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TB CARE I

Kenya

**Year 1
Quarterly Report
April 2011 - June 2011**

July 29th, 2011

Quarterly Overview

Reporting Country	Kenya
Lead Partner	KNCV
Collaborating Partners	MSH, FHI, ATS
Date Report Sent	Friday, July 29, 2011
From	Sentayehu Tsegaye
To	Maurice Maina (USAID Mission)
Reporting Period	April-June 2011

Technical Areas	% Completion
1. Universal and Early Access	17%
2. Laboratories	35%
3. Infection Control	13%
4. PMDT	25%
5. TB/HIV	15%
6. Health Systems Strengthening	39%
7. M&E, OR and Surveillance	25%
Overall work plan completion	24%

Most Significant Achievements

Strengthening Drug Resistant TB Surveillance

TBCARE I supported the TB Central Reference Laboratory (CRL) to change its DR TB routine surveillance algorithm from the previous use of molecular technique after culture and Drug Sensitivity Testing (DST) to screening of all smear positive re-treatment cases for MDR-TB and XDR-TB before culture. This was done through procurement of the following Hain lifescience molecular test kits;

a) GenoType MTBDR^{plus} Kit

For diagnosis of MDR TB: Resistance to Rifampicin and Isoniazid in 5hrs compared to 1-2 months in conventional methods.

Allows early, appropriate treatment, which reduces transmission and spread of MDR TB

b) GenoType MTBDRs/ Kit

For detection of XDR-TB in patients previously diagnosed with MDR-TB. It minimizes extreme side effects through an appropriate therapy scheme. It is also economical as expensive, ineffective drugs can be avoided through screening of all MDR-TB patients for XDR-TB before starting on treatment.

The molecular test Kits for identification and differentiation of TB complex and non-tuberculous mycobacterium (NTM) or Mycobacterium Other Than Tuberculosis (MOTT) from culture were also procured for CRL. The handing over of these test kits was done by TBCARE I Laboratory QA officer to CRL-TB head on 16th of June 2011 (Figure 1, photo album)

It is expected that the use of these kits will greatly reduce the turn around time for MDR TB diagnosis and ensure that patients are put on appropriate treatment early enough to reduce transmission.

MDR TB Surveillance:

To enhance surveillance for MDRTB, support for the TB Central Reference Laboratory (CRL) was provided through the facilitation of transport of referral of specimens from peripheral sites to CRL. A mechanism has been put in place where MDR TB specimens are transported from the peripheral facilities to the nearest courier point and then transported to the Central Reference Laboratory via courier. A total of 5,789 specimens have been received at CRL (Figure 2, photo album page).

Provincial TB Coordinators (PTLCs) Review Meeting held in April 2011

The PTLCTs review meetings are usually held once a year to review the previous year's data and performance of the NTP activities. This year, the meeting was held from 10th -15th April 2011. The participants of the meeting included the Provincial (regional) TB Coordinators (PTLCs), Provincial Medical Laboratory Technologists (PMLTs), NTP central Unit staff and partners. The partners present included Centers for Disease Control and Prevention (CDC), International Centre for AIDS Care and Treatment (ICAP), Kenya Association for Prevention of Tuberculosis and Lung Diseases (KAPTL), USAID and TB CARE I. The regional teams presented their annual reports while the national data was presented by the central Unit of the NTP. During this forum, the teams shared their various experiences and also addressed the operational issues to ensure smooth implementation of TB control activities countrywide. (Figure 4, photo album page)

Overall work plan implementation status

During the reporting quarter, the overall workplan implementation has greatly improved compared to the last quarter. Some of the partners like the Kenya Association for Prevention of TB and Lung Diseases (KAPTLD) and Kenya AIDS NGOs Consortium (KANCO) started implementing the project activities which contributed to the increased overall work plan implementation.

Technical and administrative challenges

About 4 million USD of the APA 1 funding has not been accessed by the TB CARE I project in Kenya. As a way forward, the TB CARE I project has been asked to develop in collaboration with the NTP and all the partners a mini workplan to be implemented in three months (the last quarter of APA 1 - July, August and September 2011) and have it approved by USAID. The project has been given an opportunity to improve the project performance and relationship management between the NTP and the TB CARE I project during the next three months.

Quarterly Technical Outcome Report

	2010*	2011**
Number of MDR cases diagnosed	112	94
Number of MDR cases put on treatment	67	TBD

* January - December 2010 ** January - June 2011

Technical Area		1. Universal and Early Access					Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1			
1.1	Early access to quality diagnosis and treatment for at risk populations enhanced	proportion of districts with identified approaches targeting at risk populations (women, children, poor, slum dwellers) based on guidelines	Numerator: Number of districts with identified approaches targeting at risk populations (women, children, poor, slum dwellers) based on guidelines Denominator: Total number of target districts (2)	0	2/2	<p>The progress of poverty pilot districts (Kitui & Mutomo) was evaluated and draft guidelines for Poverty & Gender in TB developed</p> <p>Draft guidelines for Childhood TB in place</p>	<p>Finalization of TB Poverty & Gender guidelines, printing and dissemination</p> <p>Finalization of the draft Childhood TB guidelines, printing & dissemination</p> <p>Handbook on quality assurance for Chest Xray to be reprinted before dissemination</p>	
1.2	Contribution of PPM to TB case Notifications	Percentage of PPM contribution to national case notification	Numerator: Number of cases notified by private sector Denominator: Total national notification	3%	5%	<p>ISTC dissemination done in 3 Meetings - Kenya Clinical Officers' Association, Kenya Peditricians' Association and Pharmaceutical Society of Kenya. A total of 665 people attended.</p> <p>Draft ISTC Audit tool developed</p> <p>Mapping of key workplaces (including informal sector) in urban areas of Nairobi planned for July 2011.</p> <p>Training of staff from high yield corporates and industries planned for July 2011.</p> <p>Draft TB workplace monitoring tools developed</p> <p>Supervision by national staff conducted in 5 facilities in Mombasa and 12 facilities in Nyeri</p> <p>Supervision by regional coordinators conducted in 5 out of 22 facilities in Mombasa, 14 out of 31 facilities in Nyeri/Thika, 9 out of 18 facilities in Nakuru/Naivasha and 23 out of 29 facilities in Kisumu/Kisii/Migori.</p> <p>Support supervision done in 34 laboratories (11 laboratories in Nairobi, 14 in Mombasa and 9 in Nyeri).</p> <p>PPL taskforce meeting planned for July 2011</p>	Continue to support PPM activities	

1.3	Participation of TB patients in TB control	Proportion of TB facilities with patient support groups	Numerator: Number of TB facilities with patient support groups Denominator: Total number of facilities targeted (10)	0	10/10	0	<p>A total of 232 outreaches were conducted by TB Advocates (May-80, June-152). A total of 14,762 people were reached with TB messages (transmission & prevention, signs and symptoms, seeking TB care services).</p> <p>During the quarter, five patient support groups were identified in 5 regions. The identified groups are:</p> <ol style="list-style-type: none"> 1. Tabitha group in Coast region 2. Solai group in Rift Valley South region 3. Kibera group in Nairobi South region 4. Pamoja group in Nairobi North region and 5. Kinunga group in Central region. <p>The process of identifying the facilities for the support groups is on going, to be reported next quarter.</p> <p>Brainstorming meeting for the development of patient engagement guidelines was held in June 2011. Elements of the guidelines were developed.</p>	Activities were initiated during the last month of the quarter due to delays in funding. A stakeholders' meeting to develop the draft guidelines is planned for July 2011.
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Technical Area		2. Laboratories					Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1			
2.1	DR TB surveillance system enhanced	Proportion of retreatment specimens submitted for culture/DST	Numerator: Number of retreatment specimens submitted Denominator: Total number of retreatment cases notified	65%	70%		A total of 5,209 samples received in CRL (Oct-657, Nov-628, Dec-470, Jan-557, Feb-552, Mar-795, April-702, May-740, June-688)	Continue to support specimen transportation to CRL. PDR TB patients are currently not accessing treatment
2.2	Participation of microscopy labs in EQA network	EQA coverage	Numerator: Number of TB microscopy labs participating in EQA Denominator: Total number of TB microscopy labs (1388)	58%	60%		<p>EQA Coverage for October to December 2010 was 76%</p> <p>A total of 1,082 laboratories out of 1,431 laboratories participated in EQA during that quarter</p> <p>A total of 1,562 slides were rechecked during the quarter</p>	<p>Continue to support EQA activities</p> <p>Due to the gap in transition between TB CAP and TB CARE I, there is a delay in EQA sampling and reporting</p>
2.3	Correctness of AFB microscopy results	Error rate (FP+FN)	Numerator: Total slides with errors (FP, FN) Denominator: Total slides analysed	13.9%	13%		Error rate for October to December 2010 is 7%	<p>Continue to support AFB microscopy activities</p> <p>Due to the gap in transition between TB CAP and TB CARE I, there is a delay in EQA sampling and reporting</p>

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	Availability of TB IC TOTs at regional level	Proportion of regions with TB IC trainers	Numerator: Number of regions with TB IC trainers Denominator: Total number of regions	0/12	12/12		TB IC Expert meeting for Curriculum development held in May 2011. Draft Facilitators' Training manual developed. Draft TB IPC training slides also developed.	A stakeholders meeting to have additional inputs before finalization of the training curriculum
3.2	Hospitals with IC plans	Proportion of Hospitals with IC plans	Numerator: Number of hospitals with TB IC plans Denominator: Total number of hospitals trained on TB IC	6/12	12/12			

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	Improved MDR TB treatment outcomes	Treatment defaulter (interruption) rate	Numerator: Number of MDR TB patients on treatment defaulted (6 monthly cohorts) Denominator: Total number of MDR TB initiated on	6%	4%		Currently 132 MDR TB patients are on treatment supported in 62 facilities countrywide (transport to treatment site and follow up investigations)	Continue to support MDR TB patients
4.2	MDR TB case detection among contacts	Contact MDR TB case detection rate	Numerator: Number of MDR TB patients diagnosed among contacts Denominator: Number of MDR TB contacts investigated	0	2%		34 contacts of MDR TB patients traced. They were screened for AFB microscopy and found to be negative	MDR TB patients contacts' specimens to be sent to CRL culture and DST

Technical Area		5. TB/HIV					Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result			
				Y1	Y1			
5.1	Improved reporting on IPT	Proportion of districts reporting on IPT	Numerator: Number of districts reporting on IPT Denominator: Total number of target districts (10)	N/A	10/10		Additional inputs for the IPT reporting tools were provided during the Provincial/regional TB Coordinators (PTLCs) annual meeting in April 2011.	Finalization of the IPT tools followed by printing and dissemination
5.2	Improved TB/HIV uptake in GSN	Proportion of GSN members reporting on TBHIV	Numerator: Number of GSN members reporting on TBHIV Denominator: Total number of targetted GSN	NA	10/10			Continue to support TB/HIV uptake in GSN

Technical Area		6. Health Systems Strengthening					
Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
				Y1	Y1		
6.1	Partnership structure established	Functional STP Kenya	Secretariat/regular meetings	0	1		NTP is not ready for Launching of STP this year. Other stakeholders and TB ICC meeting will be held in next quarter
6.2	Strengthened quality management system	ISO Certification	ISO Certificate received	0	1		Preparations for internal audit underway
6.3	Enhanced staff performance	Proportion scheduled supervision visits done at district level	Numerator: Number of supervision visit completed (quarterly) Denominator: total number of supervisory visits planned (quarterly)	80%	85%		Quarterly supervision visits at district level: January-March 2011- 73% Continue to support supervision activities

Technical Area		7. M&E, OR and Surveillance					
Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
				Y1	Y1		
7.1	Established electronic TB surveillance system	Proportion of districts reporting using TBIS	Numerator: Number of districts reporting using TBIS Denominator: Total number of districts	0	15		Recommendation of the TA visit made last quarter is to roll out PDAs in all the regions countrywide. Funds for country wide implementation of PDAs is required. Currently 5 out of the 12 regions are using PDAs
7.2	Improved OR plans and implementation	Proportion of prioritized research initiated	Numerator: Number of research initiated Denominator: Number of research prioritized	0	5/5		Finalization of the protocols of the five prioritized researches (mortality study, Delay diagnosis, KAP survey, TB Prevalence survey and DRS survey) on going

Quarterly Activity Plan Report

Outcomes	1. Universal and Early Access				Planned Completion		Cumulative Progress and Deliverables up-to-date	
	Lead Partner	Approved Budget	Cumulative Completion	Month	Year			
1.1 Early access to quality diagnosis and treatment for at risk populations enhanced	1.1.1	First guideline development retreat (Poverty and gender)	KNCV	9,319	 50%	Mar	2011	Draft guidelines for poverty & gender developed. The draft guidelines to be shared with stakeholders for further inputs before finalization. Focus Group Discussions with the local community leaders, health workers and patients planned for July 2011 to provide more inputs to the draft guidelines.
	1.1.2	Stakeholders meeting	KNCV	1,094	 0%	Jun	2011	Activity planned for next quarter
	1.1.3	Second guideline development/finalisation retreat	KNCV	9,256	 0%	Jun	2011	Activity planned for next quarter
	1.1.4	Printing guidelines	KNCV	3,750	 0%	Sep	2011	Activity planned for next quarter
	1.1.5	Dissemination of guidelines	KNCV	4,031	 0%	Sep	2011	Activity planned for next quarter
	1.1.6	First guideline development retreat (Childhood TB)	KNCV	9,256	 25%	Mar	2011	Draft Childhood TB guidelines in place. To be finalized before printing and dissemination
	1.1.7	Stakeholders meeting	KNCV	1,094	 0%	Jun	2011	Activity not required by NTP as this has been already done from other support
	1.1.8	Second guideline development/finalisation retreat	KNCV	9,256	 0%	Jun	2011	Activity not required by NTP as this has been already done from other support
	1.1.9	Printing guidelines	KNCV	7,500	 0%	Sep	2011	Activity planned for next quarter
	1.1.10	Dissemination of guidelines	KNCV	4,031	 0%	Sep	2011	Activity planned for next quarter
	1.1.11	TA gender and poverty	KNCV	30,869	 50%	Jun	2011	TA visit made in February 2011. A technical working group developed draft guidelines for TB Poverty & Gender. The guidelines will define the gender and poverty issues in TB diagnosis, treatment, health seeking behaviour, epidemiology, ACSM. The next steps include conducting focus group discussions with the local community leaders, health workers and patients in the two identified districts to provide more inputs to the draft guidelines.
	1.1.12	Dissemination of Handbook on quality assurance for Chest Xray	KNCV	31,238	 0%	Mar	2011	Hand book to be reprinted before dissemination
	1.1.13	Chest Xray trainings	KNCV	61,750	 0%	Jun	2011	Planned for end of August -beginning of September 2011
	1.1.14	TA for Xray	KNCV	41,058	 0%	Mar	2011	Planned for end of August -beginning of September 2011
	1.1.15	TA for childhood TB	KNCV	37,849	 0%	Sep	2011	TA not required because the guideline is ready for printing except proof reading.

1.2 Contribution of PPM to TB case Notifications	1.2.1	Enhance private sector engagement	KNCV	53,963	 25%	Sep	2011	<p>ISTC dissemination done in 3 Meetings - Kenya Clinical Officers' Association, Kenya Peditricians' Association and Pharmaceutical Society of Kenya. A total of 665 people attended.</p> <p>Draft ISTC Audit tool developed</p> <p>Mapping of key workplaces (including informal sector) in urban areas of Nairobi planned for July 2011.</p> <p>Training of staff from high yield corporates and industries planned for July 2011.</p> <p>Draft TB workplace monitoring tools developed</p> <p>Supervision by national staff conducted in 5 facilities in Mombasa and 12 facilities in Nyeri</p> <p>Supervision by regional coordinators conducted in 5 out of 22 facilities in Mombasa, 14 out of 31 facilities in Nyeri/Thika, 9 out of 18 facilities in Nakuru/Naivasha and 23 out of 29 facilities in Kisumu/Kisii/Migori.</p> <p>Support supervision done in 34 laboratories (11 laboratories in Nairobi, 14 in Mombasa and 9 in Nyeri).</p> <p>PPL taskforce meeting planned for July 2011</p>
	1.2.2	Address DRTB and IC in private sector	KNCV	13,950	 25%	Sep	2011	<p>DR TB monitoring tool distributed to 192 KAPTLTD supported facilities. This will be used to assess R and H resistance among new and previously treated patients. Training of clinical and laboratory staff on new diagnostics planned for July 2011.</p> <p>One meeting held in Mombasa as a follow up on the development of specific IPC plans following training in 2010. Out of the trained 10 facilities in Mombasa on IPC, 7 facilities have developed infection control plans</p>
	1.2.3	ACSM for PPM	KNCV	65,375	 0%	Sep	2011	Stakeholders meeting to develop communication tool planned for July 2011

	1.2.4	Enhance PPM project implementation capacity	KNCV	110,220	 25%	Sep	2011	KAPTLD staff salaries paid: Program Manager ACSM officer M&E officer PPM officer Slum officer Lab coordinator Regional PPM officers Logistics officer Office assistant IT/Data officer Slums field officers Finance & Admin Officer Finance officers Driver
	1.2.5	Administrative costs	KNCV	20,580	 50%	Sep	2011	Administrative costs paid for office rent, stationery, vehicle maintenance & fuel
	1.2.6	Engage slum providers	KNCV	25,458	 50%	Sep	2011	Provider mapping done in 2 districts in Nairobi (202 providers identified) and 2 districts in Mombasa (112 providers identified). Sensitization of health care providers in slums done in Nairobi. 2 meetings held in Nairobi, 98 providers sensitized on TB/HIV (M-43, F-55). Training of community health workers done for 2 districts in Nairobi and 2 districts in Mombasa. 50 CHWs trained (M-22, F-28)
	1.2.7	TA for PPM	KNCV	35,049	 0%	Sep	2011	KAPTLD is not ready for this TA given short period of implementation.
	1.2.8	Conference presentations	KNCV	8,876	 100%	Dec	2010	4 participants from KAPTLD were supported to attend the union conference. 3 poster presentations were made 1. The role of communication in the management of TB in Kenya 2. TB case finding intensifies with the involvement of private providers in the slums 3. Decongesting public diagnostic centres in central Province, Kenya
1.3 Participation of TB patients in TB control	1.3.1	'Adaption/development of patient engagement guidelines	KNCV	7,688	 25%	Jun	2011	Brainstorming meeting for the development of patient engagement guidelines was held in June 2011. Elements of the guidelines were developed. A stakeholders' meeting to develop the draft guidelines is planned for July 2011.(see attachment on photo album page..)
	1.3.2	'Monthly outreaches on TB care by advocates	KNCV	52,856	 50%	Sep	2011	232 outreaches conducted by TB advocates in (May - 80, June-152)
	1.3.3	'Coordination of activities	KNCV	13,719	 25%	Sep	2011	A meeting was held with the Kinunga TB group in Nyeri to assess their institutional capacity as TB advocates. (group is composed of 30 members who have either suffered from TB or have been affected by TB)

1.3.4	Trainings	KNCV	13,869	0%	Sep	2011	Planned for August 2011 after the development of the training curriculum
1.3.5	TA for Patient engagement/ material development	MSH	17,883	0%	Sep	2011	TA planned for July 2011
1.3.6	TA review implementation of TB patient engagement	MSH	16,926	0%	Sep	2011	TA planned for July 2011

17%

Outcomes	2. Laboratories		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
2.1 DR TB surveillance system enhanced	2.1.1	Renovation of CTRL and maintain equipment	KNCV	70,000	0%	Jun	2011	Funds allocated for purchase of CRL consumables
	2.1.2	Procure MGIT consumables	KNCV	74,750	25%	Jun	2011	Process ongoing. LPO issued to supplier awaiting delivery of supplies
	2.1.3	Procure CTRL molecular consumables	KNCV	14,700	100%	Sep	2011	Procured and delivered. 1. GenoType MTBDRplus Kit for MDR TB diagnosis - 15 kits (for screening of approx. 1440 specimens of MDR TB) 2. GenoType MTBDRsl Kit - 3 kits (for screening of approx. 288 specimens of XDR TB)
	2.1.4	Supranational mentorship for CTRL staff	KNCV	17,360	0%	Jun	2011	Activity rescheduled. To be done by September 2011
	2.1.5	Introduce molecular diagnostics at regional labs	KNCV	90,000	0%	Jun	2011	Procurement of Gene Xpert machines in progress. Process of identifying the three sites is ongoing. The next step will be to visit the sites.
	2.1.6	Specimen transportation	KNCV	93,750	100%	Sep	2011	A total of 5209 samples received in CRL (Oct-657, Nov-628, Dec-470, Jan-557, Feb-552, Mar-795, April-702, May-740, June-688) (Figure 2 on photo album page)
	2.1.7	Trainings (culture/DST)	KNCV	24,171	0%	Jun	2011	Activity rescheduled to September 2011. CRL undergoing renovation at the moment
	2.1.8	Trainings (Molecular)	KNCV	11,371	0%	Jun	2011	Trainings to be conducted after the delivery of Gene Xpert machines
	2.1.9	TA to CRL	MSH	39,254	25%	Sep	2011	Planned for September 2011
2.2 Participation of microscopy labs in EQA network	2.2.1	EQA trainings	KNCV	75,150	75%	Sep	2011	EQA trainings done for 4 regions. 2 remaining trainings planned for July 2011. 1. Rift Valley South - 22 participants (M-20, F-2) 2. Nairobi North & South - 19 participants (M-12, F-7) 3. Eastern North & North Eastern - 19 participants (M-19, F-0) 4. Central - 20 participants (M-17, F-3)

	2.2.2	TA in trainings and guidelines development	MSH	39,254	50%	Sep	2011	TA visit done in June 2011 to support finalization of guidelines - Culture & DST guidelines, Biosafety guidelines and Quality Assurance for culture & DST. The guidelines shared by stakeholders to provide more input.
2.3 Correctness of AFB microscopy results	2.3.1	Supervision	KNCV	145,875	50%	Sep	2011	106 District Medical Laboratory Technologists and 7 Provincial (regional) Medical Laboratory Technologists provided EQA feedback for July - September 2010
	2.3.2	Microscope maintenance	KNCV	96,000	0%	Sep	2011	Funds allocated for purchase of 20 LED microscopes and planned to be procured locally.
	2.3.3	EQA	KNCV	16,500	25%	Sep	2011	113 focal persons re-checked EQA slides
	2.3.4	TA to peripheral lab network	MSH	39,254	75%	Sep	2011	Technical support provided to quality laboratory services interventions (including trainings, EQA feedback and reporting)
					35%			

Outcomes	3. Infection Control		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
3.1 Availability of TB IC TOTs at regional level	3.1.1	TB IC Training curriculum	KNCV	27,869	50%	Jun	2011	TB IPC meeting for Curriculum development held in May 2011. Draft Facilitators' Training manual developed. Draft TB IPC training slides also developed. Next step is to have stakeholders meeting and finalization of the training curriculum
	3.1.2	Printing curriculum	KNCV	8,188	0%	Sep	2011	Printing to be done after the finalization of the training manuals.
	3.1.3	Trainings	KNCV	56,531	0%	Sep	2011	Trainings to be done after the printing of the curriculum.
	3.1.4	TA on IC	KNCV	31,698	0%	Sep	2011	TA not done
					13%			

Outcomes	4. PMDT		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
4.1 Improved MDR TB treatment outcomes	4.1.1	Patient support	KNCV	293,175	50%	Sep	2011	132 MDR TB patients on treatment supported in 62 facilities countrywide (transport to treatment site and follow up investigations)
	4.1.2	Review meetings	KNCV	13,500	25%	Sep	2011	7 Regional MDR TB patients' review meetings held in Nairobi South region.
4.2 MDR TB case detection among contacts	4.2.1	Contact tracing/invitation and investigation	KNCV	2,813	25%	Sep	2011	34 contacts of MDR TB patients traced. They were screened for AFB microscopy and found to be negative. Plan to have culture done for the contacts
	4.2.2	TA on MDR	KNCV	41,058	0%	Sep	2011	It will be done together with the GLC TA
					25%			

Outcomes	5. TB/HIV		Lead Partner	Approved Budget	Cumulative	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
5.1 Improved reporting on IPT	5.1.1	Disseminate TB screening tool in HIV settings	KNCV	54,375	0%	Jun	2011	Tools are drafted and consultation with technical working group planned in July.
	5.1.2	Print IPT data capture tools	KNCV	35,000	0%	Sep	2011	Printing to be done after finalization of the tools next quarter
	5.1.3	Disseminate IPT data capture tools	KNCV	28,725	0%	Jun	2011	Planned to be done in next quarter
	5.1.4	TA for TB/HIV-SOPs	MSH	18,850	0%	Sep	2011	
	5.1.5	TA for TB/HIV-IPT	MSH	18,850	0%	Sep	2011	
5.2 Improved TB/HIV uptake in GSN	5.2.1	Conduct joint network provider TB/HIV gap analysis to inform design of collaborative activity workplan	FHI	5,000	25%	Mar	2011	<p>Conducted baseline site assessment for 47 providers in Coast province.</p> <p>Conducted meeting with the Provincial Health Management Team (PHMT) and all District Health Management Teams (DHMTs) in the province on gaps in TB care in the private sector and came up with a joint TA plans and training modules.</p> <p>Held meetings with all District TB Coordinators (DTLCs) & District Medical Lab Technologists (DMLTs) in the province to identify the gaps and challenges encountered in TB CARE by the private providers.</p> <p>Developed joint facility/ provider TA plans.</p> <p>Conducted monthly coordination meetings.</p>

5.2.2	Integration of the three priority strategies of ICF, IPT/CTX PT and infection control practices	FHI	9,900	 25%	Jun	2011	<p>Trained 40 providers on ICF, IPC, TB management and TB tools.</p> <p>Trained 30 providers on HIV Testing & Counselling (HTC).</p> <p>Distributed screening tools for TB among HIV infected individuals to the providers.</p> <p>Distributed TB recording tools and registers to 18 facilities and patients initial Packs.</p> <p>Recruited 8 providers offering TB DOT treatment services in their facilities.</p> <p>Distributed CDS with a soft copy of the guidelines to 47 providers.</p> <p>Distributed IEC materials and job aids to the providers.</p>
5.2.3	Surveillance, Treatment initiation, Adherence, Rationalization and Monitoring	FHI	51,844	 25%	Sep	2011	<p>Trained 40 providers on MDR TB.</p> <p>Samples taken for sputum culture.</p> <p>Facilitated Attachment of private lab personnel for on-the-job-training on smear examination in Ministry of Health (MOH) labs.</p> <p>Established sputum collection centers and networking with the public laboratories.</p> <p>Linked private practitioner's Labs with MOH for lab reagents and other supplies.</p>
5.2.4	Targeted Health System strengthening	FHI	31,313	 25%	Sep	2011	<p>Active case search done in 6 TB zones with private facilities as the focal place for smear examination.</p> <p>Established Linkage of private facilities with CHWS for follow up.</p> <p>Defaulter tracing conducted in Ganjoni zone.</p> <p>Conducted joint mentorship/supervision visits with DTLC/DMLT and PTLC in 12 TB zones in Coast province.</p> <p>Worked with CHWS to give TB messages and deliver IEC materials.</p> <p>Sensitized community leaders and village elders in the active case search in Mombasa county.</p>

	5.2.5	Salaries	FHI	124,097	25%	Sep	2011	Deployed staff in Nairobi, Coast and Nakuru to implement activities
	5.2.6	Other direct costs	FHI	34,888	25%	Sep	2011	Deployed a vehicle in Coast to support implementation. Avalied office space in Coast. Sharing space in Nairobi and Nakuru.
	5.2.7	Other office support	FHI	242,806	25%	Sep	2011	Conducted monitoring and supervision visits for Nakuru, Nairobi and Mombasa.
					15%			

Outcomes	6. Health Systems Strengthening		Lead Partner	Approved Budget	Cumulative	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
6.1 Partnership structure established	6.1.1	Launch STP Kenya	KNCV	18,750	0%	Mar	2011	NTP is planning to have this launch next year.
	6.1.2	TB ICC meetings	KNCV	563	0%	Sep	2011	One meeting planned for September 2011
	6.1.3	TB stakeholders meeting	KNCV	6,750	0%	Sep	2011	Activity planned for next quarter
	6.1.4	TA STP	ATS	32,210	0%	Sep	2011	depend on activity 6.1.1
6.2 Strengthened quality management system	6.2.1	ISO certification	KNCV	30,744	0%	Jun	2011	Preparations for internal audit underway
	6.2.2	MOST for TB trainings	KNCV	31,913	0%	Jun	2011	NTP is not ready for this training this year. NTP prefers activity to be differed to next year
	6.2.3	TB Middle level managers trainings	KNCV	85,812	25%	Jun	2011	TA support provided on the finalization of the training curriculum manual. The trainers were coached on the job to finalize the trainers' manual, participants' manual and the PPT slides for each module. The overall curriculum has been assessed on consistency and overlap. Eight out of ten modules are fully finalized. Module 8 (supportive supervision) needs to be completed with the supervision checklist and the template for a supervision reports. Module 4 has to be completed with two cases on LMIS. Training of the TB managers planned for September 2011
	6.2.4	TA MOST TB	MSH	30,423	0%	Sep	2011	NTP prefers to have activity differed to next year
	6.2.5	TA TB MOST follow up	MSH	27,305	0%	Sep	2011	NTP prefers to have activity differed to next year
	6.3 Enhanced staff performance	6.3.1	Supervision	KNCV	600,938	75%	Sep	2011
6.3.2		Communication	KNCV	142,035	100%	Sep	2011	Airtime and internet provided for the NTP central/national unit staff and Provincial/regional TB Coordinators.
6.3.3		Program review Meetings	KNCV	325,513	100%	Sep	2011	Quarterly review meetings for Q2 were held in May 2011 in all 12 regions

6.3.4	Transport for supervision	KNCV	347,875	 75%	Sep	2011	11 NTP central/national unit & 12 Provincial/regional TB Coordinators' vehicles received fuel top up on a monthly basis
6.3.5	Conferences	KNCV	28,613	 100%	Dec	2010	7 staff were supported to attend the Union conference in Berlin in November 2010. One oral presentation and nine poster presentations were made during the conference (see the list of presentations in tab 6. photo album)
6.3.6	International training	KNCV	19,200	 100%	Sep	2011	1. One NTP staff to attended the UNION International Management Development Programme Course on "Influencing, networking & partnership" in April 2011 2. Two NTP staff attended WHO Stop TB Strategy training in Sandalo, Italy in May 2011.
6.3.7	HRD TA	KNCV	30,106	 50%	Sep	2011	TA conducted in May 2011 to assist the NTP to finalize the Kenya District Management Course, planning the editing and the organization of the third District Management Training, decision making on the selection procedure of the Training Institute, decision making on the further development and implementation of trainees' follow up.
				 39%			

Outcomes	7. M&E, OR and Surveillance		Lead Partner	Approved Budget	Cumulative	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
7.1 Established electronic TB surveillance system	7.1.1	Develop a web based reporting system	KNCV	15,333	 0%	Sep	2011	This can only be achieved after the PDAs have been rolled out country wide
	7.1.2	Trainings	KNCV	23,400	 0%	Sep	2011	Activity depends on 7.1.1
	7.1.3	TA for surveillance system	KNCV	27,778	 50%	Jun	2011	A TA visit was made (Feb 21 – Mar 11) by Nico Kalisvaart and provided technical assistance on the development of the national surveillance system. During the visit, field visits were conducted in central region and the input from the field was collected. Expert Group and/or Technical Working Group meeting was held with the consultant. There is need to roll out PDAs countrywide.
7.2 Improved OR plans and implementation	7.2.1	TA Planning and implementation of OR studies	KNCV	31,397	 50%	Jun	2011	Review of protocols for the five prioritized researches (mortality study, Delay diagnosis, KAP survey, TB Prevalence survey and DRS survey) was done during the TA visit. Finalization on going.
				 25%				

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								
				{Copy from the work plan}						

* Detailed budget is attached

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

Request for Adding New Activities to the Current Work Plan						
Approved By (write dates)			New Code	1. Universal and Early Access Proposed New Activities	Lead Partner	Proposed Budget*
Mission	PMU	USAID				

* Detailed budget is attached

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

Figure 1



Handing over of Hain Lifescience molecular reagents

Figure 2

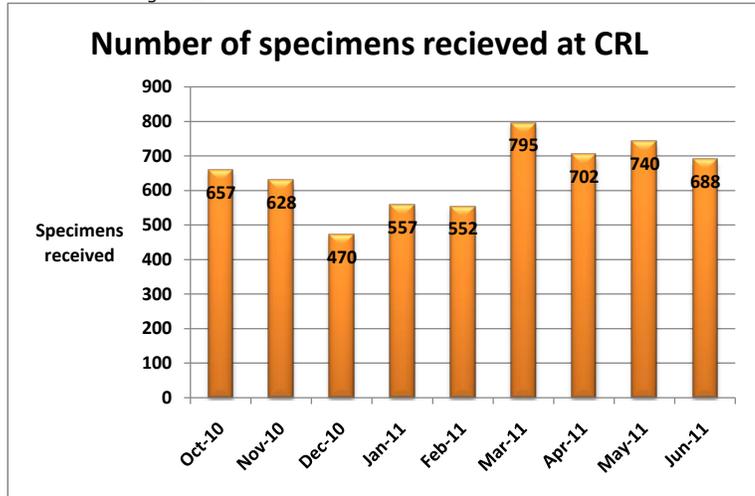
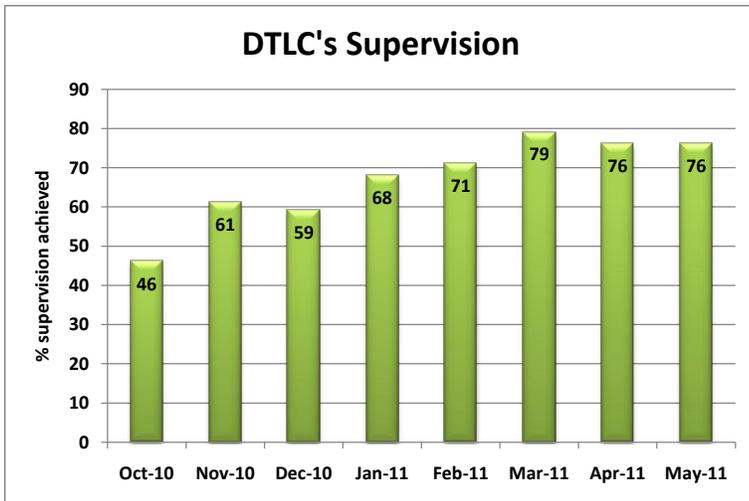


Figure 3





List of Presentations during the Union conference in Berlin, Germany

Oral Presentation

- 1 Developing and implementing a competency based training for District level Managers in TB control

Poster Presentations

- 1 Factors associated with default from treatment among tuberculosis patients in Nairobi Province, Kenya (PS-100627-15)
- 2 Integration of nutrition indicators into routine TB surveillance: Challenges and opportunities (PS-101415-15)
- 3 Modelling of Smear-positive tuberculosis treatment outcomes of cases notified in Kenya, 2002-2007 (PS-101402-15)
- 4 Options for dealing with MDR-TB in hard to reach districts of Northern Kenya (PS-100196-13)
- 5 Surveillance of MDR-TB: Experiences using courier services in Central Province, Kenya (PS-100161-15)
- 6 Improving TB services in Msambweni District using the Performance Improvement Approach (PS-101155-13)
- 7 Community TB in Likoni District (PS-1001148-13)
- 8 GAPS in care of paediatric TB-HIV in Mombasa District (PC-100211-14)
- 9 Motivation and demotivation study amongst health care workers in Kenya (PC-101406-14)

Guidelines for TB and Ex TB patients' engagement as advocates

The brainstorming meeting for the TB Advocates guidelines was held to answer the following questions:

- Who is an advocate?
- Who can be engaged in TB control activities in the community?
- What are the qualities of an advocate?
- Who is a TB patient?
- What criteria do we use to qualify one as a TB advocate?
- What of those who wish to be engaged but are not TB patients?
- Rules of engagement/who do we engage/contractual engagement
- What determines that one is active in TB control?
- Training; what kind of training?
- Association formation
- Affiliation to other institutions/health facilities
- How do we engage them? eg compensation, Voluntarism, sustainability
- Human rights aspect
- What else should be considered/what would you want to see in a TB patients engagement guidelines?

Way forward

A TA visit is planned in July 2011 to support the development of the TB Engagement guidelines. The information gathered in the brainstorming meeting will be used to inform the development of the guidelines.