



TB CARE I

TB CARE I - Namibia

Year 4

Quarterly Report

October – December 2013

January 30, 2014

Table of Contents

1. QUARTERLY OVERVIEW	3
2. YEAR 4 TECHNICAL OUTCOMES AND ACTIVITY PROGRESS	4
2.1 Universal Access	4
2.3 Infection Control	5
2.4 PMDT	5
2.5 TB/HIV	6
2.6 HSS	9
2.7 M&E, OR and Surveillance	12
3. TB CARE I'S SUPPORT TO GLOBAL FUND IMPLEMENTATION IN YEAR 4	15
4. MDR-TB CASES DIAGNOSED AND STARTED ON TREATMENT IN COUNTRY	16
6. TB CARE I-SUPPORTED INTERNATIONAL VISITS (TECHNICAL AND MANAGEMENT-RELATED TRIPS)	17
6. FINANCIAL OVERVIEW	18

1. Quarterly Overview

Country	Namibia
Lead Partner	KNCV TB Foundation
Coalition Partners	The Union, WHO
Other partners	NABCOA
Work plan timeframe	Oct 2013-Sep 2014
Reporting period	Oct – Dec 2013

Most significant achievements:

TB CARE I supported a number of notable activities during this quarter:

The first ever TB/HIV symposium was held in Windhoek as a result of collaboration between the Ministry of Health and Social Services, University of Namibia, University of Borstel from Germany with the technical and financial support of partners, including TB CARE I. More than 300 people attended and participated in this symposium. Five staff from the ministry of health and social services and KNCV TB foundation presented papers at the symposium apart from active participation during the two-day symposium. TB CARE I supported the development of the presentations and provided DSA for the regional staff who attended the symposium. The symposium increased awareness on TB/HIV collaborative activities in the country as well as raised the interest in operations research and information sharing/results dissemination. A local forum for sharing research results was thus created.

Five technical staff from national and regional level were supported to attend the Union conference in Paris through TB CARE I funding. Two oral presentations and three poster discussions were presented by the representatives at the conference.

In the area of ACSM and community TB care, Namibia commemorated the world Aids Day with collaboration from the HIV and TB programs that resulted in smooth implementation of the planned activities (see pics) with support from WHO and TB CARE I. Erongo and Karas regions continued to receive direct support from TB CARE I through funding of salaries for 63 field promoters and logistical and administrative national level coordination of their activities.

The annual retreat for the Directorate of Special programs in which strategic plans of the directorate were reviewed in order to align them with the ministerial strategic plan was held during this reporting period; a total of 39 health care workers participated in this planning retreat. The plan is to conduct a similar retreat each year as this brings together people from various programs of the directorate and it allows for cross-fertilization of ideas and empowering the program staff. Participation of TB CARE I in these retreats was found to be very useful in identifying gaps in funding and for ensuring inclusion of relevant activities in the APA planning processes. The retreat, which also included a Team-Building component, was a resounding success as it followed a successful team building exercise held by the NTLF in collaboration with TB CARE I during the previous quarter.

TB CARE I provided logistical and financial support for five zonal review meetings (a form of technical supportive supervision visits) conducted during the quarter.

Through TB CARE I funding, an Operations Research training course was conducted in Namibia during this quarter. This follow-up training course focused on data analysis and report writing and was attended by 30 participants who consisted of authors of the five research topics that were approved by the ministry. Data collection was complete for all the teams and data cleaning and analysis dominated most of the training period. Facilitators for the course were Osman Abdullah and Ellen Mitchell from KNCV TB Foundation.

Technical and administrative challenges:

Nil

2. Year 4 technical outcomes and activity progress

2.1 Universal Access

Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date ¹		Comments
1.2.8	CB-DOTS program is implemented		In two out of 13 regions	In two out of 13 regions	Measured annually		Ongoing activity
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status ²	
				Start	End		
1.2.1	KNCV	Consolidate and expand support to Community-based TB Care (CBTBC) services in Erongo and Karas region	63 field promoters work in seven districts of Erongo and Karas regions in the field of CBTBC; providing DOT to TB patients, following up defaulters, tracing contacts and giving health education to the community. TB CARE I supported the conduct of a country-wide community based TB care assessment (payment for the consultants and technical input to the assessment). Results of the assessment are expected in mid-2014.	Oct 13	Sep 14	Ongoing	
1.2.2	KNCV	Support Life-style ambassadors' (LSAs) grass-roots TB awareness program	A new person has been appointed following the resignation of the technical officer responsible for this activity. More is expected as the cadre gets more orientation	Oct 13	Sep 14	Pending	
1.2.3	KNCV	Short term TA for ACSM Monitoring and Evaluation (M&E) support	Pending	Jan 14	Mar 14	Pending	
1.2.4	KNCV	World TB Day (WTBD) Commemorations	This is planned for quarter 2 (March 2014)	Jan 14	Apr 14	Pending	

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

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

2.3 Infection Control

Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date		Comments
3.1.1	National TB-IC guidelines that are in accordance with the WHO TB-IC policy have been approved		Yes	Yes	Yes		TBIC Guidelines to be launched during the WTBD commemorations in March 2014
3.2.2	Facilities implementing TB IC measures with TB CARE support		34	34	34		Ongoing; all 34 district hospitals are implementing TBIC measures and assessments will be conducted by the NTLP in Q2
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status	
				Start	End		
3.1.1	KNCV	Supporting an annual TB-IC review meeting	Planned for March 2014		Jan 14	Apr 14	Pending

2.4 PMDT

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date	Comments
C6	Number of MDR cases diagnosed	330	397	Not yet measured	Quarterly data review meetings underway and reports expected by end of January 2014
C7	Number of MDR cases put on treatment	330	397	Not yet measured	Quarterly data review meetings underway and reports expected by end of January 2014
4.1.2	MDR TB patients who are still on treatment and have a sputum culture conversion 6 months after starting MDR-TB treatment	70%	75%	Not yet measured	Quarterly data review meetings underway and reports expected by end of January

						2014
4.1.3	MDR TB patients who have completed the full course of MDR TB treatment regimen and have a negative sputum culture	65%	70%	Not yet measured		Quarterly data review meetings underway and reports expected by end of January 2014
4.1.5	<i>Number of DR TB patients clinically reviewed</i> Description: (Absolute number) This is the number of patients with documented clinical reviews by the clinical coordinator during the year, as part of either direct or indirect clinical consultations	257 (2012)	272 (50% of projected MDR TB cases in the period)	62		The reviews are conducted weekly through the Central Clinical Review Committee meetings, electronic patient management systems (eTB manager) and occasionally through clinical assessments by the clinical coordinator whenever possible.
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status
				Start	End	
4.1.1	KNCV and The Union	International Clinical DR-TB Training	Pending; Planned for 4 th quarter	Mar 14	Sep 14	Pending
4.1.2	KNCV	Annual DR-TB review exercise	This is planned for 4 th quarter	Jan 14	Jun 14	Pending
4.1.3	The Union	Short-term TA: 2 course facilitators for the International Clinical DR-TB Course	This is also planned for 4 th quarter	Apr 14	Sep 14	Pending

2.5 TB/HIV

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date	Comments
5.2.1	HIV-positive patients who were screened for TB in HIV care or treatment settings	11,367	9,622	Not yet measured	Quarterly data review meetings underway and reports expected

						by end of January 2014
5.2.2	TB patients (new and re-treatment) with an HIV test result recorded in the TB register	88% (n = N/A)	90%	Not yet measured		Quarterly data review meetings underway and reports expected by end of January 2014
5.3.1	HIV-positive TB patients started or continued on antiretroviral therapy (ART)	86%	90%	Not yet measured		Quarterly data review meetings underway and reports expected by end of January 2014
5.3.2	HIV-positive TB patients started or continued on CPT	99%	99%	Not yet measured		Quarterly data review meetings underway and reports expected by end of January 2014
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status
				Start	End	
5.2.1	KNCV	Short-term TA on rolling-out WHO guidelines on contact investigation	Internal discussions ongoing with the NTLP regarding dates for the TA as well development of the TOR's	Jan 14	Sep 14	Pending
5.2.2	KNCV	TB/HIV PPM/NABCOA	Ongoing activity	Oct 13	Sep 14	Ongoing
5.2.3	KNCV	Support to HIV Clinicians' Society	TB CARE I supported 2 doctors representing Namibian HIV Clinicians society to attend a Federation of Infectious Diseases in South Africa (FIDSSA).	Oct 13	Sep 14	Completed

TB CARE I collaborated with the University of Namibia (School of Medicine), University of Borstel and University of Luberg, Ministry of Health and Social Services to conduct the first TB/HIV Symposium. At the Symposium, TB CARE I facilitated and supported regional staff to prepare and make presentations on operations research topics conducted in the country. The symposium will be an annual event and a platform for sharing research findings in the country.

15:00 – 15:00
Panel discussion: Priority action to combat TB/HIV in Namibia

UNAM School of Pharmacy	T. Rennie
UNAM School of Medicine	C. Hunter
UNAM School of Nursing	P. Angula
NTP	F. Mavhunga
NACOP	F. Tjituka
CDC	H. Menzies
KNCV	G. Mutandi
NIP	O. Omer
I-TECH	H. Kaura
WHO	L. Brandt
USAID	T. Desta
HIV Clinicians Society	R. Idongo
MSH	F. Mugala
	E. Sagwa

15:00 – 15:10
Wrap up and vote of thanks
(P. Odankor)

15:10 – 15:15
Closing remarks
(P. Nyarango)

This symposium has been organized jointly by UNAM SoM, NACOP, NTP, KNCV, CDC, FZB, UL and MOHSS with the support from GIZ Office Namibia the German Academic Exchange Service (DAAD) within the aFRICAN project between UNAM and the University of Lübeck (Germany)

Registration free of charge at:
unam-tbhiv13@fz-borstel.de

CPD award: Day 1: 7 CEU / Day 2: 5 CEU

1st International UNAM School of Medicine Symposium on Tuberculosis and HIV- Infection

An update in epidemiology, diagnostics and management for students, doctors, nurses and public health workers.

18th and 19th of October 2013
Auditorium, UNAM School of Medicine
Windhoek, Namibia



Speakers and guests:

- Prof. M. Addo (Harvard- University, Boston)
- Dr. P. Angula (UNAM, Windhoek)
- Dr. L. Brandt (I-TECH, Windhoek)
- Dr. C. Cupido (MOHSS, Windhoek)
- Dr. T. Desta (WHO, Windhoek)
- Prof. B. Eley (UCT, Cape Town)
- Prof. S. Ehlers (Research Center Borstel)
- Dr. N. Forster (MOHSS, Windhoek)
- Prof. L. Hangula (UNAM, Windhoek)
- Prof. C. Hunter (UNAM SoM, Windhoek)
- Mr. O. Hückmann (German Ambassador)
- Ms. R. Indongo (USAID, Windhoek)
- Ms. A. Jonas (NACOP, Windhoek)
- Dr. R. Kamwi (Minister of Health, Namibia)
- Dr. I. Katjijae (MOHSS, Windhoek)
- Mr. H. Kaura (NIP, Windhoek)
- Prof. C. Lange (Research Center Borstel)
- Prof. J. v. Lunzen (Hamburg University)
- Dr. F. Mavhunga (NTP; Windhoek)
- Dr. H. Menzies (CDC, Windhoek)
- Prof. T. Meguid (UNAM SoM, Windhoek)
- Ms. H. Mungunda (NTP, Windhoek)
- Dr. G. Mutandi (CDC, Windhoek)
- Dr. F. Mugala- Mukungu (HIV Clin. Society)
- Dr. A. Ndishishi (Perm. Secretary, MOHSS)
- Ms. M. Neo (NACOP, Windhoek)
- Prof. M. Nicol (UCT and NHLS, Cape Town)
- Prof. P. Nyarango (UNAM SoM, Windhoek)
- Prof. P. Odankor (UNAM SoM, Windhoek)
- Dr. O. Omer (KNCV, Windhoek)**
- Dr. T. Rennie (UNAM, Windhoek)
- Dr. N. Ruswa (KNCV, Windhoek)**
- Mr. E. Sagwa (MSH, Windhoek)
- Mr. S. Sawadogo (CDC, Windhoek)
- Dr. J. Sheehama (UNAM, Windhoek)
- Ms. F. Tjituka (NACOP, Windhoek)
- Dr. A. Zezai (KNCV, Windhoek)**

To strengthen TB/HIV collaborative activities, TB CARE I supported the NTP and HIV programs in commemorating the World Aids Day through various activities including; netball, soccer, drama, music and speeches from dignitaries.

2.6 HSS

Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date		Comments
6.1.1	Government budget includes support for anti-TB drugs		100%	100%	100%		Government of Namibia funds 100% of all TB medicines
6.1.2	CCM and/or other coordinating mechanisms include TB civil society members and TB patient groups		Yes	Yes	Yes		TB CARE I supports NTLP in Global Fund processes.; grant negotiation and supporting implementation and monitoring of planned activities
6.2.1	TB CARE-supported supervisory visits conducted		12	15	5		TB CARE I supported the five zonal review meetings of the quarter
6.2.2	People trained using TB CARE funds		600	600	23 (17 females and 6 males)		OR training course
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status	
				Start	End		
6.1.1	KNCV	Support DTLCs' retreat	Planned for 2 nd quarter		Jan 14	Mar 14	Pending
6.1.2	KNCV	Short-term TA; general program support	Planned for 3 rd quarter		Oct 13	Sep 14	Pending
6.1.3	The Union	Short-term TA: GF/SSF support	Planned for the third quarter		Oct 13	Sep 14	Pending
6.1.4	WHO	Short-term TA: NTLP Strategic plan III development	Planned for 4 th quarter		Jul 14	Sep 14	Pending
6.1.5	WHO	Short-term TA: Knowledge management and documentation of contributions of KNCV TB Foundation/TB CTA towards TB control in Namibia	Planned for 3 rd quarter		Jul 14	Sep 14	Pending
6.1.6	WHO	Capacity building for NTLP and local KNCV staff	Pending		Jan 14	Sep 14	Pending

TB CARE I supported two of the three health care workers from the regions who attended the Arusha training course in Tanzania. During the same period, TB CARE I also supported five of the seven officials from the Ministry of Health and Social Services and KNCV who attended the 44th Union Conference in Paris, France.

Five abstracts (2 oral and 3 posters) were accepted at the Union conference with TB CARE I support.

Presentations at the Union Conference

Reporting TB/HIV collaborative activities: Experience using ETR.net in Namibia

Authors: J. Swane, M. Stein, P. Angreiff
Ministry of Health and Social Services, Windhoek, Namibia; WHO TB Unit, Geneva, Switzerland; TB CARE I, Namibia
4th World Union Conference on Lung Health, 22 October - 8 November 2012, Paris, France

Background
Namibia has high rates of TB and HIV. The TB notification rate was 529 per 100 000 of the population during 2011 and TB prevalence among pregnant women was determined an 18.4% during 2010 HIV serosurvey. The National TB and HIV collaborative reporting system (ETR.net) was implemented in 2008 to address the challenge posed by the manual reporting system. Data is reported as well as problems during data uploads were among the issues associated with manual reporting. All country, the system allows the capturing and reporting of HIV testing of TB patients, HIV results, ART initiation, CD4 counting coverage in addition to the routine TB indicators. Reporting from peripheral to central level also supports both zone level

Interventions
The analysis of routine TB/HIV data collected on ETR.net was made to assess the trends for the period 2008 to 2012.
- Although coverage of ETR.net was complete by 2008, updates were not consistent.
- No such data recording and reporting (paper and electronic) was maintained while implementing ETR utilization.

Results
In 2008, 37% (10926/13727) of registered TB patients were entered in the ETR.net. Of these, HIV testing was performed for 8244 (52%) patients by 2012 in the same region. Documentation for HIV testing increased to 89% in 2012 and 97% HIV test coverage. The proportion of HIV positive patients increased from 10% in 2008 to 12% in 2012. Further increases were noted in tuberculosis prevalence (from 10.4% to 12.4%) and HIV prevalence (from 10.4% to 12.4%) in 2012. HIV prevalence has remained lower than that in other countries and the proportion of HIV positive TB patients has increased. This is consistent with the findings in previous studies. However, the ETR.net is reporting HIV coverage in a population of TB patients with HIV, which is not representative.

Conclusions and recommendation
ETR.net provides an opportunity for more comprehensive and updated capturing of specific data on TB, HIV, TB/HIV collaborative activity reports and is generated at the site of a health unit used for routine notification and advice provision.
ETR.net supports completion of data and facilitates timely reporting.
However, data on HIV were often difficult to interpret, because of the absence of an appropriate demographic data classification for ETR.net in the Electronic Patient Monitoring System (EPMS) capturing data for HIV care. This is a subject for further research and is recommended for use by National Tuberculosis Programme.

References
Ministry of Health and Social Services, Namibia. National Tuberculosis and HIV Control Strategy 2011-2015. Windhoek: Ministry of Health and Social Services; 2011.

Authors
J. Swane, M. Stein, P. Angreiff

Logos: TB CARE I, KNCV, TB CARE I

More presentations....

PREVALENCE OF DRUG RESISTANCE AMONG PATIENTS WHO FAIL TREATMENT OF TUBERCULOSIS WITH FIRST LINE DRUGS IN NAMIBIA

Authors: J. Swane, M. Stein, P. Angreiff
Ministry of Health and Social Services, Windhoek, Namibia; WHO TB Unit, Geneva, Switzerland; TB CARE I, Namibia
4th World Union Conference on Lung Health, 22 October - 8 November 2012, Paris, France

BACKGROUND
Namibia is a sparsely populated country located in Southern Africa with a population of 2.4 million inhabitants. In 2012, Namibia reported 11,145 cases (529/100000) of all forms of TB. A drug resistance survey (DRS) held in 2008 showed a multi-drug resistant (MDR) TB prevalence of 3.8% among new TB cases and 16.5% among previously treated cases being registered for treatment. Of the 12625 patients notified for TB in 2010, 46% were bacteriologically confirmed, 1452 (11%) were previously treated smear positive cases, while the rest (4464) of the bacteriologically confirmed cases were new smear positive.

For these patients, the Namibian guidelines, in line with those of the World Health Organisation, recommended treatment with the standardised regimens, as follows:
• 2HRZE/4HR for new patients
• 2HRZE/1HRZE/5HRE for previously treated patients
Sputum smears were monitored at 2-3 months and at 5-8 months of treatment. The treatment success rate for new smear positive cases was 85%, with a failure rate of 5%, while that for previously treated cases was 73% with a failure rate of 10%.

Windhoek is the capital of Namibia, also the most populated city. It has the highest burden of TB, and in 2012 reported 2105 cases, a fifth of the national case load.

The drug resistance survey of 2008 did not report on patients who had failed treatment. The outline will provide an insight into the drug resistance profile of TB in patients who fail standard treatment with first line drugs (FLDs).

METHODS
A retrospective review of the Windhoek district tuberculosis register was made, identifying patients who had been classified as treatment failures after at least five months of standard treatment. Failure was defined as a smear positivity five months or later during treatment. The cohorts reviewed included patients registered in 2008, 2009 and 2010.

RESULTS
93 patients were identified as having failed standard treatment with FLDs in Windhoek between 2008 and 2010. 57 (61%) initial regimen for new patients while the rest had failed a retreatment regimen. 82 had traceable mycobacterial cultures requested at or around the time of treatment failure, before exposure to another regimen. Two patients had isolates that grew mycobacteria other than tuberculosis (MOTT). 71 had at least one culture result with tuberculosis. All isolates that grew mycobacterium tuberculosis and had a drug susceptibility test (DST) result showed resistance to isoniazid, rifampicin, isoniazid, ethambutol.

Logos: WHO, TB CARE I, KNCV, TB CARE I

TB CARE I supported and participated in an annual planning retreat for the Directorate of Special Programs (under which TB, HIV and malaria programs fall) to strategize planning for 2014/2015 and reviewing the 2012/13 plan.

A plenary session of the directorate of special programs, planning retreat in which TB CARE I staff took part...



Planning; Group work sessions



2.7 M&E, OR and Surveillance

Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date	Comments
7.2.1	Data quality measured by NTP		Yes	Yes		
7.2.2	NTP provides regular feedback from central to intermediate level		100%	100%	25%	Feedback provided during the zonal review meetings held every quarter.
7.3.1	OR studies completed		0	5	0	All five research studies are finalizing reports and will write manuscripts for publication
7.3.2	OR study results disseminated		0	5	0	All five research studies are finalizing reports and will write manuscripts for publication
7.1.3	2 nd Anti-TB drug resistance survey conducted Yes/No: the first monthly progress report is available for the DRS according to the approved protocol		2008-2009	Yes		The second DRS is planned for 3 rd quarter
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status
				Start	End	
7.2.1	KNCV	Data quality support visits	Planned for quarter 3	Oct 13	Sep 14	Pending
7.2.2	KNCV	Data quality zonal review	5 zonal review meetings were held for the quarter as planned	Oct 13	Sep 14	Completed
7.3.1	KNCV	OR related activities	A follow-up OR training course was held in Windhoek this quarter. It focused on data analysis and report writing	Oct 13	Sep 14	Ongoing
7.3.2	KNCV	Short-term TA: OR	Osman Abdullahi and Ellen Mitchell provided TA to the OR training course held in Windhoek in November 2014	Oct 13	Sep 14	Completed

Some pictures of the OR training course held in Windhoek

Sorting the data; crucial for effective data cleaning.....



Some of the participants at the 2nd OR training



3. TB CARE I's support to Global Fund implementation in Year 4

Current Global Fund TB Grants

Name (i.e. Round 10 TB)	Average rating*	Current rating	Total approved amount	Total dispersed to date
TB SSF Phase II	Not rated yet as the implementation started in the 1st of Oct 2013	Not rated yet as the implementation started in the 1st of Oct 2013	US 18,830,287.40(Total 3 years)	No disbursement yet. The implementation is using the available cash balance from Phase I. We expect the first disbursement in March 2014

* Since January 2010

In-country Global Fund status - key updates, challenges and bottlenecks

Delayed disbursement of phase II funds resulted in awarding the country a no-cost extension for the period October to December 2013.

TB CARE I & Global Fund - TB CARE I involvement in GF support/implementation and effect of GF on the TB CARE I work plan

TB CARE 1 Namibia supported the Ministry of Health and Social Services in all stages of the Global Fund application, approval, grant negotiation to implementation. Technical staffs from TB CARE 1 country office and from the Head office are in constant communication and collaboration with the NTLP throughout entire grant period.

Of note, is the active involvement of the team in the application, the grant negotiation processes as well as in the monitoring and evaluation of the TB SSF grant.

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

Quarter	Number of MDR cases diagnosed	Number of MDR cases put on treatment	Comments:
Total 2010	222	222	Data for Oct-Dec 2013 will be available by the end of January 2014
Total 2011	194	194	
Total 2012	216	216	
Jan-Mar 2013	85	85	
Apr-Jun 2013	44	44	
Jul-Sep 2013	36	31	
Oct-Dec 2013	Not yet measured	Not yet measured	
Total 2013	165	165	

6. TB CARE I-supported international visits (technical and management-related trips)

#	Partner	Activity Code	Name	Purpose	Planned month, year	Status	Dates completed	Additional Remarks (Optional)
1	KNCV	1.2.3	Netty Kamp	Short-term Technical Assistance (TA) to finalize ACSM Monitoring and Evaluation (M&E) plan	May	Pending		
2	KNCV	5.2.1	TBD	Short-term Technical Assistance (TA) to roll-out WHO's Guidelines on Contact Investigation	May	Pending		
3	KNCV	6.1.2	Bert Schreuder	Short-term TA: General TB Programme Support	April	Pending		
4	KNCV	6.1.5	Marleen Heus	Short-term TA: Knowledge management and documentation of contributions of KNCV TB Foundation/TB CTA towards TB control in Namibia	April	Pending		
5	KNCV	7.3.2	Ellen Mitchell	Short-term TA: Final analysis and dissemination of OR projects	August	Pending		
6	The Union	4.1.3	Jose A. Caminero and Anna Scardigli	Short-term TA: Course facilitators for the International DR-TB Clinical Course	July	Pending		
7	The Union	6.1.3	Riitta Dlodlo	Short-term TA: Implementation of Global Fund/Single stream Funding (GF/SSG) for TB	June	Pending		
8	WHO	6.1.4	TBD	Short-term TA: Development of NTLF Medium-term Plan, 2016 - 2020	August	Pending		
Total number of visits conducted (cumulative for fiscal year)						0		
Total number of visits planned in work plan						8		
Percent of planned international consultant visits conducted						0%		