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TB CARE I

TB CARE I - Nigeria

Year 1

Annual Report

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List of Abbreviations

ACSM	Advocacy, Communication and Social Mobilization
AFB	Acid Fast Bacilli
APA1	Annual Plan of Activities Year 1
CBO	Community-Based Organization
C/DST	Culture and Drug Susceptibility Testing
CHW	Community Health Worker
CT	Counseling and Testing
CR	Country Representative
DOTS	The internationally recommended strategy for TB control
DST	Drug Susceptibility Testing
DRS	Drug Resistance Surveillance
DQA	Data Quality Assessment
EQA	External Quality Assurance
FBO	Faith-Based Organization
FHI	Family Health International
FMoH	Federal Ministry of Health
GDF	Global Drug Facility
Global Fund	Global Fund to Fight AIDS, TB, and Malaria
HDL	Hospital DOTS Linkage
HIV	Human Immunodeficiency Virus
HQ	Headquarters
HSS	Health Systems Strengthening
IC	Infection Control
ICF	Intensified Case Finding
IHVN	Institute of Human Virology of Nigeria
KNCV	KNCV Tuberculosis Foundation
LED	Light-Emitting Diode
LGA	Local Government Area
MDR-TB	Multidrug-Resistant TB
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MOST	Management and Organizational Sustainability Tool
MSH	Management Sciences for Health
NCE	No Cost Extension
NGO	Non-Governmental Organization
NRL	National Reference Laboratory
NTBLCP	National TB and Leprosy Control Program
OR	Operational Research
PEPFAR	President's Emergency Plan for AIDS Relief
PMDT	Programmatic Management of Drug-Resistant TB
PMU	Project Management Unit
PPM	Public-Private Mix
PR	Principal Recipient
RFA	Request for Application
SLD	Second-Line Drug
SOP	Standard Operating Procedure
SRL	Supra-National Reference Laboratory
TA	Technical Assistance
TB	Tuberculosis
TB CAP	Tuberculosis Control Assistance Program

TB CARE	Tuberculosis Care
ToT	Training of Trainers
TWG	Technical Working Group
UDUTH	Usman Dan Fodio University Teaching Hospital
USAID	United States Agency for International Development
WHO	World Health Organization

Executive Summary

The Nigeria TB CARE I APA 1 plan was developed to build and expand on the successful support of Tuberculosis Control Assistance Program (TBCAP) to the National TB and Leprosy Control programme (NTBLCP). The NTBLCP is implemented in 36 states of the Federation including Federal Capital City (FCT), Abuja. During APA1, TB CARE I provided technical support with the aim of strengthening the National program in the following technical areas:

1. Universal access to TB diagnosis, treatment and care
2. Scaling up programmatic management of drug resistant tuberculosis
3. Contribute to health system strengthening
4. Strengthening the M & E and surveillance system of the NTBLCP

The in-country coalition partners including KNCV, the coordinating partner, FHI360, Management Science for Health (MSH) and World Health Organization (WHO) provided technical assistance (TA) in the implementation of the planned NTBLCP activities. Additionally, KNCV collaborated with the ILEP organizations and other indigenous organizations in the country to implement TB/HIV as well as some components of the Programmatic Management of Drug-Resistant Tuberculosis (PMDT) in the country.

The TB CARE I Nigerian Office is coordinated by KNCV under the leadership of the country representative (CR) and supported by the technical staff from WHO and MSH.

The total buy-in of USD4.5M was appropriated for the implementation of activities by the coalition partners. The TB CARE I APA1 covered a period of 9 months from 1 January to 30 September 2011. However, due to delayed commencement of the project, a No-Cost Extension (NCE) was approved for the implementation of the work plan through 31 December 2011.

The TB CARE I APA 1 experienced some setbacks during the implementation year including delayed start-up of activities, competing NTBLCP activities, lack of essential commodities, as well as insecurity in some parts of the country. In spite of these challenges, significant achievements were attained.

The key achievements with respect to each of the technical areas include

Universal and Early Diagnosis and treatment

Key achievements

- TB Outreach Campaigns took place in 77 communities of 17 local government areas (LGAs) of the WHO USAID focus states. Community dialogue was conducted during advocacy and sensitization visits for 388 community and religious leaders. In addition, 364 Government Health Care Workers (GHWs) from 77 communities in 17 LGAs were also trained.
- The National CTBC guidelines and SOPs for referral for implementation of CTBC activities by CBOs/CSOs and other TB partners in the communities were developed.
- Thirty-three persons from 3 LGAs with TB CARE I support were trained on project design, planning, implementation, monitoring and evaluation of CTBC activities.

Key challenges

- Inadequate human resources for health (HRH) at the primary health care level has often lead to fatigue of limited staff as they are repeatedly utilized for conducting multiple activities.
- Government support for CTBC activities has been very weak thus raising concerns on the issue of sustainability. Trained community volunteers (CV) are requesting for stipends as their counterparts from GFATM support.

Laboratory strengthening

Key achievements

- Capacity of 42 lab personnel on biosafety measures in BSL 3 culture laboratory and BSL 2 lab with BSL 3 practices was developed. Similarly, capacity of 18 biomedical engineers was developed for the care of medical equipment as well as infrastructure services in line with Planned Preventive Maintenance (PPM) Standard Operating Procedures (SOP). Another 63 lab personnel were also trained on Good laboratory Practices (GLP).
- National Lab Technical Working Group Meeting was supported during which a ten-man committee was set up to develop a lab policy on laboratory diagnosis of TB in Nigeria. A draft laboratory TB policy was developed with TA from KNCV lab consultants, Drs Valentina Anisimova and Linda Oskam.
- The National Reference Labs received TA support from Supranational Reference laboratory (SRL) at Milan by Dr Daniel Cirillo. A capacity development plan of lab personnel for improved proficiency for both conventional and new WHO endorsed technologies was developed.
- National lab assessment was supported through TA by KNCV consultants, Drs Valentina Anisimova and Linda Oskam.

Key challenges

- Majority of the laboratories performing AFB microscopy have no support for EQA activities and so are not involved in the routine EQA supported by GF Round 9.
- Panel testing is not routinely conducted on the national as well as the zonal laboratories.

Programmatic Management of Drug Resistant TB (PMDT)

- The development of National DR-TB guidelines and SOPs for R & R formats started under the TBCAP project was finalized during TB CARE I APA 1. Four hundred (400) copies of the finalized DR-TB guidelines were printed using savings from TBCAP. The National training curriculum and modules for PMDT have also been developed. Nine GeneXpert machines were procured and installed and capacity of 9 health facilities including the training of laboratory personnel to implement the Xpert MTB/RIF technology. This has enabled a routine DR-TB surveillance system to be put in place in the country.
- The BSL 3 laboratory in Nigeria Institute of Medical Research (NIMR) and treatment centre in IDH, Kano are 95% completed. Sixty-six (66) General Health Workers including medical doctors, nurses and lab personnel in Mainland hospital, Lagos and

Infectious Disease Hospital, Kano were trained on MDR-TB diagnosis and programmatic management of DR-TB patients. Another 54 Health Care Workers (HCWs) including medical doctors and nurses from health facilities were orientated on their responsibilities for provision of treatment and care of DR-TB treatment and care in the continuation phase

Key challenges

- Inadequate as well as late supply of second line drugs hindered further registration of diagnosed DR-TB patients for treatment at the only available DR-TB admission centre in UCH, Ibadan.
- Inadequate R & R materials for routine DR-TB surveillance. Logistics for sputum and patient transport also need to be addressed

Health System Strengthening (HSS)

Key achievements

- The capacity of 20 LGA programme managers from LGA TB supervisors from Ogun state was built with the aim of improving programme management and leadership at the LGA level.
- Case detection practices directly impeding on increased TB case finding were evaluated in 11 health facilities in Lagos and Kogi states. SOPs to improve case detection at the facilities were developed and piloted in 10 health facilities.
- The National ACSM guidelines and ACSM toolkits were finalized and ready for printing.

Key challenges

- Some of the activities linked to the targets for this technical area were cancelled as they were directly linked to increased case detection in the facilities.
- Partial implementation of activities due to other competing activities and time constraint also affected the attainment of the targets.

Monitoring & Evaluation, Surveillance and OR

Key achievements

- TB CARE I supported e-TB manager development as a web based data management tool for DR-TB data on case detection and commodity and logistics management.
- National TB indicator reference booklet containing all reportable indicators was developed for the NTBLCP.

Key challenges

- The support for establishing a server in country to manage the e-TB manager is a challenge. Within the customization and piloting period, this function from the server in MSH HQs

Introduction

Over the last 11 years, Nigeria has received significant USAID support to implement tuberculosis control activities aimed at achieving the set global targets of 70% case detection and 85 % treatment success. Following the successful USAID Award for TB CARE I project, the Nigeria TB CARE I APA 1 plan was developed to build and expand the support to

the National TB and Leprosy Control programme (NTBLCP) provided under the TBCAP project. The NTBLCP is implemented in 36 states of the Federation including the Federal Capital City (FCT), Abuja. TB CARE I APA 1 also contributes to TB/HIV collaborative activities under the US President's Emergency Plan for AIDS Relief (PEPFAR). During the APA1, TB CARE I provided technical support with the aim of strengthening the National program in the following technical areas:-

1. Universal access to TB diagnosis, treatment and care
2. Scaling up programmatic management of drug resistant tuberculosis
3. Contribute to health system strengthening
4. Strengthening the M & E and surveillance system of the NTBLCP

KNCV is the coordinating partner of the Nigeria TB CARE I project and worked in collaboration with the collaborating partners including FHI360, Management Science for Health (MSH) and World Health Organization (WHO) in country to implement TB CARE I activities. Additionally, KNCV collaborated with the ILEP organizations and other indigenous organizations in the country to implement TB/HIV as well as some components of the PMDT in the country.

The total buy-in of USD4.5M was appropriated for the implementation of activities by the coalition partners. The TB CARE I APA1 covered a period of 9 months from 1 January to 30 September 2011. However, due to delayed commencement of the project, a No-Cost Extension (NCE) was approved for the implementation of the work plan to through 31 December 2011.

The TB CARE I APA 1 experienced some setbacks during the implementation year including delayed start-up of activities, competing NTBLCP activities, lack of essential commodities, as well as insecurity in some parts of the country. In spite of these challenges, significant achievements and accomplishments were attained.

**Universal Access
Technical Outcomes**

Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target	Result
					Y1	Y1
1)	Increased TB case notification	TB case notification (new smear positive cases)	Number of new smear positive cases notified	44,683	51,800	47,436
2)	Increased number of TB suspects referred by community volunteers in selected LGAs	Number of TB patients detected through referral by community volunteers in selected LGAs	Number of new cases detected through referral by community volunteers in the selected LGAs	6,140	8,500	NA
3)	Improved quality of health service delivery in focus states	Treatment success rate	Number of new smear positive cases who were successfully treated	78%	82%	83.9%

Interpretation of data

1. Though the result fell short of the target (91.6%), there was however a 6.2% increase in the number of smear positive cases notified during the year over the baseline data. The failure to meet the target could be due to lack of active case finding in some states and the low ebb of ACSM activities in all states.
2. The program (NTP) is not currently tracking this indicator.
3. Some measure of improvement was recorded in the treatment outcome during the year as the target was surpassed by 1.9%. Recently the NTP commenced the use of Treatment supporters in patient management, there were also remarkable improvements in the drug logistic management system including laboratory.

Key Achievements

In the first year of TB CARE I support, significant contributions to the NTBCLP implementation were recorded which include the following:

- Strengthened PPM and HDL activities: TB CARE I continued its support for the National PPM as well as the state level PPM committee meetings in 12 designated states. These are Abia, Anambra, Bauchi, Benue, Borno, FCT, Kaduna, Kano, Kogi, Lagos, Nasarawa and Rivers states. These committees provided coordination and strategic focus for the implementation of PPM activities in the country. The Hospital DOTS Linkage (HDL) committees in 24 tertiary institutions and big public as well as

private hospitals were also supported to provide oversight and technical direction for the implementation of tuberculosis control activities in these hospitals.

- Community TB Outreach Campaigns were conducted in 77 communities of 17 LGAs of the WHO USAID focus states. Community dialogue was performed during advocacy and sensitization visits for 388 community and religious leaders (photographs of cross section of the community and religious leaders are shown below). In addition, 364 GHWs from 77 communities in the 17 LGAs of the WHO USAID focus states were trained to implement community related TB activities (photographs of cross section of the GHWs during training is shown below).



Fig 1: A community dialogue session of community and religious leaders in Bauchi state.



Figure 2: Cross section of the GHWs during the training on TB outreach campaigns in Akwa Ibom state.



Figure 3: Cross section of the GHWs during the training on TB outreach campaigns in Bauchi state.

- During APA1, TB CARE I support review and harmonization of the National CTBC guidelines as well as development of SOPs for referral to streamline and guide implementation of CTBC activities by CBOs/CSOs and other TB partners in the communities. These documents were submitted to the NTBLCP for editing before printing. TB CARE I supported capacity building of CBOs in 3 LGAs on CTBC project management. Thirty-three persons were trained on project design, planning, implementation and monitoring and evaluation of CTBC activities.

- A draft M & E framework was developed for organizations working within the National TB Network including Umbrella CBOs/FBOs and other organizations providing TB and TB/HIV services.
- TB CARE I also supported supportive supervision and mentoring visits to 9 states with programme challenges ranging from low case detection, poor job descriptions, organization of TB services as well as ineffective supervision. The result of these visits is improved clinic organization and programme performance. In Sokoto state, 100 TB patients were registered in Usman Dan Fodio University Teaching Hospital (UDUTH), Sokoto after a mentoring visit was conducted there (photographs showing infrastructural improvement are attached). TB CARE I supported the assessment of the supervisory system of the NTBLCP with the aim of improving the system including the structure and approach of supervision at all levels of health care delivery system.

Challenges and Next Steps

The challenges include:

- The HDL plan has been developed but was not yet printed and so was not made available to health institutions and the field officers. TB CARE I plans to distribute the plan within the first half of the year.
- The National PPM guidelines need review to incorporate new approaches and tools.
- Membership of the state PPM committees as it is constituted now does not include CBOs, CSOs and representatives of tertiary institutions.
- Lack of Standard Operating procedures (SOPs) for HDL implementation.
- Support for post-supervision meetings at state and local government levels to articulate the recommendations of the visits for adequate and effective follow up.
- Inadequate human resources for health (HRH) at the primary health care level has often lead to fatigue of limited staff as they are repeatedly utilized for conducting multiple activities.
- Government support for CTBC activities has been very weak thus raising concerns on the issue of sustainability. Trained community volunteers (CV) are requesting stipends as their counterparts receive from GFATM support.

The next steps include:

- TB CARE I would support the review of the CTBC guidelines as well as development of HDL SOPs which will address most of the challenges itemized above. The CTBC and ACSM documents have been submitted to the National Programme for editing. These will be printed.
- The draft M & E framework for the National TB Network organizations will be finalized.

Laboratories

Technical Outcomes

Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result	
				Y1	Y1	
1)	Improved access to diagnosis	Lab coverage (AFB microscopy labs)	Number of AFB microscopy labs divided by the population	1/148,148 (1026 labs)	1/139,437 (1152 labs)	1/140,215,155 (1148)
2)	Improved quality assurance system for AFB microscopy labs	Percentage of labs performing with >95% concordance	Number of labs performing AFB microscopy with >95% correct results (concordance) divided by the total number of labs assessed times 100	NA	80%	N/A
3)	Increased access to culture and DST	Lab coverage (culture and DST labs)	Number of labs performing culture divided by the population	1/51,666,666	1/30,400,000	1/40,241,875

Interpretation of data

1. There was a significant increase in the number of labs from (1026 to 1148) even though target for this indicator was not met. TB CARE contributed at least 75 of the additional labs within the reporting period. A major reason for not meeting the target is the increase in the population base which is not commensurate with lab expansion.
2. Data for the indicator would be available at the end of April 2012.
3. The target for the indicator was not met. Possible reason is same as in indicator 1 above.

Key Achievements

- The National Lab Technical Working Group meetings were supported in APA1.TB CARE I supported the development of a draft laboratory policy for the NTBLCP with technical assistance from KNCV lab consultants, Drs Valentina Anisimova and Linda Oskam.
- Through an external TA from Supranational Reference laboratory (SRL) at Milan by Dr Danielle Cirillo, TB CARE I provided support to the National Reference Laboratories including the Reference lab in Dr Lawrence Henshaw Specialist Hospital, Calabar. Plan for the development of capacity for improved proficiency for both conventional and new WHO endorsed technologies discussed and developed.
- With external TA by KNCV consultants, Drs Valentina Anisimova and Linda Oskam, a National lab assessment was conducted. Seventy-five microscopes were procured and distributed to the health facilities.

- Funding for training of the GHWs was leveraged from the COP 11 budget. The capacity of 42 lab personnel (15 males and 27 females) on bio-safety measures in BSL 3 culture laboratory and BSL 2 lab with BSL 3 practices was developed. Similarly the capacity of 18 biomedical engineers (17 males and 1 female) was developed in the care of medical equipment as well as infrastructure services in line with Planned Preventive Maintenance (PPM) Standard Operating Procedures (SOP). In addition, the capacity of 63 lab personnel (34 males and 29 females) working in TB laboratories on Good laboratory Practices (GLP) was also developed.

Challenges and Next Steps

The challenges include:

- External Quality Assurance (EQA) programme does not do culture and DST for first line as well as second line drugs (SLD).
- Inadequate support for EQA for all the laboratories performing AFB microscopy.
- Panel testing is not routinely conducted on the national as well as the zonal laboratories.

The next steps include:

- The Supranational Reference laboratory at Milan through TB CARE I would be supported to supervise and monitor the activities of the reference laboratories.
- TB CARE I in APA 2 will support the NTBLCP to finalize the draft National Laboratory TB policy.
- TB CARE I will continue the support for strengthening the National network and the referral linkages started in APA 1.

Programmatic Management of Drug Resistant TB (PMDT)

Technical Outcomes

	Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result
					Y1	Y1
(1)	Increased access to MDR diagnosis	Proportion of MDR suspects tested	Total number of MDR suspects tested divided by total number of MDR suspects (according to algorithm) times 100	NA	15%	100%
(2)	Increased access to MDR Treatment	Proportion of confirmed MDR patients put on treatment	Number of confirmed MDR patients put on treatment divided by the total number of confirmed MDR patients times 100	18%	40%	41%
(3)	Strengthened PMDT Linkages	Increased of number of MDR suspects referred	Increased of number of MDR suspects referred	NA	1200	117

Interpretation of data

1. The national is yet to compile total MDR suspects. The data for annual is for the 2011 fiscal year. A total of 117 suspects were referred and all were tested. Data reported is for DFB site only (UCH).
2. Of those tested, only 41% were confirmed patients put on treatment. Though total number of confirmed cases was not reported to us. We do not have number of confirmed MDR cases. Data reported here is for only one treatment site UCH overseen by Damien Foundation. NTP is still working on its national surveillance system, M&E inclusive.
3. The year figure reported is only suspects sent to Damien Foundation Belgium and data is for only one treatment site.

Key Achievements

- TB CARE I in APA 1 supported finalization of the National DR-TB guidelines and development of SOPs for R & R formats for the commencement of routine DR-TB surveillance in the country through external TA from consultants, Drs Remi Verduin and Victor Ombeka. The draft documents had developed earlier with during the TBCAP project. The development of national training curriculum and modules on PMDT were also supported. These will serve as training materials for the rapid scale up of PMDT implementation in the country. TB CARE I with savings from TBCAP supported the printing of 400 copies of the finalized DR-TB guidelines. These have been delivered to the NTBLCP and in turn distributed to implementing partners and agencies.

- Through TB CARE I, the renovation and upgrading of the BSL 3 laboratory in Nigeria Institute of Medical Research (NIMR) has reached 95% completion. Landscaping and furnishing will continue into APA 2.
- Nine Gene Xpert machines were procured, 4 through TBCAP savings and 5 through TB CARE I. Seven have been installed at the designated health facilities which include National TBL Training Centre (NTBLTC), Zaria; NIMR, Lagos; Zankli Medical Centre, Abuja; Gombe Specialist hospital, Mainland Hospital, Lagos; Central Hospital, Benin and St Francis Hospital, Abakaliki. The capacity of laboratory as well as programme management staff- 14 persons (10 males and 4 females) on the new Gene Xpert technology was also developed. TB CARE I in APA 1 also supported the development of SOPs, training curriculum and modules for Xpert MTB/RIF implementation and the review and adaptation of testing algorithm for Xpert MTB/RIF and sputum sample transport.
- The NTBLCP was supported to print 5,000 copies of the National Workers' manual and 5,000 copies, each of SOPs on the 6 month Regimen switch and Treatment Supporter. In addition it provided support for the printing of 1,600 copies of TB/HIV training materials including facilitator's and participant's guides
- Sixty-six (66) General Health Workers (27 males and 39 females) including medical doctors, nurses and lab personnel in Mainland hospital, Lagos and Infectious Disease Hospital, Kano on MDR-TB diagnosis and management were trained during the period. Additionally, 54 Health Care Workers (HCWs) including medical doctors and nurses from health facilities were also trained to provide DR-TB treatment and care in the continuation phase of the treatment.
- TB CARE I supported the procurement of 850 packs of Cycloserine to replace the expired stock previously procured by CDC. TB CARE I provided in country support and facilitation for a GDF mission by WHO-AFRO (Dr Daniel Kibuga) and MSH (Andy Marsden). The result of the mission has paved the way for the application of the second Grant of Paediatric drugs from GDF by the NTBLCP beyond 2012.

Challenges and Next Steps

The challenges include:

- Lack of government budget lines for equipping and furnishing of MDR-TB diagnostic and treatment facilities when completed.
- Provision of logistics for sputum and patient transport yet to be finalized.
- Inadequate R & R materials for routine DR-TB surveillance.
- Admission of MDR-TB patients was stalled due to short supply of SLDs in the Global market. Patients were educated on infection control measures and continued on their existing TB treatment while awaiting bed spaces.
- Late receipt of SLDs hindered further admission of diagnosed DR-TB patients into treatment.

The next steps include:

- Development of an MOU based on a tripartite agreement between the government, support organization and the DR-TB Care and Treatment facilities on roles and responsibilities with regards to DR-TB treatment and care provision.
- Engagement of Institute of Human Virology of Nigeria (IHVN), Principal Recipient (PR) for GF DR-TB and other key partners on leveraging support for sputum sample transport and patient support.
- SLDs for 30 patients were procured by TB CAP Core Saving and will be arriving in country early February 2012. The PR, IHVN has also ordered for SLDs for 80 DR-TB patients. These are arriving at the same time in the country. TB CARE I will support

the National Programme in the development of the DR-TB recording and reporting tools and also M&E structure.

Health System Strengthening (HSS)

Technical Outcomes

Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1
1)	Improved TB service delivery	Number of TB suspects screened	Number of TB suspects screened for HIV	303.130	450.000	297, 628
2)	Improved case notification in model clinics	Average percentage increase in TB case notification in the selected model clinics	Average of the clinics assessed (Number of TB cases notified in the current year minus number of TB cases notified in the previous year divided by number of TB cases notified in the previous year times 100)	NA	15%	NA
3)	Increased capacity on MOST for TB	Proportion of trained program managers who developed an annual action plan	Total number of trained program managers who developed an annual action plan divided by total number of trained program managers times 100	NA	100%	Not applicable

Interpretation of data

1. About 66% of the target was met. The data also fell short of the baseline figures. There was prolonged shortage of test kits experienced during the year due to a shortfall in the number of test kits procured by NASCP. TB CARE I has plans to procure additional test kits to supplement the Government order.
2. Evaluation slated for second quarter 2012 (6 months after start of implementation).
3. Activity was cancelled. Savings used for acceleration of implementation e-TB Manager.

Key Achievements

- During APA1, support was provided for the development of leadership and management training materials to build capacity of Local Government Area (LGA) supervisors on programme leadership and management. Twenty (11males and 9 females) LGA TB supervisors from Ogun state were trained on programme management and leadership.
- The review of the National ACSM guidelines and development of the ACSM toolkits was conducted and completed. Finalized copies of the ACSM guidelines and the toolkits have been submitted to the NTBLCP for editing before printing.
- A situation analysis of case detection practices of 11 health care facilities in Lagos and Kogi states was conducted. The interventions include the development of Standard Operating Procedure (SOP) to address these gaps and missed opportunities in the delivery of tuberculosis and HIV services in those facilities. These tools are being piloted in 10 health facilities and have contributed to improving TB case detection in these facilities.

- Ten Tuberculosis and Leprosy (TBL) supervisors were oriented on the SOP intervention for improving TB case detection.
- TB CARE I provided support for the development of SOPs for the Switch to 6-month Regimen and Use of Treatment Supporter. The Control officers' Retreat was supported by TB CARE I in APA 1. The expected outcome of this retreat was improved programme planning, implementation, monitoring and evaluation.

Challenges and Next Steps

The challenges include:

- Civil servants' strikes frequently interrupt provision of health care services at state as well as LGAs level. Supervision and monitoring often became difficult due to these strikes.
- Multiple responsibilities and roles of programme managers at both and LGA levels sometimes become overwhelming and diversionary with respect to primary function of TB control activities.
- Inadequate and poor management of commodity securities results in frequent stocks at health facilities.
- Some activities linked to target for the technical area were cancelled as these were not directly increasing case detection of the NTBLCP.
- Partial implementation of activities due to other competing activities and time constraints.

The next steps include:

- Roll over non implemented activities into APA 2. Re-plan implementation of activities with the NTBLCP.
- Plan supervision and monitoring visits to pilot health facilities for improved case detection activities.

Monitoring & Evaluation, Surveillance and OR

Technical Outcomes

Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1
1)	Improved data quality	Proportion of health facilities with accurate data (assessed during semi-annual data audit)	Number of facilities with accurate data divided by total number of facilities assessed during semi-annual data audit times 100	NA	80%	NA

The NTBLCP with support from TB CARE I conducted data quality assessments in five randomly selected states of Imo, Delta, Kogi, Adamawa and Oyo states. The numerator consisted of a recount of the number of cases or events during the reporting period; while the denominator was the number of cases reported by the site during the reporting period multiplied by 100 to obtain the results below. Any figure below 100 is over-reported and any figure above 100 is under-reported. These calculations are based on the structure of the MEASURE Evaluation tool which was adapted for the exercise. The following indicators were verified at the State, LGA and Facility levels. The results are presented in the table below.

S/N	Indicators	State Ratio	LGA Ratio	Facility Ratio
1.	Total number of TB suspects examined for diagnosis by sputum smear microscopy (Q1 2011)	103.1%	99.6%	67.37
2.	Total number of TB patients registered in Q1, 2011	100%	99.05	97.7%
3.	Number and proportion of TB patients tested for HIV in Q1, 2011	100.9%	98.4	95.7%
4.	Number of new smear positives successfully treated among new smear positive cases registered in Q1, 2010	99.8	99.4	98%

Interpretation of data

1. For the first indicator both the LGA and facility over-reported on the indicator, the state however under reported.
2. The second indicator was also over-reported by both LGA and Facility though the margin was not huge.
3. For the third indicator as was the case in the previous the LGA and facility over reported while the state under-reported by 0.9%.
4. For the last indicator, the data was over-reported at all three levels.
5. Non-use of suspects registers account for under-reported data however, also where the register is in use, there is gross over-reporting by some specific sites and states suggesting lack of effective supervision.

Key Achievements

- The need to harmonize all indicators for TB and TB/HIV reporting in the country was recognized by the NTBLCP. TB CARE I in APA 1 supported the development of a TB indicator reference booklet containing all reportable indicators of the NTBLCP by key TB partners in the country. The NTBLCP was supported to organize Data Quality Assessment (DQA) during APA 1.
- TB CARE I through MSH supported institutionalization of e-TB manager as a web based information and data management tool for the NTBLCP. Customization of the e-TB manager for MDR-TB case and second line drugs management within the Nigerian context was also completed.

Challenges and Next Steps

The challenges include:

- Provision of a dedicated server for the e-TB manager in Nigeria is a challenge.
- Support for strengthening the server of Federal Ministry of Health (FMoH) to serve also the e-TB manager.

The next steps include:

- There is need for the state managers to promote the appropriate placement and use of registers
- There is need to entrench RDQA into the state and LGA M&E system to strengthen the system and ensure reliable TB data at all levels
- Establish a Technical Working Group (M & E technical Working Group) to provide direction and assistance to external consultants on the implementation of the e-TB manager through the pilot phase, continuing customization to final installation of the e-TB manager data in a dedicated server in Nigeria.
- Engage the NTBLCP to explore possibilities for strengthening the integrated server for data management in the FMoH.
- Explore support from key TB partners for the building of a local server for e-TB manager.