

**Annual Report**

**October – December 2007**

**TASC II TB South Africa**

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**By**

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## LIST OF ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
BCC	Behaviour Change Communication
CBO	Community-Based Organization
DOH	Department of Health
DOTS	Directly Observed Treatment Short-course
ETR	Electronic TB Register
FPD	Foundation for Professional Development
HIV	Human Immunodeficiency Virus
HST	Health Systems Trust
IR	Intermediate Result
IUATLD	International Union against Tuberculosis and Lung Disease
LOP	Life of Project
MSH	Management Sciences for Health
NDOH	National Department of Health
NGO	Non Governmental Organization
NHLS	National Health Laboratory Service
NTCP	National Tuberculosis Control Program
OR	Operations Research
PDOH	Provincial Department of Health
PD	Project Director
PMP	Program Monitoring Plan
PPM	Public-Private Mix
RPM	Rational Pharmaceutical Management
SCC	Strategic Coordinating Committee
TA	Technical Assistance
TB	Tuberculosis
TIP	Task Implementation Plan
URC	University Research Co., LLC
USAID	United States Agency for International Development
VCT	Voluntary Counselling and Testing
WHO	World Health Organization

# 1 EXECUTIVE SUMMARY

## Key Activities

This is the first quarter of the final year of the project. It is time to reflect and assess what has worked well and what has not. To do this accurately, the project employed the services of an independent consultant, Ms Joy Perla Riggs, to document best practices. The report is expected to be completed next quarter.

To date the project supports 382 facilities in 22 sub-districts, 11 districts in the five allocated provinces. 185 facilities are supported directly for TBHIV collaborative activities.

Increasing numbers of Drug Resistant TB and the advent of extensively drug resistant TB has resulted in the NDoH putting a lot of its resources into managing this problem. This has also raised awareness around issues of infection control to prevent transmission of TB. Therefore, the project has also had to increase its focus on these areas in order to meet technical assistance needs. In October 2007, a MDR TB/ Infection control Advisor was appointed. His main responsibility is to work with the NTCP to strengthen the management of Drug Resistant TB.

The project has participated in a number of capacity building activities with international partners to strengthen the MDR TB program and infection control. This included sending the MDR TB advisor for training in Infection control in Botswana. Working with the WHO consultant supported by the project to assist the NTCP in MDR TB, Tuberculosis infection control guidelines for health facilities have been developed. National MDR TB guidelines are being revised and training materials for health care workers have been developed as well. Training will start in the next quarter.

## Major Outputs and Results/Accomplishments

- Training materials developed – MDR TB clinical management, Infection control for health care workers
- MRT TB guidelines revision – draft circulating
- Development of National TB infection control guidelines – adapted from WHO addendum to TB infection control in health care facilities
- Infection control risk assessment tools have been drafted – circulating
- Coordination and write up of the National strategic plan for TB 2007 – 2011: supported an independent consultant to assist the NTCP with this
- A poster on the 5 steps to preventing TB transmission in health care facilities developed – sent for comments from the NTCP
- Improvements in TB treatment outcomes in ILembe district (KZN) and Nelson Mandela Metro (EC) cure rates 61% and 58% respectively both having been at below 40% at project inception
- Improvements in TBHIV integration in Nkangala district (Mpumalanga), 80% TB patients now offered HIV Counselling and testing and > 60% HIV positive clients are screened for TB
- Participation in the Union Lung conference in Cape Town, November 2007

## Major Implementation Issues and Strategies Used for Resolving the Issues

Progress in the allocated districts has been slower than what was expected. This has resulted in slower than expected project expansion in the Provinces. The shift in focus of the NTCP from strengthening the

TB program to managing Drug Resistant TB poses a challenge in that areas of weakness in the program are being ignored and resources are put into Drug resistant TB. Below are some of the remaining major challenges in the TB program:

- Late TB case detection (especially in Limpopo and Mpumalanga)
  - Late presentation
  - Low index of suspicion
- Poor compliance to treatment
- Smears not taken at end of 2 months
- High number of defaulters
- MDR and XDR TB cases increasing
- Poor referral systems
- Poverty and HIV
- Implementation of TB/HIV integrated activities

The project is doing its best to remain focused on strengthening the basics while also working with the NTCP to strengthen MDR TB management.

Next Quarter Highlights – Major Activities

- Report on project's best practices
- Training of nurses and doctors on Drug Resistant TB and TB infection control
- Laboratory quality improvements in KZN
- Preparations for a national TBHIV collaboration seminar
- World TB day commemorative activities

## **2 ACTIVITIES AND RESULTS**

General Activities Carried Out in the Quarter

### **TASK 1: Improved quality of TB services**

Activities to strengthen QA in TB laboratories continue in KZN, leadership and management training of lab managers in process. A supervisory tool for monitoring lab activities is being developed as a result of this. There are still challenges with getting full support of senior management of the NHLS. This has severely hampered the projects' efforts to expand laboratory activities to the other four provinces. To increase access to TB laboratories a mapping exercise of all TB microscopy and culture laboratories in the 5 Provinces has begun. Progress is very slow because full cooperation of the NHLS is required to accomplish this.

Guidelines for MDR TB are being revised. Revision of the NTCP guidelines will begin next quarter. MDR TB recording and reporting tools have been finalized. Training on implementation has begun.

### **TASK 2: Increased availability of TB treatment**

Working with sub partners, MSH, the project is developing the following documents to strengthen the training component of the program:

- a training manual for TB management

- a supervisory manual for trainers
- a cadre of trainers and
- will be holding have a workshop for trainers: NDOH provincial coordinators and project staff

Two NGOs are funded through the project to provide community based DOTS, HHDT -Human Health Development Trust and TADSA - TB alliance DOT support Association. More than 390 DOT supporters and HIV counselors have been trained through these NGOs. In ILembe district in KZN 500 TB patients were provided with DOT support by one of the NGOs. Linkages between facilities and community workers have been established in 15 facilities in Limpopo through an NGO that is funded.

### **TASK 3: Increased demand for TB services**

To accelerate implementation of the national Advocacy Communication and Social Mobilization TB strategy (ACSM) which the project with the assistance of external technical expertise developed on behalf of the NTCP, a national workshop was held with all Provinces in September to develop implementation plans to March 2009. Two Provinces that bought into the strategy are Free State and Northern Cape. The reception from the other provinces was not satisfactory.

The project continues to engage, through workshops, with local based NGOs and communities to disseminate the Behavioural Change Communication and Social mobilization Guidelines (BCC-SM) which have been developed to accelerate the implementation of social mobilization activities in the districts.

The private sector has been engaged through TB Breakfast meetings that were held in the supported TB crisis districts, Durban (KZN eThekweni district), East London (EC Amathole district) and Port Elizabeth (EC Nelson Mandela Metro municipality). These meetings have generated interest from eight major companies to start own TB in the work place programs using the TB in the workplace package materials developed by the project. This forms part of expansion of public-private mix activities.

IEC materials for MDR TB and infection control have been developed. A pamphlet for the community explaining what drug resistant TB is and how to prevent it and a health care worker poster on steps to prevent TB transmission in facilities.

### **TASK 4: Improved programme management capacity**

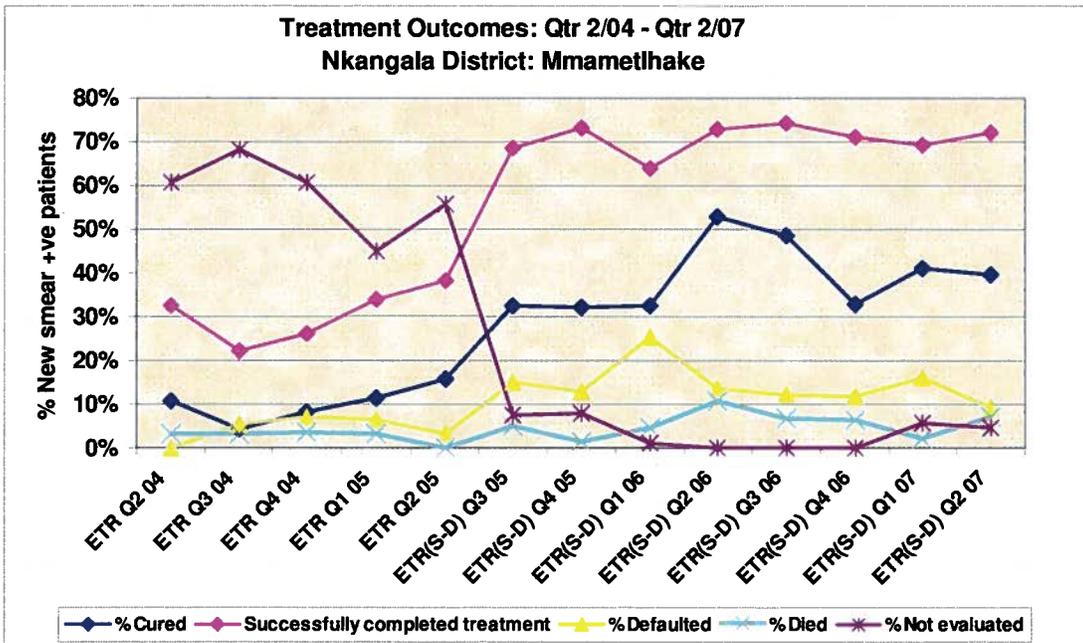
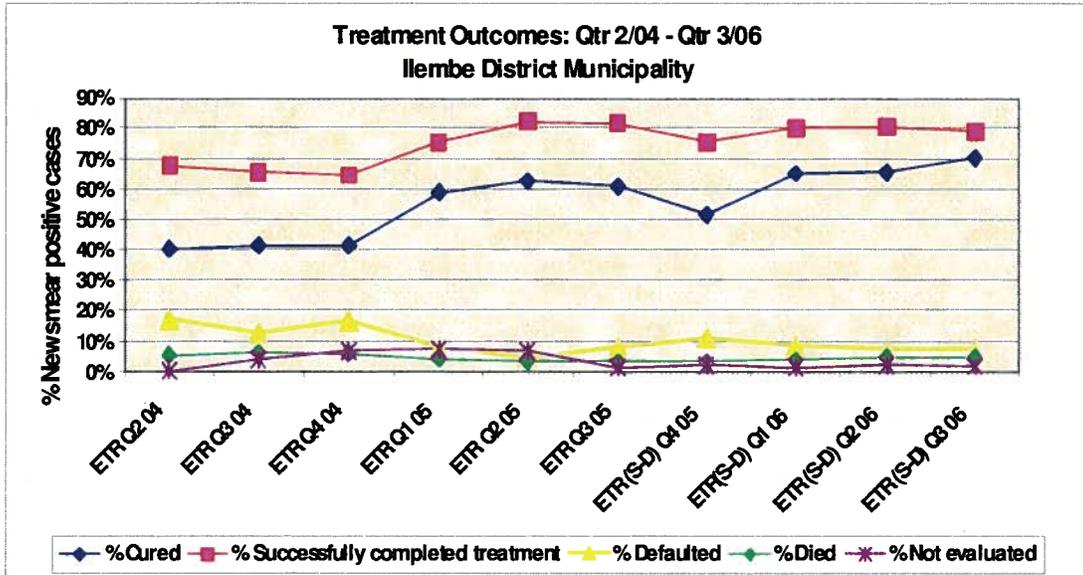
The capacity of Districts to manage TB data is being strengthened through trainings on data flow processes and conducting ETR data management exercises. This has been successfully done in two sub districts, one in Mpumalanga and one in KZN. In partnership with the NTCP guidelines for the management of TB data at district level and analysis is being developed.

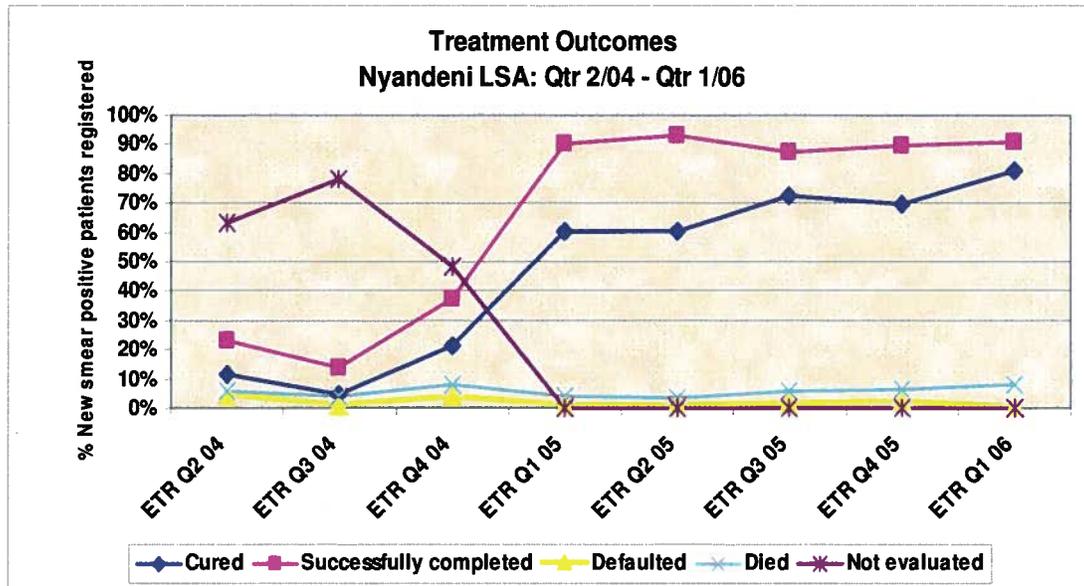
Through continued quarterly monitoring of TB data through charts and trends; problem identification and intervention implementation is done.

### **TASK 5: Operations Research**

None this quarter.

**Results and Accomplishments:**





**Consultancies:**

Dr Bobby John – GHA, ACSM consultant, workshop on ACSM implementation

Dr Peter Barron – Health systems consultant, coordination of national strategic plan for TB

**3 MAJOR PROBLEMS FACED IN IMPLEMENTATION AND STRATEGIES USED FOR OVERCOMING THE CHALLENGES**

Lack of support from TB Program manager in North West Province and from the NHLS. Both have been reported to the NTCP but not much has changed.

#### **4 COORDINATION WITH LOCAL AND OTHER STAKEHOLDERS**

MRC through Dr Karen Weyer – revision of MDR TB Guidelines

WHO – support of Dr Fabio Scano’s appointment to assist with MDR TB

CDC – Participation in Infection control training in Botswana

#### **5 PROJECT ADMINISTRATION**

MDR TB/ Infection control consultant appointed in October. Project Director attended training in Israel on Health Systems Management in November. All project staff attended the Union Conference in Cape Town as part of skills development.

#### **6 BUDGET AND EXPENDITURES**

PROJECT EXPENSE TRACKER SUBMITTED TO ACTIVITY MANAGER.

## 7 TIMELINE AND WORKPLAN FOR THE NEXT QUARTER

ACTIVITIES	TIMELINE			OUTCOMES
	May	June	July	
<b>Project start up Activities</b>				
Provincial Consultative meetings	X			
Establish Technical Advisory Group		X		
Establish provincial TB program expansion mechanisms			X	
<b>TASK 1: Improved quality of TB services</b>				
Develop interventions for improving quality of TB services	X			
Develop a strategy to improve laboratory services	X			
Implement HIV C&T interventions at TB facilities			X	
<b>TASK 2: Increased availability of TB Treatment</b>				
Develop strategy to improve training systems			X	
Begin training facility and community-based TB providers	X	X	X	
Develop linkages between TB & HIV facilities		X	X	
Develop functional integration strategy for TB/HIV and other services			X	
<b>TASK 3: Increased demand for TB services</b>				
Desktop review of current activities			X	
<b>TASK 4: Improved program management capacity</b>				
Develop interventions in the identified districts		X		
<b>TASK 5: Operations Research and PPM</b>				
Prioritize OR needs and PPM opportunities			X	
Identify local groups for conducting OR			X	

**Annexure A**

**Summary Table: Linking the Activities to the Results and Accomplishments**

<b>Activities</b>	<b>Results</b>	<b>Accomplishments</b>
<b>A. Project Start up activities</b>		
Finalize life of project work plan and performance monitoring plan	Life of Project Work plan and Performance Monitoring Plan completed and accepted by USAID	Work plan approved by all partners
Identify high priority districts in the five provinces	High priority districts identified in three provinces (Eastern Cape, KwaZulu Natal and North West)	WORKSHOPS HELD IN THE IDENTIFIED DISTRICTS IN EASTERN CAPE AND KWAZULU NATAL
Develop tools for monitoring	A training monitoring tool developed. A TB outcome monitoring tool developed.	
<b>TASK 1: Improved quality of TB services</b>		
Conduct laboratory assessment	Baseline laboratory assessments done in the Eastern Cape districts	
<b>TASK 2: Increased availability of TB treatment</b>		
Establish training needs and identify areas requiring assistance	SWOT analysis conducted at each of the identified districts in Eastern Cape, KZN and North West; Baseline assessment tool for facilities developed	
<b>TASK 3: Increased demand for TB services</b>		
Develop strategy for TB/HIV integration	Meetings set up with stakeholders in 2 provinces, Eastern cape and North West	
<b>TASK 4: Improved programme management capacity</b>		
<b>TASK 5: Operations Research and PPM</b>		