



# **Draft action plan on improving the 3Is intervention**

## **NAMIBIA**



# Identified challenges in ICF in Namibia

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- Low ART coverage among TB patients
- TB screening in HIV pts not being consistently reported
  - However, guidelines present and updated
- ART monitoring tools do not capture TB treatment outcomes for TB/HIV patients
- Sub-optimal tracking system for TB patients referred to ART sites and vice versa
- Absence of screening for TB at some HIV testing sites



# Identified challenges in IPT in Namibia

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- Reporting on IPT poor
- Sites implementing HIVQual/Healthqual and IMAI sites seem to be better at reporting on IPT than those that are not



# Identified challenges in TBIC in Namibia

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- While district TBIC plans are available in most districts, focus and monitoring of their implementation in ART sites has been lacking
- There is no active surveillance for TB among HCW esp at ART sites



# ICF Plan

OBJECTIVES	TARGET	ACTIVITIES	INDICATOR
Increase proportion of HIV patients screened for TB regularly to 100% by 2015	90% of HIV + patients screened for TB at most recent visit (end of 2012)	Produce job aids for management of TB/HIV	Proportion of PLHIV screened for TB at their most recent visit to ART clinic
	100% of all ART clinics use the std TB screening tool	Finalise TB screening tools	Availability of tools at all ART care sites
	Updated ART tools to capture TB Rx outcome	Update ART tools to capture TB treatment outcome	Tool updated Y/N
	100% of all districts to have SOPs for X-referring pts	Establish a tracking mechanism for patients cross-referred between TB & HIV care settings	Proportion of districts with SOPs for X-referring TB/HIV pts



# IPT plan

OBJECTIVE	TARGET	ACTIVITY	INDICATOR
Increase the proportion of PLHIV patients receiving IPT 5-fold	50% of eligible HIV+ patients received IPT in 2015	Conduct review meeting on IPT reporting	% of eligible HIV+ patients receive IPT
		Roll out IMAI, HIVQUAL to more sites	



# IC plan

OBJECTIVE	TARGET	ACTIVITY	INDICATOR
Ensure that all districts and facilities have developed a TBIC plan by 2012	90% of health facilities develop & implement TB infection control plan	Review existing facility based TB IC plans to address TB/HIV	% of health facilities develop infection control plan
		Conduct annual assessment and mentoring visits to monitor the implementation of TB IC plans	Proportion of facilities complying with minimum IC measures
Establish surveillance system for TB among HCW by 2013	50% of HCW in TB units and ART clinics screened annually for TB	Introduce annual screening of TB among HCW working in TB units and ART clinic	Proportion of HCW in TB units and ART clinics screened annually for TB



# Cross cutting activities (1)

OBJECTIVES	TARGET	ACTIVITIES	INDICATOR
Train all HCW in TB & HIV settings on TB/HIV collaborative activities by 2015	80% of HCW trained on TB/HIV collaborative activities	training of healthworker on revised ART/TB guidelines	% of HCW trained on TB/HIV collaborative activities
		Train health workers and community counsellors on screening TB among HIV positive	% of CCs trained on TB screening
		Training of health workers and community counsellor in prisons settings on TB screening	Number of HCW affiliated to congregate settings trained
		Develop, produce and disseminate IEC materials on TBIC and ICF	Proportion of facilities with adequate TB/HIV IEC materials





# Cross cutting activities

OBJECTIVES	TARGET	ACTIVITIES	INDICATOR
Have all facilities reporting timely on 3Is by 2015	One joint meeting for revision of the M&E tools and review the reporting system	Conduct a meeting to review reporting system and update tools for TB/HIV activities (other activities to be identified at this meeting)	Joint review meeting held
Improved implementation of the 3Is interventions in all facilities	Annual joint supportive supervisory visits to all HF held	Include revised 3Is indicators in annual joint supportive supervision checklists	Number of facilities visited

**THANK YOU  
NDAPANDULA  
OKUHEPA  
BAIE DANKIE  
!GAI AIOS**