



TB CARE I

TB CARE I – Nigeria

Year 4 Quarterly Report April-June 2014

July 30, 2014

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1. Quarterly Overview

Country	Nigeria
Lead Partner	KNCV
Coalition Partners	WHO, MSH, FHI 360
Other partners	ILEP
Workplan timeframe	Oct 2013 - Sept 2014
Reporting period	April-June 2014

Most significant achievements:

Due to TB CARE earlier successes with the implementation of GeneXpert services in the country, Cepheid has appointed KNCV as its official service provider in country. Additionally, KNCV is also collaborating with National AIDS Control Agency (NACA) in Nigeria to install 185 Gene xpert machines in ART clinics thereby creating access for the detection of TB in People Living with HIV/AIDS (PLHIV).

As a result of the training of state conselium members on community PMDT initiation in the eight states supported by TB CARE I, an additional **25** DR-TB patients were enrolled during the quarter bringing the total number of enrolled MDR -TB patients in community PMDT to **57**. Through TB cARE I support, the states were able to provide support for all enrolled MDR-TB patients' auxiliary investigation, transportation and feeding. Equally, the state conselium teams conducted **8** quarterly review meeting to assess the performance of the patients enrolled into PMDT care. Also during the quarter, a total of **5,096** sputa were tested using GeneXpert services showing a 41% improvement over quarter one data. 97% of sputa tested were successful tests. Of these, **1,245** (25%) MTB positive cases were detected and **139** (11%) were Rif-resistant cases.

Also during the quarter, TB CARE I continued to work in communities with the assistance of Patent Medicine Vendors (PMVs) and Community Volunteers (CVs) to identify and refer persons with presumptive TB. As part of the CTBC strategy TB CARE I used CVs to move samples from ART sites to GeneXpert sites as well as conduct outreach to religious outlets such as churches and mosques. As a result, a total of **1,334** persons with presumptive TB were referred for TB services; of these **157** TB cases were notified (12%) and **122** patients (78%) are being managed by CVs. Additionally, a total of **147** sputum samples were moved though the auspices of the community volunteers to GeneXpert sites from which **8** (5%) MTB Rif resistant cases were detected during the quarter and **6** buruli ulcer patients were identified in the communities.



Health talk session after prayers at the Mosque



Health talk at ECWA Church Crossing ,Kaduna

With technical assistance received during the quarter, 6 states were chosen for the piloting of the FAST Strategy (Abia, Akwa-Ibom, Benue, Taraba, Osun and Kaduna states) in a total of 13 facilities with the purpose of reducing TB or DR-TB transmission in outpatient and in-patient health care settings; as well as contribute to increased case detection. Data received during the quarter indicates a slight improvement in the average time to diagnosis which went down to **2.7** days compared to 3 days at baseline. Similarly, the average time to treatment decreased from 5 days to **2.2** days. We are very much hopeful that the successes would be sustained and further decreased to 1 day.

Upstream Support

TB CARE I with other stakeholders continued to provide support and input for the gap analysis as well as the review and finalization of the NTP national Strategic Plan 2014-2018 (NSP). The process which took place in Abuja from the 9-12 June 2014 was also supported by external consultants from WHO and other

organizations including UNAIDS, TBTEAM, KNCV, and Global Fund as well as national consultants from the TB and HIV programs. The National targets for the different components of the disease programs, based on current needs using projections, were set. Furthermore, impact, outcome and output indicators were identified to track achievements. Strategies and interventions for the achievement of the selected indicators were identified and agreed upon. Finally, the programmatic and financial gaps for the joint concept note discussed and also agreed by both programs groups.

Additionally, WHO supported the NTBLCP on the finalization of the report of TB Prevalence survey in Nigeria. An expert meeting was held to review the draft report and the comments on the report as noted by the WHO HQ colleagues were incorporated into the finalized copy. An updated copy of the report was produced which will be shared again with the HQ. In addition, TB CARE I continued to provide technical assistance for the NTBLCP technical review meetings at both state and the zonal levels during the quarter under review. These meetings provide the platforms to obtain feedback on the performance of the programmes in all the states of the federation.

Also, TB CARE I provided technical support in the supervision and monitoring of planned TB and HIV control activities at the states, LGA and facility levels. The supervision and monitoring of DOTS and HIV care and prevention activities has contributed to improved quality of service delivery though there are still challenges in the attainment of the national targets of treatment success at the state level for states and LGAs and the burden of HIV among registered TB patients remains high (35% co-infected rate in one situation). It would be noted that in such cases there has been improved access to DOTS and HIV services as a result of co-existence of both services in some facilities.

As parts of the country preparatory plans to further expand GeneXpert services to ART clinics, TB CARE I provided support to the NTBLCP, NACA, and NASCP in facilitating a special emergency meeting of the Country GeneXpert Advisory Team (CGAT) to discuss the roll out 185 GeneXpert machines being procured by the HIV Program. The draft roll out plan for the expected GeneXpert machines was shared during this meeting.

Technical and administrative challenges:

Due to increased access to GeneXpert and the delay in the shipment process, the project experienced shortages in cartridges during the quarter and had to leverage support from other partners to meet the increased demands. Furthermore, the increase in the number of states experiencing insecurity as well as the persistence of insecurity in some states has hampered the project activities in the states. Though TB CARE I has changed its strategy by out-sourcing some of the activities through ILEP, there has been a gradual decline in service utilization in previously established sites which accounted for the decrease in TB/HIV services utilization.

2. Year 4 technical outcomes and activity progress

2.1 Universal Access

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date ¹	Comments
1.1.3	TB personnel trained on the Patients' Charter	48	37	0	Activity yet to be implemented
1.2.1	Private providers collaborating with the NTP	140	170	140	
1.2.2	TB cases diagnosed by private providers	22,217 (national data)	30,000 (national data)	12,995 (13%) all forms of TB cases were notified by private providers in 2013 of 100,401 cases notified in 2013	
1.2.3	Status of PPM implementation	3	3	3	
1.2.5	Childhood TB approach implemented	2	2	2	Road map for childhood TB and desk guide and training activities among different cadres are currently ongoing
1.2.6	Number of TB cases (all forms) diagnosed in children 0-4	1,966 (national data)	10% increase from 2012	2,071 (2%) all forms of Tb were diagnosed in 2013	
1.2.7	Prisons with DOTS	83	120	103	Nationally a health screening tool was developed and introduced to all Nigeria prisons for symptomatic screening and the prisons were effectively linked to LGA TB services
1.2.8	CB-DOTS program is implemented	3	3	3	

¹ If results are not available, write “Measured annually” or “Not yet measured” and say when the data are estimated to be available. Not all indicators can be measured quarterly.

1.2.11	Number of communities supported to implement community DOTS	183	250	105	<p>The total communities supported to implement CTBC activities are 105. Presently only 3 CBOs are supported by KNCV to implement CTBC activities in 40 communities in Oyo, Osun and Kaduna states in APA 4. Similarly, FHI 360 CTBC activities have been reduced as a result of reduced funding. Currently, FHI 360 is supporting 65 communities in 9 LGAs in 3 states (Cross River/Lagos/Kano) with TB CARE I funding. Previously supported communities will be sustained using the FHI 360 bilateral fund.</p>
1.2.12	Number of TB suspects referred by community volunteers	3,211	5,500	<p>A total of 5,222 persons with presumptive TB (M=2641; F=2581) referred by the CVs, 654 (M=344; F=310) TB cases were notified (13%); and 706 TB patients (M=348; F=358) are receiving treatment from CVs.</p>	
1.2.13	Number of TB cases diagnosed in facilities implementing ICF using SOPs	2,244	5,000	1,321 TB cases were notified during the quarter showing only a	Increasing security challenges in the states is affecting

				0.15% increase over Q2 2013 data. Cumulatively in APA 4, there has been a 2.3% increase in TB cases detected	service utilization as well as industrial action among health care workers. Data for the newly expanded sites will be available next quarter.	
1.2.14	Number of prisons with TB/HIV services	Not available	10	10	TB CARE I identified the sites with Prisons services and where trainings were conducted.	
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status ²
				Start	End	
1.1.1	KNCV, WHO, MSH & FHI 360	Incorporate lessons learned from PCAs interventions into routine TB supervisory system	All lessons learned from the pilot sites of Patient Centered Approaches (PCA) especially on quality of care and cost were identified and currently discussing with NTP for possible implementation August 2014	Jan 14	May 14	Pending
1.1.2	KNCV	Conduct mapping & situation analysis among 6 selected states for community awareness on TB disease and available service points	A meeting was organized by TB CARE I on 16 December 2013 with state program managers from Imo, Lagos, Kano, Anambra, Rivers and Niger, WHO NPOs and Medical Advisers of ILEP organizations on increased case-detection. Participants were asked to specify activities, timelines and responsible persons for each set of activities within the set period. At end of the meeting, 5 LGAs in each of the 6 selected states were identified based on very low case-notification or non-availability of microscopy centers.	Nov 13	Dec 13	Completed
1.1.3	KNCV	<i>Implementation of community awareness on TB disease and service points in selected LGA's</i>	Religious leaders in Anambra, Imo and Rivers States were orientated on TB suspect identification and referral to nearest DOTS centers. Participants at the workshop were provided information on DOTS/ Microscopy centers in their areas; expected roles of religious bodies in TB Control were discussed at length and an interactive session was	Feb 14	Sep 14	Completed

² Status options: Pending (the activity has not yet started, but is not delayed); Ongoing (the activity has started and is in process); Completed (all sub-activities and outputs are complete); Postponed (the start or completion of this activity has been delayed, but will still be completed by the end of the workplan year); Cancelled (the activity, which may or may not have started, will not be completed by TB CARE I.)

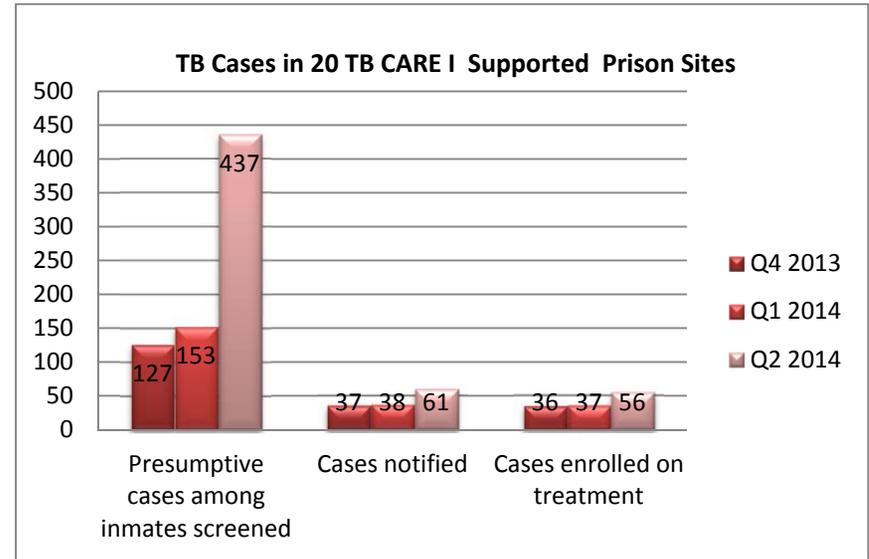
			held on perceived challenges, feedback mechanism, supervision and follow up of awareness campaign by the religious bodies. Overall, the following 195 participants were orientated: 1. 120 religious leaders/representatives (40 per state), 2. 60 laboratory staff (20 per state) and 3. 15 LGTBLs (5 per state) from those selected LGAs. Results from the activities will be obtained next quarter. In addition 20 flex posters and 60 packs of 1000 fliers were distributed in the respective LGAs			
1.2.1	KNCV, WHO, MSH & FHI 360	Maintain CTBC activities on community awareness & referral by CSO's in 3 States (mentor/mentee)	Community volunteers and PMVs continued to implement CTBC activities in the communities during the quarter with the delivery of health talks, community awareness and sensitization meetings and mass mobilization outreaches. On the whole, 58 health talks were conducted; 15 mass mobile outreaches and 22 radio jingles were aired. Additionally, a total of 147 sputum samples were moved to Gene Xpert sites. In all a total of 1,334 TB suspects (M=606; F=728) were referred by the CVs of which 157 (M=71; F=86) TB cases were notified; and 122 TB patients (M=56; F=66) are receiving treatment from CVs.	Jan 14	Sep 14	Ongoing
1.2.2	KNCV, WHO, MSH & FHI 360	Support TB services and TB IC in the prisons	Ten facilities (10) were selected from 10 states. A medical officer and two General health care workers per facility were trained on basic TB and TB infection control. Facility assessment for upgrading and renovation was conducted. In all, 8 Medical Officers (all male) and 22 GHCW (M=9; F=13) were trained. All renovations have been completed	Dec 13	Feb 14	Completed
1.2.3	FHI 360, KNCV, WHO & MSH	Maintain CTBC in 9 LGAs (Cross River State (3)/Lagos State (3)/Kano State (3))	TB CARE I through its CTBC efforts continued to increase community awareness on TB, as well as demand creation for and access to available TB services in the various communities. The various CBOs were supported to visits community gatekeepers as way of advocacy calls. Support was further solicited regarding continued vigor in the execution and sustenance of CTBC. Additionally, community mobilizations were conducted and the avenue provided an opportunity for on-the-spot referrals to be done. Through this effort, 723 on-the-spot referrals were made and a total of 4,101 persons were	Oct 13	Sep 14	Ongoing

			reached using IEC materials, band boys, Public Address Systems and banners. Additionally, With support from the CBOs and LGTBLS, a total of 2,561 home visits were conducted this quarter. These exercises was focused on assessing living conditions of patients, promoting awareness on infection prevention and instituting control practices within the home, as well as refer any symptomatic cohabitants. In all, 3,888 (F=1853) TB presumptive TB cases were referred; 497 (M=273; F=224) TB cases were notified and 584 (M=292; F=292) TB patients are being managed by CVs			
1.2.4	FHI 360, KNCV, WHO & MSH	Support one day quarterly coordination meetings in the 9 LGAs	TB CARE I though FHI 360 supported a total of nine (9) LGA quarterly co-ordination meetings across the TB CARE I states during the quarter. The meeting provided the platform to share experiences and discuss issues and challenges in the field. Other issues discussed include the frequent transfer of lab/DOTS personnel without adequate replacements, and poor power supply to laboratories. CTBC achievements were also discussed during the meetings. Report of achieved DOTS expansion plus the equipment and drug supply to DOTS facilities was also shared as well as the report on renovated labs and the training of personnel.	Oct 13	Sep 14	Ongoing
1.2.5	FHI 360, KNCV, WHO & MSH	Support one day monthly M&E meetings in the 9 LGAs	A total of 27 monthly M&E meetings were held across all 9 supported LGAs within this reporting quarter. Participants included the TBLS, Medical Officers of Health, DOTS officers, LGA M&E Officers, representatives from CBOs, laboratory personnel and FHI 360 staff members. The meetings focused on the review of data quality, adequate documentation and proper filing of all source documents. In all, a total of 241 persons (M=115; F=126) attended the meetings.	Oct 13	Sep 14	Ongoing
1.2.6	FHI 360, KNCV, WHO & MSH	Support State and LGA TBLS on TB campaigns/community mobilization activities in the 9 LGAs	FHI 360 supported State and LGA TB and Leprosy Supervisors in conducting Community Mobilization and Sensitization especially to some 'hard to reach areas.' FHI360 supported TBLS on routine mentoring and supervisory visits to DOTS clinics for the review of TB registers, data validation and ensure proper filling of source documents.	Feb 14	Sep 14	Ongoing

			Technical officers also cross checked documentations and provided Technical Assistance as appropriate.			
1.2.7	FHI 360, KNCV, WHO & MSH	Support logistics for sputum sample movement for AFB microscopy from TB suspects in the community	TB CARE I supported the movement of sputum samples from TB suspects for AFB microscopy across 7 of the 9 supported LGAs this quarter. LGTBLS and lab personnel were directly involved in moving samples twice a week. A total of 97 samples were reported moved in the 7 LGAs. Irregular supply of sputum cups (Fagge and Garko LGAs) affected this activity. FHI360 have engaged the TBLS and STBLCO to ensure adequate supply of sputum cups to optimize this activity in Kano	Feb 14	Sep 14	Ongoing
1.2.8	FHI 360, KNCV, WHO & MSH	Train Patent Medicine Vendors (PMV's) on community DOTS	FHI 360 supported the training of Patent medicine vendors (PMVs) within this reporting quarter in 3 batches. Participants at the training consist of PMVs; other stakeholders were from State ministry of Health (STBLCP), State PHC management board (SPHCMB), Association of Patent and Propriety Medicine Dealers, and Representative of the district head as well as LGA CTBC team. At the end of the training, participants were better skilled to identify TB suspects, carry out referrals using the appropriate tools and support the overall community TB care model in the communities where they are domiciled. In all, a total of 75 persons were trained (M=55; F=20).	Oct 13	Mar 14	Completed
1.2.9	WHO, KNCV, FHI 360 & MSH	Build Capacity of program officers on the management of childhood TB	Activity is planned for 28-31 July 2014	Apr 14	Jul 14	Pending
1.2.10	WHO, KNCV, FHI 360 & MSH	Develop Capacity of pediatricians and medical doctors	Activity is planned for 28-31 July 2014	Apr 14	Jul 14	Pending
1.2.11	WHO, KNCV, FHI 360 & MSH	Engage all health professional bodies to discuss TB case finding and linkages to TB program	Activity is planned for 28-31 July 2014	Apr 14	Jul 14	Pending

1.2.12	MSH, KNCV, WHO & FHI 360	Expand & maintain the use of SOP's for intensified case finding amongst the 18 challenged states	MSH continued to maintain the use of SOPs for ICF in the pilot states. Additional 7 new states (Niger, Kogi, Bauchi, Sokoto, Imo, Enugu and Rivers states) were identified for expansion and a ToT was conducted in the states. Consequent upon the ToT; step-down trainings were organized for a total of 182 persons (M=91; F=91) in five facilities from each of the 7 states. The trainings were aimed at providing participants with an understanding of the SOPs approach for ICF; providing an understanding of the various SOPs used in different units of the hospital and; to discuss the framework for improving TB case detection. MSH also paid supervisory visits to Kwara state and Akwa Ibom states where hands on mentoring were done especially on data entry into the templates provided. Issues identified during the supervision include the absence of Clinical suspect register in some facilities as well as outpatient department registers. This challenge was addressed on site as the necessary steps to make the registers available were taken. Also in facilities where trained staff had been replaced or transferred, MSH carried out hands-on training for new staff in the unit especially for DOTs officers (2). Data for the quarter was collected and verified for the supported facilities. In all, there was a 0.15% increase in TB cases diagnosed in facilities supported with SOP for ICF compared to April-June 2013	Oct 13	Sep 14	Ongoing
1.2.13	KNCV, MSH, FHI 360 & WHO	World TB day celebration	World TB Day was commemorated in Nigeria and theme for this year's celebration was "Tuberculosis-free Nigeria: Find. Treat. Cure TB". TB CARE I with other partners in collaboration with the NTP participated in the Ministerial press briefing on state of TB control in Nigeria. Other activities conducted to mark the occasion include the discussion on radio by KNCV TB CARE I country Representative on Hausa BBC Service, Airing of World TB day specific Jingles on Radio and Television stations; Publication of articles and interviews on TB and the world TB day in national dailies amongst others.	Mar 14	Mar 14	Completed

TB CARE I alongside the consultant for Prison Services conducted assessments of the prison sites in need of renovations to determine the needs and extent of work that is to be carried out at the sites. Findings from the assessment conducted showed lack of equipment such as microscopes, work benches and furniture. Others include a leaking roof, lack of water amongst others. In all, TB CARE I facilitated and concluded renovations in 20 selected prisons across the federation. Part of the renovations carried out include plastering and painting, provision of work benches, repair of leaking roofs etc. In addition, 10 microscopes were supplied to the prisons services during the quarter.



Consequently upon the development of the prison health services screening tool developed by TB CARE I, there has been a gradual increase in the use of the screening tool. During the quarter, a total of **4,855** prison inmates were screened for TB and other diseases using the screening tool suggesting an increase of 235% over last quarter's figure of 1450. Of those screened **476** were presumptive TB cases of which **63** TB cases were notified during the quarter and 92% were enrolled on TB treatment during the quarter.

2.2 Laboratories

Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date		Comments
2.3.1	Diagnostic sites offering advanced technologies for TB or drug-resistant TB		30	35	30		Currently TB CARE I has 23 GeneXpert machines in country. However, we provide cartridges and supervisory oversights to 7 additional sites established by Agbami.
2.3.2	Rapid tests conducted		7,000 sputa tested	15,570	5,096 sputa were tested during the quarter and cumulatively to date 10,798 (69%) sputa of total target		Data reported here for the quarter was obtained from 28 sites out of 30. Successful tests done were 4958 (98%)
2.3.3	Patients diagnosed with GeneXpert		507 TB patients diagnosed and 96 with RIF resistance. (Data is for Q1 , 2013 only)	1,245	1245 (25%) were MTB+ and 139 (11%) were Rif+ with more males (73%) than females being Rif+. Cumulatively, 3,133 MTB+ cases have been detected a 152% increase over target		See graph on page 18 for more details. One (1) of the GeneXpert sites (Mainland Hospital, Lagos) had a major challenge with its CPU.
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status	
				Start	End		
2.1.1	KNCV, WHO, MSH & FHI 360	Procurement of 74 light microscopes (ZN) for PPM	TB CARE I facilitated delivery of 74 microscopes in mid May 2014. Thus far 32 of the microscopes have been distributed to ILEP partners and Prison services in June 2014- GLRA received 17; Prison=10; DFB=6; TLMN=1	Oct 13	Jan 14	Ongoing	
2.1.2	KNCV, WHO, MSH	Training of 140 lab staff on Light microscope for ZN -AFB	Trainings were conducted for 15 (M=5; F=10) laboratory staff drawn from both	Feb 14	Jun 14	Completed	

	& FHI 360	for PPM	public (7) and private facilities (8) as part of TB CARE I expansion into PPM and public sites. The aim of this training was to increase case detection in Nigeria through the involvement of private and public medical sectors and their Laboratory in TB control efforts. The participants were trained on Good laboratory practices, smear preparation and staining methods; safety issues in collection of sputum sample as well as Safety Precaution for Tuberculosis Microscopy, Quality assurance (which includes blinded re-checking, panel testing and internal quality control activities) of microscopy and on recording reporting of smears using the appropriate templates. As a follow on to the training, ILEP will provide continuous mentoring of the trained microscopists on the job.			
2.1.3	WHO, KNCV, FHI 360 & MSH	Organize a planning meeting for microscopy centers selection processes	A situation analysis was conducted with the 6 selected state program managers where 5 priority LGAs were selected in each of the states and number of microscopy centers per state /LGA were assigned based on need. Two sites per LGA for 4 states and 3 per LGA for populous LGA in Lagos and Kano.	Feb 14	Sep 14	Completed
2.1.4	WHO, KNCV, FHI 360 & MSH	Support national Lab coordination, supervision and linkages	TB CARE I provided technical support in the coordination of laboratory activities of the NTBLCP through facilitation of the National Lab Technical Working Group meeting during the reporting quarter. Key TB partners participated in the meeting such as Center for Clinical Care & Research Nigeria (CCCRN), AIDS Prevention in Nigeria (APIN), FHI360, Institute of Human Virology in Nigeria (IHVN), Medical Lab Services Council of Nigeria (MLSCN), NTBTC, Zaria and the NTBLCP lab team. The need to finalize and print the outstanding national lab related documents and make them available for use in the program was among many other key issues discussed in the meeting. These include National guidelines on Smear microscopy	Feb 14	Sep 14	Ongoing

			(ZN & FM), TB culture and DST, TB laboratory biosafety and Maintenance, Xpert MTB/RIF and LPA Assay including EQA for smear microscopy, culture and DST as well as Xpert MTB/RIF and LPA Assay. Other issues discussed include the need for all partners to abide by WHO guidance on assessment of sites for the placement of GeneXpert instrument and to ensure procurement of the machines with adequate accessories, cartridges and consumables.			
2.1.5	FHI 360, KNCV, WHO & MSH	Establish 9 AFB Laboratories to support community TB care in 9 LGAs	As part efforts towards establishment of AFB laboratories in the 9 supported LGAs, TB CARE I through FHI360 concluded the upgrade of 6 of the 10 labs selected for the purpose. Microscopes and other equipment/consumables for the labs have been delivered to the states for onward delivery to the recipient facilities.	Dec 13	Sep 14	Ongoing
2.1.6	FHI 360, KNCV, WHO & MSH	Conduct AFB Microscopy (ZN) training for facility lab staff (2 persons per facility) 3 Batches of training: 1 per state	Within this reporting quarter, staffs from laboratories of ten supported facilities were trained on AFB Microscopy. The training was held between April 27 to May 10, 2014 at the National TB and Leprosy training center Zaria. Representative of the Medical Laboratory Scientist Council of Nigeria (MLSCN), Medical Lab. Scientists, Medical Lab. Technicians, FHI360 staff and NTBLTC staff were in attendance. A total of 10 (M=7; F=3) participants from 10 TB CARE I supported facilities were trained- Cross River 3, Lagos 4 and Kano 3. There was appreciable knowledge gain as training post-test result revealed between 30 – 50% improvements in capacity among over 85% of the participants.	Feb 14	Aug 14	Completed
2.3.1	KNCV, WHO, MSH & FHI 360	Procurement of 17,500 cartridges including shipment	Procurement process has been concluded. TB CARE I during the quarter took delivery of 8,750 cartridges from HQ in March 2014. The balance is expected in July 2014.	Oct 13	Mar 14	Ongoing
2.3.2	KNCV, WHO, MSH	Support distribution of cartridges	TB CARE I during the quarter supported the distribution of 5,680 cartridges to TB CARE	Oct 13	Sep 14	Ongoing

	& FHI 360		I sites (23) and Agbami sites (6) during the quarter. Cumulatively, 14,160 cartridges have been distributed.			
2.3.3	KNCV, WHO, MSH & FHI 360	Supervisory visits quarterly to Xperts lab including capacity building for national officers & partners	Supervisory visits were conducted to 13 GeneXpert sites during the quarter by a team of pooled staff of NTP, TB CARE I, and other partners to the states. The purpose of the visit was mainly to identify and visit sites with low utilization of Xpert machines (less than 300 sputa tested for combined Q4, 2013 & Q1, 2014), especially among PLHIV and discuss with the management on the need to improve access and utilization. Findings from the supervisory visits indicate improvement in stock management at some of the facilities and some level of awareness on the new algorithm for screening all symptomatic PLHIV using Xpert machine. However, the categorization of PLHIV when tested is not properly done due to the use of old R&R tools.	Feb 14	Sep 14	Ongoing
2.3.4	KNCV, WHO, MSH & FHI 360	Capacity building for QA of States on Xpert R&R tools for 18 States	TB CARE I organized a 2-day training of state laboratory focal persons (QA officers) from 18 states on GeneXpert R&R tools, data validation and also to discuss the role of Quality Assurance officers on GeneXpert implementation in their respective state programs. The training will assist to improve on the quality of recording and reporting of GeneXpert services from the states. Support is also leveraged from CCRN for the training of the QA officers from the remaining 17 states. In all, 14 males and 4 females were trained.	Mar 14	Mar 14	Completed
2.3.5	KNCV, WHO, MSH & FHI 360	Support quarterly C GAT meeting	The CGAT meeting took place on the 27 th of June, 2014 attended by 23 persons drawn from the NTP, TBCARE I, NACA, IHIVN, CCCRN, WHO and other relevant stakeholders. There are presently 71 Gene Xpert machines in 33 states and FCT. Issues discussed during the meeting include the provision of R&R tools, the underutilization of Xpert machines, ensuring linkage between the Xpert sites and the state program. Also discussed was	Jan 14	Sep 14	Ongoing

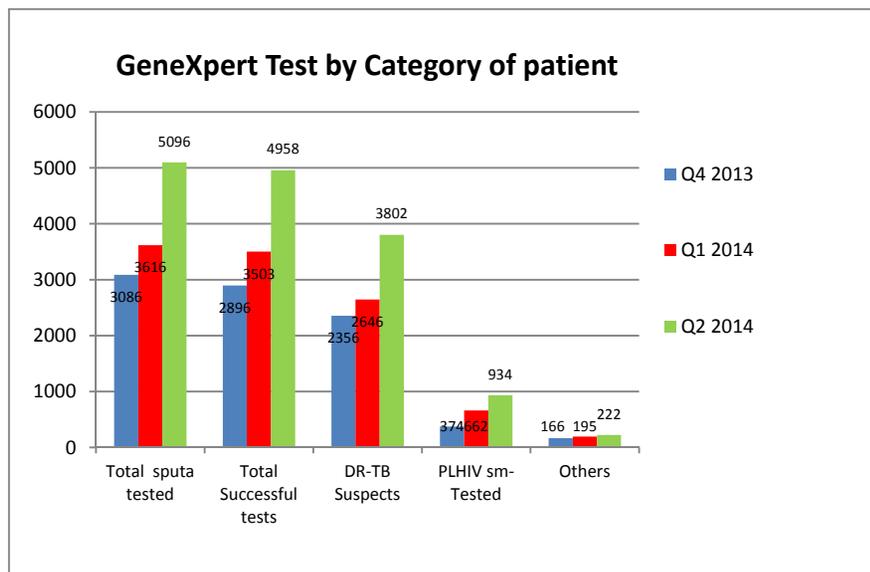
			the appointment of KNCV by Cepheid as the its official service provider in country and the importance of this new development. Updates were also provided by NACA on the installation of 185 GeneXpert machines in ART clinics. As part of the recommendation is the need for a team to be constituted to work on cartridge quantification and improved logistics for GeneXpert commodity.			
2.3.6	FHI 360,KNCV, WHO & MSH	Support training of laboratory staff on 2 nd line DST	The training could not be held within the reporting quarter as the National TB Program had decided on a harmonized training among all implementing agencies. The training has been scheduled for the next quarter.	Jan 14	Jul 14	Pending

The training of laboratory staff on AFB Microscopy held between 7th April to 10th May, 2014 at the National TB and Leprosy training center Saye, in Zaria. Representative of the Medical Laboratory Scientist Council of Nigeria (MLSCN), Medical Lab Scientists, Medical Lab Technicians, FHI 360 staff and NTBLTC were in attendance. A total of 10 participants from TB CARE I supported facilities were trained; - Cross River 3, Lagos 4 and Kano 3. There was appreciable knowledge gain as the training post-test result revealed between 30-50% improvements in capacity among over 85% of the participants.

Participants during the Lab training in Zaria (below)

Hands-on training at the Lab (right)





Twenty eight (28) of the 30 supported GeneXpert sites reported during the quarter. Analysis of the GeneXpert data indicates that 5,096 sputa were tested suggesting an increase of 41% over previous quarters figure. 97% of total sputa tests were successful. A further look at the data by category of patients showed that higher proportions (77%) were DR-TB suspects. There was a 41% increase in the number of PLHIV tested during the quarter. Additionally, from the data obtained during the quarter (not shown); 1245 (25%) of patients were MTB+ of which, about 11% (139) were Rif+ and gender disaggregation suggest that 73% of those that are Rif+ are males (M=101). One (1) of the GeneXpert sites (Mainland Hospital, Lagos) had a major challenge with its CPU.

2.3 Infection Control (COP 13 funding)

Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date		Comments
3.1.1	National TB-IC guidelines that are in accordance with the WHO TB-IC policy have been approved		Yes	Yes	Yes		A draft protocol of TB screening among health care workers was developed by external TA and is currently under review by the NTP. Implementation is planned for next quarter
3.2.1	"FAST" strategy has been adapted and adopted		No	12	13		Activity commenced in March 2014 in 13 sites
3.2.2	Facilities implementing TB IC measures with TB CARE support		104	40	36		During the quarter, a total of 36 facilities were supported by GLRA (32) and DFB (4) to develop facility IC plans. As a follow-on, the finalized plans would be printed from savings and distributed.
3.3.1	Annual reporting on TB disease (all forms) among HCWs is available as part of the national R&R system		NA	2			Activity has been put on hold pending outcome of discussions with NTP
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status	
				Start	End		
3.2.1	KNCV, WHO, MSH & FHI 360	Expand TB IC to 12 tertiary facilities (strengthening existing General infection control services and including the FAST strategy)	TB CARE I is implementing FAST Strategy in 13 tertiary facilities in 6 states (Kaduna, Abia, Osun, Benue, Akwa Ibom and Taraba). During the quarter, the 13 facilities in the 6 states conducted monthly facility and state follow up evaluations. However only one of the states did not report any data (Osun state). From the evaluations, the average time to diagnosis for susceptible TB is 2.7 days slightly less than the baseline figure of 3 days and the average time to treatment is 2.2 days compared to an average time to 5 days at baseline.	Mar 14	Sep 14	Ongoing	

3.3.2	KNCV, WHO, MSH & FHI 360	Strengthening TB screening among health workers in 2 states (support 6 facilities to institute TB screening among general healthcare workers (GHWs))	The activity has been put on hold, however consequent upon the TA visit of Max Meis, the routine screening of health care workers is captured in the draft National Strategic Plan of 2015-2020.	Mar 14	Mar 14	Ongoing
3.3.1	KNCV, WHO, MSH & FHI 360	TA for TB IC	Dr Max Meis visited the country to provide technical assistance for the implementation of the FAST strategy; general Infection Control practices as well as participate in the discussions around the implementation of routine screening of GHWs. The deliverables were a draft FAST guideline. 35 persons trained on the implementation of FAST; input of TB-IC into the draft NSP, development of generic templates for infection control plan at facility level. Provided feedback on NTBLTC Zaria Infection control plan and had a consensus meeting on TB screening among HCWs.	May 14	Mar 14	Completed

2.4 PMDT

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date	Comments
C6	Number of MDR cases diagnosed	507 (national)	1,245 (national data)	139 (M=101; F=38) Rif cases notified during the quarter from TB CARE I supported sites	Cumulatively a total of 453 rif+(M=318;F=135) +cases were notified from Oct 2013-June 2014
C7	Number of MDR cases put on treatment	400 (national data)	1,058 (national data)	103 patients were enrolled during the quarter (National Data provided by NTP)	This showed a substantial increase of 77% over last 58 patients enrolled in Q1 2014
4.1.3	MDR-TB patients who have completed the full course of MDR-TB treatment regimen and have a negative sputum culture	14 (14/23 of 2010 cohort) National data	80% of enrolled patients in 2011 (national data) (measured annually through e-TB manager)		

4.1.5	# of MDR TB patients receiving support (feeding, auxiliary investigations and drugs)	80 patients for TB CARE I and 250 GF	100	25 enrolled this quarter and 57 patients cumulatively	Patients enrolled are provided with food, auxiliary drugs on need basis and necessary investigations	
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status
				Start	End	
4.1.1	KNCV, WHO, MSH & FHI 360	MDR-TB patient support for 100 patients	<p>TB CARE I provided patient support for a total of 25 on MDR TB treatment in the community. However cumulatively, TB CARE I is supporting 57 patients in the communities. The patients were provided with support for transportation sum of N500/day (~3USD/day), auxiliary drugs when indicated and monthly allowance of N5000 (~30USD/day). Also baseline investigations were concluded for the newly enrolled patients in the respective states. As part of the patient management visits were paid to patients in the communities to assess their progress in their homes and DR-TB patients' files were all clinically reviewed. Findings were documented in each patient case note. Ancillary drugs recommended for about 10 patients were purchased and supplied on the spot. 6 patients were reimbursed for follow up x-ray investigation. Additionally 4 patients were referred to see the ENT surgeon due to hearing impairment; 8 meetings were held with state PMDT focal Persons to share experiences and review the progress of PMDT activities in the states. Also 66 visits were paid by the PMDT focal persons from the states to patients.</p>	Dec 13	Sep 14	Ongoing
4.1.2	KNCV, WHO, MSH & FHI 360	Support the establishment of ambulatory PMDT activities in 6 States	<p>Training of state teams in the 8 states for the commencement of ambulatory PMDT services was carried out in Ibadan and Zaria by TBCARE I. The trainings were to provide participants an understanding of MDR-TB case finding, diagnosis and treatment; To build capacity of participants</p>	Oct 13	Mar 14	Completed

			to monitor and manage MDR-TB patients as well as provide an understanding of the community based care model. In all, 91 persons (M=64; F=27) were trained from the 8 states. Participants at the training were drawn from the each states conselium members such as chest physicians; ENT doctors, GHW, Psychiatrist, pediatrician, Local Government TBL supervisors and members of the state TB program. Of the Eight (8) states (Lagos, Kano, Gombe, Benue, Kaduna, Ogun, Akwa Ibom and Abia) selected for the support of ambulatory PMDT Resources were made available for state team for routine supervision of patients on care. In all, 23 visits were conducted to patients and 7 meetings of conselium members took place at the state level.			
4.1.3	KNCV, WHO, MSH & FHI 360	Develop a PMDT hand book	General Health Care workers administering DR-TB care in the field require a simplified handbook describing steps and procedures for effective patient care. This handbook will be developed next quarter with a TA support from Dr. Victor Ombeka	Mar 14	Sep 14	Pending
4.1.4	KNCV, WHO, MSH & FHI 360	TA on PMDT	Planned for August 2014	May 14	May 14	Pending
4.1.5	FHI 360, KNCV, WHO & MSH	Local technical assistance to 3 MDR-TB treatment centers	FHI 360 TB technical lead provided sustained technical assistance visits to the 3 MDR-TB treatment facilities in the 3 supported states. Mainland Hospital Yaba (MHY) Lagos, Dr Lawrence Henshaw Memorial Hospital (DLHMH), Calabar and the Infectious Diseases Hospital (IDH), Kano. The technical officers in the respective states supported the treatment centers to keep to standards of MDR TB care particularly in areas of adherence to drugs, documentations and infection control measures. During the quarter, the team conducted home visitation to the community-based patients within Cross River state. In Kano state, a 55 year old patient who absconded in the month of May	Dec 13	Sep 14	Ongoing

			has been brought back to the ward.			
4.1.6	FHI 360, KNCV, WHO & MSH	Organize a planning meeting for ambulatory PMDT with selected State program officers, MA's from the treatment centres and MA's ILEP Partners	TB CARE I in December 2013 organized a one-day meeting with State program Managers from the 8 states, WHO NPO and ILEP MA identified for the implementation of PMDT ambulatory services. The program managers and stakeholders alike, brainstormed on issues surrounding the implementation of ambulatory PMDT with experiences drawn from states where such services have commenced. At the end of the meeting a detailed plan for the enrollment was designed and shared. As part of the next steps, all 8 state program managers by end of February 2014 are to individually come up with a mapping of MDR-TB patients in the state. The information is to include MDR-TB patients on intensive, continuation phases as well as those awaiting enrollment.	Dec 13	Dec 13	Completed

A Ray of Hope: Tackling Drug-Resistant TB at the Community Level in Kano State

Maikudi was one of the most energetic young men in his village and his lack of formal education did not hold him back. At the age of 24, he travelled far from his home to the Nigerian capital Abuja, where he worked in small business ventures, dealing mostly in electronics. He returned home often, bringing sufficient money to take care of his immediate and extended family. In 2012, suffering from an unusually prolonged cough, Maikudi visited the Utai Primary Healthcare Center (PHC) in his village where he was screened for tuberculosis (TB) and subsequently treated. He successfully completed a six-month course of medications. However, during his initial medical evaluation, he was also diagnosed with HIV but he ignored this result because his friends said that he couldn't be HIV positive.



Maikudi outside his home with his DOTS provider
Photo: Dr. Abdu Adamu – Technical Officer (TB), FHI360 Kano state office

Maikudi returned to work, but in August 2013 he started coughing again. He initially assumed it was just the flu until he started noticing weight loss, night sweats, and a gradual decline in energy. He visited Utai PHC again and was quickly referred to Wudil General Hospital where a sputum sample was collected and sent to the laboratory in the state capital for a GeneXpert test (an automated test to detect TB and multidrug-resistant TB [MDR-

TB]). The Hospital anticipated a delay in receiving the test results because the logistics involved in transferring samples and receiving results were evolving at that time. So, in the meantime and given the seriousness of his illness and the high probability of susceptible TB being detected, the clinical team decided to place Maikudi on CAT2 (first-line) drugs for the re-treatment of TB while awaiting the test results. But Maikudi's health rapidly declined. He was not able to work or to do daily tasks. When the GeneXpert test result finally arrived, it revealed that Maikudi had Rifampicin resistant TB. He was immediately placed on the MDR-TB treatment waiting list. He couldn't be accepted immediately as admissions were done in groups (cohorts), a strategy adopted by MDR-TB treatment centers to enhance infection control in the wards. Patients who are admitted together are followed up through the intensive phase, which lasts for a minimum of eight months. No new admissions are allowed, to forestall the risk of older patients being re-infected. This procedure was in place because facilities were overwhelmed by the increasing number of newly diagnosed MDR-TB cases.

As Maikudi waited at home, his health declined to a point where he could no longer get out of bed or eat unaided. He continually asked the Directly Observed Treatment, Short-Course (DOTS) provider in his village if he was going to die. Hope arrived when a team from the TB CARE I Project funded by the US Agency for International Development (USAID) visited Maikudi's home, accompanied by the Kano State TB Control Program Officer.

TB CARE I has supported the Programmatic Management of Drug Resistant TB (PMDT) in Nigeria since 2010. In October 2013, the project introduced a new initiative—ambulatory PMDT services—that involves community-based care provided by DOTS workers, called General Health Care Workers (GHCW) in Nigeria. TB CARE I trained the GHCWs to deliver ambulatory care services, including: visits to and evaluations of patients in their homes for baseline investigations and routine clinical progress evaluations; delivery of daily medications; nutrition counseling and assistance; and ensuring that patients implement effective infection control measures in their homes. The increasing number of MDR-TB cases in Nigeria informed the initiation of ambulatory MDR-TB treatment at the community level, of which Maikudi is a beneficiary. This ambulatory model is being scaled up so that, increasingly, patients do not necessarily

need to wait for admission to facilities. When TB CARE I and the State TB Control Program Officer visited Maikudi, they told him that he could start treatment for MDR-TB immediately in his home. He was assigned a GHCW to make sure he was adhering to the treatment protocol. On January 14, 2014, Maikudi started treatment under the close supervision of a GHCW in his village and fully supported by the TB CARE I technical team. After only 28 days on treatment, he saw a remarkable improvement that he describes as a miracle—he could get out of bed and walk to the door of his room by himself. He could eat by himself and gained 10kg. Although he has just begun the long, 20-month course of daily medications, he can now see a “ray of hope” that he will once again be able to earn a living and provide for his mother and extended family.



Maikudi outside his home

Photo: Dr. Abdu Adamu – Technical Officer (TB), FHI360 Kano state office

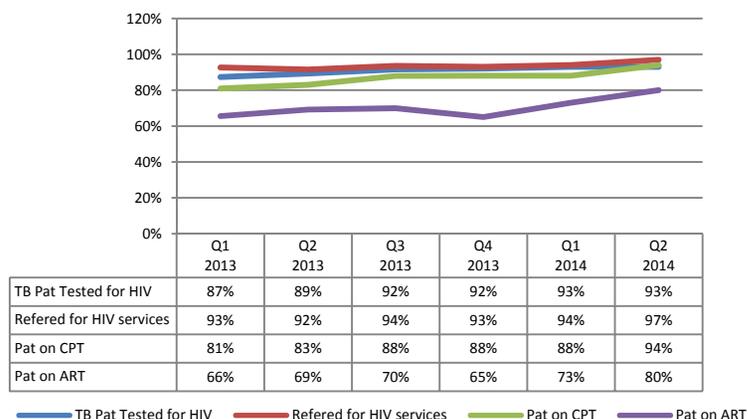
2.5 TB/HIV (COP 13 funding)

Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date	Comments
5.2.2	TB patients (new and re-treatment) with an HIV test result recorded in the TB register		15,500 (23.4%)	18,000	5,284 (M=3172; F=2112) indicating that 92% of TB patients counseled were tested during the quarter.	Cumulatively to date 16,588 (92%) patients of total targets have been tested
5.2.3	TB patients (new and re-treatment) recorded as HIV-positive		3,875	4,500	Of TB patients tested during the quarter, about 15.7% were co-infected with TB. 844 (M=413; F=431)	Cumulatively to date 2896 (64%) of patients were co-infected of total targets.
5.3.1	HIV-positive TB patients started or continued on antiretroviral therapy (ART)		2,900	3,375 (75%)	679 (M=325; F=354) (80%) of TB patients co-infected were able to access ART treatment during the quarter	Cumulatively, 2,090 (62%) co-infected out of target accessed ART services
5.3.2	HIV-positive TB patients started or continued on CPT		3,400	4,050 (90%)	About 94% of TB patients co-infected during the quarter were place on CPT 792 (M=386; F=406) were.	Cumulatively, 2597 (64%) TB patients of total target were placed on CPT
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status
				Start	End	
5.2.1	KNCV, MSH, WHO & FHI 360	Supervise facilities implementing TB/HIV activities	The Medical Advisers (MAs), Quality Assurance (QA) and M&E Officers of ILEP conducted supportive supervisory visits to states during the quarter. The objectives of visits were to ensure the delivery of TB/HIV services according to the National guidelines; to identify problems that may negatively affect staff performance and to solve the problems immediately or set in motion mechanism for the solution of the problem(s) and to improve overall performance of TB/HIV services. The quality of the data reported was also assured during the visits. In all, at the state	Dec 13	Sep 14	Ongoing

			level, a total of 1,888 visits were conducted. Findings from the visits indicate that there is an improvement in HIV/Test kit situation in majority of sites visited and co-infected patients are accessing CPT and ART. However some challenges still include poor documentation; absence of health care staff from duty in some sites visited, some discrepancies in data reported were observed and corrected; INH prophylaxis for under-6- year- olds is not implemented in most facilities due to lack of INH, low case suspicion and detection. The states TBL programs were advised to improve the quality of supervision to TB/HIV service delivery sites. Issues with the laboratory include low workload in some facilities, use of open space for waste disposal, inadequate lab reagents among others.			
5.2.2	WHO, KNCV, MSH & FHI 360	Maintaining NASCP strengthening activities started with COP 12 for effective TB/HIV collaboration	Activities planned to be implemented from 3rd week in July to 2nd week in August 2014	Apr 14	Jul 14	Pending
5.2.3	KNCV, MSH, WHO & FHI 360	Expand TB/HIV services to 10 selected prisons	TB CARE I during the quarter organized trainings for Prison Medical Officers from 11 states. The training was aimed at improving the quality of care delivered to TB patients who are inmates in the prisons. In all, a total of 11 Medical Officers were trained (M=10; F=1). Also TB CARE I conducted training for 20 (M=9; F=11) General Health Care Workers from the prison services. Additionally as a follow on to the activity, TB CARE I also conducted assessment of some prisons in Kaduna, Lagos, Port Harcourt, Bauchi for renovation purposes. Some of the findings suggest a need for the following repainting of the DOTS and Laboratory sections, provision of work station and stools, provision of air extractors etc	Mar 14	Mar 14	Completed
5.2.4	KNCV, MSH, WHO & FHI 360	Expand TB/HIV collaborative activities to 40 DOTS facilities	Trainings were conducted for a total of 10 GHW (M=2; F=8) from health facilities on TB/HIV collaboration including HCT. Cumulatively, a total of 115 GHW (M=31;	Mar 14	Sep 14	Completed

			F=84) have been trained. The training was aimed at providing participants with the knowledge of National policies and guidelines on TB control and collaborative TB/HIV activities including roles and responsibilities of different stakeholders; to update them on current national guidelines on identification of presumptive TB cases amongst others. The newly trained DOT staffs would commence TB/HIV activities at these new TB CARE I DOT facilities. Follow up visits would be conducted to the sites to in the next quarter to assess activities done			
5.2.5	KNCV, WHO MSH, & FHI 360	Organize refresher training on HCT for GHWs from 20 DOTS facilities trained 4 years ago	Similarly during the quarter, TB CARE I supported a refresher training DOTS providers trained on HCT 4 years ago or more with the aim of bringing them up to date on current issues in TB control and management. A total of 49 GHWs (M=23; F=26) were trained from Bauchi, Abia, Imo, Delta, Ekiti, Ondo, Ogun and Plateau. It is hoped that there would be an improvement in the quality of service delivered in the health facilities. The remaining 4 participants would be trained by DFB in July 2014	Feb 14	Mar 14	Ongoing
5.2.6	WHO, MSH, KNCV & FHI 360	Support quarterly meeting of TB/HIV technical working group	The second quarter meeting is scheduled for 6th August 2014, concept for this already developed and shared with WHO by the program.	Feb 14	Sep 14	Ongoing
5.3.1	WHO, KNCV, MSH & FHI 360	Support expansion of ART services to 6 DOTS centers (in 3 states, more centers will be supported through other funding mechanism, e.g bilateral funding to WHO or FHI)	A Concept of this activity is already being developed and planning meeting for the identification of the facilities and the collection of the baseline data including the preparatory activities will hold in July and the activity will be finalized in August 2014	Mar 14	Jul 14	Pending
5.3.2	WHO, KNCV, MSH & FHI 360	TA on TB/HIV	Planned for August 2014	May 14	Aug 14	Pending

Trend Analysis of TB Patients Accessing HIV services in TB CARE I supported Health Facilities



During the quarter all of 35 states where TB CARE I provides TB/HIV services reported during the quarter. On the whole there has been a gradual decline in TB/HIV service utilization due to the security challenges currently being experienced in the country. The effect of the challenges has been mitigated largely by the expansion to more health facilities and in some instances new states like Kaduna state. From the Analysis of the chart on the left there is no increase patients tested for HIV. However, there are increases in referrals for ARV services for those co-infected. There were also some improvements in CPT and ARV uptake during the quarter which could be as a result of more effective supervision and oversight of the documentation processes at the facility level.

2.6 HSS

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date	Comments
6.1.1	Government budget includes support for anti-TB drugs	Yes (MDR drugs for 500 patients)	Budget for 500 patients MDR TB drugs		The NTP is still working on the procurement process with IDA for MDR drugs for 500 patients
6.2.1	TB CARE-supported supervisory visits conducted	2,000	2,000	2,032 (Data is combined for all partners for the quarter)	FHI conducted 96 supervisory visits. MSH conducted 48 supportive supervisory visits Similarly; KNCV through ILEP and state teams conducted a total of 1,888 visits to health care facilities during the quarter.
6.2.2	People trained using TB CARE funds	1,062	1,500	A total of 315 (M=171;F=144) persons were trained during the quarter .	MSH trained a total of 205(M=102; F=103) persons; FHI 85 (M=62; F=23); KNCV trained 25

				cumulatively 2,210 (M=770; F=1,440) have been trained representing 47.3% increase over target	persons (M=7; F=18).	
6.1.4	<i>Revised national TB & Leprosy Strategic plan</i> Completion of national TB & Leprosy strategic plan	0	1	1	The near draft copy of the NSP was shared with NTP and stakeholders alike for their comments and input. A team of selected individuals from NTP, KNCV, WHO, and other partners are working to produce the finalized NSP document next quarter	
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status
				Start	End	
6.1.2	KNCV, WHO, FHI 360 & MSH	2 Weeks TA on National Strategic Plan (DOTS Expansion)	A 3-week TA (Ms. D'Arcy Richardson) visit was carried out by KNCV and WHO in November 2013 to support the development of the NSP for Nigeria. A second visit took place from February 1-7 th 2014 with a deliverable of zero draft of the NSP. The near zero draft was developed and circulated to stakeholders for comments. The consultant held a teleconference with the NTP to discuss progress and next steps. A one-week meeting took place in June with a core group to finalize the plan.	Nov 13	May 14	Completed

2.7 M&E, OR and Surveillance

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date	Comments
7.1.1	An electronic recording and reporting system for routine surveillance exists at national and/or sub-national levels	Functional e-TB manager	Functional e-TB manager nation wide	eTB Manager functional in all DR TB treatment sites, STBLCP and central unit.	In all the 10 DRTB treatment sites and the 36 states and FCT, have access to e-tb Manager.

Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status
				Start	End	
7.1.1	MSH, KNCV, WHO & FHI 360	Maintain and expand e-TB manager to all states	MSH conducted a training on e-TB manager for 23 persons (M=11, F=12) during the quarter. In addition, 5 supervisory and mentoring visits were paid to e-TB manager sites. The visits were geared towards assisting the sites in desktops setup and on the job training for the new DR-TB treatment centers (Bauchi & Owerri) who came on board during the quarter. Continued ongoing data validations were also conducted across the states to assure the quality of data from the treatment centers and the states involved with ambulatory care. The remaining 32 computers were procured during the quarter. In all 43 computers have been procured and 2 MDR sites were initiated on e-tb manager.	Dec 13	Sep 14	Ongoing
7.1.2	MSH, KNCV, WHO & FHI 360	Provide internet and SMS bulk messages for 50 GeneXpert sites	A total of 50 internet modems have been procured and delivered to the National TB program whilst the provision of internet support to e-TB manager sites is ongoing.	Mar 14	Sep 14	Ongoing

2.8 Drugs

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date	Comments	
8.1.3	Number of TB/HIV co-infected patients on SL ARVs on Rifabutin	100	200 patients provided with Rifabutin	20 HIV patients were placed on Rifabutin during the quarter.	Cumulatively till date 37 HIV patients have been placed on Rifabutin in APA 4	
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status
				Start	End	
8.1.1	KNCV, WHO, MSH & FHI 360	<i>Provision of rifabutin for 200 TB/HIV co-infected patients on 2nd line ART</i>	An order for the procurement of Rifabutin was placed for 20 patients due to the short shelf life. TB CARE I will batch the delivery of the remaining drugs to avoid expiration and wastages.	Oct 13	Sep 14	Ongoing

3. TB CARE I's support to Global Fund implementation in Year 4

Current Global Fund TB Grants

Name (i.e. Round 10 TB)	Average rating*	Current rating	Total approved amount	Total dispersed to date
SSF/TB (1)IHVN	A2	A1	\$16.3m	\$13.7m (84%)
SSF/TB (2)ARFH	B1	B1	\$95.1m	\$67.7m (69%)

* Since January 2010

In-country Global Fund status - key updates, challenges and bottlenecks

Global Fund activities are majorly implemented by sub-recipients and sub- sub recipients at the state LGA and community levels; while the PRs and other major stakeholders were busy within the quarter with the GF new funding model and the development of concept note. Within the quarter the PR for PMDT using re-programmed funds established a system and structures for ambulatory PMDT in 10 states making a total of 18 states providing ambulatory PMDT care (10 GF; 8 TB CARE I). Also within the quarter, the activities for ICF in 3 selected states and involvement of PMVs in 10 states commenced.

TB CARE I & Global Fund - TB CARE I involvement in GF support/implementation and effect of GF on the TB CARE I work plan

TB CARE I provided technical support for the roll out of ambulatory PMDT in the 10 GF states and also provided the lead consultant for TB in the concept note development process. Hopefully, a draft concept note will be ready for submission by mid-August.

4. MDR-TB cases diagnosed and started on treatment in country

Quarter	Number of MDR cases diagnosed	Number of MDR cases put on treatment	Comments:
Total 2010		23	All MDR Cases diagnosed data reported pertain to TB CARE Gene Xpert services. From Q4 2011-till date. There is inclusion of Agbami sites from Q1 2013 till date in MDR cases detected.
Total 2011	25(M=9; F=16)	38	
Total 2012	328(M=217; F=111)	138	
Jan-Mar 2013	115(M=74; F=41)	78	
Apr-Jun 2013	123(M=75; F=48)	72	
Jul-Sep 2013	139(M=97; F=42)	25	
Oct-Dec 2013	162(M=115;F=47)	135	
Total 2013	435	175	All enrollment are national figures.
Jan-Mar 2014	168*	58	168(M=115; F=53) Rif cases notified during the quarter from TB CARE I supported sites.
April-June 2-14	139*	103	There was a surge in cases enrolled due to commencement of community DR-TB services in some states. TB CARE I efforts constituted about 24% of cases enrolled during the quarter. Cumulatively till date a total of 469 rif+(M=331;F=138) cases were notified from Oct 2013-June 2014. The 139 (M=101; F=38) Diagnosed Rif cases are from TB CARE I supported sites
Total 2014	308	161	

5. TB CARE I-supported international visits (technical and management-related trips)

#	Partner	Activity Code	Name	Purpose	Planned month, year	Status	Dates completed	Additional Remarks (Optional)
1	KNCV	3.2.3	Dr Max Meis	To support TB-IC (in-corporation of the FAST strategy into the current TB Infection control measures)	February 2014	Completed	Feb 23 rd - March 8 th	
2	KNCV	3.2.2	Dr. Suzanne Verver	Support the development of protocols and guideline for TB-screening	March 2014	Pending		Cancelled
3	KNCV	4.1.4	Dr Victor Ombeka	Provide TA to PMDT technical working group & establishment of ambulatory PMDT	May 2014	Pending		1 st week in September
4	KNCV	5.3.2	Dr Amos Kutwa	Provide TA on TB/HIV implementation for ILEP Partners based on recommendations made in an earlier mission in COP 12	June 2014	Pending		Cancelled and funds re-programmed
5	KNCV	6.1.1	Ms. D'Arcy Richardson	Provide TA for the development of National Strategic Plan	November 2013	Completed	November 23 2013.	
6	KNCV	6.1.1	Ms. D'Arcy Richardson	Provide TA for the development of National Strategic Plan	February 2014	Completed	Follow on Visit took place from Feb 1-7 th , 2014	
7	KNCV		Ellen Mitchell	OR Data analysis workshop	May 11-118, 2014	completed	May 11-118, 2014	
8	KNCV		Lucian Roeters	To review and discuss financial issues, give support and instructions on financial matters and check the financial systems and internal control procedures.	30 June 2014- July 3, 2014	completed	30 June 2014- July 3, 2014	
9	MSH	1.2.12	Dr Abel Nkolo	TA on intensified case-finding	January 2014	Completed	Jan 12-29, 2014	Planned for July
10	MSH	1.2.12	Luis Fernando Regiolino	TA on intensified case-finding	January 2014	Completed	Jan 19-Feb 2, 2014	Planned for August

11	MSH	7.1.2	Mr Utkarsh Srivastava	TA on use of Smartphone modems for PMDT	January 2014	Pending		Planned for August	
12	MSH	7.1.2	Dr Samuel Kinyanjui	TA on use of Smartphone modems for PMDT	January 2014	Pending		Cancelled	
Total number of visits conducted (cumulative for fiscal year)							7		
Total number of visits planned in work plan							12		
Percent of planned international consultant visits conducted							58%		