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TB CARE I

Ethiopia

**Year 1
Quarterly Report
July - September 2011**

October 28th, 2011

Quarterly Overview

Reporting Country	Ethiopia
Lead Partner	KNCV
Collaborating Partners	MSH, WHO, GLRI
Date Report Sent	October 29, 2011
From	Ezra Shilelise (Country Director)
To	USAID Mission
Reporting Period	July-September 2011

Technical Areas	% Completion
1. Universal and Early Access	100%
2. Laboratories	75%
3. Infection Control	100%
4. PMDT	98%
5. TB/HIV	97%
6. Health Systems Strengthening	100%
7. M&E, OR and Surveillance	96%
8. Drug supply and management	100%
Overall work plan completion	96%

Most Significant Achievements

68 MDR TB patients put on treatment

SLD for 100 MDR TB patients procured using the USAID/TBCARE I fund arrived in the MDR treatment sites on June, 2011. At which time the number of MDR TB Patient enrolled on treatment was 235 (217 in St Peter Hospital and 18 in Gondar Hospital). Within three months period, the enrollement increased by additional 68 Patients. which makes the total number of MDR TB patient put on treatment 303 (275 in St Peter Hospital and 28 in Gondar Hospital).

The first national TB prevalence survey completed.

The National TB prevalence survey field operation successfully completed on 25th of June 2011, TB CARE I played an active role in providing financial, logistic & technical support. The field survey was started in October 2010 at Wolliso, West shoa, Zone, Oromia Region.

Follow up of TB case detection SOPs

TBCARE I piloted TB case detection Standard Operating procedures (SOPs) in west Arsi Zone Oromia region. The Pilot was started on March 19, 2011 with Sensitizing the zonal, Woreda and HF TB/HIV experts for one day. This activity was followed by HF level implementation from May 23-June 4, 2011.

In the 4th quarter from August 31-Sept 22, 2011 joint supportive supervision was conducted as part of the case detection follow up regular activity. The supervision was conducted by a multi disciplinary team of

case detection follow up regular activity. The supervision was conducted by a multi-disciplinary team of TB/HIV experts from West Arsi zonal health department and TBCARE I Ethiopia. During the supervision the team visited a total of 26 health facilities (3-hospitals and 23 health centers) were seen. Based on the gap identified TBL, TB/HIV and TB case detection SOP training conducted from September 25-29 based on the gap identified and a total of 39 clinicians were trained.

Overall work plan implementation status

The overall work plan implementation has greatly improved compared to the previous quarter. The smooth relation between collaborating partners with FMOH, & other stakeholders contributed to the increased overall work plan implementation to 95 %.

Technical and administrative challenges

National TOT on TB culture & DST couldn't be conducted as the planned for regional Labs are not yet functional.

Quarterly Technical Outcome Report

	2010*	2011**	2009***
Number of MDR cases diagnosed	140	???	192
Number of MDR cases put on treatment	85	139	79

* January - December 2010 ** January - September 2011 *** January - December 2009

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			
1.1	Ensured continuity of Community TB care activities in Arsi	Number of Quarterly supportive supervision conducted for on community based TB care at Arsi Zone	This activity is implemented by GLRA and supportive supervision will continue for 2 quarters	0	2	2	24 health centers, and 24 health posts have been supervised in this quarter in one round of supportive supervision. During the visit, reporting formats, TB suspect referral sheets and TB reference materials were distributed to the health posts.	Challenges: Unable to conduct SS from central to Zonal level because of other commitment of the the staffs at the central level. Considering the importance of review meeting in monitoring the progress of community based TB care, one review meeting organized and conducted on September 24 and 25, 2011 in Assella town, Arsi Zone..
1.2	Ensured continuity of Community TB care activities in WHO supported Zones	Number of HEW trained	Number of HEWs trained on CTB in TB CARE I supported Zones.	0	120	127	127 HEWs who are all females were trained on the CBTC in East Shoa, West Shoa and North Shoa zones.	
		Number of review meetings	Number of review meetings conduted	0	2	5	Review meetings were conducted in North showa, Awi, East showa, West Showa and Gurage zones. RHBs, zonal health departments, Woreda health offices, Health centers & selected health posts were participant. And Joint supportive supervision were conducted in Gurage, North Showa and Awi Zones	Next Step: TB CARE I will provide technical assistance to ensure continuity of the CBTC service at the Regions and health bureaus should allocate or mobilize resources required to strengthen the financial and technical capacities of these zones in sustaining the community Based TB Care activities.

Technical Area		2. Laboratories					Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result			
				Y1	Y1			
2.1	Strengthened EQA capacity	Number of supportive supervisions conducted	Number of health facilities supervised on quarterly basis in 7 TB CARE supported Zones.	N/A	172	195	During the Quarter only 63(36.6 %) TB Diagnostic Facilities were supervised. slides were collected from 61(96.8 %) for blind rechecking. Rechecking of the slides is underway in the respective regional laboratories.	Challenges: Due to limited resource only 63 HF's were supervised in two zones (Arsi & West Arsi). The result of EQA was not ready as scheduled; this is because most of the Regional labs were busy with other commitment.
		Number of lab professionals trained	Number of lab professionals trained disaggregated by gender.	0	60	53	Reported in the previous Quarter	Able to train 53 Lab technicians which was prevailing need as other support was given by other partners.
		Number of regional lab staff trained	Number of regional lab staff trained on TB culture and DST disaggregated by gender.	0	20	0		Challenges: The regional laboratories are not yet functional and EHNRI decided to conduct the training when the regional laboratories are ready/fully functional. NEXT step: Activity to be conducted in APA 2.
2.2	Strengthened lab networks	Number of panel test performed	Number of panel test performed at supra national lab	0	1	0		Challenges: communication with EHNRI and Supra national Lab conducted but final decision not yet made. Next steps: revitalize the issue in APA II
		Number of Lab TWG meetings attended	Number of lab TWG meetings attended on a regular basis	0	4	4	During the two TWG meeting issues on the laboratory networking, status of regional laboratories, forecasting and quantification of the lab reagents and LED microscope status and training of TB Culture & DST were discussed.	
		Number of EQA performed	Number of EQA performed at 5 regional labs	0	1	0		This activity is not conducted in this year, since the regional laboratories are not yet functional. But TB CARE is strongly emphasizing the issue in the TWG meetings and discussions underway to hasten the installation process. the budget of this activity was utilized for supplementing activities 2.1.1 & 2.1.4.

Technical Area		3. Infection Control					Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target	Result		
					Y1	Y1		
3.1	Strengthened scale-up of TB IC implementation	Percentage of regional health bureaus that recieved TA on TB IC	Numerator: regional health bureaus that received TA, Denomenator: total number of regions(11)	0	50%	100%	TB CARE I has been actively involved in readiness assessment of Ambulatory MDR TB service in Addis Ababa region health facilities starting from checklist preparation to final report writing.	Next step: final report twill be shared soon.
3.2	Strengthened system for incorporation of TB IC issues in health facility design	Advocate to incorporate TB IC issues in the health facility designing	Key information on TB IC incorporated in the designin g of Health facilities	No	Yes	Done		

Technical Area		4. PMDT					Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target	Result		
					Y1	Y1		
4.1	Treated 100 MDR-TB patients with SLD funded by USAID	Number of MDR-TB patients put on SLD	MDR patients treated with SLD by USAID funds	0	100	100	This year drug for 100 MDR TB patients procured using USAID fund. During the Quarter,68 MDR TB patient were put on treatment from this source.	The original budget of 265.650 US\$ which was based on 2010 prices is by far not enough to cover the costs of drugs to treat 100 MDR patients. A first payment of 338.870 US\$ was made and depending on possible savings (especially with partner MSH we will decide to pay the second consignment of 123.627 US\$ either under APA1 or shift it to APA2.
4.2	Strengthened MDR data management	Establishment of electronic database system	A computerized data management system which can generate automatic information	No	Yes	Yes	As part of strengthening the electronic data base system at Gondar Hospital MDR-TB ward three computers with full accessories were purchased and delivered to the Hospital. At the same time orientation on electronic data entry and data capturing system has been given to the staff of MDT TB ward by data manager of St. Peter Hospital who is seconded by TBCARE I. in addition two MDR TB follow up health facilities at Addis Ababa region equipped with computers and its accessories.	

4.3	Established routine surveillance system for MDR-TB	Preparation of national guideline for establishment of 'routine surveillance for MDR-TB'	A guideline for establishment of 'routine surveillance for MDR' developed by the national technical working group	No	Yes	No		<p>Challenges: The process of installation of equipment & supplies at the regional labs didn't progress as expected. As a result, it was difficult to establish surveillance system in the regional laboratories in APA I.</p> <p>Next Step: Closely work with EHNRI and national Laboratory Technical working group in APA II.</p>
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Technical Area		5. TB/HIV						
Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target	
				Y1	Y1			
5.1 Improved coordination of TB/HIV Collaborative activities	Number of TB/HIV TWGs attended	Number of TB/HIV TWGs attended on a regular basis	0	3	6	Participated in two TWG meetings		
	Number of manuals and training materials revised	Number of TB/HIV manuals and training materials revised based on FMoH need	0	1	1	Reported in the third Quarter		
	Number of TB/HIV experts participated in TOT	Number of TB/HIV experts participated in TB/HIV national TOT disaggregated by gender	0	30	63	Basic training on TBL, TB/HIV and TB case detection SOP has been given for total of 39(M=29; F=10) Health care workers who are currently working in pilot health facilities of the TB case detection SOP.	<p>Challenge: In order to conduct national TOT , updated TBL & TB/HIV guideline is compulsory.</p> <p>Next step: TB CARE I will participate in TBL & TB/HIV Guidelines revision process in APA 2.</p>	
	Number of TB/HIV program managers trained	Number of TB/HIV program managers trained on MOST for TB/HIV diagggregated by gender	0	20	31	MOST for TB/HIV organized in Addis Ababa from August 22-23, 2011 and total of 31(M=24, F=7) TB/HIV program managers were participated in the training.	<p>Next steps: Follow up of Action plans of the participants of the training.</p>	

5.2	Improved CDR at national level	Number of TB experts participated in TOT	Number of TB experts participated in the DOTs TOT based on the revised TBL and TB/HIV manual disaggregated by gender	0	30	63	Basic training on TBL, TB/HIV and TB case detection SOP has been given for total of 39(M=29; F=10) Health care workers who are currently working in pilot health facilities of the TB case detection SOP.	Challenge: In order to conduct national TOT , updated TBL & TB/HIV guideline is compulsory. Next step: TB CARE I will participate in TBL & TB/HIV Guidelines revision process.
		Number of follow up/supervision made	Number of follow up/supervision made to the SOP pilot site	0	2	2	<p>TB case detection SOP follow up supportive supervision conducted in 26 Health Facilities from August 31-September 21, 2011 (one round of supervision).</p> <p>TB case detection SOPs midterm review meeting conducted at Shashemene town for 90 HF, woreda and zonal TB & TB /HIV experts from 26 SOP pilot sites</p>	Next steps: continue follow up in APA2, document and share the results.
		Number of regions and towns regimen shift completed	Number of regions and towns implemented regimen shift	3	7	11	TB CARE I supported FMOH in two rounds of TOTs for 60 (M=45; F=15) TB experts on EH to RH regimen shift for four pastoralist Regions.	Next Steps: Support of EH-RH regimen shift implementation follow up activities.

Technical Area		6. Health Systems Strengthening					Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target	Result		
					Y1	Y1		
6.1	Improved Political commitment for TB control	Regular meeting of the national stop-TB partnership	Number of meetings held by Stop TB partnership	1	3	3	Attended the TB TB HIV TWG meeting with an active participation	
6.2	Improved community awareness	Number of audio visual message sessions broadcasted per year	Number of TB audio message sessions broadcasted per year	0	24	23	Seven session of TB messages broadcasted each for half an hour via Radio Fana .TB CARE provided financial assistance to TV spot message prepared by MoH.	
		Number of newspapers with TB message printed per year	Number of both public and private print media with TB message printed per year	0	12	11	TB Media Forum members organized & conducted a one day pannel discussion with Cenema, Theatre & DSTV houses on TB IC. Two TV centers, one radio, four news papers & two web sites announced.	
		Number of TB events supported per year	Number of TB events supported per year	0	1	1		

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			
7.1	Strengthened data management for TB and TB/HIV at national level	Adequate availability of registers and formats	Adequate availability of Registers: unit TB register, Laboratory register, Formats: sputum request, case finding, treatment outcome	unknown	100%	100% expected coming quarter	Existing Recording & reporting formats reprinted and ready for distribution.	
7.2	National TB Prevalence survey conducted	Completion of national survey	The data collection for the ongoing survey on TB prevalence will be completed	Ongoing	Completed	field work completed	Workshop on the first Ethiopian National TB prevalence Survey field operation report conducted on July 14, 2011. TB CARE I covered the cost of the workshop and assisted technically by moderating the Event.	Next Step: Support will continue till dissemination of the final result in second week of Decemebr 2011 in APA2.
7.3	National operational research agenda for TB prepared	List of priority for research area prepared	Review meeting on TB research conducted by TRAC	No	Yes	Completed		
7.4	Patient's cost tool implemented	Completion and dissemination of Patient's cost analysis	Research on patient expenditure for TB services	No	Yes	On progress	The Research protocol approved by ethical clearance committee of TRAC, two days training for data collector conducted from September 7-8 /2011, data collection started in twelve public health Centers of Addis Ababa Region.	Next Step: data analysisi will continue and first draft report will be ready on the first Quarter of APA2.

Technical Area		8. Drug supply and management					Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1		
8.1	Improved IPLS	Number of health facilities implementing IPLS	This includes the number of health centers and hospitals that implement IPLS	61	300	595	Organized two sessions of IPLS training from 16-18 Sep 2011. A total of 65 (M=18; F= 47) attended trainings. Supported the distribution of 142,000 stock record cards to IPLS implementing sites.	Challenges: Delay in the execution of some activities as PFSA is engaged in other competing priorities as a result we were forced to cancel and modify some of our planned activities.
8.2	Supported implementation of new TB regimens	EH/RH regimen shift implemented as per the national plan	EH/RH shift implemented atleast in Urban and selected agrarian regions of the country	3	7	11	Organized a national sensitization and orientation workshop on the integration of anti-TB, FP and anti-malarial pharmaceuticals in to the national pharmaceuticals logistics system. A total of 64 (M=59; F= 5) participants from PFSA, FMOH, RHBs and partners were attended the workshop. Participated in the monthly national TB/HIV TWG and national Logistics TWG.	
8.3	Improved skills on quantification and supply planning	Availability of quarterly supply planning at national level	Quarterly supply planning prepared in line with the national quantification and forecast for anti-TB drugs	biannual	2	2	Participated in national level Stock status analysis and Supply planning exercise for anti-TB Pharmaceuticals. During the meeting, stock status of anti TB drugs and related supplies at regional hub levels and joint Plan of action prepared for the integration of anti TB drugs in to the IPLS.	

Quarterly Activity Plan Report

Outcomes	1. Universal and Early Access		Lead Partner	Approved Budget	Cumulative Completion	Cumulative Progress and Deliverables up-to-date
1.1 Ensured continuity of Community TB care activities in Arsi	1.1.1	Supportive supervision from Central to Zonal level	KNCV	34,140	● 100%	It was planned to conduct SS from central to Zonal level, instead one review meeting was conducted in which a total of 325 participants including representatives of the zonal health offices and Woreda health offices as well as health extension supervisors, heads of health centers, TBL focal person, laboratory technicians, pharmacy staff, woreda administration representatives, and political heads participated. Major findings of supervisory visits, achievements challenges/problems have been discussed and experiences shared.
	1.1.2	Supportive supervision from Zonal to district level	KNCV	10,788	● 100%	In the third Quarter it was able to conduct Joint Supportive supervision for 22 Woredas and 26 health posts. Further, 24 health centers and 24 health posts have been supervised in the fourth Quarter. The health staff and health extension workers have received technical and logistic support that encouraged them to strengthen implementation of the project.
1.2 Ensured continuity of Community TB care activities in WHO supported Zones	1.2.1	Training for HEW	WHO	13,499	● 100%	127 female Health Extension Workers(HEWs) were trained on the CBTC in East Showa, West Showa and North Showa zones
	1.2.2	Supportive supervision	WHO	50,565	● 100%	Joint supportive supervision were conducted in Gurage, North Showa and Awi Zones and woreda health offices, HCs and health posts.
	1.2.3	Review meeting	WHO	46,111	● 100%	Review meetings were conducted in North showa, Awi, East showa, West Showa and Gurage zones. RHBs, zonal health departments, Woreda health offices, Health centers & selected health posts were participated in the review meeting.
					● 100%	

Outcomes	2. Laboratories				Cumulative Progress and Deliverables up-to-date	
		Lead Partner	Approved Budget	Cumulative Completion		
2.1 Strengthened EQA capacity	2.1.1	Quarterly supportive supervision	MSH	17,042	 100%	During the APA1 a total of 195 health facilities were supervised. 188(96.4 %) health facilities were participated in EQA and were able to have >95% concordant result in 172(92.4%) HFs .
	2.1.2	National level capacity building - TOT on TB culture and DST.	MSH	24,393	 0%	The Regional laboratories are not yet functional and EHNRI decided to conduct the training when the regional laboratories are ready/fully functional, probably in APA 2.
	2.1.4	Gap filling trainings at regional level.	MSH	14,873	 100%	Done last Quarter
	2.1.5	Sharing and learning about new best practices in labs area at the international arena.	MSH		 100%	Preparatory works finalized and abstract poster on "Achievements of external Quality assessment through slide rechecking & supervision in TB CAP supported Zones of Ethiopia" will be posted in the 42th international TB conference in Lille, France.
2.2 Strengthened lab networks	2.2.1	lab networking strengthened at supra-national level by supporting preparation and transportation of panel cultures.	MSH	1,500	 25%	Communication with EHNRI and Supra national Lab conducted but final decision not yet made. TB CARE has planned to revitalize the issue in APA II.
	2.2.2	lab networking strengthened at national level by supporting the capacity of regional labs on EQA for culture & DST.	MSH	6,045	Cancelled	The regional laboratories are not yet functional. The budget for this activity is shifted for activity 2.1.1& 2.1.4
	2.2.3	Participation, representation and advocacy for stronger system through national TWGs.	MSH		 100%	TB CARE I represented in the national Laboratory technical working group and fully participated in four meetings. Issues on the laboratory networking, status of regional laboratories, forecasting and quantification of the lab reagents and LED microscope status , training of TB Culture & DST, on AFB laboratory service & TB Laboratory indicators were discussed.

2.3 Introduced new lab equipment to support and strengthen quality of testing	2.3.1	Create a plan to test genes machine usability for TB screening & detection in Ethiopia at EHRNI.	MSH		 100%	Technically assistance provided to the EHNRI, Gene Xpert machine is under validation at Adama regional Laboratory and Asella Hospital. Training on the use of the machine was provided to laboratory technician working in the health facilities.
					 75%	

Outcomes	3. Infection Control				Cumulative Progress and Deliverables up-to-date	
		Lead Partner	Approved Budget	Cumulative Completion		
3.1 Strengthened scale-up of TB IC implementation	3.1.1	Conduct TOT for Regional managers on TB IC	KNCV	8,960	 100%	National TOT on TB Infection Control conducted in May, 16-19, 2011. The training aimed to equip participants with knowledge, principles and skills for applications of infection control practices relevant to their settings. A total of 27 (F=5, M=22) individuals from different regions of the country participated in this training. The training was facilitated by local & regional KNCV staffs.
	3.1.2	Prepare provider support tools on TB IC	KNCV	3,720	 100%	This activity was lamped and the Budget used for supplementing activity No 3.1.3 because of higher demand for TB IC Poster
	3.1.3	Strengthen ACSM on TB IC	KNCV	3,940	 100%	A total 10,000 designed posters on TB IC printed and are ready for use.
	3.1.4	Print hankerchiefs/IEC	KNCV	3,460	 100%	A total of 2,705 handkerchiefs with messages developed, printed and being distributed to the health facilities.
	3.1.5	Provide TB IC TA to Regions	KNCV	5,625	 100%	Technical assistance provided for Harari region, Dire Dawa & Addis Ababa City Administration Health Bureau together with assessing status of EH-RH regimen shift status. Further to assist the piloting phase of the new model of MDR TB Ambulatory service at two regions of the country, TB CARE I experts were fully participated in the readiness assessment of the service in Addis Ababa City Administration Health facilities.
	3.1.6	Participate in International conference	KNCV	6,100	 100%	African Regional TB Conference-Abuja attended by the TB IC officer which was held on the first week of March 2011.

	3.1.7	Conduct analysis on TB IC status and disseminate findings	KNCV	140	 100%	The preliminary report of the assessment reported in the pervious quarter and the final technical report shared with research department of KNCV Head Quarter.
	3.1.8	Support overseas training on TB IC	KNCV	8,100	 100%	Two experts attended the international training on TB IC at ALERT organized by KNCV & the Rwanda center of excellence.
	3.1.9	Provide regional TA to TB IC	KNCV	22,092	 100%	Two regional TAs provided by international TB IC expert from KNCV Africa Office: Namely Dr Amos k. on the TOT of TB IC for Regional TB experts and technical support provided on PMDT service for Gondar, St Peter and ALERT Hospital.
3.2 Strengthened system for incorporation of TB IC issues in health facility design	3.2.1	Support implementation of national guideline on Health Facility Design in context of TB IC	KNCV	2,820	 100%	Amhara Regional Health Bureau Design and Engineering department, tasked to design and follow health facility construction, taking the idea, they incorporated TB IC issue in their design of 30 Hospitals. It is also incorporated in USAID led prototype Health Center draft design, and will be implemented in newly constructed health facilities across the nation.
	3.2.2	Conduct TOT for 20 architects	KNCV	5,980	 100%	Basic training on TB IC training provided for 34 (M=26 ;F=8) health care workers from Sep 1-3, 2011 .
					 100%	

Outcomes	4. PMDT		Lead Partner	Approved Budget	Cumulative Completion	Cumulative Progress and Deliverables up-to-date
4.1 Treated 100 MDR-TB patients with SLD funded by USAID	4.1.1	Procurement of SLD for 100 MDR-TB patients	KNCV	269,254	 100%	The first shipment arrived to the MDR treatment sites in the third Quarter of APA1 , Correspondence for the second shipment of the SLD has started. At the end of September 2011, the number of patients who have started MDR TB treatment reached 303(275 in St Peter Hospital and 28 in Gondar Hospital).

4.1.2	Support MDR Technical WG	KNCV	7,950	 100%	National MDR-TB status assessment was conducted at Gondar university Hospital. The assessment was conducted in April 29- May 12/2011. Based on the finding possible solutions & recommendation were forwarded to the NTP (see quarter overview of the third Quarter). In addition, as part of the support to the technical WG, TBCARE supported the FMOH both financially and technically to conduct MDR-TB review meeting of Addis Ababa City Administration. The City Administration is one of the pilot sites for Ambulatory MDR service in the near future. The remaining budget of this activity is used for procurement of auxiliary drug for Gondar Hospital.
4.1.3	Conduct training of HCW on PMDT	KNCV	19,810	 100%	Two rounds of training conducted on PMDT, a total of 55(M=25;F=30) health care workers from Gondar university hospital and its follow up health center, and health care workers working in two (Addis Ababa & Dire Dawa) pilot regions Ambulatory care MDR TB service were attended the training.
4.1.4	Oversees training on PMDT	KNCV	8,100	 100%	Two trainees (M= 1 ; F= 1), TB IC Officer of TB CARE I and a medical doctor from ALERT center, participated in PMDR training held in Namibia from June 20 – 24/2011.
4.1.5	Orientation to support staff on PMDT	KNCV	11,160	 100%	Orientation has been given for 612 supportive staff of ALERT MDR center for two days(August 13 and 14,2011).
4.1.6	Prepare provider tools for clinical management	KNCV	4,160	 100%	Provider tool on the MDR TB side effect and its management strategies finalized. Printing on progress.

4.1.7	Provide local TA to MDR-TB treatment sites	KNCV	4,560	 100%	MDR-TB treatment sites, laboratories (Bahirdar regional laboratory and St. Peter Lab) and other stakeholders (EHNRI, PFSA, and Regional bureaus) were visited by TWG members. Additionally the first draft of the implementation plan of the PMDT activity of ALERT MDR-TB treatment unit was developed and shared with FMOH, ALERT Center and partners. Recently it was reached in to consensus that ALERT center to take the lead to call a workshop of all stakeholders and partners to finalize the implementation plan and start patient recruitment as early as possible. In the presence of TB CARE I staffs, the ALERT MDR-TB ward final provisional acceptance has been conducted on August 22/2011 and subsequently it was offically handed over to ALERT management on 6 Oct, 2011.
4.1.8	Provide international TA to PMDT	KNCV	13,037	 100%	Technical assistance has been given by Dr Amos Kutwa, Dr Victor Ombeka,& Dr Vincent Kuyvenhoven to MDR treatment Hospitals (St Peter, Gondar & ALERT) from July 16-23, 2011.
4.1.9	Participate in international TB conference	KNCV	6,100	 100%	Participated in 18th African TB Conference in Abuja. The experience we have will help us to prepare & present our effort in international conferences.
4.1.10	Provide regional TA on PMDT	KNCV	27,521	 100%	Conducted from July 16-23,2011 together with international TA .
4.1.11	Support to update guideline on PMDT	KNCV	4,800	 100%	Discussions underway with TWG but the FMOH direction is to consider the guideline update for the next year. TBCARE I supported the FMOH both financially and technically on the development of protocol for MDR-TB ambulatory care at Adama, Ethiopia from July 11-13,2011 . To avoid shortage of existing PMDT guideline the rest of the budget is used for reprint of the national PMDT guideline.

4.2 Strengthened MDR data management	4.2.1	Introduce electronic database system	KNCV	3,330	 100%	As part of strengthening the electronic data base system at Gondar Hospital MDR-TB ward three computers with full accessories were purchased and delivered to the Hospital. At the same time orientation on electronic data entry and data capturing system has been given to the staff of MDR TB ward by data manager of St. Peter Hospital who is seconded by TBCARE I. in addition two MDR TB follow up health facilities at Addis Ababa Region equipped with computers and its accessories.
	4.2.2	Procure computers and accessories	KNCV	8,000	 100%	Five computers with accessories purchased and delivered to one MDR TB Hospital and two follow up Health Centers.
	4.2.3	Conduct analysis on data on PMDT and disseminate it	KNCV	179	 100%	Abstract and poster on the contribution of TBCAP/TBCARE to the implementation of PMDT service in the country was developed. It was sent to KNCV HQ and it is expected to post at KNCV/TBCARE I website for wider dissemination and possibly it will be sent to 43 th IUTLD meeting at kalalampur. Additionally the poster will be printed for display in the office and it will be developed and printed in a form of Brochure.
4.3 Established routine surveillance system for MDR-TB	4.3.1	Strengthen DST in 5 Regional Laboratories	KNCV	1,660	 75%	The DST expansion process was delayed nationally and all the four selected regional laboratories didn't start the culture and DST. The delay in the expansion of the regional laboratories was taken very seriously by the national TWG and the issue was discussed with EHNRI officials emphasizing its impact on the overall MDR-TB expansion program. As a result partners took responsibility to speed up the process. Accordingly, TB CARE I supported the validation of the GenExpert at two health facilities. TB CARE I also fully involved in supporting the readiness assessment of Ambulatory MDR TB service model starting from checklist preparation to final report writing. Report will be share soon. TB CARE I support will continue in APA 2.

	4.3.2	Develop guidelines for introduction of GeneExpert	KNCV	600	 100%	The protocol for the introduction of the Gene expert was developed by the national TWG and submitted to EHNRI for further work up and finalization. At present EHNRI has started piloting of the GeneExpert in two sites. TB CARE I provided financial support for the purpose.
					 98%	

Outcomes	5. TB/HIV		Lead Partner	Approved Budget	Cumulative Completion	Cumulative Progress and Deliverables up-to-date
5.1 Improved coordination of TB/HIV Collaborative activities	5.1.1	Coordinate and participate in the national TB/HIV Technical working group meetings	MSH		 100%	Four attendances in this quarter including the core group meetings. TBL & TB/HIV training modules finalized by the core group & TB/HIV Standard Operation Procedures(SOPs) issues discussed.
	5.1.2	Support revision, adaptation and printing of the national TB and TB/HIV training materials and guideline for national level	MSH	2,000	 75%	Participated & technically assisted with the comprehensive TBL & TB/HIV training material development. Accordingly participants module and trainer guide development finalized. Field test done / TOT on the module given to national TB & TB/HIV experts, feed back collected and compiled. TBL & TB/HIV Guidelines revision scheduled for APA2.
	5.1.3	Organize Training of trainers (TOTs) on TBL and TB/HIV co-management for Federal and Regional TB/HIV experts	MSH	17,800	 100%	TB CARE I technically supported TBL & TB/HIV TOT for 18 experts from RHBs, Universities & Federal hospitals. TB CARE I & MoH trained 24 Health Extension Workers on TB and HIV at Hawassa from April14-20, 2011.
	5.1.4	Organize MOST for TB/HIV workshop for federal and regional TB/HIV program managers	MSH	43,758	 100%	TB CARE I & FMOH trained 31(24-M, 7-F) TB/HIV program managers on MOST for TB/HIV in Addis Ababa from August 22-23, 2011. At the end of the training regional plan of action was developed, follow up of the training scheduled for APA II.

	5.1.5	Document successes on TBL and TB/HIV and share the results in the international arena	MSH	5,458	Cancelled	Activity scheduled for next year as the implementation is still on progress
	5.1.6	MOST for TB follow up workshop	MSH	5,458	 100%	TB CARE I conducted MOST for TB follow up workshop for 31 previously trained TB program managers from August 25-26,2011
5.2 Improved CDR at national level	5.2.1	Support TOT based the revised treatment regimen for 30 national and regional TB experts	MSH		 100%	Included in activity No. 5.1.3
	5.2.2	Follow-up on TB case detection improvement SOPs pilot program	MSH	34,518	 100%	TB case detection SOP follow up supportive supervision has been conducted in 26 Health Facilities from August 31-September 21, 2011. Subsequently, midterm Review meeting on TB case detection SOPs organized for 90 HFs, woreda and zonal TB & TB /HIV experts from 26 SOP pilot sites.
	5.2.3	Support the national EH-RH regimen shift initiative	MSH		 100%	In addition to the support provided to evaluate the EH -RH regimen shift implementation status in three urban Regions of the country, TB CARE I supported FMOH in two rounds of TOTs for 60 (M=45; F= 15) TB experts on EH to RH regimen shift for four pastoralist Regions.
					 97%	

Outcomes	6. Health Systems Strengthening				Cumulative Progress and Deliverables up-to-date	
	Lead Partner	Approved Budget	Cumulative Completion			
6.1 Improved Political commitment for TB control	6.1.1	Support MOH in capacity building of TB program managers/experts	MSH	14,948	100%	The Ethiopian Pharmaceutical Association who brought MDR TB as an agenda was financially & technically support provided to conduct its 31st annual conference for which TB CARE I as a platinum standard sponsor was awarded a certificate of appreciation. MOST for TB/HIV training and MOST for TB follow up workshop conducted from August 22-26,2011 for regional TB program managers---see TB/HIV component.
	6.1.2	Support STOP TB partnership meetngs	MSH	1,275	100%	Attended and actively participated in TB & TB/HIV TWG meetings core group that finalized the Comprehensive TBL & TB/HIV training modules and MDR TB Ambulatory Model protocol development.
6.2 Improved community awareness	6.2.1	Support the media forum to air TB messages via Radio, TV and also Print media	MSH	28,682	100%	TB Messages were printed in Two English and five in national language (Amharic) news papers : TB CARE I provided technical assistance: by providing interview, & orientation given to the journalist in their quaterly review session. TB Media Forum members organized & conducted a one day pannel discussion with Cenema, Theatre & DSTV houses on TB IC. Two TV centers, one radio, four news papers & two web sites announced.
	6.2.2	Support TB events including world TB Day	MSH	5,000	100%	TB CARE supported the design, printing and distribution of 6000 T shirts for WTD in three local languages using TB CAP remaining funds. Hence the budget of this activity will supplement 6.2.1
	6.2.3	Plan and discuss possibility to coordinate National TB conference	MSH		100%	Technically supported TRAC conference as part of activity 7.3.1.
					100%	

Outcomes	7. M&E, OR and Surveillance				Cumulative Progress and Deliverables up-to-date	
	Lead Partner	Approved Budget	Cumulative Completion			
7.1 Strengthened data management for TB and TB/HIV at national level	7.1.1	Support MOH to review and update the registers and formats	KNCV		100%	Representing TB CARE I, fully involved in the revision of TBL & TB/HIV indicators. The indicators are included in the update M & E plan of the MOH.

at national level	7.1.2	Print adequate copies of registers and formats	KNCV	8,000	100%	Existing Recording and reporting format printed and ready for distibution.
7.2 National TB Prevalence survey conducted	7.2.1	Recruitment of experts for central team	KNCV	42,300	100%	Salary has been paid by TB CARE I for experts of the central team of the national TB prevalence survey from January till September 2011.
	7.2.2	Provide technical support	KNCV	4,500	100%	The National TB prevalence survey field operation finalized on 25th of June 2011, and workshop conducted on July 14, 2011. TB CARE I covered the cost of the workshop and assisted technically by moderating the Event.
7.3 National operational research agenda for TB prepared	7.3.1	Support annual review meeting on TB research	KNCV	12,100	100%	Supported the Six National TB Conference, which was held at Gondar university hospital from June 6 to 8/2011. (reported as major achivement in the third Quarter)
7.4 Patient's cost tool implemented	7.4.1	Provide TA to implement Patient's cost tool	KNCV	15,148	100%	Two rounds(February and July/2011) of TA on implementation of TB patient tool has been provided for AHRI research team by KNCV HQ consultants.
	7.4.2	Implementation of patient's cost tool	KNCV	13,810	75%	MOU signed between AHRI and the KNCV Country office in June 2011; the research protocol approved by ethical clearance committee of TRAC, two days training on data collection organized and conducted from September 7 - 8/2011, data collection continued in twelve public health Centers of Addis Ababa Region. This acivity is outsourced to AHRI and we will have the first draft of the report in Quarter 1 of APA2
	7.4.3	Dissemination of findings	KNCV	800	Cancelled	To be conducted in APA 2

96%

	8. Drug supply and management		Lead Partner	Approved Budget	Cumulative Completion	Cumulative Progress and Deliverables up-to-date
8.1 Improved IPLS	8.1.1	Conduct national sensitization workshop on IPLS to ensure that IPLS trainings are implemented in TBCAP zones.	MSH	2,000	Cancelled	Joint Supportive supervision was conducted on selected health facilities from East Shoa Zone. Based on the findings, recommendations were forwarded(reported in the third Quarter).

	8.1.2	Printing of SOP and training manual for TB DSM and distribution as needed	MSH	2,500	Cancelled	Printed with TB CAP budget and this budget will be used as matching funds for conducting a national sensitization workshop on integration of TB pharmaceuticals with that of ARV pharmaceuticals.
	8.1.3	TOT on TB DSM	MSH	12,230	Cancelled	Agreement reached with PFSA to use this budget for conducting IPLS training with activity budget 8.1.1
	8.1.4	TOT on TB DSM SOP	MSH	8,750	Cancelled	Agreement reached with PFSA to use this budget for conducting IPLS training with activity budget 8.1.1
	8.1.5	Organize a national sensitization and orientation workshop on the integration of anti-TB pharmaceuticals distribution with that HIV/AIDS related health commodities.	KNCV	14,726	 100%	National sensitization and consultative workshop on integrating of TB, Malaria and FP pharmaceuticals in to the new Pharmaceuticals Logistics System was organized from 12-13 Aug 2011 and 64 participants (59 Male and 5 Female) from PFSA, FMOH, RHBs and partners attended the workshop.
	8.1.6	To conduct three sessions of IPLS training (each session consists of 20 participants)for pharmacy professionals from selected health facilities.	KNCV	13,018	 100%	Organized two sessions of IPLS training from 16-18 Sep 2011. A total of 65 (M=18; F= 47)participants attended the trainings.
8.2 Supported implementation of new TB regimens	8.2.1	Organize a national sensitization and orientation workshop for selected pharmacy professionals to assist the implementation on the EH/RH regimen shift	MSH	2,300	Cancelled	This activity budget is replanned to conduct activity 8.1.5.
	8.2.3	organize a national sensitization workshop on introduction of patient kits in Ethiopia with FMOH/PFSA and other stakeholders	MSH	2,560	 100%	Introductory discussions made with PFSA officials regarding the feasibility of introducing patient kits in Ethiopia. During the discussion, it was raised that though it seems a good idea (especially in improving treatment adherence), much needs to be done at the programmatic level in the FMOH.
	8.3.2	Support national workshop on forecasting and quantification of anti-TB drugs	MSH	3,180	 100%	As part of a follow on activity to the national forecasting and quantification workshop in last August 2011, a stock status analysis and supply planning exercise was done under the leadership of PFSA.
					 100%	

Quarterly Activity Plan Modifications

Request for Cancellation or Discontinuation of Activities										
Approved By (write dates)			Old Code	1. Universal and Early Access Activities from the Work Plan	Lead Partner	Remaining Budget	New Code	Replace with the following activity (if any)	Lead Partner	Proposed Budget*
Mission	PMU	USAID								
			2.1.3	Preparation/revision of training modules in line with new development at international level	MSH					
Approved By (write dates)			Old Code	3. Infection Control Activities from the Work Plan	Lead Partner	Remaining Budget	New Code	Replace with the following activity (if any)	Lead Partner	Proposed Budget*
Mission	PMU	USAID								
			3.2.2	Conduct TOT for 20 architects	KNCV	5,980	3.2.2	Conduct national TB IC training for 30 Health Care Workers	KNCV	5,980
Approved By (write dates)			Old Code	5. TB/HIV Activities from the Work Plan	Lead Partner	Remaining Budget	New Code	Replace with the following activity (if any)	Lead Partner	Proposed Budget*
Mission	PMU	USAID								
			5.1.5	Document successes on TBL and TB/HIV and share the results in the international arena	MSH	5,458	5.1.6	MOST for TB follow up workshop	MSH	5,458
Approved By (write dates)			Old Code	1. Universal and Early Access Activities from the Work Plan	Lead Partner	Remaining Budget	New Code	Replace with the following activity (if any)	Lead Partner	Proposed Budget*
Mission	PMU	USAID								
			8.1.1	Conduct national sensitization workshop on IPLS to ensure that IPLS trainings are implemented in TBCAP supported zones.	MSH	2,000	8.1.5	Organize a national sensitization and orientation workshop on the integration of anti-TB pharmaceuticals distribution with that HIV/AIDS related health commodities.	MSH	14,726
			8.1.2	Printing of SOP and training manual for TB DSM and distribution as needed	MSH	2,500	8.1.6	To conduct three sessions of IPLS training (each session consists of 20 participants) for pharmacy professionals from selected health facilities.	MSH	13,018
			8.1.3	TOT on TB DSM	MSH	12,230				
			8.1.4	TOT on TB DSM SOP	MSH	8,750				
			8.2.1	Organize a national sensitization and orientation workshop for selected pharmacy professionals to assist the implementation on the EH/RH regiment shift	MSH	2,300				

* Detailed budget is attached

Request for Postponement of Activities to Next Year

Approved By (write dates)			Old	2. Laboratories	Lead	Remaining
Mission	PMU	USAID	Code	Activities from the Work Plan	Partner	Budget
			2.2.2	lab networking strengthened at national level by supporting the capacity of regional labs on EQA for culture & DST.	MSH	
Approved By (write dates)			Old	3. Infection Control	Lead	Remaining
Mission	PMU	USAID	Code	Activities from the Work Plan	Partner	Budget
			3.2.2	Conduct TOT for 20 architects	KNCV	
Approved By (write dates)			Old	5. TB/HIV	Lead	Remaining
Mission	PMU	USAID	Code	Activities from the Work Plan	Partner	Budget
			5.1.3	Organize Training of trainers (TOTs) on TBL and TB/HIV co-management for Federal and Regional TB/HIV experts	MSH	17,800
Approved By (write dates)			Old	7. M&E, OR and Surveillance	Lead	Remaining
Mission	PMU	USAID	Code	Activities from the Work Plan	Partner	Budget
			7.4.3	Dissemination of findings	KNCV	800

Request for Adding New Activities to the Current Work Plan						
Approved By (write dates)			New	4. PMDT	Lead	Proposed
Mission	PMU	USAID	Code	Proposed New Activities	Partner	Budget*
			4.3.3	Procurment of Ancillary drugs	KNCV	11,250
Approved By (write dates)			New	1. Universal and Early Access	Lead	Proposed
Mission	PMU	USAID	Code	Proposed New Activities	Partner	Budget*
			8.1.5	Organize a national sensitization and orientation workshop on the integration of anti-TB pharmaceuticals distribution with that HIV/AIDS related health commodities.	MSH	14,726
			8.1.6	To conduct three sessions of IPLS training (each session consists of 20 participants) for pharmacy professionals from selected health facilities.	MSH	13,018

using the budget allocated for activity 4.1.2 & 4.2.1

* Detailed budget is attached





Certificate of Appreciation

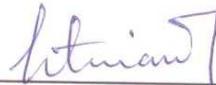
This Certificate is awarded to

TB CARE I

for its support as

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to the 31st Annual conference of the Ethiopian Pharmaceutical Association (EPA) between September 6 to 8, 2011 at Global Hotel in Addis Ababa



Hailu Tadeg

President, Ethiopian Pharmaceutical Association

