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TB CARE I

TB CARE I - Dominican Republic

**Year 1
Quarterly Report
October-December 2011**

January 30, 2012

Quarterly Overview

Reporting Country	Dominican Republic
Lead Partner	KNCV
Collaborating Partners	
Date Report Sent	01/30/2012
From	Luis Alberto Rodríguez Reyes
To	Maria Castillo
Reporting Period	October-December 2011

Technical Areas	% Completion
1. Universal and Early Access	75%
3. Infection Control	19%
4. PMDT	13%
6. Health Systems Strengthening	52%
7. M&E, OR and Surveillance	25%
Overall work plan completion	37%

Most Significant Achievements

Photographic exhibition, "INVISIBLES, Naked Tuberculosis".

With the presence of high-level health authorities in the Dominican Republic, as well as representatives of USAID, WHO, and KNCV, the photo exhibition "INVISIBLES, Naked Tuberculosis" was formally opened .

More than a photographic exhibition, it was a process of personal transformation of all participants (patients, former patients and healthcare personnel) who took photographs, based on the basics of documentary photography. This approach helped to show the situation of TB from a personal perspective, ensuring authenticity and direct expression, with texts and images that express emotion, action, social context, concerns and thoughts of those affected by this disease.

The methodology allows people affected by tuberculosis to document and reflect on the myths, realities, stigma and discrimination surrounding the disease. It promotes critical dialogue through group discussions and the use of photographs, based on the premise that each one of us "observes" reality very differently from each other, offering a new space for dialogue and understanding with a new look to tuberculosis in the Dominican Republic. The end result is a selection of photographs with a caption explaining the image that reinforces and gives meaning to the image itself.

The Pictures were taken by 10 participants and a total of 32 pictures were selected for the exhibit. The exhibition drew the attention of important and high level people at the Ministry of Health, including the Minister, Deputy Ministers, Health Program Directors and society. The Health Minister asked the project to have the exhibition going from town to town , to reach all the 32 provinces in the country with the support of the Provincial Offices of the Ministry of Health to continue to raise the awareness about TB.

A survey is under development to have a sense of the participants opinion of the exhibition in the different locations.

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. We are still waiting the decision of the National Program to continue with the purchase of GeneXpert to perform rapid tests with the aim of reducing waiting times for diagnosis of MDR patients.

Technical and administrative challenges

With the departure of Dr. Ivone Orejel in January 2012, integrating the new manager Dr. Luis Alberto Rodriguez, a Dominican national was a priority.

The contract of one of the supervisors of the project was cancelled. The project is in the process of refilling the position.

Also the development of the TB CARE workplan for the period from April to September 30rd 2012, should be developed and sent to KNCV HQ and PMU for revision and final approval.

Quarterly Technical Outcome Report

	2010*	2011**
Number of MDR cases diagnosed	108	85
Number of MDR cases put on treatment	108	85

* January - December 2010 ** January - December 2011

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	Result			
				Y1	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			The pharmacies and grocery strategy has extended to the provinces of Monte Plata and Santiago de los Caballeros, 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.	Once the province of Santiago de Iso Caballeros has finished the data collection of organized groups, will initiate sensitization and training of health personnel and community for the referral and RS registration.
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			The expansion of pharmacies and grocery strategy continues to other areas and provinces of the country, during this quarter were integrated area VI and Provinces: Azua and Puerto Plata. In areas IV, V, and VIII, move forward to consolidate and we have for this quarter, SR referrals: Area IV: 0, Area V: 21 with 2 positive cases and Area VIII : (still Waiting for report).	In the next quarter, the new areas and provinces involved will initiate the notification and registration of respiratory symptoms in their pharmacies or grocery stores. The monitoring was done monthly, quarterly monitoring was changed, which apparently caused a significant drop in the report, especially in Area IV. Will resume monthly monitoring strategy.

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		New community groups have joined the detection and referral of respiratory symptoms, with the particularity that they are, "Barrios", geographic areas smaller than municipalities. In this period were integrated: Neighborhood Enriquillo (Health Area V), Barrio Herrera (area VI), Barrio Villa Duarte (area II). The number of referrals in the areas where it was already implemented this model are as follows: Areas IV : SR 42 with 4 cases diagnosed TB, Area V (no information has been received until now), and Area VIII 132 with 4 positive cases.	Consolidate the model and follow up to maintain the motivation of the community, and continue the expansion to the provinces: Azua, Elias Piña, "Barrios" and Neyba.
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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 control measures in the selected health facilities	Number of persons trained	100 persons trained in IC in all health facilities		100		The National Committee for infection control (KNCV is a member) in coordination with the hospital management "Hospital Padre Billini" have prepared the agenda for training all health staff of the Hospital.	It is scheduled to have the training workshop in February 2012.
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			Work plans have been developed for infection control which includes the proposed renovation or adaptation in 5 health facilities in five different municipalities are: Monte Adentro, Mendoza, Villa González, San José de las Matas and Rodolfo Cruz Lora. With the exception of Villa González, all have been evaluated by the trained architect for this topic.	Once the budget is received in the Admin area of Profamilia for adjustments, approval is sought and the physical adjustments/adaptations begin.

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		Physical reconditioning in Hospital Rodolfo Cruz Lora have began. Currently adjusting Budget of Hospital La Altagragia. IC Comittee was formed in Hospital Cabrla y Baez.	See above.
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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			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.	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%		Even though there are plans to purchase equipment and reagents for the coming year, (after an external evaluation in November) CDC's recommendation: the country does not meet the characteristics needed to implement this new technology.	Make consultation with country experts and make a decision about buying or cancellation thereof.
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%			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 may be of greater impact and are in the consulting and design phase.	Instrument design.

Technical Area		6. Health Systems Strengtheni						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
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.				They formed a "Stop TB Committee within the hospital" in the largest Maternity Hospital in Santo Domingo, "Maternidad de La Altagracia", chaired by the Director of the hospital, who in coordination with all health staff undertake to search for respiratory symptoms and treatment administration if necessary. At 2 months of work, 3 cases had been detected.	Strengthening the Committee's activities and monitor the SR detected and confirmed cases.
2	Improve TB timely diagnostics and notification by private health services, focussing on zona franca factories, independent medical cabinets and private clinics.	Contribution to notification of TB cases by these targetted providers		not known			Partnership agreement was signed between the President of the Association of Free Zones (Industrial Park) and health officials in San Pedro de Macoris. The president of the Free Zone is committed to integrating all the companies of the industrial park for activities to identify and refer SR to health units.	With the support and commitment of the President of the Industries Association, other industries in this park will join.
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			From September to December there have been 22 workshops in 15 provinces with support from KNCV. It should be noted that these workshops were the main facilitators own staff previously trained mid-level, 920 people have been reached (156 male, 764 female).	Continue with the training of the rest of the areas and provinces

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 Y1	Result 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			
2	Feedback with relevant TB epidemiologic information to all regional and provincial levels.	Semestral statistical Bulletin elaborated and distributed to provinces		0	2		Validated the information provided by the NTP and is waiting for the authorization by the Ministry of Health, for printing.	Printing and distribution of the newsletter.
3	Enhance and facilitate the information access of TB to all interested public	Created and Updated TB web page		0			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	 50%	Mar	2012	During this quarter 5 STB committees have been established: two in urban neighborhoods, two in municipalities in Monte Plata Province (Yamasa and Bayaguana). A new modality has been established, the hospital based committee in the Maternity Hospital of la Altagracia, biggest Maternity of the capital Santo Domingo. To date there have been a total of 17 workshops realized to establish Stop TB committees through which the community involvement model is implemented. Total 1,465 participants (421 male and 1,044 female).
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	 50%	Dec	2011	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 of 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.
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 **75%**

3. Infection Control		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcomes					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	 25%	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).
3.2 Develop infection control plans	3.2.1	10 trainings to develop plan, including technical assistance during the supervisions.	KNCV	no budget	 25%	Nov	2011	IC plans are elaborated in 5 health establishments in 5 municipalities: Monte Adentro, Mendoza, Villa González, San José de las Matas and Rodolfo de Cruz Lora. Except for one, Villa González, all have been evaluated by the trained architect.
	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	 25%	Nov	2011	See 3.2.1
3.3 Reduction of TB	3.3.1	10 physical areas created to improve IC in TB	KNCV	39,474	 0%	Mar	2012	Remodeling can start pending money transfer from HQ is received.

 **19%**

4. PMDT					Planned Completion		Cumulative Progress and Deliverables up-to-date
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			Lead Partner	Approved Budget	Cumulative Completion	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	25%	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	25%	Dec	2011	Training is supposed to be given once the Guidelines are finalized and GeneXperts put in place.
	4.1.3	Design of specific job aid for patient centred care to support patient during MDR treatment	KNCV	no budget	0%	Dec	2011	Audiovisual kit proposal is under development. It is intended to aid patient adherence and understanding of the treatment process.
	4.1.4	Support and follow up visits to provinces	KNCV	no budget	25%	Mar	2012	No activities have been done in PMDT at the provincial level until this period.
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		22,066	0%	Dec	2011	To be procured early 2012, pending technical details of NTP/MDR/LAB
4.3 Increase adherence	4.3.1	Design and reproduction of graphical material to support patients during the treatment	KNCV	4,211	0%	Mar	2012	A proposal is currently being elaborated to design a new instrument with TA of Netty Kamp.
					13%			

6. Health Systems Strengthening		Lead Partner	Approved Budget	Cumulative Completion	Month	Planned Completion Year	Cumulative Progress and Deliverables up-to-date	
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	25%	Aug	2011	We work in the preparation of different provinces and areas of the country, for the intervention in different sectors, including: Provincial (San Cristobal, Santiago and Azua). At the level of municipalities have initiated discussions with the 4 of Santo Domingo (North, East, West and the National District), the four municipalities of Monte Plata (where there have been formed committee to Stop TB), Valle Hondo (Prov. Elías Piña) and Neyba (Prov. Peravia). The path is to form the Stop TB Committees, developed situational diagnosis and then work plan according to

	6.1.2	Identify provinces and municipalities or areas and neighbourhoods, possible partners and type of activities	KNCV	no budget	 50%	Aug	2011	The possible partners and activities are to be included in the work plans (See 6.1.1) We are currently in the preparation of different Provinces, municipalities and neighborhoods selected to to date are: Provinces (San Cristobal, Santiago and Azua); at the Municipality level, conversations have began with 4 of Santo Domingo (North, East, West and National Distric), more advanced in Hondo Valle (Prov. Elias Piña) and Neyba (Prov. Peravia.) where Stop TB Committees formation are under way, plus 4 municipalities of Monte Plata (where Stop TB Committees have already been formed.)
	6.1.3	Implement the plan following all steps and give follow up in the field	KNCV	no budget	 25%	Dec	2011	In Yamasa the first municipality to have a work plan designed with KNCV assistance, follow up is being provided for its implementation. Also Barrio Enriquillo is initiating the implementation of activities based in their work plan, starting in 2012.
	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.
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 parc 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	 100%	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).
	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		no budget	 50%	Dec	2011	Coolaboration Agreement was signed with the Executive Board of the Industrial Park in San Pedro de Macoris, to implement a strategy for RS referral. The responsables for Hygene 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		no budget	50%	Mar	2012	It has been documenting the whole process of implementation of the strategy in the Industrial Park. 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)		22,316	Cancelled	Dec	2011	These meetings have been canceled by NTP.
	6.3.2	Support visits to monitor implementation of plans		no budget	0%	Mar	2012	
	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.		150,592	50%	Nov	2011	There have been 22 workshops in 15 provinces for a total of 920 trainees (156 male and 764 female).
	6.3.4	Support visits of trained personnel at provincial level.		no budget	50%	Mar	2012	
	6.3.5	International TB Conference participation according to proven performance and specific achievements		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.
					52%			

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		2,468	 0%	Mar	2012	A support visit by the Local KNCV M&E Officer for advice on data quality improvement and collection in 3 selected provinces (Puerto Plata, Elias Piña and Area IV).
	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.		71,569	 50%	Nov	2011	TA visit of technical consultant Netty Kamp has been given in November as planned to give overall TA and support to recruitment new project manager and handing over process.
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.		8,158	 25%	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		6,579	Cancelled			Cancelled. The NTP has its website hosted within the Ministry of Health website.

 25%

Quarterly Activity Plan Modifications

Request for Cancellation or Discontinuation of Activities										
Approved By (write dates)			Old Code	7. M&E, OR and Surveillance Activities from the Work	Lead Partner	Remaining Budget	New Code	Replace with the following activity (if)	Lead Partner	Proposed Budget*
Mission	PMU	USAID								
			7.3.1	Web page creation and periodic updating	KNCV	6,579		To be determined, We are negotiating with NTP to make the best decision		

* Detailed budget is attached

Request for Postponement of Activities to Next Year						
Approved By (write dates)			Old Code	1. Universal and Early Activities from the Work	Lead Partner	Remaining Budget
Mission	PMU	USAID				
				{Copy from the work plan}		

Request for Adding New Activities to the Current Work Plan						
Approved By (write dates)			New Code	7. M&E, OR and Surveillance Proposed New Activities	Lead Partner	Proposed Budget*
Mission	PMU	USAID				

* Detailed budget is attached

Quarterly GeneXpert Report

Country	Dominican Republic
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Period	October-December 2011
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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-Sep 2011	Oct-Dec 2011	Jan-Dec 2011		
# GeneXpert Instruments	0	0	0	1	
# Cartridges	0	0	0	TBD	

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
Planned	1	4	TBD	USAID	No final decision has been made on whether to procure it or not given differing opinions among external partners.
	2				
	3				
	4				
	5				
	6				
	7				
	8				

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)

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)

Officers of honor, composed of the Health Minister, Deputy Ministers of Health, Director of the NTP, the KNCV Manager and the representative of the patients who participated as photographers, the photographic exhibition, *INVISIBLES, The Naked tuberculosis* . Exhibition took place at the Ministry of Health.





The Minister of Health, together with the Vice Ministers made the trip to see the photo exhibition, accompanied by the national program director of tuberculosis control, the manager of KNCV, the representative of patients participating in the exhibition, as well as other attendees, such as other Health Program Officers, including the HIV Program Director.