

No	Program components	Measurable objectives	Activities	Indicators for follow up	Time frame	Responsible Unit	Budget	T/A
1	Programmatic		Joint supervision and mentoring		Ongoing	TB/HIV Programme		
		To integrate ART in all 17 TB diagnostic facilities hospital and Health centres To increase ART uptake in TB patients to 50% in 2011	Integrating ART in TB facilities		Q2	TB/HIV Programme		
			Develop TB/HIV IEC (ART/TB, ICF, IPT and IPC) material (Screening algorithm posters, TB/HIV hand book ,IC posters)		Q4	TB/HIV Programmes, Civil society, Health promotion		T/A
		To decentralize to 16 more PHC	Accelerate the decentralization of integrated TB/HIV service in PHC facilities	No of PHC facilities providing integrated TB/HIV services	Ongoing	TB/HIV Programme		

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2	Intensified Case Finding	To screen 50% of PLWH for TB in 2011	Review ICF guidelines to conform to WHO	Proportion of PLWH screened for TB	Q2	TB/HIV programme		T/A
			Update the ICF screening tool		Q2	TB/HIV programme		T/A
			Print and disseminate ICF/IPT guidelines and tools		Q2	TB/HIV programme		
		To train 100 HCWs and 120 health motivators	Train health care workers and health motivators (RHM, treatment literacy practitioners, cough officers) and traditional healers	No of HCWs trained in TB/HIV	Ongoing	TB/HIV programme		
			Print and disseminate screening algorithm		Ongoing	TB/HIV programmes		
			Introduce TB screening in congregate settings	No of prisons implementing TB screening	Ongoing	TB/HIV programme		
			Translate to Siswati TB screening tools		Q4	TB/HIV programmes		

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3	INH Preventive Therapy	To enrol 20% of ART patients and 15% pre ART in Q3 on IPT To enrol 15% children on ART and 10% on Pre ART on IPT in Q3	Develop IPT roll out plan and implement IPT	Proportion of ART and Pre ART patients enrolled in IPT	Q3	TB/HIV programme		
			Finalized the review of TB/HIV policy guideline and national TB/HIV implementation framework		Q3	TB/HIV programme		

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4	Infection Prevention and Control		Identify 3Is facility focal (HIV/TB) person		Q3	TB/HIV programme		
			Develop a national IC plan for scale up		Q2	TB/HIV programme		
			Print and disseminate IPC guidelines		Q1	TB/HIV programme		

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5	Monitoring and Evaluation		M&E HIV and M&E TB joint report writing meetings		Q1	M&E		
			Revise the down referral forms to include ICF and IPT		Q2	M&E		
			Advocate for Integration of TB to the PMIS electronic register		Q2	M&E		
			To educate both HIV and TB personnel on the indicators		Q2	M&E		
		To screen all HCWs in TB units	Establish and conduct health care worker surveillance on TB and HIV	Proportion of HCWs in TB units screened	Q3	M&E, TB/HIV programme		
			Wide area networking for major sites			M&E		

			To include TB variables on the disease notification system		Q2	M&E		
			Revise the TB/HIV reporting form to ensure that the capture the IC indicators		Q2	M&E		
			Continued mentoring of data clerks		Ongoing	M&E		
			Ensure that all facilities capture data into the electronic system from the patient files		Q1	M&E		
			Conduct assessment on barriers to access for TB and HV patients		Q2	SWAPOL, M&E		ARA SA

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5	Laboratory issues		Increasing capacity for more smears					
			Develop laboratory specific IPC					
6	Civil Society		Contact tracing ,TB screening and referral for investigations			TB programme /HIV programme		
			Home and community based IPC education		Q4	SWAPOL		
			Multi media messages on IPC		Ongoing	TB/HIV programme , STOP TB partnership		