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**TB CARE I**

# **South Sudan**

**Year 1  
Quarterly Report  
July-September 2011**

**October 28th, 2011**

## Quarterly Overview

<b>Reporting Country</b>	<b>Southern Sudan</b>
<b>Lead Partner</b>	<b>MSH</b>
<b>Collaborating Partners</b>	<b>KNCV, WHO</b>
<b>Date Report Sent</b>	28 October 2011
<b>From</b>	Stephen Macharia, TB CARE I Country Manager
<b>To</b>	Martin Swaka, USAID Mission
<b>Reporting Period</b>	<b>July-September 2011</b>

<b>Technical Areas</b>	<b>% Completion</b>
1. Universal and Early Access	79%
2. Laboratories	67%
5. TB/HIV	63%
6. Health Systems Strengthening	94%
<b>Overall work plan completion</b>	<b>76%</b>

### Most Significant Achievements

#### Documents developed during the reporting period

1. The SOPs for the Biosafety for the CRL and periheral laboratory were developed. The process involved conducting a risk assessment to the CRL and periheral TB laboratories from which the most important SOPs were identified. The draft have been distributed for comments before piloting and scaling up in the coming quarter.
2. Training manuals for the laboratory staff on smear microscopy were developed by involving the laboratory focal persons at central level who are the trainers. Review of current training materials was conducted and a harmonised manual was developed. The manual will be piloted and distributed during laboratory trainings.

#### Trainings

1. Training of 20 (1 female and 19 males) laboratory staff on sputum smear microscopy and 21 (7 females and 14 males) clinicians on TB management was conducted. The participants were drawn PHCCs to improve on the knowledge and raise the index of suspicion among the health care providers. The SOPs for improving case detection were distributed during these trainings. Follow up and mentorship will follow in the coming quarter.
2. Workshop for 23 (3 females and 20 males) management staff from NTP and HIV directorate at central and state level and 3 (Males) facilitators on Management and Organizational Sustainability Tool (MOST for TB/HIV). the participants acknowledged the knowledge and skills in managements and were able to come up with the action plan to address key challanges indetified in the MOST training.
3. TB CARE I supported NTP drug focal person, and TB CARE I country lead to attend the 1st regional conference on TB management is South Africa. This is to improve the capacity of NTP staff through exposure to international conferences and meetings.

#### Technical support to NTP

1. TB CARE I has been supporting NTP with Global Fund (GF) TB Round 11 proposal development. A gap analysis was conducted and the consultant was able to lead the team in identifying the objectives, SDAs and activities to be address in Round 11. The process will continue within the APA2 workplan.
2. A TB CARE I-supported quarterly review meeting for the state TB and HIV coordinators from the 10 states was conducted. The meeting was facilitated by NTP. A three month workplan was developed for each state.

#### Expansion of TB/HIV service

1. 3 laboratories are undergoing refurbishment to accomodate TB/HIV services. This will improve access of services to the community and integrate TB/HIV services into the general health systems.

### Overall work plan implementation status

#### Overall workplan implementation is at 76%

- a) 69% of the activities are above 75 - 100% completion
- b) 16% of the activities are between 50 - 75% completion. These activities are at various levels of completion most of which being refurbishment of laboratories, printing of the key documents and support supervision.
- c) 16% of the activities have not been implemented, these include guidelines on PCT approach, training on PICT and TOT. No cost extension will be required to implement these activities in the Q1 2011.

### **Technical and administrative challenges**

1. The activities are implemented by NTP and during this quarter there has been competing priorities with other funds like GF.
2. The staff from NTP have been involved in the TB/HIV survey which has affected implementation of laboratory activities.
3. Difficulties in filling of the position of the Lab specialist due to lack of qualified persons who applied for the position. The position has been re-advertised.

## Quarterly Technical Outcome Report

	2010*	2011**
Number of MDR cases diagnosed	3	0
Number of MDR cases put on treatment	0	0

\* January - December 2010 \*\* January - September 2011

Technical Area		1. Universal and Early Access						
Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target	
				Y1	Y1			
1.1	Increased Case Detection	Percent of the estimated number of new smear-positive pulmonary TB cases that were detected under DOTS (TB Case Detection Rate)	The percentage of new smear positive TB cases detected (diagnosed and reported to the national authorities) among the total number of TB cases estimated to occur countrywide each year	34	42		This data will not be available until NTP has compiled and analysed all the quarterly reports from the units	This information will not be available until end of the year.
1.2	Improved quality of TB services	Number of improvements to laws, policies, regulations or guidelines related to the TB program	Number of improvements to law, policies, regulations or guidelines related to improving access to and use of TB health services drafted with USG support	0	3	3	Development of PCT guideline is still pending. Process of hiring a consultant is on-going. The 3 documents developed so far include: 1) SOPs for improving case detection, 2) NTP strategic plan, and 3) Annual report.	Patient Centered Treatment guideline will be developed in Q1 2011 as a carry over activity. Other documents that have been developed will be printed and disseminated during training and stakeholder meetings.



5.3							
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**Technical Area 6. Health Systems Strengthening**

Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target	
				Y1	Y1			
6.1	Integrated TB services	Integrating TB services into PHC	Number of Primary Health Care Centres (PHCC) providing TB services among all PHCC (204 PHCC, 37 hospitals)	42	46	43	2 labs at PHCC in addition to the one under renovation at the state hospital are under refurbishment. In addition, assessment tool and framework for integrating TB services have been developed will be used to identify facilities for integration.	Due to on-going rains, the works in the third PHCC will commence and completed in Oct-Dec 2011 as carry over activity
6.2								
6.3								

## Quarterly Activity Plan Report

Outcomes	Outcome 1.1	1. Universal and Early Access			Planned Completion Month	Planned Completion Year	Cumulative Progress and Deliverables up-to-date	
		Lead Partner	Approved Budget	Cumulative Completion				
1.1 Increased Case Detection	1.1.1	Train 40 health staff (clinicians and nurses)	MSH	66.372	100%	Aug	2011	Completed successfully. Follow up and mentorship will follow.
	1.1.2	Develop SOPs to improve TB case detection and treatment	MSH	13.792	100%	Apr	2011	The SOPs have been developed. Implementation will be piloted and included in the TB trainings.
	1.1.3	Develop patient centered treatment guidelines	WHO	30.000	0%	Sep	2011	Pending
1.2 Improved quality of TB services	1.2.1	Develop 2011 annual plan	KNCV	31.322	100%	Jun	2011	Completed. Strategic plan developed
	1.2.2	Finalize key NTP documents	MSH	20.940	75%	Aug	2011	Almost complete. Documents have been sent to the press.
	1.2.3	State level NTP Review Meeting	MSH	18.415	100%	Aug	2011	Completed. The meeting has strengthened the coordinators at the state level by bringing together NTP and HIV programs.
					79%			

Outcomes	Outcome 2.1	2. Laboratories			Planned Completion Month	Planned Completion Year	Cumulative Progress and Deliverables up-to-date	
		Lead Partner	Approved Budget	Cumulative Completion				
2.1 Increased access to TB diagnosis	2.1.1	Major Renovation of 1 TB lab	MSH	40.016	100%	Dec	2011	Almost complete.
	2.1.2	Train lab supervisors	MSH	31.353	0%	Sep	2011	Pending
	2.1.3	Train lab staff	MSH	37.889	100%	Jun	2011	Staff from the PHCC have been trained on Sputum smear microscopy. Mentorship will follow
					67%			

Outcomes	Outcome 5.1	5. TB/HIV			Planned Completion Month	Planned Completion Year	Cumulative Progress and Deliverables up-to-date	
		Lead Partner	Approved Budget	Cumulative Completion				
5.1 Improved collaborative TB/HIV activities	5.1.1	MOST for HIV/TB	MSH	20.857	100%	Sep	2011	The activity was completed and action plan developed.
	5.1.2	TB/HIV Technical Working Group Meetings	MSH	1.890	100%	May	2011	Done
	5.1.3	PITC Training	MSH	6.012	0%	Aug	2011	Pending due to technical issues
	5.1.4	Supportive Supervision	MSH	37.189	50%	Sep	2011	on-going but will be intensified once the refurbishment is completed and services integrated.

63%

Outcomes	6. Health Systems Strengthening			Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
	Outcome 6.1	Lead Partner				Month	Year	
6.1 Integrated TB services	6.1.1	Integrate TB into PHC	KNCV		100%			Identified PHCCs for integration using assessment tool developed
	6.1.2	Refurbish 3 PHCCs to provide TB services	MSH	83.482	50%	Dec	2011	2 PHCC are undergoing renovation. The third facility was not accessible due to rains
	6.1.3	Situation analysis on integration of TB into PHC	MSH	9.403	100%	Jun	2011	Done. Identified PHCCs for integration using assessment tool developed
	6.1.4	Evaluate 3 PHCCs prior to refurbishment	MSH	7.161	100%	Jul	2011	Done
	6.1.5	Situation analysis on integration of TB care services in Sudan PHC model	KNCV	18.241	100%	Jun	2011	Framework for integrating TB services developed
	6.1.6	Participate in stakeholders meeting	KNCV	7.160	100%	Jun	2011	Stakeholder workshop held to develop framework for integrating TB services in PHCC
	6.1.7	Backstopping KNCV Head Office	KNCV	6.263	100%			Done
	6.1.8	Quarterly Technical Working group	MSH	2.010	100%	May	2011	Completed
					94%			



**\* Detailed budget is attached**

**Quarterly Photos (as well as tables, charts and other relevant materials)**



Training of clinicians and nurses on TB management in Torit County of Eastern Equatoria State



Group work during the TB training for clinicians and nurses in Torit, Eastern Equatoria State.



State TB coordinator, County Public Health officer Magwi County, , TB CARE I country lead and NTP training officer on an assessment in Magwi County, Eastern Equatoria State.



Field trip to assess PHCC for integrating TB services into PHC



