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TB CARE I

Zambia

**Year 1
Quarterly Report
July-September 2011**

October 28th, 2011

Quarterly Overview

Reporting Country	Zambia
Lead Partner	FHI360
Collaborating Partners	WHO, KNCV
Date Report Sent	28 October 2011
From	Seraphine Kaminsa Kabanje
To	George Sinyangwe
Reporting Period	July-September 2011

Technical Areas	% Completion
1. Universal and Early Access	70%
2. Laboratories	71%
3. Infection Control	63%
4. PMDT	50%
5. TB/HIV	43%
6. Health Systems Strengthening	66%
7. M&E, OR and Surveillance	55%
8. Drug supply and management	25%
Overall work plan completion	55%

Most Significant 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.

TB CARE I also provided financial support for a national level TB/HIV coordinating body meeting held in August 2011 and participated in six district level TB/HIV meetings in the Copperbelt province.

TB CARE I received one consultant in ACSM to assess the country's ACSM needs in preparation for an ACSM planning workshop in early 2012 and to provide input to the TB Strategic Plan and to the year two TB CARE I work plan.

Two consultants in TB infection control also 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 received orientation training in TB IC and participated in the development of plans for their facilities.

One laboratory consultant reviewed laboratory activities at all three reference laboratories and three other laboratories in three provinces.

The TB CARE I board member also provided technical support to the country on operational research scale up.

15 laboratory staff members from the four non-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 for familiarization by the reference laboratory. 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. The project also printed 272 copies of the laboratory Standard Operating procedures (SOPs).

50 health care workers at facility level from Northern and Central Provinces were trained using revised community volunteers training modules.

Overall work plan implementation status

Following workplan approval and hire of staff, TB CARE I has been able to implement a number of the planned activities in the workplan. The project requested for an amendment to the workplan and budget and to carry over activities from year one to year two, in the year two work plan.

Technical and administrative challenges

The project only has only two vehicles to implement activities in all five target provinces and has had to hire vehicles to supplement the transport requirements.

Quarterly Technical Outcome Report

	2010*	2011**
Number of MDR cases diagnosed	N/A	N/A
Number of MDR cases put on treatment	N/A	N/A

The Zambia NTP is currently not collecting this data as part of the national data. We should have some numbers as we support the PMDT scale up later this year that are confirmed by the NTP reporting and recording system.

* January - December 2010 ** January - September 2011

Technical Area		1. Universal and Early Access				Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1		
1	Strengthened and expanded DOTS by the National Tuberculosis Control Program	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%	Annual data not yet available for 2011	TB CARE I provided support for EQA visits to all five target provinces from July 5 to September 2, 2011. MoH staff from the national reference laboratory, Chest Diseases laboratory (CDL), tropical diseases research centre and provincial hospitals participated in the visits. 15 laboratory staff were trained in LED microscopy. 50 health care workers were trained in the training modules for community treatment supporters to enhance community level TB control. Laboratory supplies, a GeneXpert machine with accessories were also procured.
		Treatment success rate above 90%	Percentage of patients cured plus the percentage that completed treatment but for whom cure was not confirmed	88%	88%		
2					N/A (Data to be collected following EQA visits panel testing)		

Technical Area		2. Laboratories				Highlights of the Quarter	Challenges and Next Steps to Reach the Target	
Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result			
				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%	N/A (Data to be collected following EQA visits panel testing)	A technical Officer-Laboratory Services was hired in July 2011 and he facilitated EQA visits that were conducted in 44 facilities in all five provinces from July 5 to September 2, 2011. MoH staff from the Chest Diseases laboratory (CDL), the Tropical Diseases Research Centre and provincial hospitals participated in the visits. 272 copies of standard operating procedures for smear microscopy were printed.	The next EQA visits are planned for October 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		Not yet available	The census data is not yet provided to the project for 2011-2015 projections.	

Technical Area		3. Infection Control				Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result		
				Y1	Y1		

1	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	Technical support was provided to three facilities targeted for MDR-TB who developed facility level infection control plans. These were the University Teaching Hospital, Kabwe General Hospital and Ndola Central Hospital. The NTP TB IC consultant, TB CARE I Technical Officer for IC and Infrastructure Support, the KNCV TB IC Technical Advisor and the TB IC National Coordinator from Zimbabwe provided technical support during the orientation meetings in the three facilities.	TB CARE I will support orientation of two facilities in three target provinces to develop facility level infection control plans in October 2011.
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Technical Area		4. PMDT						
Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target	
				Y1	Y1			
1	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	N/A (reporting and recording tools not yet in place to collect data)	TB CARE I hired a consultant architect to assess three facilities earmarked for MDR-TB management. The project will also print reporting and recording tools once they are made available.	The project has not been able to collect data on MDR-TB patients because of the unavailability of MDR-TB reporting and recording tools

Technical Area		5. TB/HIV						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
1	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 this quarter - available after year's end)	Meetings were held with PEPFAR partners ZPCT II and Corridors of Hope (COHIII) to enhance co-management of co-infected patients, including training of PEPFAR funded HIV adherence support workers (ASW) in TB control activities. TB CARE I will receive information on the percentage of co-infected TB patients on ART from the NTP annual data.	TB CARE I will collaborate with the partners from the next quarter to provide support to co-infected patients.
		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%	N/A (National annual data was not compiled this quarter)	TB CARE I provided technical and logistical support for six district TB/HIV meetings held in the Copperbelt province this quarter in Luanshya, Mpongwe, Kalulushi, Lufwanyama, Kitwe and Mufulira. The meetings are a forum for exchange of information, plans and agreements among the TB and HIV program implementers.	TB CARE I will continue to support collaborative TB/HIV activities to enhance HIV testing of registered TB patients, referral and access to HIV services.

Technical Area		6. Health Systems Strengthening						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
1	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%	N/A (National annual data was not)	TB CARE I has supported finalization of the national TB strategic plan by providing funding and technical support for a meeting held in Livingstone by the NTP with other local TB control partners. TB CARE I also trained 50 health care workers	With the new national strategic plan, the NTP will be able to implement activities to improve on treatment outcomes. The training of health care workers in the community volunteers modules provides more

			Reducing default rate	3%	2.5%	... compiled this quarter)	in the revised community volunteers training modules in September 2011 by hiring six consultants.	community level responses in TB management
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Technical Area		7. M&E, OR and Surveillance						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
1	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	Three technical review meetings were held by the Copperbelt, Luapula and North Western provinces this quarter. WHO TB Consultant, Dr. Maboshe was in attendance to provide technical support during these meetings	Two meetings are scheduled to be held for Central and Northern provinces in October 2011 to review provincial data from Northern and Central provinces.
2	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	More planning meetings have been held among the TB CARE I partners and the NTP to agree on the level of implementation. Preparation of a draft budget for implementation has also been done.	Agreement was made to begin with a country level orientation workshop early 2012 and focus on district level implementation in the target provinces.

Technical Area		8. Drug supply and management						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
1	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	N/A	The NTP has received support from consultants based at the KNCV offices to support drug quantification annually. However, the planned travel for the consultant with TB CARE I funding was planned for November 2011.	Technical support will be provided in the next quarter and TB CARE I will use the findings during the visit to report on the indicator.

Quarterly Activity Plan Report

Outcomes	1. Universal and Early Access		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
1.1 Strengthened and expanded DOTS by the National Tuberculosis Control Program	1.1.1	Support enhanced management of pediatric TB	WHO	11.300	50%	Nov	2011	TB CARE I is waiting for finalization of the paediatric sub-committee documentation before the documents can be printed.
	1.1.2	Intensify TB screening, diagnosis and care for women and children	FHI	24.691	75%	Oct	2011	The project was finalizing procurement of the containers from the USA and had requested for realignment of funds for the required freight costs.
	1.1.3	Enhance private sector participation in TB control	WHO	11.300	25%	Sep	2011	The project is waiting for the request for the funding of the situational analysis from NTP. Activity likely to be held November to December 2011.
	1.1.4	Provide technical support	KNCV	36.571	100%	Sep	2011	Dr. Netty Kamp provided technical support to the NTP in ACSM from August 31 to September 10, 2011. She reviewed the current ACSM activities in the National Program and TBCARE context and provided input on APA2 planning (ACSM, planning ws in 2012) and ACSM coverage in national strategic plan. Additional Dr. Jacques van de Broek provided some support to the discussion on possible support to the Global Fund application process through a visit to the preparation held in Geneva in September 2011 (unfortunately Zambia failed to participate).
	1.1.5	Provide technical support	FHI	7.832	100%	Jul	2011	Dr. Carol Dukes Hamilton provided technical support to the TB CARE I team in Zambia from July 25-30, 2011 with a focus on operational research start-up activities. She held meetings with the NTP Manager and participated in a field visit to Kitwe, Copperbelt, for a TB/HIV meeting and a view of the renovation site for MDR-TB at Ndola Central Hospital.
					70%			

Outcomes	2. Laboratories		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
2.1 Achievement of over 90% case detection rate for all forms of TB	2.1.1	Strengthen laboratory services and systems through training in LED microscopy	FHI	38.580	 50%	Aug	2011	LED training was conducted from August 28 to September 3, 2011. Fifteen laboratory staff were trained comprising 12 males and 3 females. The next LED training will be conducted in the next quarter.
	2.1.2	Procure laboratory equipment for diagnostic facilities, including new technologies to support enhanced MDR-TB and TB/HIV diagnosis	FHI	25.000	 100%	Sep	2011	A GeneXpert machine was procured by the project this quarter and has been delivered to the National Reference Laboratory, Chest Diseases Laboratory (CDL).
	2.1.3	Support external quality assessment (EQA) implementation in the target provinces	FHI	65.972	 50%	Sep	2011	EQA visits were conducted in all five target provinces from July 5 to September 2, 2011. Staff members from the Chest Diseases Laboratory, the Tropical Diseases Research Centre and Provincial hospital laboratory staff members participated in the visits. The next visits are planned from October 17, 2011.
	2.1.4	Procure laboratory supplies	FHI	142.627	 75%	Sep	2011	TB CARE I has procured laboratory supplies from four vendors and the procured items have been delivered to the Medical Stores Limited for storage, from three of the four vendors.
	2.1.5	Provide technical support to the NTP, National TB Reference Laboratory (Chest Diseases Laboratory) and target provinces	KNCV	90.786	 100%	Sep	2011	Dr. Valentina Anisimova provided technical support from August 28 to September 9, 2011. Initial joint mission with DTLab has been postponed to APA2. Funding wise we only utilized 25%. Valentina however was able to review the current program for external quality assurance for TB laboratories, assessed the mycobacterial culture process in culture laboratories and reviewed current available guides and SOPs. She made visits to all three reference laboratories and also made a visit to three other laboratories in the Copperbelt, Lusaka and Southern provinces.

	2.1.6	Print strategic laboratory documentation	FHI	18.004	50%	Sep	2011	272 copies of the Standard Operating Procedures (SOPs) were made with project support this quarter. 700 microscopy laboratory registers and 50 culture laboratory registers will be printed in October.
					71%			

		3. Infection Control			Planned Completion		Cumulative Progress and Deliverables up-to-date	
Outcomes		Lead Partner	Approved Budget	Cumulative Completion	Month	Year		
3.1 TB infection control plans available and implemented in all five provincial hospitals and all 43 district hospitals in the target provinces	3.1.1	Integration of TB infection control into health facility level general infection control plans	FHI	6.430	50%	Jul	2011	Orientation of health care workers in three facilities was done: 1. July 18-19 2011: University Teaching Hospital (UTH) for 22 females and 4 males 2. July 20 – 21, 2011: Kabwe General Hospital for 3 females and 12 males 3. July 22, 2011: Ndola Central Hospital for 7 females and 10 males
	3.1.2	Provide technical assistance in TB IC at facility level	KNCV	56.082	75%	Sep	2011	Dr. Max Meis, KNCV TB IC Technical Advisor and Mrs. Anna Maruta, TB IC consultant from Zimbabwe provided technical support to the country. Dr. Jerod Scholten will complete the TB IC support in October. The deliverables of all missions are 1. Provide technical expertise on TB IC measures for PMDT (University Teaching Hospital, Kabwe General Hospital, Ndola Central Hospital) 2. Provide technical expertise on development of TB IC facility plans (University Teaching Hospital, Kabwe General Hospital, Ndola Central Hospital) 3. Carry out an onsite orientation of staff on how to develop and implement TB IC facility plans (University Teaching Hospital, Kabwe General Hospital, Ndola Central Hospital) 4. Provide input in the review of the TB IC component of the WHO modules.
					63%			

Outcomes	4. PMDT				Planned Completion		Cumulative Progress and Deliverables up-to-date	
	Lead Partner	Approved Budget	Cumulative Completion	Month	Year			
4.1 Support NTP to have a minimum of 250 MDR-TB patients notified and on treatment by September 2015	4.1.1	Rehabilitate infrastructure for management of multi-drug resistant (MDR-TB) TB patients	FHI	129.817	50%	Jul	2011	Facility assessment for the three MDR-TB sites was conducted from July 17-24, 2011 by the TB CARE I IC & Infrastructure Support Officer and an international consultant architect who was contracted by TB CARE I to provide technical guidance on the renovation requirements at each site.
	4.1.2	Provide technical assistance in TB IC at facility level	FHI	12.281	100%	Aug	2011	TB CARE I hired an international architect who is also a TB IC consultant. He conducted facility assessment and provided guidance to the MoH and TB CARE I on the renovation requirements. The NTP has decided to focus on two facilities following this assessment.
	4.1.3	Enhance staff capacity in PMDT	WHO	22.600	25%	Dec	2011	An agreement was made with South Africa for the study tour to be in November 2011
	4.1.4	Provide technical assistance in PMDT	WHO	16.950	25%	Dec	2011	Activity moved to Year 2, at request of NTP to allow for MDR-TB treatment sites to be better functional
	4.1.5	Provide technical assistance in PMDT	KNCV	39.454	25%	Sep	2011	The consultant (Dr. Victor Ombeka) is still awaiting a green light by GLC as it is planned to be a combined PMDT GLC support visit. It is still programmed for Oct-November. Expectation that only half of the funding will be utilized.
	4.1.6	Provide nutritional support to MDR-TB patients	FHI	13.187	75%	Sep	2011	The project has procured nutritional supplements including 1000 containers of 1.1kg peanut butter and 500 packets of high energy protein supplements (HEPS) for MDR-TB patients. The items will be delivered next month.
					50%			

Outcomes	5. TB/HIV				Planned Completion		Cumulative Progress and Deliverables up-to-date
	Lead Partner	Approved Budget	Cumulative Completion	Month	Year		

5.1 Improved collaboration between TB and HIV programs with 90% TB patients tested for HIV	5.1.1	Strengthen national TB/HIV coordinating body meetings	FHI	2.572	100%	Aug	2011	One national level TB/HIV coordinating body meeting was held on August 12, 2011 with project support
	5.1.2	Strengthen district and health facility level TB/HIV coordinating bodies	FHI	11.574	33%	Jul	2011	Six district level TB/HIV meetings were held in the Copperbelt province this quarter in Luanshya, Mpongwe, Kalulushi, Lufwanyama, Kitwe and Mufulira.
	5.1.3	Enhance community involvement in TB and HIV services	WHO	124.300	50%	Sep	2011	50 health care workers at facility level from Northern and Central Provinces were trained using revised community volunteers training modules in September 2011.
	5.1.4	Enhance TB case finding efforts among HIV infected persons	FHI	12.860	25%	Sep	2011	The project will support training of community volunteers in the next quarter. Agreements have been made with the PEPFAR funded ZPCT II project to conduct the trainings in November 2011
	5.1.5	Provide technical assistance in TB/HIV collaborative activities	KNCV	19.796	25%	Sep	2011	The TB/HIV activity was cancelled. It was partly (25% of the funds, remaining to APA2) replaced by the support for the participation of the Program M&E officer in the M&E workshop organized by PMU in The Hague in September 2011.
	5.1.6	Procure project vehicle to support TB/HIV collaborative activities	FHI	100.000	25%	Dec	2011	The project is waiting for approval of procurement of two project vehicle
					43%			

Outcomes	6. Health Systems Strengthening		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
6.1 Strengthened TB management at all levels of care	6.1.1	Strengthen national TB control management efforts	WHO	22.600	100%	Jul	2011	The national TB Strategic Plan was finalized from July 25-29, 2011 with technical and financial support from TB CARE I
	6.1.2	Strengthen human resource capacity efforts in TB	WHO	16.950	100%	Nov	2011	Six local consultants were hired by TB CARE I to support training of health workers in community DOTS and TB/HIV
	6.1.3	Strengthen human resource capacity efforts in TB	WHO	36.160	25%	Oct	2011	Cancelled because application for places were made late. The project was advised to try in 2012.

6.1.4	Strengthen human resource capacity efforts in TB	WHO	6.780	75%	Oct	2011	Activity in process with registration fees paid and all travel arrangements made.
6.1.5	Strengthen human resource capacity efforts in TB	WHO	6.780	Cancelled			The African union meeting in Abuja, Nigeria was already held by the time project funds were received. Funds to be reprogrammed.
6.1.9	Strengthen human resource capacity efforts in TB	FHI	5.787	75%	Oct	2011	Activity in process with registration fees paid and all travel arrangements made.
6.1.10	Provide funding for printing of national strategic documents	WHO	11.300	25%	Sep	2011	Discussions held with the NTP. Awaiting electronic documents from NTP for printing to be done. Activity was moved into year 2
6.1.11	Strengthen national TB control management efforts	WHO	22.600	25%	Dec	2011	Awaiting request from NTP. Activity has been moved to year two.
6.1.12	Support World TB Day Commemoration	FHI	20.167	100%	Mar	2011	The World TB Day was held in Chipata on March 24th. This activity was completed successfully.
				66%			

Outcomes	7. M&E, OR and Surveillance		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
7.1 Quality assured reporting of TB notifications and outcomes	7.1.1	Strengthen monitoring and evaluation through national, provincial, and district TB technical review meetings and supervisory	FHI	32.150	25%	Aug	2011	The national TB/HIV technical data review meeting will be held in the next quarter
	7.1.2	Strengthen monitoring and evaluation through national, provincial, and district TB technical review meetings and supervisory	WHO	169.500	75%	Aug	2011	TB/HIV technical meetings were held with TB CARE I support from the end of August to early Septmber 2011 for Luapula, Copperbelt and North Western Provinces. Meetings for Central and Northern provinces will be held in October 2011

	7.1.3	Strengthen monitoring and evaluation through national, provincial, and district TB technical review meetings and supervisory	WHO	248.600	 25%	Aug	2011	Planned for October to December 2011, 60% of original budget already reprogrammed into Year 2
	7.1.4	Provide technical assistance and oversight on M&E	KNCV	9.272	 100%	Sep	2011	Covered all backup monitoring by KNCV Unit Head, project officer and Financial department and is completed (in APA2 budgetted under KNCV staffing and operations)
7.2 Operational research established in all target provinces	7.2.1	Conduct operations research	FHI	219.813	 50%	Jul	2011	Meetings were held with the NTP, FHI360 and KNCV to agree on the implementation process. A draft implementation plan has been developed.
					 55%			

8. Drug supply and management		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion Month	Planned Completion Year	Cumulative Progress and Deliverables up-to-date	
Outcomes								
8.1 Assured uninterrupted supply of anti-TB drugs	8.1.1	Provide technical assistance to the NTP in drug management	KNCV	20.081	 25%	Dec	2011	Technical support will be provided in the next quarter
					 25%			

Quarterly Activity Plan Modifications

Request for Cancellation or Discontinuation of Activities										
Approved By (write dates)			Old Code	1. Universal and Early Access Activities from the Work Plan	Lead Partner	Remaining Budget	New Code	Replace with the following activity (if	Lead Partner	Proposed Budget*
Mission	PMU	USAID								
			7.1.4	Provide technical assistance in TB/HIV collaborative activities	KNCV	9.842		Participation of M&E officer in M&E training, September, 2011, the Hague.	KNCV	9.842
			6.1.5	Strengthen human resource capacity efforts in TB control	WHO	6.780	6.1.11	Strengthen national TB control management efforts	WHO	6.780
			6.1.12	Support World TB Day Commemoration	FHI	13.142		TB/HIV Training in one target province	FHI	8.000

Request for Postponement of Activities to Next Year						
Approved By (write dates)			Old Code	1. Universal and Early Access Activities from the Work Plan	Lead Partner	Remaining Budget
Mission	PMU	USAID				
			2.1.1	Strengthen laboratory services and systems through training in LED microscopy	FHI	19.290
			2.1.3	Support external quality assessment (EQA) implementation in the target provinces	FHI	36.651
			2.1.5	Provide technical support to the NTP, National TB Reference Laboratory (Chest Diseases Laboratory) and target provinces	KNCV	71.059
			3.1.2	Provide technical assistance in TB IC at facility level	KNCV	26.082
			4.1.1	Rehabilitate infrastructure for management of multi-drug resistant (MDR-TB) TB patients	FHI	127.817
			4.1.4	Provide technical assistance in PMDT	WHO	16.950
			5.1.3	Enhance community involvement in TB and HIV services	WHO	74.580

			5.1.5	Provide technical assistance in TB/HIV collaborative activities	KNCV	9.898
			6.1.3	Strengthen human resource capacity efforts in TB control	WHO	18.080
			6.1.4	Strengthen human resource capacity efforts in TB control	WHO	2.260
			6.1.11	Strengthen national TB control management efforts	WHO	22.600
			7.1.1	Strengthen monitoring and evaluation through national, provincial, and district TB technical review meetings and supervisory visits (support one national level annual technical review meeting)	FHI	32.150
			7.1.2	Strengthen M&E through national, provincial, and district TB technical review meetings and supervisory visits (Support meeting costs for a 3 day provincial level technical review meeting in each of the 5 provinces. Activity expanded to include a 2 day provincial TB/HIV coordinating meeting in same week)	WHO	160.460
			7.1.3	Strengthen M&E through national, provincial, and district TB technical review meetings and supervisory visits (support performance assessment visits, 1 at national, 1 in each of the 5 provinces and 2 district level in each of the 5 provinces. Visits costed at USD 20,000 each at national and provincial levels and USD 10,000 at district level)	WHO	149.160
			8.1.1	Conduct operations research	FHI	219.170
			9.1.1	Provide technical assistance to the NTP in drug management	KNCV	2.081

Request for Adding New Activities to the Current Work Plan

Approved By (write dates)			New Code	1. Universal and Early Access Proposed New Activities	Lead Partner	Proposed Budget*
Mission	PMU	USAID				

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



TB IC facility staff orientation at the University Teaching Hospital with consultant from Zimbabwe (left) and from KNCV (right).
Health care workers are holding the national TB IC guidelines



Renovation assessment of proposed MDR-TB sites at the University Teaching Hospital (left) and the Ndola Central Hospital (right)



Visit to MDR-TB ward (left) and TB chest clinic renovated by USAID under TB CAP project (right) during visit by FHI TB CARE I Board member

- (2) Identification number (eg Manufacturer's serial number, model number, Federal 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 where a recipient compensated TB CARE I for its share. Attach supplementary info

; national stock number)

price or the method used to determine current fair market value.

