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TB CARE I

TB CARE I - Zambia

**Year 2
Quarterly Report
October-December 2011**

January 30, 2012

Quarterly Overview

Reporting Country	Zambia
Lead Partner	FHI
Collaborating Partners	KNCV, MSH, WHO
Date Report Sent	
From	Seraphine Kabanje
To	George Sinyangwe
Reporting Period	October-December 2011

Technical Areas	% Completion
1. Universal and Early Access	3%
2. Laboratories	12%
3. Infection Control	8%
4. PMDT	8%
5. TB/HIV	25%
6. Health Systems Strengthening	0%
7. M&E, OR and Surveillance	33%
8. Drug supply and management	13%
Overall work plan completion	13%

Most Significant Achievements

TB CARE I Zambia prepared the Year two workplan with participation of partners, KNCV Tuberculosis Foundation, WHO, MSH and the in-country coordinating partner FHI360. Activities reflected the planned activities from the National TB Strategic Plan 2011-2015 that was also being finalized during the quarter, with review of the final document by the NTP and selected partners including TB CARE I. The project finalized on plans for operationalization of the Operational Research and developed activity timelines and budget details with technical support from a research scientist from FHI360. TB CARE I also provided funding support and participated in EQA support to 63 health facilities in the five target provinces. The project has included a plan for follow-up, feed back visits to be made to facilities that will require support to improve on the quality of their microscopy services. A local architectural company was contracted to support the preparation of renovation drawings for the MDR-TB sites. The project has agreed on the next steps for the renovation process and will work with the NTP, infrastructure unit to finalize bills of quantities and prepare the tender procedures for the two sites.

TB CARE I has been awarded additional PEPFAR funds (core) to support a one year TB IC demonstration site project in Ndola district, Copperbelt province. The project is being coordinated by the PMU TB IC Technical Advisor and the FHI360 in-country team. TB CARE I is also preparing a proposal for submission to the USAID mission for another funding opportunity to implement TB/HIV activities with PEPFAR funding under the 3Is initiative.

Overall work plan implementation status

TB CARE I has been implementing activities from the Year one approved work plan and has continued with implementation of activities in Year two. Approval of the Year two workplan obligated amount and activities was granted in January 2012. Towards the end of the quarter, the NTP advised to include procurement of first line anti-TB drugs in the obligated amount, and this has been included for additional approval by USAID.

Technical and administrative challenges

TB CARE I has expanded focus with additional activities in TB IC Demonstration project in Ndola District and planned implementation of the 3 Is. The project plans to hire additional staff to support the new additional activities under the two new funding opportunities. TB CARE I will also implement more activities following workplan approval, including technical support visits that will be agreed on with the

In-country Global Fund status and update

Zambia is currently not receiving Global Funds because of the cancellation of these funds for round 11. The NTP is receiving most of the supplementary funding support from USAID and CDC partners.

Quarterly Technical Outcome Report

Technical Area		1. Universal and Early Access				Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes	Outcome Indicators	Baseline		Target				
		Data	Year	Data	Year			
1.1 Increased demand for and use of high quality TB services and improve the satisfaction with TB services provided (Population/Patient Centered Approach)	1.1.3 Patients' Charter is implemented Indicator Value: Score (0-3) based on definition	0	2011	2	2012	0	The NTP and TB CARE held discussions and agreed on the implementation of PCA activities from the second quarter of project support. A training of implementers will be held from February 1-3, 2012. Identification of implementation sites will be done during the training.	Ms. Rose Masilani, national health promotion officer from the MoH working with the NTP, will oversee the activities and provide guidance on implementation.
1.2 Increased quality of TB services delivered among all care providers (Supply)	1.2.1 Appropriate tools from the PPM Toolkit is implemented Indicator Value: Score (0-3) based definition disaggregated by the tools selected by NTP.	0	2011	2	2012	0	The NTP and TB CARE I will review the PPM toolkit and advise on implementation of tools from the toolkit. A situational analysis planned from year one of project implementation, will be conducted once dates are agreed upon with the NTP.	The NTP does not have a dedicated staff member for PPM but is coordinating the PPM activities among the current NTP staff.
	1.2.5 Private providers referring suspects to government facilities Indicator Value: Number Level: Score (Yes/No) Source: TB register Means of Verification: Numerator: Denominator:	Yes	2011	Yes	2012	Yes	Two external consultants were identified to conduct a nation wide survey on private providers involved in TB control this quarter. The consultants will conduct this situational analysis next quarter. TB CARE I will be able to capture data on the number of private providers referring suspects to government facilities after implementation of the planned PPM activities from the second quarter of project support, following the situational analysis recommendations and provision of reporting and recording tools to the private providers. Some private health care providers have national reporting and recording tools in their facilities in the Copperbelt province.	The reporting and recording tools will be introduced to all the private health care providers in the supported provinces during implementation of PPM activities. The data capture will be a new activity and may only be reflected in the reports possibly in the third quarter. TB CARE I will work with the DMOs to actively follow up the private providers.

Technical Area		2. Laboratories						
Expected Outcomes	Outcome Indicators	Baseline		Target		Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year			
2.1 Ensured capacity, availability and quality of laboratory testing in country needed to support the diagnosis and monitoring of TB patients	2.1.2 Laboratories with working internal and external quality assurance programs for tests that they provide including: a) smear microscopy, b) culture, c) DST, and d) rapid molecular test Indicator Value: Percent Numerator: Number of laboratories enrolled in EQA program meeting description above both nationwide and TB CARE areas. Denominator: All laboratories (national and TB CARE areas separately) that perform one or more of the above TB diagnostics.	64% (national) 136/213	2011		2012	The annual data not yet available	A total of 63 diagnostic centers were supported with EQA visits from October 25 to December 6, 2011. Laboratory technical staff from 3 provincial laboratories in the Copperbelt, Luapula and Northern provinces took part in the EQA program. TB CARE I also procured laboratory supplies both for culture and microscopy, including 160,000 sputum containers.	Scale-up of EQA visits will be conducted to health center level in all target provinces in 2012.
2.2 Ensured the availability and quality of technical assistance and services	2.2.2 SRLs that are meeting the terms of reference including conducting technical assistance visits and providing proficiency testing panels Indicator Value: Number of SRLs	1	2011	1	2012	1	During workplan finalization this quarter, TB CARE I planned with the National Reference Laboratory (NRL) on the activities that will ensure availability of technical assistance and services to the national reference laboratory and regional reference laboratories including training in new diagnostics, TB laboratory management and in SOPs. Dates for the activities will be agreed upon in the second quarter.	The National Reference Laboratory is currently affiliated to the SRL in South Africa called the Medical Research Council and does receive proficiency testing panels annually. The NRL will require to plan for technical assistance visits from the SRL.

2.3 Ensured optimal use of new approaches to the laboratory confirmation of TB and incorporation in national strategic lab plans	2.3.1 New technologies have been introduced Indicator Value: Number for each technique below by Central, Provincial, district and Peripheral levels 1. TB culture 2. First line DST 3. Second-line DST 4. HAIN MTBDRplus 5. GeneXpert 6. LED microscopy	TB culture (6) First line DST (6) Second-line DST (1) HAIN MTBDRplus (2) GeneXpert (1) LED microscopy (12)	2011	TB culture (6) First line DST (6) Second-line DST (1) HAIN MTBDRplus (3) Genexpert (3) LED microscopy (20)	2012	TB culture (6) First line DST (6) Second-line DST (1) HAIN MTBDRplus (2) GeneXpert (1) LED microscopy	TB CARE I has included procurement of two GeneXpert machines and accessories in the year two workplan prepared this quarter.	The two new GeneXpert machines and accessories that will be procured will be placed at Kapiri Mposhi District hospital and Lubuto health center, respectively, following agreement with the national reference laboratory.
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Technical Area		3. Infection Control					Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes	Outcome Indicators	Baseline		Target		Result		
		Data	Year	Data	Year	Y1		
3.2 Scaled-up implementation of TB-IC strategies	3.2.2 Key facilities with IC focal person, implementation plan, budget, and monitoring system Indicator Value: Percent Numerator: The number of selected categories of key facilities with all three (a+b+c) interventions in place. Denominator: Total number of key facilities of the selected categories	30%	2011	100%	2012	50% (5 out of 10 facilities)	Two trainings were conducted in October 2011 at Mansa General Hospital in Luapula province and Solwezi General in North Western province. During the training, the facilities developed their TB IC plans and budgets, selected the IC focal persons and decided on the monitoring system to be used.	TB IC facility planning will be scaled up to the Copperbelt, Central, Luapula, Northern and North Western from the second quarter of project implementation.
3.3 Strengthened TB IC Monitoring & Measurement	3.3.1 Annual reporting on TB disease (all forms) among HCWs is available as part of the national R&R system Indicator Value: Yes/No	No	2011	Yes	2012	No	Tools for the reporting of all forms of TB disease for HCWs have not been developed by the NTP. TB CARE I will learn from the Ndola District TB IC demonstration project and support the development of reporting tools to be part of the R&R system.	The project will need guidance from the NTP on the inclusion of TB disease reporting among HCWs.

3.4 Improved TB-IC human resources	3.4.1 A team of trained trainers in TB IC is available Indicator Value: Yes/No	Yes	2011	Yes	2012	Yes	A team of trained trainers is available for TB IC. The project will support training of 5 trainers during the third quarter of project implementation in two regional trainings in Rwanda and South Africa.	The project has not been able to provide adequate technical support to monitor implementation of action plans developed during previous trainings. Follow up monitoring visits will be conducted.
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Technical Area 4. PMDT		Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes	Outcome Indicators	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.	Not yet available	2011		2012	Data not yet available	TB CARE I has continued to support the process for the renovation of two sites for scale up of PMDT. During this quarter, an architectural firm was engaged to provide required drawings following the site assessments done in the third quarter of year one. TB CARE I will work with the MoH for guidance on the next processes of engaging a contractor to carry out the renovations	Only two facilities will be renovated following challenges observed with renovating the site in the Copperbelt province where the building is old and would require massive investment.
	4.1.4 MDR TB patients who have completed the full course of MDR TB treatment regimen and have a negative sputum culture Indicator Value: Percentage Numerator: Number of MDR TB patients in a cohort who completed a course of MDR treatment and who fit the WHO criteria for cure or completed treatment Denominator: Total number of MDR patients who started treatment in the cohort	data not yet available	2011		2012	Data not yet available	TB CARE I is currently not able to collect this data because the PMDT program is not fully established. The reporting of MDR-TB patients is not yet standardized. A consultant's visit is expected in the next quarter and the NTP will provide reporting and recording tools that were finalized during year one of project implementation, and will be printed by TB CARE I.	TB CARE I will procure particulate respirators and face masks for use by health facilities to enhance TB IC measures in MDR-TB facilities. Recording and reporting tools for use by treatment facilities will be printed in this quarter.

Technical Area		5. TB/HIV					Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes	Outcome Indicators	Baseline		Target					
		Data	Year	Data	Year				
5.2 Improved diagnosis of TB/HIV co-infection	5.2.2 TB patients with known HIV status Indicator Value: Percent Numerator: Total number of all TB patients registered over a given time period who were tested for HIV (after giving consent) during their TB treatment Denominator: Total number of TB patients registered over the same given time period.	83	2011	85	2012	Annual Data not yet available for 2012. Will be available in the fourth quarter.	Achieving universal HIV testing among TB patients remains a high priority for Zambia's NTP. TB CARE I participated and provided financial, technical and logistical support during the provincial data review meeting held in Kabwe from October 16-22, 2011 for Northern and Central provinces. TB CARE I provided technical and logistical support for six district TB/HIV meetings held in the Copperbelt province (Ndola District) and Northern provinces (Kasama, Luwingu, Isoka, Mbala, Mporokoso and Kaputa Districts). The meetings provided a forum for exchange of information, plans and agreements among the TB and HIV program	Staff trained in the co-management of TB and HIV are limited, following the change of MoH staff establishment. TB CARE I will support training in provider initiated HIV counselling and testing this year, with trainings scheduled from the second quarter of project implementation.	
	5.2.3 TB patients who are HIV positive Indicator Value: Percent Numerator: Total number of all TB patients registered over a given time period who test HIV-positive (after giving consent) during their TB treatment Denominator: Total number of TB patients registered over the same given time period who are tested for HIV (after giving consent).	65	2011	68	2012	Annual Data not yet available for 2012. Will be available in the fourth quarter.	Community workers and key stakeholders participated in the 6 TB/HIV district facility meetings held from October 16 to 22, 2011. The community volunteers are key to support follow up of patients co-infected with TB and HIV.	TB CARE I will be able to monitor this indicator only annually. However, the project will continue to enhance community participation in TB and HIV care and support, including training of volunteers in TB IC.	

	5.2.4 Suspected TB patients screened for HIV Indicator Value: Percent Numerator: Total number of all TB suspects registered over a given time period tested for HIV (after giving consent). Denominator: Total number of TB suspects registered over the same given time period.	78	2011		2012	Annual Data not yet available for 2012. Will be available in the fourth quarter.	TB CARE I will support training in provider initiated HIV counselling and testing this year, with trainings scheduled from the second quarter of project implementation.	Staff trained in the co-management of TB and HIV are limited following the MoH restructuring of staff positions from 2009. However, capacity building is an important component of the year two workplan.
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Technical Area 6. Health Systems Strengthening

Expected Outcomes	Outcome Indicators	Baseline		Target		Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year			
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.	115	2011	656	2012	238 people have been trained to date.	48 health care workers were trained in Infection Control in October 2011 at Mansa General Hospital in Luapula province and Solwezi General in North Western province. 75 health care workers from the Copperbelt and Luapula were trained in Community DOTs in the quarter.	TB CARE I will support training in provider initiated HIV counselling and testing this year, with trainings scheduled from the second quarter of project implementation. Trainings in IC, laboratory diagnostics and biosafety are planned for the second quarter.

Technical Area		7. M&E, OR and Surveillance						
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y1		
7.1 Strengthened TB surveillance	7.1.2 Diagnosed cases captured by routine surveillance system Indicator Value: Percent Numerator: Number of cases in the routine surveillance system Denominator: Total number of cases in the routine surveillance system including laboratory and clinical diagnostic registers including in private sector.	73	2011	85	2012	The data will be compiled as annual data during the fourth quarter of year two.	TB CARE I participated and provided financial, technical and logistical support during the provincial data review meeting held in Kabwe from October 16-22, 2011 for Northern and Central provinces.	Provincial data review meetings are planned for all target provinces. TB CARE I will participate in the provincial planning cycle from the third quarter of project support. The MoH annual planning cycle begins from June 2012 and dates will be advised by the MoH to all stakeholders.
7.2 Improved capacity of NTPs to analyze and use quality data for management of the TB program	7.2.3 A data quality audit at central level has been conducted within the last 6 months Indicator Value: Yes/No	Yes	2011	Yes	2012	Yes	The NTP and local partners reviewed the final version of the national strategic plan in December 2011 with TB CARE I funding support. The plan will provide indicators and targets for 2011 to 2015.	TB CARE I will support one national level annual technical review meeting in January 2012 and provincial level data review meetings.
7.3 Improved capacity of NTPs to perform operational research	7.3.2 Number of staff trained in proposal writing Description: Indicator Value: number Numerator: number of staff trained in operational research	None	2011	20	2012	None	Meetings were held with the NTP and FHI360 Scientist in Health Services Research, Ms. Lisa Dulli, to agree on the implementation process in October 2011.	A start-up national level training will be conducted in the second quarter of project implementation.

Technical Area		8. Drug supply and management						
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y1		
8.1 Ensured nationwide systems for a sustainable supply of anti-TB drugs	8.1.1 Quarterly national stock information available Indicator Value: Number (as months of stock for FLDs and SLDs separately)	12 months (FLD)	2011	12 months (FLD)	2012	Will be provided as annual data in the fourth quarter	4,464 blister packs of RHEZ and 8,929 blister packs of RH were quantified by the NTP last quarter for procurement.	TB CARE I will provide technical assistance to the NTP in the procurement, distribution and monitoring of buffer stocks of anti-TB drugs

Quarterly Activity Plan Report

1. Universal and Early Access								
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
1.1 Increased demand for and use of high quality TB services and improve the satisfaction with TB services provided (Population/Patient Centered Approach)	1.1.1	Orient stakeholders on the patient centered approach	FHI	3,248	 25%	Jan	2012	The orientation of stakeholders will be held following a training of 10 participants who will implement the activities from February 1-3, 2012. Planning is underway for the stakeholders' meeting and the training. A list of participants to the training and to the stakeholders meeting has been developed by the NTP Health Promotion Officer.
	1.1.2	Conduct data collection and analysis on adapted tools	FHI	30,507	 0%	March	2012	Data collection on the PCA tools will be conducted following orientation of stakeholders in the second quarter of project implementation, after training of the project implementers
	1.1.3	Supervise data analysis	FHI		 0%	June	2012	Data analysis will be conducted following data collection and will be planned for during implementation of activities from the second quarter of project implementation
	1.1.4	Participate in patient centered approach regional workshop	FHI	4,417	 0%	Sept.	2012	TB CARE I will participate in this workshop following the end of the implementation of all activities anticipated for the fourth quarter of project support.
Outcome	Activity #	Activity	Activity Leader	Approved Budget	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	Support enhanced management of paediatric TB	WHO	11,300	 0%			Activities will be implemented from the second quarter of project, following workplan approval
	1.2.2	Provide private practitioners with TB surveillance tools	WHO	11,300	 0%			Activities will be implemented from the second quarter of project, following workplan approval
	1.2.3	Support orientation of private practitioners in data management	WHO	23,391	 0%			Activities will be implemented from the second quarter of project, following workplan approval
	1.2.4	Support CB-DOTS program	FHI	3,897	 0%	Sept.	2012	Activities will be implemented from the second quarter of project, following workplan approval

	1.2.5	Provide technical support to NTP in program management	KNCV	74,093	 0%			TB CARE I will provide technical support in the second quarter of project
	1.2.6	Develop ACSM strategy	WHO	63,031	 25%			The ACSM strategy was discussed and will be further developed from the second quarter of project implementation. Agreements have been made with the NTP on the implementation process of activities planned in the workplan for ACSM.
	1.2.7	Enhance community participation in ACSM	FHI	29,747	 0%	Sept.	2012	Activities under ACSM will be implemented from the second quarter of project implementation
	1.2.8	Re-orientation of health care workers in TB control	WHO	120,721	 0%			TB CARE I will agree with the NTP on the timelines for the re-orientation
	1.2.9	Training of HCW in ACSM	FHI	22,025	 0%	Sept.	2012	Training of health care workers will be planned from the second quarter of project implementation
	1.2.10	Situational analysis on ACSM	FHI	13,379	 0%	March	2012	The situational analysis will be conducted in the second quarter of project implementation
	1.2.11	ACSM operational plan development	FHI	8,508	 0%	March	2012	The operational plan will be developed after the situational analysis is conducted.
					 3%			

2. Laboratories						Planned Completion		
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
2.1 Ensured capacity, availability and quality of laboratory testing in country needed to	2.1.1	Strengthen laboratory services and systems through training in LED microscopy	FHI	70,387	 25%	Sept	2012	Implementation calendar has been developed in consultation with the Ministry of Health, National Reference Laboratory. The next training is planned for March 2012.
	2.1.2	Support the implementation of the National Courier System for the referral of TB specimens	FHI	92,971	 25%	Sept	2012	Draft national courier protocol has been developed awaiting finalization.

support the diagnosis and monitoring of TB patients	2.1.3	Support external quality assessment (EQA) implementation	FHI	136,756	 25%	Sept	2012	EQA was conducted in 63 diagnostic facilities. Visits were made to 15 facilities in the Copperbelt province, 6 facilities in Luapula province, 12 facilities in North Western province and 7 facilities in Northern province. EQA visits were also made to 23 facilities in the Central province (7 district laboratories and 16 health center laboratories) where support was expanded to health center level diagnostic facilities during implementation of the TB CAP project.
	2.1.4	Conduct follow up visits after EQA implementation	FHI	55,764	 0%	Sept	2012	Follow up, feedback visits will be made from the second quarter of year two of project implementation. These visits will allow the MoH laboratory supervisors to help the facility laboratory staff to improve on the quality of their microscopy services.
	2.1.5	Develop Culture EQA	MSH	26,589	 25%	Sept	2012	TB CARE I will support the MoH national and regional reference laboratory supervisors to develop EQA for culture and DST. Planning meetings have been held.
	2.1.6	Strengthen laboratory staff biosafety skills	FHI	34,027	 0%	Sept	2012	TB CARE I acknowledges the importance of infection control requirements to enhance biosafety and biosecurity in laboratories. The project will support training of the MoH national and regional reference laboratory supervisors in biosecurity and biosafety and dates will be agreed upon in the second quarter of project implementation.
	2.1.7	Support smear preparation at non-diagnostic sites	FHI		 0%	Sept	2012	TB CARE I will support the MoH to implement this activity During Quarter 3 of project implementation
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
2.2 Ensured the availability and quality of technical assistance	2.2.1	Provide national and provincial level technical support	KNCV	106,858	 0%	June	2012	TB CARE I will provide technical support following the visit made during year one of project implementation by Dr. Valentina Anisimova. TB CARE I will agree with the NTP on possible dates for consultant's visits during the second quarter of project support.

and services	2.2.2	Build capacity for laboratory staff from culture facilities	FHI	91,981	0%	June	2012	TB CARE I will support training of laboratory staff from the national and regional reference laboratories in management skills using the TB CARE I Laboratory toolbox training materials. Plans will be made with the reference laboratories from the second quarter of project implementation.
	2.2.3	Equip laboratory staff with skills in new diagnostics	FHI	48,228	50%	March	2012	TB CARE I will support training of 6 laboratory staff in the second quarter of project implementation. The staff will attend a two weeks training in Uganda on new diagnostics including GeneXpert, liquid culture and other molecular methods for culture facilities. Planning meetings have been held and participants agreed on.
	2.2.4	Support national laboratory meeting	FHI	39,308	0%	June	2012	A national laboratory meeting will be planned for as TB CARE I plans with the National Reference Laboratory during the second quarter of project implementation.
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
2.3 Ensured optimal use of new approaches to the laboratory confirmation of TB and incorporation in national strategic lab plans	2.3.1	Procure diagnostic equipment	FHI	85,867	0%	June	2012	TB CARE I will procure two GeneXpert machines and accessories following workplan approval
	2.3.2	Procure lab supplies	FHI	50,561	0%	March	2012	TB CARE I will procure 1000 sputum smear slide boxes for the EQA blinded rechecking program following workplan approval

12%

3. Infection Control								
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
3.2 Scaled-up implementation of TB-IC strategies	3.2.1	Incorporate TB IC into health facility general infection control plans	FHI	24,161	50%	Sept.	2012	Facility level TB IC orientation meetings in facility planning were held at the Solwezi General Hospital in North Western from October 10-13, 2011. Meetings were also held in Mansa General Hospital in Luapula province from October 18-21, 2011. 23 health care workers (11 females and 14 males) were oriented in North Western province and 23 health care workers (12 females and 11 males) were oriented in Luapula province. The health care workers developed facility plans for their respective facilities.
	3.2.2	Enhance safe TB IC work practices in MDR-TB treatment sites	FHI	22,133	0%	June	2012	Activity is planned for the third quarter following workplan approval.
	3.2.3	Enhance the use of available space to maximize TB IC measures	FHI	50,000	0%	Sept.	2012	Facility assessments for renovation support will begin from the second quarter of project implementation.
	3.2.4	Provide technical assistance in TB IC at facility level	KNCV	20,475	0%	Sept.	2012	TB CARE I consultants will provide technical support from the second quarter of project implementation
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
3.4 Improved TB-IC human resources	3.4.1	Build provincial level staff capacity in TB IC through regional training	FHI	29,552	0%	June	2012	The regional training is scheduled for the third quarter. 5 staff members including one TB CARE I staff will be trained in the regional trainings.
	3.4.2	Enhance provincial level staff capacity in TB IC through local training	KNCV	4,450	0%	June	2012	The training is planned to take place in the third quarter of project implementation
					8%			

4. PMDT			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
4.1 Improved treatment success of MDR	4.1.1	Rehabilitate infrastructure for management of multi-drug resistant (MDR-TB) TB patients	FHI	623,382	 25%	Sept.	2012	Following initial assessment of renovation sites, an architectural company was engaged to prepare the renovation drawings. The drawings will be completed in the second quarter of project implementation. The development of bills of quantities and the selection of a contractor will be done from the second quarter of project implementation.
	4.1.2	Provide technical assistance in MDR-TB facilities on TB IC	KNCV	43,626	 0%	Sept.	2012	Technical assistance will be provided as the NTP provides guidance to TB CARE I on PMDT support in the current treatment sites.
	4.1.3	Procure personal protective equipment	FHI	8,100	 0%	March	2012	TB CARE I will procure particulate respirators and face masks in the second quarter, following workplan approval
					 8%			

5. TB/HIV			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
5.2 Improved diagnosis of TB/HIV co-infection	5.2.1	Strengthen district and health facility level TB/HIV coordinating bodies	FHI	98,982	 50%	Sept.	2012	The project provided support to six TB/HIV coordinating body meetings from October to December 2011 in Kasama, Luwingu, Isoka, Mpulungu, Mporokoso and Kaputa.
	5.2.2	Enhance health care worker involvement in community TB and HIV services	WHO	99,440	 50%	Sept.	2012	Provincial trainings of HCW, as trainers, in community TB were conducted in all provinces.
	5.2.3	Enhance community involvement in TB case finding efforts among HIV infected persons	FHI	61,754	 0%	Sept.	2012	Trainings are planned for the third quarter of project implementation
	5.2.4	Intensify TB screening in HIV prevention, care and treatment points	FHI	5,261	 0%	Sept.	2012	The activity will be conducted from the second quarter of project implementation in partnership with the PEPFAR funded Corridors of Hope (COH III) project.

	5.2.5	Training in provider initiated HIV counselling and testing	FHI	38,902	25%	March	2012	TB CARE I has planed for training of health care workers in provider initiated HIV counselling and testing during the second quarter of project implementation
	5.2.6	Procure facility equipment for renovated TB clinic	FHI	8,962	25%	March	2012	The project identified equipment to be procured for the TB clinic in Ndola that will include examination couches, patient waiting benches, office chairs and tables. The facility equipment will be procured in the second quarter, following workplan approval
					25%			

6. Health Systems Strengthening						Planned Completion		
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
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	6.2.1	Support World TB Day commemoration	WHO	11,300	0%	March	2012	World TB Day activities are scheduled for March 24, 2012. TB CARE I will support the NTP as they identify the province where the commemoration will be held and the project will participate in the preparatory meetings.
	6.2.2	Strengthen human capacity efforts in TB control	FHI	27,854	0%	Sept.	2012	TB CARE I will participate in the Union conference in November 2012.
	6.2.3	Strengthen staff knowledge in required rules and regulation	FHI	40,104	0%	Sept.	2012	TB CARE I staff will receive training in USAID rules and regulations and other FHI360 related trainings, as the trainings are made available to the country. The project will secure the training spots for staff from the second quarter of project implementation
	6.2.4	Participate in provincial planning	FHI	10,944	0%	Sept.	2012	TB CARE I will participate in the provincial planning cycle from June 2012 when the national planning cycle begins
					0%			

7. M&E, OR and Surveillance								
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
7.1 Strengthened TB surveillance	7.1.1	Strengthen provincial data quality through provincial technical review meetings	WHO	169,500	 50%	Sept.	2012	Provincial technical review meetings were held for the Copperbelt, Luapula and North Western Provinces in the fourth quarter of year one and for Central and Northern Provinces in the first quarter of year two. The meetings provided a forum for technical review of the provincial TB data by the representative TB focal persons, the WHO, CDC representatives and USAID TB CARE I advisor, with recommendations made on areas requiring improvements. TB CARE I will plan with the NTP and provincial offices on the implementation of this activity next
	7.1.2	Strengthen monitoring and evaluation through national, provincial, and district supervisory visits	WHO	56,500	 50%	Sept.	2012	Supervisory visits were conducted in North Western and Central provinces in this quarter. TB CARE I will plan with the NTP and provincial offices on the implementation of this activity, following workplan approval.
	7.1.3	Support availability of national key strategic documents for TB control	WHO	22,600	 50%	June	2012	The NTP and local partners reviewed the final version of the national strategic plan in July and December 2012 with TB CARE I funding support. TB CARE I will print the strategic plan in the second quarter of project support.
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
7.2 Improved capacity of NTPs to analyze and use quality data for management of the TB program	7.2.1	Strengthen national data quality through annual national review meeting	FHI	38,970	 0%	March.	2012	The meeting was not held this quarter. The NTP has planned to hold a meeting in the second quarter.

Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
7.3 Improved capacity of NTPs to perform operational research	7.3.1	Conduct operations research	FHI	212,769	 25%	Sept.	2012	Meetings were held with the NTP and FHI360 Scientist in Health Services Research, Ms. Lisa Dulli, to agree on the implementation process in October 2011. A start-up national level training will be conducted in the second quarter of project implementation.
	7.3.2	Provide technical assistance in implementation of operational research	FHI	11,938	 25%	Sept.	2012	Technical assistance was provided by Ms. Lisa Dulli in October 2012 who held meetings with FHI360 and the NTP to map the implementation of OR. Dr. Carol Hamilton will participate in OR scale up in the second quarter of project implementation.
					 33%			

8. Drug supply and management						Planned Completion		
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
8.1 Ensured nationwide systems for a sustainable supply of anti-TB drugs	8.1.1	Provide technical assistance to the NTP in drug management	KNCV	19,748	 0%	Sept.	2012	TB CARE I will provide technical assistance during procurement of the first line drugs from the second quarter of project
	8.1.2	Procure first-line drugs	WHO	1,000,000	 25%	Sept.	2012	TB CARE I will procure first line anti-TB drugs in the second quarter of project support. 4,464 blister packs of RHEZ and 8,929 blister packs of RH were quantified by the NTP last quarter for procurement.
					 13%			

Quarterly MDR-TB Report

Country	Zambia
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Period	October-December 2011
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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		
Jan-Sep 2011		
Oct-Dec 2011		
Total 2011	0	0

The NTP has not provided the data because the reporting and recording tools for PMDT are not yet available in the country. The NTP has finalized the tools and TB CARE I plans to print them in the next quarter and make them available to the two PMDT treatment sites.

Quarterly GeneXpert Report

Country	Zambia
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Period	October-December 2011
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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-Sep 2011	Oct-Dec 2011	Jan-Dec 2011		
# GeneXpert Instruments	1	0	1	2	Feb-12
# Cartridges	0	400	400	560	Feb-12

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
Procured	1	4	National Reference Laboratory, Lusaka	USAID	TBCARE I procured for NTP. After evaluation, the final site will be selected for final placement
Planned	2	4	Lubuto Health Center in Ndola, Copperbelt Province	USAID	Plans are underway to start the procurement process of the Genexpert Instruments
Planned	3	4	Kapiri Mposhi District Hospital in Kapiri, Central	USAID	Plans are underway to start the procurement process of the Genexpert Instruments
	4				
	5				
	6				
	7				
	8				

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
Procured	1	400	National Reference Laboratory, Lusaka	USAID	
Planned	2	410	Lubuto Health Center in Ndola, Copperbelt Province	USAID	
Planned	3	150	Kapiri Mposhi District Hospital in Kapiri, Central	USAID	
	4				
	5				

*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)

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)



A Biomedical Scientist from the Kasama General Hospital, provincial supervising laboratory in Northern province discussing blinded rechecking results with the district laboratory staff at Mpika District Hospital during the EQA quarterly visit held from October 25- November 5th. 2011.



Solwezi General Hospital staff attend a TB IC training held at the hospital with TB CARE I support



Ndola Central Hospital Nutritional specialist Mr. Nyati inspecting stacks of peanut butter, food supplements procured for MDR-TB patients.

