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TB CARE I

TB CARE I - Ethiopia

**Year 2
Quarterly Report
January-March 2012**

April 30, 2012

Quarterly Overview

Reporting Country	Ethiopia
Lead Partner	KNCV
Collaborating Partners	MSH, WHO
Date Report Sent	30/04/2012
From	Ezra Shimelis, Country Director
To	Yared Kebede & Helina Worku
Reporting Period	January-March 2012

Technical Areas	%
1. Universal and Early Access	18%
2. Laboratories	32%
3. Infection Control	68%
4. PMDT	57%
5. TB/HIV	41%
6. Health Systems Strengthening	43%
7. M&E, OR and Surveillance	52%
8. Drug supply and management	16%
Overall work plan completion	41%

Most Significant Achievements

National TB conference held in Ethiopia

Mekele University, which is found 780 km north of Addis Ababa, hosted the 7th national TB research conference organized by the TB Research Advisory committee (TRAC), March 21-23, 2012 under the theme "Effective partnership to combat TB: Rallying the forces in Ethiopia". More than fifty research papers were presented and panel discussions were held on maximizing the benefit of TB control program through Health Development Army, Health system strengthening through Stop TB partnership and the role of operational research in TB control in Ethiopia.

Like previous years, TB CARE I-Ethiopia supported the conference both technically and financially with full participation of the staff. Some of the TB CARE I support included: activity participation as a member of the national organizing Task Force, covered the cost of a Video clip against Tuberculosis produced in the local language which was inaugurated on the first day of the conference, and sponsored participants who attended the conference. TB CARE I has been awarded a certificate of appreciation for unreserved support of the event.

Moving TB research agenda forward

On the occasion of the 7th national TB conference, a satellite session was conducted on operational research which was sponsored by TB CARE I. The objective was to set national OR priorities and design a road map to scale up OR in TB control. The event created opportunity whereby an Operational Research (OR) agenda has been discussed among the national TB program and stakeholders through organizing a panel discussion and group work. The main issues addressed includes: current status of OR, opportunities & challenges, priority agenda and future direction.

Contribution of TB Media Forum at World TB day, 2012

The 2012 World TB Day commemoration that followed the three day national TB conference was highly significant in conveying key messages to the public via electronic and print media including: TB is a curable disease, any one with cough for more than two week should go to the nearest health facility for check up, and treatment is free of charge. The role of the TB Media forum was crucial in disseminating these important messages in this commemoration through arranging a special booth on the role of Media in TB control. The TB Media Forum, composed of Journalists and Public Relations professionals, was established with support from TB CAP. Their awareness on the basics of TB, TB DOTS, MDR TB and TB Prevention and Infection Control is being updated continuously by TB CARE I, and they were very proactive in engaging themselves to convey TB messages to the public. Their modality of communication was highly appreciated and certainly they do it in a rather better way than health professionals. In effect, TB has become an issue of discussion among the public at large due to various ACSM activities such as the national weekly half an hour TB program of Radio Fana 98.1.

A step ahead to improve health facilities design

TB CARE I in collaboration with FMOH organized a TB IC training for Engineers and Architects of MOH and regional Health Bureaus. The training was tailored to address health facility design challenges of Ethiopia. Accordingly 17 (M= 14; F=3) participants from Health Bureaus attended the training workshop which was held in February 27-29, 2012, was facilitated by both local and international experts. At the end of the training, all participants agreed to consider air borne infection control issues including TB during health facility design stage and re-consider ways to improve the already built health facilities in their respective

Overall work plan implementation status

The overall implementation of the planned activities is at 41% ,and we believe the progress is on the right track that all planned activities will be completed as per the time frame of APA2.

Technical and administrative challenges

Trainings of TB/HIV and M & E have been postponed to next quarter due to extended duration for the revision of TB and TB/HIV training manual and Guideline.
The Joint supportive supervision visits supposed to be conducted by the FMOH in the second quarter had also to wait for the integrated supportive supervision checklist revision in April 9-10.2012.

In-country Global Fund status and update

Ethiopia has been granted three rounds of Global Fund including round 10 (2012-2016), which mainly devoted to disease control activities including TB. The grant agreement for the first phase of round 10 was signed in March 2012. The GF will be the major source for procurement of all the first line anti TB drugs, laboratory reagents, to support TB/HIV collaborative activities and procurement of SLDs for 1500 MDR TB patients. Nearly 28 million USD has been allocated for the next two years (Phase I).

Quarterly Technical Outcome Report

Technical Area 1. Universal and Early Access								
Expected Outcomes	Outcome Indicators	Baseline		Target		Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year			
1.1 Increased demand for and use of high quality TB services and improve the satisfaction with the services provided (Population/Patient Satisfaction)	1.1.3 Patients' Charter is implemented Indicator Value: Score (0-3) based on definition	0	2011	1	2012		i) Working in collaboration with Addis Ababa health office & HIV prevention program to identify appropriate civic societies to be engaged in TB related activities. ii) Training material adaptation and translation is underway in order to strengthen the capacity of civic societies	Challenges: Identifying appropriate civic societies has been a challenges since there was not any previous experience in this kind of activity.
1.2 Increased quality of TB services delivered among all care providers (Supply)	1.2.4 CB-DOTS program is implemented Indicator Value: Score (0-3) based on definition.	1	2011	2	2012		Closely worked with MOH in reviewing of materials for CB-DOTS program. During the quarter, Health Extension workers(HEWs) TB reference material updated; Treatment supporters training material and M & E tool are drafted	Next Step: Translation of materials to local language and printing
1.3 Reduced patient and service delivery delays (Timing)	1.3.2 Provider Delay Indicator Value: Number (of days or weeks)	4 Wks	2011	2 Wk	2012		Consultative meeting on Childhood TB will be conducted on April 12, 2012. Delay in case finding, diagnosis, management and contact tracing to diagnose childhood TB will be the main agenda of the meeting	Next Step: the outcome of the meeting will be communicated to MOH.

Technical Area 2. Laboratories								
Expected Outcomes	Outcome Indicators	Baseline		Target		Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year			
2.1 Ensured capacity, availability and quality of laboratory testing in country needed to support the diagnosis and monitoring of TB patients	2.1.2 Laboratories with working internal and external quality assurance programs for tests that they provide including: a) smear microscopy, b) culture, c) DST, and d) rapid molecular test	450/1596 =28% (for a)	2011	50%	2012		TA on strengthening national TB laboratory quality assurance scheme and networking was provided by Charles Kagoma between March 4-10/2012. In addition, procurement of 20 Olympus Microscopes are underway for National referral laboratory.	
		0(for b,C & d)	2011	5/5(100%)	2012			

Technical Area 3. Infection Control								
Expected Outcomes	Outcome Indicators	Baseline		Target		Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year			
3.2 Scaled-up implementation of TB-IC strategies	3.2.2 Key facilities with IC focal person, implementation plan, budget, and monitoring system Indicator Value: Percent Numerator: The number of selected categories of key facilities with all three (a+b+c) interventions in place. Denominator: Total number of key facilities of the selected categories	=16/50	2011	60/90	2012		41 health care workers (M= 24; F=17) drawn from 19 health centers of Addis Ababa trained on TB IC between February 7-9, 2012.	Next Step: close follow up the implementation status of TB IC in the health facilities.
3.4 Improved TB-IC human resources	3.4.1 A team of trained trainers in TB IC is available Indicator Value: Yes/No	Yes	2011	Yes	2012	Yes	Reported last quarter	
3.3 Strengthened TB-IC monitoring & measurement	3.3.1 Annual reporting on TB disease (all forms) among HCWs is available as part of the national R&R system Indicator Value: Yes/No	NA	2011	Yes	2012	No	Assessment in 13 health facilities in Addis Ababa conducted in the quarter. Assessment findings will be communicated soon.	Challenges: National unit TB register does not capture this data. Next Step: Advocate for the inclusion of the indicator in the Recording and reporting format at national level.

Technical Area 4. PMDT								
Expected Outcomes	Outcome Indicators	Baseline		Target		Result Y1		
		Data	Year	Data	Year			
4.1 Improved treatment success of MDR TB	4.1.1 Number of MDR cases put on treatment Description: number of MDR cases put on treatment funded by USAID Indicator Value: Number Level: national Source: MDR treatment register Means of Verification: field visits (national and TBCARE project sites), checking MDR treatment registers with reports Numerator: The number of MDR patients put on treatment disaggregated by gender and type of patient (new or previously treated)	150	2011	300	2012		Additional 91 (M=31; F=42) MDR TB patients put on SLD between Jan - Mar 2012, which makes a total number of patient on treatment 371(M=188; F=183). 150 of the patients put on SLD were using USAID fund located in APA I and TBCAP project. Procurement of drugs using USAID fund is underway for this year.	Challenges: No adequate treatment sites to put all the MDR TB Diagnosed patients. Next Step: expand the sites to put more patients on treatment and to use the SLD appropriately.
	4.1.2 MDR TB patients who are still on treatment and have a sputum culture conversion 6 months after starting MDR-TB treatment Indicator Value: Percent Numerator: Number of MDR TB patients in a cohort who are still on treatment and had culture conversion latest at month 6 (having had 2 negative sputum cultures taken one month apart and remained culture negative since) Denominator: Total number of MDR patients who started treatment in the cohort.	= 31/85	2011	55%	2012		This will be measured at the end of the year.	Challenges: National reporting system for MDR TB not well established. Next Step: Reporting and reporting format for MDR TB being developed/ adopted circulated for comments; TBCARE 1 will support printing of the format and distribution in third Quarter.

Technical Area		5. TB/HIV					Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes	Outcome Indicators	Baseline		Target		Result		
		Data	Year	Data	Year	Y1		
5.1 Strengthened prevention of TB/HIV co-infection	5.1.1 New HIV patients treated for latent TB infection during reporting period Indicator Value: Percent Numerator: Total number of newly-diagnosed HIV-positive clients in whom active TB has been excluded who start (given at least one dose) treatment of latent TB infection. Denominator: Total number of newly-diagnosed HIV-positive clients. = 21%(663/31650)	2010		80%	2015	6062/24911 = 24.3% PLHIV free of TB were put on IPT. Source: MOH summary data on TB/HIV annual data (2011)	Challenges: unable to get complete national figure on time. Next Step: Discussion underway with NTP on how to get data from respective regions on timely base.	
5.2 Improved diagnosis of TB/HIV co-infection	5.2.1 HIV-positive patients who were screened for TB in HIV care or treatment settings Indicator Value: Percent Numerator: Number of HIV-positive patients seen at HIV testing and counseling or HIV treatment and care services who were screened for TB symptoms, over a given time period. Denominator: Total number of HIV-positive patients seen at HIV testing and counseling or HIV treatment and care services, over the same given =79% (43837/55350)	2010		100%	2015	data incomplete and doesn't show the national figure.	see 5.1.1	
	5.2.2 TB patients with known HIV status Indicator Value: Percent Numerator: Total number of all TB patients registered over a given time period who were tested for HIV (after giving consent) during their TB treatment Denominator: Total number of TB patients registered over the same given time period. 45%(66955/149508)	2010		90%	2015	data incomplete and doesn't show the national figure.	see 5.1.1	
5.3 Improved treatment of TB/HIV co-infection	5.3.1 Registered HIV infected TB patients receiving ART during TB treatment Indicator Value: Percent Numerator: All HIV-positive TB patients, registered over a given time period, who receive ART (are started on or continue previously initiated ART) Denominator: All HIV-positive TB patients registered over the same given time period. 39%(3823/9809)	2010		100%	2015	1280/3267=39% registered HIV infected TB patients receiving ART. Source: MOH summary data on TB/HIV annual data (2011)		
	5.3.2 HIV-positive TB patients who receive CPT Indicator Value: Percent Numerator: Number of HIV-positive TB patients, registered over a given time period, who receive (given at least one dose) CPT during their TB treatment Denominator: Total number of HIV-positive TB patients registered over the same given time period. 69%(6723/9809)	2010		100%	2015	(2093/3267) 64% HIV positive TB patients started CPT. Source: MOH summary data on TB/HIV annual data (2011)		

Technical Area 6. Health Systems Strengthening

Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y1		
6.1 TB control is embedded as a priority within the national health strategies and plans, with matching domestic financing and supported by the engagement of partners	6.1.1 TB care and control strategic plan embedded within national health strategies, including quantifiable indicators and budget allocations Indicator Value: Yes/No	No	2011	Yes	2012	Yes	Yes, TB care and control strategies embeded in the national health system development plan (2011-2015) and quantifiable indicators and budget allocated in the updated NTP M & E Plan in November 2011.	

Technical Area 7. M&E, OR and Surveillance

Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y1		
7.3 Improved capacity of NTPs to perform operations research	7.3.1. OR studies completed and results incorporated into national policy/guidelines Indicator Value: Number (of OR studies and instances reported separately)	1	2011	2	2012	1	OR on i) OR consultants hired to assess national status, opportunities & challenges and to outline roadmap for OR. ii) OR training evaluation assessment conducted & to be finalized in April, 2012. iii) OR agenda promoted using plenary & satellite sessions on the national TRAC conference. iv) Next six month action plan for OR outlined.	Next Step: strategic document for TB CARE I Ethiopia is planned to be prepared.
	7.3.2. Number of NTP staff trained on OR Description: NTP staff who will actively participate in training on OR on TB Indicator Value: Number Level: National Source: TB research advisory committee of MOH Means of Verification: Numerator: Number Denominator:	0	2011	25	2012	15	Reported last quarter	
7.2 Improved capacity of NTPs to analyze and use quality data for the management of the TB program	7.2.3. A data quality audit at central level has been conducted within the last 6 months Indicator Value: Yes/No	No	2011	Yes	2012	No	NTP has given priority for indicator revision and establishing of reporting system for MDR TB in which TBCARE I supported technically.	Next Step: Plan to address data quality issue in subsequent trainings; the data quality auditing will be discussed with NTP then after.

Technical Area		8. Drug supply and management					Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes	Outcome Indicators	Baseline		Target					
		Data	Year	Data	Year				
8.1 Ensured nationwide systems for a sustainable supply of anti-TB drugs	8.1.1 Quarterly national stock information available Indicator Value: Number (as months of stock for FLDs and SLDs separately)	NA	2011	6-12(FLDs)	2012		National stock information was available in the last two quarters. No stock out of FLDs & SLDs reported at national level.		
	8.1.2 Updated SOPs for selection, quantification, procurement, and management of TB medicines available Indicator Value: Yes/No	No	2011	yes	2012	Yes	SOP for FLD updated		

Quarterly Activity Plan Report

1. Universal and Early Access									
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Planned Completion Month	Year	Cumulative Progress and Deliverables up-to-date	
1.1 Increased demand for and use of high quality TB services and improve the satisfaction with the services provided (Population/Patient Centered)	1.1.1	Workshop with mentee organization	KNCV	5,280	0%	Jul	2012	Planned in May 2012	
	1.1.2	Mentoring workshop	KNCV	921	0%	Sep	2012	See activity no 1.1.1	
	1.1.3	Stakeholders workshop	KNCV	1,620	0%	Aug	2012	See activity no 1.1.1	
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date	
1.2 Increased quality of TB services delivered among all care providers (Supply)	1.2.1	Updated HEWs TB Reference Material	WHO	15,000	100%	Mar	2012	HEWs TB Reference Material updated	
	1.2.2	HEW Reference Material translated to local Language	WHO	12,000	0%	Jun	2012	Planned for 3rd quarter	
	1.2.3	Update HEW Reference Material is printed	WHO	20,000	0%	Sep	2012	planned for 4th Quarter	
	1.2.4	TB Treatment supporters Training material Developed	WHO	33,000	50%	Mar	2012	Treatment supporters training material is drafted and circulated for comment	
	1.2.5	M& E tool for TTS is developed	WHO	10,000	50%	Mar	2012	M & E tools are drafted	
	1.2.6	M& E tool for TTS is translated to 4 local Languages	WHO	10,000	0%	Jun	2012	Planned for 3rd quarter	
	1.2.7	M& E tool for TTS is printed	WHO	30,000	0%	Sep	2012	Planned for 4th Quarter	
	1.2.8	International Travels Made	WHO	5,000	0%	Dec	2011	Planned in July 2012, Community TB coordinator will participate on training of programmatic management of TB, TB/HIV and Drug Resistant TB.	
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date	
1.3 Reduced patient and service delivery delays (Timing)	1.3.1	Consultative meeting on Child TB	KNCV	5,980	0%	Apr	2012	Planned for April 12/2012	
	1.3.2	Protocol preparation	KNCV	2,980	50%	Jun	2012	In line with new WHO recommendation, management of pediatric TB included in the national TB leprosy guideline revision workshop	
	1.3.3	Provider support tool	KNCV	3,460	0%	Sep	2012	Planned for third Quarter	
					18%				

2. Laboratories									
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Planned Completion Month	Year	Cumulative Progress and Deliverables up-to-date	
2.1 Ensured capacity, availability and quality of laboratory testing in country needed to support the diagnosis and monitoring of TB patients	2.1.1	Revise/Develop manual/training module/ guideline for AFB or culture & DST	MSH	9,514	0%	Jun	2012	Discussion is underway with Ethiopian Health & Nutrition Research Institution (EHNRI) to identify documents to be reviewed / developed. The national EQA guideline and TB culture manual are among the list to be reviewed. This will be decided in month of April, 2012.	
	2.1.2	Training on TB Culture and DST	MSH	11,859	75%	Sep	2012	A total of 14 (M=10; F=4) laboratory personnel trained on TB culture in the first quarter and the next TB culture training will be conducted in July 2012.	
	2.1.3	Laboratory networking strengthening at supra national	MSH	3,889	0%	Jun	2012	Activity modification is being requested since EHNRI has informed that this activity doesn't cost any budget.	
	2.1.4	Conduct supportive supervision to 5 Regional labs	MSH	1,920	0%	Sep	2012	Agreed with National Referral laboratory to conduct the supervision after full implementation of TB culture service at five regional laboratories.	
	2.1.5	Support culture sample transportation from RRLs to EHNRI for EQA	MSH	100	0%	Jul	2012	One regional laboratory started TB culture and sample transportation will start in June 2012.	
	2.1.6	Provide international TA to laboratory networking	MSH	7,481	100%	Mar	2012	International TA on AFB microscopy lab network was provided by Charles Kagoma between March 4-10/2012. The objective of TA was to strengthen the AFB microscopy network. Site visit and discussion has been made with EHNRI and two regional laboratories (Adama and Hawasa). After assessing the current situation, he developed a concept and briefed EHNRI and USAID Ethiopia on future directions to strengthen lab network and improve AFB EQA in the country.	
	2.1.7	Procurement of Olympus microscope to EHNRI	MSH	46,000	75%	Mar	2012	Procurement of 20 Olympus microscopes is underway through international procurement. Local procurement of Equipments, supplies and reagent for TB culture are also on	
	2.1.8	Support and participate the national Laboratory TWG	MSH		0%	Apr	2012	Not done for this quarter due to competing priorities at the national referral laboratory.	
	2.1.9	Support oversee training on new diagnostics	MSH	4,490	0%	Sep	2012	Potential training sites and their calendar are being identified. Trainees' selection will be takes place in the third	
	2.1.10	Preparation and transportation of cultures to 5 RRLs	MSH	900	0%	Sep	2012	Sample transportation from Adama regional laboratory will start on June 2012. The remaining four regional laboratories will start sample transportation after implementing TB culture services.	
	2.1.11	Consultative meeting to define a national TB diagnostic strategy	MSH	2,915	100%	Mar	2012	TB CARE I supported two days (March 16-17/2012) national consultative workshop. The objective of the workshop was to develop national diagnostic strategy on existing and new TB diagnostics. As a follow up of the workshop outcomes discussions are under way on how to act and implement new diagnostics especially XpertMTB/RIF and alleviate challenges	
					32%				

3. Infection Control								
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Planned Completion Month	Year	Cumulative Progress and Deliverables up-to-date
3.2 Scaled-up implementation of TB-IC strategies	3.2.1	Provider support tools	KNCV	4,480	40%	Feb	2012	Minimum package of TB IC drafted
	3.2.2	IEC materials on TB IC	KNCV	20,940	80%	Feb	2012	IEC material for schools developed and ready for printing; TB message aired for four weeks using two FM radio stations; supported Video Clip production on TB prepared for World TB Day 2012 by Tigray Regional Health Bureau.
	3.2.3	Produce handkerchiefs	KNCV	3,363	100%	Sep	2012	Production in progress
	3.2.4	Supportive supervision on TB IC	KNCV	11,745	50%	Sep	2012	Selected health facilities found in Addis Ababa, Oromiya, Tigray and Amhara regions were covered during the quarter. Of those facilities supervised, the Geda HC which is found in Oromia Region is on good track on TB IC aspect.
	3.2.5	Renovation of TB clinics	KNCV	60,000	50%	Jun	2012	MOU signed with Gondar University Hospital and renovation started; Bid process underway to support renovation at Tigray Region.
	3.2.6	Prepare model design for sputum collector	KNCV	14,800	75%	Apr	2012	Models identified. Group discussion with national experts conducted and on process to produce the first batch.
	3.2.7	National guideline on health facility design	KNCV	2,520	25%	Jun	2012	Discussed during training of Architects & Engineers; action plan developed by the trainees to go further.
	3.2.8	Updating national guideline on TB IC	KNCV		100%	Sep	2012	TB IC component incorporated in the drafted comprehensive TBL and TB/HIV Guideline
	3.2.9	Surveillance of TB among HCW	KNCV	1,503	75%	Sep	2012	Report writing underway
	3.2.10	Equipment	KNCV	5,000	100%	Mar	2012	Budget shifted to activity No. 3.2.3
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
3.4 Improved TB-IC human resources	3.4.1	National training on TB IC	KNCV	25,400	75%	Sep	2012	Two rounds TB IC training conducted for a total of 80(M=54; F=26) Health care workers drawn from Gondar and Addis Ababa health facilities.
	3.4.2	Overseas training on TB IC	KNCV	8,900	0%	Jun	2012	Planned for next quarter.
	3.4.3	Training for Architects	KNCV	5,313	100%	Mar	2012	17 Engineers and Architects working at MOH and Regional Health Bureau participated in the workshop of TB IC, which was conducted between Feb 27-29/2012.
	3.4.4	TA on TB IC	KNCV	70,327	75%	Aug	2012	Dr Max Meis from KNCV HQ and Mr Hans Mulder Freelance Consultant from Namibia technical assisted the training of TB IC organized for the architects & engineers working in the MOH & Regional Health Bureau.
					68%			

4. PMDT								
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Planned Completion Month	Year	Cumulative Progress and Deliverables up-to-date
4.1 Improved treatment success of MDR TB	4.1.1	Procure SLDs	KNCV	750,000	80%	Sep	2012	Quantification was done together with FMOH and MDR team, the request form was completed and sent to GDF, We received the quotation and it was approved & payment done.
	4.1.2	Procure ancillary drugs	KNCV	45,000	75%	Jun	2012	The process to purchase ancillary drug was completed for ALERT and Gondar MDR sites.
	4.1.3	International training on PMDT	KNCV	15,104	25%	Jun	2012	Plan to be conducted in May, 2012 and five health care workers from ALERT MDR TB site will be participating in the training.
	4.1.4	Local training on PMDT	KNCV	27,335	50%	Mar	2012	Training was conducted to Gondar University hospital staffs and catchment health centers to fill the gap which was created with a shift and turn over of staffs. This training was conducted in collaboration with TB IC activity between Dec 30/2011 -Jan 2/2012. A total of 20 (M=7&F=13) health care workers participated.
	4.1.5	Provider support tools	KNCV	5,025	60%	Jun	2012	Provider tools drafted and commented
	4.1.6	Support MDR technical working group	KNCV	5,640	65%	Sep	2012	The support for the MDR TWG group continued. Readiness assessment and potential sites identification visit for MDR activity at Oromiya region conducted. The team visited Adama, Jimma and Nekemt Zones and submitted the report to Oromiya regional health Bureau.
	4.1.7	Orientation on PMDT	KNCV	19,440	100%	Mar	2012	Conducted orientation workshop for more than 600 staffs of Gondar University staff and 80 support staff of ALERT center in January 2012. As part of the expansion program MDR TB program and start up of Adama regional laboratory for TB Culture service, TB CARE I supported one day sample transportation and lab networking orientation in which a total of 44(M=32 & F=12) participants drawn from East Shoa health facilities, Ethiopian & Adama postal service were participated.
	4.1.8	Supportive supervision	KNCV	7,830	50%	Sep	2012	Continues Supportive supervision and follow up visit was done to MDR sites especially to ALERT Center
	4.1.9	International conference	KNCV	18,640	100%	Oct	2012	Reported in the first Quarter

	4.1.10	TA on PMDT	KNCV	65,179	50%	Sep	2012	Victor Ombeka, TB CARE I/KNCV PMDT Consultant and Dr. Valentina Anisimova, TB CARE I/KNCV Lab Consultant with TB CARE I team visited selected facilities in East Shoa Zone between March 14-15/2012 in order to identify potential sites for MDR TB treatment service and follow up centers. Accordingly, Bishoftu hospital and Geda Health centers identifies as follow up sites and to consider Bishoftu hospital as Ambulatory treatment sites in the future.
	4.1.11	Socio-economic support	KNCV	18,000	50%	Sep	2012	Transport fee and food support being covered to all patients discharged from Hospital at monthly bases. Accordingly, a total of 12(M=4 ; F=8) patients have got the support in the quarter. In addition, after assessment of the housing condition of the patients and final recommendation, TB CARE I supported house rent cost of 04 patients for six month period. The financial capacity of the patients will be reassessed after six month in order to decide on the continuity of the support.
	4.1.12	Nutritional support	KNCV	10,500	50%	Sep	2012	See activity 4.1.11
	4.1.13	Update PMDT guideline	KNCV	4,400	0%	Sep	2012	Planned for fourth quarter
	4.1.14	Equipment for MDR ward	KNCV	31,000	80%	Jun	2012	Medical equipment and supplies were purchased for ALERT MDR ward and St.Peter MDR program.(see inventory report)
	4.1.15	Nationl protocol on application of Genxpert	KNCV	8,720	100%	Feb	2012	Done in collaboration with lab component See the report on activity No. 2.1.11
	4.1.16	Data management	KNCV	8,044	50%	Jun	2012	Were in the process of developing an electronic data base system for the national MDR TB program and expected to be completed in third quarter.
	4.1.17	Procurement of respirators	KNCV	6,000	0%	Aug	2012	Will be done in the third quarter
	4.1.18	Procurement of surgical masks	KNCV	4,000	100%	Mar	2012	A total of 23,850 pieces are Procured and will be distributed to MDR TB sites soon.
	4.1.19	Vehicles	KNCV	60,000	25%	Jun	2012	Procurement of two cars (Toyota Hi-Lux and one Honda CRV 2012 model) for MDR TB sites are underway.
	4.1.20	TA on laboratory for PMDT	KNCV	44,167	50%	Jun	2012	Valentina Anisimova TB CARE I/KNCV Lab Consultant with Victor Ombeka, TB CARE I/KNCV PMDT Consultant provided technical assistance (TA) for NTP/FMOH, TB CARE I-Ethiopia and other stakeholders for successful implementation of PMDT and laboratory diagnostic capacity and related activities in Ethiopia between March 8- 13/2012. Few of the recommendations forwarded were:Strengthen links in the TB laboratory network at all levels including supply chains; Incorporate strengthening of quality management systems into the plan of expansion of culture/DST services; involve laboratories at MDR Treatment initiating Centers in blinded re-checking program; Strengthen EQA for microscopy and Establish EQA program for culture/DST laboratories.
	4.1.21	Dissemination of experience	KNCV	951	0%	Sep	2012	Planned for 4th Quarter
	4.1.22	Training material	KNCV	2,520	25%	Mar	2012	In the process of developing the draft PMDT training manual together with FMOH
	4.1.23	Renovation	KNCV	84,184	75%	Sep	2012	The St. Peter Hospital training center renovation was restarted in this quarter and expected to be completed in 4 th quarter.
	4.1.24	Sensitization workshop	KNCV	7,032	100%	Mar	2012	TB CARE I supported the national PMDT expansion scale up consultative workshop which was conducted between Feb 9-10 / 2012 at Addis Ababa. A total of 62 (M=51; F=11) participants from NTP, Regions and partner organizations attended the meeting. During the meeting, Regional health Bureaus has presented their MDR TB service expansion plan for the year 2012- 2015.
					57%			

5. TB/HIV								
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Planned Completion Month	Year	Cumulative Progress and Deliverables up-to-date
5.1 Strengthened prevention of TB/HIV co-infection	5.1.1	Organize MOST for TB/HIV workshop	MSH	30,838	25%	Jun	2012	Quarterly follow up meetings Organized in three zones. Moreover, Meeting conducted with Amhara and Addis Ababa Regional Health Offices. Joint MOST for TB & MOST for TB HIV workshops planned in May 2012.
	5.1.2	Support FMOH HMIS activities	MSH		50%	Sep	2012	Supported additional indicator selection to be considered for TB/HIV by HMIS unit. Addressed M & E issues during TB case detection SOP supportive supervision, MOST for TB and TB/HIV follow up meetings
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
5.2 Improved diagnosis of TB/HIV co-infection	5.2.1	Participate in the national TB/HIV TWG meetings	MSH		50%	Sep	2012	Participated in one TB/HIV TWG on Feb 03,2011. During the meeting main TB activities of FMOH; World TB Days and 7th national TB Research meetings and TB TEAM were discussed.

Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
	5.2.2	Pilot TB/HIV SOPs	MSH	25,133	25%	Sep	2012	Preparatory phase finalized. The actual TB/HIV SOP development process will be supported by TA in April, 2012.
5.3 Improved treatment of TB/HIV co-infection	5.3.1	Revision and printing of the national TBL and TB/HIV guidelines	MSH	5,000	75%	Mar	2012	Comprehensive TBL and TB/HIV Guidelines drafted. Small group identified to finalized the document in April 2012. TB CARE I will support both technically and financially.
	5.3.2	Organize TB/HIV TOT	MSH	22,714	0%	Jun	2012	Planned after finalizing the training manual
	5.3.3	Follow-up of TB case detection SOPs pilot program	MSH	24,211	75%	Mar	2012	Follow up visit conducted Feb 12-25 2012. A team of experts from different disciplines and organizations visited 28 pilot HFs and the SOP is showing results in terms of TB suspect identification and TB case notification.
	5.3.4	Support the national EH-RH regimen shift initiative	MSH	7,914	25%	Sep	2012	Preparatory phase of this activity finalized. One day Orientation will be provided on Regimen shift, DOT and recording and reporting to Addis Ababa TB/HIV focal persons in April 2012.
					41%			

6. Health Systems Strengthening								
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Planned Completion Month	Year	Cumulative Progress and Deliverables up-to-date
6.1 TB control is embedded as a priority within the national health strategies and plans, with matching domestic financing and supported by the	6.1.1	TA on HSS	KNCV	34,979	25%	Jun	2012	Preparatory work underway and Two weeks TA on HSS planned in the Month of April, 2012.
	6.1.2	Participate in the national TWGs	MSH		50%	Sep	2012	See activity report of 5.2.1
	6.1.3	TB messages broadcasting	MSH	35,000	50%	Sep	2012	Weekly half an hour TB messages broadcasted for 12 weeks.
	6.1.4	TB message disseminated via Print media	MSH		50%	Sep	2012	TB prevention & control messages were disseminated via print media where either TB CARE I or the TB Media forum were technically engaged.
	6.1.5	WTD commemoration	MSH	17,700	100%	Mar	2012	TB CARE I supported printing of 40 banners in 5 different languages, a banner and 400 t-shirts, refreshment for the commemoration at St Peters Hospital and procured pajamas for 500 TB patients. TB CARE I covered expense of seven TB Media Forum members to report commemoration and TRAC events in print & electronic media.
	6.1.6	Support other TB event	MSH	16,114	50%	Sep	2012	Panel discussions on Basics of TB, TB treatment adherence, prevention and TB IC held with transport sectors.
	6.1.7	Support TB Media Forum quarterly meeting	MSH	12,795	25%	Sep	2012	One quarterly meeting conducted. The voluntary nature of the media forum members, competitive priorities emerging in their respective organizations and WTD commemoration hampered the planned quarterly reviews hence planning to use the budget on innovative other TB events.
	6.1.8	Support STOP TB partnership	MSH	3,920	0%	Sep	2012	Discussion underway with MOH to conduct one day workshop.
	6.1.9	MOST for TB Follow up workshop	MSH	10,300	25%			Quarterly follow up meetings at Awi, North Shoa, West Arsi zones and Addis Ababa region conducted. A joint follow up workshop with MOST for TB/HIV planned in May, 2012.
	6.1.10	Support the JSSV	MSH	17,600	0%	Sep	2012	Planned to support Joint supportive supervision guideline revision in April 2012 and subsequent supportive supervisions.
	6.1.11	Union conference participation	MSH	9,678	100%	Oct	2011	The annual lung conference in Lille/France was attended by TB CARE I
					43%			

7. M&E, OR and Surveillance									
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Planned Completion Month	Year	Cumulative Progress and Deliverables up-to-date	
7.2 Improved capacity of NTPs to analyze and use quality data for the management of the TB program	7.2.1	Registers and formats	KNCV	12,000	50%	Jun	2012	Participated in the development, revision and translation of recording and reporting formats of MDR TB. Plan to support printing of the format in the third Quarter.	
	7.2.2	Supportive supervision	KNCV	3,915	0%	Jun	2012	Planned for third Quarter after checklist revision.	
	7.2.3	Training on data quality	KNCV	8,870	0%	May	2012	Planned for third Quarter together	
	7.2.4	International TB conference	KNCV	4,660	100%	Oct	2011	The annual lung conference in Lille/France was attended by MOH staff	
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date	
7.3 Improved capacity of NTPs to perform operations research	7.3.1	Operational research agenda	KNCV	3,250	50%	Mar	2012	Panel discussion & satellite session during TRAC conference has been a major input in the development & preparation of national OR agenda	
	7.3.2	TA on Operational research	KNCV	33,421	0%	Jun	2012	Planned for third Quarter	
	7.3.3	Training on operational research	KNCV	11,000	100%	Dec	2011	Reported in the first Quarter	
	7.3.4	Sponsor researches	KNCV	6,000	50%	Mar	2012	Two OR reviewed & sponsored: MDR-TB patients survival assessment and IPT & incidence of TB disease	
	7.3.5	Conduct operational research	KNCV	20,350	25%	Mar	2012	Discussion has been made and planned Operational Research to be integrated in each program area: TB & TB/HIV, MDR-TB, TB IC, ACSM, Laboratory, drug supply, M & E. Proposals developed on TB/HIV mortality and TB patient delay which is on review.	
	7.3.6	TB prevalence survey	KNCV	4,020	100%	Dec	2011	National prevalence survey final result dissemination workshop conducted and TB CARE I sponsored this event in addition to technical and financial support provided during the survey period. TB CARE I was awarded a certificate of recognition.	
	7.3.7	TB conference	KNCV	16,287	100%	Mar	2012	The seventh TB Research Advisory Committee (TRAC) conference held from March 21- 23 / 2012. TB CARE I supported both technically & financially and also sponsored satellite session on Operational research	
					52%				

8. Drug supply and management									
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Planned Completion Month	Year	Cumulative Progress and Deliverables up-to-date	
8.1. Ensured nationwide systems for a sustainable supply of anti-TB drugs	8.1.1	Follow up of IPLS implementation .	MSH	12,960	25%	Sep	2012	A joint supportive supervision was conducted with PFSA in 40 HFs located in 7 zones from Jan 16-30, 2012 on the level of Integrated Pharmaceutical Logistics System (IPLS) implementation on these facilities. It was revealed that IPLS is implemented properly in most facilities. On site feedback was given accordingly. The Pharmaceutical Fund & Supply Agency (PFSA) had also taken some responsibilities to address the challenges faced by some of the supervised facilities.	
	8.1.2	Introducing proper DSM system of SLDs in all MDR sites	MSH	7,560	0%	Aug	2012	Planned to be conducted on the 4th quarter	
	8.1.3	Support the integration of TB pharmaceuticals distribution with ARV drugs.	MSH	15,120	25%	Sep	2012	In health facilities supervised, channel of distribution of anti-TB pharmaceuticals was also assessed. The distribution & delivery of the pharmaceuticals through PFSA directly to HFs improved.	
	8.1.4	Support national review meeting on the implementation of IPLS and TB DSM.	MSH	18,078	0%	Jun	2012	Planned for the 3rd quarter	
	8.1.5	Support national TB DSM assessment.	MSH	30,110	25%	Sep	2012	Availability of anti TB pharmaceuticals was also assessed in the Health facilities & in the Hubs serving the health facilities. Although all the anti TB drugs are available at the hubs in adequate amount, shortage of pediatric anti-TB drugs has seen in some facilities due to communication problem. Based on the gap identified, onsite feedback has been given to the health facilities. Lab reagents for AFB were available in almost all visited Health Facilities & the Zonal health departments and Woreda health offices stores.	
	8.1.6	Support EH/RH regimen shift.	MSH		25%	Sep	2012	All visited Health facilities were started on implementation of EH to RH regimen shift before six months.	
	8.1.7	Support MDR TB DSM training.	MSH	10,875	25%	Apr	2012	Preparation work finalized. Planned in April, 2012	
	8.1.8	Assess the feasibility of introducing patient kits in Ethiopia	MSH	8,511	0%	Jun	2012	Planned to be conducted in third quarter.	
	8.1.9	Support national Logistics / IPLS related TWGs	MSH		50%	Sep	2012	Supply Management part of the 'National TBL & TB/HIV Prevention & control Manual' . Assisted roll out training of IPLS	
	8.1.10	Oversees training on DSM	MSH	9,810	0%	Aug	2012	Planned to be conducted in the 4th quarter.	
	8.1.11	Support national forecasting and quantification of anti-TB drugs.	MSH	11,875	0%	Jun	2012	Planned to be conducted in the third quarter.	
					16%				

Quarterly MDR-TB Report

Country	Ethiopia
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Period	January-March 2012
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MDR TB cases diagnosed and put on treatment in country

Quarter	Number of MDR cases diagnosed	Number of MDR cases put on treatment
Jan-Dec 2010	140	85
Jan-Sep 2011	109	139
Oct-Dec 2011	27	75
Total 2011	136	214
Jan -Mar 2012	16	91

Quarterly GeneXpert Report

Country	Ethiopia
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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-March 2012	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				
	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). Add rows if there are more than 8 instruments in total.

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)
 Add an additional row for every procurement order of cartridges

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)



TB CARE I awarded certificate of Appreciation for its technical and financial contribution to the 7th National TB conference



Handovering ceremony of the CD of the clip against TB produced by the support of TBCARE I to Head of Tigray Regional Health Office during the 7th national TB conference.



USAID Country mission representative & TBCARE I Country Director awarded Certificate for Artist participated on Clip production against TB



Awareness creation walk on World TB day

Inventory List of Equipment - TB CARE I

Organization:	TB CARE I
Country:	Ethiopia
Reporting period:	January-March 2012
Year:	APA 2



TB CARE I

Description (1)	ID numbers (2)	Acquisition date (3)	Acquisition cost (4)	V.A.T (5)	Location (6)	Condition (7)	Disposition date (8)	Title held by (9)	Insurance Policy #
Sonny LCD TV 32"	KNCV-ETH-01-03-6041	01/10/12	578.02	75.43	St Peter Hospital	Good	01/10/12	Donated	
Sonny LCD TV 32"	KNCV-ETH-01-03-6042	01/10/12	578.02	75.43	St Peter Hospital	Good	01/10/12	Donated	
Binocular Microscope	KNCV-ETH-01-03-5011	02/02/12	1,051.44	98.03	ALERT Hospital	Good	02/02/12	Donated	
Bp Aparatus	KNCV-ETH-01-03-5031	02/02/12	65.67	8.67	ALERT Hospital	Good	02/02/12	Donated	
Senso card machine	KNCV-ETH-01-03-5051	02/02/12	29.50	3.87	ALERT Hospital	Good	02/02/12	Donated	
Toshiba Laptop	KNCV-ETH-01-01-4101	02/03/12	982.65	128.15	TBCARE I/Dr Dawit	Good	02/03/12	Dr Dawit TB Expert	
Toshiba Laptop	KNCV-ETH-01-01-4102	02/03/12	982.65	128.15	TBCARE I/Dr Ahmed	Good	02/03/12	Dr Ahmed TB MDR Coordinator	
Toshiba Laptop	KNCV-ETH-01-01-4103	02/03/12	982.65	128.15	TBCARE I/Dr Getachew	Good	02/03/12	Dr Getachew TB IC Coordinator	
Toshiba Laptop	KNCV-ETH-01-01-4104	02/14/12	982.65	128.15	TBCARE I/Ribka	Good	02/14/12	Ribka Nigatu Finance Officer	
Toshiba Laptop	KNCV-ETH-01-01-4105	02/14/12	982.65	128.15	TBCARE I/Aschalew	Good	02/14/12	Aschalew Mehari HR and Admin Manager	
PBX	KNCV-ETH-01-01-2061	02/27/12	1,608.50	209.80	TB-CARE I office	Good	02/27/12		
D-Link switch 16 port	KNCV-ETH-01-01-2062	02/09/12	115.60	15.08	TB-CARE I office	Good	02/09/12		
D-Link switch 16 port	KNCV-ETH-01-01-2062	02/10/12	115.60	15.08	TB-CARE I office	Good	02/10/12		
Rack Mount 6U	KNCV-ETH-01-04-4071	02/11/12	156.06	20.35	TB-CARE I office	Good	02/11/12		
Desk top computer	KNCV-ETH-01-04-4017	02/12/12	664.44	86.66	TB-CARE I office	Good	02/12/12		
Desk top computer	KNCV-ETH-01-04-4018	02/13/12	664.44	86.66	TB-CARE I office	Good	02/13/12		
Cannon Digital camera	KNCV-ETH-01-02-2021	02/14/12	518.49	67.63	TB-CARE I office	Good	02/14/12		
Carry case	N/A	01/16/2012	\$43.00		TB-CARE I office/Habtamu	New	19/01/2012	Habtamu TB/HIV Coordinator	
Carry case	N/A	01/16/2012	\$43.00		TB-CARE I office/Berhanmeskel	New	19/01/2012	Dr.Berhanmeskel MSH Coordinator	

Dell E6420 Laptop computer with 2 chargers,Doking station and bag	M103462	02/22/2012	\$1,784.00		TB-CARE I office/Addisu	New	22/02/2012	Addisu DSM coordinator
Dell E6420 Laptop computer with 2 chargers,Doking station and bag	M103463	02/22/2012	\$1,784.00		TB-CARE I office/Mulugeta	New	22/02/2012	Col.Mulugeta PFSA
Dell E6420 Laptop computer with 2 chargers,Doking station and bag	M103464	02/22/2012	\$1,784.00		TB-CARE I office/Berhanmeskel	New	27/03/2012	Dr.Berhanmeskel MSH Coordinator

- (1) Description of equipment: transportation (vehicles), administration (computers, faxes), laboratory equipment or others
(2) Identification number (eg Manufacturer's serial number, model number, Federal stock number, national stock number)
(3) Date of invoice
(4) Total price including any sales tax paid. Use currency on invoice
(5) Note any sales tax charged
(6) Address
(7) Good/fair or bad
(8)+(9) Ultimate disposition data, (in the case of a vehicle) including date of disposal and sales price or the method used to determine current fair market value.
where a recipient compensated TB CARE I for its share. Attach supplementary info