB/HIV TWG
- Commencement of the OGAC 3 I's Demonstration Project (recruitment of Project coordinator and M&E Officer and vehicle procurement)
- In 2012, 89% of all registered TB patients have a known HIV status while 74% of the HIV positive TB patients are commenced on ART, a huge improvement from previous years. TB CARE I facilitated in training of HCW's, in zonal data review meetings (where regions, do peer review exercises) as well as in supportive supervision of facilities (providing on-the-job training as needed).

Health System Strengthening (HSS)

TB CARE I, through financial and technical support to the NTLP, has contributed significantly to HSS. This was done through support provided for:

- Two program officers to attend a WHO/AFRO workshop on National Strategic Planning, in Nairobi, Kenya
- Supported three program officers from the NTLP/KNCV to attend the 43rd Annual TB conference in Kuala Lumpur in Malaysia in November 2012
- TB CARE I supported the mid-term review (MTR II review) through provision of four external reviewers and two local reviewers as well as provision of logistical support throughout the two-week period. Final report of the review was submitted to NTLP/MoHSS in May 2013.
- The NTLP once again held a retreat in 2013 for the most important cadres in TB control in Namibia, the District TB and Leprosy coordinators (DTLCs), with TB CARE I support. All 34 districts were represented during this year's retreat whose other purpose was to compile TB data for the previous twelve months.
- TB CARE I provided technical and logistical support to the annual forum for regional managers/coordinators in Okahandja. A total of 19 participants (7 males and 12 females) attended this annual meeting.

- The national CBTCB focal person and a regional manager were sponsored by WHO to attend a meeting in Morocco with technical support from TB CARE I Health Systems Strengthening
- The program in collaboration with TB CARE I successfully held a team-building retreat for NTLP and KNCV Namibia Office staff
- Training of HCW in the Guidelines for the Management of TB was held for Doctors and pharmacists in Otjiwarongo. A total of 30 HCW were trained of which 8 were males and 22 were females.

Key Results

- Improved staff relationships and a better work environment
- Improved case management of TB and DR-TB cases with improved treatment outcomes as a result of quality trainings.

Some pictures on HSS



Trainings conducted with support from TB CARE I in collaboration with ITECH and MoHSS

Date	Venue	Name of training	Male	Female	Total
Oct-12	Mokuti	TB guidelines for Doctors and pharmacists	22	19	41
Jan-13	Otjiwarongo	Annual retreat and training for DTLCs	5	30	35
Mar-13	Otjiwarongo	TB guidelines for Doctors and pharmacists	11	7	18
Apr-13	Windhoek	TBIC guidelines development and training for TBIC focal persons	20	29	49
Apr-13	Windhoek	TB IC focal person's annual meeting and training	10	25	35
Apr-13	Heja Lodge	Training of field promoters from Hardap and Omaheke region	9	10	19
May-13	Oropoko	Annual Regional managers' forum on management of TB	7	12	19
May-13	Waterberg	Annual retreat and training for CBTBC field promoters, DTLCs	8	56	64
Jun-13	Heja Lodge	Comprehensive Course on Clinical and Programmatic Management of DR-TB	19	10	29
Jul-13	Oshakati	International DR-TB training	22	4	26
Aug-13	Otjiwarongo	ACSM strategy development workshop	5	18	23
Aug-13	Otjiwarongo	TB guidelines for Doctors and pharmacists	8	22	30
Sep-13	Keetmanshoop	Training of field promoters from Karas region	5	15	20
Total			151	257	408

Monitoring & Evaluation, Surveillance and OR

Through the consistent support of TB CARE I, the quality of data produced by the NTLP has been improving steadily over the years:

- A data verification and supportive supervision visit was conducted to two Northern regions; during this visit ETR.net was also evaluated and updated. A total of five districts were visited and on each site, data quality audits were carried out, checking the TB registers for completeness, accuracy and comparing entries in ETR.net with those in the paper based TB registers. A checklist was also used to assess the data quality issues at each site. DTLC's for all five districts were met and supported, while regional C/SHPA's, Directors for Health and Senior Data clerks for both regions were met and interviewed during the visit
- 20 of the 20 planned quarterly zonal review meetings were held in all five zones of the country covering all 13 regions to ensure continued data quality during the year.
- Proposal development following an OR training course held in September 2012: five research proposal topics were developed, approved and implementation commenced with funding from TB CARE I. To date, three of the five OR projects completed data collection and data entry is commenced. A follow-up OR training on data analysis is planned for 18-29 November 2013
- TB CARE I supports GF application processes through funding meetings of the Technical Taskforce (TTF) and the writing retreat for the subgroup of the TTF which resulted in production of a proposal which was submitted to Global Fund timely before the deadline of June 15th
- TB CARE I supports the NTLP in:

- Completion , finalization and submission of the WHO TB data for 2012 before the deadline
- Planning and implementation of the annual technical supportive and supervisory visits conducted country-wide.

Key Results

- ETR.net can now be relied upon to generate credible reports for susceptible TB. DTLC's and M&E officers can generate reports in a faster and more accurate manner.
- 3 out of 5 research proposals are at an advanced stage of implementation.



Some of the participants at training of research assistants for the Turn Around Time Operations research study