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| **TB CARE I**

Zambia

Year 1

Annual Report

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List of Abbreviations

ACSM	Advocacy Communication and Social Mobilization
KNCV	KNCV Tuberculosis Foundation
MDR-TB	Multi-drug resistant Tuberculosis
NTP	National TB control Program
IC	Infection Control
PEPFAR	President's Emergency Fund for AIDS Relief
PMDT	Programmatic management of drug resistant TB
SOPs	Standard Operating Procedures
TB CARE I	Tuberculosis CARE
TB CAP	Tuberculosis Control Assistance Project
TB IC	Tuberculosis Infection Control
USAID	United States Agency for International Development
WHO	World Health Organization

Executive Summary

The TB CARE I project was established in Zambia in 2011, with an obligated amount of \$3,118,000. With guidance from the United States Agency for International Development (USAID) Mission and the Ministry of Health, National Tuberculosis Control Program (NTP), the project has implemented a number of activities to support the NTP at national, provincial and district levels of TB control. TB CARE I support was focused both at national level for country level support, and in five target provinces, namely Central, Copperbelt, Luapula, Northern and North Western provinces. TB CARE I supported implementation of activities in line with the national TB strategic plan from 2011 to 2015. The coordinating partner in Zambia was FHI 360 and the two collaborating partners were KNCV Tuberculosis Foundation and the World Health Organization (WHO), during the first year of project implementation.

TB CARE I provided support in seven of the eight technical areas of the TB CARE I global focus with implementation at national, provincial and district level. The technical areas include Universal Access, Laboratories, Infection Control, PMDT, TB/HIV, Monitoring and Evaluation, Surveillance and Operational Research, Drug Supply and Management.

The major challenge of project implementation was the limited time for implementation of activities with just over three months before the end of the fiscal year, following work plan approval. However, about 55% of project activities have been implemented through the commitment shown by all partners. TB CARE I has also faced challenges with providing adequate transport for all project activities with the large staff numbers travelling for field visits each month. The project has two vehicles carried over from the Tuberculosis Control Assistance (TB CAP) project and does require more project controlled transport.

Introduction

TB CARE I is a global cooperative agreement with USAID Washington and the prime partner KNCV Tuberculosis Foundation. USAID mission buy-in from Zambia was \$3118,000 for year one of project implementation. The project was implemented by three partners in Zambia, each with a sub-agreement with the prime partner. FHI360 was the coordinating partner while WHO and KNCV were collaborating partners. TB CARE I provided support to the Ministry of Health, National TB Control Program (NTP) to five of the nine administrative provinces, covering 44 of the 74 administrative districts.

The project activities implemented in year one were agreed upon following development of the national TB strategic plan 2011-2015 from December 2011. The project identified areas for support and provided financial, technical, administrative and logistical support during the fiscal year to the NTP at national level and provincial level. National level support included the procurement of laboratory supplies for microscopy and culture facilities for the country.

The NTP also received technical support from one KNCV consultant in ACSM, two KNCV TB IC consultants, a TB IC coordinator from Zimbabwe, one KNCV consultant in laboratory services and the FHI360 board member. An international architect skilled in TB IC and MDR-TB site renovations was also hired by the project to support NTP scale-up of MDR-TB management in the country. He provided assessment for three facilities identified by the NTP for PMDT.

The project had challenges with implementation of activities using two vehicles, considering the long distances from the central offices to three of the five target provinces (Luapula, Northern and North Western) and the rugged terrain of untarred roads in these provinces. The project had anticipated to procure two more vehicles to enhance more effective implementation of activities and reduce costs on vehicle hire.

Universal Access

Technical Outcomes

	Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result	Comments
					Y1	Y1	
(1)	Strengthened and expanded DOTS by NTP	Case detection rate (all forms) greater than 70%	Number of notified cases of TB divided by the estimated number of new (incident) cases of TB that occurred in the same year	80%	82%		National annual data was not compiled at the time of the reporting. Data is Expected in July 2012.
2		Treatment success rate above 90%	Percentage of patients cured plus the percentage that completed treatment but for whom cure was not confirmed	88%	88%		National annual data was not compiled at the time of the reporting. Data is Expected in July 2012.

Key Achievements

TB CARE I provided technical and financial support for the finalization of the National TB Strategic Plan by the NTP and partners from July 25-29, 2011. An ACSM consultant also provided technical support in the countries strategy for scale up of ACSM activities that will enhance participation of many stakeholders in TB control. The project also supported external quality assessment (EQA) visits in all five target provinces this year and training in LED microscopy of 15 laboratory staff members from none-TB CARE I sites. This will enhance equity in LED microscopy techniques and case detection with the LED microscopes procured under the TB CAP project for these provinces.

Challenges and Next Steps

TB CARE I was not able to scale up the support of activities to enhance case detection among women in the maternal and child health units as planned by procuring sputum containers and providing lab forms in these units in collaboration with the PEPFAR funded ZPCT II project. TB CARE I will provide this support in year two of project implementation. The project will also continue to support EQA visits by national and provincial laboratory staff to all TB diagnostic laboratories, training of health care workers in TB case detection and treatment through the revised WHO modules and training of community volunteers in TB and TB/HIV control.

Laboratories

Technical Outcomes

Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result	Comments	
				Y1	Y1		
(1)	Achievement of over 90% case detection rate for all forms of TB	Percentage of USG-supported laboratories performing TB microscopy with over 95% correct microscopy results	Number of laboratories with over 95% correct microscopy results divided by total number of laboratories performing TB microscopy	80%	80%	88%	The indicator result is based on the first EQA visits that were supported in the third quarter of project implementation-for blinded rechecking. The next EQA visits are planned for October 2011 and will focus on TB smears examined from July to September, 2011. 700 microscopy laboratory registers and 50 culture laboratory registers will be printed in October.
		Average population per laboratory performing TB microscopy	Total population of target provinces divided by total number of laboratories performing TB microscopy in the target provinces	63,312		n/a.	Zambia Central Statistics Office (CSO) 2010 census of population data at provincial level yet to be publicized. Specific dates are not available for the publication of the data.

Key Achievements

15 laboratory staff members comprising 3 females and 12 males from the four none-TB CARE I target sites were trained with project support to provide equity in LED based microscopy training. TB CARE I also procured a GeneXpert machine and accessories that were placed at the National Reference Laboratory, Chest Diseases Laboratory, with plans to move it to a point of care facility in the future.

EQA visits were made to 44 district level diagnostic centers in the five target provinces from July 5 to September 2, 2011 by staff members from the Chest Diseases Laboratory, the Tropical Diseases Research Centre and provincial hospital laboratory staff members. The project also printed 272 copies of the laboratory Standard Operating procedures (SOPs).

Challenges and Next Steps

The project support for the introduction of new technologies was limited to one training in LED microscopy because of limited time to implement activities in year one. In year two, TB CARE I will support local training of a minimum of 45 laboratory staff members in LED microscopy and regional training of six laboratory technicians in the use of the GeneXpert machine and accessories. The project will also continue to support EQA activities at district laboratories with possible scale up to health center laboratories in all five target province.

Infection Control

Technical Outcomes

Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result	Comments	
				Y1	Y1		
(#)	TB infection control plans available and implemented in all five provincial hospitals and all 43 district hospitals in the target provinces	Number of facilities with infection control plans developed and implemented	Number of facilities in the target provinces with infection control plans reflecting measures to reduce nosocomial transmission of TB	0	5	3	3 facilities were targeted for MDR- TB to receive support to develop infection control plans. These are the University Teaching Hospital, Kabwe General Hospital and Ndola Central Hospital

Key Achievements

Three consultants in TB infection control (TB IC) provided technical support with the in-country consultants for facility level planning at three facilities targeted for MDR-TB management. 58 health care workers from the three facilities (32 females and 26 males) received orientation and participated in the development of TB IC plans for their facilities. The priority area identified in all the three sites was the implementation of administrative measures which will help in the early diagnosis of TB in clients coming to the facilities. The TB IC plans will be included in the facility annual action plans.

Challenges and Next Steps

TB IC measures are still not sufficiently integrated into all health care and community settings. TB CARE I will continue to support the integration of TB IC into a minimum of ten facility action plans in year two of project implementation. TB CARE I will also support community level implementation of TB IC measures and introduction of TB IC SOPs in MDR-TB management sites.

Programmatic Management of Drug Resistant TB (PMDT)

Technical Outcomes

Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result	Comments
				Y1	Y1	

(#)	Support NTP to have a minimum of 250 MDR-TB patients notified and on treatment by September 2015	Number of notified MDR-TB patients placed on treatment under GLC approved sites	Number of patients reported to the NTP from facilities implementing PMDT	50	50		The project has not been able to collect data on MDR-TB patients because of the unavailability of MDR-TB reporting and recording tools
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Key Achievements

TB CARE I hired a consultant architect to assess three facilities earmarked for MDR-TB management. The NTP has been able to decide on two of the three facilities that will receive renovation support from TB CARE I, following this assessment.

Facilities planned for renovations for PMDT at the University Teaching hospital, Lusaka (left) and Kabwe General Hospital, Central province (right) below



Challenges and Next Steps

The project will print MDR-TB reporting and recording tools once they are made available and will provide required data on MDR-TB. The NTP and local partners revised the tools through a sub-committee and TB CARE I is waiting for the final version to be provided for printing by the NTP.

The project will only support renovation of two of the three facilities earmarked for PMDT in year two of implementation. Two facilities were selected in view of the challenges in the building structure identified by the consultant with one of the buildings if renovations were done. The two sites selected for renovation support are UTH and Kabwe General Hospital shown above.

TB/HIV

Technical Outcomes

Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result	Comments	
				Y1	Y1		
(#)	Improved collaboration between TB and HIV programs with 90% TB patients tested for HIV	Percentage of co-infected TB patients on ART	Number of TB/HIV patients on ART divided by total number of registered TB/HIV patients	42.2%	n/a		National annual data was not compiled at the time of reporting.
		Percentage of all registered TB patients who are tested for HIV through USG-supported programs	Number of registered TB patients who are tested for HIV divided by the total number of registered TB patients	71.5%	75%		National annual data was not compiled at the time of reporting

Key Achievements

The national level TB/HIV coordinating body held a meeting in August 2011 and six district level TB/HIV coordinating body meetings were held in the Copper belt province.

Challenges and Next Steps

TB CARE I has not been able to support activities to enhance HIV testing of registered TB patients, referral and access to HIV services this year because of limited time to agree with the target provinces on this activity. However, the project will support collaborative TB/HIV activities to enhance HIV testing of registered TB patients, referral and access to HIV services in year two by partnering with the PEPFAR funded projects ZPCT II and Corridors of Hope III. Meetings and agreements were held with the two partners supporting HIV care and support service points.

Health System Strengthening (HSS)

Technical Outcomes

Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result	Comments	
				Y1	Y1		
(#)	Strengthened TB management at all levels of care	Improved TB treatment outcomes	Treatment outcomes includes treatment success rate (completion rate plus cure rate)	88%	88%	u	National annual data was not compiled at the time of reporting.

			Reducing default rate	3%	2.5%	u	National annual data was not compiled at the time of reporting
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Key Achievements

TB CARE I provided technical and financial support for the finalization of the National TB Strategic Plan by the NTP and partners from July 25-29, 2011. The training of 50 health care workers in the community volunteers’ modules was also done to provide health care workers with knowledge for community level responses in TB and HIV management, including patient care and support, community education, communication and data management. TB CARE I also provided support for the commemoration of the World TB Day on March 24, 2011 in Chipata, Eastern province.

Four pictures below taken during the World TB Day commemorations in Chipata, Eastern province on March 24, 2011



Challenges and Next Steps

With the new national strategic plan, TB CARE I will be able to support the NTP implement activities to control TB and TB/HIV.

Monitoring & Evaluation, Surveillance and OR

Technical Outcomes

Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result	Comments
				Y1	Y1	
(#) Quality assured reporting of TB notifications and outcomes	Number of technical review meetings held	A technical review meeting is a meeting held within a province with representation from all districts in the province to review the TB data collected in each district using standard reporting tools.	5	10	3	The project planned for review meetings in all target provinces. Two meetings were planned for October 2011 while more meetings will be held following support supervision visits in November 2011
Operational research established in all target provinces	Number of operational research evaluations conducted in the target provinces	One operational research activity to be conducted in each province during the life of project	0	1	0	Planning meetings were held during the year with the NTP, local and international partners to agree on the steps to implement NTP led OR. The project will facilitate OR to be conducted in the target provinces from year two of implementation.

Key Achievements

Three technical review meetings were held by the Copperbelt, Luapula and North Western provinces in the fourth quarter of project implementation. WHO TB Consultant, Dr. Maboshe was in attendance to provide technical support during these meetings. These meetings are held every quarter to review provincial TB and HIV data with representative district focal persons and provide updates on implementation of TB, TB/HIV and Leprosy control.

Challenges and Next Steps

Operational research activities were in the planning phase this year as TB CARE I partners and the NTP agreed on the implementation process that will start in year two of project implementation.

Drug supply and management

Technical Outcomes

	Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result	Comments
					Y1	Y1	
(#)	Assured uninterrupted supply of anti-TB drugs	Fixed-dose combination for first line drugs and second line drugs available and in use	Availability of one year buffer stock for first line anti-TB drugs at national level medical stores, 6 months buffer stock at provincial level and three months buffer stock at district level	n/a	n/a		TB CARE I will provide technical support to quantify the drug availability at different levels in year two. It was agreed that the NTP would receive technical support in November 2011.

Challenges and Next Steps

TB CARE I will work with the NTP on drug management and supply to enable the project to receive updates on the availability of fixed-dose combinations for first line and second line drugs. The consultant who was anticipated to support this activity will provide the support during year two of implementation, possibly in November, as agreed with the NTP.