



USAID
FROM THE AMERICAN PEOPLE

TB CARE I



**TB CARE I - Namibia
Year 4 Annual Report**

October 1, 2013 –September 30, 2014

TB CARE I - Namibia

Year 4 Annual Report

October 1, 2013 –September 30, 2014

Submitted: November 10, 2014

Cover photo: *Let us verify our data*, picture by Abbas Zezai

This report was made possible through the support for TB CARE I provided by the United States Agency for International Development (USAID), under the terms of cooperative agreement number AID-OAA-A-10-00020.

Disclaimer: The authors' views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

Table of Contents

EXECUTIVE SUMMARY	6
INTRODUCTION	7
CORE INDICATORS	8
UNIVERSAL ACCESS	9
INFECTION CONTROL	11
PROGRAMMATIC MANAGEMENT OF DRUG RESISTANT TB (PMDT)	12
TB/HIV	14
HEALTH SYSTEM STRENGTHENING (HSS)	16
MONITORING & EVALUATION, SURVEILLANCE AND OR	17
TB CARE I'S SUPPORT TO GLOBAL FUND IMPLEMENTATION	19
ANNEX II: FINANCIAL OVERVIEW	20

List of Abbreviations

AIDS	Acquired immunodeficiency syndrome
ART	Anti-retroviral therapy
ARV	Anti-retroviral drugs
ACSM	Advocacy Communication and Social Mobilization
BCC	Behavior change communication
CCRC	Central Clinical Review Council
CBTBC	Community Based TB Care
CDC	United States Centers for Disease Control and Prevention
FBO	Faith-based organization
HIV	Human immunodeficiency virus
IEC	Information, education, and communication
IT	Information technology
M&E	Monitoring and evaluation
MoHSS	Ministry of Health and Social Services
MSH	Management Sciences for Health
NGO	Non-governmental organization
NTLP	National Tuberculosis and Leprosy Program
OGAC	Office of the Global AIDS Coordinator
OP	Condoms and other prevention
OVC	Orphans and vulnerable children
PEPFAR	President's Emergency Plan for AIDS Relief
PLWH	Person living with HIV
PMDT	Programmatic Management of Drug Resistant TB
PMTCT	Prevention of mother-to-child transmission
SI	Strategic Information

STI	Sexually transmitted infection
SOPs	Standard Operating procedure
TA	Technical Assistance
TB	Tuberculosis
TB CAP	TB Control Assistance Programme
TB COMBI	Communication for Behavioral Impact for Tuberculosis
TBIC	Tuberculosis Infection control
USAID	United States Agency for International Development
VCT	Voluntary counseling and testing (for HIV)

Executive Summary

TB CARE I in Namibia is funded by the United States Agency for International Development (USAID) and implemented by KNCV TB Foundation (KNCV) in close collaboration with the Ministry of Health and Social Services of Health and Social Services (MoHSS) through the National TB and Leprosy Program (NTP). Apart from the Ministry of Health and Social Services, TB CARE I collaborates with Management Sciences for Health (MSH), WHO and The UNION.

The total budgeted amount for APA4 was USD 2,234,094

Six technical areas for TB CARE I were:

Universal and Early Access, Health System's strengthening (HSS), Tuberculosis Infection control (TBIC), Tuberculosis and HIV (TB/HIV), Programmatic Management of Drug Resistant TB (PMDT), Operations Research, Surveillance, Monitoring and Evaluation.

Significant achievements were noted in the following areas:

Universal Access

Improved community knowledge and awareness resulting from training and re-training of field staff (63 field promoters and 255 life-style ambassadors) throughout the country.

HSS

Four staff from regional level were supported through TB CARE I funding to attend an international training course on TB in Arusha, Tanzania. The course provides both theory and practice of TB control for health care workers of all levels; the Namibian participants focused on district and regional level cadres in this training. The level of motivation, understanding and articulation of TB-related issues has greatly improved among the regional and district level teams as a result of this support.

TB-IC

An increased number of health care workers (HCWs) are being screened for TB and those found to have TB are appropriately managed. In 2013, a total of 279 HCWs were diagnosed with TB in part due to the newly introduced routine screening practices; before 2013 TB among HCWs was not monitored or reported. There is less stigma associated with TB diagnosis among staff as TB screening and reporting has become routine since January 2013. All facilities supervised during the year were found to have functional infection control plans.

TB-HIV

The roll-out of GeneXpert is anticipated to result in improved and early diagnosis of TB in people living with HIV (PLHIV). To date 31 Gene-Xpert machines have been distributed country-wide.

PMDT

Support to the marginalized communities of Tsumkwe continued throughout the year: TB CARE I supported the stakeholder meetings which have improved community involvement in the ambulatory care project and in general knowledge on health-related matters has significantly improved in this community.

OR, Surveillance, M&E

Capacity to conduct operations research was reinforced with two of the submitted three abstracts being accepted and presented at the Union Lung conference in Barcelona. *A cross-sectional study of factors associated with tuberculosis diagnostic delay for smear microscopy in Namibia* (was presented by Ms Iyaloo Mwaningange from Hardap Region and *Compliance to National treatment guidelines on diagnosis, treatment and reporting by medical doctors from the Namibian private sector* was presented by Rosamunde Amutenya from the National TB and Leprosy Program (HQ).

Introduction

TB CARE I provided technical and financial support to the NTLP for all technical areas mentioned above. While this broad support is provided to the Ministry of Health and Social Services Ministry of Health and Social Services country-wide, TB CARE I also provided direct support to two regions (Eryngo and Kara's) in the field of Community-based TB care services. The main collaborating partner is the Ministry of Health and Social Services of Health and Social Services while other partners that work closely with TB CARE I are I-TECH, MSH, WHO and The Union. There is a close collaboration with CDC especially on the implementation of the 3 I's project. The 3I's project is a three-year initiative funded by OGAC in two countries (Namibia and Zambia) to demonstrate how improved resources could strengthen TB/HIV collaboration as well as improving service delivery in the areas of intensified case-finding for TB among PLHIV, infection control and isoniazid preventive therapy. In Namibia the project works in four districts. TB CARE I/KNCV is mandated by the steering committee to provide administrative and financial support to this project, which has a project coordinator and M&E officer at national level. It thus has a separate work-plan and budget from the regular TB CARE I workplan.

By providing support to the planning and commemoration of the World TB Day every year, TB CARE I has been consistently playing a significant role in information sharing and knowledge transfer to the community level. This role, together with training of community based workers such as field promoters and life-style ambassadors, has contributed significant improvement in community ownership of TB control efforts in the country. Guiding documents and plans were also launched at such gatherings

TB CARE I has also been very active in the area of TB-IC by supporting facility assessments and site improvements in terms of implementation of TBIC practices in facilities (such as simple opening of windows and displaying TBIC plans where all can easily access them). Dissemination of good practices observed during supportive supervision and TBIC assessments in a strength that TB CARE I is transferring to the Ministry of Health and Social Services staff at every opportunity

Having a resident Technical Adviser who works with the NTLP on a regular basis has proved to be very useful, especially in the area of PMDT. Regular reviews of difficult cases shared by the treatment centers (regional PMDT teams) at the central clinical review committee (CCRC) meetings has resulted in a coordinated approach to commencing patients on second-line anti-TB medicines. TB CARE I has also been supporting an initiative in marginalized community of the San people in the Otjozondjupa region through an ambulatory care project. TB CARE I provided tents as well as food to the community and more such support is planned for the future.

TB CARE I has been involved in the TB/HIV (3 I's) project in Namibia: as a member of the Technical working Group, as part of the Steering committee and as well as the administrative and implementing arm of the project. Despite some challenges in the beginning, the project is moving forward.

Support provided to the Ministry of Health and Social Services in upgrading staff knowledge on TB at all levels has been inherent in the culture of TB CARE I in Namibia. Training of doctors, nurses, social workers, pharmacists and pharmacists' assistants has been done consistently throughout the year. A total of 321 health care workers (225 female and 96 male) were trained with support from TB CARE I.

Operations research has taken another positive angle in Namibia thanks to the support from USAID through TB CARE I. Staff from the regional and district level are involved in research and have submitted abstracts to the Union conference. The plan is to get some of the operations research work published in peer reviewed journals. The quality of data has significantly improved as a result of continuous support provided to the Ministry of Health and Social Services in the form of zonal data review meetings and supportive supervision.

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, as well as the Tuberculosis Control Assistance Program (TB CAP), the precursor to TB CARE I, which our coalition also led.

Table 1: TB CARE I core indicator results for Namibia

		C1. Number of cases notified (all forms)	C2. Number of cases notified (new confirmed)	C3. Case Detection Rate (all forms)	C4. Number (and percent) of TB cases among healthcare workers	C5. Treatment Success Rate of confirmed cases	C6. Number of MDR cases diagnosed	C7. Number of MDR cases put on treatment
	2005	15893	5222	48%	n/a	75%	n/a	n/a
TB CAP	2006	15771	5356	51%	n/a	76%	n/a	n/a
	2007	15244	5114	54%	n/a	83%	116	116
	2008	13737	4928	59%	n/a	82%	201	201
	2009	13332	4608	60%	n/a	85%	275	275
	2010	12625	4464	63%	n/a	85%	222	222
TB CARE I	2011	11924	4502	66%	n/a	83%	194	194
	2012	11145	4333	65%	n/a	85%	216	216
	2013	10610	4343	64%	279	85%	225	218

A gradual decline in number of cases of TB reported is evident for Namibia as it is for the rest of the world. TB CARE I and its predecessor have been involved in intensive training of health care workers, revision of guidelines and supportive supervision. These interventions may have contributed to general community awareness and the subsequent reduction in absolute numbers of TB cases diagnosed. With the introduction of GeneXpert, though, we anticipate an upsurge in TB cases diagnosed but we hope this will be temporary.

Data on health care workers diagnosed with TB is less complete, mainly because we did not routinely track this data for many years until 2013. A total of 279 health care workers were diagnosed in 2013, while 82 have been diagnosed and reported by September 2014. We hope with increased implementation of the TB/HIV initiatives including the 3 I's project and the latest TB/HIV initiative by the Global Fund prevention, screening, diagnosis, treatment and reporting of TB among HCWs will become routine.

When treatment success rate rose above 80% in 2007, it has remained above 83% ever since. For the past two years, it has been 85% among new smear positive TB cases. TB CARE I is proud to be associated with this success story.

Universal Access

Technical Outcomes

#	Outcome Indicators	Indicator Definition	Baseline (Year/ timeframe)	Target	Result
				Y4	Y4
1.2.1	CB-DOTS program is implemented	CBTBC support provided to 2 out of 13 regions of Namibia	2 (2013)	2	2
1.2.2	Support Life-style ambassadors' (LSAs) grass-roots TB awareness program	Support to LSA's provided to 3 of 13 regions	3 (2013)	3	3
1.2.3	Short term TA for ACSM Monitoring and Evaluation (M&E) support	One TA mission to finalize the ACSM	1 (2013)	1	0
1.2.4	World TB Day (WTBD) Commemorations	Commemorating one national event of the WTBD in a designated region/district	1 (2013)	1	1

Key Results

Throughout the entire period from Oct 2013 to September 2014 (Year 4), TB CARE I provided support to the two regions of Erongo and Karas regions of Namibia. A total of 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 were supported. Apart from the routine support that included salaries and allowances for the field promoters, training and supportive supervision was conducted in these two regions with TB CARE I funding.

TB CARE I also supported the roll-out of a country-wide community based TB care assessment (i.e., payment for the consultants and technical input to the assessment). A report of this assessment has already been shared with the Ministry of Health and Social Services. The assessment established that Namibia is implementing cost-effective community TB care interventions although the models vary from region to region and even within the same region because of the vastness of the country. The assessment also found no direct relationship between the amount of money an organization invests and the treatment outcomes of patients managed by the organizations suggesting that there may be other factors to be considered.

A planned annual planning retreat for the field promoters was conducted in which review of their work in conjunction with the representatives of the Ministry of Health and Social Services from the two regions was done. This activity serves as both capacity and team building for this group of community level staff providing guidance as well as moral support. This was a resounding success (see picture below)

Time for some action: Team building exercise for TB field promoters from Erongo and Karas. Picture by Susan Tashiya



More team building activities: Field promoters bonding with their colleagues from the two regions. Pic by Susan Tashiya



TB CARE I has always been actively involved in the planning and commemoration of the annual World TB Day event. This year's national event was held in one of the worst affected regions (Ohangwena) and it was a huge success because of the turnout of all stakeholders including the local leadership of the community and representatives from neighboring Angola.

The planned TA on ACSM could not be done because of unforeseen changes within the NTLP structures following the resignation of the technical officer in this focus area. The position was later filled towards the end of the financial year; we hope there would be fulfilment of this TA in the future.

Infection Control

Technical Outcomes

#	Outcome Indicator	Indicator Definition	Baseline (Year/ timeframe)	Target Y4	Result Y4
3.1.1	National TBIC guidelines that are in accordance with the WHO TBIC policy have been approved	Reviewing existing TBIC guidelines according to WHO TBIC policy	2012	Yes	Yes
3.1.2	Facilities implementing TB IC measures with TB CARE support	Facility assessments for compliance with TBIC guidelines conducted in all 34 districts of the country	2011	34	34

Key Results

As a result of a process of a rigorous review of existing literature and extensive consultative process including TA from KNCV HQ, a final revised copy of TBIC guidelines was launched by the Minister of Health and Social services in March 2014. The guidelines have now been distributed to all facilities in the country.

The Minister of Health and Social Services launching two documents at the World TB Day in Ohangwena region: the TBIC guidelines and the ACSM strategy. Picture by Pinehas Iipinge



Programmatic Management of Drug Resistant TB (PMDT)

Technical Outcomes

#	Outcome Indicator	Indicator Definition	Baseline (Year/ timeframe)	Target	Result
				Y4	Y4
	Number of MDR cases diagnosed	Absolute number of MDR cases diagnosed	2012	397	124 (this number includes 77 cases [62%] diagnosed on Xpert alone)
	Number of MDR cases put on treatment	Number of confirmed MDR cases commenced on treatment as a proportion of those diagnosed	2012	397	121 [98%]
	MDR TB patients who are still on treatment and have a sputum culture conversion 6 months after starting MDR-TB treatment	MDR TB patients who are still on treatment and have a sputum culture conversion 6 months after starting MDR-TB treatment	2012	75%	74/105 (70.5%)
	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	2012		47/79 (63%)
	<i>Number of DR TB patients clinically reviewed</i>	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	2012		161

Key Results

In PMDT TB CARE I invested more than previous years mainly because of the seconding to the NTLF of the TB CARE I PMDT clinical coordinator to oversee the day to day PMDT related issues in the NTLF. Duties included coordination of the weekly central clinical review (CCRC) meetings, training of health care workers on PMDT and supporting the international training on clinical management of DR-TB with facilitators from the Union.

Namibia is embarking on its second TB drug resistance survey with support from various partners, TB CARE I plays an integral role as the TB CARE I technical advisors are part of the technical working group; the TB CARE I PMDT clinical coordinator is overall in charge of the survey. The country was assisted to recruit and retain a DRS team which was provided with office space within the NTLF offices. TB CARE I provided logistical support to this team. The survey which commenced on the first of July 2014 will run until early 2015. TB CARE I was involved in the first DRS and is proud to be associated with the second TB DRS which is currently on track.

TA from KNCV (Africa Unit) was engaged to work with the NTLP to do preliminary work on implementation of the community-based model for management of DR-TB cases in the country.

TB CARE I has been involved in working with the marginalized communities of Tsumkwe constituency (predominantly inhabited by the San people) over the past four years. One of the areas of engagement, is promoting health seeking behavior and implementing the ambulatory model of care for TB patients. Community involvement is mainly through meeting with various stakeholders in quarterly meetings. Defaulter rates are dropping in the region mainly because of this intervention.

A group of San children singing a "TB song" and doing role-plays to the amusement of their parents and other stakeholders at one of the meetings of stakeholders supported by TB CARE I; picture by N C Ruswa



TB/HIV Technical Outcomes

#	Outcome Indicator	Indicator Definition	Baseline (Year/ timeframe)	Target	Result
				Y4	Y4
5.2.1	HIV-positive patients who were screened for TB in HIV care or treatment settings	Absolute number of HIV positive TB	11,367 (2011)	9,622	This reported annually from the HIV program and will be shared once available
5.2.2	TB patients (new and re-treatment) with an HIV test result recorded in the TB register	Number of new and retreatment cases of TB with an HIV result recorded in the TB register as a proportion of all new and retreatment cases of TB	88% (n = N/A)	90%	90% (4442/4914) (Jan-Jun 2014)
5.3.1	HIV-positive TB patients started or continued on antiretroviral therapy (ART)	Number of HIV-positive TB patients started or continued on ART as a proportion of all HIV-positive TB patients recorded	80% (2013)	90%	82% (1696/2057) (Jan-Jun 2014)
5.3.2	HIV-positive TB patients started or continued on CPT	Number of HIV-positive TB patients started or continued on CPT as a proportion of all HIV-positive TB patients recorded	99%	99%	98% (2026/2057) (Jan-Jun 2014)

Key Results

TB CARE I collaborated with the University of Namibia (School of Medicine), University of Borstel and University of Lumberg, Ministry of Health and Social Services 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 a regular event and a platform for sharing research findings in the country.

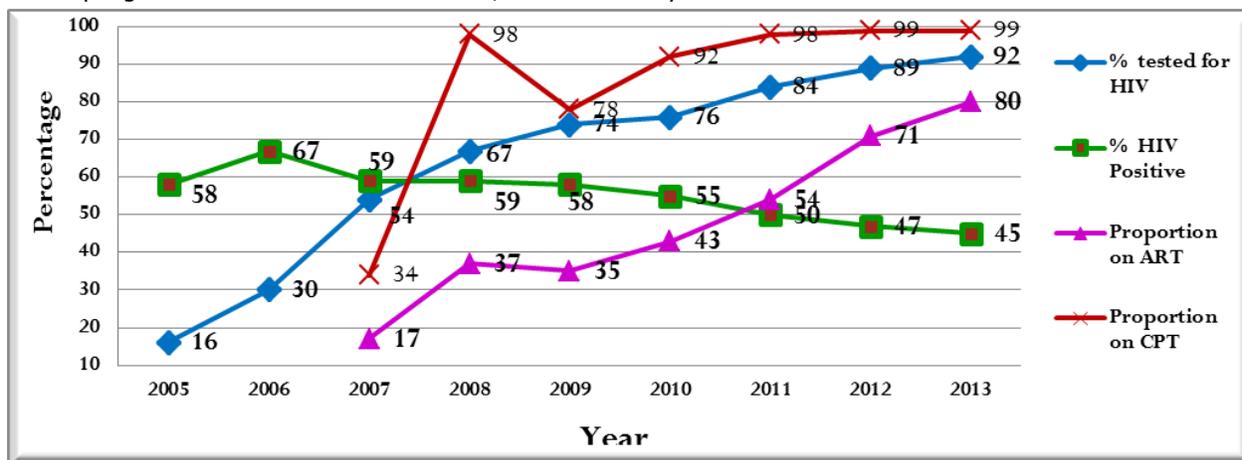
TB CARE I plans to support this initiative which improves data usage for decision making as well as putting Namibia on the Global map in the area of research findings disseminated through publications and information sharing at a global level.

TB CARE I was charged with the responsibility of providing financial and administrative support to the OGAC TBHIV (3I's initiative). The initiative, which started slowly due to challenges of having a dual funding mechanism and coordination as well as specific human resource-related challenges, launched effectively in mid-2013. During the reporting period, significant strides were made in areas of

coordination, recruitment of key staff, procurements and training of staff in the 3I's initiative. Final outcomes of the work related to the initiative will be reported in the next annual report. Below are some of the highlights of the TB/HIV Initiative-related accomplishments for this reporting period:

1. **Recruitment** of staff including project coordinator, M&E officer, 4 laboratory technicians, 8 additional community counsellors for participating districts, 40 additional community health workers for all 4 participating districts;
2. **Procurements** including sputum specimen collection and transport biosafety boxes for community health workers, test kits for Xpert ® MTB/RIF tests, of a project vehicle and office equipment for the staff, 40 community health workers and 8 community counselors in the four participating districts;
3. **Trainings** of staff including 11 laboratory staff on Xpert, 40 Community Health Workers, and 32 Community Counsellors on 3'I's;
4. **Meetings** were conducted including planned monthly TB/HIV Steering Committee meetings for the project oversight at national level to improve project coordination and encourage collective decisions, as well as ensuring monthly project updates to all stakeholders. Some adhoc meetings were also held to expedite implementation of activities, quarterly Technical working group (TWG) meetings, a training-of-trainers (TOT) in which 21 participants from all four districts attended;
5. TB infection control assessments and community DOT point assessment at all 4 districts;
6. Conducted one advocacy and stakeholder workshop for the implementation of the 3 'I's (including access to ART for TB/HIV patients) at national and regional levels;
7. Conducted targeted training for 49 Health Care Workers on TB/HIV, including TB screening;
8. Screened all PLHIV for TB and referred some for IPT or TB investigation as per guidelines
9. Conducted facility TBIC assessments at 69 health facilities in all 4 project target districts, and supported the development of TBIC plans in **all** participating districts;
10. Conducted targeted household visits for IC assessments and screening of household for TB, focussing on PLHIV
11. Conducted TBIC support visits to 69 health facilities in **all** 4 districts;
12. Conducted targeted household visits for IC assessments and screening of household for TB, focussing on PLHIV;
13. For the period of Aug 2013-Sept 2014, the number of GeneXpert tests performed=23,903 (country-wide); of these 15,225 were performed between July and September 2014. Total number MTB+ results=3230 (14% positivity rate); number of Rif resistant results=500 (15% Rif resistant rate).

Some programmatic achievements in TB/HIV over the years



Health System Strengthening (HSS)

Technical Outcomes

#	Outcome Indicator	Indicator Definition	Baseline (Year/ timeframe)	Target	Result
				Y4	Y4
6.1.1	Government budget includes support for anti-TB drugs	Government budget includes support for anti-TB drugs	100% (2012)	100%	100%
6.1.2	CCM and/or other coordinating mechanisms include TB civil society members and TB patient groups	Membership of the CCM include TB civil society members and TB patient groups	Yes (2011)	Yes	Yes
6.2.1	TB CARE-supported supervisory visits conducted	Number of TB CARE I supported supervisory visits in a year	12 (2012)	15	20
6.2.2	# of People trained using TB CARE funds	Number of health care workers trained using TB CARE I funding in a given period against a target	600 (2012)	600	321 (96M and 225 F)

Key Results

TB CARE I supported the five zonal review meetings each quarter resulting in a total of 20 supported in the entire year. National level staff were funded to provide technical support to the zones during the meetings.

Several trainings were conducted this quarter e.g., doctors, nurses, pharmacists, pharmacy technicians, social workers, rehabilitation technicians, field promoters received training on the use of the National Guidelines for the Management of Tuberculosis as well as programmatic management of drug resistant TB and TB infection control. TB CARE I collaborates with the Ministry of Health and Social Services as well as with I-TECH in conducting training for health care workers. It is TB CARE I's strong view that training of health care workers in the national guidelines and general information on TB control efforts has contributed to general improvement in the treatment outcomes over the years.

Monitoring & Evaluation, Surveillance and OR

Technical Outcomes

#	Outcome Indicator	Indicator Definition	Baseline (Year/ timeframe)	Target	Result
				Y4	Y4
7.2.1	Data quality measured by NTP	Data quality measured by NTP through comparison of paper and electronic data sources	Yes	Yes	Yes
7.2.2	NTP provides regular feedback from central to intermediate level	NTP provides regular feedback from central to intermediate level	100%	100%	100%
7.3.1	OR studies completed	OR studies completed (results published or reports shared with authorities)	0 (2012)	5	5
7.3.2	OR study results disseminated		0	5	2 If funding allows, in Year 5 a TB/HIV symposium in Namibia will be held and abstracts will be submitted to the 2015 Union conference
7.1.3	2nd Anti-TB drug resistance survey conducted Yes/No: the first monthly progress report is available for the DRS according to the approved protocol	A second DRS conducted	2008/9	Yes	Yes

Key Results

TB CARE I continued to support the Ministry of Health and Social Services in ensuring improved data quality at all levels through on-the-job training of all health care workers and supporting the zonal data review meetings in which comparison of electronic and paper data sources were prioritized. Presentation skills for District TB and Leprosy coordinators were also enhanced in the review meetings.

TB CARE I supported operational research through TA from KNCV including development of research questions, proposal writing, data collection, report writing and dissemination of findings. A total of five research topics were selected and more than twenty health care workers from national level to district level were actively involved throughout the process. Also involved were staff from the local university, Namibian Institute of Pathology and Ministry of Health and Social Services of health senior management. To date, all the five studies have been submitted to the Ministry of Health and Social Services and 2 out of three submitted abstracts were accepted at The Union Lung conference in Barcelona. The accepted abstracts will be presented by the Ministry of Health and Social Services officials who were trained and conducted the research as part of capacity building. This activity has demonstrated what can be achieved by building the capacity of locals and paves the way for future research as the pool of local research experts grows. Next steps include manuscript writing and publication of this work.

We expect that there will be more locally-led research coming from Namibia as a result of this initiative which created interest in public health research among health care workers.

Proud participants and facilitators at a training in OR held in Windhoek, Photo by N C Ruswa



TB CARE I's support to Global Fund implementation

TB CARE I supports NTLP in Global Fund processes; grant negotiation and supporting implementation and monitoring of planned activities. Namibia was awarded the grant and TB CARE I continues to support the implementation; currently working closely with the Ministry of Health and Social Services in finalizing the M&E manual for TB and the TB/HIV proposal writing process.