TB CARE I - Uganda

Year 2
Quarterly Report
January - March 2012

April 30, 2012

Quarterly Overview

Reporting Country	Uganda
Lead Partner	KNCV
Collaborating Partners	
Date Report Sent	30-Apr-12
From	TB CARE I Uganda
To	USAID Mission
Reporting Period	January - March 2012

Technical Areas	% Completion
1. Universal and Early Access	0%
4. PMDT	11%
5. TB/HIV	0%
6. Health Systems Strengthening	0%
Overall work plan completion	3%

Most Significant Achievements

Work plan and budget development: Final USAID Mission and Washington approval was provided February 2012.
Setting up KNCV Office in Uganda: The KNCV Uganda office is located at the National TB/Leprosy premises found on Plot 2 Lourdel Road, Nakasero. The current staff include the Chief of Party, M&E Officer, Finance and operations officer, Deputy Chief Of party, one field technical officer and the PMDT Consultant . The Chief Of Party and PMDT Consultant started work in January 2012 while the Finance and Operations manager began work in March 2012, other staff joined in April 2012. The rest of the staff: a project accountant, administrative assistant and one field technical officer for Kampala, will join TB CARE I in the next quarter (April-June). In March, the Head for the Regional Team in Africa (Dr. Rene L'herminez) visited Uganda to ensure project start up, as well as visiting key partners and USAID Mission in Uganda.
Introduction of TB CARE I to Partners: Initial meetings for introduction of KNCV TB CARE I project to the Programme Manager of the National TB/Leprosy Programme (NTLP). Interface with different partners like USAID, Uganda Stop TB Partnership (USTP), Regional Centre for Quality of Health Care in Africa, TB REACH, WHO and Kampala City Council Authority (KCCA) was done.
Procurement process for renovation of MDR TB Ward in Mulago national referral hospital: Developed scopes of Work (SOW) for renovation of MDR TB Ward for Mulago hospital and shared them with stakeholders. Procurement of renovation services and renovation will begin next quarter.
MDR TB Symposium: In line with World TB activities, TB CARE I supported the STOP TB partnership to hold an MDR TB symposium. About 150 people attended the symposium mainly health workers within Mulago hospital and partners of the USTP. The symposium was meant to increase awareness among health workers about MDR TB management

Overall work plan implementation status

Setting up of office and preparation for activity implementation are complete. Overall completion rate still low but most activities will beintiated in next quarter and will be accelerated coming two quarters.

Technical and administrative challenges

Development of Plan and budget fulfilling all requirements of USAID mission and keeping NTLP in the driving seat was a challange.

Mulago MDR TB Ward Renovation: Mulago hospital changed top management about a year ago and there was need to orient the new management and ensure buy in. This activity has taken some time and therefore affected the renovation process.

Change in NTLP Management: The NTLP Manager Dr. Francis Adatu was changed and a new acting NTLP Programme Manager Dr. Frank Mugabe was brought on board. Reorientation of new manager was delayed including appreciation of how TB CARE I operates.

In-country Global Fund status and update

Global Fund round 6 and 10 are now consolidated. Starting period is January 1, 2012 to June 30, 2014. The PR is Ministry of Finance, Planning and Economic Development of Uganda while the Local fund agency is Price Waterhouse Coopers. A disbursement request of 11.8 Million was sent to GF. A total of 6.2 Million has been disbursed: 3.07 million is for first line drugs, 554 for second line drugs and 2.6 million for operational activities including preliminary preprations for the TB Prevalence survey.

Quarterly Technical Outcome Report

Technical Area	1. Universal and Early Access							
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the
		Data	Year	Data	Year	Y1		
1.2 Increased quality of TB services delivered among all care providers (Supply)	1.2.5 Number (and percent) of facilities in Kampala covered by support supervision visits Indicator Value: Number/Percent Level: Kampala Source: NTP records Means of Verification: Project technical and financial reports Numerator: Number and type of facilities in Kampala covered by support supervision visits Denominator: Total number of facilities in Kampala providing TB control services	8/36	2011	18/36	2012		TB CARE I Team visited the Director Health Services Of Kampala City Authourity and the Members of City Health Authority team to introduce the Workplan for TB CARE I. Another meeting to plan for implementation with divisional focal persons and medical officers is planned to be conducted in the next quarter.	**Challenges:** There was delayed recruitment for Key staff due to the general delay in project start up. **Next Steps:** A health facility assessment and support supervision visits are being planned for next quarter.
	1.2.8 Number of defaulters receiving monthly SMS for treatment adherence Indicator Value: Number Level: Kampala Source: NTP Means of Verification: Project technical and financial records Numerator: Number of defaulters in Kampala receiving SMS	N/A	2011	TBD	2013		During the quarter a draft scope of work for engaging the SMS media was written. Key areas of support include: SMS to New TB patients and SMS to defaulters.	**Next Steps:** A draft SOW has been written and next quarter an SMS Media firm will be engaged to provide SMS services. The procurement process to engage SMS media will be conducted next quarter.

Technical Area	4. PMDT							
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the
		Data	Year	Data	Year	Y1		
4.1 Improved treatment success of MDR	4.1.2 MDR TB patients who are still on treatment and have a sputum culture conversion 6 months after starting MDR-TB treatment Indicator Value: Percent Numerator: Number of MDR TB patients in a cohort who are still on treatment and had culture conversion latest at month 6 (having had 2 negative sputum cultures taken one month apart and remained culture negative since) Denominator: Total number of MDR patients who started treatment in the cohort.	NA	2011	70%	2012		Global Fund and MoH placed procurement of MDR TB drugs. The drugs by Ministry of Health/ National Medical stores are expected to arrive in June - July 2012. TB CARE I participated in MDR Emergency preparatory meetings to ensure all basic items required for managing MDR TB patients are in place before MDR drugs are delivered in the country.	**Challenges:** There was delay in start up of the procurement process to renovate MDR TB ward. New Management in Mulago required understyanding the issues and ensuring buy in. **Next Steps:** The procurement process will start next quarter.
	4.1.5 Number of diagnosed MDR-TB patients who are enrolled on treatment Indicator Value: Number Level: National Source: Quarterly reports Means of Verification: MDR TB register Numerator: Number of MDR TB	17	2011	60	2012		The National TB Reference laboratory has continued to diagnose MDR TB patients, which are now 267 in total. Measures to start up treatment are being prepared by NTLP and other stakeholders including TB CARE I	It is envisaged that enrollment of MDR TB patients on treatment will begin in June 2012.
	4.1.6 Number of MDR-TB beds made available through renovation of wards in Mulago hospital Indicator Value: number Level: Hospital Source: NTP records Means of Verification: Project technical and financial reporting Numerator: Number of beds	0	2011	30	2012		As in 4.1.2 - Highlights of the quarter	**Next steps:** Procurement of beds will be initiated next quarter.

Technical Area	5. TB/HIV							
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the
		Data	Year	Data	Year	Y1		
5.3 Improved treatment of TB/HIV co-infection	5.3.3 Number of TB/HIV National coordination committee meetings supported	0	2011	5	2012			Activity is planned to start next quarter
	5.3.4 Number of joint bi-annual supervision visits conducted Indicator Value: Number Level: National Source: Project reports Means of Verification:Supervision reports	0	2011	9	2012			Activity is planned to start next quarter

Technical Area	6. Health Systems Strengthening							
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the
		Data	Year	Data	Year	Y1		
6.2 TB control components (drug supply and management, laboratories, community care, HRD and M&E) formed integral part of national plans, strategies and service delivery of these components	6.2.3 People trained using TB CARE funds Indicator Value: Number of people Numerator: Number of people trained disaggregated by gender and type of training.	NA	2011	478	2013			Activity is planned to start next quarter
	6.2.4 National TB strategic plan finalized Indicator Value:Yes/No Level: National Source: Project reports Means of Verification: National Strategic Plan	No	2011	Yes	2012			Activity is planned to start next quarter
	6.2.5 Annual Implementation Plan developed Indicator Value:Yes/No Level: National Source: Project reports Means of Verification: Annual Implementation Plan	No	2011	Yes	2013			Activity is planned to start next quarter

Quarterly Activity Plan Report

1. Universal and Early Access					Planned Completion		
Outcome	Activity #	Activity	Activity Leader	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
1.2 Increased quality of TB services delivered among all care providers (Supply)	1.2.1	Conduct quarterly supervisions by two zonal supervisors and monthly supervisions by six division supervisors	KNCV	0%	Quarterly	2013	Visited Kampala City Council Authority (KCCA) to introduce TB CARE. We met the Director health services and members of the City Health Team (CHT). A follow up meeting will be conducted next quarter to plan for implementation of activities. Implementation of supervision activities will be begin next quarter.
	1.2.2	Conduct 2 trainings of 18 supervisors, by 4 facilitators for 5 days	KNCV	0%	April	2012	
	1.2.3	Revise & print 10,000 patient cards, unit Reg 200 copies Division Reg 30 copies	KNCV	0%	April	2012	
	1.2.4	Send reminders to patients by mobile phone and provide monthly airtime to facilities for defaulter retrieval	KNCV	0%	Monthly (Jan)	2013	Delay to engage Kampala City Council and therefore SMS
	1.2.5	Procure two computers for two zonal supervisors	KNCV	0%	March	2012	Delay in start up of project and therefore procurement processes delayed
	1.2.6	5 meetings of 6 DTLS' for 3 days each	KNCV	0%	Monthly (Jan)	2013	Meeting was planned to be conducted after the quarter - It will be held in April 2012
	1.2.7	A GIS will be designed to monitor case holding and defaulters as well as MDR patients	KNCV	2%	January	2013	Contact was made during the quarter with USAID. The contact person of USAID provided initial guidance. He will provide additional guidance with follow up of the M&E.
	1.2.8	1 day training of field staff and 3 days of field work	KNCV	0%	March	2012	Due to delayed start up, activity will be conducted in April - May 2012
	1.2.9	Two technical officers will visit 10 neighboring districts for five days for the last 3 quarters	KNCV	0%	January	2013	
	1.2.10	A lessons learned document will be developed, printed and disseminated based on experience with support of local consultant	KNCV	0%	January	2013	

	1.2.11	International TA to build capacity of the local team and monitor the quality of implementation	KNCV	0%	June	2012	
				0%			

4. PMDT					**Planned Completion**		
Outcome	**Activity #**	**Activity**	**Activity Leader**	**Cumulative Completion**	**Month**	**Year**	**Cumulative Progress and Deliverables up-to-date**
4.1 Improved treatment success of MDR	**4.1.1**	IC consultant 2 missions (the first mission (Max+Merid) already took place in October 2011). The second mission will take place in the 3rd quarter.	KNCV	50%	October	2012	TB infection control assessment was done in November 2012. This quarter the TB infection control assessment report was disseminated to stakeholders including the Executive Director of Mulago hospital, Assistant Commissioner for Infrastructure of Ministry of Health, National TB reference laboratory, Staff of Mulago ward 5&6 among others.
	4.1.2	Remodelling of MDR-TB unit. 2 wards each with 3 isolation rooms for XDR	KNCV	5%	July	2012	A letter of acceptance was received from the Executive Director of Mulago. Scopes of work (SOW) to engage supervising consultants and contractors to build have been developed and shared with stakeholders for input. The Ministry of Health infrastructure division and KNCV Consultants had input into the SOW.
	4.1.3	500 copies will be printed and disseminated	KNCV	2%	March	2012	A soft copy of TB IC control was received and copies of TB IC guidelines will be printed in the next quarter.
	4.1.4	20 selected staff 5 days, non residential	KNCV	0%	August	2012	
	4.1.5	60 patients (30 x 2) will be supported through max. 60 local clinics	KNCV	0%	January	2013	
	4.1.6	6 staff from MDR-TB unit and NTLP will be trained at CoE in Kigali	KNCV	0%	Sept	2012	
	4.1.7	2 fridges for storage of PAS	KNCV	0%	July	2012	
	4.1.8	Procure audiometer	KNCV	0%	July	2012	
	4.1.9	3 Missions	KNCV	0%	December	2012	
	4.1.10	Dr. Samuel Kisozi will provide full-time support for the project	KNCV	20%	March	2013	Dr. Samuel Kasozi was engaged and has been supporting MDR TB issues of the NTLP program.
	4.1.11	Central PMDT team will be revitalized through training and regular meetings	KNCV	0%	July	2012	
	4.1.12	A writing team will be formed and a stakeholders meeting will be organized	KNCV	50%	July	2012	
				11%			

5. TB/HIV					Planned Completion		
Outcome	Activity #	Activity	Activity Leader	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
5.3 Improved treatment of TB/HIV co-infection	5.3.1	9 teams per NTLP zone, each 2 officers,1vehicles/ team, 1 driver per team, 2 visits/year for 10 days	KNCV	0%	January	2013	Activity to begin next quarter
	5.3.2	5 Quarterly meetings of 1 day	KNCV	0%	January	2013	Meetings will be held next quarter
	5.3.3	Salaries of 6 none governmental staff to complete HAART study	KNCV	0%	December	2012	A list of staff was received from TB HAART. Payments will be started next quarter for a period of 12 months from January 2012 to December 2012.
				0%			

6. Health Systems Strengthening					Planned Completion		
Outcome	Activity #	Activity	Activity Leader	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
6.2 TB control components (drug supply and managemen t, laboratories, community care, HRD and M&E) formed integral part of national plans, strategies and service delivery of these components	6.2.1	Non residential workshop of 15 TWG members of 3 days each	KNCV	0%	June	2012	
	6.2.2	1 day workshop for stakeholders to review and give inputs to the draft for finalization	KNCV	0%	May	2012	
	6.2.3	Printing 1000 copies	KNCV	0%	June	2012	
	6.2.4	Two day workshop for stakeholders	KNCV	0%	June	2012	
	6.2.5	One day meeting quarterly	KNCV	0%	Quarterly (January)	2013	Supported the Uganda Stop TB Partnership to hold MDR TB Symposium ahead of World TB Day about 150 participants attended the meeting including doctors from Mulago hospital and Partners of the Uganda Stop TB partnesrhip.
	6.2.6	Car maintenance, car rental, prcurement of motorbikes	KNCV	0%	March	2013	Awaiting to complete registration of KNCV in Uganda and embark on registration of the car donated by USAID. Meanwhile we are using hired cars to do project activities.
	6.2.7	One TA for finalizing the national strategic plan	KNCV	0%	May	2012	
	6.2.8	One TA to prepare annual implementation plan templates, facilitating the stakeholders and asisting NTP to prepare the plan	KNCV	0%	June	2012	
	6.2.9	International TA to build capacity of the local team and monitor the quality of implementation	KNCV	0%	November	2012	
				0%			

Quarterly MDR-TB Report

Country	Uganda

Period	January-March 2012

MDR TB cases diagnosed and put on treatment in country

Quarter	Number of MDR cases diagnosed	Number of MDR cases put on treatment
Jan-Dec 2010	86	9
Jan-Sep 2011	57	2
Oct-Dec 2011	14	5
Total 2011	**71**	**7**
Jan-March 2012	7	0
Total to date	**164**	**16**

Quarterly GeneXpert Report

Country	Uganda

Period	January-March 2012

Table 1: GeneXpert instruments and cartridges procured or planned by quarter

	Procured			# still planned for procurement in APA 2	Month, Year procurement planned (i.e. April 2012)
	Jan-Dec 2011	Jan-Mar 2011	Cumulative Total		
# GeneXpert Instruments	0	0		0	Jan-00
# Cartridges	0	0		0	Jan-00

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

Already procured or still planned? (i.e. Write "Procured" or "Planned")	Instrument	# of Modules (1, 2, 4, or 16)	Location(s) (facility name & city/ province or TBD)	USG Funding Source (e.g., PEPFAR COP FYxx, USAID)[1]	Partner/ Implementing Organization; Additional Comments
	0	0	0	0	0

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

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

Already procured or still planned? (i.e. Write "Procured" or "Planned")	Order #	# of Cartridges*	Location(s) (facility name and city/ province or TBD)	USG Funding Source (e.g., PEPFAR COP FYxx, USAID)[1]	Comments
	0	0	0	0	0

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

Any additional information/clarifications to the above (optional)

TB CARE I in Uganda does not plan to procure ant Gene Xpert machines or catridge

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

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

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

Photos of MDR TB Symposium

Question - Answer Session about MDR TB and its management in Uganda

Some of the participants of the MDR TB Symposium. In the picture on the left: mainly Doctors from Mulago hospital and Stop TB partners.

Inventory List of Equipment - TB CARE I

Organization:	**TB CARE I**
Country:	**Uganda**
Reporting period	**January - March 2012**
Year:	**APA 2**

Description (1)	ID numbers (2)	Acquisition date (3)	Acquisition cost (4)	V.A.T (5)	Location (6)	Condition (7)	Disposition date (8)	Title held by (9)	Insurance Policy #
HP Laptop - Nbi office		16.01.2012			Wandegeya	Good		KNCV-Nairobi	
Filing Cabinet -Zenith	N/A	10.03.2012	300000	45,763	Wandegeya	Good		KNCV	
Dell Laptop	9D797RI	21.03.2012	2880000	0.00	Wandegeya	Good		KNCV	
HP Laserjet printer	CNCF322319	21.03.2012	1200000	0.00	Wandegeya	Good		KNCV	

(1) Description of equipment: transportation (vehicles), administration (computers, faxes), laboratory equipment or others
(2) Identification number (eg Manufacturer's serial number, model number, Federal stock number, national stock number)
(3) Date of invoice
(4) Total price including any sales tax paid. Use currency on invoice
(5) Note any sales tax charged
(6) Address
(7) Good/fair or bad
(8)+(9) Ultimate disposition data, (in the case of a vehicle) including date of disposal and sales price or the method used to determine current fair market value.
where a recipient compensated TB CARE I for its share. Attach supplementary info