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| **TB CARE I**

# **Nigeria**

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

**October 31st, 2011**

## Quarterly Overview

<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>April-June 2011</b>

<b>Technical Areas</b>	<b>% Completion</b>
1. Universal and Early Access	28%
2. Laboratories	78%
4. PMDT	39%
6. Health Systems Strengthening	39%
7. M&E, OR and Surveillance	70%
<b>Overall work plan completion</b>	<b>51%</b>

### Most Significant Achievements

The highlights of the current quarter were the recently held **Control Officers Retreat** (see activity 6.1.11). The retreat was organized on request of the Control Officers who wanted to have a frank discussion on their respective programme performances. The agenda contained topics on Teambuilding, Being an effective Control Officer and Financial Accountability. During the discussions the Control Officers vowed to improve on general office management, supervision and reporting of data. The Control Officers agreed with one another that they will use the coming quarter to start improving on these aspects for them to report back to the general house during the planned Control Officers Meeting in November in Akwa Ibom (for which funding will be leveraged from Global Fund and USAID/TBCARE I - planned activity 6.1.13). During the same quarter **monthly mentoring visits** (see activity 1.3.6) were organized to challenged states. During these visits attention was focused on general office management: development organogrammes and job descriptions, filing systems, store management and data analysis. These activities are showing a coordinated upstream support to the NTBLCP at all levels. During the quarter under reporting the Senior Lab Consultant of the TB CARE I Project Management Unit (PMU) came to Nigeria from August 1-10 2011 for a follow up visit on the GeneXpert Pilot Project. The objectives of the visit were: (1) Finalize the training materials and supporting documents (2) Training of Trainers on GeneXpert Implementation (3) Set up GeneXpert Instrument in Zaria. The TA Visit was combined with activity 4.1.5 in the country workplan. The following action list came out of the meeting: (1) Need to develop a basic computer module (with help from MSH IT Department) (2) Finalization National MDR TB Guidelines (3) Follow up meeting to finalize the curriculum and development of a logistics plan (4) Finalization of the site selection (5) Training should only start after the earlier mentioned issues are addressed. The Monitoring and Evaluation Officers of KNCV/TBCARE I and the National Tuberculosis and Leprosy Control Programme attended a **Global M&E Training** in The Hague from September 19-22 2011 whereas the TBCARE I Country Director attended the **Global Country Directors Meeting** in The Hague from September 22-24 2011.

In order to improve TB case detection, the project continued to support community volunteers (CVs) under the four umbrella **Community-based Organizations** (CBOs) - Catholic Action committee on AIDS, (CACA), Forward In Action For Education, Poverty and Malnutrition (FACE-PAM), Federation of Moslem Women Association of Nigeria (FOMWAN) and National Union of Road Transport Workers (NURTW) in AMAC, Bauchi, Kachia and Udi LGAs respectively. A one day refresher training was organized for the CVs on the basic knowledge about TB disease and the crucial role of effective referral and referral linkages in community approach to TB management and control. The training was participatory in nature and included sessions on sharing experiences and lessons learnt. It made use of the referral tools as the basic training aids for the role plays. A total of 130 CV were trained - 21 in Udi, 45 in Kachia, 32 in AMAC and 32 in Bauchi LGAs.

In order to acquaint laboratory personnel especially at MDR TB diagnostic sites with all aspects of **Bio-safety** measures required to work in a BSL3 TB culture Laboratory or BSL2 with BSL3 practices, a 3-day training was organized for 42 personnel selected from FHI-supported sites. Furthermore, a 3 day capacity building activity was conducted for 64 laboratory personnel on good clinical practice required to work in a TB laboratory. Training modules were delivered through power point presentations, hands-on practical demonstration, exercises and playlets. Eighteen biomedical engineers were also trained on care of medical equipments and infrastructure services in line with Planned Preventive Maintenance (PPM) standard operating procedure (SOP). A wide range of laboratory and hospital equipments as well as facilities structure maintenances were covered in the training. These include sphygmomanometer, Vacuum Extractor; Suction machine, Microscope, Hospital/Theater Beds, Balances, Water bath, Sterilizer, Autoclaving, Incinerator and building structures.

The National TB and Leprosy Control Programme (NTBLCP) with the support from WHO TBCARE 1 organized an expert meeting to review the **National ACSM guidelines and develop ACSM toolkits** as well as IEC materials during the 2nd quarter under reporting. The meeting took place at the De Nivilla hotel, Kaduna in Kaduna state from the 19-22 September 2011. Among the organization whose

representatives participated in the meeting include WHO, SFH, FHI, TB-CARE, National TB Network, Winrock International, Patient Support Groups, Central Unit of the NTBLCP, National TB and Leprosy Training Centre (NTBLTC), Zaria and state TB control programmes. The key outcomes of the meeting include among others, linking up effectively ACSM activities with the national programme, involvement of the programme managers in all ACSM activities by the partners at any level of their activities, incorporating ACSM capacity building programmes for relevant stakeholders across all levels and ensuring that access of the harmonized and updated ACSM tools and materials is through the NTBPLCP.

A reconnaissance visit to assess the feasibility of **introduction of e-TB manager** for the management of MDR-TB was conducted from 5th-9th September by an MSH consultant. The overall objective of the assessment was to introduce e-TB manager tool to interested parties and assess the feasibility of implementing e-TB manager for MDR-TB case management and second line drug management in Nigeria. Specifically, the assessment was aimed at 1) Explaining and demonstrating the e-TB manager system to NTBLCP, USAID and other key partners, 2) Determining the needs of the NTBLCP for the utilization of the e-TB manager tool 3) Assessing the available resources (human, material and financial) for the implementation of e-TB manager tool for DR-TB 4) Determining the necessary steps and timelines for the implementation of e-Tb manager in Nigeria. A total of 28 participants 7 females and 21 males from 11 organizations (NTBLCP, WHO, IHVN, FHI, ARF, DFB, CMS, NTBLTC, KNCV, STBLOs of Oyo & FCT and MSH) were engaged. At the end of the mission it was concluded that most of the resources required for the implementation of e-TB manager are available in Nigeria, and if the key challenges of power and internet connectivity are addressed, e-TB manager implementation is possible in Nigeria. The NTBLCP agreed to implement e-TB manager as a pilot in the MDR-TB centres in the country. A customization of the e-TB manager tool for Nigeria will be carried out before the end of the year.

#### **Overall work plan implementation status**

The overall implementation status is 50%. In general all activities have been planned for the next quarter. The delay in implementation has been caused by several factors: the UN Bombblast has affected the overall implementation of WHO (their staff can not access the office mails / financial system easily); the renovation activities of FHI are comprehensive and FHI only received the final Bills of Quantities at the end of the quarter under reporting. The coalition partners will ensure full attention to speeding up the process of implementing activities before December 31st 2011 (the TBCARE I Nigeria project was given an overall no-cost extension till December 31st 2011).

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

The planning of activities alongside the general activities from the National Tuberculosis and Leprosy Control Programme (NTBLCP) is a huge task. The TBCARE I Nigeria approach is to ensure that the NTBLCP takes the lead in the implementation of all project activities. This requires numerous discussions with the NTBLCP as well as the various partner organizations in- and outside the TBCTA Coalition. The preparation of the APA2 workplan has taken longer than expected. The gap analysis, partners meetings, drafting of partner workplans and budgets, collation of the overall workplan took more time than planned. Next year the planning process will have to start earlier.

## Quarterly Technical Outcome Report

	2010*	2011**
Number of MDR cases diagnosed	NA	NA
Number of MDR cases put on treatment	23	43

\* January - December 2010 \*\* January - September 2011

Technical Area		1. Universal and Early Access						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
1.1	Increased TB case notification	TB case notification (new smear positive cases)	Number of new smear positive cases notified	44.683	51.800		To be reported after December 31st 2011.	
1.2	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		During the quarter, a total of 223 (M=103/F=120) were referred by community volunteers.	WHO has not yet reported on their CTBC activities due to the delay in implementation.
1.3	Improved quality of health service delivery in focus states	Treatment success rate	Number of new smear positive cases who were successfully treated	78%	82%		To be reported after December 31st 2011.	

Technical Area		2. Laboratories						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
2.1	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)		To be reported after December 31st 2011.	

2.2	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%		To be reported after December 31st 2011.	
2.3	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		To be reported after December 31st 2011.	

Technical Area		4. PMDT						
Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target	
				Y1	Y1			
4.1	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%		During the quarter 35 MDR suspects were referred for testing by DFB. The NTBLCP has not yet aggregated the category 2 failure data for the quarter.	
4.2	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%		There was an admission stop at the MDR Treatment Centre in Ibadan due to the delay in arrival of the secondline drugs. Drugs for 110 patients (30 TBCAP / 80 Global Fund) are expected to arrive in January 2012.	
4.3	Strengthened PMDT Linkages	Increased of number of MDR suspects referred	Increased of number of MDR suspects referred	NA	1200		See 4.1	

Technical Area		6. Health Systems Strengthened						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
6.1	Improved TB service delivery	Number of TB suspects screened	Number of TB suspects screened	303.130	350.000		To be reported after December 31st 2011	
6.2	Improved case notification in model clinics	Percentage increase in TB case notification in the selected model clinics	Percent change in the number of TB cases notified in the current year compared to previous	NA	15%		To be reported after December 31st 2012	
6.3	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	NA	100%		Activity not yet done. Planned for next quarter	

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 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	NA	80%		Yet to summarize aggregated data from DQA visits.	

## Quarterly Activity Plan Report

Outcomes	1. Universal and Early Access		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
1.1 Increased TB case notification	1.1.1	Support National PPM Steering Committee (2)	WHO	17.332	 50%	Aug	 2011	The National PPM Steering Committee meeting was held on the 26 September 2011 in Abuja. Participants at the included representative of key TB partners including the CSOs, Academia, ILEP, the uniformed forces and WHO. Challenges identified include <ul style="list-style-type: none"> <li>• Belated national PPM guidelines</li> <li>• Inadequate coordination of PPM activities in the states</li> <li>• Non availability of the (HDL) plans in the tertiary health facilities</li> <li>• Lack of linkages between the various PPM steering committees at national and state levels and the central unit of the NTBLCP</li> <li>• Poor implementation of PPM DOTS activities</li> <li>• Weak supervision and monitoring of PPM activities</li> </ul> Resolutions reached include among others <ul style="list-style-type: none"> <li>• WHO will support the review of the National PPM guidelines</li> <li>• Strengthen the supervision and M &amp; E for PPM activities</li> <li>• Support the implementation of PPM activities in the</li> </ul>
	1.1.2	Support State PPM Steering Committees (6)	WHO	58.638	 0%	Dec	 2011	Ongoing
	1.1.3	Support HDL Meetings (6 hospitals)	WHO	4.810	 0%	Dec	 2011	Ongoing
	1.1.4	Develop SOPs for implemenation of HDL	WHO	4.543	 0%	Dec	 2011	Awaiting final date
	1.1.5	Support salaries WHO Staff	WHO	207.865	 75%	Dec	 2011	Ongoing
	1.1.6	Support WHO Staff to attend international conference	WHO	15.881	 0%	Oct	 2011	Activity planned for Oct 2011
	1.1.7	Advocacy visits to selected states (TB Outreach)	WHO	481	 0%	Dec	 2011	Activity has been planned to take place on 5-9 December 2011
	1.1.8	Sensitization/training community/religeous leaders	WHO	2.405	 0%	Dec	 2011	Activity has been planned to take place on 5-9 December 2011
	1.1.9	Training GHWs (TB Outreach)	WHO	4.810	 0%	Dec	 2011	Activity has been planned to take place on 5-9 December 2011

	<b>1.1.10</b>	Develop/print cultural specific IEC materials (TB Outreach)	WHO	6.833	 0%	Dec	 2011	Activity has been planned to take place on 5-9 December 2011
	<b>1.1.11</b>	Conduct TB Outreach Campaigns	WHO	63.638	 0%	Dec	 2011	Activity has been planned to take place on 5-9 December 2011
	<b>1.1.12</b>	Advocacy visits to tertiary institutions (HDL)	WHO	5.543	 0%	Nov	 2011	Activity has been planned to occur at the designated health facilities 21-25 November 2011
	<b>1.1.13</b>	Conduct HDL workshop in tertiary institutions (HDL)	WHO	3.398	 0%	Nov	 2011	Activity has been planned to occur at the designated health facilities 21-25 November 2011
	<b>1.1.14</b>	Develop/produce cough signage (HDL)	WHO	550	 25%	Dec	 2011	Prototype cough signage has been developed for WHO supported intensified case finding in health facilities. With WHO TBCARE 1 funds, extra copies of the cough signages will be produced for the selected health facilities
	<b>1.1.15</b>	Support HDL Meetings (HDL)	WHO	1.237	 0%	Oct	 2011	The meetings have been planned to occur in 17-21 October 2011.
	<b>1.1.16</b>	Distribution drugs from CMS to Zones to States	KNCV	80.008	 50%	Dec	 2011	Activity is ongoing
	<b>1.1.17</b>	Distribution drugs State-LGA	KNCV		 50%	Dec	 2011	(Savings) Activity is ongoing
1.2 Increased number of TB suspects referred by community volunteers in selected LGAs	<b>1.2.1</b>	Organize expert meeting to review National CTBC Guidelines/SOPs for referral	WHO	9.620	 0%	Oct	 2011	The meeting has held as at the time of writing the report but not in the actual quarter under reporting.
	<b>1.2.2</b>	Print new CTBC Guidelines/SOPs for referral	WHO	16.034	 0%	Dec	 2011	The printing is awaiting finalization of the SOPs after the meeting which was held in October 2011 (see
	<b>1.2.3</b>	Maintain existing project staff (4LGAs)	FHI	136.937	 50%	Apr	 2011	4 CHOs maintained in Udi, Kachia, AMAC and Bauchi LGAs

1.2.4	Training new staff of CBOs on project management	FHI	13.842	 100%	Jun	 2011	<p>CBO from the remaining 3 LGAs namely AMAC, Kachia and Bauchi LGA. 33 participants (16M; 17F) were trained on project management. Participants were introduced to key topics aimed at positioning them to manage the CTBC program implementation in their various communities. Sessions covered during the three days included overview of organizational development and CTBC/TBCARE project, team building, work plan development, reporting and documentation, partnership and networking, financial management and budgeting, time management as well as project start up and a session on M &amp; E and reporting tools. knowledge acquired by the participants at the end of the training will position CBO to deliver quality project implementation of CTBC activities in AMAC, Kachia and Bauchi LGAs.</p>
1.2.5	Support monthly CTBC meetings at LGA level	FHI	15.251	 50%	Jul	 2011	<p>10 CTBC meetings were held across AMAC, Kachia, Bauchi and Udi LGAs during the quarter. The focus was on tracking program performance, keeping stakeholders at LGA and Community levels abreast of happenings at CTBC sites within the LGAs, and identifying and addressing constraints at these sites. Specific issues discussed in Bauchi LGA included shortage of staffs as well as stock-out of sputum containers in Liman Katagum PHC in relation to service delivery. In AMAC LGA, issues discussed included failure of AMAC in fulfilling its commitment to pay monthly stipends to CVs as part of efforts to ensure sustained implementation of CTBC activities in the LGA, and the need for TBLS to ensure that the CTBC tools are available to CVs within designated facilities. Kachi and Udi LGA discussions focused on ownership and sustainability of the CTBC project..</p>
1.2.6	Support monthly monitoring of CTBC activities in 4 LGAs	FHI	15.251	 50%	Jul	 2011	<p>12 supervisory visits in conjunction with facility staffs and TBLS took place within the quarter. 2 in AMAC, 4 in Bauchi, 4 in Udi and 2 in Kachia. Registers were updated and new tools supplied, communication was strengthened between facility staffs, CVs, LGA TBLS within the catchment communities, staffs were mentored on site on INH prophylaxis for children less than 6 years contacts traced among confirmed smear positive TB cases and the need for proper documentation at facility level in supported CTBC sites at Kachia LGA.</p>

<b>1.2.7</b>	Support agreements with LGAs	FHI	13.514	 75%	Jul	 2011	CBOs in 4 LGAs have been supported to implement CTBC activities. These include CTBC committee meetings, advocacy visits to community and LGA stakeholders, community mobilisation and supervision and support for CV activities.
<b>1.2.8</b>	Organize TOT for TB FP of TB Network	KNCV	30.324	 0%	Oct	 2011	Awaiting final date
<b>1.2.9</b>	Support CTBC activities PLAN	KNCV	25.824	 75%	Dec	 2011	Plan continued with the implementation of CTBC activities in Oyo state. Some activities embarked on during the quarter include outreaches wherein communities were sensitized. Likewise advocacy visits were conducted to relevant stakeholders. The Community Volunteers (CV) monthly meetings were held and issues raised were addressed appropriately
<b>1.2.10</b>	Organize stakeholders meeting to develop M&E Framework for TB Network	KNCV	9.757	 100%	Jul	 2011	The stakeholders meeting to develop M&E framework for TB Network was held from August 18 20 2011 at the NTBLTC Zaria. There were 13 participants (8 male/5 female). The aim of the workshop was to develop an M&E Framework for the TB Network (an Umbrella NGO for CBOs working in TB Control). The meeting was facilitated by the NTBLCP M&E Officer, the TBCARE I TB/HIV Advisor, the TBCARE I Senior M&E Advisor and the Training Director NTBLTC Zaria. The agenda of the meeting entailed the following topics: 1) Presentation NTBLCP M&E Framework 2) Presentation TBCARE I M&E Framework 3) Presentations on the activities of the different organizations associated with the TB Network 4) Identifying reporting and communication lines within the TB Network 5) Production of a zero draft of the M&E Framework. This draft will be shared and finalized by the participants of the meeting. The main observation of the meeting was that there is an <u>urgent need to develop a five-year Strategic Plan for</u>
<b>1.2.11</b>	Support CTBC referral network	FHI	26.346	 50%	Apr	 2011	Within the quarter, identified TB suspects were linked to DOTS facilities through the existing network in AMAC, Kachia, Udi and Bauchi LGAs. During on-site visits, issues concerning incomplete referrals among identified suspects in the community were addressed by ensuring availability of referral tools and proper documentation

	<b>1.2.12</b>	Provide logistics for contact tracing and patient tracking (CTBC)	FHI	10.703	50%	Jun	2011	Logistic support was provided through the 4 CBOs to CVs in Udi, Kachia, AMAC and Bauchi LGAs in tracking TB patients on treatment as well as referring TB contacts. During the quarter, Contacts -children less than 6 years living with smear positive cases with no TB symptoms are place on INH supplied at facility level by TBLS in Kachia LGA.Activity was hampered by strike action of health care workers in Udi LGA.
	<b>1.2.13</b>	Conduct community dialogue with community and religious	WHO	4.810	0%	Dec	2011	This activity is re-planned to take place 5-9 December 2011
	<b>1.2.14</b>	Build capacity of CBOs/CSOs registered with TB Network	WHO	6.963	0%	Dec	2011	This activity is re-planned to take place 12-16 December 2011
	<b>1.2.15</b>	Orientation Community Health Workers	WHO	33.121	0%	Dec	2011	As above
	<b>1.2.16</b>	QMs community and religious leaders	WHO	14.430	0%	Dec	2011	The activity will follow after activity 1.2.14 & 1.2.15 above
1.3 Improved quality of health service delivery in focus states	<b>1.3.1</b>	Conduct assessment NTBLCP supervisory system	MSH	31.035	100%	Jul	2011	An assessment of the current supervisory system (structure and approaches) of the NTBLCP was conducted at the national, state and LGA levels by a team of four technical officers. The objectives of the assessment was to understand the current supervisory system and identify areas that could be strengthened. The assessment focused on the structure of supervision (levels of supervision, frequency of supervision and supervisory team and supervisees at each level) as well as the supervisory approach (Planning for supervision, Supervision proper and follow-up of supervision). Some of the identified challenges to the current supervisory system include: a. Much emphasis is paid to the supervision of health facilities by national and state level supervisors at the expense of the state and local government TB programmes respectively. b. Post supervision meetings to articulate the outcome of supervisions at the national level are not routine c. Follow up on recommendations/action plans is largely inadequate.d. Mentoring of health workers is not a routine part of the supervision especially at lower levels. e. The supervisory process at the local government levels is not systematic and often lack in details. f. The use of checklists especially at the local government level is not routine.g. The laboratory
	<b>1.3.2</b>	Develop supervisory framework	MSH	22.852	0%	Nov	2011	Planned for November 2011.

<b>1.3.3</b>	Orientation key NTBLCP staff on supervisory framework	MSH	90.662	 0%	Nov	 2011	The activity is planned for Nov 14th-18th, 2011
<b>1.3.4</b>	Support supervision NTBLCP Zonal Coordinators	KNCV	38.919	 0%	Dec	 2011	The activity is planned for 5th - 16th Dec, 2011
<b>1.3.5</b>	Organize quarterly supervision coordination meetings	KNCV	26.584	 75%	Nov	 2011	The ;last meeting has been planned to hold in November 2011. The meeting was included in the NTBLCP Quarterly Activity Plan.
<b>1.3.6</b>	Organize monthly mentoring visits to problem states	KNCV	69.189	 50%	May	 2011	Mentoring visits were conducted during the quarter to the identified problem states. The mentors were drawn from NTBLCP Staff, TBCARE I/WHO Staff and experienced State TBL Control Officers. In the current quarter under reporting the following states were visited for first/second time: Borno, Delta, Lagos, Sokoto (2 visits), Yobe and Zamfara. The visits were targetted at im[provement in programme management specifically: 1) Development of jobdescriptions/organogramme 2) Improvement in filing 3) Support in analysis of programme indicators 4) Support need for the development of state annual plans 5) Improvement in supervisory checklists and feedback mechanisms. Some states were given specific support in the field of logistics (a NTBLCP Logistics Officer would then be attached to the mentoring team): 1) Attention for PicknPack tool 2) Facility based reporting 3) Patient Kit Management. 3 States were visited twice - the mentors saw great improvements between the first and second visit.

	<b>1.3.7</b>	Specific mentoring Lagos State by GLRA MA	KNCV	12.259	 50%	Apr	 2011	<p>A total of 3 visits were conducted to Lagos as an area of interest where special mentoring concentrated due to High defaulter rate in which the following were agreed up after extensive mentoring: 1. Treatment supporters will henceforth be required of each patient; 2. Adherence counselling will be improved; 3. Cards will henceforth be arranged in 4 packs to facilitate daily assessment i.e. regular intensive phase ;irregular intensive phase; regular continuation phase; irregular continuation phase; 4. DOTS facility focal person to be provided with recharge cards for phone calls to patients/treatment supporters.; 5. Regular meetings between DOTS focal person and colleagues in the HIV clinic will be facilitated by the HoD, in the spirit of HIV/TB collaboration; 6. Home care services and adherence counselling for PLWHAs will be leveraged to serve dually infected TB patients; 7. Whenever possible, TB suspects should produce sputum specimens for laboratory diagnosis before registration and initiation of TB treatment; 8. The outcome and process of these interventions will be written up and published for the benefit of the NTP and wider TB community.</p>
					 <b>28%</b>			

Outcomes	2. Laboratories		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
2.1 Improved access to diagnosis	2.1.1	High level TA for assessment lab network	KNCV	48.928	100%	Aug	2011	A Lab TA Mission was conducted by Dr. Linda Oskam (Royal Tropical Institute The Netherlands) and Dr. Valentina Anisimova (KNCV Regional Office Kenya) from August 1-12 2011. The TOR for the Mission was as follows: 1) Evaluation Lab Network 2) Review EQA System 3) Review existing National Lab Strategic Plan/Guidelines/SOPs. Most important findings: 1) The existing Lab Network has strong linkages between State and LGA/Facility level. There is insufficient funding to bring the zonal levels up to standard. Additional problems include: staff attrition, stock outs of reagents, lack of maintenance system and insufficient quality of trainings 2) EQA Guidelines for ZN Staining only. EQA is organized between State and LGA/Facility level. There is no routine system in place at zonal/national level: panel testing is being done on an adhoc basis 3) The current National Lab Strategic Plan is not based on a Lab Policy. The most important recommendations were: 1) The Lab Network needs to be strengthened before expansion takes place 2) The NTBLCP to develop a TOR for all level labs - including SNRL 3) To develop a National Training Plan with minimum standard 4) Finalization EQA Guidelines ofr all techniques 5) Need to develop a Lab Policy/Structured National Lab Strategic Plan.
	2.1.2	Renovation of AFB microscopy labs (In collaboration with ILEP (75 labs - see other workplan))	KNCV					See COP work plan
	2.1.3	Procurement of microscopes	KNCV	147.453	100%	Aug	2011	A total of 75 microscopes were procured. The microscopes are currently being distributed to the respective facilities.
	2.1.4	Maintenance of microscopes	KNCV	4.054	0%	Dec	2011	The money has been reprogrammed due to the fact that there has been no need for provision of money for maintenance. The microscopes are in a good
2.2 Improved quality assurance system for AFB microscopy labs	2.2.1	Training on laboratory safely	FHI	18.382	100%	Jul	2011	A 3-days training for laboratory personnel from MDR TB diagnostic sites aiming at acquainting participants with all aspects of biosafety measures required to work in a BSL3 TB culture Laboratory or BSL2 with BSL3 practices TB Culture laboratory was conducted by FHI during the reporting period for 42 (M=15, F=27) participants.

	<b>2.2.2</b>	Training on equipment maintenance	FHI	35.230	100%	Jul	2011	A 3-day training was conducted for 18 biomedical engineers (M=17; F=1) to enhance the skills acquisition of the participants in the care of medical equipments and infrastructure services in line with Planned Preventive Maintenance (PPM) standard operating procedure (SOP). A wide range of laboratory, Hospital equipments and facilities structures maintenances were covered in the training. These include sphygmomanometer, Vacuum Extractor; Suction machine, Microscope, Hospital/Theater Beds, Balances, Water bath, Sterilizer, Autoclaving, Incinerator, Building
	<b>2.2.3</b>	Training lab personnel on Good Clinical Lab Practice	FHI	36.675	100%	Jul	2011	A 3-days training aimed at acquainting participants with all aspects of GCLP required to work in a TB laboratory including the TB culture Laboratory was conducted. In all 63 persons were trained (M= 34; F=29). Training modules were delivered through power point presentations. Hands on practical demonstration, exercises and Playlet. Copies of the training package were distributed to the participants.
2.3 Increased access to culture and DST	<b>2.3.1</b>	Support National Lab Technical Working Group	WHO	5.450	100%	Jul	2011	The 4th National Lab Technical Working Group meeting took place on the 27 July 2011 in Abuja. Fourteen members of the committee (11 males and 3 females) participated in the meeting. Key outcomes included 1. Setting up of 10-man team to develop a draft of the National guidelines on the strategies for Laboratory Diagnosis of TB in Nigeria. The draft was developed in a workshop supported by external TA from the 1-12 August 2011. 2. Role of the SRL was outlined 3. Challenges in stock management of lab consumables and other logistics were discussed.
	<b>2.3.2</b>	Support quarterly supervision NRLs to ZRLs	WHO	14.018	0%	Jul	2011	Depends on availability/functionality of Zonal Labs.
	<b>2.3.3</b>	Support TA by SNRL	WHO	15.176	100%	Jul	2011	The visit of Dr Daniela Cirillo from SRL, Milan to Nigeria National Reference labs took place from 26-28 July 2011. The TA looked at the strengthening the capacity of laboratory network at all levels particularly the development of capacity and proficiency in performing the conventional as well as new WHO endorsed technologies. The programmatic as well as technical functions of the SRL were also explained during the visit

78%

Outcomes	4. PMDT		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
4.1 Increased access to MDR diagnosis	4.1.1	Upgrade NIMR to BSL-3	FHI	256.611	25%	Dec	2011	Initial assessment done and MoU developed specifying stakeholders roles and responsibilities shared with all stakeholders for signatories. Vendor quotes received for civil works and HVAC system. The vendor selection process for civil works was finalised and contract is expected to be completed in October. Procurement for HVAC equipment will be done once an approval is received from KNCV on the procurement waiver submitted. Contract finalized and to be awarded to enable commencement of renovations.
	4.1.2	Procurement GeneXpert and consumables	KNCV	115.428	100%	Jul	2011	The 9 machines (5 under country funding and 4 under TBCAP Core project funding) have arrived in country and are awaiting installation based on the site assessment reports of which a summary report is currently being compiled.
	4.1.3	Procurement back up power supply	KNCV	33.784	25%	Nov	2011	KNCV Country Office has received 3 quotations for procurement and installation of the back up power supply systems. The items will be procured in October/November 2011.
	4.1.4	Installation GeneXpert and back up power supply	KNCV	10.135	0%	Nov	2011	See 4.1.3

4.1.5	Development SOPs for implementation GeneXpert	KNCV	3.699	 100%	Aug	 2011	During the TA Visit (August 2-13 2011) of Manuela Rehr (Lab Consultant PMU) for the Core Project on Rapid Implementation of GeneXpert the SOPs/training curriculum were developed. The objectives of the meeting were to prepare/finalize the training materials and supporting documents for GeneXpert implementation in Nigeria. 14 Participants (10M/4F) from the following organizations attended the meeting (held at Zankli Medical Center from August 4-6 2011): NTBLCP, NIMR, GLRA, NTBLTC, Zankli, DFB, Oyo State and TBCARE I/WHO. The outcome of the meeting was: (1) Teaching GeneXpert principles (2) Revision of available materials (3) Development curriculum for different level of staff (4) Formation of working groups to further adjust the generic materials. It was decided that the NTBLCP would organize a follow up meeting to finalize training materials and SOPs. The follow up meeting was held at the TBCARE I Office from September 15-16 2011. There were 12 participants (9M/3F) from the following organizations: NTBLCP, NTBLTC, GLRA, NIMR, DFB, Zankli and TBCARE I/WHO. The training curriculum and SOPs were finalized during the meeting. The following decisions were taken during the meeting: (1) A centralized training will be conducted at NTBLTC Zaria (2) Site specific comprehensive training plans have to be developed (3) NIMR/NTBLTC serve as supervisory labs (4) The sensitization training for hospital staff will be 1 day (5) Revision of number of training days for medical laboratory personnel.
4.1.6	Training/supervision staff on GeneXpert	KNCV	19.784	 25%	Aug	 2011	
4.1.7	Development SOPs/algorithm for sample transport	KNCV	8.649	 100%	Jun	 2011	See previous quarterly report
4.1.8	Support technical staff	FHI	210.102	 75%	Dec	 2011	State Technical Officer (Lagos) and Associate Director MDR coordinate the implementation of MDR-TB program in Lagos and Kano respectively
4.1.9	National MDR Guidelines and TB/HIV materials	KNCV		 25%	Oct	 2011	(Savings) At the time of reporting the documents have been printed however not in the stipulated reporting timeframe.

	<b>4.1.10</b>	Support NTP with printing of documents (Workers Manual; SOPs on Treatment Supported & Change to 6 mths regimen)	KNCV		 25%	Nov	 2011	(Savings) At the time of reporting part of the documents have been printed however not in the stipulated reporting timeframe.
4.2 Increased access to MDR Treatment	<b>4.2.1</b>	Upgrade MDR Treatment Centre	FHI	200.000	 25%	Dec	 2011	IDH Kano was assessed by a team of technical experts for upgrade, and architectural design finalized in previous quarter. Contract for renovation of a male ward, the paediatric wing, and the administration block has been awarded and is currently ongoing as at september. Gaps regarding renovation of Female ward has been budgeted for in APA2. Operational cost are also outstanding and opportunities to leverage on other projects are being explored.
	<b>4.2.2</b>	Training state program staff on clinical and PMDT	WHO	20.386	 0%	Dec	 2011	This activity has been re-planned to take place on the 12-16 December 2011.
	<b>4.2.3</b>	Training facility level staff on clinical and PMDT	FHI	15.144	 100%	Sep	 2011	A total of 66 (M=27; F=39) facility staff from Lagos were trained from 10th -12th August 2011 and from Kano were trained from 22nd -24th Sept, 2011 towards implementation using the integrated training curriculum on MDR TB diagnosis and management. Training also included TB Infection Control measures in line with the New Stop TB Initiative launched in 2006 and Stop TB Partnership, which recognizes the need to provide care to all patients affected by both drug susceptible and resistant TB.
	<b>4.2.4</b>	Procurement consumables and tests	FHI	34.459	 0%	Dec	 2011	To be done when full MDR TB treatment commences in Lagos Mainland Hospital and Kano, IDH
	<b>4.2.5</b>	Conduct monthly joint lab/clinical team meetings	FHI	4.522	 0%	Dec	 2011	To be done when full MDR TB treatment commences in Lagos Mainland Hospital and Kano, IDH
	<b>4.2.6</b>	In service training for staff of receiving health facilities	KNCV	40.000	 75%	Dec	 2011	During the quarter and through DFB, 4 MDR trainings were conducted for TBLS on PMDT; Nurses in MDR treatment sites on Update in clinical Management of MDR; Medical Officers on MDR TB management options and for Hospital Maid and Ward Assistants on Infection Control. The training methodology included PPT presentations; case demonstrations and group discussions. In all, a total of 54 persons were trained (M=13; F=41)
	<b>4.2.7</b>	Provide high tech consultancy for start of activities NIMR	FHI	19.698	 0%	Dec	 2011	To be done when MDR TB BSL 3 lab is fully activated
	<b>4.2.8</b>	Support movement samples to MDR treatment centers	FHI	3.425	 0%	Dec	 2011	To be done when full MDR TB treatment commences in Lagos Mainland Hospital and Kano, IDH.
	<b>4.2.9</b>	Support movement patients to MDR treatment centers	FHI	9.632	 0%	Dec	 2011	To be done when full MDR TB treatment commences in Lagos Mainland Hospital and Kano, IDH.

	<b>4.2.10</b>	Train GHWs on IC National Guidelines	FHI	24.206	100%	Jun	2011	This training was integrated into the facility level staff training on clinical and PMDT
4.3 Strengthened PMDT Linkages	<b>4.3.1</b>	TA to strengthen PMDT linkages	KNCV	46.855	50%	Nov	2011	A follow up visit has to be planned. Preferably to take place early December during the development of PMDT training materials.
	<b>4.3.2</b>	Provide TA on clinical and PMDT during JIMM/GLC/GDF	WHO	7.588	0%	Nov	2011	This activity originally scheduled to take place on the 17-24 September was postponed due the UN Bomb blast of August 26. It has now been re-scheduled to take place from the 17 November 2011.
					39%			

		<b>6. Health Systems Strengthening</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>		
6.1 Improved TB service delivery	<b>6.1.1</b>	Renovations of DOTS clinics	KNCV				See COP work plan	
	<b>6.1.2</b>	Review and update Leadership and Management training	MSH	29.008	100%	Apr	2011	<p>A three day workshop involving 10 experts (all males), from National Tuberculosis and Leprosy Training Centre Zaria, MSH, state coordinators, Local government TB supervisors and health workers was held from 16th-18th May in Abuja to review and update leadership and management training materials for LGA supervisors. The purpose of the workshop was to equip TB health professionals at the LGA level with relevant skills that would enable them to effectively manage and achieve targets for TB control in their areas. The output was the development of draft Leadership and management training materials adapted for TB LGA supervisors. The training materials will build the skill of supervisors to:</p> <ul style="list-style-type: none"> <li>• develop and update operational and action plans</li> <li>• monitor project progress using monitoring and evaluation plan</li> <li>• think strategically when overcoming challenges using a 'challenge model'</li> <li>• supervise and mentor project teams</li> </ul>

<b>6.1.3</b>	Leadership and Management training for program managers	MSH	87.843	 50%	May	 2011	A 3-day training of 30 (M=29; F=1) Local Government TB supervisors from kano and Jigawa states on leadership and mangement was conducted. The training was facilitated by 4 persons (3 males and 1 female) knowledgeable in leadership and management . The overall aim of the training was to develop the skills of TB supervisors in programme management and leadership. Participants were put through the basis of programme planning; programme monitoring, evaluation and data use; motivation and delegation; and supportive supervision, performance appraisal and feedback. The training mathodolgy was participatory and included interactive sessions, exercises, role plays and reflection exercises. At the end of the training , participants developed annual action plan that they will use for the respective local government areas in
<b>6.1.4</b>	Expert meeting to review harmonized training materials	WHO	14.201	 0%	Dec	 2011	WHO in country received some funds from AFRO to support the NTBLCP to develop the training modules for PMDT for the programme. Therefore the funds budgeted for this activity will have to be
<b>6.1.5</b>	Print harmonized training materials	WHO	25.196	 0%	Dec	 2011	
<b>6.1.6</b>	Meeting to develop HMIS Tools and Database	KNCV	8.649	 0%	Dec	 2011	To be planned - awaiting dates from NTBLCP.
<b>6.1.7</b>	Meeting to develop ACSM Toolkit and review of National ACSM Guidelines	WHO	14.201	 100%	Sep	 2011	An expert meeting to review the National ACSM guidelines and develop ACSM toolkits took place in De Nevilla hotel in Kaduna from 19-22 September 2011. Among the stakeholders who participated in the meeting were WHO National Professional Officers from the Country office and North East Zone, representatives of partner organizations including SFH, FHI, National TB Network, Winrock International, Patient Support and staff of the NTBLCP from the central unit, the state programme managers of Gombe and FCT and the National TB and Leprosy Training Centre (NTBLTC), Zaria. A total of 15 persons (14 males and 1 female) took part in the meeting. The key outcome of the meeting include 1) Draft copy of the National ACSM guidelines and toolkits 2) Revised copies of IEC materials 3) Communiqué on the support and implementation of ACSM activities in line with the revised guidelines by all partners.
<b>6.1.8</b>	Print ACSM Toolkit and National ACSM Guidelines	WHO	4.581	 0%	Dec	 2011	The proposal for the printing has been introduced and this will be handndled by the procurement unit of WHO.

	<b>6.1.9</b>	Organize training on website maintenance	KNCV	1.946	 100%	Jul	 2011	<p>Training on website maintenance was held at the KNCV/TBCARE I Office from September 13-14 2011. 3 Participants from NTBLCP/NTBLTC were trained (2M/1F). The development of the NTBLCP website was supported under TBCAP. The topics covered by the training were: (1) Introduction website (2) Administrative access into website (3) Managing users, permission and rules (4) Using registration settings (5) Administering site content. After the training the participants were able to upload documents from data to the website.</p>
	<b>6.1.10</b>	Support Control Officers Retreat	KNCV		 100%	Aug	 2011	<p>(Savings) The Control Officers Retreat was held from August 25-26 2011 at Halim Hotel and Towers in Lokoja. 50 Participants (46M/4F) from NTBLCP, NTBLTC, TBCARE I, WHO, ILEP and ARFH attended the meeting. The meeting was organized on request of the Control officers who wanted to have a retreat in which their respective programme performance would undergo a peer review. The objectives of the meeting were: (1) Conduct a critical self analysis of the State Programmes (2) Identify factors hindering effective programme management (3) Identify areas of focus to strengthen partners coordination (4) Discuss challenges of M&amp;E within the NTBLCP (5) Strengthen and enhance relationships within the NTBLCP at all levels. The agenda entailed the following presentations: (1) Being an effective Control Officer (2) Teambuilding (3) Managing finances and accountability (4) Theories of supervision. In addition the Control Officers performed a group SWOT analysis of their respective programmes as well as their perceived lack of support from partner organizations. Participants from other organizations (NTBLCP/NTBLTC/TBCARE I/WHO) held a separate partners meeting in which they reflected on their respective support towards the Control Officers. They also did a gap analysis of the State Programmes. On the last day both groups presented and the outcomes of the discussions were compared. The most important points of attention for Control Officers were: (1) Improve office filing systems (2) Need for effective State Teams (delegation of tasks) (3) Supervision needs to be supportive (proper planning, execution and feedback). Most Important points of attention for partners: (1) Involve Control Officers in planning process (2) Early disbursements of funds (3)</p>

6.2 Improved case notification in model clinics	<b>6.2.1</b>	Situation analysis on casedetection practices in Nigeria	MSH	29.162	 100%	May	 2011	A situational analysis was conducted in 11 health facilities in Abuja, Kogi and Lagos states to assess TB case detection practices within health facilities by 2 teams of 4 persons each (4 females and 4 males). The assessment focused on the organization of health facilities for case detection practices from the reception to the clinic, knowledge and practices of health staff in TB case detection, availability of job aides and tools to assist staff to identify and diagnose TB, and the documentation of TB suspects and patients in the health facilities. The following gaps were found in the support system to TB case detection activities within health facilities : 1) Gaps in knowledge and skills of staff at each department/unit in the pathway of care of a TB case detection (there was little involvement of other staff besides TB clinic in TB case detection activities) 2) Job aides and other tools such as TB algorithms to assist health workers to identify and diagnose TB were lacking in many health facilities 3) Some gaps were identified in recording and reporting TB suspects and patients in different units/departments of health facilities. The output was an assessment report upon which the approach to improved TB case detection, Standard Operating Procedure (SOPs) was developed.
	<b>6.1.11</b>	Support IUATLD Conference, Lille	KNCV		 0%	Oct	 2011	(Savings) The IUATLD Conference will hold from October 25-30th 2011 in Lille France. TBCARE I will support 4 participants to attend the conference.
	<b>6.1.12</b>	Support Switch 8-6 months regimen	KNCV		 25%	Nov	 2011	(Savings) The SOPs for switch to 6 months regimen and use of treatment supporter have been printed at the time of writing the report however not in the quarter under reporting.
	<b>6.1.13</b>	Support Control Officers Meeting	KNCV		 0%	Nov	 2011	(Savings) The Control Officers Meeting will take place in Akwa Ibom from November 29 - December 1st 2011. Funding will be leveraged with Global Fund.
	<b>6.2.2</b>	Consensus building workshop to develop/review SOPs and tools for improved	MSH	122.443	 100%	Jul	 2011	See previous quarter.
	<b>6.2.3</b>	Evaluation implementation in pilot sites	MSH	31.035	 0%	Nov	 2011	The evaluation can only take place in November 2011.

	<b>6.2.4</b>	Recruit Senior TB Officer	MSH	22.798	25%	Dec	2011	Dr. Rupert Eneogu was recruited for this position and has started working as per July 1st 2011.
6.3 Increased capacity on MOST for TB	<b>6.3.1</b>	Organize MOST for TB workshop for state teams in selected teams	MSH	61.935	0%	Dec	2011	This activity has been planned to take place in December 2011.
	<b>6.3.2</b>	Follow up MOST for TB	MSH	42.738	0%	Dec	2011	This activity can only take place after activity 6.3.1 (will be done in APA2).
					39%			

<b>7. M&amp;E, OR and Surveillance</b>		<b>Lead Partner</b>	<b>Approved Budget</b>	<b>Cumulative Completion</b>	<b>Planned Completion</b>		<b>Cumulative Progress and Deliverables up-to-date</b>	
<b>Outcomes</b>					<b>Month</b>	<b>Year</b>		
7.1 Improved data quality	<b>7.1.1</b>	Meeting to develop TB Control Indicator Reference Booklet	KNCV	8.649	100%	Jul	2011	The meeting to develop TB indicator reference booklet was held from July 21-23 2011 at Kaduna. 11 Participants attended the workshop (7M/4F). The participants were drawn from the following organizations: NTBLCP, NTBLTC, ARFH (PR GF), IHVN (PR GF MDR), ILEP, WHO and TBCARE I. The objectives of the meeting were: (1) Harmonization of all reportable indicators for the NTBLCP (2) Development of an Indicator Reference Booklet. The next steps are: (1) Finalization of the document (2) Printing and distribution of the document (3) Incorporation into all appropriate training documents
	<b>7.1.2</b>	Print TB Control Indicator Reference Booklet	KNCV	2.365	75%	Aug	2011	The final version has been given to the printer to be printed.
	<b>7.1.3</b>	Conduct semi-annual data audit in selected states	KNCV	48.811	75%	Jul	2011	TBCARE I supported the NTP to conduct data quality assessment in 5 states namely Kogi, Adamawa, Delta, Imo and Oyo states during the quarter. Prior to the assessment a one day TOT was held with the assessors drawn from the NTP and partners. The aim of the DQA was to conduct a rapid assessment of the sites, to verify the quality of reported data for key indicators at selected sites, to verify the capacity of the M&E system to collect, manage and report data as well as; to develop action plans. The reports from the states are being collated however, preliminary findings suggest that there are data inaccuracies and that there is need to further strengthen the reporting system in some states.

<b>7.1.4</b>	Conduct assesment for introduction e-TB manager	MSH	57.285	100%	Aug	2011	A reconnaissance visit to assess the feasibility of introduction of e-TB manager for the management of MDR-TB was conducted from 5th-9th September by an MSH consultant. The overall objective of the assessment was to introduce e-TB manager tool to interested parties and assess the feasibility of implementing e-TB manager for MDR-TB case management and second line drug management in Nigeria. Specifically, the assessment was aimed at 1) Explaining and demonstrating the e-TB manager system to NTBLCP, USAID and other key partners, 2) Determining the needs of the NTBLCP for the utilization of the e-TB manager tool 3) Assessing the available resources (human, material and financial) for the implementation of e-TB manager toll for DR-TB 4) Determining the necessary steps and timelines for the implementation of e-Tb manager in Nigeria. A total of 28 participants 7 females and 21 males from 11 organizations (NTBLCP, WHO, IHVN, FHI, ARF, DFB, CMS, NTBLTC, KNCV, STBLOs of Oyo & FCT and MSH). At the end of the mission it was concluded that most of the resources required for the implementation of e-TB manager are available in Nigeria, and if the key challenges of power and internet connectivity are addressed, e-TB manager implementation is possible in Nigeria. The NTBLCP agreed to implement e-TB manager as a pilot in the MDR-TB centres in the country. A customisation of the e-TB manager tool for Nigeria will be carried out before the end of the
<b>7.1.5</b>	Prepare implementation plan for the introduction of e-TB manager in year 2	MSH	12.684	0%	Nov	2011	The tool will be customized in November 2011.

70%

<b>8. Drug supply and management</b>		<b>Lead Partner</b>	<b>Approved Budget</b>	<b>Cumulative Completion</b>	<b>Planned Month</b>	<b>Year</b>	<b>Cumulative Progress and Deliverables up-to-date</b>
8.1.1	Purchase Rifabutin (200 patients)	KNCV		0%	Nov	2011	(Savings)
8.1.2	LGATBLS Course Lagos State	KNCV		0%	Dec	2011	(Savings)
				0%			

## Quarterly Activity Plan Modifications

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	Office Rent	KNCV	41.878	1.1.17	Drug distribution State - LGA	KNCV	30.960
27.04.2011	27.04.2011	29.04.2012	2.1.3	Procurement of microscopes	KNCV	46.150	4.2.11	Purchase Cycloserine	KNCV	57.005
18.06.2011	jul-11	21.07.2011	1.3.5	Quarterly supervision coordination meeting	KNCV	4.768	0.0.3	Office needs per month	KNCV	8.478
18.06.2011	jul-11	21.07.2011	1.3.5	Quarterly supervision coordination meeting	KNCV	4.548	0.0.3	Field office support	KNCV	3.667
18.06.2011	jul-11	21.07.2011	1.3.6	Organize monthly mentoring visits	KNCV	17.297	4.1.9	Printing documents	KNCV	8.667
18.06.2011	jul-11	21.07.2011	7.1.5	Conduct semi annual data audit	KNCV	24.406	6.1.10	Control Officers Retreat	KNCV	28.019
18.06.2011	jul-11	21.07.2011	0.0.3	Local staff salaries	KNCV	9.341	0.0.3	Furnishing office NC	KNCV	11.507
28.09.2011	29.09.2011	06.10.2011	1.2.10	Development M&E Framework	KNCV	2.061	See 6.1.13			
28.09.2011	29.09.2011	06.10.2011	1.3.4	Supervision NTBLCP Zonal Coordinators	KNCV	38.919	4.1.10	Printing documents	KNCV	38.999
28.09.2011	29.09.2011	06.10.2011	1.3.5	Quarterly supervision coordination meeting	KNCV	3.455	6.1.13	LGATBLS Course Lagos	KNCV	6.667
28.09.2011	29.09.2011	06.10.2011	1.3.6	Organize monthly mentoring visits	KNCV	35.406	8.1.1	Switch over to 6 months regimen	KNCV	30.960
28.09.2011	29.09.2011	06.10.2011	2.1.4	Maintenance of microscopes	KNCV	4.054	6.1.11	Support IUATLD Conference Lille	KNCV	19.857
28.09.2011	29.09.2011	06.10.2011	4.1.7	Develop SOPs for sample transport	KNCV	2.190				
28.09.2011	29.09.2011	06.10.2011	6.1.10	Control Officers Retreat	KNCV	9.569				
28.09.2011	29.09.2011	06.10.2011	7.1.1	Development Indicator Reference Booklet	KNCV	3.519				
28.09.2011	29.09.2011	06.10.2011	7.1.3	Semi annual data audit	KNCV	12.497	6.1.12	Support CO Meeting	KNCV	19.893
28.09.2011	29.09.2011	06.10.2011	0.0.3	Backstopping HQ	KNCV	29.083	8.1.2	Purchase Rifabutin	KNCV	24.293

<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>				
<b>TBCARE I Nigeria has received an overall no cost extension for all partners.</b>						

<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)**



Control Officers Retreat Lokoja August 25-26 2011 (see success story)



### Success Story

The Control Officers Retreat was held from August 25-26 2011 at Halim Hotel and Towers in Lokoja. 50 Participants (46M/4F) from NTBLCP, NTBLTC, TBCARE I, WHO, ILEP and ARFH attended the meeting. The meeting was organized on request of the Control officers who wanted to have a retreat in which their respective programme performance would undergo a peer review. The objectives of the meeting were: (1) Conduct a critical self analysis of the State Programmes (2) Identify factors hindering effective programme management (3) Identify areas of focus to strengthen partners coordination (4) Discuss challenges of M&E within the NTBLCP (5) Strengthen and enhance relationships within the NTBLCP at all levels. The agenda entailed the following presentations: (1) Being an effective Control Officer (2) Teambuilding (3) Managing finances and accountability (4) Theories of supervision. In addition the Control Officers performed a group SWOT analysis of their respective programmes as well as their perceived lack of support from partner organizations. Participants from other organizations (NTBLCP/NTBLTC/TBCARE I/WHO) held a separate partners meeting in which they reflected on their respective support towards the Control Officers. They also did a gap analysis of the State Programmes. On the last day both groups presented and the outcomes of the discussions were compared. The most important points of attention for Control Officers were: (1) Improve office filing systems (2) Need for effective State Teams (delegation of tasks) (3) Supervision needs to be supportive (proper planning, execution and feedback). Most Important points of attention for partners: (1) Involve Control Officers in planning process (2) Early disbursements of funds (3) Feedback on final quarterly data.