

Project Title: Strengthening capacity in Tuberculosis control at the community level

Contract Number: FY2014-G04-7003

Subcontractor: Health Research Union

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1) Introduction and Background

Georgia Tuberculosis Prevention Project (GTPP) awarded a grant to Health Research Union (HRU) for the implementation of the project “Strengthening capacity in Tuberculosis control at the community level” that will target improvement of TB control at the community level through the increased leadership and participation of public health centers and proper linkages between preventive, diagnostic, clinical and community support functions.

The project was aimed to: increase a knowledge and understanding of public health aspects of Tuberculosis among the personnel of district public health centers; strengthen capacity of public health centers’ personnel in contact tracing and screening of high risk patients; strengthen capacity of public health centers in supervision of TB interventions at the community level; strengthen capacity of public health centers’ personnel in counseling and community education on TB issues; strengthen capacity of public health center’s personnel in monitoring and evaluation of TB interventions at the district/community level.

2) Summary of its Activity Objective Achievements

The activities carried out within the frames of this project improved the understanding and confidence of PHC personnel in public health aspects of TB. In total 182 individuals representing all 63 public health centers (and departments) throughout Georgia were trained on TB control at community level. Evidence-based guiding materials including TB control manual for PHCs were specially developed, printed and distributed among training participants. TB control manual will serve as a reference book for the district PH centers and will be a useful tool for PH system players to effectively implement and monitor TB control activities.

Summary of its Activity Implementation process

Specific activities accomplished under the project in the period of April 1, 2014 to April 1, 2015 include:

Preliminary start-up activities

At the beginning detailed planning of the project activities and coordination with national stakeholders and other parties were conducted in order to ensure that project partners are fully aware and supportive of the proposed implementation plan. The inception period was also used for studying additional information on community TB activities and their relevance and potential adaptation for the Georgia setting.

Consultations with NCDC and MoLHSA

The project team has also conducted consultations with the National Center for Disease Control and Public Health regarding the project activity plan and coordination of the project with NCDC interventions as part of the state TB program (STBP) and other TB related work with regional public health center. The project team also had consultations with MoLHSA health department to obtain further information on STBP, as well as potential new policies, or regulations in TB areas.

Focus Group discussions

Focus group discussions were conducted with public health center personnel to obtain the information on their knowledge, perception and current practices on TB and in particular, TB related PH issues. The project staff developed a focus group guide that was specifically designed to address these questions and was submitted along with the inception report.

Selection of participants

For the recruitment of the participants purposive sampling was used. The NCDC representative provided contact information of key persons working at regional public health centers. They were asked to participate in this discussion considering their insight and direct involvement in public health centers' operations.

In order to allow for different perspectives on the issue, respondents were selected from both the regional level and the capital city-Tbilisi. The key informants were approached for recruitment via email and telephone communication.

Focus group discussions

Two team members were involved in the interview – the interviewer and the facilitator. Discussions were held on 09.06.2014 at the NCDC conference room and on 13.06.2014 the Health Research Union (HRU) hosted the group. Each discussion session lasted for 1 hour and 15 minutes.

The first focus group participants were (13 respondents): one from the NCDC and 12 representatives of the regional Public Health Centers from: ShidaKartli, Imereti, Kakheti, Samtskhe-Javakheti, Racha - Lechkhumi, Imereti, KvemoKartli, Mtskheta – Mtianeti, Guria, Samegrelo and Adjarian regional Public Health Centers.

The second group included 10 representatives from Tbilisi PHCs including Isani-Samgori, Gldani-Nadzaladevi, Mtatsminda-Krtsanisi, Didube-Chugureti, Digori and Vake –Saburtalo districts. Prior to the start of in-depth discussions a brief description of the projects was presented to the participants and verbal agreement to participate was obtained. Interviews were tape recorded for further transcriptions and written notes were taken.

The discussion theme was to explore their knowledge about the role of the Public Health System in Tb control and perceived weaknesses or barriers in the performance of PH centers.

Instrument of interviews

A semi-structured questionnaire was developed. The interview questions were open-ended, which allowed for more detailed and in-depth answers to emerge. Some questions were followed by possible prompts to help the interviewer probe for more information. Each discussion step ended with a question asking for any additional information that the participants thought was important. This question provided an opening for participants to add any pertinent information that the interview did not cover or that a participant forgot to mention. The interviewing process retained the advantage of being semi- systematic and allowed for unanticipated constructs to emerge during the interview process. The project team with the qualitative researcher developed an interview guide based on the potential questions suggested for the training curriculum.

Both groups were asked the same questions with the exception of the additional questions that arose during discussions. Several questions discussed were related to public health centers staff experience, responsibilities and commitment in Tuberculosis management. In addition, the focus groups discussed the information sources (guidelines, internal regulations, trainings) available for the PH staff, Tb prevention, screening, diagnosis, referral and treatment monitoring and evaluation. Important themes that emerged in the discussion were the challenges and barriers at each stage of Tb monitoring and evaluation, the perceptions of the role of health care system in the control of tuberculosis, the functions of the health care workers and factors that hamper the proper implementation of Tb control in Georgia. Additionally interviewees discussed their needs associated to the informative and educational parts of the future training and strong and weak points in Tb control for each of the PHC.

Analysis

After the completion of the focus group interviews, HRU researcher analyzed both the written notes and the recordings made during the discussion sessions. The interviewer and facilitator came together to compare and combine notes and listen recordings in order to ensure that all pertinent points were included from each focus group discussion. The researcher created a key informant results protocol that includes concerns, determinants, assets, and solutions.

Development of the curriculum for the training of Public Health Center personnel

16-hour training curriculum including the full package of training materials was developed after reviewing TB-related international source materials, recommendations and guidelines; national regulations, requirements, guidelines and strategic directions for the role of public health system in TB control. The emerged themes, knowledge gaps and cut points identified after the analysis of focus group discussions were also considered during the development of the training curriculum. Training curriculum and training materials were submitted and approved by GTPP.

Development of the TB control manual for Public health Centers

TB control manual specifically designed for public health personnel was developed, submitted and approved by GTPP. The manual includes all major public health topics in relation to TB and all components of TB control interventions, including public health aspects of TB, human rights and ethical aspects of TB control, TB prevention, TB case management, TB contact tracing, TB surveillance and reporting etc. The manual is based on the evidence-based data, WHO and US/CDC recommendations and guidelines.

Training of Public Health Center personnel

16-hour training sessions were conducted for the personnel of all 63 public health centers (and departments) throughout Georgia. The 16-hour trainings were spitted in two rounds (two 8-hour sessions). The division of trainings in two rounds gave the opportunity to the participants to study the provided materials and reflect back for a following second meeting. The training sessions included power-point presentations with handouts, teaching cases, interactive discussions and quizzes. Pre-tests and post-tests were administered to assess the knowledge of core TB related concepts before and after the training. The TB control manual specially developed for this project were distributed to all training participants and will serve as a reference for PH centers' staff in their day to day work related to TB.

The trainings were conducted in Telavi, Kutaisi, Batumi, Zugdidi, Akhaltsikhe and Tbilisi. The PH centers' staff of the respective and adjacent regions was invited to attend the trainings in

corresponding cities. In total 9 training sessions (in two rounds) were conducted, including 4 sessions in Tbilisi (2 for Tbilisi PHC personnel and 2 for Mtskheta-Mtianeti, KvemoKartli and ShidaKartli PHC staff) and 5 sessions in the above mentioned regional cities.

Each district public health center nominated at least 2 staff members (who are responsible to conduct TB control activities in a respective district) to attend the training. Training participants were epidemiologists and managers of NCDC regional branches/laboratories who play important role at the regional level in laboratory diagnosis and coordination of TB interventions. The total number of training participants was 182 representing the personnel of all district PH centers and NCDC regional network. Tbilisi Public Health center nominated 37 staff members to attend the trainings. The rest of training participants (145) were nominated from Shida-Kartli, Mtskketa-Mtianeti, Kvemo-Kartli, Kakheti, Samtskhe-Javakheti, Adjara, Samegrelo-Zemo Svaneti, Guria, Imereti, Racha-Lechkhumi PHCs and NCDC regional branches.

The training activities were implemented in collaboration with NCDC. The chief specialist of NCDC, responsible for TB surveillance and coordination, participated in training sessions and ensured coordination with district PH centers and regional branches of NCDC, as well as national TB control activities.

Project Progress Against Planned Activities:

Fill out the table below

Table 1: Achievement of performance indicators as reflected in the organizations business/schematic plan

Activity	C	P	N/I	Achievements	Challenges	Supporting data/source documents
	C = Completed; P = In Progress; NI = Not Implemented					
1) Review of international source materials, recommendations and guidelines	y			Reviewed and used for the development of TB control manual for PHCs	N/A	Evidence-based information materials on TB control
2) Review of country regulations, requirements, guidelines and strategic directions for PH system role in TB control	y			Reviewed and used for the development of TB control manual for PHCs	N/A	Evidence-based information materials on TB control

3) Designing the FG guide	y			FG guide developed and used at FG discussions with PHC personnel	N/A	FG guide
4) Conduct FG discussions with PHC personnel	y			Two FG discussions with PHC personnel conducted	N/A	List of participants/signed registration forms Written notes and recordings made during FG discussion sessions
5) Development of curriculum for the training of PHC personnel	Y			Developed, submitted to URC and approved	N/A	Curriculum for the training of PHC personnel
6) Development of training materials and presentations	Y			Developed, submitted to URC and approved	N/A	Full package of training materials printed Power Point Presentations
7) Development of TB control manual for PHC personnel	Y			Developed, submitted to URC and approved	N/A	TB control manual for PHC personnel printed
8) Conduct 18 training sessions for PHC personnel of all 63 PHCs (and departments) throughout Georgia	y			18 training sessions were conducted for PHC personnel of all 63 PHCs (and departments)	N/A	List of participants/signed registration forms

3) Monitoring and Evaluation

Fill out table below

Table 2: Status of Performance Indicators

Indicators	Final Target	Actual
Number of focus group discussions conducted	2	2
Number of PHC personnel participating in focus group discussions	20-25	23
Number of trainings conducted for PHC personnel	18	18
Number of PHC personnel participating trainings	180	182
TB control manual for developed for PHCs	1	1
Number of TB control manuals distributed among training participants (PHC personnel)	180	182
Percentage of knowledge increase about public health aspects of TB among PHC personnel participating in trainings (comparison of pre and post training test results)		Overall knowledge on public health aspects of TB was increased by 30% on average among PHC personnel participating in the trainings
Number of TB interventions (default patients referred for continuation treatment, DOTS supervision, contacts traced and screened among high risk groups etc.) at the community level conducted by PHC personnel		Measurement of the number of TB interventions at community level conducted by PHC personnel is beyond the lifespan of this project and should be further monitored
Number of counseling and community education sessions conducted by PHC personnel		Measurement of the number of counseling and community education sessions conducted by PHC personnel is beyond the lifespan of this project and should be further monitored

* Please report on each indicator as per approved and M&E plan*

4) Financial Management

Provide overall expenditures incurred per activity/budget line item

Table 3:

Budget Line Item	Budget	Expenditure	Variance
Personnel			
Avaliani - Project manager	5,665.00	5665.00	00.00
Butsashvili - Training director/Project manager	14,420.00	14420.00	00.00
Kajaia - Training facilitator/M&E officer	7,000.00	7000.00	00.00
Merabishvili - Training facilitator	3,500.00	3500.00	00.00
Khatiashvili Project Assistant	3,500.00	3500.00	00.00
Abzianidze - Project assistant	3,400.00	3400.00	00.00
Kandelaki - Expert in TB	2,000.00	2000.00	00.00
Kamkamidze - Trainer	7,200.00	7200.00	00.00
Tadumadze - Trainer	1,560.00	1560	00.00
Subtotal for personnel	48,245.00	48245.00	00.00
Trainers			
Travel and per-diem	8400	5947.62	2452.38
Participants			
Travel expenses	6,912.00	6399.00	513.00
Subtotal for travel and per-diem	15,312.00	12346.62	2965.38
Contractual			
Driver	1,200.00	1187.5	12.50
Accountant	1,750.00	1750.00	00.00
Subtotal for contractual	2,950.00	2937.50	12.50
Other direct costs			
Focus Group Expenses	0	0	0
Gasoline	1,077.00	1076.76	00.24
Stationery and training materials	805.00	2197.01	-1392.01
Lunch for trainings	6,552.00	5807.79	744.21
Communication	1,400.00	1399.55	00.45
Bank charges	65.00	29.24	35.76
Subtotal for other direct costs	9,899.00	10510.35	-611.35
Indirect costs			
	7,641.00	7640.88	00.12
Total	84,047.00	81680.35	2366.65

5) Challenges

There were no major challenges during the implementation of project activities. The activities were implemented according to the schedule.

6) Success stories

N/A

7) Lessons Learned and Recommendations

There is an agreement regarding to system-wide responsibilities for TB control in Georgia implying that the public health sector engagement is critical to ensure better community control and sustainability of TB interventions. The role of PHC personnel is very important in this process. The evidence-based information provided by the project will assist PHC personnel to understand better their role in TB control at the community level. Besides, the practical tools provided through this project will help them in proper implementation of TB interventions.

Implementation of community level TB interventions is related not only on the adequate qualification and knowledge of PHC personnel but also on the available funds for proper planning and implementation of appropriate TB control activities. There is sufficient staff at most of PH centers to fulfill these functions without personnel budget increase. There is only a need of providing additional funds for TB control activities. It will be possible to properly estimate and budget funds for community level TB interventions through joint NTP/TGF funding.

8) Final Grant Funds Reconciliation

N/A

9) Commodity Inventory

N/A