

Tuberculosis Control in Southern Malawi

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List of Abbreviations/Acronyms

AIDS	:	Acquired Immune Deficiency Syndrome
ART	:	Anti Retroviral Therapy
CSCP	:	Community Sputum Collection Point
CO	:	Clinical Officer
CHAM	:	Christian Health Association of Malawi
CRL	:	Central Research Laboratory
DCT	:	Diagnostic Counseling and Testing
DHO	:	District Health Officer
DHMT	:	District Health Management Team
DIP	:	Detailed Implementation Plan
DTO	:	District TB Officer
DOTS	:	Directly Observed Treatment Shortcourse
EQA	:	External Quality Assurance
FHI	:	Family Health International
HC	:	Health Center
HIV	:	Human Immunodeficiency Virus
HOPE	:	Health Opportunities for People Everywhere
HFH	:	Holly Family Mission Hospital
HSA	:	Health Surveillance Assistants
IEC	:	Information Education and Communication
IQC	:	Internal Quality Control
Lab	:	Laboratory
M&E	:	Monitoring and Evaluation
MA	:	Medical Assistant
MJ	:	Mulanje
MOH	:	Ministry of Health
MSH	:	Management Sciences for Health
Neg or -ve	:	Negative
NGO	:	Non Governmental Organization
NTP	:	National Tuberculosis Programme
PE	:	Phalombe
+ve	:	Positive
QC	:	Quality Control
SE Zone	:	South East Zone
SOP	:	Standard Operating Procedure
TB CAP	:	Tuberculosis Control Assistance Programme
TB/HIV	:	Tuberculosis and Human Immunodeficiency Virus Co-infection
USAID	:	United States Agency for International Development
USG	:	United States Government
VCT	:	Voluntary Counseling and Testing
WHO	:	World Health Organization
YTD	:	Year to Date

Executive Summary

Introduction

This report covers administrative and technical activities carried out under the Tuberculosis (TB) Control Program in Southern Malawi during the second grant year from October 1, 2007 to September 30, 2008. This 5-year project began on October 1, 2006 and is scheduled to end on September 30, 2011. The program's target areas are Mulanje and Phalombe Districts which have a population of 548,250 and 256,960 respectively. The two districts are predominantly rural with a high degree of poverty and high TB incidence. The principle partnering agents include District Health Offices (DHOs) for Mulanje and Phalombe, Christian Health Association of Malawi (CHAM) institutions, South-Eastern Zone staff, NTP and TBCAP (MSH and FHI) (a Zone is an administrative area under the Ministry of Health composed of a number of districts. Malawi has five Zones and the South East Zone includes the districts of Mulanje, Phalombe, Machinga, Zomba, Mangochi and Balaka.

According to the World Health Organization, TB infection is currently spreading at the alarming rate of one person per second. However, the case detection rate in Malawi is at 49%, far beneath the WHO global target of 70%, and 29% for Mulanje and Phalombe in October 2006 (Baseline). Case detection in the second quarter of 2008 has increased to over 70% for Phalombe and 60% for Mulanje according to the Zone TB Officer. TB kills more young people and adults than any other infectious disease and is the world's biggest killer of women. In 1993, WHO declared TB to be a global health emergency. In Malawi, declaration of TB as an emergency was done on March 27 2007. Malawi's treatment success rate is reported to be 71%, but it is accompanied by a high mortality rate of 16%. In Mulanje and Phalombe, treatment success rate is reported at 77% accompanied by a higher mortality rate of over 19%.

Overview of Activities and Approaches

The overall goal of the program is to reduce morbidity and mortality due to TB and TB/HIV co-infection in Mulanje and Phalombe districts. Strategic objectives include improving treatment success rates of TB and TB/HIV co-infected patients and increasing case detection of TB, including TB among people with HIV co-infection. In particular, we seek to decrease the high TB mortality rate.

A. Main Accomplishments

During the second year of the project, Project HOPE has established strong working relationships with the national and local partners including with local communities. Accomplishments to date have included opening of 4 microscopy sites (Chonde and Thuchila in Mulanje; Phalombe Health Centre and Nkhulambe in Phalombe). All these have been opened during the second year. Training has been completed for a total of 40 health workers (20 in the first and 20 in the second year), 61 Health Surveillance Assistants, 156 volunteers, 138 shop owners, 150 traditional healers and 20 members of drama groups. We also have finalized training manuals and curricula for health workers, health surveillance assistants and community groups involved in TB. We have supported and finalized NTP initiated Standard Operating Procedures (SOP) and External Quality Assurance (EQA) documents.

We have strengthened our working relationship with the NTP, TBCAP, Zone office and the District Health Offices. DHOs have been very positive and are taking a leading role in implementing TB activities. We have participated in dissemination of the new approach by NTP in our two project areas under the “Plan to Implement Universal Access to Tuberculosis Diagnosis in Malawi,” which has required the establishment of community sputum collection points and walk-in programs in health facilities to increase case detection throughout the Malawi area.

In November 2007, Project HOPE donated one microscope to Mulanje Mission Hospital to facilitate microscopy services, since the microscope in use was not functioning properly. Another microscope was donated to Holy Family Mission Hospital in Phalombe to increase the number and speed of smear examinations, as the hospital previously had only one microscope.

Three sessions of supportive supervisory visits were conducted by the Project HOPE team with MOH partners. Documentation improved but quality of smears at Nkhulambe new microscopy site has yet to improve however this is based on a short period as the site was opened September 2008.

The Project HOPE team attended a number of meetings during this quarter including the National TB HIV Subgroup committee meeting, Zonal Quarterly TB Meeting, TB South East Zone Partners Quarterly Meeting, Standard Operating Procedures development workshop (SOP), development of a TB/HIV Integrated Supervisory Checklist and a Strategic Planning workshop. Taking part in meetings helps in strengthening our collaboration with partners to effectively run the project.

In collaboration with Mulanje and Phalombe DHOs, Project HOPE organized and participated in two trainings for Health Surveillance Assistants (HSA) and two health worker trainings in TB/HIV management. The trainings lasted four days each with a focus on case detection and treatment of TB cases, basic information on TB and TB/HIV co-infection, the new Universal Access approach and documentation in general to enable them effectively implement and manage TB activities to reduce morbidity and mortality due to TB and TB/HIV Co-infection in the districts of Mulanje and Phalombe.

From late April to the end of June 2008, Project HOPE assisted Mulanje and Phalombe DHOs establish 10 community sputum collection points (CSCP) in both districts to increase case detection as required by the NTP under Universal Access. A CSCP is a site chosen by the community at which sputum will be deposited by a number of villages for transportation to a TB microscopy laboratory by the Volunteers and/or the HSAs. The NTP is advocating for Universal Access, and opening of CSCPs is one of their strategies in this new plan.

Project HOPE, in collaboration with the Mulanje DHO, conducted an orientation for traditional healers and shop owners on TB issues in June 2008. This group was targeted since it has been observed that a good proportion of patients, including those with a cough, first seek help from traditional healers and/or shop owners who sell drugs before seeking medical attention.

Program Strategy

The overall goal of the program is to reduce morbidity and mortality due to TB and TB cases with HIV co-infection in the Mulanje and Phalombe Districts. Strategic objectives include:

Strategic Objective 1: Improve treatment outcomes of TB cases and TB cases with HIV co-infection in Mulanje and Phalombe

1. Increase smear conversion of new SS+ TB cases and successful treatment completion among all TB cases, including those co-infected with HIV
2. Improve the quality of case management of TB and TB with HIV co-infection
3. Increase access to quality care, treatment, and case management of TB cases and TB cases with HIV co-infection
4. Improve policy environment for improved case management of TB and TB with HIV co-infection

Strategic Objective 2: Increase case detection of TB, including among people with HIV co-infection in Mulanje and Phalombe.

1. Increase community care-seeking behaviours
2. Improve quality diagnosis of TB
3. Increase access to TB diagnosis
4. Improve policy environment for improved diagnosis of TB and TB with HIV co-infection

See table below for main accomplishments by indicator, in our results framework format.

B. Activity Status

Strategic Objective 1: Improve treatment outcomes of TB cases and TB cases with HIV co-infection in Mulanje and Phalombe

Intermediate Result	Key Activities (as outlined in the DIP)	Status of Activities	Comments
Knowledge Increase smear conversion of new SS+ TB cases and successful treatment completion among all TB cases, including those co-infected with HIV	Train/retrain and support health care personnel, especially HSAs, to train, mentor, and supervise guardians in treatment adherence for TB and TB with HIV co-infection.	We have trained 40 Health care workers (HCW) working in hospitals and clinics and 61 HSAs working in the clinics	Increased knowledge and skills to identify TB suspects and manage patients with TB. Better management and earlier diagnosis will contribute to decreasing TB related deaths and increase treatment success. HIV testing is now conducted in TB ward before patients are discharged.

Intermediate Result	Key Activities (as outlined in the DIP)	Status of Activities	Comments
<p>Quality Improve the quality of case management of TB and TB with HIV co-infection</p>	<p>Train/retrain and mentor health care personnel:</p> <ul style="list-style-type: none"> • to fully implement DOTS protocols, including recording & reporting • to be effective counselors advocating for TB and ARV treatment adherence • to be aware of life-long risk and diagnostic difficulties of TB re-infection 	<p>40 TB HCW trained to date including:</p> <ul style="list-style-type: none"> • 23 nurses • 13 Medical Assistants • 4 Clinical Officers <p>Training of 110 additional HCW scheduled for year 3.</p>	<p>Training Manuals are now finalized incorporating all new regulations from the NTP. We are working closely with the NTP and partners (see policy section in chart) on any further developments.</p>
<p>Access Increase access to quality care, treatment, and case management of TB cases and TB cases with HIV co-infection</p>	<p>A. Provide TA for better integration of HIV testing into the TB system</p> <p>B. Provide TA for strengthening the existing referral system between clinical and testing services for TB and HIV</p>	<p>A. This has been Monitored and emphasized during 4 week-long supportive visits and a 5-day Zonal Quarterly supervision. Quarterly peer review meetings conducted are good discussion forum.</p> <p>B. This has been covered through discussion with DHOs, and supervision of the service areas. HIV clinical staff has been trained in identification of TB suspects through opportunistic infections management training. Introduction of testing patients on ward has increased access to HIV testing.</p>	<p>HIV testing is conducted on all TB patients during the intensive phase of treatment. CPT is started on all TB/HIV co-infected patients. Not all eligible TB/HIV co-infected patients get started on ARVs in a timely manner. To address this, the NTP has recommended that TB clinical staff should be trained in ARV provision. DHOs are working on increasing ART provision in peripheral health facilities</p>
<p>Policy Improve policy environment for improved case management of</p>	<p>A. Work with NTP to update/improve training manuals and curricula</p>	<p>A. Training manuals and curricula for HCW, HSA and Community Groups involved in TB activities have been finalized by a</p>	<p>NTP/Zone supervision visits were delayed and in those Health facilities supervised</p>

Intermediate Result	Key Activities (as outlined in the DIP)	Status of Activities	Comments
TB and TB with HIV co-infection	<p>B. Establish coordinating committees for case management</p> <ul style="list-style-type: none"> • support quarterly cohort analysis of SS conversion and treatment outcome indicators at both the health centre and district level. <p>C. Enhance QA program in collaboration with local health authorities including:</p> <ul style="list-style-type: none"> • improved supervision & support of TB clinical staff (doctors, nurses and medical assistants working with TB patients) & HSAs. 	<p>team from our Zone office, NTP, DHO representatives from Mulanje and Phalombe and Project HOPE field office.</p> <p>Two sessions of HCW training were conducted to improve in documentation and case management.</p> <p>B. Cohort analysis has been encouraged through support in data collection and orientations</p> <p>C. This was done through 3 sessions of 5-day Zonal quarterly supportive supervisory visits. We supported development of Standard Operating Procedures and External Quality Assurance Manual for microscopy sites. Both documents are finalized.</p> <p>4 sessions of supportive supervision (2 each district) were conducted with DHO or ZONE office.</p>	<p>major problems identified were record keeping and smear preparation in the new microscopy sites.</p> <p>Conducting supervision and on-the-job training will allow health facility staff to master the skills.</p> <p>Finalization was done in July and plans are for year 3 to implement and strengthen the activity.</p>

Strategic Objective 2: Increase case detection of TB, including among people with HIV co-infection in Mulanje and Phalombe.

Project Objectives	Key Activities (as outlined in the DIP)	Status of Activities	Comments
<p>Knowledge</p> <p>Increase community care seeking</p>	<p>Conduct a community education campaign to:</p> <ul style="list-style-type: none"> • increase recognition 	<p>156 volunteers, 61 Health Surveillance Assistants and 20 drama group members are trained for</p>	<p>Community awareness has increased and there is need for additional</p>

Project Objectives	Key Activities (as outlined in the DIP)	Status of Activities	Comments
behaviours	of TB symptoms <ul style="list-style-type: none"> • increase recognition of the importance of HIV testing and early TB diagnosis • increase knowledge of the interaction between TB and HIV infection • increase behaviors related to the prevention of HIV 	community education campaign. 200 Community leaders, including Traditional Leaders, Village Headmen, Religious Leaders, and Community Based Organizations. Representatives have been oriented to the project and to TB and TB/HIV co-infection. 10 Community education campaigns have been conducted. This included the National TB Commemoration days at district and community level.	sputum collection sites. Need to increase support in opening community sputum sites to support Universal Access and education campaign. There is a need to link TB patients with HIV testing in peripheral sites
Quality Improve quality diagnosis of TB	A. Train/retrain and mentor all health staff to recognize TB symptoms and refer suspected cases for testing, and repeat testing among people living with HIV B. Train/retrain and mentor microscopists in microscopy techniques and record keeping	A. 40 TB health care workers trained to date includes: <ul style="list-style-type: none"> • 23 nurses • 13 Medical Assistants • 4 Clinical Officers 61 HSAs trained to work in TB offices at the health centers. There is still a need to train 163 HSAs and 110 additional health care workers to increase number of trained staff (scheduled for year 3) B. Monthly TB Microscopy Technical meeting and the 3 quarterly peer review meetings have been the forum where quality issues have been discussed and feedback	Initial microscopist training has been postponed to year 3 since we had to first finalize the training documents and also complete the Standard Operating Procedures for the laboratories. The tools to be used are based on WHO standards that were shared by Dr. Maria Joncevska. An important obstacle to this objective is the shortfalls in the rooms chosen for microscopy activities. Most don't have

Project Objectives	Key Activities (as outlined in the DIP)	Status of Activities	Comments
	<p>C. Enhance microscopy lab QA program in collaboration with local health authorities</p>	<p>given. Difficult to resolve QA issues were discussed at the Quarterly Zone meetings. The Zone comprises of six districts: Mulanje, Phalombe, Zomba, Balaka, Machinga and Mangochi. C. Microscopists training manual and a curriculum had to be finalized taking into consideration new developments from NTP and partners. EQA document now finalized after pilot testing. Supportive supervision will continue to be done once a month by two Laboratory Technicians and 1 Project HOPE trainer.</p>	<p>electricity or running water since they are located in very rural areas. DHOs are working on this but at a slow pace due to financial limitations. Two have been completed and work is still in progress at three other sites. There was relatively poor quality of training, mentoring and monitoring, and infrastructure in TB sputum laboratories in Mulanje and Phalombe at baseline, as identified in the baseline survey.</p>
<p>Access Increase access to TB diagnosis</p>	<p>A. Equip new labs for sputum microscopy and support qualified staffing through training. B. Advocate for client-friendly services (i.e., appropriate hours and confidentiality). C. Implement/improve TB symptom screening/referral by:</p> <ul style="list-style-type: none"> • VCT/HIV clinical care providers • traditional healers • shop keepers • HIV patients (repeated self- 	<p>A. Three new peripheral microscopy sites established (3 in Mulanje and 1 in Phalombe). B. This is covered in the health worker training sessions and during supportive supervision and is an ongoing process. C. Training of Community groups was done for 156 Volunteers, 150 traditional healers, 138 shop owners, 200 community leaders and 20 drama group members to increase community TB awareness and referral to health facilities of TB suspects. A total of 504</p>	<p>Microscopists for the 3 sites in Phalombe have been trained by the DHO using the NTP curriculum. Our project has furnished the three sites. Challenge is making quality smears in the new sites.</p> <p>Need to train new staff to cover each in rotation since they still have villages to supervise.. The zone laboratory supervisor has been very instrumental in this area.</p>

Project Objectives	Key Activities (as outlined in the DIP)	Status of Activities	Comments
	referral) <ul style="list-style-type: none"> ● Household contacts of SS+ TB cases 	people were trained and are now helping in the community.	
Policy Improve policy environment for improved diagnosis of TB, HIV, and TB with HIV co-infection	A. Work with NTP to update/improve training manuals and curricula. B. Work with NTP to correctly implement WHO TB guidelines including reporting forms. C. Enhance QA program in collaboration with local health care authorities. <ul style="list-style-type: none"> ● Quarterly analysis of TB07 by clinical and laboratory staff, microscopy QA. 	A. Training manuals and curricula were finalized in September of 2008 by NTP, Zone office, DHO representatives and Project HOPE. B. Project HOPE participated in technical working groups to assist the NTP in development of a five year implementation plan and revised TB control manual, now widely distributed. C. We participated in developing Standard Operating Procedures and EQA manuals both now finalized. C. Quality Assurance enhancement efforts were intensified as QA monitoring tools have also been finalized. Tools now in available and use are Blinded checking, Panel testing and spot checks. These are all based on new WHO documents ¹ .	DHOs of Mulanje and Phalombe have been involved through meetings and their participation in all activities The NTP Laboratory section was very instrumental in this area for coordination, sourcing of materials and giving direction during the process.

¹ **References:-** IUATLD, WHO, CDC, KNCV,APHL External Quality Assessment for AFB Smear Microscopy: A Guide for Resource Limited Countries, 2000; (2) WHO, Laboratory Services in Tuberculosis Control Parts 1 & 2, Geneva, Switzerland, WHO 1998 (3) Quality Assurance for Sputum Microscopy, Phillipines, WHO, 2004; (4) Van Deun A, portael, Limitations and Requirements for Quality Control of sputum smear Microscopy for Acid-fast bacilli. Int. J. Tuberc Lung Dis. 3(9): 823-829. 1999.

C. Major Challenges

Major challenges experienced to date include delays in opening new microscopy sites due to the need for renovations to be done by the DHO. Project HOPE activities were also impacted by lack of advance notification about the timing of some national events, such as immunization week, that involve most of the health workers we collaborate with leading to postponements in some activities. Laboratories also can lack basic items due to Government procurement procedures that do not recognize small scale sellers.

Partner commitment is one of the major challenges faced. Those working on TB are also involved in multiple other activities, which can interfere with planned TB activities.

CSCPs introduced under the NTP's Universal Access to TB Diagnosis in Malawi 2007-2011 are one quick way of increasing case detection and control of pulmonary TB in the community. However transporting sputum to the nearest microscopy centre or slide fixing site is a big challenge. Sputum already collected may not be transported on time and this has led to disposal of sputum due to decomposition before examination because Volunteers may not manage to walk 2-3 hours one way each day. Disposal of sputum will affect our objective of increasing case detection. There is an increase in number of supportive supervision visits to the CSCPs in addition to microscopy sites that are supervised monthly. All these have stretched DHO transport system.

D. Technical Assistance

Project HOPE will involve technical assistance for microscopy training and mentoring as needed. This program year we will be conducting our mid-term evaluation in the coming year, so will be working with CSTS to prepare for the mid-term, which will be conducted by KNCV.

E. Substantial Changes

As mentioned in the Challenges section, the National TB Program has adopted Universal Access to TB Diagnosis as a nationwide strategy and Project HOPE has been reviewing how our project approach should be adapted to accommodate changes and support the national program. In addition, the case fatality rate for TB has been alarmingly high and we are reviewing what information needs to be collected to determine the main reasons for this and to adapt our strategies to improve the situation. We will discuss any suggested changes with USAID prior to implementation.

F. Sustainability – Please see comments in the table in Section B.

G. Specific Information Request - Not applicable.

H. M&E Table– Please see tables in Annex 1.

I. Project Management

In February 2008, interviews for the position of Program Manager were conducted, and Mr. Rodrick Nalikungwi assumed this position on 30 April 2008. Prior to Project HOPE, Rodrick was working with Medecins Sans Frontieres-Belgium under a TB/HIV project for 5 years as Assistant Program Manager with a focus on technical issues. In April, Kayt Erdahl assumed the responsibility of HQ Backstop for this project, and has been supporting TB control in Central Asia for 4 years, and is currently responsible for oversight of all TB programs at Project HOPE.

J. Local Partner Collaboration and Capacity Building

Project HOPE organized Quarterly Review and Planning meetings with its partners, the Mulanje and Phalombe DHOs, the Holy Family Mission Hospital and the Mulanje Mission Hospital. During these meetings, accomplishments for the period, including challenges and proposed activity plans for upcoming quarters, were presented.

Relationship with Mission Hospitals: Project HOPE has been in good work relationship with Holy Family and Mulanje Mission hospitals. They both participate in quarterly peer review meetings to look at progress made in the period under review and also identify challenges faced during implementation and develop activities for the coming quarter. Both hospitals participate in supportive supervision for Laboratory services and Project HOPE shares all quarterly and annual reports with them. The two hospitals also send in participants for HSA and Health worker trainings.

K. USAID Mission Collaboration

Project HOPE has a good relationship with the USAID Mission in Malawi. There are regular phone conversations over the project and we share with them copies of our quarterly and annual reports. Project HOPE is a regular participant to USAID Synergy and Health meeting which are held quarterly.

L. Activities Planned for Next Year

Activities for Year 3 of the program will concentrate on training using finalized curricula and training manuals that reflect WHO and international standards. In particular, training of TB health workers and supervisors will be completed, and training of HIV health care workers will continue. More HSAs will be trained during the year. Supervisory visits and mentoring will follow each training activity and will continue throughout the year. Establishment of new microscopy sites will continue. Screening for TB symptoms and use of the referral process from VCT centers and through traditional healers and drug sellers will be reinforced. The community IEC campaign will continue to build upon the impact seen in community activities in this year.

Annex 1. MONITORING AND EVALUATION

The project is collecting data on USAID required indicators for TB program and additionally the project will collect and/or monitor and report on program-specific indicators. Data on trainings and other process indicators is included in a table below.

Objective/Result	Indicators	Time Period (annual)	Mulanje	Phalombe
SO 1: Improve treatment success rates of TB and TB/HIV	TB treatment success rate	2007	76%	73%
	Proven TB cure rates	2007	71%	73%
	Case fatality rate	2007	14%	24%
	Case detection rate	2007	41%	34%

Objective/Result	Indicators	Mulanje & Phalombe			
Time Period		Q1 (Oct-Dec 07)	Q2 (Jan-Mar 08)	Q3 (Apr – Jun 08)	Q4 (Jul-Sept 08)
SO 2: Increase case detection of TB and TB/HIV	% of suspects reporting to health facility within 8 weeks of cough	43%	51%	75%	64%
	Percentage of sites performing microscopy lab QA correctly	21%	50%	66%	71%

Activity	LOP Target	Achieved to date	Comments
Microscopy sites	10	4	Impacted by delays in rehabilitating the proposed structures by MOH
Health worker training	150	40	Revisions of the training manuals due to changes in National TB program management approach
HAS training	226	61	Revisions of the training manuals due to changes in

			National TB program management approach
Volunteer training	50	196	Target achieved
Shop owners training	126	149+	Target achieved & exceeded
Traditional healers	126	180+	Target achieved & exceeded
Drama members	0	20	Not in the plan
VCT-Staff training	80	10	Revisions of the training manuals due to changes in National TB program management approach
Health Education	6	0	This activity will follow after microscopy centers openings
Supervisors training	14	14	Target achieved

ANNEX 2. WORKPLAN FOR YEAR 3.(October 2008 – September 2009)

Objective	Activities	Target for Completion
<i>Improve Treatment Success Rates of TB And TB/HIV Co-Infection</i>	HIV/AIDS Health Care Workers Training	<ul style="list-style-type: none"> • 4 – 8 May 09
	Community TB, TB/HIV awareness	<ul style="list-style-type: none"> • 27 Oct. to 7 Nov. 08 • 16 – 27 Mar. 09 • 11 - 22 May. 09 • 10 – 21 Aug. 09
	Guardian training	<ul style="list-style-type: none"> • 1 – 12 Dec. 09 • 12 – 23 Jan. 09 • 22 – 30 Jun. 09 • 1 – 11 Sept. 09
		<ul style="list-style-type: none"> • On-going
<i>Improve Case Detection of TB And TB/HIV Co-Infection</i>	Traditional Healers Training	<ul style="list-style-type: none"> • 27 Oct. – 7 Nov. 09 • 1 – 12 Jun. 09
	Drug Sellers Training	<ul style="list-style-type: none"> • 24 Nov. – 5 Dec. 08 • 15 - 26 Jun. 09
	Community Volunteers Training	<ul style="list-style-type: none"> • 2 – 13 Mar. 09 • 14 – 25 Sept. 09
	TB Diagnosis Microscopy Training	<ul style="list-style-type: none"> • 10 – 21 Nov. 08 • 16-27 Feb. 09
	VCT staff – TB screening Training	<ul style="list-style-type: none"> • 25-29 May. 09
	Supervisory Visits	<ul style="list-style-type: none"> • On-going
	Quarterly Review & Planning Meeting	<ul style="list-style-type: none"> • 30 Dec '08 (Oct-Dec 08) • 31 Mar. '09 (Jan- Mar 09) • 30 Jun '09 (Apr. – Jun 09) • 30 Sept.'09 (Jul-Sept '09)
	District TB/HIV coordination meetings	<ul style="list-style-type: none"> • 18 Dec '08 • 26 Mar. '09 • 26 Jun '09 • 25 Sept. 09
	Evaluation (midterm)	<ul style="list-style-type: none"> • During May – July 2008