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TB CARE I

Nigeria (COP)

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

July 29th, 2011

Quarterly Overview - COP

Reporting Country	Nigeria
Lead Partner	KNCV
Collaborating Partners	FHI, MSH, WHO
Date Report Sent	Friday, July 29, 2011
From	KNCV CO
To	Temitayo Odusote
Reporting Period	April-June 2011

Technical Areas	% Completion
3. Infection Control	0%
4. PMDT	10%
5. TB/HIV	12%
6. Health Systems Strengthening	25%
7. M&E, OR and Surveillance	9%
Overall work plan completion	11%

Most Significant Achievements

USAID/CDC had a USG Evaluation Visit from Amy Piatek (USAID Washington) and Kassim Sidibe (CDC Atlanta) from June 14-24 2011. The TB CARE I Team (FHI/KNCV/WHO) joined the visitors during an IP Meeting and on their fieldtrips to Kano and Lagos. The focus was on TB/HIV collaborative activities. In most facilities (larger hospitals) TB and HIV services are provided at different locations, with limited exchange of information or coordination, even though some facilities have an HIV/TB focal person to ensure linkages. TB suspect registers are not located at OPDs, but in the DOTS clinics, limiting its proper use. Busy laboratories do not use available LED microscopy. Shortages of HIV test kits hamper screening of all TB patients detected. Treatment of TB patients is done with the new 6 months regimen, using patient boxes, but frequently without DOT. Use of community volunteers is only in a few selected areas, with funding from LGA government and IPs. No shortages of TB drugs were mentioned. The main problem is the poorly functioning HIV programme which allows IPs to set up/run a parallel programme. There is need to re-evaluate the overall approach to a sustainable HIV programme. The final report is being awaited.

The review of the TB/HIV and HCT Training Materials as well as the TOT on TB/HIV and HCT were an example of a coordinated approach to support for the NTBLCP (see success story). The TB CARE I Implementation Workshop organized by ILEP was a good kickstart of the TB/HIV collaborative activities. The ILEP workplan is well balanced and placed in a logical order to ensure completion of activities and thus leading to functional DOTS site/laboratories for TB/HIV collaborative activities.

During the second quarter, 2011 under reporting, WHO received 20,000 Double Check Gold and 15,000 STAT PAK from NASCP. These were distributed to all the states receiving support for TB/HIV collaborative activities. The kits for 3rd and 4th quarter are yet to be released by NASCP due to current stock out of the HIV test kit. The NASCP has now ordered for an emergency procurement and the distribution will be done as soon as the test kits are procured.

Overall work plan implementation status

The overall workplan was developed for the amount of \$2,100,000 for COP10/COP11. The COP10 workplan has been disbursed: \$600,000. This is 28% of the overall budget. The maximum level of activities to be implemented between April and September 2011 is thus 28% of the total workplan.

Technical and administrative challenges

The late disbursement of funds led to delayed implementation of activities.

Quarterly Technical Outcome Report - COP

Technical Area		3. Infection Control						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
3.1	Increased number of facilities implementing infection control activities	Number of facilities implementing infection control measures	Number of facilities implementing infection control measures	50	150		Activity yet to be implemented	
3.2	Improved personal protection of staff at the MDR Treatment Center	Proportion of staff working at the MDR Treatment Center wearing respirators	Numerator: Number of staff wearing respirators Denominator: Total number of staff working in the MDR Treatment Center	NA	100%		Indicator yet to be collected	

Technical Area		4. PMDT						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
4.1	Increased capacity at the MDR Treatment Center	Number of staff trained	Number of staff trained (disaggregated by gender, training and cadre)	NA	33			
4.2	Increased support provided for patients on MDR Treatment	Number of MDR patients on MDR treatment receiving support	Number of MDR patients on MDR treatment receiving medical and socioeconomic support	23	50		For the quarter, DFB provided food for 25 patients on treatment (based on the capacity of the ward). Cumulatively a total of 48 patients have been supported with food.	

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	Reduced burden of HIV among TB patients	Proportion of registered TB patients tested for HIV	Numerator: Number of registered TB patients tested for HIV Denominator: Total number of registered TB patients	86%	90%		A total of 2,705 TB patients were tested representing 82.4%	Challenges experienced during quarter has been the recurrent out of stock situation of HIV test kits whihc forces state programs to only test TB patients. Most suspects go untested.
		Proportion of dually infected patients receiving CPT	Numerator: Number of dually infected patients receiving CPT Denominator: Total number of dually infected patients	48%	70%		A total of 411 dually infected patients accessed CPT during the quarter representing 58.3%	Information on the indicator is only recently being collected by TB CARE I program; thus the inability to meet target. Aside from this, there is need to improve documentation in many of the sites.
		Proportion of dually infected patients on ART	Numerator: Number of dually infected patients on ART Denominator: Total number of dually infected patients	39%	60%		313 of the dually infected patients accessed ART services during the quarter representing 44.4% of those dually infected.	
	Custom Mission Indicator	Number of service outlets providing treatment for TB to HIV infected individuals (diagnosed or presumed) in a palliative care setting		226	234		There are 256 sites. Previously we had 226. NLR also instituted additional 8 clinics in Gombe which were not earlier reported in 2010. Additionally, TB CARE has started to partner with Damien Foundation Belgium in previous 14 sites inherited from the Federal Ministry of Health in Osun State (based on site validation) and 8 newly initiated sites in Oyo State.	

Custom Mission Indicator	Number of individuals who received C&T for HIV and received their test results at a USG supported TB service outlet (including suspects)		30,507	38,000		A total of 13,710 individuals (suspects and patients) received counseling and testing during the quarter. M=7,702 F=6,008	
Custom Mission Indicator	Number of persons trained to provide treatment for TB to HIV infected individuals (diagnosed or presumed)		NA	656		No Training has been conducted during the quarter.	
Custom Mission Indicator	Number of TB suspects counseled for HIV		32,355	30,000		A total of 10,428 (M=5,790; F=4,638) TB suspects were counseled for HIV during the quarter based on the reports received thus far.	
Custom Mission Indicator	Number of TB patients counseled for HIV		12,330	13,000		A total of 3,282 TB Patients (M=1,912; F=1,370) were counseled for HIV during the quarter based on the reports received thus far.	
Custom Mission Indicator	Number of TB suspects who are HIV positive		4,343	5,000		A total of 1,332 TB suspects tested positive for HIV during the quarter (M=673; F=659).	
Custom Mission Indicator	Number of TB patients who are HIV positive		2667	4,000		A total of 705 TB patients tested positive for HIV during the quarter(M=370; F=335)	

Technical Area		6. Health Systems Strengthening					Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target	Result		
					Y1	Y1		
6.1	Improved infrastructure for service delivery	Number of DOTS clinics renovated	Number of DOTS clinics renovated	96	150		11	
6.2	Enhanced diagnostic services	Number of lab equipment functional (microscopes/GeneXpert)	Number of lab equipment functional disaggregated by type	48	80		N.A.	The microscopes and GeneXpert machines are yet to arrive in country.

Technical Area		7. M&E, OR and Surveillance					Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target	Result		
					Y1	Y1		
7.1	Improved quality of TB/HIV data	Proportion of sites reporting valid TB/HIV data	Numerator: Number of sites reporting valid TB/HIV data Denominator: Total number of sites visited for DQA	NA	80%			The DQA visit of NTBLCP has been planned for July/August 2011.

Quarterly Activity Plan Report - COP

3. Infection Control		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date	
Outcomes					Month	Year		
3.1 Increased number of facilities implementing IC activities	3.1.1	Organize 1-day IC training at facility level	KNCV	99,000	0%			COP11
3.2 Improved personal protection of staff at the MDR Treatment Center	3.2.1	Procurement of auxilliary drugs and respirators	KNCV	9,203	0%	Jul	2011	Not yet purchased
					0%			

4. PMDT		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date	
Outcomes					Month	Year		
4.1 Increased capacity at the MDR Treatment Center	4.1.1	Refresher training for nurses at UCH	KNCV	1,841	0%	Sep	2011	Reprogrammed to September, 2011
	4.1.2	Training GOPD MOs on management of MDR TB at UCH	KNCV	515	0%	Sep	2011	Reprogrammed to September, 2011
	4.1.3	Training ward mates on MDR TB and IC at UCH	KNCV	243	0%	Sep	2011	Reprogrammed to September, 2011
	4.1.4	Support study tour for staff working in UCH MDR TB ward	KNCV	38,595	0%	Sep	2011	Reprogrammed to October/November , 2011
	4.1.5	Support training on SPSS software for nurses	KNCV	154	0%	Aug	2011	Reprogrammed to August , 2011
4.2 Increased support provided for patients on MDR Treatment	4.2.1	Support transportation MDR TB patients plus 1 family member	KNCV	3,041	25%	Jul	2011	4 Patients were discharged during the quarter and provided transportation. Cummulatively to date 19 patients have been discharged and 1 death was reported amongst them.

4.2.2	Support baseline and monitoring investigations for MDR TB patients	KNCV	24,324		25%	Jul	2011	Baseline investigations done for all the patients on admission/intensive phase while some patients had repeat investigations when indicated. In total, 36 patients had their baseline investigation done. Cummulatively, a total of 56 baseline investigations have been carried out.
4.2.3	Feeding of MDR TB patients on admission	KNCV	91,216		25%	Jul	2011	For the quarter, DFB provided food for 25 patients on treatment (based on the capacity of the ward). Cummulatively a total of 48 patients have been supported with food.
4.2.4	Social support for MDR TB patients on discharge	KNCV	6,081		25%	Jul	2011	4 Patients were discharged during the quarter and provided transportation. Cummulatively to date 19 patients have been discharged and 1 death was reported amongst them.
4.2.5	Support for transport of sputum for culture in continuation phase	KNCV	30,831		0%	Jul	2011	11 samples of sputa were sent for patients that were due for two-month sputum culture on continuation phase.
4.2.6	Quarterly monitoring visits from MDR Treatment Centre to patients after discharge	KNCV	13,751		25%	Jul	2011	16 Patients were followed-up in 6 states (Lagos, Oyo, Abuja, Nasarawa, Anambra and Ekiti) this quarter: 1 died and 1 was discharged on June 30 who also needs to be followed up next quarter. The objective of the follow up visits are to evaluate the patients conditions especially side effects and how they are managed, identify patients who are likely to default early, identify the problem of assessing DOT plus using SLD from DOT clinics/treatment centre, to emphasize on family and community support for the patients, and also to provide health education and counseling to family members and to provide on the job training for the LGATBLS on management of MDR-TB, proper use of the R&R formats and the importance of sending the sputum when due.
4.2.7	Support routine MDR surveillance	KNCV	2,270		0%			Pending
					10%			

5. TB/HIV		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion Month	Year	Cumulative Progress and Deliverables up-to-date	
Outcomes								
5.1 Reduced burden of HIV among TB patients	5.1.1	Support QMs of subcommittees of the National TB/HIV Working Group	WHO	11,376		25%		COP11

5.1.2	Support National TB/HIV Task Team	KNCV	62,162		0%			COP11
5.1.3	Support end term evaluation of National TB/HIV Strategic Framework	WHO	36,824		0%	Oct	 2011	COP11
5.1.4	Support development of new TB/HIV Strategic Framework	WHO	32,006		0%	Oct	 2011	COP11
5.1.5	Review TB/HIV and HCT training modules	KNCV	8,716		75%	May	 2011	The National TB/HIV and HCT Training materials were reviewed at the NTBLTC in Zaria from May 16-19 2011. Participants (17) from different organizations joined the review meeting (NTBLCP/NTBLTC, NASCP, WHO, TB CARE 1, ICAP, FHI/Ghain, Aids Relief, DFB, TLMN and STBLCO/SAPC): 11 male/6 female. The four-day review process was structured to take inventory of all changes in the National TB/HIV Guidelines, National TBL Workers Manual and National Guidelines on HCT. Other reference materials used were International Standard for TB Care, IMAI documents and the WHO Rapid Advice. At the end of four days meeting, the following documents were developed: 1. Facilitators guide for TB/HIV Training of GHWs 2. Participants modules on TB/HIV Training 3. Standard power point slides for TB/HIV Training 4. Facilitators guide for HCT Training of DOTS providers 5. Participants modules on HCT Training for DOTS providers 6. Standard power points slide for HCT Training for DOTS providers

5.1.6	Organize TOT on TB/HIV collaboration and HCT	KNCV	40,628	 50%	May	 2011	The first batch of the TOT was organized at the NTBLTC Zaria from 26 participants were from May 23-27 2011. Participants (32) from the following states were present: Akwa Ibom, Taraba Ebonyi Sokoto, Enugu, Zamfara, Osun, Katsina, Kwara, Abuja, Benue, Nassarawa and Bayelsa: 25 male/7 female. The training program was for a period of three days. The objectives of this workshop are the following: 1) Learning: to get more knowledge about learning in general 2) Training and facilitation: to have more knowledge and skills on facilitation 3) To introduce the participants to the curriculum and lesson plans for TB and HIV and HCT for DOTS Provider on HCT 4) How to plan/carry out training 5) To discuss problems encountered during facilitation.
5.1.7	Organize 3Is Training for C&T Centers	KNCV	31,014	 0%			COP11
5.1.8	Adaptation of modules on diagnosis of sputum smear negative TB	WHO	23,318	 0%	Sep	 2011	COP11
5.1.9	Organize training on diagnosis of sputum smear negative TB	WHO	38,252	 0%	Sep	 2011	COP11
5.1.10	Training DOTS staff of TB/HIV collaborative activities	KNCV	176,473	 0%	Jul	 2011	For the NLR states, site validation in Katsina, Taraba, Benue and Nasarawa is on-going. The activity is planned to take -off after renovation before training commences. Activity to take place in COP 11. In the GLRA supported states activity is scheduled for quarter 3.
5.1.11	Training of lab staff of AFB microscopy and HIV testing	KNCV	141,876	 0%	Jul	 2011	See 5.1.10 above
5.1.12	Training of DOTS staff and LGATBLS on HCT	KNCV	176,473	 0%	Jul	 2011	See 5.1.10 above

5.1.13	Support QMs of State TB/HIV Working Groups	KNCV	71,331		0%	May	 2011	<p>A total of 4 meetings held in TLMN assisted states in Q2 2010. One-day quarterly meetings for State TB/HIV working groups held in Kwara, Zamfara, Niger and Kogi states.</p> <p>During the meetings information was shared on activities implented with gaps observed, coverage of TB/HIV services and statistical reports. Joint advocacy issues and implementation plans relating to the twin TB and HIV programmes at state level were also discussed. Total attendance in the meetings were 48 persons with 34 males and 14 females. In Zamfara 12 persons attended (M10, F2); Kwara had 12 persons (M8, F4), Kogi had 12 participants (M9, F3); and Niger had 12 participants (M7, F12).</p>
5.1.14	Support TBCARE pre-implementation workshop for STBLCOs	KNCV	49,070		25%	May	 2011	<p>A two-day TB CARE 1 Project pre-implementation meeting for TLMN supported states held at Doko International Hotel in Minna on May 11 -12, 2011 with 25 TBL programme officers and June 9-10, 2011 with 26 (22M & 4 F) participants in the NLR supported states. The GLRA workshops were conducted in 2 sessions. In all, there were 24 Males and 26 Females. Highlights: 1) lessons learned and the challenges in the implementation of TBCAP were discussed. An appraisal of all TB CARE 1 project strategies and activities to be implemented by TLMN and their reporting requirements 2) Shared the programmatic and financial management regulations with programme officers 3) Adapted the current implementation and reporting tools for use in the TB CARE 1 project activities at the various levels of programme implementation to ensure uniformity 4) New strategies to improve the quality of general programme implementation and reporting in TLMN assisted states were adopted. Furthermore, data quality and reporting issues were discussed. Total attendance in the meeting was 25 persons with 18 males and 7 females for TLMN and 24 for NLR. A communique was issued at the end of meeting.</p>
5.1.15	Support participation HIV/AIDS Conference	KNCV	9,216		0%			COP11
					12%			

Outcomes	6. Health Systems Strengthening		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
6.1 Improved infrastructure for service delivery	6.1.1	Renovation of DOTS facilities	KNCV	170,270	25%	May	2011	7 Clinics were renovated by DFB during the quarter. The clinics are Oyo state (Iloro TBL Clinic, Ayete TBL Clinic and Moniya TBL Clinic) Osun state (Ede TBL Clinic, Oke Ble TBL Clinic, Asubiario State Hospital, Ikoyi TBL Clinic). All were renovated in June. Likewise, GLRA renovated 4 facilities during the quarter. For the other ILEP partners this activity is postponed till next quarter
6.2 Enhanced diagnostic services	6.2.1	Support distribution of HIV test kits and Cotrimoxazole	WHO	36,649	25%	Jul	2011	HIV test kits (20,000 Double check gold and 15,000 Stat Pak) were collected and distributed in the 2nd quarter. The kits for 3rd and 4th quarter are yet to be released by NASCP due to current stock out of the HIV test kit. NASCP has just ordered for an emergency procurement, the distribution will be done as soon as the test kits are procured.
	6.2.2	Renovation of labs	KNCV	111,081	25%	May	2011	Similarly, DFB renovated 7 laboratories during the quarter in Oyo and Osun. The clinics are Oyo state (State Hospital Oyo, State Hospital Ogbomosho, Iwo road Laboratory) Osun state (Ede Laboratory, Oke Bale). In a similar manner GLRA also renovated 4 laboratories during the quarter. For the other ILEP partners this activity is postponed till next quarter.
					25%			

Outcomes	7. M&E, OR and Surveillance		Lead Partner	Approved Budget	Cumulative Completion	Planned		Cumulative Progress and Deliverables up-to-date
						Month	Year	
7.1 Improved quality of TB/HIV data	7.1.1	Stakeholders meeting to develop data collection system NASCP	KNCV	8,716	0%			COP11
	7.1.2	Training SAPC/SACA/LAPC/LACA on data collection in 4 states	KNCV	113,297	0%			COP11
	7.1.3	Procure laptop TB/HIV FP NASCP	KNCV	1,351	0%	Apr	2011	COP11
	7.1.4	Review and produce TB/HIV referral formats	WHO	12,629	0%	Aug	2011	COP11

7.1.5	Joint supervision state TB/HIV Task Teams	KNCV	6,357	 0%	Jul	 2011	6 Joint supervisory visits were undertaken by GLRA states during the quarter
7.1.6	QMs State TB/HIV Task Teams	KNCV	4,995	 0%	Jul	 2011	6 Quarterly meetings were also funded in the GLRA supported states during the quarter. Activity to take place next quarter in the NLR supported states
7.1.7	Supervision MAs to States	KNCV	112,378	 25%	Jul	 2011	5 Supervisory visits were conducted by DFB MA and M&E officers to the Osun and Oyo states during the quarter; while NLR & GLRA conducted one visit each. In Taraba, NLR noted in its report that recommendations during prior visits were followed up and other observations were made. Positive follow up on 54% of the issues highlighted in the prior visit (about a year ago) was reported. This might be due to strike action which has persisted for over 6 months now.
7.1.8	Supervision States to LGATBLS	KNCV	80,027	 25%	Jul	 2011	A total of 15 supervisory visits were conducted by the states TBL programme managers in Zamfara, Kwara, Kogi, Niger and Sokoto to the respective LGAs and health facilities implementing TB/HIV collaborative services during the quarter. Similarly 23 supervisory visits were conducted to 8 of the 9 NLR supported states. During the visits, on-the job training were provided; programme materials were supplied and advocacy were conducted to the various LGAs for support from the LGA authorities. Key issues observed during supervision include the irregular supply of lab consumables like reagents and sputum containers; test kits; nonavailability of the updated TBL workers manual and suspect registers. This was particularly worse in facilities recently expanded into for TB/HIV services. Staff attrition had also affected programme implementation during the quarter with Kwara, Kogi and Niger state being the most hit following the recent retirement of many health workers in the state. GLRA also reported 30 supervisory visits by the states to LGAs during the quarter.

7.1.9	Supervision LGATBLS to facilities	KNCV	13,622	25%	Jul	2011	<p>60 supervisory visits were conducted by LGA TBL supervisors to their respective DOTS clinics in Q2 2011, that is 12 visits in each of the 5 TLMN states during the quarter. Also NLR supervisor paid a total of 50 visits to clinics in the states. Visits were aimed at the update of LGA registers to capture newly diagnosed and registered TB patients receiving treatment; follow up the old patients; and assign registration numbers to new patients. Programme supplies such as drugs, reagents and recording materials were also provided to the clinics during the supervisions. The clinic staff were also assessed on the patient flow, diagnosis, treatment, follow up and completing the various cards and registers; with appropriate corrections made by the LGA TBL supervisors. Main Challenges encountered by the supervisors are incidences of stock outs of anti-TB drugs, laboratory reagents and reporting materials. There were logistic challenges to supervision in many LGAs as the motorcycles were old and needing replacements. Staff attrition in the clinics was also a challenge during the quarter. lack of referral forms from DOTS to ART center, improved entry of records at the facilities however not yet optimal. Suboptimal use of renovated facilities and lack of functional microscope. A total of 120 visits were reported by GLRA to supported state supervisors to facilities during the quarter.</p>
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7.1.10	Supervision State QA officer to microscopic centers	KNCV	116,919		25%	Jul	 2011	A total of 15 supervisory visits were conducted by the state Quality assurance officers in Kwara, Zamfara, Niger and Kogi state in Q2, 2011 and an additional 30 visits in the NLR supported states. During the visits the laboratory staff were supported to improve their skills in smear preparation, slide staining and laboratory examination, documentation and reporting. Internal quality assurance was also done. Laboratory consumables were supplied to the various labs during the supervision visits. Key issues observed were irregular supply of lab materials from the TBL programme and their poor management by lab staff (i.e. AFB microscopy reagents). There is also poor documentation of laboratory activities. Additionally, revealed a dearth in the supply of HIV test kits. This caused a lot of impediment in the HIV testing and consequently case finding particularly with regards to co-infected patients. In addition, crisis situations such as political upheavals, strike actions militated against the progress of the report.
7.1.11	Procure desktop/printer for Central Office of TB Network	KNCV	1,351		0%			COP11
					9%			

Quarterly Activity Plan Modifications - COP

Request for Cancellation or Discontinuation of Activities										
Approved By (write dates)			Old Code	1. Universal and Early 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								
27.04.2011	27.04.2011	29.04.2011	Staffing and Operations	Purchase Mitsubishi Pajero	KNCV	5,742	6.2.3	Purchase Cycloserine (see OP 4.2.11)	KNCV	5,742

* Detailed budget is attached

Request for Postponement of Activities to Next Year						
Approved By (write dates)			Old Code	1. Universal and Early Activities from the Work 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 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) - COP

Success story

The TB CARE I Project Nigeria works closely together with partners in the field of support to the NTBLCP (National Tuberculosis and Leprosy Control Programme). The example below shows the strength of the coalition in coordinating activities in country. The NTBLCP/NASCP (National AIDS and Sexually Transmitted Diseases Control Programme) in collaboration with WHO (bilateral USAID grant) organized an expert meeting in Kaduna from May 8-14, 2011 to review the existing National Guidelines for TB/HIV Collaborative Activities in line with recent advancement and changes in the National and Global Policies for implementing TB/HIV collaborative activities. The outcome of the meeting were revised National Guidelines for TB/HIV Collaborative Activities.

Immediately after this meeting KNCV supported a meeting organized by the NTBLCP/NASCP to review the National TB/HIV and HCT (HVI Counselling and Testing) Training materials at the National TB and Leprosy Training Centre in Zaria from May 16-19 2011. Participants (17) from different organizations joined the review meeting (NTBLCP/NTBLTC, NASCP, WHO, TB CARE 1, ICAP, FHI, Aids Relief, ILEP and State TB and HIV Control programmes): 11 male/6 female. The four day review process was structured with taking inventory of all changes in the National TB/HIV Guidelines, National TBL Workers Manual and National Guidelines on HCT. Other reference materials used were International Standard for TB Care, IMAI documents and the WHO Rapid Advice. At the end of the four-day meeting, the following documents were developed: 1) Facilitators Guide for TB/HIV Training 2) Participants Modules for TB/HIV Training 3) Standard Power Point Presentations for TB/HIV Training 4) Facilitators Guide for HCT Training for DOTS Providers 5) Participants Modules for HCT Training for DOTS Providers 6) Standard Power Point Presentations for HCT Training for DOTS Providers.

The developed materials were used for the first batch of a TOT, organized at the NTBLTC Zaria for 26 participants from May 23-27, 2011. Participants (32) from the following states were present: Akwa Ibom, Taraba Ebonyi Sokoto, Enugu, Zamfara , Osun, Katsina, Kwara, Abuja, Benue, Nassarawa and Bayelsa: 25 male/7 female. The training program was for a period of three days. The objectives of this workshop are the following: 1) Learning: to get more knowledge about learning in general 2) Training and facilitation: to have more knowledge and skills on facilitation 3) To introduce the participants to the curriculum and lesson plans for TB and HIV and HCT for DOTS Provider on HCT 4) How to plan carry out training 5) To discuss problems encountered during facilitation.

In the coming quarter the ILEP organizations will use the developed materials for the step down trainings at state level.

The activities above show a coordinated effort in support of the NTBLCP through USAID support.