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TB CARE I

TB CARE I - Dominican Republic

**Year 1
Quarterly Report
January - March 2011**

April 30, 2012

Quarterly Overview

Reporting Country	Dominican Republic
Lead Partner	KNCV
Collaborating Partners	
Date Report Sent	
From	Luis Alberto Rodríguez Reyes
To	
Reporting Period	January - March 2012

Technical Areas	% Completion
1. Universal and Early Access	90%
3. Infection Control	75%
4. PMDT	75%
6. Health Systems Strengthening	79%
7. M&E, OR and Surveillance	75%
Overall work plan completion	79%

Most Significant Achievements

The "Invisibles" Exhibition at the National Congress was attended by 7 congresspersons, Congress Staff representatives of the press and over 150 students from a public high school. The exhibition was widely disseminated through TV channels, radio and print media across the country. The activity raised public awareness and increased the level of commitment among high level politicians to fight TB. As a result of this it was decided to send the exhibition on a tour around the country to contribute to higher community involvement and urge provincial political leaders to invest money in health care in general and TB in particular.

TB CARE I together with NTP initiated a partnership with Government's Hotline to incorporate information on TB services, diagnosis and treatment. All printed or filmed materials for promotion, education or information produce or reproduced by partners, include from now on, the TB Hotline advertising. The Hotline can be reached free of charge from any landline or cellphone. This allows TB related information to be easily accessible to the general population. TB CARE I provided training and technical assistance the the Government's Hotline to guarantee high quality of the provided information.

During World TB Day TB CARE I it was recognized by the MoH to have an important contribution to the strengthening of the National Response to TB. This year the Official NTP main event took place at a public school, previously intervened by TB CARE I with awareness activities and the painting of educational murals by the students and their teachers. This was valued as a good example of a comprehensive initiative in which people from the communities participate actively.

Based on the example of the Community Stop TB Committee in Area 4, which was initiated by TB CARE I, over 35 Community Stop TB Committees are now operating in project selected provinces. Through capacity building TB CARE I has encouraged people to form these committees that contribute to the increased access to health care services at the community level. The Community Stop TB Committees are particular successful in the provinces in the south of the country and the frontier with Haití, which are among the poorest zones in the Dominican Republic. In addition, supported by TBCARE I, a Hospital Stop TB Committee was created within the biggest public hospital in the country (Hospital José Ma. Cabral y Báez), with the most health care staff affected by TB (only in 2011, 17 cases of TB among HCW). The Hospital Stop TB Committee has led to the realization of the refurbishment for TB service at this site, which increased TB IC. In addition this mobilisation has led to the inclusion of a TB CARE I IC Expert in the National Technical Group for Infections Control (led by NTP).

At several occasions during the joint evaluation mission by USAID Washington representatives and KNCV Director, TB CARE I was recognized by its partners at the Regional, Provincial and points of care levels, for its achievements in the development of innovative interventions, as well as the supervision and follow up after trainings provided through the project.

Overall work plan implementation status

Progress has been made in the various components of the project. New Health Areas within the National District have been integrated, such as area VII and other provinces, such as Elias Piña, Azua and Monte Plata, in ACMS activities. Delays in the implementation of certain activities due to presidential campaign has limited the capacity of the project to perform all activities as expected.

During this quarter it was under development TB CARE I's workplan for the period from May to December 2012 coinciding with the Joint Evaluation Visit. The overall project completion has increased significantly. In combination with arrival of the new TB CARE I project manager and the learning

process linked to this, some products were delivered later than planned. The increased assistance from KNCV in the form of TA provided by Netty Kamp, has helped the new project manager to get familiar quickly with the TB CARE I planning and reporting structures, which allowed him to finish the activities at the end of this quarter as planned.

Technical and administrative challenges

TB CARE I currently lacks a PPM field supervisor. Most highly skilled professionals suitable for this position, are not available for the short project period remaining (close out after year 2). Currently two professionals are being interviewed, who will require more training than envisioned. KNCV will make sure to provide such training for the new supervisor.

Quarterly Technical Outcome Report

	2010	2011	2012*
Number of MDR cases diagnosed	108	85	Not yet available
Number of MDR cases put on treatment	108	85	Not yet available
* January-March 2012			

Technical Area		1. Universal and Early Access					Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1			
1	Reduce delays in the diagnosis of TB	Number of suspects and TB cases detected in project provinces and areas of Santo Domingo	Number of suspects and TB cases detected in project provinces and areas of Santo Domingo	data selected provinces and areas 2010=x		NTP Data not available	The model of referral of TB suspects by the community has extended to Provincias Bahoruco, which means that so far the model is implemented in the areas of health IV, V, VIII and Provinces: Elías Piña, Monte Plata and Santiago de los Caballeros.	The major challenge is to collect the information from the TB Services, since it's not included in the lab books who has referred the patient to the service. Initial negotiations with partner CDC, currently working in the improvement of the NTP Information System, to see the feasibility to include provenance of referrals.
2	Involve pharmacies/shopkeepers (colmados) in detection and early referral of suspects	Contribution of pharmacies and shopkeepers to suspect referral and case detection	Number of suspects received in health facilities referred by pharmacies or shopkeepers divided by total referred suspects x 100%. Number of pharmacies/shopkeepers referred TB cases/total received cases x 100%.	100 referrals/x by farmacias 30/x Referrals by colmados		Pharmacies 5 suspects and 0 cases, shopkeepers (colmado) 2 suspects and 0 cases.	Consolidation of the strategy of pharmacies and grocery stores in the areas of Santo Domingo. In areas IV, V, and VIII, in this quarter, SR referrals: Area IV: 5, Area V: 0 and Area VIII: 2. Of these, were positive Area IV Area V 0: 0 and Area VIII: 0.	Two major challenges: 1) Collect the information - same as above; 2) Follow up by NTP.

3	Involve community in detection and early referral of suspects	Contribution of community to suspect referral and case finding	Number of suspects received in health facilities referred by community members divided by total referred suspects x 100%. Number of community referred TB cases/total received cases x 100%.	number of referrals? 5 TB cases/x		community 138 suspects and 4 cases	New Community Stop TB Committees have joined the detection and referral of TB suspects. In this period were integrated Bahoruco (Neyba), Elias Piña and Azua Provinces. The number of referrals in the areas where it was already implemented this model are as follows: Area IV: 55 with 3 cases diagnostic and entratamiento, V: 6 and VIII: 77, The latter with 1	Same as above: The major challenge is to collect the information from the TB Services, since it's not included in the lab books who has referred the patient to the service. Initial negotiations with partner CDC, currently working in the improvement of the NTP Information System, to see the feasibility to include provenance of referrals.
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Technical Area		3. Infection Control						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
1	Increment and improve infection	Number of persons trained	100 persons trained in IC in all health facilities		100	0		
2	Develop infection control plans	Health units with action plan according to internationally implemented standards	10 health units with implemented plan. Priority will be the big and municipality hospitals	0	10	0	Work plans for infection control have been developed and include the proposed remodeling or adaptation in 5 health facilities in 5 different municipalities are: Monte Adentro, Mendoza, Villa Gonzalez, San Jose de las Matas and Rodolfo Cruz Lora. With the exception of Villa Gonzalez, have all been evaluated by the trained architect for this topic.	4 more Health Care Facilities ready to start refurbishment works, pending for USAID Mission Approval. See other details below.
3	Reduction of TB infection risk in health facilities.	Health facilities with physical infrastructure in place in 100% selected units.	the same 10 health units will have their adjusted infrastructure in place according to the plan	0	10	1	Refurbishment of the TB service at Hospital Rodolfo de la Cruz Lora, has been finished, following international standards.	4 more Health Care Facilities ready to start refurbishment works, pending for USAID Mission Approval. The costs of these Constructions were underestimated, each of them are over USD\$10,000.00. Full documentation has been submitted to USAID Mission for its approval.

Technical Area		4. PMDT						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
1	Prevention and case management according to international standards	Updated National MDR case management Guidelines	Existing Guidelines need an update to be in line with the latest international standards	0	1	1	According to the latest adjustments, made to the document, the General Directorate of Health Standards of the MOH has initiated research on the legal provisions to define if it is properly called "Guide" or "Manual" and comply with official regulations of the country.	This process normally takes a long time, however we keep in close communication with NTP in follow up the culmination of this process. Once defined this situation by the General Directorate of Health Standards, will proceed to make the last meeting with the team of national experts for content validation and proceed to the reproduction of the document.
2	Increase access to timely diagnostics of MDR TB	Proportion tested patients with rapid test MDR (GeneXpert) out of all suspected MDR patients	Total of MDR suspect patients tested by geneXpert divided by total of suspected MDR patients in a defined period x 100	0	10%	Cancelled	Procurement of GeneXperts was cancelled due to requirement of NTP. According to various evaluations including CDC's in November 2011, it was considered that the country does not meet the characteristic needed to implement such technology, sustainability remains also as a question, plus there is an underutilized processing capacity of samples for resistance with currently available methods in the country.	Contribute with the improvement of the culture sample chain.
3	Increase adherence to treatment in MDR patients	Decrease of a defaulter rate among patients with MDR	defaulter rate in cohort of MDR patients	16%		Data not available	It is under development an innovative proposal to contribute to improve adherence to treatment. Dr. Netty Kamp has provided suggestions as to the format that	8 interviews pending with patients that have participated in Photovoices experience.

Technical Area 6. Health Systems Strengthening

Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
				Y1	Y1		
1 Involve all partners, including government, civil societies and NGOs in the fight against TB through small "Stop TB partnerships" at provincial or lower level.	Percentage and Number of provinces/areas with active Stop TB partnerships. Number of provinces/areas with lower level partnerships (neighbourhoods, municipalities)	Number of provinces/areas with STB partnerships divided by all 20 provinces and areas.			13/20	1) Up to now 36 Stop Tb Committees have been formed. 2) Strategic alliance with Government ´s hotline to include TB general information and supported TB services for diagnosis and treatment. 3) Agreement with the National Congress to provide a tour with the Photovoices Exhibit in selected provinces. 4) Agreement with National Postal Service to distribute info booklets to general population at their homes in prioritized areas. 5) Strategic alliance with Global Fund supported partners to promote hotline through all promotion and information materials and prevention interventions.	Consolidate such alliances through signed agreements and document success stories.
2 Improve TB timely diagnostics and notification by private health services, focussing on zona franca factories,	Contribution to notification of TB cases by these targetted providers		not known		Data not available	Initiated the negotiation with HIV Program initiative in the Zona Franca to integrate both, HIV prevention and TB prevention in the Factory settings.	HIV Program has a long time implementing in the labor sector along with the Ministry of Labor. The main challenge is to consolidate a solid coalition with HIV Program and Ministry of Labor in order to expand the interventions in the industries of Zona Franca.

5%

3	Increase of technical and managerial competencies in TB at all levels from central, regional, provincial and local level	Proportion of regional directors, provincial and health areas who elaborate TB annual action plans based on situational analysis out of all trained directors.		0	90%	75%	Coordination for the training of the remaining project selected provinces. Which are intended to perform during the month of April and first week of May. Some trainings will be supported in collaboration, in a way that NTP will cover the expenses on trainers, venue, meals and transportation, and KNCV will provide the materials (reproduction of TB modules).	Coordinating the Trainings have been impacted by the presidential campaign, several cancellations and reprogramming of activities. Commitment from the TB Coordinators to have the trainings by April and first week of May. They have requested the reproduction of materials, waiting for approval of relocation of funds.
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Technical Area		7. M&E, OR and Surveillance					Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target	Result		
					Y1	Y1		
1	Strengthen quality of TB information system at all regional and provincial levels	Periodical Sessions of data analysis in provinces and areas	Number of sessions realized divided by number of provinces	0	20	9	3 Provinces were visited and databases were reviewed, feedback was provided to improve the registration system.	Visit the remaining provinces, to continue to improve the registration system.
2	Feedback with relevant TB epidemiologic information to all regional and provincial levels.	Semestral statistical Bulletin elaborated and distributed to provinces		0	2	0	It was agreed with NTP that only 1 Statistical Bulletin will be printed. Also new design, to facilitate the comprehension of all.	There's still data that has not been collected, therefore printing and distribution of the Bulletin remains a challenge for the project.
3	Enhance and facilitate the information access of TB to all interested public	Created and Updated TB web page		0		Cancelled	Cancelled. The NTP has its website hosted within the Ministry of Health website.	Cancelled

Quarterly Activity Plan Report

Outcomes	1. Universal and Early Access		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
1.1 Reduce delays in the diagnosis of TB	1.1.1	Expand the community involvement model as successfully piloted in area IV under TBCAP to other project areas and Provinces, 30 workshops with 30 participants per each workshop	KNCV	24.081	 100%	Mar	2012	During this quarter 13 trainings with 325 participants were performed. To date a total of 30 workshops with 1,790 participants (514 male and 1,271 female). These trainings are realized to establish Stop TB Committees, new committees established during this quarter in provinces: Elías Piña, Azua, Bahoruco, Santiago, Puerto Plata and Monte Plata. A total of 36 Stop TB Committees have been established, through which the community involvement model is implemented.
1.2 Involve pharmacies/shopkeepers (colmados) in detection and early referral of suspects	1.2.1	Expand the model of involvement of pharmacies and shopkeepers (colmados) to other areas and provinces, including training and materials for 500 drugstores	KNCV	28.870	 75%	Dec	2011	Follow up visits to the health care services in the areas where the strategy has been implemented for documentation. Area V and VII of Santo Domingo have joined the initiative to involve pharmacies and 98 and 97 pharmacies resp. have joined. A total of 295 pharmacies currently have been trained and provided with IEC materials and referral forms.
	1.2.2	publish the pharmacy and colmado intervention at national and international level (article, abstract)	KNCV	7.414	 100%	Jul	2011	During the Lille Union Congress posters were presented on the pharmacy and colmado research on involvement and referral attitude change of pharmacist and shopkeepers. The article submitted to the IUATLD journal has not been accepted and will be revised and submitted to other journals.

1.3 Involve community in detection and early referral of suspects	1.3.1	Design and implement innovative visual interventions like Photovoices or others to reduce stigma on TB and TB/HIV, workshop for 20 participants for 3 days, include materials and facilitation fee	KNCV	19.105	 100%	Sep	2011	The first stage of the Photovoices project has been concluded which culminated in the the photo exposition "Invisibles". This exposition shows the human face of TB through the cameras of TB patients and has been launched in two places (Min Culture and Min of Health) and inaugurated by Minister and Vice Minister during the World AIDS week. The MoH promised and committed themselves to support to the circulation of the exposition country wide in the current year.
	1.3.2	Design a register and referral system to measure systematically the community contribution based on TBCAP experiences in pilot area. It includes training for volunteers and visit to the health unit and materials to register suspects	KNCV	49.523	 75%	Mar	2012	The electronic register system has been put in place to notify and follow up TB cases referred by the community. This way it will be possible to measure the effect in the coming period of the community involvement interventions.
					 90%			

		3. Infection Control			Planned Completion		Cumulative Progress and Deliverables up-to-date	
Outcomes		Lead Partner	Approved Budget	Cumulative Completion	Month	Year		
3.1 Increment and improve infection control measures in the selected health facilities	3.1.1	10 trainings of 1 day for 10 people per facility in general concepts of IC in relation to TB	KNCV	2.592	 100%	Sep	2011	50 people of 9 Health Establishments are trained so far in basic concepts of Infection control and how to make an IC plan. (16 male and 34 female). It was planned that 10 people from each site will participate, however due to lack of staff, it was agreed with the directors of the health care facilities to have 4 to 6 people in the training and then they will train their peers.

3.2 Develop infection control plans	3.2.1	10 trainings to develop plan, including technical assistance during the supervisions.	KNCV	no budget	 75%	Nov	2011	7 trainings have been performed for the development of IC plans. 7 health establishments: 2 in Metro area of Santo Domingo and Santiago: Hospital Maternidad La Altagracia and Santiago: Hospital Cabral y Báez; and 5 municipalities: Monte Adentro, Mendoza, Villa González, San José de las Matas and Rodolfo de Cruz Lora.
	3.2.2	3 meetings with each team to correct and finalize plans for implementation, including technical assistance during the routine supervisions. The IC plans will be accomodated in the overall hospital plans where possible.	KNCV	no budget	 100%	Nov	2011	3 Meetings and at minimum of 2 supervision/follow up visits have been performed to each of the 7 establishments were the plans have been drafted.
3.3 Reduction of TB i	3.3.1	10 physical areas created to improve IC in TB	KNCV	39.474	 25%	Mar	2012	1 Hospital is ready to operate and 4 others are pending for funding approval, since the costs were underestimated and now the budget has been adjusted.
					 75%			

4. PMDT		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date	
					Month	Year		
4.1 Prevention and case management according to international standards	4.1.1	Update the MDR case management guidelines through technical expert meetings	KNCV	1.875	 100%	Aug	2011	The guidelines were submitted to the General Directorate of Health Standards of the MOH, still pending for approval. See sheet 3. Technical Outcome Report on 4.1 (Highlights and Challenges).
	4.1.2	Training of health personnel in selected health facilities in case management of DR-TB	KNCV	no budget	Cancelled	Dec	2011	Training was supposed to be given once Guidelines are finalized and GeneXperts put in place. GeneXperts procurements were cancelled by NTP. Also see comments in 4.1.1 and 4.2.1.
	4.1.3	Design of specific job aid for patient centred care to support patient during MDR treatment	KNCV	no budget	 100%	Dec	2011	Audiovisual kit proposal was finished with TA from Netty Kamp.

	4.1.4	Support and follow up visits to provinces	KNCV	no budget	Cancelled	Mar	2012	Support and follow up was supposed to be given once Guidelines are finalized and GeneXperts put in place. Please refer to comments in 4.1.1 and 4.2.1
4.2 Increase access to timely diagnostics of MDR TB	4.2.1	purchase 1 GeneXpert to be placed in MDR Unit for early diagnosis of MDR TB according to national PMDT guidelines	KNCV	22.066	Cancelled	Dec	2011	Procurement of GeneXperts was cancelled due to requirement of NTP. According to various evaluations including CDC's in November 2011, it was considered that the country does not meet the characteristic needed to implement such technology, sustainability remains also as a question, plus there is an underutilized processing capacity of samples for resistance with currently available methods in the country.
4.3 Increase adherence	4.3.1	Design and reproduction of graphical material to support patients during the treatment	KNCV	4.211	 25%	Mar	2012	A proposal is being elaborated to design a new instrument with TA of Netty Kamp.

 75%

6. Health Systems Strengthening			Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
6.1 Involve all partners, including government, civil societies and NGOs in the fight against TB through small "Stop TB partnerships" at provincial or lower level.	6.1.1	Based on experience in pilot area IV with partnership building develop a work plan with time table of the provinces and municipalities to be involved	KNCV	no budget	 100%	Aug	2011	1) Up to now 36 Stop Tb Committees have been formed. 2) Strategic alliance with Government's hotline to include TB general information and supported TB services for diagnosis and treatment. 3) Agreement with the National Congress to provide a tour with the Photovoices Exhibit in selected provinces. 4) Agreement with National Postal Service to distribute info booklets to general population at their homes in prioritized areas. 5) Strategic alliance with Global Fund supported partners to promote hotline through all promotion and information materials and prevention interventions.

	6.1.2	Identify provinces and municipalities or areas and neighbourhoods, possible partners and type of activities	KNCV	no budget	 100%	Aug	2011	New partners have been identified for the expansion of the Stop TB Committees models. Coordination meetings are underway in provinces Peravia, San Cristobal, San Pedro and La Romana, along with supervisors and community workers from the Office of the First Lady, sports associations and traders associations in Metro Area (Santo Domingo).
	6.1.3	Implement the plan following all steps and give follow up in the field	KNCV	no budget	 100%	Dec	2011	An Implementation Guide has been developed and being applied in different communities that have requested the conformation of Stop Tb Committees. Each community follows the steps in the guide, under the advice KNCV team for the conformation of the committee.
	6.1.4	Evaluate, document and publish at national and international level	KNCV	no budget	 50%	Mar	2012	The methodology has been drafted in a document which is under revision by Netty Kamp. Feedback and activities data from the 36 Stop TB Committees is being collected to show success of the strategy and complete the documentation.
6.2 Improve TB timely diagnostics and notification by private health services, focussing on zona franca factories, independent medical cabinets and private clinics.	6.2.1	Assesment of which provinces and providers will be involved, elaborate the work plan. Use of Mexican TBCAP PPM guidelines		no budget	 75%	Jul	2011	The work plan is elaborated with the Industrial park of factories and a MoH is signed officially between the parties: MoH and Direction of Factories Association. The workplan is in implementation phase.
	6.2.2	Sensitization training to increase new TB cases search.		no budget	 75%	Aug	2011	Sensitization meetings have been conducted to every level (from administrative personel to operations staff, and executive board) in four of the main industries in San Pedro de Macoris Zona Franca (industrial zone). Negotiation with HIV program and Ministry of Labor to integrate TB and HIV prevention interventions in Duty Free Zone.
	6.2.3	Providers of involved factories, clinics will be trained and receive follow up visits. Feedback will also be given to managers on improved referrals and detection of TB cases	KNCV	no budget	 50%	Dec	2011	Collaboration Agreement was signed with the Executive Board of the Industrial Park in San Pedro de Macoris, to implement a strategy for RS referral. The representatives for Hygiene and Security Staff have been trained. Lack of involvement of peripheral private clinics to ensure proper identification and referral of RS.

	6.2.4	Evaluate, document and publish results and development of model	KNCV	no budget	50%	Mar	2012	The whole process of implementation of the strategy in the Industrial Park has been documented. So far it has initiated the referral of respiratory symptoms from the park, which reflects the effectiveness of our intervention. Then proceed to the review of these data for publication
6.3 Increase of technical and managerial competencies in TB at all levels from central, regional, provincial and local level	6.3.1	Design a program and methodology of a training to draft a strategic plan for each province and area according to the general action lines of central level of all the country with provincial team (directives, epidemiologist, laboratory and coordinator program)	KNCV	22.316	Cancelled	Dec	2011	These meetings have been cancelled by NTP. Formal documentation has been requested to NTP for the cancellation of this activities.
	6.3.2	Support visits to monitor implementation of plans	KNCV	no budget	75%	Mar	2012	Support and follow up visits have been performed to provinces San Juan, Monte Plata y San Pedro, together with Provincial TB Coordinators the information flow and data collection has been improved with TA from KNCV/TB CARE I.
	6.3.3	Train personnel at all different levels in all components of the Stop TB strategy for 1.350 participants from the whole country.	KNCV	150.592	75%	Nov	2011	To date there have been 22 workshops in 15 provinces for a total of 920 trainees (156 male and 764 female). Remaining trainings will take place in April 2012.
	6.3.4	Support visits of trained personnel at provincial level.	KNCV	no budget	100%	Mar	2012	During this quarter there have been 44 supervision visits, for a total of 154 supervision visits.
	6.3.5	International TB Conference participation according to proven performance and specific achievements	KNCV	24.040	100%	Oct	2011	A team of 3 people from the NTP (National Manager and 2 TB coordinators of high performing health areas) participated in Conference (symposium on DR case) and NTP manager assisted the international ACSM Sub group meeting previous to the Union World Lung Health Conference in Lille, France 2011.
					79%			

Outcomes	7. M&E, OR and Surveillance	Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
					Month	Year	

7.1 Strengthen quality of TB information system at all regional and provincial levels	7.1.1	To strengthen quality of data collection meetings will be held with DPS, epidemiologist, laboratory, and other relevant sectors	KNCV	2.468	Cancelled	Mar	2012	This activity have been postponed by NTP as the Information System is under reorganization.
	7.2.1	General consultant from KNCV HQ will provide overall technical assistance. Head of the Regional Team and Financial Officer will visit the programme.	KNCV	71.569	 100%	Nov	2011	TA visit of technical consultant Netty Kamp has been given February-March 2012 as planned to give overall TA and support during the development of APA-2 Work Plan, plus the development of 2 success stories and several meetings with potential partners.
7.2 Feedback with relevant TB epidemiologic information to all regional and provincial levels.	7.2.1	Collection of data and information of achievements project, elaboration and impression in 6 monthly bulletins.	KNCV	8.158	 50%	Mar	2012	The data provided by the NTP has been validated by M&E officer, revised by consultant and final version sent to MoH/NTP. Authorization is pending form MoH to publish the bulletin.
7.3 Enhance and facilitate the information access of TB to all interested public	7.3.1	Web page will be created and regularly updated to feedback data as well as other important information for continuous education to improve quality of TB services and control TB	KNCV	6.579	Cancelled	Dec	2011	Cancelled. The NTP has its website hosted within the Ministry of Health website.

 **75%**

Quarterly GeneXpert Report

Country	Dominican Republic	Period	January - March 2012
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Table 1: GeneXpert instruments and cartridges procured or planned by quarter

	Procured			# still planned for procurement in APA 2	Month, Year procurement planned (i.e. April 2012)
	Jan-Dec 2011	Jan-Mar 2011	Cumulative Total		
# GeneXpert Instruments	0	0	0	0	
# Cartridges	0	0	0	0	

Table 2: Cumulative List of GeneXpert Instruments Procured to Date or Planned in the Next Quarter

Already procured or still planned? (i.e. Write "Procured" or "Planned")	Instrument	# of Modules (1, 2, 4, or 16)	Location(s) (facility name & city/ province or TBD)	USG Funding Source (e.g., PEPFAR COP FYxx, USAID) ¹	Partner/ Implementing Organization; Additional Comments

¹ Differentiating between PEPFAR and USAID-funded is important. If it is PEPFAR funded, specify the fiscal year (i.e. FY2011).

Table 3: Cumulative Xpert MTB/RIF Cartridges Procured to Date or Planned for Next Quarter

Already procured or still planned? (i.e. Write "Procured" or "Planned")	Order #	# of Cartridges*	Location(s) (facility name and city/ province or TBD)	USG Funding Source (e.g., PEPFAR COP FYxx, USAID) ¹	Comments
	1				
	2				
	3				
	4				
	5				

*There are 10 cartridges per kit, but we need the total # of **cartridges** (not kits)

Any additional information/clarifications to the above (optional)

Procurement of GeneXperts was cancelled due to requirement of NTP. According to various evaluations including CDC's in November 2011, it was considered that the country does not meet the characteristic needed to implement such technology, sustainability remains also as a question, plus there is an underutilized processing capacity of samples for resistance with currently available methods in the country.

Please provide a brief description of any significant problems encountered in use of the GeneXpert machine(s) and Xpert MTB/RIF cartridges

Please describe technical assistance or evaluation of implementation activities performed and planned.

Quarterly Photos (as well as tables, charts and other relevant materials)



School Murals and Community interventions by Stop TB Committees





"It is important to sensitize and mobilize communities in the fight against TB" James Watson, USAID Mission Director. World TB Day 2012. TB CARE has supported 36 Community "Stop TB Committees"



Meetings of the Infections Control Committee in Hospital José María Cabral y Báez - Largest public hospital in the Country. Only in 2011, 17 HCW acquired TB in this hospital



Call Center Operators After Training - Hotline Launch on World TB Day, 2012



President of Health Commission Officially Opening the "Invisibles Exhibit" at National Congress . To the left Clydette Power (USAID). To the right Peter Gondrie (Director KNCV)