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TB CARE I

TB CARE I-Nigeria (COP)

**Year 1
Quarterly Report
April-June 2012**

July 30, 2012

Quarterly Overview - COP

Reporting Country	Nigeria-COP
Lead Partner	KNCV
Collaborating Partners	FHI, MSH, WHO
Date Report Sent	31-Jul-12
From	Dr. Gidado Mustapha
To	Dr. Temitayo Odusote
Reporting Period	April-June 2012

Technical Areas	% Completion
3. Infection Control	88%
4. PMDT	85%
5. TB/HIV	73%
6. Health Systems Strengthening	94%
7. M&E, OR and Surveillance	75%
Overall work plan completion	83%

Most Significant Achievements

Major achievements during the quarter has been an increase in the number of facilities sensitized on infection control and supported to develop infection control plans than in previous quarters. In all a total of **627** (M=282; F=627) staff of health facilities were sensitized on IC during the quarter in which **45 IC** plans were developed. Other key achievements attained during the quarter especially following the disbursement of funds include the renovation of **34** health facilities and **16** laboratories. As a routine ongoing activity every quarter, the twenty six states were supported by TB CARE I for implementation of TB/HIV activities were supervised. However, a key achievement in this regard is that through the support provided by TB CARE I the NTP instituted the Quarterly supervision coordination meetings where in all relevant TB stakeholders come together to deliberate and address priority issues arising from all supervisory visits in a systematic manner.

Overall work plan implementation status

The work plan implementation has improved with current implementation rate at 83% as against 77% in the previous quarter.

Technical and administrative challenges

The challenge is the inadequate supply of HIV test kits across the states which persisted during the quarter. The irregular and inadequate supply of programme materials to the health facilities directly affects the quality of TB/HIV services provided and hence the achievement of programme targets like TB case findings, case holding and treatment outcomes of patients. Other challenges border on the state of security in some of the regions which have also affected program implementation in those

Quarterly Technical Outcome Report - COP

Technical Area		3. Infection Control					Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1		
3.1	Increased number of facilities implementing infection control activities	Number of facilities implementing infection control measures	Number of facilities implementing infection control measures	50	150			
3.2	Improved personal protection of staff at the MDR Treatment Center	Proportion of staff working at the MDR Treatment Center wearing respirators	Numerator: Number of staff wearing respirators Denominator: Total number of staff working in the MDR Treatment Center	NA	100%		The indicator has never been reported.	

Technical Area		4. PMDT					Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1		
4.1	Increased capacity at the MDR Treatment Center	Number of staff trained	Number of staff trained (disaggregated by gender, training and cadre)	NA	33	32		
4.2	Increased support provided for patients on MDR Treatment	Number of MDR patients on MDR treatment receiving support	Number of MDR patients on MDR treatment receiving medical and socioeconomic support	23	50	48		The indicator is no longer reported to us by DFB. Support for the MDR site which was previously done by TB CARE I has now been overtaken by Global Fund through IHVN. Money for the activities would be included on the ILEP modification tracker

Technical Area		5. TB/HIV						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
5.1	Reduced burden of HIV among TB patients	Proportion of registered TB patients tested for HIV	Numerator: Number of registered TB patients tested for HIV Denominator: Total number of registered TB patients	86%	90%	85.2%	A total of 3,219 TB patients (M=1916; F=1303) were tested during the quarter of 3,788 TB patients counseled for HIV (M=2235; F=1553). Thus total TB patients tested in the quarter is 85%	The lack of test kits continues to remain a major challenge to offering HIV testing to all TB patients.
		Proportion of dually infected patients receiving CPT	Numerator: Number of dually infected patients receiving CPT Denominator: Total number of dually infected patients	48%	70%	46%	A total of 673 patients were co-infected (M=332; F=341). Of these, 586 (M=285; F=301) were placed on CPT (87%). Furthermore slightly more females (88%) accessed CPT than males (86%)	
		Proportion of dually infected patients on ART	Numerator: Number of dually infected patients on ART Denominator: Total number of dually infected patients	39%	60%	39.5%	A total of 366 (M=182; F=184) co-infected patients received ART services during the quarter representing 54.2% of all co-infected patients	
	Custom Mission Indicator	Number of service outlets providing treatment for TB to HIV infected individuals (diagnosed or presumed) in a palliative care setting		226	234	288	323 facilities are providing treatment for TB	
	Custom Mission Indicator	Number of individuals who received C&T for HIV and received their test results at a USG supported TB service outlet (including		30,507	38,000	39,541	Only, 73% of individuals counseled and tested and received their test results. Total persons C&T during the quarter was 12,575 (M=6,955; F=5,620) from a total of 17,240 individuals Counseled (M=9476;	

Custom Mission Indicator	Number of persons trained to provide treatment for TB to HIV infected individuals (diagnosed or presumed)		NA	656	693	a total of 85 (M=41; F=44) General Health Workers and laboratory and MDR treatment staff were trained during the quarter	
Custom Mission Indicator	Number of TB suspects counseled for HIV		32,355	30,000	38,339	A total of 13,452 (M=7241; F=6211) suspects were counseled during the quarter	
Custom Mission Indicator	Number of TB patients counseled for HIV		12,330	13,000	11,671	A total of 3,788 TB patients were counseled during the quarter of which 2235 were males and 1553 females	
Custom Mission Indicator	Number of TB suspects who are HIV positive		4,343	5,000	4,995	1,316 suspects tested positive to HIV during the quarter (M=575; F=741) of 9,356 (M=5039; F=4317). Hiv positivity rate among suspects was 14%	
Custom Mission Indicator	Number of TB patients who are HIV positive		2667	4,000	2,472	673 TB patients tested positive to HIV during the quarter (M=332; F=341) of 3,219 (M=1916; F=1303). Hiv positivity rate among patients was 21%	

Technical Area 6. Health Systems Strengthening

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 infrastructure for service delivery	Number of DOTS clinics renovated	Number of DOTS clinics renovated	96	150	45 (clinic 23; lab 22)	A total of 34 clinics and 16 laboratories were renovated during the quarter	Some renovations are ongoing and would be completed next quarter
6.2 Enhanced diagnostic services	Number of lab equipment functional (microscopes/GeneXpert)	Number of lab equipment functional disaggregated by type	48	80	75	75 microscopes were procured and distributed to states through ILEP partners (GLRA-17; TLMN-14, DFB-8 and NLR-36)	

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 Y1	Result Y1		
7.1	Improved quality of TB/HIV data	Proportion of sites reporting valid TB/HIV data	Numerator: Number of sites reporting valid TB/HIV data Denominator: Total number of sites visited for DQA	NA	80%			

Quarterly Activity Plan Report - COP

Outcomes	3. Infection Control		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
3.1 Increased number of facilities implementing IC activities	3.1.1	Organize 1-day IC training at facility level	KNCV	99,000	 75%	Jun	 2012	A total of 6 Infection control trainings were conducted in Oyo and Osun states TB facilities between 31st of May to 20th of June with the attendance of 167 participants (76 Males and 91 Females). A similar training was also conducted by NLR during the quarter with a total of 41 persons trained (M=17;F=21). GLRA trained (M=189; F=230); persons and TLMN trained 379 (M=301; F=78). The objective of the training was to provide an understanding of infection control and Universal precaution measures within the facilities and the wards to ensure that health staff are protected from being infected with TB and other nosocomial infections. The One-day schedule of the activity was not enough to provide adequate orientation on TBIC and finalization of TBIC plans in the health facilities. There was also disruptions in the services of the HFs during the conduct of the activity. In all, a total of 45 infection control plan were developed by the NLR assisted states while DFB will assist with the development of Infection control plans in the states where IC trainings took place.
3.2 Improved personal protection of staff	3.2.1	Procurement of auxiliary drugs and respirators	KNCV	9,203	 100%	Jul	 2011	TBCARE I budget for this activity has been utilized, but DFB is still funding the procurement of these items using other funds leveraged.
					 88%			

Outcomes	4. PMDT		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
4.1 Increased capacity at the MDR Treatment Center	4.1.1	Refresher training for nurses at UCH	KNCV	1,841	 100%	Sep	 2011	A- 3 day in-service training was conducted for staff working in the DR TB treatment centers from both UCH and Govt. Chest Hospital (GCH) Jericho, Ibadan on 11th -13th of June, 2012 at Jubilee Conference Centre Oke-Ado, Ibadan with attendance of 30 participants (M-6, F-24).The objectives of the training is to ensure participants understand issues on the diagnosis of DR TB, Follow-up of DR TB patients, Nursing management of DR TB patients and; Counseling and management of Side effects. Lesson learned at the end of the training was the change in behavior of the nurses managing the patients during the follow up visit a week after the training
	4.1.2	Training GOPD MOs on management of MDR TB at UCH	KNCV	515	 100%	Sep	 2011	Training was conducted for the resident doctors working in the chest unit on the management of MDR TB at UCH. The training took place from September 23 - 24, 2011. The training has as its objectives: 1) To learn the basic concept of MDR TB 2) mechanisms of drug resistance TB 3) MDR TB management 4) current issues on MDR TB management 5) learn from pilot experiences in MDR TB treatment centre UCH Ibadan and 6) infection control measure in MDR TB treatment centre. A total of 5 doctors (M=1; F=4) were trained. The training methodology consisted of shared day to day experiences with some of the patients from the infectious ward; practical learning and best method approaches in the management of MDR TB patients; feedback from the patient on their understanding of MDR TB. Recommendations from the training include the suggestion to increase the number of participants so that more people can benefit.

	4.1.3	Training ward mates on MDR TB and IC at UCH	KNCV	243	 100%	Sep	 2011	During the reporting quarter, training was conducted for ward mates on MDR TB and Infection Control. The training took place at UCH on September 15, 2011 and was aimed at helping participants 1) To understand the basic concept of MDR TB; 2) To know the universal precaution 3) To understand infection control measure in DR TB Treatment centre. In all, 9 participants were trained (3 ward maids and 6 hospital assistants, all females. A major challenge was the shortness of time (1 day). It was recommended to conduct refreshers quarterly.
	4.1.4	Support study tour for staff working in UCH MDR TB ward	KNCV	38,595	 100%	Mar	2012	Three clinical staff at UCH MDR TB ward were supported to go Latvia for clinical attachment on MDR TB care. One male clinician and 2 female nurses. On there returned they did a step down discussions on their experiences with all there colleagues in the facility, especially on nursing care & infection control.
	4.1.5	Support training on SPSS software for nurses	KNCV	154	 100%	Aug	 2011	Training was organized for 3 female nurses on SPSS software on 24th of December 2011, in UCH MDR TB Treatment Centre. The training was aimed at introducing the nurses to e-data management and basic analysis using SPSS. The following topics were covered: Introduction to computer, MS word, MS Excel, SPSS and nurse role in e-data management and practical session was organized. It is expected that after training, the nurses will be able to use electronic data management and to be able to compile and analyze the data and eventually use e-
4.2 Increased support provided for patients on MDR Treatment	4.2.1	Support transportation MDR TB patients plus 1 family member	KNCV	3,041	 75%	Dec	 2011	DFB no longer reports on the activity to TB CARE I because support for the activity is now undertaken by GFATM and the funds are reprogrammed under savings. Funds to be re-programmed would be included in the new modification tracker
	4.2.2	Support baseline and monitoring investigations for MDR TB patients	KNCV	24,324	 75%	Dec	 2011	
	4.2.3	Feeding of MDR TB patients on admission	KNCV	91,216	 75%	Dec	 2011	

4.2.4	Social support for MDR TB patients on discharge	KNCV	6,081	75%	Jun	2012
4.2.5	Support for transport of sputum for culture	KNCV	30,831	75%	Jun	2012
4.2.6	Quarterly monitoring visits from MDR Treatment Centre	KNCV	13,751	75%	Jun	2012
4.2.7	Support routine MDR surveillance	KNCV	2,270	75%	Mar	2012

85%

5. TB/HIV		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date	
Outcomes					Month	Year		
5.1 Reduced burden of HIV among TB patients	5.1.1	Support QMs of subcommittees of the National TB/HIV Working Group	WHO	11,376	100%	Jan	2012	Completed
	5.1.2	Support National TB/HIV Task Team	KNCV	62,162	0%	Dec	2011	Planned for August/September.

5.1.3	Support end term evaluation of National TB/HIV Strategic Framework	WHO	36,824	 100%	Mar	 2012	For the end term evaluation of the National TB/HIV strategic framework, a desk review of all national strategic documents including the recently developed IUATLD document on TB/HIV collaborative activities were reviewed and discussed by key stakeholders in a 4-day workshop. Thereafter, a draft of the strategic TB/HIV framework was developed.
5.1.4	Support development of new TB/HIV Strategic Framework	WHO	32,006	 75%	Mar	 2012	A draft TB/HIV strategic framework was developed in collaboration with NTP, NASCP and partners. Currently comments are being reviewed by a small committee with the aim of finalization by end of August.
5.1.5	Review TB/HIV and HCT training modules	KNCV	8,716	 100%	May	 2011	Activity completed.
5.1.6	Organize TOT on TB/HIV collaboration and HCT	KNCV	40,628	 100%	Feb	 2012	The second batch of the TOT on TB/HIV collaboration held this quarter, with 21 participants (M:F 17:4) from 7 states. The objectives of the course were, to describe various ways to ensure effective and high quality training; demonstrate facilitation technique in the training; Identify participants that need follow up and further on the job training and; evaluate the process and outcome of trainings carried out. After the training participants are expected to organize TB/HIV training for GHWCs in their respective States
5.1.7	Organize 3Is Training for C&T Centers	KNCV	31,014	 100%	Nov	 2011	The 3Is Training was organized from November 24-25 2011 at the Bayelsa Guest House in Abuja. 23 Participants (16 male / 7 female) from Abia, Nassarawa and Yobe State attended the training. The participants came from the State TBL Control Programme, State HIV/AIDS Control Programme as well as Care and Treatment Centers. The training (developed under the TBCAP project) covered the following subjects: 1) Epidemiology TB 2) Isoniazid Preventive Therapy 3) Intensified TB Case finding 4) Infection Control. At the end of the training the following points of action were agreed on: 1) NTBLCP: supervision of implementation 3Is, ensuring availability of Isoniazid 2) State Teams: support the facilities in developing infection control plans 3) TBCARE I: support follow up visits to the health facilities for effective implementation.

5.1.8	Adaptation of modules on diagnosis of sputum smear negative TB	WHO	23,318	 100%	Mar	 2012	The NTBLCP with support from WHO organized a one week meeting from 4th - 9th December to develop a draft DR-TB training modules for building the capacity of GHW and Programme staff; during this meeting a module for diagnosis of smear negative was also adopted by selected members of the team for pre-testing during the training of Medical Officer on Smear Negative TB .
5.1.9	Organize training on diagnosis of sputum smear negative TB	WHO	38,252	 0%	Aug	 2012	Training on diagnosis of smear negative scheduled for August, 2012.
5.1.10	Training DOTS staff of TB/HIV collaborative activities	KNCV	176,473	 75%	Jun	 2012	Trainings were conducted for 20 GHWs (M=16;F=4) on TB/HIV collaborative activities during the quarter. The training was aimed at improving the knowledge and skills of General Health care workers on current policy on TB management (DOTS) with emphasis on TB/HIV collaboration in Nigeria. The specific objectives were to provide Participants basic knowledge of TB and HIV, to describe the rationale and justification for TB/HIV collaboration, to know who a TB suspect is and describe the process of sputum collection, to be able to diagnose and classify TB cases including co infected persons, to describe the treatment options for TB and TB/HIV co-infected Patients, to know the side effects of drugs and appropriate actions
5.1.11	Training of lab staff of AFB microscopy and HIV testing	KNCV	141,876	 75%	Jun	2012	5-days training workshop organized for Laboratory staff in Osun and Oyo States at Blood Transfusion Centre, Yemetu, Ibadan on 4th-8th June, 2012. 15 participants attended the training (M-6,F-9).The objectives of the training is to strengthen the capacity of the microscopes in the diagnosis of TB using modern technology using Fluorescence Microscope . Other objectives of the training were on HIV screening using National algorithm and to orient the laboratory staffs on how to complete NTBLCP and NACP recording and reporting forms. The training methodology also included practicals. Trainings were also conducted in NLR supported states of Nasarawa and Benue states between April 30 and May 5th, 2012. Total persons trained were 20 (M=13;F=7)
5.1.12	Training of DOTS staff and LGATBLS on HCT	KNCV	176,473	 100%	Jun	 2012	Completed

5.1.13	Support QMs of State TB/HIV Working Groups	KNCV	71,331		75%	Jun	 2012	<p>A total of 4 meetings held in TLMN assisted states in Q2 2012. One-day quarterly meetings for State TB/HIV working groups held in Zamfara, Kwara, Niger and Kogi states with a total of 55 persons in attendance (M=35; F=20). Common issues discussed during the meetings were activities implemented with gaps observed, coverage of TB/HIV services and statistical reports. Joint advocacy issues and implementation plans relating to the twin TB and HIV programmes at state level. The perennial challenge in the supply of HIV test kits is reduced as the States' AIDS Control programmes and partners like ICAP, provided complementary supplies. Meetings also took place in 5 of the GLRA supported (Abia, Ebonyi, Enugu, Bayelsa and Rivers) States out of 9 that were supported for this activity by TBCARE1. Those that did not hold include Akwa Ibom, Imo, Ekiti and Ondo States. While Imo cited lack of time due to late release of funds, the remaining 3 States still maintained under-funding as the reason for not carrying out the activity. Some of the Challenges identified include: Little financial commitment by the State and Local Government on the programme; Staff attrition evident in private health institutions; challenge as to where to really assess CPT - DOT or ART sites in Enugu State.</p>
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	5.1.14	Support TBCARE I pre-implementation workshop for STBLCOs	KNCV	49,070	100%	May	2012	This activity was not previously reported by DFB. A 3-day pre-implementation meeting was held on 20th-22nd June at Continental Hotel Oshogbo, Osun State. Main discussion on review of Work plan, Progress
	5.1.15	Support participation HIV/AIDS Conference	KNCV	9,216	0%	Jul	2012	Two participants the WHO TB/HIV focal head for TB CARE I and a the TB/HIV focal lead staff of NTP were selected to attend the conference in July 2012 in USA. They will present on partners collaboration for
					73%			

6. Health Systems Strengthening		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date	
Outcomes					Month	Year		
6.1 Improved infrastructure for service delivery	6.1.1	Renovation of DOTS facilities	KNCV	170,270	75%	Mar	2012	During the quarter the renovation at the TB Clinic took place in the DFB (Osun) and NLR supported states (Gombe, Bauchi, Adamawa, Taraba, Katsina, Nasarawa, Plateau and Yobe) and in the TLMN states (Niger, Kogi, Kwara, Sokoto and Zamfara). Minor reconstruction such replacement of entrance and installation of burglary door, erection of window installation of two wash hand basin and water closet in the TBLS office, tiling of the floor digging of soak away and construction shed in front of the clinic were undertaken. In all a total of 44 facilities were renovated across the states. Additionally, renovations were also carried out in some laboratories during the quarter in the NLR supported states. A total of 22 labs were renovated. Through funding leveraged by the NLR states more facilities and laboratories were renovated with government funds.
6.2 Enhanced diagnostic services	6.2.1	Support distribution of HIV test kits and	WHO	36,649	100%	Mar	2012	Completed with TBCARE 1 APA 1 funding. This will however be continued by NASCP with support from WHO in the bilateral USAID funding.
	6.2.2	Renovation of labs	KNCV	111,081	100%	Mar	2012	Completed.
	6.2.3	Purchase of Cycloserine	KNCV	5,740	100%	Jun	2011	This activity leverages funding from activity 4.2.11 in the OP work plan.
					94%			

Outcomes	7. M&E, OR and Surveillance		Lead Partner	Approved Budget	Cumulative Completion	Planned Month Year		Cumulative Progress and Deliverables up-to-date
7.1 Improved quality of TB/HIV data	7.1.1	Stakeholders meeting to develop data collection system NASCP	KNCV	8,716	 25%	August	 2012	Planned for August 2012
	7.1.2	Training SAPC/SACA/LAPC/LACA on data collection in 4 states	KNCV	113,297	 25%	August	 2012	Planned for August 2012
	7.1.3	Procure laptop TB/HIV FP NASCP	KNCV	1,351	 100%	Apr	 2011	A laptop was procured for the NASCP Focal Person within the FMOH.
	7.1.4	Review and produce TB/HIV referral formats	WHO	12,629	 100%	Feb	 2012	A National TBHIV referral form was adopted for a two way referral system by team from NASCP, NTBLCP and WHO with inputs from partners, which takes into consideration possible reasons for TBHIV referrals(such as CPT, ART, support services etc) with a feed back component of the form to be filled by receiving health facilities and sent back. It was agreed that the TBHIV referral form will be in triplicate. The final form was there after printed with support from GFATM.
	7.1.5	Joint supervision state TB/HIV Task Teams	KNCV	6,357	 100%	Mar	 2012	Completed
	7.1.6	QMs State TB/HIV Task Teams	KNCV	4,995	 75%	Mar	 2012	Ongoing

7.1.7	Supervision MAs to States	KNCV	112,378	 75%	Mar	 2012	<p>All ILEP partners paid supervisory visits to states during the quarter. The objective of the visit was to monitor the quality of implementation of DOTS and TB/HIV activities , to address issues and challenges arising in the implementation of TB control activities. The visits also served to monitor the progress of renovations embarked on by states during the quarter. On the job training were also provided the facility staff .Some of the findings of the visit suggest incomplete documentation of TB/HIV data, lack of infection Control Plan ; poor political commitment at local government level ; the use of old reporting and recording tools despite availability of new ones . The lack of HIV test kit was also a major challenge noted as kits are inadequate to screen both suspects and TB patients. Similarly visits were conducted by the M&E officers of the respective organizations to Oyo, Osun, Katsina, Yobe and Benue states. During the visits, and data quality checks performed. On the job technical assistance were provided where necessary. In all, a total of 18 supervisory were conducted by MAs and M&E officers</p>
7.1.8	Supervision States to LGATBLS	KNCV	80,027	 75%	Jul	 2011	<p>A total of 104 supervisory visits were conducted by GLRA, TLMN and NLR states to the LGAs during the quarter. The visits were geared towards ensuring proper implementation of TB/HIV activities in the states. Some of the findings of the visits at the state suggests the consistent use of checklist during supervision, some improvements were reported in record entries compared to last quarters. Some recommendations made include the following 1) LGTBLS to ensure that TB facility and Clinic suspect registers are used and regularly updated by HWs at all DOTS centers 2) State Team/LGTBLS to ensure regular supportive supervision and on-the-job training in order to bridge the observed knowledge gap and to minimize errors in filling PRCs by HWs 3) State Team to assist LGTBLS and HWs in developing an infection control plan for health facilities. 4) need to improve on the uptake of ART in some sites inclusive of INH. The NTBLCP to supply HIV test kits and anti TB drugs for patients on cat 2 treatment.</p>

7.1.9	Supervision LGATBLS to facilities	KNCV	13,622	 75%	Mar	 2012	Supervisory visits were also conducted by the LGTBLS of NLR, TLMN and GLRA supported states to their respective DOTS clinic during the quarter. Observations made during the visits include; improved documentation of stock cards and drug management; availability and use of new version of R&R tool; improved TBHIV collaboration in all the sites as most TB suspects and patients are offered HCT and co infected are placed on CPT and ART. Recommendations include the need to improve on examination of contacts of smear positive TB cases; to intensify community awareness in order to increase TB case finding; to ensure accurate documentation and reporting of patients data; To improve on defaulter management through the use of treatment supporters. In all, a total of 282 site visits were conducted.
7.1.10	Supervision State QA officer to microscopic centers	KNCV	116,919	 75%	Mar	 2012	Similar to clinic supervision, the state QA officers also paid a total of 88 visits to the various labs. The visits findings reveal improved documentation; improved cleanness and tidiness of work environment in most of the sites visited; the conduct of IQC by sites; there was a decrease in errors in recording of patients data. Areas needing improvement include the need for proper waste disposal ; laboratory personnel at some are yet to be trained thereby affecting the quality of AFB microscopy, the NTBLCP to supply HIV test kits and adequate laboratory reagents
7.1.11	Procure desktop/printer for Central Office of TB Network	KNCV	1,351	 100%	Jul	 2011	A desktop/printer was procured for the TB Network and installed in the TB CARE I Office in order to allow the TB Network to work whenever they are attending meetings of the National TBL Control Programme or the Global Fund.

 75%

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

- (2) Identification number (eg Manufacturer's serial number, model number, Federal stock number
- (3) Date of invoice
- (4) Total price including any sales tax paid. Use currency on invoice
- (5) Note any sales tax charged
- (6) Address
- (7) Good/fair or bad
- (8)+(9) Ultimate disposition data, (in the case of a vehicle) including date of disposal and sales price where a recipient compensated TB CARE I for its share. Attach supplementary info

; national stock number)

price or the method used to determine current fair market value.

