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**TB CARE I**

# **TB CARE I - Kenya**

**Year 2  
Quarterly Report  
April-June 2012**

**July 30, 2012**

## Quarterly Overview

|                               |  |
|-------------------------------|--|
| <b>Reporting Country</b>      | <b>Kenya</b>                             |
| <b>Lead Partner</b>           | <b>KNCV</b>                              |
| <b>Collaborating Partners</b> | <b>MSH, ATS</b>                          |
| <b>Date Report Sent</b>       | 30-Jul-12                                |
| <b>From</b>                   | Valentina Anisimova                      |
| <b>To</b>                     | Dr. Maurice Maina, USAID Country Mission |
| <b>Reporting Period</b>       | <b>April-June 2012</b>                   |

| <b>Technical Areas</b>              | <b>% Completio</b> |
|-------------------------------------|--------------------|
| 1. Universal and Early Access       | 38%                |
| 2. Laboratories                     | 67%                |
| 3. Infection Control                | 30%                |
| 4. PMDT                             | 25%                |
| 5. TB/HIV                           | 0%                 |
| 6. Health Systems Strengthening     | 42%                |
| 7. M&E, OR and Surveillance         | 42%                |
| 8. Drug supply and management       | 100%               |
| <b>Overall work plan completion</b> | <b>43%</b>         |

### Most Significant Achievements

#### Support to TB Programme Management

A notable achievement under health system strengthening was the sustained support supervision implemented throughout the country. USAID TB CARE I support of supervision at all levels (national, regional & district) plays a pivotal role in the implementation of TB Control activities in Kenya. During the reporting period, TB CARE I supported supervision at all levels in all provinces (Figure 1, photo album page). As part of the process of development of the patient-based electronic TB surveillance system in Kenya, Draft Data Management Manual was developed with technical assistance provided by KNCV consultant during the reporting period.

#### ISO 9001:2008 Certification

The DLTLD is in the process of accreditation by ISO 9001:2008 standards. This activity is one of the top priorities not only for DLTLD but also for the Ministry of Public Health and Sanitation. This certification will make the NTP a well organized, accountable and transparent entity of GOK in designing policies, coordinating national level activities, resource mobilization and appropriate utilization. Hence, all stakeholders working with Division of Leprosy TB and lung Diseases (DLTLD) are expected to benefit from this certification. USAID/ TB CARE I has been supporting this process. The process requires that two audit sessions be conducted by the Kenya Bureau of standards before the ISO certification is achieved. During the reporting period, the first stage of audit was conducted. Recommendations made after the first stage of audit are being addressed in preparation for the second stage of audit planned for next quarter.

#### Support utilization of new technologies for rapid test

TB CARE I Kenya has been supporting the DLTLD to improve tuberculosis (TB) case detection, including smear-negative disease often associated with HIV as well as expanded capacity to diagnose multidrug-resistant tuberculosis (MDR-TB). From October 2011 to June 2012, a total of 792 samples have been tested by MTB/Rif Xpert in Coast province out of which 172 in the second quarter. In total, 347 cases were MTB positive, 57 of these were new TB cases and 17 were Rifampicin (Rif) resistant. All the Rif resistant cases were put on standardized second line TB treatment.

#### Laboratory Support for EQA strengthening

TB CARE I has continued to support EQA activities in all the regions countrywide. The DLTLD staff are facilitated to carry out sampling of slides, blinded rechecking of slides as well as providing feedback to the health facilities. This support has resulted in increased countrywide EQA coverage from 78% (October to December 2011) to 86% (January to March 2012) (Figure 2, photo album page). Proportion of high false errors remained below allowable 5% (Figure 3, photo album page) making overall performance of more than 95%.

### Overall work plan implementation status

The overall work plan implementation status is estimated at 43%. The technical areas which have greatly improved in the implementation status include laboratories, health system strengthening, M&E and drug supply and management. It is expected that the implementation status will greatly improve with the next quarter as some of the pending activities will be completed in the coming quarter.

#### **Technical and administrative challenges**

Implementation progress has been slower (45%) than could have been expected due to first late budget approval and secondly other competing activities supported by Global Fund which made the DLTL staff to have busy schedules during the quarter.

#### **In-country Global Fund status and update**

Kenya has received from the Global Fund two Single Stream of Funding (SSF) for Tuberculosis, grant numbers are KEN-S11-G11-T and KEN-S11-G12-T. The duration for both grants is from 01 January 2011 to 30 June 2013 and phase I is in progress. The Principle Recipient for grant number KEN-S11-G11-T is African Medical and Research Foundation (AMREF), the total signed amount is U\$ 6,017,973 while the latest performance rating for this grant is B1 (adequate) as of 15th May 2012. The Principle Recipient for grant number KEN-S11-G12-T is Ministry of Finance of Kenya, the total signed amount is U\$ 15,410,141 and the latest performance rating is A2 (meeting expectations) as of 21st May 2012.

## Quarterly Technical Outcome Report

| Technical Area  | 1. Universal and Early Access  |                    |          |      |        |  | Highlights of the Quarter   | Challenges and Next Steps to Reach the Target |           |
|---|--|--------------------|----------|------|--------|--|---|---|-----------|
|   | Expected Outcomes  | Outcome Indicators | Baseline |      | Target |  |   |   | Result Y2 |
|   |  |                    | 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 Centered Approach) | 1.1.3 Patients' Charter is implemented<br>Indicator Value: Score (0-3) based on definition   | 2                  | 2011     | 3    | 2012   | <p>Subcontract for this activity has been signed with a local partner, KANCO. The contract was signed in February 2012 and implementation of activities started. However, the process of finalizing the budget took long time and this delayed the disbursement of the funds to KANCO. During the quarter, the budget was finalized and funds disbursed.</p> <p>TB Advocates previously trained by TB CARE I APA 1 funds are facilitated to conduct community outreaches aimed at creating more awareness and provide information on TB.</p> <p>A total of 1552 community outreach sessions have been conducted by TB Advocates within the project sites and a total of 53,335 people were reached with TB messages during the reporting period.</p> | <p>Challenge: Delayed implementation of some of the activities due to delayed finalization of budget</p> <p>Next step: Fast track the implementation during the next quarter.</p> |   |           |
|   | 1.1.4 Gender and poverty policy document developed<br>Description:<br>Indicator Value: Yes/No<br>Level: National<br>Source: Activity report  | N                  | 2011     | Y    | 2012   | <p>Draft Poverty &amp; Gender Guidelines developed. Finalization of the guidelines on going. A workshop is planned in July 2012 to share with the stakeholders the draft and have additional inputs from the stakeholders before finalization.</p>   | <p>Next step: Conduct workshop for stakeholders to provide input to the draft guidelines in July 2012</p>   |   |           |
|   | 1.1.5 Increased TB case finding in the target districts<br>Description:<br>Indicator Value: Percent<br>Level: District<br>Source: District TB register<br>Means of Verification: Supportive supervision<br>Numerator: Number of TB cases registered per current quarter<br>Denominator: Number of TB cases recorded in same quarter of the previous year | TBD                | 2011     | 15%  | 2012   | <p>To be implemented after the Poverty &amp; Gender Guidelines are in place according to the project proposal</p>  | <p>To be implemented after the Poverty &amp; Gender Guidelines are in place (according to the project proposal).</p>  |   |           |

|   |   |     |      |     |      |  |   |  |
|---|---|-----|------|-----|------|--|---|--|
| 1.2 Increased quality of TB services delivered by all care providers (Supply) | 1.2.1. Appropriate tools from the PPM Toolkit is implemented<br>Indicator Value: Score (0-3) based definition disaggregated by the tools selected by NTP-National Situational Analysis  | 1   | 2011 | 2   | 2012 |  | 7out of the 14 PPM tools targeted in APA 2 are being implemented. These tools include:<br>Advocacy & Communication<br>M&E<br>ISTC<br>Private practitioners<br>Workplaces<br>TB/HIV Collaboration<br>PMDT  | Next step: Continue to implement the PPM tools                                   |
|   | 1.2.5 Proportion of TB cases (all forms) notified by Non-public providers in project sites<br>Description: TB cases notified by private health facilities, work place and other non-public facilities<br>Indicator Value: Percent<br>Level: District<br>Source: Activity report<br>Means of Verification: Supportive supervision<br>Numerator: number of TB Cases notified in non public providers in project districts<br>Denominator: number of total cases notified by the project districts | TBD | 2011 | TBD | 2012 |  | During the reporting period, a total of 1134 TB cases were notified by non-public providers within KAPTLD project sites.<br><br>Proportion of PPM notified TB cases among all TB cases reported in the target districts to be determined after the data is available.<br>The quarterly data from NTP to be available in July 2012 | Next step: Continue to implement PPM activities aimed at increased case finding. |

| Technical Area  | 2. Laboratories   |                    |          |      |        |      | Highlights of the Quarter  | Challenges and Next Steps to Reach the Target   |        |
|---|---|--------------------|----------|------|--------|------|--|---|--------|
|   | Expected Outcomes   | Outcome Indicators | Baseline |      | Target |      |  |   | Result |
|   |   |                    | Data     | Year | Data   | Year |  |   | Y2     |
| 2.1 Ensured capacity, availability and quality of laboratory testing 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<br>Indicator Value: Percent<br>Numerator: Number of laboratories enrolled in EQA program meeting description above both nationwide and TB CARE areas.(Maintain EQA coverage of APA 1 =1239 labs)<br>Denominator: All laboratories (national and TB CARE areas separately) that perform one or more of the above TB diagnostics = 1549 labs | 80<br>(1239/1549)  | 2011     | 80   | 2012   |      | Data for EQA:<br>EQA coverage for Jan-March 2012 was 86%<br><br>Total number of slides rechecked: 14,689<br><br>1270 out of 1481 laboratories from 10 TB regions participated in EQA. Data from 2 regions missing.<br><br>Error rates: (HFP + HFN) is 4.1%<br><br>Data for the second quarter to be available next quarter | Challenge: Delay in submission of reports from the field.<br><br>Next Step:<br>1. Challenge to be addressed during the Annual EQA Review meeting planned in July 2012. TB CARE I Laboratory Technical officer will attend the meeting.<br><br>2. Continue to support EQA activities |        |

|   |   |                            |             |           |             |  |   |  |
|---|---|----------------------------|-------------|-----------|-------------|--|---|--|
|   | <p>2.1.5 proportion of retreatment specimens submitted for culture/DST<br/> Description: percentage of retreatment sputum samples submitted to central reference laboratory for culture/DST<br/> Indicator Value: Percent<br/> Level: National<br/> Source: activity report<br/> Means of Verification:<br/> Numerator: Number of retreatment specimens submitted=about 75000<br/> Denominator: Number of total retreatment cases notified=about 10,000</p> | <p>70<br/>(7000/10000)</p> | <p>2011</p> | <p>75</p> | <p>2011</p> |  | <p>A total of 1946 retreatment specimens received in CRL during the quarter (April 2012-605, May 2012- 756, June 2012-585)</p>  | <p>Challenge: Proportion of retreatment cases currently can not be estimated due to technical challenges at CRL.<br/><br/> Next step: Continue to support DR TB surveillance</p>   |
| <p>2.3 Ensured optimal use of new approaches for laboratory confirmation of TB and incorporation of these approaches in national strategic laboratory plans</p> | <p>2.3.1 New technologies have been introduced<br/> Indicator Value: Number for each technique below by Central, Provincial, district and Peripheral levels<br/> 1. TB culture<br/> 2. First line DST<br/> 3. Second-line DST<br/> 4. HAIN MTBDRplus<br/> 5. GeneXpert<br/> 6. LED microscopy</p>   | <p>1<br/>(GeneXpert)</p>   | <p>2011</p> | <p>1</p>  | <p>2012</p> |  | <p>Gene Xpert data for April to June 2012 (for the 3 Gene Xpert machines at the Coast region). The algorithm targets retreatment cases, health care workers at risk, MDR TB patients contacts, HIV +ve &amp; smear -ve, children under 5 and refugees SSM+.<br/><br/> A total of 172 samples tested during the quarter:<br/> -79 cases were MTB positive<br/> -11 were new TB cases<br/> -6 cases were Rif resistant (on 2nd line TB treatment)</p> | <p>Challenges:<br/> 1. Low work load. One of the facility is not functional due to breakdown of the Biosafety cabinet.<br/> 2. No samples from children under five tested yet<br/> 3. MTB positivity rate for Xpert is low (about 50%)<br/><br/> Next Steps:<br/> 1. Mobilize funds for the repair of the biosafety cabinet<br/> 2. Training of technicians from Gene Xpert sites to biosafety<br/> 3. Introduction of sputum induction and gastric lavage collection in Coast PGH and Portreitz hospitals (APA 2 extension).<br/> 4. Continue to monitor the implementation of Gene Xpert</p> |

|  |   |                  |      |                     |      |  |   |  |
|--|---|------------------|------|---------------------|------|--|---|--|
|  | <p>2.3.2 Laboratories offering rapid tests for TB or drug-resistant TB<br/>Indicator Value: Number of laboratories<br/>Numerator: Number of laboratories using GeneXpert MTB/RIF and HAIN MTBDRplus disaggregated by type of technology and also disaggregated by national and TB CARE areas.</p> | 3<br>(GeneXpert) | 2011 | 3                   | 2012 |  | <p>1 laboratory using HAIN MTBDRplus (CRL)</p> <p>3 laboratories using Gene Xpert in Coast Region (Coast Provincial General Hospital, Likoni District Hospital and Portreiz District Hospital)</p>  | <p>Challenge:<br/>Next step: Continue to support and monitor the use of Gene Xpert machines in Coast region</p>  |
|  | <p>2.3.3 Rapid tests conducted<br/>Indicator Value: Number of tests<br/>Numerator: Annual number of tests (separately for GeneXpert MTB/RIF and HAIN MTBDRplus) conducted disaggregated by national and TB CARE areas.</p>  | 0                | 2010 | 2000<br>(GeneXpert) | 2012 |  | <p>3 laboratories in Coast supported to use Gene Xpert machines. Follow up and support supervision done quarterly</p> <p>A total of 172 samples tested during the quarter:</p> <p>-79 cases were MTB positive</p> <p>-11 were new TB cases (7 were HIV positive smear negative, 3 MDR contacts and 1 refugee)</p> <p>-6 cases were Rif resistant (on 2nd line TB treatment)</p> | <p>Challenges:<br/>1. Low work load. One of the facility is not functional due to breakdown of the Biosafety cabinet.<br/>2. No samples from children under five tested yet</p> <p>Next Steps:<br/>1. Mobilize funds for the repair of the biosafety cabinet<br/>2. Introduction of sputum induction and gastric lavage collection in Coast PGH and Portreiz hospitals (APA 3).<br/>3. Continue to monitor the implementation of Gene Xpert<br/>4. Annual calibration of Gene Xpert planned for September 2012</p> |

| Technical Area                           | 3. Infection Control  |          |      |        |      |        |   |   |
|--|---|----------|------|--------|------|--------|---|---|
| Expected Outcomes                        | Outcome Indicators  | Baseline |      | Target |      | Result | Highlights of the Quarter   | Challenges and Next Steps to Reach the Target   |
|  |   | Data     | Year | Data   | Year | Y2     |   |   |
| 3.1 Increased TB-IC Political Commitment | 3.1.4 TBIC training material developed<br>Description: IC training materials developed<br>Indicator Value: Yes/No<br>Level: National<br>Source: Activity report | N        | 2011 | Y      | 2012 |        | Draft TB IC training materials developed by DLTL. A workshop is planned in July 2012 for finalization of the training materials | <p>Challenge:<br/>Next step: Conduct workshop to finalize the training materials in July 2012</p> |

| Technical Area   |   | 4. PMDT                         |      |        |      |        |  |  |
|--|---|---------------------------------|------|--------|------|--------|--|--|
| Expected Outcomes  | Outcome Indicators  | Baseline                        |      | Target |      | Result | Highlights of the Quarter  | Challenges and Next Steps to Reach the Target  |
|  |   | Data                            | Year | Data   | Year | Y2     |  |  |
| 4.1 Improved treatment success of MDR TB   | 4.1.5 MDR Patients getting patient support through TB CARE I<br>Description: number of MDR patients getting patient support package through TB CARE I<br>Indicator Value: number<br>Level: National<br>Source: Activity report<br>Means of Verification: Finance report               | 160                             | 2011 | 210    | 2012 |        | <p>TB CARE I supports MDR TB patients to be able to carry out laboratory investigations, transport costs to the health facility and meals. The MDR TB patients are given Ksh. 500 per day for meals and transport to the health facilities. During the quarter, 168 MDR TB patients were supported.</p> <p>235 contacts of MDR TB patients traced October 2011 to April 2012</p> | <p>Challenge: The report/request form contains provision for MDR contact category however the data on number of MDR cases among contacts is not available</p> <p>Next step: TB CARE to discuss with DLTLDD (NTP) and CRL of necessity of generating and providing the data</p> |
| Technical Area   |   | 5. TB/HIV                       |      |        |      |        |  |  |
| Expected Outcomes  | Outcome Indicators  | Baseline                        |      | Target |      | Result | Highlights of the Quarter  | Challenges and Next Steps to Reach the Target  |
|  |   | Data                            | Year | Data   | Year | Y2     |  |  |
| 5.2 Improved diagnosis of TB/HIV co-infection  | 5.2.5 TB/HIV sites with IPT tools<br>Description: Number of TB/HIV sites with updated IPT tools<br>Indicator Value: Number<br>Level: National<br>Source: Activity report<br>Means of Verification: Supportive supervision<br>Numerator: Number of TB/HIV sites with updated IPT tools | TBD                             | 2011 | 220    | 2012 |        | <p>Draft IPT tools in place. Finalization of the IPT tool to be done next quarter.</p>   | <p>Next step: Finalization of the IPT tools planned for next quarter</p>   |
| 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 | Y2     |  |  |
| 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 | 6.1.3 CCM and/or other coordinating mechanisms include TB civil society members and TB patient groups<br>Indicator Value: Yes/No  | Y                               | 2011 | Y      | 2012 |        | <p>No coordination meetings with partners conducted during the reporting quarter</p>   | <p>Challenges:<br/>CCM meetings are not held regularly<br/>-One Stop TB Partnership meeting held during the quarter supported by another fund</p> <p>Next Steps<br/>TB CARE I to discuss with DLTLDD and plan regular meetings</p>   |

|  |   |    |      |    |      |  |   |
|--|---|----|------|----|------|--|---|
|  | <p>6.1.4 NTP ISO Certified</p> <p>Description: ISO certification</p> <p>Indicator Value: Yes/No</p> <p>Level: National</p> <p>Source: Activity report</p> <p>Means of Verification: Activity Delivery report</p>  | N  | 2011 | Y  | 2012 | <p>DLTLD is in the process of acquiring ISO certification status with support from TB CARE I funds.</p> <p>During the reporting period, Stage I audit conducted by Kenya Bureau of Standards (June 2012). Recommendations made in the Stage I audit report are being addressed in preparation for Stage II audit next quarter.</p>   | <p>Next step: Conduct stage II audit next quarter before the ISO certification process is completed</p>   |
|  | <p>6.1.6 Use of new technology in TB program Management</p> <p>Description: Realtime reporting using mobile technology in place for program management</p> <p>Indicator Value: Yes/No</p> <p>Level: National</p> <p>Source: Activity report</p> <p>Means of Verification: Service Delivery report</p> | N  | 2011 | Y  | 2012 | <p>This project has been subcontracted to one of the TB CARE I local partner (KAPTLD) for implementation.</p> <p>Progress has been made in terms of preparation of the databases and data collection from the field.</p> <p>Data collection for the electronic system has been done:</p> <ul style="list-style-type: none"> <li>-Health facilities uploaded to the system based on their location (GIS mapping)</li> <li>-Health facility register uploaded to tablets</li> <li>- Patient data collection form developed</li> <li>- Community health care workers forms developed</li> </ul> | <p>Challenge: Delay in the launch of the new technology as the approval process took long.</p> <p>Next steps:</p> <ol style="list-style-type: none"> <li>1. Launch of the new technology planned for the next quarter</li> <li>2. Development of the mobile payment system</li> </ol> |
| 6.2 TB control components (drug supply and management, laboratories, community care, HRD and M&E) form an integral part of national plans, strategies and service delivery | <p>6.2.1 Supervisory visits conducted according to country supervisory standards</p> <p>Indicator Value: Percent</p> <p>Numerator: Number of annual supervisory visits conducted to DOTs sites=16,000 visits</p> <p>Denominator: Number of annual supervisory visits planned=21,500 visits.</p>       | 78 | 2011 | 75 | 2012 | <p>TB CARE I supports the DLTLD to conduct support supervision at all levels (national, provincial and district levels). Monthly districts supervision coverage:</p> <p>October 2011 - 76%,<br/>November 2011 - 74%,<br/>December 2011 - 64%,<br/>January 2012 - 81%<br/>February 2012- 76%<br/>March 2012 - 80%<br/>April 2012 - 73%</p>  | <p>Data for May and June 2012 will be available next quarter</p>  |

| Technical Area    | 7. M&E, OR and Surveillance |          |      |        |      |        | Highlights of the Quarter | Challenges and Next Steps to Reach the Target |
|-------------------|-----------------------------|----------|------|--------|------|--------|---------------------------|---|
| Expected Outcomes | Outcome Indicators          | Baseline |      | Target |      | Result |                           |   |
|                   |                             | Data     | Year | Data   | Year | Y2     |                           |   |

|  |   |         |      |     |      |  |  |   |
|--|---|---------|------|-----|------|--|--|---|
| 7.1 Strengthened TB surveillance   | 7.1.1 An electronic recording and reporting system for routine surveillance exists at national and/or sub-national levels<br>Indicator Value: Yes/No  | Y       | 2011 | Y   | 2012 |  | Technical assistance visit was made in June 2012 to support the development of the surveillance system in Kenya. A draft Data Management manual has been prepared. To be finalized within the next quarter | Next step: Finalization of the Data management Manual planned for next quarter          |
|  | 7.1.2 Diagnosed cases captured by routine surveillance system<br>Indicator Value: Percent   | TBD     | 2011 | TBD | 2012 |  | Activity not done  | Electronic reporting system not yet in place  |
| 7.2 Improved capacity of NTPs to analyze and use quality data for the management of the TB program | 7.2.2 NTP provides regular feedback from central to lower levels<br>Indicator Value: Percent per quarter<br>Numerator: Number of quarterly feedback reports prepared and disseminated to provincial level (24 feedbacks during 24 review meeting sessions)<br>Denominator: Total number of expected provincial level review meetings with district TB program coordinators in a year (48 review meetings) | unknown | 2011 | 50% | 2012 |  | 3 out of 8 targeted for the quarter support supervision visits conducted by central unit: Eastern South, Coast and Nyanza North.   | Implementation level is low due to other competing activities supported by Global Fund. |

| Technical Area   |  | 8. Drug supply and management |      |        |      |        |  |   |
|--|--|-------------------------------|------|--------|------|--------|--|---|
| Expected Outcomes  | Outcome Indicators   | Baseline                      |      | Target |      | Result | Highlights of the Quarter                                  | Challenges and Next Steps to Reach the Target |
|  |  | Data                          | Year | Data   | Year | Y2     |  |   |
| 8.1 Ensured nationwide systems for a sustainable supply of drugs | 8.1.4 NTP request on TB commodity addressed<br>Description: assistance on reducing clearance delay and emergency drug distribution<br>Indicator Value: Number of requests addressed<br>Level: National<br>Source: Activity report<br>Means of Verification: TB CARE I finance report | Unknown                       | 2011 | 10     | 2012 |        | Support provided for clearance of drugs during the quarter | The budgetline has been exhausted.            |

## Quarterly Activity Plan Report

| 1. Universal and Early Access   |            |   | Activity Leader | Approved Budget | Cumulative Completion   | Planned Completion |      | Cumulative Progress and Deliverables up-to-date   |
|---|------------|---|-----------------|-----------------|---|--------------------|------|---|
| Outcome   | Activity # | Activity  |                 |                 |   | Month              | Year |   |
| 1.1 Increased demand for and use of high quality TB services and improve the satisfaction with the services provided (Population/Patient Centered Approach) | 1.1.1      | Scale up Patients' charter implementation by enhancing patient engagement | KNCV            | 88,235          |  40%   | Sept               | 2012 | <p>TB Advocates previously trained by TB CARE I APA 1 funds are facilitated to conduct community outreaches aimed at creating more awareness and provide information on TB. A total of 1973 community outreach sessions have been conducted by TB Advocates within the project sites and a total of 69,496 people were reached with TB messages.</p> <p>Assessment of knowledge of TB Patients Charter and ISTC planned for August 2012. Data collection tools being developed.</p> |
|   | 1.1.2      | Pilot ICF using "TB Case Finding SOP"                                     | MSH             | 16,682          |  50%   | June               | 2012 | <p>1. Draft SOP developed<br/>2. Reconnaissance mission to both Narock and Kajiado counties was done mid June:<br/>a). PHMT and selected DHMTs meeting planed for last week of July 2012<br/>b). Baseline survey is planned for the first two weeks of August 2012<br/>c). Training of sites planned for August 2012</p>  |
|   | 1.1.3      | Finalize Gender & Poverty Policy document                                 | KNCV            | 5,882           |  30%  | Mar                | 2012 | Finalization process on going. Draft policy in place. Workshop planned in July 2012 to get further input from all stakeholders  |
|   | 1.1.4      | Pediatric Training material development                                   | KNCV            | 10,623          |  30% | Sept               | 2012 | Draft training materials developed. To be finalized by July 2012  |
| 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 by all care providers (Supply)   | 1.2.1      | Adoption & implementation of appropriate tool from the PPM toolkit        | KNCV            | 346,257         |  41% | Sept               | 2012 | PPM tools being implemented include: Advocacy & Communication, M&E, ISTC, Private practitioners, Workplaces, TB/HIV Collaboration   |

|  |                |   |      |         |   |      |      |  |
|--|----------------|---|------|---------|---|------|------|--|
|  | <b>1.2.1.1</b> | Improve quality and standardize TB diagnosis and treatment by all providers   | KNCV | 101,533 |  41%   | Sept | 2012 | <p>639 health facilities mapped in 7 urban towns (Nairobi, Rongai/Kitengela, Machakos/Athi River, Nakuru, Naivasha, Kericho, Mombasa and Eldoret)</p> <p>3 trainings on TB bacteriology and EQA conducted for 55 laboratory technicians (M-27, F-28)</p> <p>Two out of 5 CMEs with professional organizations held for Laboratory and Clinical Officers</p> <p>300 out of the targeted 240 (125%) supervision visits conducted for KAPTLD supported health facilities.</p> <p>113 out of the targeted 200 (57%) supervision visits conducted for KAPTLD supported diagnostic facilities (labs).</p>  |
|  | <b>1.2.1.2</b> | Improve TB case finding (early & complete TB case finding) and treatment outcomes for all forms of TB among vulnerable groups (PLHIV, diabetes & slum dwellers) | KNCV | 39,111  |  26% | Sept | 2012 | <p>Mapping done for providers and organizations working with vulnerable groups in 4 districts. A total of 146 civil society organizations mapped (44 in Nairobi and 102 in Mombasa) of which 27 are engaged in TB control activities.</p> <p>3 training sessions conducted for civil society organizations. 61 participants in attendance (males-39, females-22).</p> <p>KAPTLD supported the establishment of health programs in 2 corporate companies - Bamburi Cement Ltd Company and Teachers Service Commission.</p> <p>A total of 1214 sputum specimens were collected from the 26 sputum collection sites within the slum areas, of which 95 specimens were smear positive and treatment initiated.</p> |

|  |                |  |      |        |   |      |      |   |
|--|----------------|--|------|--------|---|------|------|---|
|  | <b>1.2.1.3</b> | Enhance national TB surveillance system by promoting implementation of public health responsibilities by all providers managing TB | KNCV | 41,094 |  57%   | Sept | 2012 | All KAPTLD supported facilities provided with reporting and M&E tools. On job training of staff continued to be done during routine support supervision visits.<br><br>KAPTLD in collaboration with MSH and DLTLD conducted a PPM workshop to finalize development of PPM policy document on TB and TB at the Workplace |
|  |                |  |      |        |  38% |      |      |   |

| <b>2. Laboratories</b>  |                   |                                  |                        |                        |   | <b>Planned Completion</b> |             |   |
|---|-------------------|----------------------------------|------------------------|------------------------|---|---------------------------|-------------|---|
| <b>Outcome</b>  | <b>Activity #</b> | <b>Activity</b>                  | <b>Activity Leader</b> | <b>Approved Budget</b> | <b>Cumulative Completion</b>  | <b>Month</b>              | <b>Year</b> | <b>Cumulative Progress and Deliverables up-to-date</b>  |
| 2.1 Ensured capacity, availability and quality of laboratory testing to support the diagnosis and monitoring of TB patients | <b>2.1.1</b>      | Support EQA                      | MSH                    | 100,096                |  50% | Sept                      | 2012        | EQA coverage for January to March 2012 was 86%.<br><br>Total slides rechecked during the quarter: 14,689<br><br>1270 out of 1481 laboratories in 10 TB regions participated in EQA during the quarter.<br><br>Error rates: 4.1% |
|   | <b>2.1.2</b>      | Support Specimen referral system | MSH                    | 168,854                |  75% | Sept                      | 2012        | A total of 6,100 samples received in CRL (October 2011-786, November 2011-901, December 2011-675, January 2012 - 618, February 2012- 540, March 2012-634, April 2012- 605, May 2012- 756, June 2012- 585).                      |
| <b>Outcome</b>  | <b>Activity #</b> | <b>Activity</b>                  | <b>Activity Leader</b> | <b>Approved Budget</b> | <b>Cumulative Completion</b>  | <b>Month</b>              | <b>Year</b> | <b>Cumulative Progress and Deliverables up-to-date</b>  |

|  |              |  |      |        |   |      |      |   |
|--|--------------|--|------|--------|---|------|------|---|
| 2.3 Ensured optimal use of new approaches for laboratory confirmation of TB and incorporation of these approaches in national strategic laboratory plans | <b>2.3.1</b> | Support utilization of new technologies for rapid test | KNCV | 46,800 |  75% | Sept | 2012 | 3 laboratories in Coast supported to use Gene Xpert machines. Follow up and support supervision done quarterly<br><br>A total of 792 samples have been tested (Oct 2011 to June 2012)<br><br>347 cases were MTB positive<br><br>57 were new TB cases<br><br>17 cases were Rifampicin resistant<br><br>Annual calibration of Gene Xpert planned for September 2012 |
|--|--------------|--|------|--------|---|------|------|---|

 **67%**

| 3. Infection Control                     |              |   | Activity Leader | Approved Budget | Cumulative Completion   | Planned Completion |      | Cumulative Progress and Deliverables up-to-date  |
|--|--------------|---|-----------------|-----------------|---|--------------------|------|--|
| Outcome                                  | Activity #   | Activity                                    |                 |                 |   | Month              | Year |  |
| 3.1 Increased TB-IC Political Commitment | <b>3.1.1</b> | Support TB IC training material development | KNCV            | 8,337           |  30% | March              | 2012 | Draft training materials developed and shared with stakeholders. Finalization of the training materials planned for the next |

 **30%**

| 4. PMDT                                  |              |  | Activity Leader | Approved Budget | Cumulative Completion   | Planned Completion |      | Cumulative Progress and Deliverables up-to-date  |
|--|--------------|--|-----------------|-----------------|---|--------------------|------|--|
| Outcome                                  | Activity #   | Activity   |                 |                 |   | Month              | Year |  |
| 4.1 Improved treatment success of MDR TB | <b>4.1.1</b> | MDR TB patient support   | KNCV            | 240,706         |  50% | Sept               | 2012 | 168 MDR TB patients supported by TB CARE I to conduct laboratory investigations, transport cost to health facilities and meals |
|  | <b>4.1.2</b> | GLC/PMDT TA  | KNCV            | 12,649          |  0%  | Sept               | 2012 | Activity planned for next quarter  |
|  | <b>4.1.3</b> | MDR TB contact tracing   | KNCV            | 24,671          |  50% | Sept               | 2012 | 235 contacts of MDR TB patients traced and screened for TB from October 2011 to April 2012                                     |
|  | <b>4.1.4</b> | PMDT Guideline revision, training material and SOP development | KNCV            | 8,824           |  0%  | Sept               | 2012 | Activity planned for next quarter  |

 **25%**

| 5. TB/HIV                                     |            |                                      | Activity Leader | Approved Budget | Cumulative Completion | Planned Completion |      | Cumulative Progress and Deliverables up-to-date |
|---|------------|--------------------------------------|-----------------|-----------------|-----------------------|--------------------|------|---|
| Outcome                                       | Activity # | Activity                             |                 |                 |                       | Month              | Year |   |
| 5.2 Improved diagnosis of TB/HIV co-infection | 5.1.1      | Printing of TBHIV SOPS and IPT tools | KNCV            | 10,588          | 0%                    | June               | 2012 | Activity planned for next quarter               |
|   |            |                                      |                 |                 | 0%                    |                    |      |   |

| 6. Health Systems Strengthening  |            |  | Activity Leader | Approved Budget | Cumulative Completion | Planned Completion |      | Cumulative Progress and Deliverables up-to-date  |
|--|------------|--|-----------------|-----------------|-----------------------|--------------------|------|--|
| Outcome  | Activity # | Activity   |                 |                 |                       | Month              | Year |  |
| 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      | Hold regular coordination meeting including CU staff meetings and partners meeting | KNCV            | 9,059           | 50%                   | Sept               | 2012 | Two partners meetings held during the quarter<br><br>Monthly Management meetings between DLTLD and TB CARE I held  |
|  | 6.1.2      | Hold joint SS and support Adhoc visits to the field                                | KNCV            | 7,588           | 75%                   | Sept               | 2012 | Two joint supervision visits supported. Gene Xpert implementation follow up visit in the Coast region and the Support supervision on the use of PDAs in Rift Valley North region.<br><br>DLTLD staff supported to participate in the UNITAID team monitoring & evaluation visit to the field in June 2012. |
|  | 6.1.3      | Support ISO certification process and implementation of DLTLD                      | KNCV            | 16,976          | 50%                   | March              | 2012 | ISO certification process on going. Stage I audit conducted by Kenya Bureau of Standards in June 2012.<br><br>Stage I audit recommendations being implemented in preparation for Stage II audit next quarter.  |
|  | 6.1.4      | Resource management  | KNCV            | 9,471           | 0%                    | Sept               | 2012 | Procurement process for the resource management (software to support inventory system) initiated. Request for quotations done.   |

|  |                   |   |                        |                        |                              |              |             |  |
|--|-------------------|---|------------------------|------------------------|------------------------------|--------------|-------------|--|
|  | <b>6.1.5</b>      | Introduce New technology for Operational management of TB program                     | KNCV                   | 500,000                | 30%                          | Sept         |             | <p>This project has been subcontracted to one of the TB CARE I local partner (KAPTLD) to implement.</p> <p>Progress has been made in terms of preparation of the databases and data collection from the field.</p> <p>Data collection for the electronic system has been done:</p> <ul style="list-style-type: none"> <li>-Health facilities uploaded to the system based on their location (GIS mapping)</li> <li>-Health facility register uploaded to tablets</li> <li>- Patient data collection form developed</li> <li>- Community health care workers forms developed</li> </ul> |
|  | <b>6.1.6</b>      | National workshop on sustainable financing  | KNCV                   | 6,982                  | 20%                          | March        | 2012        | <p>Initial workshop preparations done through a consultative meeting held with key TB Control Partners in Kenya.</p> <p>Workshop postponed (to be informed later).</p>   |
| <b>Outcome</b>   | <b>Activity #</b> | <b>Activity</b>   | <b>Activity Leader</b> | <b>Approved Budget</b> | <b>Cumulative Completion</b> | <b>Month</b> | <b>Year</b> | <b>Cumulative Progress and Deliverables up-to-date</b>   |
| 6.2 TB control components (drug supply and management, laboratories, community care, HRD and M&E) form an integral part of national plans, strategies and service delivery | <b>6.2.1</b>      | TB program Supervision at all level   | KNCV                   | 1,123,328              | 75%                          | Sept         | 2012        | <p>Monthly districts supervision coverage:</p> <p>October 2011 - 76%,<br/>November 2011 - 74%,<br/>December 2011 - 64%,<br/>January 2012 - 81%<br/>February 2012- 76%<br/>March 2012 - 80%<br/>April 2012 - 73%</p> <p>Data for May and June to be provided next quarter</p>   |
|  | <b>6.2.2</b>      | Printing and distribution of data capture tools                                       | KNCV                   | 33,529                 | 0%                           | June         | 2012        | Printing process initiated. To be completed next quarter   |
|  | <b>6.2.3</b>      | Facilitate communication to coordinate implementation of the annual work plan of DLTL | KNCV                   | 225,824                | 75%                          | Sept         | 2012        | DLTDL staff provided with airtime and internet services  |
|  |                   |   |                        |                        | 42%                          |              |             |  |

| 7. M&E, OR and Surveillance  |            |                                      | Activity Leader | Approved Budget | Cumulative Completion   | Planned Completion |      | Cumulative Progress and Deliverables up-to-date  |
|--|------------|--------------------------------------|-----------------|-----------------|---|--------------------|------|--|
| Outcome  | Activity # | Activity                             |                 |                 |   | Month              | Year |  |
| 7.1 Strengthened TB surveillance   | 7.1.1      | TA on web based surveillance         | KNCV            | 21,181          |  75% | June               | 2012 | Technical assistance visit was made in June 2012 to support the development of the surveillance system in Kenya. A draft Data Management manual has been prepared. To be finalized within the next quarter |
| Outcome  | Activity # | Activity                             | Activity Leader | Approved Budget | Cumulative 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      | Conduct Review Meetings at all level | KNCV            | 541,399         |  50% | Sept               | 2012 | Quarterly review meetings (Quarter 1 &2) conducted in 12 regions.  |
|  | 7.2.2      | TA for mortality study               | KNCV            | 25,628          |  0%  | Sept               | 2012 | Activity planned for fourth quarter  |
|  |            |                                      |                 |                 |  42% |                    |      |  |

| 8. Drug supply and management                                    |            |   | Activity Leader | Approved Budget | Cumulative Completion  | Planned Completion |      | Cumulative Progress and Deliverables up-to-date   |
|--|------------|---|-----------------|-----------------|--|--------------------|------|---|
| Outcome  | Activity # | Activity  |                 |                 |  | Month              | Year |   |
| 8.1 Ensured nationwide systems for a sustainable supply of drugs | 8.1.1      | Improved commodity clearance from ports and support drug distribution | KNCV            | 14,118          |  100%   | June               | 2012 | Support provided to distribute drugs to three regions: Rift Valley North, Nyanza South & Western<br><br>Support provided for Clearance of drug shipments. |
|  |            |   |                 |                 |  100% |                    |      |   |

## Quarterly MDR-TB Report

|         |       |
|---------|-------|
| Country | Kenya |
|---------|-------|

|        |                 |
|--------|-----------------|
| Period | APRIL-JUNE 2012 |
|--------|-----------------|

### MDR TB cases diagnosed (laboratory confirmed) and put on treatment in country

| Quarter                | Number of MDR cases diagnosed | Number of MDR cases put on treatment |
|------------------------|-------------------------------|--------------------------------------|
| Jan-Dec 2010           | 112                           | 59                                   |
| Jan-Dec 2011           | 130                           | 130                                  |
| Oct-Dec 2011           |                               |                                      |
| <b>Total 2011</b>      | 130                           | 130                                  |
| Jan-Mar 2012           | 21                            | 21                                   |
| Apr-Jun 2012           | 28                            | 28                                   |
| <b>To date in 2012</b> | 49                            | 49                                   |

There is no diagnosed MDR patient not on treatment to the knowledge of the NTP.

## Quarterly GeneXpert Report

|         |       |
|---------|-------|
| Country | Kenya |
|---------|-------|

|        |                 |
|--------|-----------------|
| Period | APRIL-JUNE 2012 |
|--------|-----------------|

**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-Jun 2012 | Cumulative |  |   |
| # GeneXpert Instruments | 3            |              | 3          | 0  | 0   |
| # Cartridges            | 1000         |              | 1000       | 1450                                     | Jul-12  |

**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) <sup>1</sup> | Partner/ Implementing Organization; Additional Comments |
|---|------------|-------------------------------|---|--|---|
| Procured  | 1          | 4                             | Coast General Hospital                              | PEPFAR COP FY10  | TB CARE I (KNCV and MSH)                                |
| Procured  | 2          | 4                             | Likoni District Hospital                            | PEPFAR COP FY10  | TB CARE I (KNCV and MSH)                                |
| Procured  | 3          | 4                             | Port Reitz District Hospital                        | PEPFAR COP FY10  | TB CARE I (KNCV and MSH)                                |
|   | 4          |                               |   |  |   |
|   | 5          |                               |   |  |   |
|   | 6          |                               |   |  |   |
|   | 7          |                               |   |  |   |
|   | 8          |                               |   |  |   |

<sup>1</sup> 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) <sup>1</sup> | Comments   |
|---|---------|------------------|--|--|--|
| Procured  | 1       | 1000             | To be distributed to the 3 facilities according to consumption | PEPFAR COP FY10  | 1000 cartridges have been received and the balance (2000 cartridges) were to be procured under APA 1 but the APA 1 budget has been closed. |
| Procured  | 2       | 1440             | To be distributed to the 3 facilities according to consumption | PEPFAR COP FY11  | To be delivered in July 2012   |
|   |         |                  |  |  |  |
|   |         |                  |  |  |  |

\*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)

Under APA 1, the plan was to procure 3000 cartridges. Out of these, 1000 cartridges have been procured and received . 2000 cartridges were to be procured in March 2012. However, these 2000 cartridges will not be procured since the APA 1 budget has been closed.

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

No significant problem

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

Monthly monitoring of implementation and analysis being done.

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

Figure 1: District Supervision

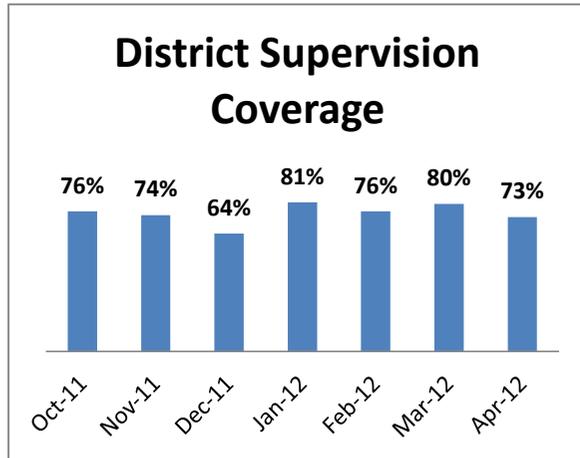


Figure 2: EQA Coverage

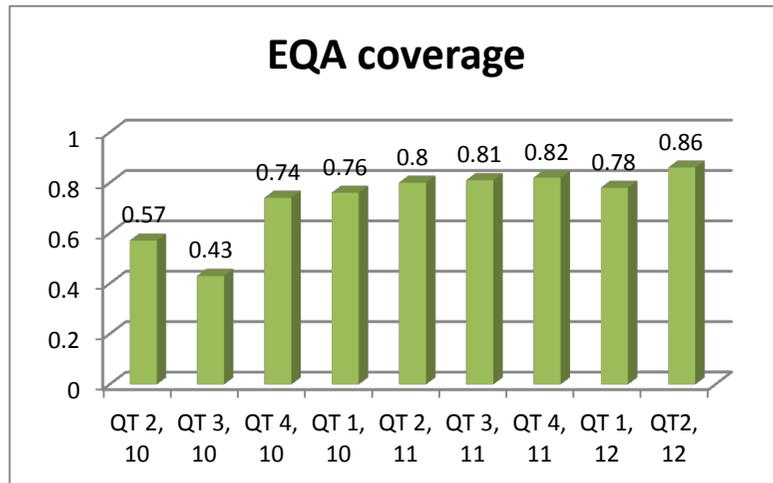


Figure 3: Error rates

