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**Year 2
Quarterly Report
January-March 2012**

April 30, 2012

Quarterly Overview

Reporting Country	Nigeria
Lead Partner	KNCV
Collaborating Partners	FHI, MSH
Date Report Sent	April 30 2012
From	Emmy van der Grinten
To	Temitayo Odusote
Reporting Period	January-March 2012

Technical Areas	% Completio
1. Universal and Early Access	10%
2. Laboratories	8%
4. PMDT	0%
6. Health Systems Strengthening	0%
7. M&E, OR and Surveillance	0%
Other: APA 1 activities	37%
Overall work plan completion	4%

Most Significant Achievements

The National Programme organized the Joint International Monitoring Mission (JIMM) during which teams of (inter)national consultants travel throughout the country to assess the achievements of the NTBLCP in the past year. This year the JIMM had an additional dimension since the exercise served as the programme evaluation which would give recommendations for the proposal writing of the Consolidated Round 5/9 Global Fund Phase 2. The following consultants joined this important event on behalf of TBCARE I: Max Meis (focus on infection control), Manuela Rehr (focus on lab), Victor Ombeka (focus on public private mix) and Omer Ahmed Omer (focus on programmatic management of drug resistant TB). MSH provided a consultant, Samuel Kinyanjui, who focused on Supply Chain Management and e-TB Manager implementation. Some of the recommendations from the JIMM were NTBLCP should strategically expand DOTS and Laboratory services particularly to private providers, congregate settings and hard to reach populations; reinforce the existing lab network to address DR-TB; accelerate and scale-up of DR-Treatment through provision of additional treatment centres, reference labs and logistics support amongst others.

During the quarter, community TB care meetings were held in Udi, AMAC, Bauchi and Kachia Local Government Areas to review Community TB Care activities between January, 2012 and March, 2012, the forum was also used in sensitizing all stakeholders i.e. CVs, CBOs, PHC workers, traditional and religious leaders etc. on their pertinent role in ensuring sustainability of the project. Members were updated on the implementation plans of CTBC activities during the APA 2 period, achievements and challenges recorded in previous years such as sustaining motivation of volunteer activities, incomplete documentation of CV activities among others while implementing CTBC projects both at facility and community level. Also, World TB day 2012 was marked in AMAC LGAs, by showcasing CTBC activities on March, 26th 2012 at Karu PHC. The event was witnessed by the Deputy Chief of Mission, USG and his entourage. They were conducted on a media tour around the facility where DOTS providers were interviewed and testimonies granted by ex TB patients on how they were detected and supported during the 8 months course of treatment by community volunteers. In addition FHI 360 supported GON and Kano State Government in expanding access to MDR TB treatment by completing the first phase of the renovation of a waiting room, consulting rooms, rest rooms and bathrooms, nurses' station, pediatric ward, male ward, audiometer room, pharmacy, and the praying ground at Kano Mainland Hospital. In the same vein, FHI 360 collaborated with Lagos State Government to renovate the civil structure at NIMR-Lab-casting, electrical installation, plumbing works and painting, awaiting for installation of HVAC and other diagnostic equipments (to be completed with APA2 funding).

The Nigerian NTP with all its partners commemorated the World TB Day in Lagos with the official commissioning of a 36 bedded MDR TB ward. The ward was renovated by TB CAP project through FHI360 and equipped by Lagos State Ministry of Health. The President was represented by the Hon. Minister of Health, Prof C.O Onyebuchi Chukwu who pledged continuous support for TB program and said "Four hundred and thirty seven million naira was appropriated for TB program in 2012 budget". With the current commissioning, Nigeria now has 2 MDR TB treatment sites with 60 beds capacity and will expand to additional four before the end of the year. The key message in the ceremony was on strategies for increasing access to TB diagnosis and treatment including MDR TB by the provision of nine GeneXpert machines by KNCV/TBCARE I Project. Patient enrollment in the newly commissioned ward will start by the first week of May 2012.

With savings from TB CAP project, PMU initiated the rapid implementation of the GeneXpert technology recommended by WHO in Nigeria during TBCARE I APA1. A step by step approach was adopted as outlined in the country Xpert implementation plan from establishment of country GeneXpert Advisory Team (CGAT), through selection and assessment of facilities for proper placement of the machines to the training of laboratory personnel and installation of the machines at those sites. Routine testing and reporting is done by the laboratory staff to the central unit of the NTBLCP. Key lessons learned for future project design will include: 1) Strong leadership from the NTBLCP has facilitated the rapid roll out of the project in the country 2) Establishing an inclusive CGAT composed of key TB partners has enhanced a national approach in participation and implementation of the entire project 3) The rapid training of lab staff to perform Xpert functions in addition to other lab diagnostic activities is made easy as a result of having created a national pool of trainers on Xpert technology during the Training of Trainers (ToT) in the project 4) Computer literacy and proficiency is vital for Xpert data management and reporting on the results 5) Support for the operations of Xpert technology by authorities of the institution is essential beside and beyond evaluation of the site for efficient and effective implementation of the new diagnostic strategy 6) The training of laboratory workers as well as clinical and programme staff is key to building knowledge of all staff involved in TB service provision that transcends DR-TB diagnosis and treatment to include the linkages which facilitate and ensure that the services provided for the patients are comprehensive and complete 7) Prompt and regular supervision and monitoring visits if provided by the two designated supervisory reference laboratories will identify problems/issues arising from implementation of the new technology and promptly address them.

KNCV (Lead Partner) recruited a Senior Technical Advisor Programme Management (Dr. Mustapha Gidado). He

attended a USAID Rules and Regulations training together with the Senior Finance and Admin Advisor the week after he assumed office.

Overall work plan implementation status

The country office was aware of the approval of the work plan early March and had to discuss the implementation process with the National program and all implementing partners. The meeting was held with NTP and Coalition Partners on the 16th of March, 2012 to fashion out implementation process with the aim of achieving all the activities before the end of September. During this meeting the NTP allocated focal points to be responsible for the implementation of all activities (and all partners). At the moment all activities are planned and expected to be implemented before the end of September 2012.

Technical and administrative challenges

The Country Representative Dr. Emmy van der Grinten decided to leave Nigeria (after thirteen years) due to the security situation. The transition was smooth in the sense that she worked alongside Dr. Gidado for 2 weeks before leaving and has continued to provide support to the office remotely. At the time of reporting the selection process for a new Country Representative had been started. The project encountered some technical challenges with the GeneXpert expansion/support. The ability to conduct supervision in some sites especially in the North is jeopardized due to security issues in country. Looking at the recent developments in country the KNCV office has developed a security plan. In addition KNCV (alongside MSH) is a member of the OSAC (Overseas Security Advisory Council) which gives actual updates on security issues by both email and sms messages.

In-country Global Fund status and update

At the moment, the country is implementing its consolidated Round 9 Grant that will be coming to an end by December 2012. The country is in the process of writing its proposal for accessing the phase 2 component of the approved grant. Proposals were completed and submitted to CCM Nigeria Office. The TBCARE I Team (KNCV/WHO/MSH/FHI) were involved at the different stages of the writing process: 1) Stakeholders meeting to review the performance of the grant and identify priority areas for phase II 2) A core group meeting to develop a detailed budget and work plan as well as a performance framework 3) Finalization of the budget after feedback from the CCM in country.

Quarterly Technical Outcome Report

Technical Area	1. Universal and Early Access						Highlights of the Quarter	Challenges and Next Steps to Reach the Target	
	Expected Outcomes	Outcome Indicators	Baseline		Target				Result
			Data	Year	Data	Year			Y1
1.1 Increased demand for and use of high quality TB services and improve the satisfaction with TB services provided (Population/Patient Centered)	1.1.3 Patients' Charter is implemented Indicator Value: Score (0-3) based on definition	0	2011	yes	2012		The activities under APA 2 are yet to commence. Approval was only recently received. The dates for the specific activities are still being agreed on with the NTP.		
1.2 Increased quality of TB services delivered among all care providers (Supply)	1.2.1 Appropriate tools from the PPM Toolkit is implemented Indicator Value: Score (0-3) based definition disaggregated by the tools selected by NTP.	NSA	2007	NSA: 3	2012		See previous		
	1.2.5 Percentage Annual Increase in Case Notification in selected PPM facilities Indicator Value: Percentage Level: Facility level Source: Clinic records Means of Verification: TB Register Numerator: Number of TB Cases Notified in the current year - Number of TB Cases Notified in the previous year times 100 Denominator: Number of TB Cases Notified in the previous year	NA	2011	15%	2012				

Technical Area		2. Laboratories					Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes	Outcome Indicators	Baseline		Target		Result		
		Data	Year	Data	Year	Y1		
2.1 Ensured capacity, availability and quality of laboratory testing in country needed to support the diagnosis and monitoring of TB patients	2.1.1 A national strategic plan developed and implemented for providing the TB laboratory services needed for patient diagnosis and monitoring, and to support the NTP Indicator Value: Score (0-3) based on definition.	1	2011	2	2012		see previous	
2.3 Ensured optimal use of new approaches to the laboratory confirmation of TB and incorporation in national strategic lab plans	2.3.1 New technologies have been introduced Indicator Value: Number for each technique below by Central, Provincial, district and Peripheral levels (GeneXpert)	0	2011	16	2012		see previous	
	2.3.3 Rapid tests conducted Indicator Value: Number of tests Numerator: Annual number of tests (separately for GeneXpert MTB/RIF and HAIN MTBDRplus) conducted disaggregated by national and TB CARE areas.	0	2011	9000	2012		see previous	

Technical Area		4. PMDT					Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes	Outcome Indicators	Baseline		Target		Result		
		Data	Year	Data	Year	Y1		

4.1 Improved treatment success of MDR	4.1.2 MDR TB patients who are still on treatment and have a sputum culture conversion 6 months after starting MDR-TB treatment Indicator Value: Percent Numerator: Number of MDR TB patients in a cohort who are still on treatment and had culture conversion latest at month 6 (having had 2 negative sputum cultures taken one month apart and remained culture negative since) Denominator: Total number of MDR patients who started treatment in the cohort.	92% (23/25)	2011	91% (50/55)	2012		see previous	
	4.1.4 MDR TB patients who have completed the full course of MDR TB treatment regimen and have a negative sputum culture Indicator Value: Percentage Numerator: Number of MDR TB patients in a cohort who completed a course of MDR treatment and who fit the WHO criteria for cure or completed treatment Denominator: Total number of MDR patients who started treatment in the cohort	NA	2011	70% (19/25)	2012		see previous	

Technical Area 6. Health Systems Strengthening		Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes	Outcome Indicators	Data	Year	Data	Year	Y1		
6.2 TB control components (drug supply and management, laboratories, community care, HRD and M&E) formed integral part of national plans, strategies and service delivery of these components	6.2.3 People trained using TB CARE funds Indicator Value: Number of people Numerator: Number of people trained disaggregated by gender and type of training.	291	2010	425	2012			

Technical Area		7. M&E, OR and Surveillance					Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes	Outcome Indicators	Baseline		Target					
		Data	Year	Data	Year				
7.1 Strengthened TB surveillance	7.1.4 Percentage of planned mentoring visits performed Indicator Value: percentage Level: TBCARE I Source: reports mentoring visits and TBCARE I work plan Means of Verification: reports mentoring visits Numerator: number of mentoring visits performed Denominator: total number of mentoring visits planned	56% (9/16)	2011	80% (26/32)	2012		see comments in 1.1 above		
7.2 Improved capacity of NTPs to analyze and use quality data for management of the TB program	7.2.3 A data quality audit at central level has been conducted within the last 6 months Indicator Value: Yes/No	Yes	2011	Yes	2012		see comments in 1.1 above		
7.3 Improved capacity of NTPs to perform operational research	7.3.1 OR studies completed and results incorporated into national policy/guidelines Indicator Value: Number (of OR studies and instances reported separately)	0	2011	2	2012		see comments in 1.1 above		

Quarterly Activity Plan Report

1. Universal and Early Access			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
1.1 Increased demand for and use of high quality TB services and improve the satisfaction with TB services provided (Population/Patient Centered Approach)	1.1.1	Regional workshop PCA	KNCV	4,933	100%	Nov	2011	The NTP has appointed a new Focal Person for this programme area (the former FP has left the NTP to work with a partner organization - there was no proper handing over of activities). A meeting has been planned for April 24th 2012 to discuss the planning of activity 1.1.1 to 1.1.5.
	1.1.2	Supervision PCA	KNCV	5,333	0%	Sep	2012	See 1.1.1
	1.1.3	Quote Light Tool	KNCV	18,147	0%	Sep	2012	See 1.1.1
	1.1.4	Costing Tool	KNCV	32,853	0%	Sep	2012	See 1.1.1
	1.1.5	Patients Charter	KNCV	30,060	0%	Sep	2012	See 1.1.1
	1.1.6	TA Universal Access	KNCV	35,151	100%	Feb	2012	During the Joint International Monitoring Mission Omer Ahmed Omer (KNCV Namibia) came to Nigeria and he focused on PMDT. The recommendations of the PMDT Group which he joined were: 1) Accelerate scale-up to meet the cumulative number of patients on treatment target as stipulated in the Nigeria DR-TB expansion plan 2) NTBLCPC to convene high level meeting with the Governor of Lagos State to address nursing staff recruitments 3) Earlier discharge after sputum conversion following the new DR-TB guidelines 4) Expand PMDT referral system to other states following the roles and responsibilities of service providers as described in the DR-TB guidelines with supervisory treatment support from referring treatment center. a. An urgent need to strengthen MDR teams and designate MDR desk officer / contact person at State level b. NTP / State programs should consider building capacity of local CSOs to assist with follow up of MDR patients in continuation phase 4) In addition to the above, consider financial and social support activities in the GF Consolidated R9 phase 2 Grant. Ineke Huitema from KNCV HQ came to support a Training Impact Evaluation (a condition precedent of the Global Fund Renewal Process) from February 21st - March 2nd 2012. During the visit the following activities took place: 1) Finalization Training Impact Evaluation Protocol 2) Development Evaluation
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date

1.2 Increased quality of TB services delivered among all care providers (Supply)	1.2.1	National Strategic Assessment PPM	KNCV	3,200		0%	Feb	2012	See 1.2.1. Budget for this activity can be reprogrammed.
	1.2.2	TA PPM	KNCV	23,133		0%	July	2012	During the JIMM Victor Ombeka from the KNCV Regional Office in Nairobi came to Nigeria and he focused on PPM. After the JIMM a conference call was convened to discuss the agenda for the stakeholders meeting. A follow up visit will be combined with the TA Visit on PMDT (July 15-22 2012).
	1.2.3	Stakeholders meeting PPM	KNCV	18,169		0%	May	2012	Planned for May 8th 2012.
	1.2.4	Training PPM clinics	KNCV	170,232		0%	June	2012	Planned for end of May 2012/first week of June 2012.
	1.2.5	Supervision PPM clinics	KNCV	23,040		0%	July	2012	Continuous
	1.2.6	Increased case detection (ICD)	MSH	104,531		0%	May	2012	TA Visit of Eliud Wandwalo planned to take place Mid May 2012.
	1.2.7	Development materials ICD	MSH	39,042		0%	Sep	2012	Depend on outcome TA visit under 1.2.6
	1.2.8	TOT on ICD	MSH	71,793		0%	Sep	2012	Depend on outcome TA visit under 1.2.7
	1.2.9	Training ICD	MSH	27,225		0%	Sep	2012	Depend on outcome TA visit under 1.2.8
	1.2.10	Supervision ICD	MSH	98,014		0%	Sep	2012	Depend on outcome TA visit under 1.2.9
	1.2.11	Maintain CTBC activities	FHI	318,439		0%	Sep	2012	Continuous
	1.2.12	Adapt training curriculum CTBC	KNCV	7,715		0%	Jun	2012	Planned with the NTP.
	1.2.13	Maintain collaboration TB Network	KNCV	72,000		0%	Sep	2012	Meeting revision workplans CBOs planned for April 25th 2012. After this meeting sub grants can be given though the ILEP partners.
	1.2.14	Expand collaboration TB Network	KNCV	10,673		10%	Aug	2012	Related to activity 1.2.12

2. Laboratories			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
2.1 Ensured capacity, availability and quality of laboratory testing in country needed to support the diagnosis and monitoring of TB patients	2.1.1	Provision of microscopes	KNCV	57,563	0%	Jul	2012	Waiver process started with PMU.
	2.1.2	Training PPM labs	KNCV	96,312	0%	Jun	2012	Planned for June 2012. Looking at a proper sequencing of activities the microscopes should be available before the training. Therefore the office could decide to postpone the training to a later date.
	2.1.3	Supervision PPM labs	KNCV	5,760	0%	Sep	2012	Continuous but will start after completion activity 2.1.3
	2.1.4	TA Lab Network	KNCV	36,898	0%	Jul	2012	During the JIMM Manuela Rehr (PMU Funding) came with a joined focus on Lab and GeneXpert. The findings of her group were: 1) The National Laboratory steering committee should take appropriate action to ensure the re-inforcement of the existing TB Laboratory Network Policy 2) NTBLCP should seek WHO assistance formalize linkages with the SNRL by signing a standing cooperation agreement 3) Test the performance of the ventilation system at BSL3 NIMR after its installation, evaluate the placement of the equipment, and develop setting specific biosafety SOPs 4) Strengthen capacity and upgrade of MH and Jericho Chest Hospital laboratory for (solid) culture and DST 5) Pending the assessment report the biosafety of ZRL at UCH should be upgraded to at least to BSL2 5) Bearing in mind the available capacity, immediate installment of GeneXpert MTB/RIF and LPA at UCH ZRL This TA visit will be conducted by Valentina Anisimova from the Regional KNCV Office in Nairobi. She come at the same time as Victor Ombeka to ensure sufficient linkages with PMDT (July 15th - 22nd 2012)
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
2.3 Ensured optimal use of new approaches to the laboratory confirmation of TB and incorporation in national strategic lab plans	2.2.1	Coordination meetings GCAT	KNCV	8,640	0%	Sep	2012	Continuation activities from APA1.
	2.2.2	Expansion GeneXpert	KNCV	229,667	75%	May	2012	The 6 additional GeneXpert machines and cartridges have been ordered from Cepheid. The expected date of delivery is May 28th 2012.
	2.2.3	Logistics support GeneXpert	KNCV	8,000	0%	Jun	2012	After selection of the sites and arrival of the geneXpert machines.
	2.2.4	Training GeneXpert	KNCV	12,427	0%	Jun	2012	See 2.2.3
	2.2.5	Supervision GeneXpert	KNCV	26,000	0%	Sep	2012	Continuation from APA1.
					8%			

4. PMDT			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
4.1 Improved treatment success of MDR	4.1.1	Renovation National Reference Laboratory	FHI	684,912	0%	Aug	2012	Finalization NIMR NRL. A waiver was obtained from USAID Washington for the procurement of the HVAC system.
	4.1.2	Renovation Zonal Reference Laboratory	FHI	260,000	0%	Aug	2012	Finalization Port Harcourt ZRL.
	4.1.3	Supplies ZRL	FHI	380,120	0%	Aug	2012	After 4.1.2
	4.1.4	Training ZRL	FHI	2,771	0%	Sep	2012	After 4.1.2
	4.1.5	Supervision ZRL	FHI	15,588	0%	Sep	2012	After 4.1.2
	4.1.6	Renovation MDR Treatment Centre (TC)	FHI	141,368	0%	Aug	2012	Finalization of Kano MDR Ward Phase II.
	4.1.7	Supplies MDR TC	FHI	26,667	0%	Aug	2012	After 4.1.6
	4.1.8	Training MDR TC	FHI	171,071	0%	Sep	2012	After 4.1.6
	4.1.9	Supervision MDR TC	FHI	37,584	0%	Sep	2012	After 4.1.6
	4.1.10	TA MDR	FHI	50,228	0%	Sep	2012	TA supports the start up of activities in the ZRL/NRL and as such will be planned for
	4.1.11	TA PMDT Network	KNCV	12,436	0%	Jul	2012	Planned July 15th - 22nd 2012.
	4.1.12	Electronic reporting MDR	MSH	135,815	0%	Sep	2012	Continuation activities from APA1. In the process of implementation of e-TB Manager computers are
					0%			

6. Health Systems Strengthening			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
6.2 TB control components (drug supply and management, laboratories)	6.1.1	Training L&M	MSH	98,109	0%	Aug	2012	The training is yet to be planned.
	6.1.2	Annual workplan meeting NTBLCP	KNCV	6,180	0%	Sep	2012	The end of the third quarter is the official planning period for the National TB and Leprosy Control Program.
					0%			

7. M&E, OR and Surveillance			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
7.1 Strengthened TB surveillance	7.1.1	Supervision Coordination Meetings	KNCV	28,512	0%	Sep	2012	Planned for April 23rd 2012 (continuation of APA1). Matters to be discussed: 1) coordination of supervision between all partners supporting the NTP 2) selection of challenged states for supervision and mentoring.
	7.1.2	Mentoring visits	KNCV	49,067	0%	May	2012	The mentoring visits are planned for May 2012.
7.2 Improved capacity of NTPs to	7.2.1	National M&E Technical Working Group	KNCV	20,403	0%	May	2012	Continuation APA1
	7.2.2	Semi-annual Data Audit	KNCV	20,000	0%	Jun	2012	Continuation APA1

Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
7.3 Improved capacity of NTPs to perform operational research	7.3.1	Establishment National Research Committee	KNCV	20,267	 0%	Apr	2012	A meeting will be convened in April 2012 to discuss the composition of the committee members and plan a date for the first meeting of the revised committee.
	7.3.2	Establishment Internal Review Board NTBLCP	KNCV	896	 0%	May	2012	To be reprogrammed. The NTP wants to use the National Ethical Clearance Committee.
	7.3.3	Support Operational Research	KNCV	50,043	 0%	Jul	2012	Linked to the TDY Visit of Ellen Mitchell (see 7.3.4)
	7.3.4	TA OR	KNCV	53,596	 0%	Jul	2012	Ellen Mitchell (KNCV HQ) will be coming July 16th - 22nd 2012 for the Introductory Workshop on Operational Research. Currently the NTP is selecting the candidates and KNCV is ensuring that the preliminary requirements are met by the participants.
					 0%			

APA 1 Activities Undertaken During the Quarter Jan-March 2012

Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
Increased TB case notification	1.1.1	Support National PPM Steering Committee (2)	WHO		25%	May	2012	At National level: [planned for May 7-11 2012.
	1.1.2	Support National PPM Steering Committee (2)	WHO			Mar	2012	One PPM steering committee meeting was held in Kano state on the 30 March 2012. The Nigerian Medical Association, Private Health Institution Registration Unit, Organization of private institutions providing TB services (UNICARE Hospital), State Ministry of Health, National TB Programme as well as the state TB control programme were represented at the meeting. Highlight of the key issues discussed include building capacity of the PPM sites, strengthening TB/HIV joint activities and utilization of only government approved institutions for PPM implementation.
	1.1.3	Support HDL Meetings (6 hospitals)	WHO		0%	May	2012	Planned for May 3-4 2012
	1.1.4	Develop SOPs for implementation of HDL activities	WHO		0%	May	2012	Planned for May 7-11 2012
	1.1.7	Advocacy visits to selected states (TB Outreach)	WHO		0%	Jun	2012	Planned
	1.1.8	Sensitization/training community/religious leaders (TB Outreach)	WHO		0%	Jun	2012	Planned
	1.1.9	Training GHWs (TB Outreach)	WHO		0%	Jun	2012	Planned
	1.1.10	Develop/print cultural specific IEC materials (TB Outreach)	WHO		0%	Jun	2012	Planned
	1.1.11	Conduct TB Outreach Campaigns	WHO		0%	Jun	2012	Planned
	1.1.12	Advocacy visits to tertiary institutions (HDL)	WHO		0%	Jun	2012	Planned
	1.1.13	Conduct HDL workshop in tertiary institutions (HDL)	WHO		0%	May	2012	Planned for May 3-4 and May 21-22 2012
1.1.15	Support HDL Meetings (HDL)	WHO		0%	May	2012	Planned for May 3-4 2012	

Increased number of TB suspects referred by community volunteers in selected LGAs	1.2.1	Organize expert meeting to review National CTBC Guidelines/SOPs for referral	WHO	0%	May	2012	Planned for May 15-17 2012
	1.2.2	Print new CTBC Guidelines/SOPs for referral	WHO	0%	May	2012	Planned for May 15-17 2012
	1.2.13	Conduct community dialogue with community and religious leaders (CTBC)	WHO	0%	June	2012	Planned
	1.2.14	Build capacity of CBOs/CSOs registered with TB Network	WHO	0%	May	2012	Planned for May 15-17 2012
	1.2.15	Orientation Community Health Workers	WHO	0%	May	2012	Planned
	1.2.16	QMs community and religious leaders	WHO	0%	Jun	2012	Planned
	1.2.5	Support monthly CTBC meetings at LGA level	FHI	100%	Mar	2012	4 CTBC meetings held in AMAC, Bauchi and Udi LGAs to track program performance and also keep stakeholders at LGA and Community levels abreast of happenings at CTBC sites within the LGAs. Specific issues discussed in Udi and AMAC LGA included the need for payment of monthly stipends to community volunteers which was suspended for a long period to cushion the logistic challenges faced by volunteers in carrying out their roles and responsibilities within the catchment communities. In Bauchi and Kachia LGAs, progress made in the implementation of community TB care between month of January and March, 2012 was discussed; roles of the all stakeholders; LG health management committee, health care workers, TBL supervisor, CBOs and the community Volunteers that are pertinent in the achievement of the expectation of the project were also highlighted.
	1.2.6	Support monthly monitoring of CTBC activities in 4 LGAs	FHI	100%	Mar	2012	Mentoring and supervisory visits was conducted in Kachia LGA jointly with TBLs to ensure proper recording and documentation of CTBC activities by CVs within the catchment communities.
	1.2.7	Support agreements with LGAs	FHI	100%	Mar	2012	FOMWAN, Kachia and NURTW, Udi continued advocacy and community mobilisation activities during the quarter. Cv/CBO meetings also took place in AMAC, Kachia and Bauchi. Key issues discussed in AMAC were attrition of volunteers due to suspension of monthly stipend. Continuous advocacy is being made to the new LGA administration to enlist support for the volunteers.
	1.2.8	Organize TOT for TB FP of TB Network	KNCV	75%	Apr	2012	This has been completed. Members of TB network from the 6 zones participated in this workshop. The outcomes include strengthened capacities of 16 members of TB network from the 6 zones, Some insitutional documents were also finalized during this workshop including the organizational framework and consitutions of the National TB Network.
	1.2.11	Support CTBC referral network	FHI	100%	Mar	2012	Existing referral network was strengthened through distribution of R&E tools during the monthly CVCBO meetings as well as provision of mentorship on proper documentation

Improved Quality of health service	1.3.5	Organize quarterly supervision coordination meetings	KNCV		75%	Apr	2012	Last meeting planned for April 14th 2012. Following meetings to be taken over by APA2
Increased access to culture and DST	2.3.2	Support quarterly supervision NRLs to ZRLs	WHO		50%	Jun	2012	During the JIMM which took place from 6-13 February 2012, a special Lab Group was constituted to assess the activities of the reference labs as well as the AFB labs. A follow up supervision visit is planned to hold in June 2012.
	2.3.3	Support TA by SNRL	WHO		100%	Mar	2012	The SNRL sent new additional panels to the country to be distributed to the National Reference Laboratories including Zankli Medical Centre, Abuja and Calabar during the reporting quarter.
Increased Access to MDR Diagnosis	4.1.4	Installation GeneXpert and back up power supply	KNCV		75%	Apr	2012	The last GeneXpert machine has been installed in the Infectious Disease Hospital in Kano in the first week of April 2012. Due to security issues the machine could not be installed earlier.
	4.1.6	Training/supervision staff on GeneXpert	KNCV		75%	Apr	2012	A supervisory schedule has been developed to revisit all sites in which the machines have been installed. The supervisory visits will take place in the month of April 2012.
Increased Access to MDR Treatment	4.2.1	Upgrade MDR Treatment Centre	FHI		100%	Mar	2012	With the approval of TBCARE 2 workplan and budget on 29th Feb, procurement process for a contractor to carry out Phase II renovations commenced. BOQs were reviewed and negotiations are on-going.
	4.2.2	Training state program staff on clinical and PMDT	WHO		0%	Apr	2012	Planned.
Improved TB Service Delivery	6.1.6	Meeting to develop HMIS Tools and Database	KNCV		75%	Apr	2012	A meeting was convened in Kaduna for the development of HMIS tools and database. The HMIS for HR for NTBLCP were developed, two forms, one to be completed at LGA level for health facility. Additionally, a summary form was also developed to be completed at all levels. These forms are currently presented to all program managers for feedback.
Improved Data Quality	7.1.3	Conduct semi-annual data audit in selected states	KNCV		100%	Mar	2012	The NTBLCP with support from TBCARE I conducted data quality assessments in five randomly selected states of Imo, Delta, Kogi, Adamawa and Oyo states from August 22- September 29th 2011. The objectives were to a) Conduct a rapid system assessment; b) verify the quality of reported data for selected indicators; c) verify the capacity of information system to collect, manage and report quality data and; to develop action plans to strengthen the data management and reporting system. Findings from the DQA showed under reporting of indicators accounting for the sub optimal reporting of the indicators; inability to conduct assessment on some indicator was also noted as a challenge. Recommendations made include the need to entrench RDQA into the state and LGA M&E system to strengthen the system and ensure reliable TB data at all levels

APA 1

37%

Quarterly MDR-TB Report

Country	Nigeria
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Period	January-March 2012
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MDR TB cases diagnosed and put on treatment in country

Quarter	Number of MDR cases diagnosed	Number of MDR cases put on treatment
Jan-Dec 2010		23
Jan-Sep 2011		
Oct-Dec 2011		
Total 2011	*92	61
Jan-Mar 2012	54	12

Quarterly GeneXpert Report

Country	Nigeria	0	0
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Table 1: TB CARE I-funded GeneXpert instruments and cartridges procured or planned by quarter

	Procured			# still planned for procurement in APA 2	Month, Year procurement planned (i.e. April 2012)
	Jan-Dec 2011	Jan-Mar 2012	Cumulative Total		
# GeneXpert Instruments	9		9	6	Apr-12
# Cartridges	7600		7600	7500	May-12

Table 2: Cumulative List of GeneXpert Instruments Procured to Date or Planned in the Next Quarter

Already procured or still planned? (i.e. Write "Procured" or "Planned")	Instrument	# of Modules (1, 2, 4, or 16)	Location(s) (facility name & city/ province or TBD)	USG Funding Source (e.g., PEPFAR COP FYxx, USAID) ¹	Partner/ Implementing Organization; Additional Comments
Procured	1	4	NIMR Lagos	TBCAP USAID	PMU
Procured	2	4	NTBLTC Zaria	TBCAP USAID	PMU
Procured	3	4	Mainland Hospital Lagos	TBCAP USAID	PMU
Procured	4	4	Central Hospital Benin	TBCAP USAID	PMU
Procured	5	4	St. Francis Hospital Abakaliki	FY11 USAID	KNCV
Procured	6	4	Gombe Specialist Hospital	FY11 USAID	KNCV
Procured	7	4	Zankli Medical Centre	FY11 USAID	KNCV
Procured	8	4	Jericho Chest Hospital Ibadan	FY11 USAID	KNCV (to be installed)
Procured	9	4	Infectious Disease Hospital Kano	FY11 USAID	KNCV (to be installed)
Planned	10	4	TBD	FY12 USAID	KNCV (to be installed)
Planned	11	4	TBD	FY12 USAID	KNCV (to be installed)
Planned	12	4	TBD	FY12 USAID	KNCV (to be installed)
Planned	13	4	TBD	FY12 USAID	KNCV (to be installed)
Planned	14	4	TBD	FY12 USAID	KNCV (to be installed)
Planned	15	4	TBD	FY12 USAID	KNCV (to be installed)

¹ Differentiating between PEPFAR and USAID-funded is important. If it is PEPFAR funded, specify the fiscal year (i.e. FY2011). Add rows if there are more than 8 instruments in total.

Table 3: Cumulative Xpert MTB/RIF Cartridges Procured to Date or Planned for Next Quarter

Already procured or still planned? (i.e. Write "Procured" or "Planned")	Order #	# of Cartridges*	Location(s) (facility name and city/province or TBD)	USG Funding Source (e.g., PEPFAR COP FYxx, USAID) ¹	Comments
Procured	1	1000		FY11 USAID	
Procured	2	200		TBCAP USAID	
Procured	3	6400		TBCAP USAID	The consignment was split in 2 batches: 3520 and 2880. The first batch has arrived in country.
Procured	4	7500		FY11 USAID	
Ordered	5			FY12 USAID	

*There are 10 cartridges per kit, but we need the total # of **cartridges** (not kits)
 Add an additional row for every procurement order of cartridges

Any additional information/clarifications to the above (optional)

Nigeria was selected for the Pilot Project on Rapid Expansion of GeneXpert implementation and as such the efforts of the country were combined with support from PMU. In total 9 machines were procured. To date 9 machines have been installed.

Please provide a brief description of any significant problems encountered in use of the GeneXpert machine(s) and Xpert MTB/RIF cartridges

The security situation did not allow initial installation of the GeneXpert machine in one of the selected sites. At the time of reporting this has been solved and the machine has been installed in the Infectious Disease Hospital in Kano.

Please describe technical assistance or evaluation of implementation activities performed and planned

TBCARE I Nigeria had a GeneXpert TA Visit by Manuela Rehr and Sanne van Kampen from the Project Management Unit in The Hague. The team visited three sites where GeneXpert machines had been installed in the previous quarter: Mainland Hospital, Nigerian Institute of Medical Research and Jericho Chest Hospital. The main findings of the visit were: 1) Well developed training curriculum and materials 2) The clinical training of the DOTS Focal Persons was insufficient 3) Inadequate human resources in Mainland 4) Problems with uninterrupted power supply - maintenance of generators 5) Inadequate number of DR-TB Recording and Reporting formats available at the clinics. The next steps agreed upon were: 1) Clinical training to be organized as soon as possible 2) DOTS Clinic will be the entry point for testing suspects 3) Expansion to include testing of HIV+ clients for TB 4) Revision supervisory checklist 5) Follow up monitoring and evaluation visits to all sites.