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| **TB CARE I**

Nigeria

**Year 1
Quarterly Report
October 2010 - March 2011**

April 29th, 2011

Quarterly Overview

Reporting Country	Nigeria
Lead Partner	KNCV
Collaborating Partners	FHI, MSH, WHO
Date Report Sent	20/04/2011
From	Dr. Emmy van der Grinten
To	E-room
Reporting Period	January-March 2011

Technical Areas	% Completion
1. Universal and Early Access	0%
2. Laboratories	0%
4. PMDT	0%
6. Health Systems Strengthening	0%
7. M&E, OR and Surveillance	0%
Overall work plan completion	0%

Most Significant Achievements

TB CARE I organized the following meetings for the start up 1) Meeting called by NTBLCP to introduce the approved TB CARE I workplan to all NTBLCP Focal Persons. KNCV presented on behalf of all collaborating partners (an overview was given on all activities by program area); 2) Meeting with the coalition partners and ILEP partners on Recording and Reporting requirements of TB CARE I; 3) Meeting with the ILEP Partners on combined COP10/COP11 Budget; 5) Meeting to decide on which activities would be allocated to the COP10 PEPFAR (looking at the peculiar situation that we were asked to plan for COP10/COP11 combined). The first quarter installments have been transferred to the ILEP partners.

Part of the support to the NTBLCP through the OP Workplan was the involvement in the IUATLD Conference in Abuja. FHI, KNCV and WHO were part of the Local Organizing Committee. Through support of USAID KNCV consultants were invited to give presentations. Susanne Verver and Victor Ombeka from KNCV came to Abuja to give presentations on the following subjects: Writing Scientific Papers, Programme M&E and TB in Hard to Reach Populations. Grace Kitonga (Director of KAPTLD, Kenya) came to share her experiences in PPM. Tristan Bayly (Knowledge Exchange Officer PMU) came to assist the local KNCV staff to man the KNCV Booth in the exhibition area. Our colleagues from Ethiopia and Botswana came to conference as participants and speakers respectively. As part of efforts towards expansion of MDR TB diagnosis and treatment a meeting was organized to assess IDH-Ward Kano for renovation and upgrade into MDR TB treatment center. At the end of the meeting, the stakeholders had a clear understanding on the renovation requirements of an MDR TB ward at IDH, Kano. A concept paper was also shared on the roles and responsibilities of the FHI partnership with the Kano State Government towards effective management of MDR TB.

Overall work plan implementation status

A meeting was held with the NTBLCP to discuss the need for accelerated implementation of activities before October 1st 2011. We thus decided that part of the KNCV activities related to development of guidelines and training can be implemented by the NTBLTC in Zaria while other activities will be implemented together with the NTBLCP. This approach allows for parallel planning. KNCV, NTBLCP, NTBLTC are currently in the process of finalizing a six months plan in which all KNCV activities will be listed. The plan is part of the overall NTBLCP plan for April-September 2011. FHI, MSH and WHO are planning their activities with the NTBLCP separately based on the NTBLCP quarterly activity plan and their respective timeschedules.

During the transition period from TBCAP to TBCARE I as part of upstream support to the FMOH KNCV participated in the following NTBLCP activities: 1) National Planning Cell Meeting; 2) USAID DQA Visit to Calabar and Kano; 3) National Joint Supervision; 4) National CTBC Working Group Meeting; 5) National TB/HIV Working Group; 6) IUATLD Conference Abuja; 7) Prevalence Survey Management Meetings; 8) Supportive Supervision; 9) Inauguration decentralization ART to PHC; 10) World TB Day Celebration NTBLCP; 11) National MDR TB Committee Meeting. TB CARE I Nigeria has been selected as a participant in the CORE project Capacity Building of CSOs. The CBOs to be involved are currently being selected and the training is planned for May 31st to June 4th. Ineke Huitema will be a facilitator to the training. July 4-5th has been earmarked for the gap analysis of National Strategic plan as a preparation for TB CARE I APA 2. Additionally, as part of improved office management the following staff were hired: accountant and driver.

Quarterly Technical Outcome Report

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			
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			
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%			

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)			
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%			

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			
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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	NA	15%				
4.2	Increased access to MDR Treatment	Proportion of confirmed MDR patients put on	18%	40%				
4.3	Strengthened PMDT Linkages	Increased of number of MDR suspects referred	NA	1200				

Technical Area		6. Health Systems Strengthened						
Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target	
				Y1	Y1			
6.1	Improved TB service delivery	Number of TB suspects screened	303.130	450.000				
6.2	Improved case notification in model clinics	Percentage increase in TB case notification in the selected model clinics	NA	15%				
6.3	Increased capacity on MOST for TB	Proportion of trained program managers who developed an annual action plan	NA	100%				

Technical Area		7. M&E, OR and Surveillance					Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target	Result		
					Y1	Y1		
7.1	Improved 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%			

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	0%	Sep	2011	Activity planned with the central unit of the NTBLCP for 3rd quarter
	1.1.2	Support State PPM Steering Committees (6)	WHO	58.638	0%	Sep	2011	Same as above
	1.1.3	Support HDL Meetings (6 hospitals)	WHO	4.810	0%	Sep	2011	
	1.1.4	Develop SOPs for implementation of HDL activities	WHO	4.543	0%	Sep	2011	
	1.1.5	Support salaries WHO Staff	WHO	207.865	0%	Sep	2011	
	1.1.6	Support WHO Staff to attend international conference	WHO	15.881	0%	Sep	2011	
	1.1.7	Advocacy visits to selected states (TB Outreach)	WHO	481	0%	Sep	2011	
	1.1.8	Sensitization/training community/religious leaders	WHO	2.405	0%	Sep	2011	
	1.1.9	Training GHWs (TB Outreach)	WHO	4.810	0%	Sep	2011	
	1.1.10	Develop/print cultural specific IEC materials (TB Outreach)	WHO	6.833	0%	Sep	2011	
	1.1.11	Conduct TB Outreach Campaigns	WHO	63.638	0%	Sep	2011	
	1.1.12	Advocacy visits to tertiary institutions (HDL)	WHO	5.543	0%	Sep	2011	
	1.1.13	Conduct HDL workshop in tertiary institutions (HDL)	WHO	3.398	0%	Sep	2011	
	1.1.14	Develop/produce cough signage (HDL)	WHO	550	0%	Sep	2011	
	1.1.15	Support HDL Meetings (HDL)	WHO	1.237	0%	Sep	2011	
	1.1.16	Distribution drugs from CMS to Zones to States	KNCV	80.008	0%	Sep	2011	
1.2 Increased number of TB suspects referred by community	1.2.1	Organize expert meeting to review National CTBC Guidelines/SOPs for referral	WHO	9.620	0%	Sep	2011	Activity postponed Q3/Q4
	1.2.2	Print new CTBC Guidelines/SOPs for referral	WHO	16.034	0%	Sep	2011	As above

volunteers in selected LGAs

1.2.3	Maintain existing project staff (4LGAs)	FHI	136.937	 0%	Apr	 2011	These activities supported by TBCAP in the following LGAs are maintained: Kachia/AMAC/Udi/Bauchi
1.2.4	Training new staff of CBOs on project management	FHI	13.842	 0%	May	 2011	
1.2.5	Support monthly CTBC meetings at LGA level	FHI	15.251	 0%	Apr	 2011	CTBC committee met on monthly basis during the quarter in the 4 LGAs to review the progress on CTBC implementation and discuss outstanding challenges hindering effective implementation. In total 12 meetings were held.
1.2.6	Support monthly monitoring of CTBC activities in 4 LGAs	FHI	15.251	 0%	Apr	 2011	6 supervisory visits took place within the quarter to ensure quality CTBC service delivery in supported facilities across the 4 LGAs. Technical assistance centered on ensuring complete use of anti TB drugs among confirmed TB cases as well as proper documentation and effective referral services. Facility staff and CVs were assisted during such visits in ensuring that defaulters were tracked to prevent development of MDR TB.
1.2.7	Support agreements with LGAs	FHI	13.514	 0%	Apr	 2011	Through sub agreements with each of the 4 LGAs, CTBC committee meetings were supported in each LGA.
1.2.8	Organize TOT for TB FP of TB Network	KNCV	30.324	 0%	Jun	 2011	
1.2.9	Support CTBC activities PLAN	KNCV	25.824	 0%			
1.2.10	Organize stakeholders meeting to develop M&E Framework for	KNCV	9.757	 0%	May	 2011	
1.2.11	Support CTBC referral network	FHI	26.346	 0%	Apr	 2011	
1.2.12	Provide logistics for contact tracing and patient tracking	FHI	10.703	 0%	Jun	 2011	
1.2.13	Conduct community dialogue with community and religious	WHO	4.810	 0%	Sep	 2011	Activity postponed to Q3/Q4
1.2.14	Build capacity of CBOs/CSOs registered with TB Network	WHO	6.963	 0%	Sep	 2011	As above
1.2.15	Orientation Community Health Workers	WHO	33.121	 0%	Sep	 2011	As above
1.2.16	QMs community and religious leaders	WHO	14.430	 0%	Sep	 2011	As above

1.3 Improved quality of health service delivery in focus states	1.3.1	Conduct assessment NTBLCP supervisory system	MSH	31.035	0%	May	2011	Awaits the recruitment of Senior TB Officer
	1.3.2	Develop supervisory framework	MSH	22.852	0%	Jun	2011	
	1.3.3	Orientation key NTBLCP staff on supervisory framework	MSH	90.662	0%	Jul	2011	
	1.3.4	Support supervision NTBLCP Zonal Coordinators	KNCV	38.919	0%	May	2011	
	1.3.5	Organize quarterly supervision coordination meetings	KNCV	26.584	0%	Apr	2011	
	1.3.6	Organize monthly mentoring visits to problem states	KNCV	69.189	0%	May	2011	
	1.3.7	Specific mentoring Lagos State by GLRA MA	KNCV	12.259	0%	Apr	2011	Through German Leprosy and TB Relief Association: visits are planned for April 25-29 2011 and May 9-13 2011.
					0%			

Outcomes	2. Laboratories				Planned Completion		Cumulative Progress and Deliverables up-to-date	
		Lead Partner	Approved Budget	Cumulative Completion	Month	Year		
2.1 Improved access to diagnosis	2.1.1	High level TA for assessment lab network	KNCV	48.928	0%	Aug	2011	Discussion with KNCV HQ on provision TB. There will be a combined visit by KNCV and DTLab in August 2011
	2.1.2	Renovation of AFB microscopy labs (In collaboration with ILEP (75 labs - see other workplan))	KNCV		0%			
	2.1.3	Procurement of microscopes	KNCV	147.453	0%	May	2011	The procurement process of the microscopes has been started by KNCV HQ through the National Inkoop Centrum in the Netherlands. The microscopes are expected to arrive in country by May 2011
	2.1.4	Maintenance of microscopes	KNCV	4.054	0%			
2.2 Improved quality assurance system for AFB microscopy labs	2.2.1	Training on laboratory safely	FHI	18.382	0%	Jun	2011	
	2.2.2	Training on equipment maintenance	FHI	35.230	0%	Jun	2011	
	2.2.3	Training lab personnel on Good Clinical Lab Practice	FHI	36.675	0%	Jun	2011	
2.3 Increased access to culture	2.3.1	Support National Lab Technical Working Group	WHO	5.450	0%	May	2011	

and DST	2.3.2	Support quarterly supervision NRLs to ZRLs	WHO	14.018	0%	May	2011	
	2.3.3	Support TA by SNRL	WHO	15.176	0%	Jun	2011	Currently the results of the panels sent to 4 reference labs are being collated by the supranational lab in Milan Italy. The technical assistance is planned to take place during JIMM mission in June.
					0%			

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	0%			Procedure of awarding contract for renovation is in progress
	4.1.2	Procurement GeneXpert and consumables	KNCV	115.428	0%	Jul	2011	The procurement process of the GeneXpert has been started by KNCV HQ through the National Inkoop Centrum in the Netherlands. The microscopes are expected to arrive in country by July 2011. Nigeria has applied to be part of the Core Project on Rapid Expansion of GeneXpert.
	4.1.3	Procurement back up power supply	KNCV	33.784	0%	Jul	2011	
	4.1.4	Installation GeneXpert and back up power supply	KNCV	10.135	0%			
	4.1.5	Development SOPs for implementation GeneXpert	KNCV	3.699	0%			
	4.1.6	Training/supervision staff on GeneXpert	KNCV	19.784	0%			Depends on inclusion in Core Project on rapid expansion of GeneXpert
	4.1.7	Development SOPs/algorithm for sample transport	KNCV	8.649	0%	Jun	2011	During TA visit June 20-24 2011. Under 4.3.1
	4.1.8	Support technical staff	FHI	210.102	0%			
4.2 Increased access to MDR Treatment	4.2.1	Upgrade MDR Treatment Centre	FHI	200.000	0%			Discussions were held during advocacy visits through Kano STBLCO to PS, Kano State MOH and Director Medical Services in February, 2011 on the need for appropriate assessment
	4.2.2	Training state program staff on clinical and PMDT	WHO	20.386	0%	Sep	2011	Activity postponed to Q3/Q4
	4.2.3	Training facility level staff on clinical and PMDT	FHI	15.144	0%	Jun	2011	To be done by June for Lagos while that of Kano in September, 2011

	4.2.4	Procurement consumables and tests	FHI	34.459	0%	Jun	2011	To be done when full MDR TB treatment commences in Lagos Mainland Hospital and Kano, IDH.
	4.2.5	Conduct monthly joint lab/clinical team meetings	FHI	4.522	0%	Jun	2011	Same as above
	4.2.6	In service training for staff of receiving health facilities	KNCV	40.000	0%			
	4.2.7	Provide high tech consultancy for start of activities NIMR	FHI	19.698	0%	Sep	2011	To be done when MDR TB BSL 3 lab is fully activated
	4.2.8	Support movement samples to MDR treatment centers	FHI	3.425	0%	Jun	2011	To be done when full MDR TB treatment commences in Lagos Mainland Hospital and Kano, IDH.
	4.2.9	Support movement patients to MDR treatment centers	FHI	9.632	0%	Jun	2011	Same as above
	4.2.10	Train GHWs on IC National Guidelines	FHI	24.206	0%	Jun	2011	To be done in June, 2011 for Mainland Hospital, Lagos
4.3 Strengthened PMDT Linkages	4.3.1	TA to strengthen PMDT linkages	KNCV	46.855	0%	Jun	2011	Visit planned by KNCV (Victor Ombeka and Remi Verduin) June 20-24 2011
	4.3.2	Provide TA on clinical and PMDT during JIMM/GLC/GDF	WHO	7.588	0%			Activity postponed to Q3
					0%			

Outcomes	6. Health Systems Strengthening		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
6.1 Improved TB service delivery	6.1.1	Renovations of DOTS clinics	KNCV		0%			
	6.1.2	Review and update Leadership and Management training	MSH	29.008	0%	Apr	2011	
	6.1.3	Leadership and Management training for program managers	MSH	87.843	0%	May	2011	
	6.1.4	Expert meeting to review harmonized training materials	WHO	14.201	0%	Sep	2011	Activity postponed to Q3
	6.1.5	Print harmonized training materials	WHO	25.196	0%	Sep	2011	As indicated above
	6.1.6	Meeting to develop HMIS Tools and Database	KNCV	8.649	0%	Aug	2011	
	6.1.7	Meeting to develop ACSM Toolkit and review of National ACSM Guidelines	WHO	14.201		Sep	2011	As indicated above
	6.1.8	Print ACSM Toolkit and National ACSM Guidelines	WHO	4.581	0%	Sep	2011	As indicated above

	6.1.9	Organize training on website maintenance	KNCV	1.946	0%	May	2011	
6.2 Improved case notification in model clinics	6.2.1	Situation analysis on casedetection practices in Nigeria	MSH	29.162	0%	May	2011	To be done during the planned visit of Eliud Wandwalo from May 9th - May 21st 2011 in collaboration with NTBLCP, KNCV and WHO.
	6.2.2	Consensus building workshop to develop/review SOPs and tools for improved casedetection	MSH	122.443	0%	Jul	2011	
	6.2.3	Evaluation implemenation in pilot sites	MSH	31.035	0%	Sep	2011	
	6.2.4	Recruit Senior TB Officer	MSH	22.798	0%	Mar	2011	Recruitment process on going
6.3 Increased capacity on MOST for TB	6.3.1	Organize MOST for TB workshop for state teams in selected teams	MSH	61.935	0%	Aug	2011	
	6.3.2	Follow up MOST for TB	MSH	42.738	0%			
					0%			

Outcomes	7. M&E, OR and Surveillance		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
7.1 Improved data quality	7.1.1	Meeting to develop TB Control Indicator Reference Booklet	KNCV	8.649	0%	Jul	2011	
	7.1.2	Print TB Control Indicator Reference Booklet	KNCV	2.365	0%	Aug	2011	
	7.1.3	Conduct semi-annual data audit in selected states	KNCV	48.811	0%	Jun	2011	
	7.1.4	Conduct assesment for introduction e-TB manager	MSH	57.285	0%	Jul	2011	
	7.1.5	Prepare implementation plan for the introduction of e-TB manager in year 2	MSH	12.684	0%			
					0%			

Quarterly Activity Plan Modifications

Request for Cancellation or Discontinuation of Activities										
Approved By (write dates)			Old Code	1. Universal and Early Access 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								
				{Copy from the work plan}						

* Detailed budget is attached

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

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

* Detailed budget is attached

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

Success Story

FHI collaborated with the AMAC LGA and LGA TB team in marking the World TB Day. The event which took place on March 24th, 2010 at the LGA abattoir, attracted CBO-Catholic Action Committee on AIDS and other sub-CBOs, men, women, abattoir workers focused on the theme, "on the move against tuberculosis; transforming the fight towards elimination".

FHI staff provided technical assistance and supported umbrella CBOs and NGOs to fully participate in the day's activities with guidance from the different LGA CTBC committees and LGATBLS. The major activities in the LGAs included health talks on TB, drama/role plays, rallies which aimed at creating awareness of TB and its treatment as well as disseminating information on how TB interacts with other diseases such as HIV. The event was concluded by a testimony shared by Mr. Mike Bogo, once TB client who is now cured of TB. The CV responsible for his follow up during the DOTs treatment served also as his treatment supporter. Currently his sputum smear result is negative.