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| **TB CARE I**

# **Nigeria (COP)**

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

**October 31st, 2011**

## Quarterly Overview - COP

<b>Reporting Country</b>	<b>Nigeria</b>
<b>Lead Partner</b>	<b>KNCV</b>
<b>Collaborating Partners</b>	<b>FHI, MSH, WHO</b>
<b>Date Report Sent</b>	
<b>From</b>	KNCV CO
<b>To</b>	Temitayo Odusote
<b>Reporting Period</b>	<b>July-September 2011</b>

<b>Technical Areas</b>	<b>% Completion</b>
3. Infection Control	63%
4. PMDT	40%
5. TB/HIV	30%
6. Health Systems Strengthening	25%
7. M&E, OR and Surveillance	27%
<b>Overall work plan completion</b>	<b>37%</b>

### Most Significant Achievements

During the quarter Damien Foundation Belgium organized a 2-day **training for Nurses** working in the MDR TB ward at the University College Hospital (UCH) Ibadan from 19th to 20th September. The purpose of the training was to introduce the nurses to current updates in clinical management of MDR TB and re-emphasize infection control measures. Topics discussed include treatment of multidrug-resistant TB, adverse reactions of 2nd line Anti TB, monitoring of MDR TB patients, reporting and recording system in MDR and Infection Control. A major challenge noted is the short duration allocated due to the depth and volume of information that needs to be passed on. It was recommended that refresher trainings to be done quarterly. In all, 18 nurses were trained (M=1; F=17)

**Training** was conducted for the **resident doctors** working in the chest unit on the management of MDR TB at UCH. The training took place from September 23- 2, 2011. The training had the following objectives : 1) To learn the basic concept of MDR TB; 2) To know the mechanism of drug resistance TB; 3) To know how to manage MDR-TB; 4) To know about current issues on MDR TB management; 5) To learn from pilot experiences in MDR TB treatment centre UCH Ibadan and; 6) To learn about Infection control measure in DR TB Treatment centre. A total of 5 doctors (M=1; F=4) were trained. The training methodology consisted of shared day to day experiences with some of the patients from the infectious ward; practical learning and best method approach in the management of MDR TB patients; Feedback from the patients on their understanding of MDR TB. Recommendations from the training include the suggestion to increase the number of participants so that more people can benefit.

### Overall work plan implementation status

The activities of the COP10 work plan and budget (\$600,000, which is 28% of the overall approved \$2,100,000) have largely been implemented. The COP11 money (\$1,500,000) has recently been released and the first installments have been released to the ILEP members. The project has been informed by USAID Mission that an additional \$900,000 will be allocated to the project under COP11 funding. The focus of the additional funding will be strengthening of joint TB/HIV collaborative activities between the HIV/AIDS Control Programme and the National TB and Leprosy Control Programme as well as expansion of TB/HIV collaborative activities through ILEP and support for MDR TB. A workplan has been drafted and is awaiting discussion with the USAID Mission prior to approval from USAID

### Technical and administrative challenges

One of the ILEP Partners experienced a change in senior management (the Country Representative of Netherlands Leprosy Relief has left the organization), which attributed to a delay in implementation of activities. The KNCV/TBCARE I financial officers have paid extra supervisory visits to the organization in order to speed up the process of implementation of activities. The coming quarter close supervision will be done to the said organization both by the technical and financial officers. The delay in implementation has led to the decision to implement the TB/HIV collaborative activities under the newly developed workplan (modification COP11 with additional \$900,000) with the other three ILEP organizations only: Damien Foundation Belgium, German TB and Leprosy Relief Association and The Leprosy Mission Nigeria.

## Quarterly Technical Outcome Report - COP

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	Increased number of facilities implementing infection control activities	Number of facilities implementing infection control measures	Number of facilities implementing infection control measures	50	150		Not yet available	The ILEP members can only report on the number of clinics when all preparatory activities have been implemented: renovation, training DOTS staff on TB/HIV and HCT, supplies of micriscopes, training on IC. Only NLR states have supported the IC trainings till date.
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%		Not yet available	To be distilled from the supervisory reports from Damien Foundation Belgium (DFB). A summary report will be requested from DFB. The figures will then be compared with findings during supervisory visits of TBCARE I.

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	Increased capacity at the MDR Treatment Center	Number of staff trained	Number of staff trained (disaggregated by gender, training and cadre)	NA	33		A total of 54 persons (M=13; F=41) were trained during the quarter. Those trained include nurses, GOPD Medical Officers, Ward mates and Local Government Supervisors.	
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		Total MDR patients receiving support during the quarter is 25 (M=16; F=9).	Please note that the indicator will remain the same each quarter because presently UCH is the only center treating MDR and the bed capacity remains the same (25); 16 beds for men and 9 for women.

Technical Area		5. TB/HIV						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
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 2,347 (M=1,384; F=963) TB patients were tested for HIV of 2,932 (M=1755; F=1177) patients that were counseled for HIV during the quarter. The figure represents 80.0%	The challenge has been the non-availability of test kits which is procured solely by the HIV program. The TB program has held repeated meetings with NASCP on way forward but the situation is still persisting. TBCARE I in APA 2 has a budget line and plans to procure test kits to augment whatever the government provides
		Proportion of dually infected patients receiving CPT	Numerator: Number of dually infected patients receiving CPT Denominator: Total number of dually infected patients	48%	70%		429 patients (M=220; F=209) received CPT during the quarter of 641 (M=337; F=304) patients who were co-infected. The figure represents 66.9%	
		Proportion of dually infected patients on ART	Numerator: Number of dually infected patients on ART Denominator: Total number of dually infected patients	39%	60%		Total patients on ART during the quarter was 429 (M=232; F=197) of 641 (M=337; F=304) patients co-infected; representing 66.9%	
	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		A total of 282 facilities are currently being supported by TBCARE I in the provision of TB/HIV services in 26 states	Of these figure, 8 facilities in Oyo states are yet to report
	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		30,507	38,000		A total of 8,972 (M=4,880; F=4,092) clients were tested for HIV during the quarter of 12,176 (M=6,591; F=5,585) who were counseled for HIV representing 73.7%	As earlier noted the shortage of test kits occasioned the shortfall as some facilities adopted the strategy of testing on patients with confirmed TB with the few available test kits.

Custom Mission Indicator	Number of persons trained to provide treatment for TB to HIV infected individuals (diagnosed or presumed)		NA	656		Total persons trained during the quarter was 639 (M=411; F=228). The bulk of the trainings were on Infection control at the sites.	The trainings reported here are exclusive of the MDR training earlier reported in 4.1 above
Custom Mission Indicator	Number of TB suspects counseled for HIV		32,355	30,000		Total suspects counseled during the quarter is 9,244 (M=4,836; F=4,408)	
Custom Mission Indicator	Number of TB patients counseled for HIV		12,330	13,000		Total number of TB patients counseled during the quarter is 2,932 (M=1755; F=1177).	
Custom Mission Indicator	Number of TB suspects who are HIV positive		4,343	5,000		Total Suspects HIV positive during the quarter is 1,306 (M=567; F=739) of 6625 (M=3496; F=3129) suspects tested. HIV positivity rate among suspects is 19.7%	
Custom Mission Indicator	Number of TB patients who are HIV positive		2667	4,000		Total patients HIV positive during the quarter is 641 (M=337; F=304) of 2347 (M=1,384; F=963) patients tested . HIV positivity rate among patients is 27.3%	

<b>Technical Area</b>		<b>6. Health Systems Strengthening</b>					<b>Highlights of the Quarter</b>	<b>Challenges and Next Steps to Reach the Target</b>
<b>Expected Outcomes</b>	<b>Outcome Indicators</b>	<b>Indicator Definition</b>	<b>Baseline</b>	<b>Target Y1</b>	<b>Result Y1</b>			
<b>6.1</b>	Improved infrastructure for service delivery	Number of DOTS clinics renovated	Number of DOTS clinics renovated	96	150		Total number of DOTS clinic renovated is 12 and total labs renovated is 11	
<b>6.2</b>	Enhanced diagnostic services	Number of lab equipment functional (microscopes/GeneXpert)	Number of lab equipment functional disaggregated by type	48	80		75 microscopes were procured during the quarter and are currently being distributed to facilities	

Technical Area		7. M&E, OR and Surveillance						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
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%		NA	The information has to be summarized from the separate DQA reports. This will be done by the end of next quarter when all reports have been received.

## Quarterly Activity Plan Report - COP

Outcomes	3. Infection Control		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
3.1 Increased number of facilities implementing IC activities	<b>3.1.1</b>	Organize 1-day IC training at facility level	KNCV	99.000	 25%	Mar	 2012	The infection control training was carried out in seven supported NLR states during the quarter. The infection control training provided opportunity to constitute infection control committees in some of the health facilities and also to discuss infection control measures and how these measures would be enforced or put in place subsequently. representatives from the various departments participated in the training. As a fall out of the workshop, issues raised include- the need to solicit for funds from donors, LGA and States to put in place the necessary infection control measures, structures, facilities or protective clothing as might be required. Also there is the need to scale-up this infection control workshop to more facilities.
3.2 Improved personal protection of staff at the MDR Treatment Center	<b>3.2.1</b>	Procurement of auxilliary drugs and respirators	KNCV	9.203	 100%	Jul	 2011	TBCARE I budget for this activity has been utilized, but DFB is still funding the procurement of these items.
					 63%			

Outcomes	4. PMDT		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
	Month	Year						
4.1 Increased capacity at the MDR Treatment Center	4.1.1	Refresher training for nurses at UCH	KNCV	1.841	100%	Sep	2011	During the quarter DFB organized a 2-day training for Nurses working in the MDR TB ward at the University College Hospital (UCH) Ibadan from 19th to 20th September. The purpose of the training was to Introduce the nurses to current updates in clinical management of MDR TB and re-emphasize infection control measures. Topics discussed include Treatment of Multidrug-resistant TB, Adverse Reaction of 2nd line Anti TB Drugs/Common adverse events in UCH MDR Treatment centre, Monitoring of MDR TB patients, Reporting and Recording system in MDR TB, MDR TB, Infection Control, etc. A major challenge noted is the short duration allocated due to the depth and volume of information that needs to be passed on. It was recommended that refreshers be done quarterly. In all, 18 nurses were trained (M=1; F=17)
	4.1.2	Training GOPD MOs on management of MDR TB at UCH	KNCV	515	100%	Sep	2011	Training was conducted for the resident doctors working in the chest unit on the management of MDR TB at UCH. The training took place from September 23- 2, 2011. The training has as its objectives - 1) To learn the basic concept of MDR TB; 2) To know the mechanism of drug resistance TB; 3) To know how to MDR TB management; 4) To know about current issues on MDR TB management; 5) To learn from pilot experiences in MDR TB treatment centre UCH Ibadan and; 6) To learn about Infection control measure in DR TB Treatment centre. A total of 5 doctors (M=1; F=4) were trained. The training methodology consisted of shared day to day experiences with some of the patients from the infectious ward; practical learning and best method approach in the management of MDR TB patients; Feedback from the patient on their understanding of MDR TB. recommendations from the training include the suggestion to increase the number of participants so that more people can benefit

	<b>4.1.3</b>	Training ward mates on MDR TB and IC at UCH	KNCV	243	 100%	Sep	 2011	During the reporting quarter, training was conducted for ward mates on MDR TB and Infection Control. The training took place at UCH on September 15, 2011 and was aimed at making participants 1) To understand the basic concept of MDR TB; 2) To know the universal precaution; 3) To understand Infection control measure in DR TB Treatment centre. In all, 9 participants were trained (3ward maids and 6 Hospital assistants, all females. A major challenge was the shortness of time (1 day). It was recommended to conduct refreshers quarterly
	<b>4.1.4</b>	Support study tour for staff working in UCH MDR TB ward	KNCV	38.595	 0%	Sep	 2011	Reprogrammed to October/November 2011.
	<b>4.1.5</b>	Support training on SPSS software for nurses	KNCV	154	 0%	Aug	 2011	Reprogrammed to October/November 2011.
4.2 Increased support provided for patients on MDR Treatment	<b>4.2.1</b>	Support transportation MDR TB patients plus 1	KNCV	3.041	 25%	Dec	 2011	16 patients were provided transportation during the quarter. Till date a total of 34 patients have been supported with transportation.
	<b>4.2.2</b>	Support baseline and monitoring investigations for MDR TB patients	KNCV	24.324	 25%	Dec	 2011	During the reporting quarter, a total of 25 baseline investigations were done. In sum, a total of 63 baseline investigations have been done. Other baseline and monitoring investigations like Audiometry evaluation, Complete blood count, Liver, Renal and Thyroid function Tests will be done
	<b>4.2.3</b>	Feeding of MDR TB patients on admission	KNCV	91.216	 25%	Dec	 2011	A total of 25 patients were fed during the quarter. This number include all the patients admitted and fed throughout this quarter based on the capacity of the ward. Till date 48 patients have been fed.
	<b>4.2.4</b>	Social support for MDR TB patients on discharge	KNCV	6.081	 25%	Dec	 2011	A total of 23 patients were supported during the quarter.
	<b>4.2.5</b>	Support for transport of sputum for culture in continuation phase	KNCV	30.831	 25%	Dec	 2011	18 samples of sputa were sent for patients that were due for two monthly sputum culture on continuation phase. The remaining patients are not due yet. Till date 23 sputum samples have been sent for culture.

	<b>4.2.6</b>	Quarterly monitoring visits from MDR Treatment Centre	KNCV	13.751	 25%	Dec	 2011	To be reported on by DFB
	<b>4.2.7</b>	Support routine MDR surveillance	KNCV	2.270	 25%	Dec	 2011	In order to identify suspects, confirm diagnosis and initiate treatment for DR-TB in a timely manner, quarterly, the TBLS in Oyo and Osun collect sputum from DR suspects and sends to the TB reference lab in UCH. During the quarter, a total of 10 sputa were collected.
					 <b>40%</b>			

		<b>5. TB/HIV</b>			<b>Planned Completion</b>		<b>Cumulative Progress and Deliverables up-to-date</b>	
<b>Outcomes</b>		<b>Lead Partner</b>	<b>Approved Budget</b>	<b>Cumulative Completion</b>	<b>Month</b>	<b>Year</b>		
5.1 Reduced burden of HIV among TB patients	<b>5.1.1</b>	Support QMs of subcommittees of the National TB/HIV Working Group	WHO	11.376	 25%	Dec	 2011	The National meeting of the TBHIV Working Group was held on September 26th with participating Sub committee members. Key issues discussed during the meeting include: Stock out of HIV test kits and cotrimoxazole currently experienced on the field and the way forward; ART decentralization processes to PHC clinics with DOTS services; Reports of State level joint TBHIV supervisions (task team supervision) which was found to be suboptimal in most states; suboptimal documentation of TBHIV services observed on the field; Low uptake of IPT among PLHIV; Procurement of Iled microscopy; Quantification of Rifabutin requirement at National amongst others Level. Key resolutions at the meeting include (1). NASCP to follow up on the HIV test kits been procured by FMOH to ensure that it arrived the country in November 2011 as planned. (2). NASCP should source for support from partners for emergency procurement of test kits to fill the current gap. (3). NASCP to organize National IPT stakeholders meeting in collaboration with NTBLCP, the programme to adequately prepare for the meeting. (4) NTBLCP to take an inventory of laboratories with Iled microscopes in the country to enhance proper coordination, distribution of reagents and further scale up. (5). NTBLCP should coordinate logistic for Rifabutin distribution in collaboration with IPs.

<b>5.1.2</b>	Support National TB/HIV Task Team	KNCV	62.162	 0%	Dec	 2011	COP11
<b>5.1.3</b>	Support end term evaluation of National TB/HIV Strategic	WHO	36.824	 0%	Oct	 2011	COP11
<b>5.1.4</b>	Support development of new TB/HIV Strategic Framework	WHO	32.006	 0%	Oct	 2011	COP11
<b>5.1.5</b>	Review TB/HIV and HCT training modules	KNCV	8.716	 100%	May	 2011	Activity completed
<b>5.1.6</b>	Organize TOT on TB/HIV collaboration and HCT	KNCV	40.628	 100%	May	 2011	Activity completed
<b>5.1.7</b>	Organize 3Is Training for C&T Centers	KNCV	31.014	 0%	Dec	 2011	COP11
<b>5.1.8</b>	Adaptation of modules on diagnosis of sputum smear negative TB	WHO	23.318	 0%	Nov	 2011	Activity Planned for November 2011
<b>5.1.9</b>	Organize training on diagnosis of sputum smear negative TB	WHO	38.252	 0%	Nov	 2011	Activity Planned for November 2011

5.1.10	Training DOTS staff of TB/HIV collaborative activities	KNCV	176.473		25%	Jul	 2011	<p>Trainings were conducted for DOTS staff on TB/HIV collaborative activities in DFB supported states of Osun and Oyo states from Aug 15-19, 2011 and September 19-24 (Oyo). A total of 23 participants attended the training in Osun and Oyo (7 males and 16 females). Similarly trainings were held for 19 persons in TLMN states of sokoto (M=12) and Zamfara (M=6; F=1) during the quarter. In the GLRA supported states 3 batches of trainings were conducted in which a total of 65 persons were trained (M=13 and F=52). NLR als oheld trainings for a total of 42 participants (M=39; F=3)The objective of the training was to acquaint and refresh the participants knowledge on National policies and guidelines on TB control and collaborative TB/HIV activities including roles and responsibilities of different stakeholders. To update the participants on the current national guidelines on identification of TB suspects, as well as TB diagnosis and classification. To provide guidance for cross referrals between TB and HIV service delivery points. Other objectives include strengthening delivery care for HIV/AIDS; prevention and management of opportunistic infections and other HIV related conditions etc.</p>
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5.1.11	Training of lab staff of AFB microscopy and HIV testing	KNCV	141.876		50%	Jul	 2011	<p>The training of 14 laboratory staff from the 7 selected health facilities in Sokoto and Zamfara States was conducted on August 22 -26, 2011. A total of 14 Participants (13M and 1F) took part in the training. Similarly in GLRA conducted 3 batches of trainings for selected TB microscopists from the newly selected and some existing TBCARE-1 supported microscopy centres were trained on TB microscopy. participants were drawn from the SS, SE and SW. In all, 64 microscopist were trained (M=9;F=55). The objective of the training was to equip the laboratory staff with the necessary updates in knowledge and skills needed to provide AFB microscopy and for HIV rapid testing according to National guidelines. Also the training was aimed at providing guidance for cross referrals between TB and HIV laboratory service delivery points.</p> <p>The facilitators of the training were drawn from NTBL Training Center, Zaria as well as the state programme laboratory quality assurance officers who had earlier attended a training of trainers (TOT) workshop in the National TB programme training center.</p>
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5.1.12	Training of DOTS staff and LGATBLS on HCT	KNCV	176.473		25%	Jul	 2011	<p>A total of 23 participants (7M/16F) attended the training in Osun and Oyo on HCT from 12 - 16 September and; 26 - 30 September. Likewise in the TLMN supported states, a total of The 19 DOTS staff (18 M;1 F) from 12 health facilities in Sokoto and Zamfara States who were earlier trained on TB/HIV collaborative activities were subsequently trained to provide HIV Counseling and Testing (HCT). In the GLRA supported states, a total of 29 persons were trained (M=10; F=19). The training objectives were:</p> <p>a) To provide the participants with the basic facts about HIV/AIDS b) To acquaint the participants with the basic principles of HCT including Provider-initiated Testing and counselling (PITC) c) To provide the participants with knowledge and skill about HIV rapid testing using the NASCP approved serial testing algorithm d) To educate the participants on safety issues in HCT. Topics covered areas such as the role of DOTS clinic staff in TB-HIV collaborative activities, Basic facts about HIV, HIV situation in Nigeria, Introduction to counseling. Types of Counseling, Ethics in Counseling, HCT in TB setting, Challenging situation in Counseling, Communication skills and process, Counseling Skills and Process, pre-test and post-test counseling.</p>
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<b>5.1.13</b>	Support QMs of State TB/HIV Working Groups	KNCV	71.331		25%	May	 2011	3 Meetings were held in TLMN assisted states in Q3 2010. One-day quarterly meetings for State TB/HIV working groups held in Zamfara, Niger and Kogi states. The meeting for Kwara state is rescheduled to hold in October 2011. During the meetings information was shared on activities implmented with gaps observed, coverage of TB/HIV services and statistiscal 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 36 persons with 26 males and 10 females. In Zamfara 12 persons attended (M10, F2); Kogi had 12 participants (M9, F3); and Niger had 12 participants (M7, F12). In DFB supported states, the activity is not funded by TBCARE I. It is leveraged from GFATM. In the GLRA supported states only 4 meetings were held due to refusal by some states to carry out this activity on the ground that it is grossly underfunded by TBCARE I compared to what GFATM is giving to other states. They vowed not to bother with this activity unless the imbalance is corrected. Issues arising from the meetings include lack of ownership of the program by the people and community and the state at large; Staff attrition is still frequent especially in private / faith based hospitals; the absence of partners in the TB/HIV TWG meeting was not encouraging as it does not speak well of these organizations in the state especially where they were invited; Lack of Septrin in facilities makes CPT implementation a mirage.
<b>5.1.14</b>	Support TBCARE I pre-implementation workshop for STBLCOs	KNCV	49.070		100%	May	 2011	Completed in Q2
<b>5.1.15</b>	Support participation HIV/AIDS Conference	KNCV	9.216		0%			COP11
					30%			

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	TLMN commenced renovation of 10 and NLR (2) sites during the quarter. Renovation will commence in the rest of the identified health facilities next quarter with the anticipated release of COP 11 funding.
6.2 Enhanced diagnostic services	6.2.1	Support distribution of HIV test kits and Cotrimoxazole	WHO	36.649	25%	Jul	2011	The HIV test kits are being procured by the NASCP and expected to arrive in November. The next distribution will be in November in 2011 after the initial HIV test kits (20,000 Double check gold and 15,000 Stat Pak) was collected and distributed in the 2nd quarter.
	6.2.2	Renovation of labs	KNCV	111.081	25%	May	2011	TLMN commenced renovation of 5 laboratories sites during the quarter. Renovation of the remaining 9 sites would be done next quarter (Oct- Dec) 2011 with the anticipated release of Cop 11 funding. Also, a total of 6 laboratories were renovated in the NLR supported states last quarter. The laboratories which were renovated were in Benue (Vandekya) LGA, Taraba (Lau LGA) and Katsina (Kankara and Malumfashi), Nasarawa (Alushi, Akwanga).
					25%			

Outcomes	7. M&E, OR and Surveillance		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		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%			Activity reprogrammed to commence in Q4 2011 with further disbursement of OP 11 funding.
	7.1.2	Training SAPC/SACA/LAPC/LACA on data collection in 4 states	KNCV	113.297	0%			Activity reprogrammed to commence in Q4 2011 with further disbursement of OP 11 funding.
	7.1.3	Procure laptop TB/HIV FP NASCP	KNCV	1.351	100%	Apr	2011	A laptop was procured for the NASCP Focal Person within the FMOH.
	7.1.4	Review and produce TB/HIV referral formats	WHO	12.629	0%	Oct	2011	Awaiting ILEP reports

<b>7.1.5</b>	Joint supervision state TB/HIV Task Teams	KNCV	6.357	 0%	Jul	 2011	GLRA conducted 6 supervisory visits to the activity reprogrammed to commence in Q4 2011 with further disbursement of OP 11 funding.
<b>7.1.6</b>	QMs State TB/HIV Task Teams	KNCV	4.995	 0%	Jul	 2011	Awaiting ILEP reports
<b>7.1.7</b>	Supervision MAs to States	KNCV	112.378	 25%	Jul	 2011	GLRA M&E conducted I supervisory visit to Akwa-Ibom State during the quarter. While NLR conducted 7 supervisory visits to Bauchi Adamawa, Benue, Yobe, plateau and Nasarawa states. The purpose was to monitor the implementation of TB/HIV collaborative activities in the state And to strengthen the M&E at state and LGA levels to ensure quality data. Findings from the visit availability of R&R materials, drugs and job aids. A major constraint was the lack of HIV test kits, minimal evidence of data analysis and use etc The strike action in Oyo and Osun impeded supervision this quarter.
<b>7.1.8</b>	Supervision States to LGATBLS	KNCV	80.027	 25%	Jul	 2011	In the GLRA supported states, a total of 30 State level supervisory visits were conducted to the respective health facilities and LGTBLS. The visites were geared towards ensuring an efficient and effective implementation of TB/HIV collaborative activities in accordance with the stipulated National guidelines and to validate TBLS supervisory activities in those LGAs. Supervisory activities that were suspended in TLMN states in quarter 3 2011 will resume in Q4 with the anticipated disbursement of OP 11 funds. There was also Strike action in DFB supported states of Oyo and Osun.
<b>7.1.9</b>	Supervision LGATBLS to facilities	KNCV	13.622	 25%	Jul	 2011	In the GLRA supported states, a total of 120 supervisory visits were conducted by LGTBLS to the respective facilities. The visits were also aimed at mentoring the facility staff on reporting and recording formats thereby assuring the quality of data. supervisory activities that were suspended in TLMN states in quarter 3 2011 will resume in Q4 with the anticipated disbursement of OP 11 funds. There was also strike action in DFB supported states of Oyo and Osun.

<b>7.1.10</b>	Supervision State QA officer to microscopic centers	KNCV	116.919	 25%	Jul	 2011	GLRA Quality Assurance Officer conducted a total of 30 visits ( 3 per 10 states) during the quarter. State level supervisory activities for laboratories that were suspended in TLMN states in quarter 3 2011 will resume in Q4 with the anticipated disbursement of OP 11 funds. There was also strike action in DFB supported states of Oyo and Osun.
<b>7.1.11</b>	Procure desktop/printer for Central Office of TB Network	KNCV	1.351	 100%	Jul	 2011	A desktop/printer was procured for the TB Network and installed in the TBCARE I Office in order to allow the TB Network to work whenever they are attending meetings of the National TBL Control Programme or the Global Fund.
				 <b>27%</b>			

## Quarterly Activity Plan Modifications - COP

<b>Request for Cancellation or Discontinuation of Activities</b>										
<b>Approved By (write dates)</b>			<b>Old Code</b>	<b>1. Universal and Early Activities from the Work Plan</b>	<b>Lead Partner</b>	<b>Remaining Budget</b>	<b>New Code</b>	<b>Replace with the following activity (if any)</b>	<b>Lead Partner</b>	<b>Proposed Budget*</b>
<b>Mission</b>	<b>PMU</b>	<b>USAID</b>								
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	KNCV	5.742

\* Detailed budget is attached

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

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

\* Detailed budget is attached

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

