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**TB CARE I**

# **TB CARE I - Nigeria**

**Year 2**

**Annual Report**

**1 March 2012 – September 30, 2012**

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## List of Abbreviations

|             |   |
|-------------|---|
| ACSM        | Advocacy, Communication and Social Mobilization         |
| AFB         | Acid Fast Bacilli                                       |
| APA1        | Annual Plan of Activities Year 1                        |
| APA 2       | Annual Plan of Activities Year 2                        |
| CBO         | Community-Based Organization                            |
| C/DST       | Culture and Drug Susceptibility Testing                 |
| CHW         | Community Health Worker                                 |
| CHCW        | Community Health Care Worker                            |
| CO          | Country Office  |
| CSO         | Civil Society Organization                              |
| CT          | Counseling and Testing                                  |
| CR          | Country Representative                                  |
| DOTS        | The internationally recommended strategy for TB control |
| DST         | Drug Susceptibility Testing                             |
| DRS         | Drug Resistance Surveillance                            |
| DQA         | Data Quality Assessment                                 |
| EQA         | External Quality Assurance                              |
| FBO         | Faith-Based Organization                                |
| FCT         | Federal Capital Territory                               |
| FGD         | Focus Group Discussion                                  |
| FHI         | Family Health International                             |
| FMoH        | Federal Ministry of Health                              |
| GDF         | Global Drug Facility                                    |
| Global Fund | Global Fund to Fight AIDS, TB, and Malaria              |
| HDL         | Hospital DOTS Linkage                                   |
| HIV         | Human Immunodeficiency Virus                            |
| HQ          | Headquarters  |
| HSS         | Health Systems Strengthening                            |
| IC          | Infection Control                                       |
| ICF         | Intensified Case Finding                                |
| IHVN        | Institute of Human Virology of Nigeria                  |
| KNCV        | KNCV Tuberculosis Foundation                            |
| LED         | Light-Emitting Diode                                    |
| LGA         | Local Government Area                                   |
| LPA         | Line Probe Assay  |
| MDR-TB      | Multidrug-Resistant TB                                  |
| M&E         | Monitoring and Evaluation                               |
| MOH         | Ministry of Health                                      |
| MOST        | Management and Organizational Sustainability Tool       |
| MSH         | Management Sciences for Health                          |
| NCE         | No Cost Extension                                       |
| NGO         | Non-Governmental Organization                           |
| NRL         | National Reference Laboratory                           |
| NTBLCP      | National TB and leprosy Control Program                 |
| OR          | Operational Research                                    |
| PEPFAR      | President's Emergency Plan for AIDS Relief              |
| PMDT        | Programmatic Management of Drug-Resistant TB            |
| PMU         | Program Management Unit                                 |

|        |  |
|--------|--|
| PPM    | Public-Private Mix                                 |
| PR     | Principal Recipient                                |
| SLD    | Second-Line Drug                                   |
| SOP    | Standard Operating Procedure                       |
| SRL    | Supra-National Reference Laboratory                |
| TA     | Technical Assistance                               |
| TB     | Tuberculosis                                       |
| TB CAP | Tuberculosis Control Assistance Program            |
| ToT    | Training of Trainers                               |
| TWG    | Technical Working Group                            |
| UCH    | University College Hospital, Ibadan                |
| UDUTH  | Usman Dan Fodio University Teaching Hospital       |
| USAID  | United States Agency for International Development |
| WHO    | World Health Organization                          |
| ZRL    | Zonal Reference Laboratory                         |

## **Executive Summary**

The Nigeria TB CARE I APA 2 plan was developed to support the National TB and Leprosy Control Program (NTBLCP) and to improve on the results achieved under the APA 1 plan. Under APA 2, TB CARE I provided technical support for Universal access to TB diagnosis, treatment and care, Laboratory strengthening, programmatic management of drug resistant tuberculosis (PMDT), Health System Strengthening (HSS) and M&E and surveillance system of the NTBLCP.

TB CARE 1 worked with the NTBLCP at all levels to implement the interventions of the technical areas supported under APA 2. Particularly the project collaborated with National TB Network organization to build the capacity of community based organization (mentor and mentee) to implement TB/HIV activities in the communities.

The total buy-in of USD 5.755M was appropriated for the implementation of activities by the coalition partners. The TB CARE I APA 2 implementation expanded from 1 March to 30 September 2012.

The shortened period of APA 2, competing other NTBLCP activities, commodities and logistics management as well as insecurity in parts of the country particularly the North were some of the challenges to implementation of APA 2. In spite of these challenges, significant achievements were attained.

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

### ***Universal and Early Diagnosis and treatment***

- A total of 234 GCHWs were trained (M: F 117: 107) from six states to provide DOTS services in 120 private health care facilities. Though there was too little time for supervision and monitoring of PPM activities at the new sites, available data showed improvement in the number of cases reported in the new facilities from 15% to 21%
- SOPs and job aides were developed and 302 health care providers were trained on SOP-approach and utilization of these tools at service delivery points for improving TB case detection. This intervention led to the increase of TB case notification of 6% over the target of 15%

### ***Laboratory strengthening***

- Xpert MTB/RIF intervention was expanded to six more states and as a result 2,009 MDR suspects were tested of which 610 TB patients were diagnosed of those 201 were RIF resistant. Low cartridge utilization due to poor logistic management of sputum samples posed a challenge. This was addressed through discussions with the Round 9 GF PR for MDR-TB.

### ***Programmatic Management of Drug Resistant TB (PMDT)***

- Human resources capacity for suspecting, notifying and uploading investigation results using e-TB manager in Nigeria were developed. NTBLCP can now report data on diagnosis and management of DR-TB patients.

## **Introduction**

TB CARE I in Nigeria contributes to the strengthening of the National TB and Leprosy Control program (NTBLCP). The NTBLCP is implemented in 36 states of the Federation including Federal Capital City (FCT), Abuja. The project works in 26 out of the 36 states including the FCT. TB CARE I APA 2 plan was developed to support the National TB and Leprosy Control Program and improve on the results achieved under the APA 1 plan. Under APA 2, TB CARE I provided technical support in the following technical areas:-

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

KNCV worked with the collaborating partners, Family Health International (FHI 360) and Management Science for Health (MSH) to provide technical assistance (TA) in the implementation of planned APA 2 activities. World Health Organization (WHO) received separate Mission funding during APA 2. However, through leveraging of support, TB CARE I and WHO supported the coordination of PPM activities in 6 states where the capacity of 120 private health facilities was developed for the provision of DOTS services. KNCV also collaborated with the indigenous National TB Network organization to build capacity of community based organization (mentor and mentee) to implement TB/HIV activities in the communities and among the vulnerable groups.

The total buy-in of USD5.755M was appropriated for the implementation of activities by the coalition partners. The TB CARE I APA 2 implementation expanded from 1 March to 30 September 2012.

The shortened period of TB CARE I APA 2, competing other NTBLCP activities, commodities and logistics management as well as insecurity in parts of the country particularly the North were some of the challenges to implementation of APA 2. In spite of these challenges, significant achievements were attained.

## Universal Access

In APA 2, FHI, KNCV and MSH implemented various interventions geared towards increasing demand for high quality TB services in the TB CARE I focus states. Particularly, building capacity of GHW on SOP approach for improving case detection resulted in some significant achievements in the APA 2 year.

## Technical Outcomes

| Expected Outcomes  | Outcome Indicators   | Indicator Definition   | Baseline (Year or timeframe) | Target Y2 | Result Y2 | Comments   |
|--|--|--|------------------------------|-----------|-----------|--|
|  |  |  |                              |           |           |  |
| 1.1 Increased demand for and use of high quality TB services and improve the satisfaction with TB services provided (Population/Patient Centered Approach) | 1.1.3 Patients' Charter is implemented<br>Indicator Value: Score (0-3) based on definition | The Patients' Charter for Tuberculosis Care (The Charter) outlines the rights and responsibilities of people with tuberculosis. The Charter outlines 15 rights: Care (3), Dignity (2), Information (5), Choice (3) and Confidence (2). This WHO indicator measures whether TB personnel have been trained on the use of the Patient's Charter in the last year.<br><b>Indicator Value:</b> Yes/No<br><b>Level:</b> National<br><b>Source:</b> NTP/WHO<br><b>Means of Verification:</b> Training report | 0 (2011)                     | Yes       | 1         | The scoring here is based on the revised M&E Plan which specifies the scoring for each figure. This is to enable a proper assessment of the true picture |
| 1.2 Increased quality of TB services delivered among all care providers (Supply)   | 1.2.1 Appropriate tools from the PPM Toolkit is implemented                                | <b>Description:</b> Number of private providers collaborating with the NTP (i.e. reporting TB case information to the NTP). This is a WHO indicator.<br><b>Indicator value:</b> Number<br><b>Level:</b> National<br><b>Source:</b> NTP/WHO<br><b>Means of verification:</b> List of collaborating private providers  | NA (2007)                    | 3         | 3         |  |

|  |   |   |           |     |     |   |
|--|---|---|-----------|-----|-----|---|
|  | <p>1.2.5 Percentage Annual Increase in Case Notification in selected PPM facilities</p> <p>Indicator Value: Percentage</p> <p>Level: Facility level</p> <p>Source: Clinic records</p> <p>Means of Verification: TB Register</p> <p>Numerator: Number of TB Cases Notified in the current year - Number of TB Cases Notified in the previous year times 100</p> <p>Denominator: Number of TB Cases Notified in the previous year</p> | <p><b>Description:</b> Childhood TB is an important component of an NTP's strategy. This indicator measures the level to which childhood TB is addressed in the NTP's strategy.</p> <p><b>Indicator value:</b> Score based on the following:<br/> 0 = Childhood TB is not mentioned in the NTP Strategic Plan<br/> 1 = Childhood TB is mentioned in the strategic plan, but no activities are implemented on childhood TB<br/> 2 = Childhood TB activities are being piloted or are implemented in select sites<br/> 3 = Childhood TB is an integral part of the NTP strategic plan and regular activities.</p> <p><b>Level:</b> National</p> <p><b>Source:</b> NTP</p> <p><b>Means of Verification:</b> NTP Strategic Plan; childhood TB activity plan</p> | NA (2011) | 15% | 21% | Data is an aggregation of the 2 quarters (Oct 2011- Mar 2012)for which results were available |
|--|---|---|-----------|-----|-----|---|

## Key Achievements

- The baseline qualitative study for the Patient Centered Approach (PCA) was also undertaken during the year in two states (Osun and Ogun). The sessions consisted of in depth interviews with patients, community leaders and facility staff. Also Focus Group Discussions (FGD) sessions were held with patients and community groups. The transcription from the sessions has been shared with the home office staff (The Hague) for assistance with analysis. The quantitative baseline investigation was also conducted in the two states using Ekiti state as the control. The patient charter has been translated into Igbo and Hausa has been concluded with back translations into English. This would enable patients in the communities to know and understand their rights and responsibilities
- Technical assistance (TA) was provided by Omer Ahmed Omer from KNCV Namibia on PMDT. Issues discussed during the TA focused on the need to strengthen MDR teams and designate MDR desk officer / contact person at State level, building capacity of local Civil Society Organizations (CSOs) at both national and state levels to assist with follow up of MDR patients in continuation phase. In addition consider financial and social support activities in the GF Consolidated R9 phase 2 Grant. In furtherance to this, a TA was also provided by Ineke Huitema from KNCV HQ to support training on Impact Evaluation a condition precedent of the Global Fund renewal process. The TA assisted the national program to finalize the Training Impact Evaluation Protocol, develop Evaluation Tools as well as organize a Training of Trainers workshop.
- A total 234 GHCWs trained (M: F 117: 107) from 120 private health care facilities in six States (Kano, Benue, Oyo, Lagos, Anambra and Rivers. All the facilities were linked with the respective states TBL control program for supplies of R&R tools and drugs.
- A workshop was held in May to update the SOPs and job aides for improving TB case detection. The various SOPs at the different units in the facilities were reviewed and updated. Thereafter a Master trainers' workshop was held for 26 health personnel (19M; 7F) on the SOP approach for improving TB case detection using the developed SOPs and job aides. These created a national pool of trainers who then cascaded the training at state and LGA levels. In all, a total of 302 health care providers (172M; 130F) from health facilities were trained on SOP-approach. A2-sized wall posters of the nine different SOPs for case detection and table calendars were printed. In all, 5,120 copies of the different materials were printed. An outcome of these activities has been a 6% increase in case detection at selected sites over the target figure of 15%
- Through a series of activities, such as trainings, advocacy visits, and community mobilizations, CTBC implementation was maintained during the year through the mentor/mentee capacity building initiatives as well as the FHI supported CTBC activities all geared towards intensified case finding. The Curriculum was adapted and used in the training of new mentor-mentee organizations. Two (2) mentor organizations in Kaduna and Rivers state and 4 mentee organizations were identified from 4 additional states (Katsina, Kano, Cross-Rivers and Bayelsa)for the expansion of the Capacity Building Initiative. A total of 13 participants were trained (M: F 8:5). These organizations will be provided with seed funding in APA3 for implementation of

CTBC activities in identified communities. In all a total of 2213 suspects M=1026; F=1187) were referred; 142 patients (64M; 78F) were managed by CVs.

### **Challenges and Next Steps**

- Delay in approval by the Ethics Committee affected commencement of the PCA study baseline investigations. However, the study protocol was approved and the investigations have since been completed. All other activities under the PCA have been moved to APA 3 using the modification tracker.
- Too little time for supervision and monitoring of PPM activities at the new sites. TB CARE I in collaboration with the NTP will work with the states to ensure complete integration of the private PPM activities into the overall state TB and Leprosy Control Programme. Supervision of the new established sites will be moved to APA 3.

## Laboratories

TB CARE I in collaboration with the NTBLCP expanded the Xpert MTB/RIF intervention to six additional states and expansion of PPM DOTS into 60 private laboratories accounted for the achievements under this technical area.

### Technical Outcomes

| Expected Outcomes   | Outcome Indicators  | Indicator Definition  | Baseline (Year or timeframe) | Target | Result | Comments |
|---|---|---|------------------------------|--------|--------|----------|
|   |   |   |                              | Y2     | Y2     |          |
| 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<br>Indicator Value: Score (0-3) based on definition. | <b>Description:</b> A national laboratory plan has been developed that addresses strategic objectives on how the country will meet the national requirements for quality TB diagnostic services. Strategic objectives can be, but are not limited to: Establishment of reference laboratory, laboratory network, EQA program, increase laboratory capacity, improvement of HR situation, data management etc. According to strategic objectives, annual work plans and budgets with targets and indicators should be developed and implemented to implement the national laboratory strategic plan.<br><b>Indicator Value:</b> Score based on below:<br>0 = Laboratory strategic plan is not available<br>1 = Laboratory strategic plan is ready but no annual implementation plan and budget available for the | 1 (2011)                     | 2      | 1      |          |

|  |   |  |   |    |    |   |
|--|---|--|---|----|----|---|
|  |   | <p>current year<br/> 2 = Laboratory annual implementation plan and budget is available for the current year<br/> 3 = NTP annual report for the current year includes a section demonstrating progress with the implementation of the laboratory strategic plan.<br/> <b>Level:</b> National<br/> <b>Source:</b> NTP<br/> <b>Means of Verification:</b> National Strategic Plan Document</p>  |   |    |    |   |
| 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<br>Indicator Value:<br>Number for each technique below by Central, Provincial, district and Peripheral levels (GeneXpert) | <p><b>Description:</b> Number of diagnostic sites, in which GeneXpert MTB/RIF, HAIN MTBDRplus or liquid culture/DST are implemented and routinely used for diagnosis, stratified by testing type.<br/> <b>Indicator Value:</b> Number<br/> <b>Level:</b> National and TB CARE areas<br/> <b>Source:</b> NTP and TB CARE<br/> <b>Means of Verification:</b> Laboratory register, treatment register, EQA reports from supervising laboratories, implementer report, National Strategic Plan<br/> <b>Numerator:</b> Number of diagnostic sites using GeneXpert MTB/RIF, HAIN MTBDRplus or liquid culture/DST disaggregated by type of technology</p> | 0 | 15 | 14 | The machines are installed in 5 Tertiary Health Facilities and 9 Secondary Health facilities. One machine is yet to be installed at Bauchi due to security challenges |

|  |  |  |   |       |       |  |
|--|--|--|---|-------|-------|--|
|  | <p>2.3.3 Rapid tests conducted<br/>Indicator Value:<br/>Number of tests<br/>Numerator: Annual number of tests (separately for GeneXpert MTB/RIF and HAIN MTBDRplus) conducted disaggregated by national and TB CARE areas.</p> | <p><b>Description:</b> This indicator measures the number and percent of patients diagnosed using GeneXpert (disaggregated by RIF-resistance)<br/><b>Indicator Value:</b> Percent<br/><b>Level:</b> TB CARE areas<br/><b>Source:</b> NTP and TB CARE<br/><b>Means of verification:</b> lab register, TB treatment register<br/><b>Numerator:</b> Number of TB patients diagnosed using GeneXpert</p> | 0 | 9,000 | 2,009 | <p>Target not met due to weak logistics system for the transportation of sputum samples from catchment health facilities to the Xpert diagnostic sites</p> |
|--|--|--|---|-------|-------|--|

## **Key Achievements**

- TB CARE I provided TA to strengthen the implementation of Gene Xpert by the NTP. This TA was provided by Manuela Rehr through PMU Funding on Lab and Gene Xpert during the Joint International Monitoring Mission (JIMM). Among the key activities conducted during the TA include the capacity building for laboratory staff and installation of Gene Xpert machines. Valentina Anisimova and Victor Ombeka also provided TA for strengthening referral linkages of the PMDT program. Gene Xpert was further scaled up to six additional states (Kebbi, Katsina, Zamfara, Bauchi, Ondo and Akwa Ibom) based on the geographical location of existing 9 sites as well as the sites of other implementing partners. Five of the machines have been installed and now awaiting installation of the one for Bauchi which was stopped mid-way because of crisis in the area. A total of 47 staff (M: F 34:13) were trained on Gene Xpert.
- A total of 3 meetings were held by the GCAT during the year. The meetings provided opportunity for coordination of all partners implementing GeneXpert in country. Activities coordinated include selection of sites, commodity management and distribution. Thus far through TB CARE I support a total of 2009 MDR suspects have been tested with Gene Xpert. A total of 610 TB patients have been diagnosed using Gene Xpert. Of these, 201 TB patients were RIF resistant and 410 were non-RIF resistant.
- Teams of program and laboratory staff conducted supervisory visits to the nine sites. The purpose of the visit was to assess the progress in the utilization of the Gene Xpert machine by the respective TB programs in the states. The team provided on-the-job training for the lab staff and supported them on data entry and analysis.

## **Challenges and Next Steps**

- Challenges were the low utilization of the cartridges because of weak logistic support for transporting samples to the labs. The logistics of sample movement was discussed with NTP and Institute for Human Virology Nigeria (IHVN) the PR for MDR TB GFATM. IHVN will now be responsible for the sample movements while TB CARE I supported the printing of Reporting and Recording (R&R) tools
- Insecurity in some parts of the North of Nigeria. Installation of GeneXpert machine in Bauchi state, for example has delayed as a result of security challenge there.

## Programmatic Management of Drug Resistant TB (PMDT)

Under PMDT, TB CARE I provided infrastructural upgrading for MDR-TB facilities and MSH, capacity building for implementing the customized Nigeria e-TB manager in the diagnostic and treatment centres. With the introduction of e-TB manager, the National TB program can now report data on treatment outcomes of DR-TB patients started on treatment.

### Technical Outcomes

| Expected Outcomes                        | Outcome Indicators  | Indicator Definition  | Baseline (Year or timeframe) | Target         | Result | Comments   |
|--|---|---|------------------------------|----------------|--------|--|
|  |   |   |                              | Y2             | Y2     |  |
| 4.1<br>Improved treatment success of MDR | 4.1.2<br>MDR TB patients who are still on treatment and have a sputum culture conversion 6 months after starting MDR-TB treatment | MDR TB patients who are still on treatment and have a sputum culture conversion 6 months after starting MDR-TB treatment<br>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)<br>Denominator: Total number of MDR patients who started treatment in the cohort. | 92% (23/25)<br>2011          | 91%<br>(50/55) |        | MDR program commenced late 2010. Therefore first cohort report will only be available from NTP in Q1, 2013 |
|  | 4.1.3<br>MDR TB patients who have completed the full course of MDR TB treatment regimen and have a negative sputum culture        | MDR TB patients who have completed the full course of MDR TB treatment regimen and have a negative sputum culture<br>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<br>Denominator: Total number of MDR patients who started treatment in the cohort   | NA (2011)                    | 70%<br>(19/25) |        | MDR program commenced late 2010. Therefore first cohort report will only available from NTP in Q1, 2013    |

## **Key Achievements**

- A refresher capacity building workshop for 17 staff (M=3; F=14) of Dr Lawrence Henshaw Memorial Hospital (DLHMH), Calabar and 5 staff of Lagos Mainland Hospital through exchange bench mark was conducted to provide the necessary hands- on experience on the clinical management of DR-TB patients. In addition, joint laboratory and clinical team meetings were held where issues on management of adverse drugs reactions which occurred among 6 patients on admission and other sundry issues including provision of recreational facilities were discussed. the centers were supported to provide improved quality care through supervisory and mentoring visits from FH1 360 technical team. DR-TB suspects registers were regularly reviewed and updated. In particular, DLHMH and University Teaching Hospital, Port Harcourt (UPTH), were visited to monitor patient care, civil works, electrical and other installation works. As part of maintaining safety in the laboratory, 24 laboratory staffs (8M and 16 F) from TB culture laboratories received five days training on aspects of Biosafety measures required to work in a BSL3 TB culture Laboratory or BSL2 with BSL3 practices TB Culture laboratory.
- The renovation and upgrading of IDH Kano DR-TB treatment site was completed. The state government supported the facility with equipment and other supplies including an X-ray machine. Additionally, TB CARE I has procured and supplied all IC materials comprising N95 respirators and respiratory fitting apparatus.
- A total of 118 persons (94 M; 24 F) from DR-TB treatment and diagnostic centers, NTBLCP, program managers at the states and partners supporting the NTBLCP were trained on e-TB manager. The aim of the training was to develop the necessary human resources capacity for suspecting, notifying and uploading investigation results and set up the system for the piloting of e-TB manager in Nigeria. The trained personnel have since commenced the use of the web-based system for information management of DR-TB. Additionally, mentoring visits were conducted to support health workers in the use of e-TB manager DR-TB treatment centers. Following these visits the centers have effectively commenced the use of the e-TB manager. Ten desk top computers, UPS and internet modems were procured and distributed to various centers using the e-TB Manager.

## **Challenges and Next Steps**

- Internet fluctuations and computer competency feature as key challenges in the earlier stage of the roll-out of the e-TB manager at the treatment sites. Some variables are found to be lacking in the e-TB manager platform. TB CARE I through MSH has procured ten desk top computers; UPS and internet modems were also procured and distributed to various centers using the e-TB Manager. The IT team would continue to provide support to the sites on data uploading and management.

## Monitoring & Evaluation, Surveillance and OR

TB CARE I worked in this technical area to strengthen the M&E as well as OR program of the National TB Program. Four operational research agenda were identified for implementation in APA 3. DQA was performed in a few states with evidence of improved and reliable data reported by the NTP.

### Technical Outcomes

| Expected Outcomes  | Outcome Indicators                         | Indicator Definition   | Baseline (Year or timeframe) | Target         | Result          | Comments   |
|--|--|--|------------------------------|----------------|-----------------|--|
|  |  |  |                              | Y2             | Y2              |  |
| <b>7.1</b><br>Strengthened TB surveillance   | 7.1.4<br>Planned mentoring visit conducted | Percentage of planned mentoring visits performed<br>Indicator Value: percentage<br>Level: TBCARE I<br>Source: reports mentoring visits and TBCARE I work plan Means of Verification: reports mentoring visits<br>Numerator: number of mentoring visits performed<br>Denominator: total number of mentoring visits planned  | 56% (9/16)<br>2011           | 80%<br>(22/32) | 15.6%<br>(5/32) | Target not achieved due to competing activities of program managers which often results in activity being re-scheduled |
| <b>7.2.1</b><br>Improved capacity of NTPs to analyze and use quality data for management of the TB program | Data Quality measured by NTP               | <b>Description:</b> Any aspect of data quality has been measured in the last year (internal consistency, timeliness, completeness, accuracy, etc.) at national, intermediate/regional or peripheral levels. If yes, list the dimensions being measured.<br><b>Indicator Value:</b> Yes/No<br><b>Level:</b> National<br><b>Source:</b> NTP<br><b>Means of Verification:</b> Data quality report | Yes (2011)                   | Yes            | Yes             | TB CARE I till date has achieved 50% of the result for the indicator. Another DQA exercise would be conducted in APA 3 |

|  |                                   |  |                 |          |          |                                     |
|--|-----------------------------------|--|-----------------|----------|----------|-------------------------------------|
| <p>7.3<br/>Improved capacity of NTPs to perform operational research</p> | <p>7.3.1 OR studies completed</p> | <p><b>Description:</b> TB CARE-supported OR studies completed in the last 12 months.<br/> <b>Indicator Value:</b> Number (of OR studies)<br/> <b>Level:</b> National or sub-national level<br/> <b>Source:</b> TB CARE project<br/> <b>Means of Verification:</b> OR study reports )</p> | <p>0 (2011)</p> | <p>2</p> | <p>0</p> | <p>Activity moved over to APA 3</p> |
|--|-----------------------------------|--|-----------------|----------|----------|-------------------------------------|

## **Key Achievements**

- Five (5) highly challenged states (Niger, Delta, Ebonyi, Zamfara and Benue) benefited from TB CARE 1 support for the mentoring program of the NTBLCP. The States teams were supported in data analysis, preparation for supervision & effective feedback, lab systems, strategies for increasing case detection especially among the tertiary institutions and LMIS. In addition, a workshop of 16 participants (2 F; 14M) was held to develop Standard Operating Procedures (SOPs) that will help improve the quality of data collected at all levels. The main objectives of the workshop were to develop tools that will assist in preventing discrepancies and where they occur that will provide step by step procedure to address these discrepancies at all levels of the program.
- Two (2) meetings of the M&E technical working group took place during the year. The objective of the meeting was to strengthen the M&E systems at all levels, improve the health information linkages between the NTP and partners and; to identify operational challenges for effective M&E and proffer solutions.
- A total of 16 participants were selected from different cadre of staff of the NTP (national & states), to attend the OR training facilitated by TA from HQ Ellen M & Evalin K schedule from 16-27 July 2012. Also other identified stakeholders such as members of the academia and partners supporting TB program also participated in the training. Four research agendas were identified which would be implemented in APA 3. The development of capacity of the NTBLCP for OR would address the operational challenges in implementation of program activities in the field.
- Data Quality Assessment (DQA) took place in a total of 6 states namely Akwa- Ibom, Kebbi, Imo, FCT, Oyo and Benue during the reporting period. Issues uncovered include data discrepancies due to non-use of appropriate registers, summation errors, inadequate supervision. The facility staffs were mentored and where necessary corrections made.

## **Challenges and Next Steps**

- Weak supervision and monitoring of program activities as a result of lack or non use of standardized NTBLCP supervision checklist and monitoring tools. TB CARE I would continue to leverage funds from the GFATM to support the National joint supervision of the states and LGAs and support the supervision coordination meetings of the NTBLCP and partners.
- Use of inappropriate recording and registration tools and discrepancies in the reported data due to errors in summation or incorrect numbers. Coaching and mentoring of the health workers concerned was done on site. TB CARE I in collaboration with NTP to strengthen the regular review meeting of the states to provide on-the-job training on data quality. The NTBLCP will also support the states to institutionalized routine DQA into their supervisory system.