



TB CARE I

TB CARE I – Nigeria

Year 4

Quarterly Report

January- March 2014

April 30, 2014

Table of Contents

- 1. QUARTERLY OVERVIEW**
- 2. YEAR 4 TECHNICAL OUTCOMES AND ACTIVITY PROGRESS**
 - 2.1 Universal Access**
 - 2.2 Laboratories**
 - 2.3 Infection Control (COP 13 funding)**
 - 2.4 PMDT**
 - 2.5 TB/HIV (COP 13 funding)**
 - 2.6 HSS**
 - 2.7 M&E, OR and Surveillance**
 - 2.8 Drugs**
- 3. TB CARE I'S SUPPORT TO GLOBAL FUND IMPLEMENTATION IN YEAR 4**
- 4. MDR-TB CASES DIAGNOSED AND STARTED ON TREATMENT IN COUNTRY**
- 5. TB CARE I-SUPPORTED INTERNATIONAL VISITS (TECHNICAL AND MANAGEMENT-RELATED TRIPS)**
- 6. FINANCIAL OVERVIEW**

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	Jan-March 2014

Most significant achievements:

The most significant achievement during the quarter was the support of TB CARE I to NTP in the training of state conselium members on community PMDT for the enrolment of patients on ambulatory PMDT services. The conselium members provide quarterly mentoring and supervisory visits to all patients on community care; review patient care and advice health care workers on field based on need; and interpret routine auxilliary investigation and adverse drug reaction to provide management guide to health care workers in the field. Nigeria currently has only 10 MDR-TB treatment sites in country and with limited intake of patients. In response to the country situation, Nigeria approved the implementation of ambulatory PMDT in the community. TB CARE I is supporting the NTP to commence the implementation of ambulatory PMDT in 8 selected states (Benue, Gombe, Akwa Ibom, Kaduna, Abia, Lagos, Ogun and Kano states). Trainings on PMDT were conducted and participants at the training comprised the conselium members inclusive of state control officer's pediatrician, chest physician, Ear, Nose and Throat (ENT) doctors, Government Health Care Workers (GHCWs), psychiatrists, State and Local Government Area (LGA) TB and Leprosy Supervisors, Laboratory and PMDT focal persons amongst others. In all, **91** persons (M=64; F=27) were trained and as a result of this a total of **32** patients were enrolled on ambulatory PMDT care through TB CARE I support during the quarter in the states.



Participants at community PMDT Training at NTBLTC, Zaria

As part of the efforts at increasing case-finding, TB CARE I through MSH conducted a survey to assess the effectiveness of the SOPs for intensified case finding. The presentation of assessment results was attended by key stakeholders drawn from the NTP and partners alike. Findings from the dissemination indicate an improvement in presumptive TB case finding and smear- positive cases detection; high awareness of TB among health workers that were trained. Partners agreed to scale-up SOPs in the states where they are operating amongst others. In addition **2,000** copies of the SOPs were distributed and shared with states during the quarter. As a fall out of this activity a total of 1,379 TB cases notified

In continuation of the TB CARE I support in the prisons which commenced with APA 3 funds, TB CARE I during the quarter trained a total **61** persons comprising of 19 Prison Medical Officers and 42 Prisons GHCWs on TB and TB/HIV services to suspect and diagnose TB in prisons. In addition, an assessment of 20 prison health facilities to gauge their readiness for the expansion and delivery of TB/HIV services within the prison was conducted. Through the exercise TB CARE I will be providing support for minor renovations and upgrade of the prison health services.

during the quarter showing a 13% increase over Q1 2013 data.

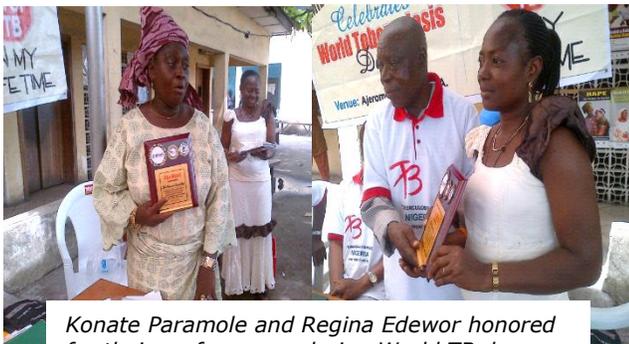


TB CARE I also joined the NTP and other stakeholders in the celebration of the World TB Day with the theme **“Tuberculosis-free Nigeria: Find. Treat. Cure TB”**. TB CARE I participated in the Ministerial press briefing on state of TB control in Nigeria held on Monday, the 24th of March 2014. In addition, TB CARE I supported the NTP with the printing and distribution of IEC materials such as T-shirts with TB messages to the states. Through support provided to Civil Society Organizations (CSOs), radio jingles and press briefings were aired. Additionally, the TB CARE I supported Community Based Organizations (CBOs) collaborated with community members, Local Government TB and Leprosy Supervisors (LGTBLS), Community Volunteers (CVs), Patent

Medicine Vendors (PMVs), community Pharmacists, DOTS providers, laboratory scientists, and the FHI 360 team among others, to mark World TB Day. Across the LGAs, the mobilizers conducted rallies to disseminate information about TB. In Magbon community of the Badagry LGA, community members were mobilized for on-the-spot sputum collection.



TBLS screening TB suspects on WTBD



Konate Paramole and Regina Edewor honored for their performance during World TB day Celebration in Lagos

The TB CARE I funded CBOs also conducted monthly meetings with treatment supporters, CVs, and PMVs with LGTBLS and Local Government M&E Officers also in attendance. The treatment supporters were educated on the importance of drug adherence, adverse drug reactions and need for referrals of such cases, and prevention and treatment of TB. The meetings with CVs, CPs and PMVs provided a platform for discussing implementation challenges and exploring potential solutions, as well as experience and lesson sharing. In Ajeromi/Ifelodun LGA, two CVs were rewarded for their outstanding performance and others were encouraged to emulate the good work.

Upstream Support

The WHO technical officers with the support of WHO HQ consultants provided technical assistance to the NTBLCP in conducting an evidence-based and data - driven review of the epidemiology of TB and trend in disease burden and mortality in both the general population and vulnerable groups from 2nd - 9th February 2014. During the TA, the impact of TB strategic interventions was also assessed for the development of the revised version of the National Strategic Plan 2014-2018. Among many reasons for revising the old strategic plan includes very low case detection based on the new prevalence data; low community awareness and engagement; the introduction of new laboratory technology like Xpert; and the need to strengthen childhood TB. With other stakeholders, TB CARE I participated in the development and review of the NSP 2014-2018 which has produced a near zero draft. Additionally, technical assistance was provided to the NTBLCP, NASCP and NACA in the development of the road map for the writing of the Global Fund joint TB/HIV concept note for the New Funding Mechanism of the Global Fund. The critical TA needs were identified and time lines defined. The production of first draft of the concept note will be ready in June 2014. Supportive supervision and monitoring of planned TB and HIV control activities at the states, LGA and facility levels was undertaken. The supportive supervision provided on-the-job training for the GHWs to ensure improved quality of services

for the patients. However, the challenges of lack of government counterpart funding, low case notifications, non-implementation of IPT for PLHIV and under six child contacts, as well as inadequate documentation processes and lack of sputum request forms were observed in the facilities visited. States visited during the quarter included Niger, Lagos, Bauchi, Enugu, Imo, Anambra, Ebonyi states.

Technical and administrative challenges:

The major technical challenge encountered during the quarter is the limited coverage of ambulatory PMDT to only 8 states out of the 37 states, which still limits effective and early enrollment of diagnosed DR-TB patients. The program is still struggling with an effective management system for delivery of MDR drugs to patients for enrollment at the community level. Equally challenging are the logistics of baseline investigations and sputum culture/DST. Additionally, the symptomatic screening for presumptive TB among PLHIV is still suboptimal leading to low utilization of GeneXpert for TB diagnosis in HIV care settings.

Security challenge still remains a major concern in many parts of the country affecting service delivery and utilization especially in the North East and South Nigeria. There was a reduction in case notification especially from the three most affected states, reduction varied but an average of 15% reduction was observed in 2013 data. Two states (Borno & Yobe) are the only state yet to have an Xpert installed because of the security challenge. The frequency of supervision in many of the northern states has reduced, it was also not possible for the project to conduct data quality or verification excise in most of the states. The national programme is monitoring the trend of all TB indicators in the affected areas with the aim of re-strategizing the TB control activities in those areas.

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	726	Data reported here is for 2013
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	Data for the quarter is yet to be collated by the NTP. The zonal review meetings are scheduled for the
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%)	Awaiting Q1 Data from NTP. Data reported here is for 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 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.

1.2.8	CB-DOTS program is implemented	3	3	3	
1.2.11	Number of communities supported to implement community DOTS	183	250	105	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 funding. Previously supported communities will be sustained using the FHI 360 bilateral fund.
1.2.12	Number of TB suspects referred by community volunteers	3,211	5,500	4,377 persons with presumptive TB (M=2255; F=2122) were referred through activities of CV during the quarter	From those referred, a total of 667 TB cases were notified.
1.2.13	Number of TB cases diagnosed in facilities implementing ICF using SOPs	2,244	5,000	1,379 TB cases notified during the quarter showing a 13% increase over Q1 2013 data	TB CARE I through MSH continued to support intensified case finding activities in clinics in Akwa Ibom, Kano,

						Kwara and Taraba states.
1.2.14	Number of prisons with TB/HIV services		?	10	10	TB CARE I identified the sites with Prisons services and 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 May 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>	As part of TB CARE I strategy to increasing TB case finding in 6 selected states of Kano, Lagos, Niger, Imo, Anambra and Rivers state 20 religious outlets were identified in 5 LGAs in each state to increase awareness on signs and symptoms of TB. From the identified religious outlets, 40 religious representatives per state were given a one-day orientation on identification and referral of presumptive TB cases. Additionally, the representatives were provided with contact details of DOTS centers as well as the contact phones of the Local Government Supervisors and the State TB Program Managers in case of any challenges.	Feb 14	Sep 14	Ongoing

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.)

			The activity is however yet to kick off in Lagos, Imo and Rivers state though participants have been identified in each of the states. Trainings will be done in in May 2014			
1.2.1	KNCV, WHO, MSH & FHI 360	Maintain CTBC activities on community awareness & referral by CSO's in 3 States (mentor/mentee)	The CSOs during the quarter held orientation and sensitization meetings with key stakeholders such as the state TB program manager, TBLS and others. The meeting brought to the front burner various strategies including health talks, mass mobile testing, main stream media, and sputum collection and transportation. Additionally, health talks and sensitization outreach activities were conducted during the quarter. The CVs during the quarter also assisted in the transportation of 27 sputa to GeneXpert sites. On the whole, 6 mass mobile outreaches and 24 radio jingles were aired. In all a total of 274 TB suspects (M=122; F=152) were referred by the CVs of which 40 (M=25; F=15) were smear positives; and 35 TB patients (M=19; F=16) 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 Renovation to be commenced next quarter	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 continued to sustain support to 3 community based organizations (CBOs) implementing CTBC activities in 9 LGAs in 3 states (Cross River, Lagos and Kano). Advocacy visits were conducted within this reporting quarter to various identified gatekeepers in Mainland (ML) LGA to further strengthen the existing relationship between the CBO and the traditional rulers which reflects in their support for TB activities in the LGA. So also, community mobilization (CM) activities took place within the quarter across the various supported LGAs with the CBOs and their sub CBOs taking a lead in this activity. The community mobilization activities provided the platform for information dissemination & on the spot identification & referral of TB suspects.	Oct 13	Sep 14	Ongoing

			Through Home visits and referral of identified suspects was carried out this quarter by the various CVs attached to the CBOs/sub CBOs. This equally provided opportunity for treatment support to TB patients in the community and to educate the care-givers on basic infection control measures. In all, a total of 4,103 TB suspects were identified and referred during the quarter and 667 TB cases were notified through the activities of the community volunteers whilst 645 TB patients are being managed by CV.			
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 CTBC committee meetings within the quarter. The need to bring together key stakeholders in the respective LGAs to brainstorm on community TB programming and how to improve performance as it affects the respective LGAs has remained the focus of these meetings within the project life. The meetings foster a sense of local ownership of the CTBC project within the LGA and contribute to long term sustainability.	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 within this reporting quarter with all the 9 LGA participating in the meetings. These meetings serve as an avenue for collation, verification and validation of data capturing the 3 TB custom indicators. In all, a total of 557 persons (M=302; F=275) 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	Support was provided during the quarter to LGA TBLS in the three focus states to carry out additional community mobilization and sensitization exercises in the supported LGAs. In Lagos and Cross River states, the LGA TBLS gave additional boost to mobilization and sensitization exercises planned in conjunction with the umbrella and sub CBOs in the supported LGAs. This collaboration was very evident during the celebration of the 2014 World TB day on the 24th of March, 2014. In Kano state, LGA TBLS in the three supported LGAs leveraged on other health programs such immunization campaigns running in the LGAs to reach more households with TB messages and carry out on the spot referrals. Additionally, support was given to LGA TBLS in the	Feb 14	Sep 14	Ongoing

			three focus states to carry out supervisory visits to supported facilities.			
1.2.7	FHI 360, KNCV, WHO & MSH	Support logistics for sputum sample movement for AFB microscopy from TB suspects in the community	Within this reporting quarter, TB CARE I provided logistics support (bi-weekly) to LGA TBLS and laboratory technicians to transport samples from DOTS sites to facilities with capacity for AFB microscopy. In Lagos state, laboratory technicians from Simpson PHC (Mainland LGA) and Mowo PHC (Badagry LGA) undertook the movement of samples from DOTS sites. This was also the case in Cross River state. Samples collected were tested and results taken back to the originating DOTS sites. The focus LGAs in Kano state (Fagge/Garko/Rano) experienced challenges with non-availability of sputum cups and reagents and so the movement of samples was hampered within this reporting period in the affected LGAs.	Feb 14	Sep 14	Ongoing
1.2.8	FHI 360, KNCV, WHO & MSH	Train Patent Medicine Vendors (PMV's) on community DOTS	During the quarter, technical teams in Lagos, Kano and Cross River states sustained mentoring support with support of TB CARE I/FHI 360 to all trained community pharmacists (CPs) and patent medicine vendors (PMVs) in the LGAs currently operationalizing the CP/PMV concept. They were all provided additional referral tools with linkages to DOTS sites in the LGAs concerned. The CP/PMVs were also supported to hold their meetings within the quarter. These LGAs include Badagry LGA in Lagos state, Garko and Rano LGAs in Kano state and Ogoja LGA in Cross River State. The teams are currently identifying new CPs/PMVs for the trainings planned for the next quarter.	Oct 13	Mar 14	Ongoing
1.2.9	WHO, KNCV, FHI 360 & MSH	Build Capacity of program officers on the management of childhood TB	Activity planned for April 2014	Apr 14	Apr 14	Pending
1.2.10	WHO, KNCV, FHI 360 & MSH	Develop Capacity of pediatricians and medical doctors	Activity planned for April 2014	Apr 14	Apr 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 planned for April 2014	Apr 14	Sep 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 during the quarter expanded SOPs to an additional 5 facilities in Benue, Kogi, Niger, Ondo, Bauchi, Rivers, Edo, Sokoto Imo and Enugu states. A training of trainers (TOT) for state program managers, TBLS and M&E Officers on "SOPS innovative approach for intensified TB case finding" was organized. In all, a total of 55 persons attended the training (M=35; F=20). Thereafter, the states programs will conduct step-down trainings to selected health facility staff across the various service delivery points. In addition during the quarter, MSH undertook the dissemination of the survey findings on SOPs in Kano, Kwara, Akwa Ibom and Taraba states. The goal of the survey was to assess the effectiveness of the SOPs for intensified case finding. Findings from the dissemination indicate an improvement in presumptive TB case finding and smear positive cases detected; High awareness of TB among health workers that were trained; Partners agreed to scale-up SOPs in the states where they are operating amongst others.	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

2.2 Laboratories

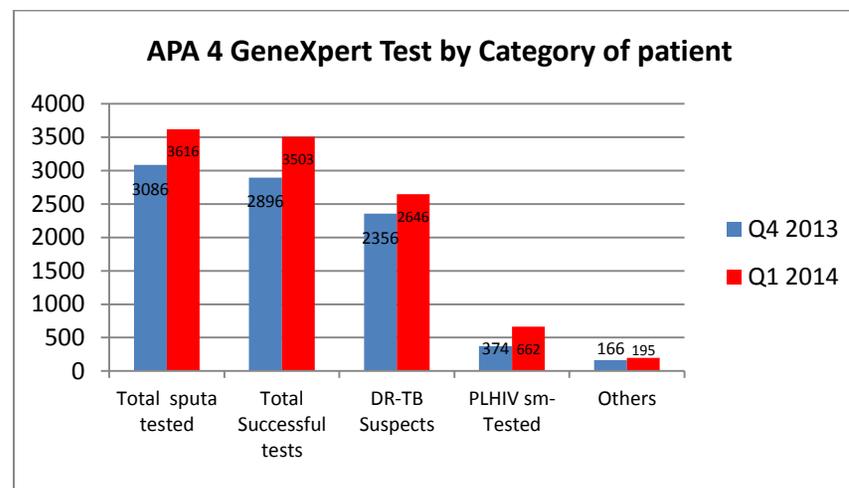
Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date	Comments
2.3.1	Diagnostic sites offering advanced technologies for TB or drug-resistant TB		30	35	31	Currently TB CARE I has 23 GeneXpert machines in country. However, we provide cartridges and supervisory oversights to 8 other sites established by Agbami.
2.3.2	Rapid tests conducted		7,000 sputa tested	15,570	3,616 sputa were tested during the quarter and cumulatively to date 6,702 (43%), sputa of total target)	Data reported here for the quarter was obtained from 28 sites out of 31. Successful tests done were 3,503 (97%)
2.3.3	Patients diagnosed with GeneXpert		507 TB patients diagnosed and 96 with RIF resistance. (Data is for Q1 , 2013 only)	1,245	1038 were MTB+ and 168 (16.2%) were Rif+ with more males(68.4%) than females were Rif+	Three (3) of the major GeneXpert sites had major challenges with CPU with over 4 weeks service interruption during the quarter
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	The project has concluded procurement of 74 microscopes awaiting shipment mid May 2014. However, TB CARE I took delivery of 82 microscopes from savings of COP 11 and 12 during the quarter via a MOT. A total of 25 microscopes have since been distributed to PPM sites. The remaining ones will be distributed in April 2014 after the AFB microscopy training program is completed	Oct 13	Jan 14	Ongoing

2.1.2	KNCV, WHO, MSH & FHI 360	Training of 140 lab staff on Light microscope for ZN -AFB for PPM	Trainings were conducted for 122 laboratory staff (M=64; F=58) as part of TB CARE I expansion into PPM and public sites in Kano, Niger and Oyo and Lagos states during the quarter. 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.	Feb 14	Mar 14	Ongoing
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	Activity planned for April 2014	Feb 14	Sep 14	Pending
2.1.5	FHI 360, KNCV, WHO & MSH	Establish 9 AFB Laboratories to support community TB care in 9 LGAs	During the reporting quarter, TB CARE I through FHI 360 concluded the process of review of Bills of quantities (BoQs) and vendor selection for the upgrade of 9 AFB microscopy sites. Vendors selected will mobilize to site and deliver up the completed laboratories in the next quarter. Procurement processes for the purchase of microscopes and other lab equipment and consumables has reached advanced stage	Dec 13	Jun 14	Ongoing

			with delivery and installations planned to go with the conclusion of renovation works.			
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	The process of identification of laboratory personnel to be trained has been concluded. Training is scheduled for the month of April 2014.	Feb 14	Aug 14	Pending
2.3.1	KNCV, WHO, MSH & FHI 360	Procurement of 17,370 cartridges including shipment	Procurement process has been concluded. TB CARE I during the quarter took delivery of 8,750 cartridges from HQ. The balance is awaited next quarter.	Oct 13	Mar 14	Completed
2.3.2	KNCV, WHO, MSH & FHI 360	Support distribution of cartridges	TB CARE I during the quarter supported the distribution of 7,580 cartridges to TB CARE I sites (23) and Agbami sites (6) were distributed during the quarter. Cumulatively, 8,480 cartridges have been distributed.	Oct 13	Sep 14	Ongoing
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 15 GeneXpert sites during the quarter by a team of pooled staff of NTP, TB CARE I, and other partners to visit the states. Reports from the visits indicate improvement in the team work of laboratory and DOTS clinician, storage conditions, SOP adherence etc. Other issues requiring attention included the low utilization of cartridges by some sites due to low awareness of GeneXpert services. As part of the immediate next steps, there is urgent need to finalize the reviewed GeneXpert documents and conduct National TOT to conduct step down trainings to ensure use and of newly revised tools. Additionally, module replacements were carried out in 10 sites which were after calibration.	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	Mar 14	Mar 14	Pending

			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.			
2.3.5	KNCV, WHO, MSH & FHI 360	Support quarterly C GAT meeting	The CGAT meeting took place on Feb 10, 2014 attended by 34 persons drawn from the NTP, TBCARE I, NACA, IHIVN and other relevant stakeholder. The meeting centered on the proposed plan by NACA to procure 185 GeneXpert machines for ART sites in country. The NACA plan was shared with the house and inputs on the installation and the necessary requirements were discussed at length by stakeholders alike. Other issues discussed include the need to centralize the procurement of GeneXpert consumables and the need to connect GX Alert on all machines in country.	Jan 14	Sep 14	Ongoing
2.3.6	FHI 360, KNCV, WHO & MSH	Support training of laboratory staff on 2 nd line DST	The training has been scheduled for the next quarter.	Jan 14	Dec 13	Pending

Only 28 of the 31 supported GeneXpert sites reported during the quarter. Analysis of the GeneXpert data indicates that 3,616 sputa were tested suggesting an increase of 17% over previous quarters figure. 97% of total sputa tests were successful indicating an improvement over last quarter's figure of 93%. A further look at the data by category of patients show that higher proportions were DRTB suspects (75.5%) though figures are less than previous quarter figure of 81.4%. Though slower, there is a progressive increase in the number of PLHIV smear negative patients tested (19%) over last quarters figure of 12.9%. Additionally, from the data obtained during the quarter (not shown); 1,038 (35.6%) of patients were MTB+ of which, about 16.2% (168) were Rif+ and gender disaggregation suggest that 68% of those that are Rif+ are males (M=115). Three (3) of the major GeneXpert sites however had major challenges with their CPUs with over 4 weeks service interruption during the quarter.



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	12		Activity commenced in March 2014 in 12 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 yet to commence
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 during the quarter expanded FAST Strategy to 12 tertiary facilities in 6 states (Kaduna, Abia, Osun, Benue, Akwa Ibom and Taraba). TBL program managers and facility focal persons of the 6 pilot states and WHO staff adapted and reviewed the draft FAST protocol for Nigeria. At the end of the training, the SOP/guideline for implementation of fast was developed and	Mar 14	Sep 14	Ongoing	

			field tested in selected health care facilities and at the National Training Center in Zaria. The tertiary facilities will commence the implementation of the basic activities as described in the FAST guidelines and their respective action plans			
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))	A consultative meeting was held on 6 and 7 March 2014 in Kaduna. The meeting was organized by the State TBL program Manager of Kaduna state. The meeting was attended by representatives from seven selected healthcare facilities of Kaduna state and co-facilitated by KNCV/TB CARE I Nigeria. This activity was challenged by the current release of draft TB infection control guideline by WHO; where active screening for TB among health care workers was dropped. The TA advised a discussion with NTP and larger stakeholders to deliberate on possibilities of prioritizing sentinel sites for TB screening among HCWs while emphasizing routine surveillance through passive case.	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.	Mar 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)	168(M=115; F=53) Rif cases notified during the quarter from TB CARE I supported sites.	Cumulatively till date a total of 330 rif+(M=230;F=100) +cases were notified from Oct 2013-Marc 2014
C7	Number of MDR cases put on treatment		400 (national data)	1,058 (national data)	135. Data reported here is for Quarter 4 2013	The Zonal review meeting from which data will be collated is planned to take place from April 28 th -May 1 st , 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)		See previous
4.1.5	# of MDR TB patients receiving support (feeding, auxiliary investigations and drugs)		80 patients for TB CARE I and 250 GF	100	32	Patients enrolled are provided with feeding 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 during the quarter provided patient support for a total of 32 on MDR TB treatment in the community. The patients were provided with support for transportation sum of N500/day, auxiliary drugs when indicated and monthly allowance of N5000. Also baseline investigations were concluded for another 10 patients from Lagos to be enrolled and 8 from Kaduna (6) and Kano (2) states. Additionally 9 patients were visited by PMDT focal persons from the states and 6 consultants visits were also supported by TB CARE I during the quarter.</p>	Dec 13	Sep 14	Ongoing
4.1.2	KNCV,	Support the establishment of	Training of state teams in the 8 states for	Oct 13	Mar 14	Ongoing

	WHO, MSH & FHI 360	ambulatory PMDT activities in 6 States	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 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 May 2014	May 14	May 14	Pending
4.1.5	FHI 360, KNCV, WHO & MSH	Local technical assistance to 3 MDR-TB treatment centers	Within this reporting quarter, local technical assistance was provided to the Lagos state DR-TB Treatment centre (Mainland Hospital, Yaba), Infectious Disease Hospital (IDH) Kano and Dr. Lawrence Henshaw Memorial Hospital (DLHMH) Calabar by TB CARE I Technical Lead from the Country Office. These visits provided the opportunity to assess patients' progress and meet with clinicians managing the patients. Recommendations to the facility	Dec 13	Sep 14	Ongoing

			management on how best to strengthen the linkages between the community and facility in order to reduce the strain on the limited admission facilities and provide treatment to many on the waiting list.			
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

2.5 TB/HIV (COP 13 funding)

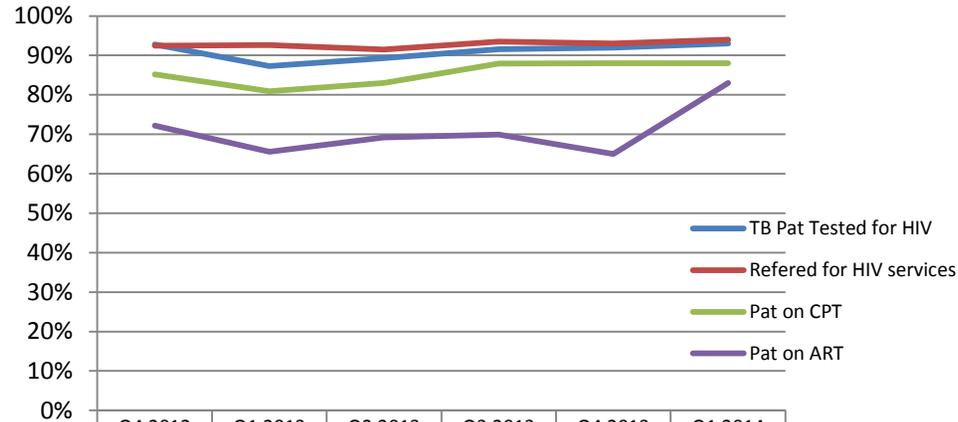
Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date	Comments
5.2.2	TB patients (new and re-treatment) with an HIV test result recorded in the TB register	15,500 (23.4%)	18,000	5,423 (M=3259; F=2164) representing 95% of TB patients counseled were tested during the quarter.	Cumulatively to date 11,211 (62%) 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 17.4% were co-infected with TB. 946 (M=488; F=458)	Cumulatively to date 2,041 (45%) of patients were co-infected of total targets. More males (51.2%) than females were co-

					infected	
5.3.1	HIV-positive TB patients started or continued on antiretroviral therapy (ART)	2,900	3,375	Of TB patients co-infected; 688 (M=328; F=360) about were able to access ART treatment during the quarter	Cumulatively, 1,400 (41%) co-infected patients of the target accessed ART service	
5.3.2	HIV-positive TB patients started or continued on CPT	3,400	4,050	About 88% of TB patients co-infected during the quarter were place on CPT 828 (M=393; F=435) were.	Cumulatively, 1794 (44%) patients of the 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	<p>TB CARE I during the quarter supported a total of 29 supervisory visits by Medical Advisers, QA and M&E Officers of ILEP to states. The visits were geared towards monitoring the quality of the implementation of TB/HIV services. On-the-job technical assistance was provided the health workers implementing NTBLCP activities at facility, LGA and State levels. The quality of the data reported was also assured during the visits. Additionally, visits were conducted by State QA, state supervisors and LGA supervisors to health facilities to further strengthen TB/HIV implementation. In all, at the state level, a total of 1,779 visits were conducted. Findings from the visits indicate that there were shortages of sputum cups in some states; some discrepancies in data reported were observed and corrected; absence of IEC materials in PPM sites, need for NTBLCP to ensure immediate and uninterrupted provision of anti-TB drugs, HIV test kits and other program materials to the facilities (Niger state). The states TBL programs were advised to improve the quality of supervision to TB/HIV service delivery sites. Issues with the laboratory include the failure to conduct Internal Quality Control</p>	Dec 13	Sep 14	Ongoing

			(IQC) by some labs, inadequate laboratory R&R tools and problems with slide labeling at some sites			
5.2.2	WHO, KNCV, MSH & FHI 360	Maintaining NASCP strengthening activities started with COP 12 for effective TB/HIV collaboration	Activity planned for April	Apr 14	Sep 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	Ongoing
5.2.4	KNCV, MSH, WHO & FHI 360	Expand TB/HIV collaborative activities to 40 DOTS facilities	Trainings were conducted for a total of 105 GHW (M=29; F=76) from health facilities on TB/HIV collaboration including HCT. 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 , as well as TB diagnosis and classification; guidelines on administering, monitoring and evaluating TB treatment as well as to acquaint the participants with TB/HIV collaborative activities and the concept and measures of TB infection prevention and control.	Mar 14	Sep 14	Ongoing
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	Feb 14	Mar 14	Ongoing

			more with the aim of bringing them up to date on current issues in TB control and management. A total of 49 GHCWs (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			
5.2.6	WHO, MSH, KNCV & FHI 360	Support quarterly meeting of TB/HIV technical working group	TB CARE I through WHO provided technical support in the coordination of TB and TB/HIV activities through facilitation of the National TB/HIV Working Group meeting during the reporting quarter. The meeting of the working group provided the fora for all key partners supporting NTBLCP, NASCP and NTBLCP to discuss the progress, identify challenges to the implementation of TB/HIV activities in Nigeria. Key issues discussed during this meeting included how to improve access of TB/HIV con-infected patients to ART and also access of PLHIV to IPT.	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)	Activity Planned for April 2014	Mar 14	Mar 14	Pending
5.3.2	WHO, KNCV, MSH & FHI 360	TA on TB/HIV	Planned for May 2014	May 14	Aug 14	Pending

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



	Q4 2012	Q1 2013	Q2 2013	Q3 2013	Q4 2013	Q1 2014
TB Pat Tested for HIV	93%	87%	89%	92%	92%	93%
Referred for HIV services	93%	93%	92%	94%	93%	94%
Pat on CPT	85%	81%	83%	88%	88%	88%
Pat on ART	72%	66%	69%	70%	65%	83%

A trend analysis of the TB patients accessing HIV services suggests that a steady plateauing of the number of TB patients being tested for HIV over the last three quarters. TB Patients who test positive for HIV according to NTP guidelines are to be referred for ART services and placed on CPT. From the figure (right side), almost all patients identified are referred however, not all patients are placed on CPT and as shown in the figure there has been a stagnation from Quarter 3 2013. ART provision has shown significant improvements; this was due to increase referrals, linkages with ART centers and most importantly improvement in documentation; however, services are still suboptimal due majorly to lack of decentralization of ART services. The country is however making efforts to further decentralize ARV services.

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	1,848 (Data is combined for all partners for the quarter)	FHI conducted 35 supervisory visits to DR-TB Treatment sites in Lagos, Kano and Rivers. MSH conducted 5 supportive supervisory visits Similarly; KNCV through ILEP and state teams conducted a total of 1,808 visits to health care facilities during the quarter.
6.2.2	People trained using TB CARE funds	1,062	1,500	A total of 710 (M=355;F=355) persons were trained during the quarter . cumulatively 1,895 (M=599; F=1,296)have been trained representing 26% increase over target	MSH trained a total of 117 persons; FHI 110; KNCV trained 483 persons.
6.1.4	<i>Revised national TB & Leprosy Strategic plan</i> Completion of national TB & Leprosy strategic plan	0	1	1	The near zero 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 will work to produce the finalized NSP document next quarter
Activity	Lead	TB CARE Year 4	Cumulative Progress as of the quarter's	Planned Month	Status

Code (***)	Partner	Planned Activities	end	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 is planned with a core group in April to finalize the plan.	Nov 13	Feb 14	Ongoing

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	The desktop version of the e-TB manager has been developed and is currently being tested. Also, the hosting of the e-TB manager in the cloud has been concluded with a follow up plan for a dash board. Through concerted efforts, the e-TB manager is readily available to program managers and key stakeholders alike. In addition 5 supervisory and mentoring visits were paid during the quarter to Ogun, Kano, Lagos, Cross River and Kaduna states. The visits were geared to assure the quality of e-TB manager data, provision of	Dec 13	Sep 14	Ongoing

			on-site mentoring. The visits also afforded the MSH staff to assist states in the upload of data into the e-TB manager			
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	Choose an item.	

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	\$32.7m	\$11.7m
SSF/TB (2)ARFH	B1	B1	\$190.2m	\$57.0m

* Since January 2010

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

The Global Fund activities are ongoing. Major adjustments within the quarter was the approval of savings for both PRs for intensified TB case finding in 3 states (Lagos, Kano and Enugu) using house-to-house approaches with the aim of reaching 25,000 households. Also approved was the expansion of infrastructure for ambulatory PMDT in 10 states. The two PRs, NTP and other partners have been working on the new concept notes development process including participation in the South African Workshop.

Apart from the general insecurity in the country affecting service delivery and utilization, effective coordination and sequencing of activities among sub-recipients for quality DOTS expansion remains weak

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

TB CARE I through its membership of technical advisory committee for GF implementation attends all technical working group meetings and also harmonizes the GF support for PMDT among partners for effective implementation at state level. TB CARE I activities are always in alignment and complementary to smooth implementation of GF activities. The Global Fund review team had a 3-day participatory discussion on programmatic performance of the two PRs and identified strategic action points among all partners for effective implementation of the grant. Additionally, TB CARE I took part in the joint supervisory activities to two state (Taraba & Adamawa) to assess construction of MDR-TB in-patient wards and laboratories.

TB CARE I equally participated in the CCM retreat where the new funding model concepts performance gap analysis, EPI analysis and priority interventions for combined concept notes were discussed.

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	21	23	
Total 2011	95	38	
Total 2012	185	138	
Jan-Mar 2013		78	
Apr-Jun 2013		72	
Jul-Sep 2013		25	
Oct-Dec 2013		135	
Total 2013	0	175	
Jan-Mar 2014		168	168(M=115; F=53) Rif cases notified during the quarter from TB CARE I supported sites. Cumulatively till date a total of 330 rif+(M=230;F=100) +cases were notified from Oct 2013-Marc 2014

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		
3	KNCV	4.1.4	Dr Victor Ombeka	Provide TA to PMDT technical working group & establishment of ambulatory PMDT	May 2014	Pending		
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		Another consultant will need to be identified due to Dr. Kutwa's retirement.
5	KNCV	6.1.1	Ms. D'Arcy Richardson	Provide TA for the development of National Strategic Plan	November 2013 & February 2014	Completed	November 23 2013. Follow on Visit took place from Feb 1-7 th , 2014	Follow on visits expected in Feb
6	MSH	1.2.12	Dr Abel Nkolo	TA on intensified case-finding	January 2014	Completed	Jan 12-29, 2014	
7	MSH	1.2.12	Luis Fernando Regiolino	TA on intensified case-finding	January 2014	Completed	Jan 19-Feb 2, 2014	
8	MSH	7.1.2	Mr Utkarsh Srivastava	TA on use of Smartphone modems for PMDT	January 2014	Pending		
9	MSH	7.1.2	Dr Samuel Kinyanjui	TA on use of Smartphone modems for PMDT	January 2014	Pending		
Total number of visits conducted (cumulative for fiscal year)							4	
Total number of visits planned in workplan							9	
Percent of planned international consultant visits conducted							44%	