GLOBAL FUND ANNUAL REPORT

TB COMPONENT

JANUARY TO DECEMBER 2006

PREPARED BY NATIONAL TB PROGRAMME

APRIL, 2007

PREAMBLE

This report covers the implementation of activities of the TB Component for the period January to December 2006 (quarters 9 through 12 in the phase II) which is the third year of the project implementation of the R2 grant.

For this reporting period, TB component did not receive any additional funds from the GFATM as the phase 1 balance amounting to US$420,178 was still available to enable implementation of planned activities for the period. Therefore no implementation letter was issued because no submission for additional funding was made.

The TB Programme continued to work on the Phase II renewal documents for the round 2, which were revised in line with comments from GFATM secretariat. The documents, which included Attachment (Indicators), Workplan/budget, M&E and Procurement Plans were discussed in April 2006 during a GFATM mission to Lesotho for negotiation of the phase II renewal and new agreements for Rounds 2 and 5. key outcome of the discussions was the agreement to incorporate balances from Phase II in the budget/workplan revison; use of new formats for attachments; and to integrate TB, HIV and AIDS as well as Indicators for round 5 into one monitoring and evaluation plan.

Mid-year 2006, the TB Programme also worked on the development of Country Proposal for Round 6 which has been submitted to GFATM to support DOTS management strengthening at the community level. The TB component was part of the Country Coordinated Proposal submitted to the Global Fund on 31 July, 2006. The TB component was approved and negotiations completed awaiting grant signing.

In order to strengthen the TB Programme from central level down to the district level, the MOHSW engaged a TB Manager, a TB/HIV advisor, 2 Surveillance Officers at Central level; and 10 TB Officers at the district level. The post of one Surveillance Officer is yet to be filled. The position of the TB Advisor was also filled.

2. Main achievements (results vs targets) - TB COMPONENT

The support for TB component as submitted to the GFTAM focused on six objectives on the following areas:

1. To strengthen the National TB Control Programme management through development and implementation of policy update and DOTS expansion strategic plans in all HSAs.
2. To strengthen DOTS implementation through training of at least 2325 (70%) health workers involved in TB and 3650 (50%) extension workers by 2007;
3. To improve quality for TB diagnosis through establishment of quality control system in at least 15(80%) laboratories by 2008;
4. To strengthen and expand public-private partnership in DOTS implementation through training of at least 20 (50%) GPs and 800 (20%) of registered traditional doctors;
5. To strengthen NTP management by ensuring that at least 15(80%) of HSAs use TB surveillance data for M&E;
6. To ensure effective TB treatment by institutionalizing Drug Sensitivity surveillance in at least 15 HSAs.

Objective1: To strengthen the National TB Control Programme management through development and implementation of policy update and DOTS expansion strategic plans in all HSAs.

Under this objective, the following activities were planned:

1. Updating of National TB policy
    i. Updated draft TB policy circulated for final comments
    ii. Draft MDR/XDR-TB guideline produced
2. Finalize development of TB Strategic plan
    i. Draft Strategic plan developed
3. Update Pre-service curriculum
    i. Pre-service curriculum developed, being pre-tested
4. 10 HSAs achieving case detection rate (CDR) of 70%;
    Results:
    i. 4 HSAs (Butha-Buthe, Paray, Berea and Quthing) achieved above the 70% CDR.
5. 6 HSAs achieving treatment success rate of 85% or more;
    Results:
    i. 4 HSAs (Butha-Buthe achieving 96%, Motebang, 89%, and Mamohau 90%) achieved TB treatment success rate of 85% or more during the reporting period;
6. 13,317 TB cases to be detected and put on treatment
    Results
    i. 13,319 TB patients put on treatment in 2006;
    ii. 30,801 cumulative put on treatment
    iii. 20,087 successfully treated by end of Phase I;

Objective 2: To strengthen DOTS implementation through training of 2,325 (70%) health workers in TB and 3,650(50%) extension workers by 2007.

Health centers with trained community health workers supervising DOTS
Activities to be implemented under this objective were as followed:

1. Health personnel Trained on DOTS;
    Results:
    i. 45 persons including TB Coordinators and the Public Health Nurses were trained on Cohort analysis;
    ii. 13 TB coordinators trained on HIV, Counseling and Testing (HCT)
    iii. 93 health workers trained on DOTS in Roma and Machabeng
    iv. 1,190 community Health workers trained on DOTS in 8 HSAs
    v. 5 health workers trained on TB/HIV co-management by URC
    vi. The TB/HIV/AIDS Task Group has been formed to assist with issues related to TB/HIV collaboration.

Objective 3: To improve quality of TB diagnosis through establishment of Quality Control System in at least 15 (80%) laboratories by 2008.

Activities for implementation:

1. Establishment of a system of QA for TB bacteriology
    Results:

i. 4 persons from the laboratory department trained on Quality Assurance (Two from central laboratory and two from HSAs) at the National Institute of Communicable Diseases (NICD).

2. Develop guidelines for QA
   Results:
   i. Planned for quarter 15
3. Regional workshops for lab technicians on smear microscopy and QA
   Results:
   i. Planned for quarter 15

Objective 4: To strengthen and expand public-private partnership in DOTS implementation through training of at least 20 (50%) GPs and 800 (20%) of registered traditional doctors;

1. Hold quarterly meetings with private practitioners
   i. 2 meetings held;
2. Train Private and Public Health care providers on DOTS
   i. 98 persons including Private Doctors, Medical Officers and Pharmacists, (36 from the Private sector and 62 from Government) trained on the Public Private Partnership;
3. Re-imburse GPs on sputum positive TB patients managed;
   i. To commence in Quarter 13.

Objective 5: To strengthen NTP management by ensuring that at least 15(80%) of HSAs use TB surveillance data for M&E;

1. Conduct supervisory visits to all HSAs
   Results:
   i. Supervisory visits conducted to all HSAs at least once in the year;
   ii. HSAs visited at least once quarterly for data quality assessment;

2. Implement Electronic TB Register
   Results:
   i. 3 persons (The Epidemiologist, TB deputy manager and the TB/HIV coordinator from URC) trained in a course on Electronic TB register;
   ii. 35 persons (TB Coordinators and Public Health Nurses) trained in basic Computer skills;
   iii. Technical Assistance for ETR implementation identified;
   iv. TB registers and reporting forms revised to reflect TB/HIV collaborative activities
3. Attend international meetings and workshops
   i. 1 officer attended the 17th International AIDS Conference at Toronto, Canada
   ii. 1 Officer attended the 38th Union Conference in Paris, France
   iii. 2 Officers attended Union TB Management Training at Tanzania
   iv. 2 officer attended the MDR/XDR Task force meeting in Geneva;
   v. 3 Officers attended MDR/XDR Planning meeting at J'Burg South Africa;

Objective 6: To ensure effective TB treatment by institutionalizing Drug Sensitivity surveillance in at least 15 HSAs.

Activities under the objective were as follows:

1. Identify Consultant and TOR for the DRS Consultant

Consultant identified, TOR developed;
DRS protocol developed;

2. Conduct DRS
   Planned for Quarter 15

2.2 Explanation on programmatic deviations

3. Actual expenditure vs budget

STATUS OF FUNDS January – December 2006

Main Program Objective							
		YEAR 3	Quarter 9	Quarter 10	Quarter 11	Quarter 12	Total 2006
1	NTP Review and Strengthening through policy update & strategic plan	12,289	0	0	12,289	0	12,289
2	Strengthening DOTS through HCWs trainings	235,587	65,217	64,553	40,600	65,217	235,587
3	Establishment of Q.A system for laboratories	70,753		70,753			70,753
4	Strengthening public private partnership in DOTS	55,892	0	55,892		0	55,892
5	Strengthening NTP management through TB surveillance	49,631	0		39,631	10,000	49,631
6	Institutionalising drugs sensitivity surveillance	0	0	0			
Total Expenditure		424,152	65,217	191,198	92,520	75,217	424,152

4. Challenges and lessons learnt

1. Delay in fund disbursement: this has resulted in un-timely implementation of activities particularly training of health care providers.
2. The data collection and collation to measure achievement in TB case detection rate was done annually with assistance of WHO and KNVC; although the programme has now adopted quarterly reporting protocol, the challenge remains for the capacity to be developed for data analysis by the programme.
3. Most of the HSAs could not report on 2-month smear conversion indicator as it was newly introduced. Series of trainings were conducted in order to introduce sputum conversion. Capacity needs to be strengthened to achieve quality analysis.

Planned changes in programme or budget

5. Recommendations

The following recommendations are made:

Train Clinicians and TB coordinators on the use of new TB registers and MDR TB management;

To keep permanent staff at TB wards,

To train and provide health workers with motorbikes for DOTS supervision