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TB CARE I

TB CARE I - Zambia

**Year 2
Quarterly Report
July-September 2012**

October 30, 2012

Quarterly Overview

Reporting Country	Zambia
Lead Partner	FHI360
Collaborating Partners	KNCV, MSH, WHO
Date Report Sent	30-10-2012
From	Seraphine Kaminsa Kabanje
To	George Sinyangwe
Reporting Period	July-September 2012

Technical Areas	% Completion
1. Universal and Early Access	34%
2. Laboratories	71%
3. Infection Control	61%
4. PMDT	75%
5. TB/HIV	88%
6. Health Systems Strengthening	94%
7. M&E, OR and Surveillance	92%
8. Drug supply and management	100%
Overall work plan completion	77%

Most Significant Achievements

Universal Access: The Patients Centered Approach (PCA) was successfully launched in three districts (Kabompo, Mwinilunga and Solwezi) of North Western Province through a stakeholders meeting held in Solwezi in August 2012. A follow-up workshop was held with MoH in Solwezi in August 2012 where PCA research tools and literacy materials were adapted for use in the PCA implementation. Fifteen research assistants (11 male, 4 female) were trained in September 2012 to support the collection of baseline data prior to implementation of PCA tools.

Laboratories: TB CARE I has been a recognized key partner in laboratory support. The project was given a recognition award by the Biomedical Society of Zambia on July 21, 2012 for its outstanding contribution to the TB diagnostic services in Zambia. Twelve laboratory staff members (4 female, 8 male) from all provinces in Zambia were trained in LED microscopy, bringing the total number of staff trained under APA 2 to 55, thus exceeding the target of 45. TB CARE I further supported the distribution of 15 LED microscopes and onsite mentorship in 15 facilities in the TB CARE I target provinces. A baseline assessment of the TB specimen referral system was conducted from July 23 to September 1, 2012 in three of the four selected provinces (Central, Northern and Copperbelt provinces). A visit to the fourth province (Eastern province) is planned for October 2012. The assessment will provide baseline information to support the establishment of a national laboratory courier system. TB CARE I continued to support external quality assessment (EQA) visits in the TB CARE I supported provinces, with 100% coverage of 135 facilities, from 112 in the previous quarter and with the EQA support, 80.6% of these USG-supported laboratories were performing TB microscopy with over 95% correct microscopy results. TB CARE I also provided leadership in the establishment of an Xpert MTB/RIF Technical Working Group (TWG) and two meetings were held on August 27, and September 26, 2012. The agreements from the meeting held include the following: 1. The GeneXpert rollout guideline to be drafted. 2. An implementation plan to be developed. 3. Development of the M&E framework.

TB IC: TB CARE I supported the integration of TB IC in 7 facilities this quarter, bringing to 15 the total number of facilities in year two with established plans, budgets and persons assigned to coordinate IC activities, thus exceeding the target of 10 facilities set in the workplan. Dr. Max Meis, PMU TB IC Advisor, provided technical support to the demonstration project in September 2012, and met with the key stakeholders in the district, including the District Medical Officer (DMO) of Ndola and the heads of two referral hospitals to agree on enhancing IC activities that will be supported by the district. During the visit the tender process for planned renovations was concluded. A meeting was held with the DMO to agree on the handover of some IC activities to the DMO. Tender procedures were also completed for four other planned TB CARE I-supported renovations at Kabwe General Hospital outpatient department, Kawama Clinic (Kitwe), Clinic 1 (Chingola) and Mishikishi Clinic (Masaiti).

PMDT: TB CARE I supported the short-term training in PMDT of 5 MoH staff (4 male, 1 female) and 2 TB CARE I staff (2 female). The training took place in Rwanda from July 23-27, 2012. The project supported the printing of MDR-TB patient registers that were distributed to the two treatment hospitals.

TB HIV: Drs. Sevim Ahmedov (USAID), Maarten van Cleeff (TB CARE I), Allyn Nakashima (CDC) and Philip Lederer (CDC) visited Zambia during the period August 13-18, 2012 to help finalize the 3 Is protocol with a focus on the monitoring and evaluation portion. A monitoring and evaluation plan was developed during their visit in collaboration with the USAID Mission, CDC Zambia, TB CARE I and the Centre for Infectious Diseases Research in Zambia (CIDRZ). TB CARE I provided support to four district level TB/HIV coordinating body meetings held in Ndola, Kitwe, Mufulira and Kalulushi districts in the Copperbelt province. TB CARE I also supported training of 132 community volunteers (77 males and 55 females) in WHO TB modules and 79 health care workers in Provider Initiated Testing and Counselling (PITC) across the six supported provinces. 20 (14 males and 6 females) community volunteers including adherence support workers (ASWs), Lay Counsellors and TB treatment Supporters were trained in Kapiri Mposhi, Central province in partnership with the PEPFAR funded Corridors of Hope (COH III) project and Kapiri Mposhi district medical office.

Health System Strengthening : TB CARE I provided capacity building to a total of 460 health care workers and community volunteers. Dr. Seraphine Kaminsa Kabanje participated in the TB CARE I Country Directors meeting held from September 24- 26, 2012 in the Hague, the Netherlands. The purpose of the meeting was to build the capacity of TB CARE I Country Directors in maintaining and strengthening their leadership and management skills in expanding priority TB interventions. 42 participants were present and the PMU coordinated the meeting. M&E, Operational Research (OR) and Surveillance: TB CARE I supported the Operations Research Protocol Development Workshop held from September 3-7, 2012. 17 MOH and technical staff from implementing organisations participated in the second workshop that focused on protocol development. Development of protocols in the four research questions which were identified in the third quarter began in the quarter under review.

TB CARE I local staff and FHI360 regional scientist Dr. Lisa Dullli led the implementation process with the NTP. Dr. Eveline Klinkenberg of KNCV and Drs. Aurélie Brunie and Lisa Dulli of FHI 360 facilitated the OR Protocol development workshop.

Overall work plan implementation status

TB CARE I partners have continued to adhere to the dates in the implementation calendar for all major workplan activities. The project also received approval for reprogrammed funds to support the procurement of supplementary laboratory supplies and conduct community TB IC and TB/HIV trainings. There was 77% completion of planned workplan activities by the end of the quarter.

Technical and administrative challenges

The major challenge of project implementation was the postponement of agreements with the MoH, NTP on implementation of project activities including external technical support, implementation of some laboratory activities and procurement of anti-TB drugs. The project has also worked with limited NTP national level staff this year and has planned to support hire of two national level NTP staff during year three of project implementation.

In-country Global Fund status and update

The Global fund is currently being administered by the United Nations Development Fund (UNDP) in Zambia that has provided support to the NTP by hiring nine provincial level coordinators for TB control this quarter. UNDP will also support the procurement of computers and printers for district TB/HIV/Leprosy coordinators to ensure efficient reporting of patient data from the districts to the provinces.

Quarterly Technical Outcome Report

Technical Area 1. Universal and Early Access								
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y2		
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	1	A stakeholders meeting held in Solwezi in August 2012 to launch the Patients Centered Approach (PCA) activities. The activities are planned for three districts (Kabompo, Mwinilunga and Solwezi) of North Western Province. Representatives from the three districts were in attendance together with MoH and TB CARE I staff. A follow up workshop was held with MoH in Solwezi in August 2012 where PCA research tools and literacy materials were adapted for use in the PCA implementation. A training of 15 data collectors was also held in September 2012.	Baseline data collection will commence in October 2012 in the three target districts, Solwezi, Kabompo and Mwinilunga. Implementation of the PCA tools that will include the patient charter will also be done after the data collection exercise, including training of research assistants, printing of PCA tools (MOT)
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	1	A PPM survey was conducted in September 2012 and requirements for private practitioners, including recording and reporting tools identified.	Private service providers will be oriented in the use of national TB reporting and recording tools in the next quarter.
	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	None to report during this quarter; the private providers have not yet been provided with reporting and recording tools	The NTP plans to provide reporting and recording tools from the next quarter

Technical Area 2. Laboratories								
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y2		

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	64% (national) 136/213	2011	100%	2012	100% (135/135)	TB CARE achieved 100% EQA coverage in its target provinces. The total number of laboratories with availability of EQA program is 135. This includes 44 district and 91 health facility level laboratories. TB CARE I also procured laboratory supplies with reprogrammed funds for national level distribution (MOT)	It has been observed that the recording and reporting system in the EQA program from provincial laboratories (Supervisors) to the National TB Reference Laboratory (NRL) is not standardized. TB CARE I plans to support the NRL to strengthen the EQA program by customization of the TB CARE Laboratory ToolBox and training staff from the NRL and provincial laboratories.
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	The new Supra-National TB Reference Laboratory (SRL) of Kampala, Uganda signed a letter of agreement with the Zambia NRL establishing an official SRL/NRL link ratified by WHO. As a result, a joint visit by Dr. Moses Joloba, Head of the Kampala SRL and Dr. Armand Van Deun (Antwerp SRL and consultant for the Union) provided technical assistance to the Zambia TB laboratory network from August 20-25, 2012. The technical assistance included monitoring of the TB microscopy network and its quality assurance; assessment of the National TB Reference Laboratory and advice regarding planning of TB laboratory services	The SRL will continue providing technical assistance to the NRL in APA 3. The terms of reference include provision of proficiency testing panels. In APA 3 the national reference laboratory will start receiving proficiency testing panels for culture and DST.
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 (12)	Two staff from TB CARE I laboratory unit were trained as national trainers in GeneXpert operation and implementation. TB CARE I supported the establishment of the Xpert MTB/RIF Technical Working Group (TWG) and two meetings were held on August 27, and September 26, 2012. Dr Grace Kahenya (MSH, Laboratory Technical Advisor to TB CARE I Zambia) is the chairperson for the TWG. The agreements from the meeting held include the following: 1. The GeneXpert rollout guideline to be drafted. 2. An implementation plan to be developed. 3. Development of the M&E framework.	The two staff who were trained will conduct a national TOT in December 2012 of APA 3. A third meeting of the Xpert MTB/RIF Technical Working Group is planned for October 22, 2012. The agreements from the two meetings will be implemented in quarter 1 of APA 3.

Technical Area 3. Infection Control

Expected	Outcome Indicators	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach
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Outcomes		Data	Year	Data	Year	Y1		the Target
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	7%	2011	23%	2012	35%	Seven health facilities had staff oriented in TB IC and developed facility plans, identified a focal persons, made an IC budget and a monitoring plan. The following sites managed to achieve this target; Kasama General Hospital, Mbala General Hospital, Nakonde RHC, Mpika District hospital, Serenje District Hospital, Mkushi District Hospital and Kapiri Mposhi District Hospital. This was two more than the target of five. A total of 174 participants were trained with 78 males and 96 females.	The target was reached
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	Annual reporting on TB disease among health care workers is not part of the current NTP reporting system.	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 reporting and recording system
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	Five MoH staff (4 male and 1 female) and two TB CARE I staff (2 females) were trained in PMDT in Kigali, Rwanda from July 23-27, 2012	The two staff who were trained in TB IC in South Africa have become part of the training team in TB IC.

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	Y2		
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	The tender procedures for rehabilitation works at UTH and Kabwe General Hospitals are underway and contract documentation to be completed in quarter 1 of APA 3. The MoH infrastructure unit has provided guidance on the tender process and will oversee the rehabilitation works at the two hospitals. Five other facilities have been earmarked for renovation to incorporate TB IC measures; Kawama Clinic in Kitwe, Clinic 1 in Chingola, Mishikishi in Masaiti, Kabwe general Hospital OPD in Kabwe and Incinerator housing at the Chest Diseases laboratory.	The tender processes have taken some time for the MDR-TB wards as they are done at central level. The renovation process for all the sites will commence in the next quarter

	<p>4.1.4 MDR TB patients who have completed the full course of MDR TB treatment regimen and have a negative sputum culture</p> <p>Indicator Value: Percentage</p> <p>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</p> <p>Denominator: Total number of MDR patients who started treatment in the cohort</p>	data not yet available	2011		2012	Data not yet available	<p>TB CARE I has planned to provide technical support to facilitate the compilation of patient data in the two hospitals providing MDR-TB treatment. A KNCV regional consultant will provide TA in October 2012</p>	<p>TB CARE I will depend on data that will be provided following TA that will be provided in October 2012</p>
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Technical Area 5. TB/HIV		Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes	Outcome Indicators	Data	Year	Data	Year	Y2		
5.2 Improved diagnosis of TB/HIV co-infection	<p>5.2.2 TB patients with known HIV status</p> <p>Indicator Value: Percent</p> <p>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</p> <p>Denominator: Total number of TB patients registered over the same given time period.</p>	83	2011	85	2012	83	<p>TB CARE I provided support for four (4) district TB/HIV coordinating body meetings in July and September 2012. The meetings were held in Mufulira, Kalulushi, Ndola and Kitwe districts. 25 participants attended the meeting in Mufulira (8 males, 17 females), 21 in Kalulushi (11 males, 10 females), 32 in Ndola (13 males, 19 females) and 41 in Kitwe (10 males, 31 females).</p>	<p>TB CARE I will provide support for district TB/HIV coordinating body meetings in Ndola, Isoka and Mafinga districts in the next quarter. The challenge is that TB CARE I has no control over these meetings as they sometimes conflict with other district programmes. District staff also prefer to implement programmes that will provide finances controlled by them.</p>
	<p>5.2.3 TB patients who are HIV positive</p> <p>Indicator Value: Percent</p> <p>Numerator: Total number of all TB patients registered over a given time period who test HIV-positive (after giving consent) during their TB treatment</p> <p>Denominator: Total number of TB patients registered over the same given time period who are tested for HIV (after giving consent).</p>	65	2011		2012	65	<p>TB CARE I provided training in the WHO TB modules to 45 adherence support workers from Kapiri Mposhi (14 males, 6 females), and Solwezi (12 males, 13 females) and 87 community TB treatment volunteers from Mwinilunga (19 males, 2 females), Kawambwa (14 males, 7 females), Nchelenge (18 males, 7 females) and Kasempa (6 males, 14 females) districts. These trainings were held during the months of July, August and September 2012.</p>	<p>The adherence support workers and community TB treatment volunteers are key in TB case finding, providing support and follow up of patients co-infected with TB and HIV. The project will continue to enhance community participation in TB and HIV care and support, including training of volunteers in TB, TB/HIV and TB IC. The challenge is demand by district facilitators for training/facilitation and out of pocket allowances.</p>

	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	83	TB CARE I supported training in provider initiated HIV counselling and testing. 79 participant nurses and clinical officers working in TB clinics from Solwezi (29), Mansa (28) and Kabwe (22) provinces were trained in Solwezi, Mansa and Kabwe during the month of July 2012.	The challenge has been reluctance by MOH staff to participate in these trainings due to demands for out of pocket allowances based on government rates. More trainings are expected in the next quarter for scale up. This will improve screening and testing of TB patients and suspects for HIV. This will ultimately increase the numbers of TB patients receiving HIV treatment and care.
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Technical Area 6. Health Systems Strengthening

Expected Outcomes	Outcome Indicators	Baseline		Target		Result Y2	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	460 people have been trained to date. (cumulative number trained as of last quarter)	TB CARE I conducted the following trainings by program area: 1. Universal Access; total 15 trained (11 males, 4 females). 2. Laboratory; total 27 (17 males, 10 females). 3. TB IC; total 176 (79 males, 97 females) 4. PMDT; total 7 (4 males, 3 females). 5. TB HIV; total 211 . M&E; total 21 (13 males, 8 females)	TB CARE I will continue to support staff trainings in key focus areas in the next year.

Technical Area 7. M&E, OR and Surveillance

Expected Outcomes	Outcome Indicators	Baseline		Target		Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year			
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	91	A protocol for the TB national prevalence survey was approved in September 2012. KNCV Eveline Klinkenberg and WHO Ikushi Onozaki consultants providedcd Technical Assistance. From August 28 to September 1 , 2012	TB CARE I will continue to support the NTPs surveillance system with quarterly provincial level data review meetings. Finalizing of the protocol for the prevalence survey took long, therefore the prevalence survey could not take off in year 2. Start up date of activities for the survey is October 1st 2012 in APA 3.

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	No	TB CARE I supported District TB/HIV meetings in 4 districts. The TB/HIV focal persons presented and reviewed TB data for the NTP Quaterly reports	A data audit was not conducted in the last six months. An audit is planned during quarter 1 of year three. The USAID mission in Zambia is expected to participate in the data audit
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	No	TB CARE I consultants from FHI360 and KNCV led the OR implementation process with the NTP. Operations Research Protocol Development Workshop was held on 3-7 September 2012 at Fringila in Chisamba. Dr. Eveline Klinkenberg of KNCV and Drs. Aurélie Brunie and Lisa Dulli of FHI 360 facilitated	Group members will coordinate development of the full research protocols in 4 agreed themes. The NTP and research scientist will also provide technical support.

Technical Area 8. Drug supply and management

Expected Outcomes	Outcome Indicators	Baseline		Target		Result Y2	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year			
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	over 12 months (FLD)	Under APA 2 no drugs were procured since NTP had enough stocks procured under Global Fund support. This budget line was reprogrammed to other program areas.	TB CARE I will support a quantification workshop for NTP and provincial representatives to support more efficient management of anti-TB drugs.

Quarterly Activity Plan Report

1. Universal and Early Access				Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity	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 360	3.248	 100%	Aug	2012	Patients Centered Approach (PCA) was successfully launched in three districts (Kabompo, Mwinilunga and Solwezi) of North Western Province through a stakeholders meeting held in Solwezi in August 2012. Representatives from the three districts were in attendance together with MoH and TB CARE I staff.	
	1.1.2	Conduct data collection and analysis on adapted tools	FHI 360	30.507	 50%	Oct	2012	A training of 15 data collectors was held in Solwezi from September 16-22, 2012. Data collection will commence in quarter 1 of year 3 in 3 districts of North Western province namely Solwezi, Kabompo and Mwinilinga.	
	1.1.3	Supervise data analysis	FHI 360		 0%	Nov	2012	Data analysis will be conducted following baseline and also endline data collection. This will be done in the first and second quarters of year 3.	
	1.1.4	Participate in patient centered approach regional workshop	FHI 360	4.417	 0%	Feb	2013	Implementation of the PCA tools that will include the patient charter will also be done after the data collection exercise, including training of research assistants and printing of PCA tools (MOT). The regional workshop was not held this quarter as it is planned for the next year of project implementation when all countries implementing the PCA activities will be completing these activities	
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	1.2.1	Support enhanced management of pediatric TB	WHO	11.300	 75%	Nov	2012	Paediatric guidelines were revised and training materials were developed. A paediatrician from the University Teaching hospital was supported for training abroad (Cape Town) in childhood TB.	

care providers (Supply)	1.2.2	Provide private practitioners with TB surveillance tools	WHO	11.300	75%	Dec	2012	PPM survey was conducted in September 2012 and requirements for private practitioners, including recording and reporting tools identified.	
	1.2.3	Support orientation of private practitioners in data management	WHO	23.391	0%	Dec	2012	Activity was awaiting the PPM survey and is planned for next quarter	
	1.2.4	Support CB-DOTS program	FHI 360	3.897	100%	Mar	2012	Cooler boxes for 100 facilities have been procured for use by community volunteers to support intensified case finding efforts in the catchment areas and they will be distributed to all provinces. TB CARE I will support ICF efforts in all target provinces.	
	1.2.5	Provide technical support to NTP in program management	KNCV	74.093	25%	Jun	2012	A stakeholders meeting is scheduled to take place in the next quarter involving the civil society organizations (CSOs). Plans have been made this quarter with the NTP and an ACSM consultant was expected to provide technical support.	
	1.2.6	Develop ACSM strategy	WHO	63.031	25%	Nov	2012	This activity under ACSM has been moved to the first quarter of APA 3 project implementation.	
	1.2.7	Enhance community participation in ACSM	FHI 360	29.747	0%	Dec	2012	This activity under ACSM has been moved to the first quarter of APA 3 project implementation.	
	1.2.8	Re-orientation of health care workers in TB control	WHO	120.721	100%	Sep	2012	Support provided to Northern province to train 25 facility based staff in the Stop TB strategy, 8 females and 17 males.	
	1.2.9	Training of HCW in ACSM	FHI 360	22.025	0%	Dec	2012	Training of health care workers has been moved to APA 3.	
	1.2.10	Situational analysis on ACSM	FHI 360	13.379	0%	Nov	2012	The situational analysis has been moved to APA 3.	
	1.2.11	ACSM operational plan development		8.508	0%	Dec	2012	The operational plan will be developed after the situational analysis is conducted.	
	1.2.12	Support 5 day training for 150 community volunteers in DOTS (25 participants per training)	FHI 360	88.462	0%	Dec	2012	MOT	
						34%			

2. Laboratories			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
2.1 Ensured capacity, availability and quality of laboratory testing in country needed to support the diagnosis and monitoring of TB patients	2.1.1	Strengthen laboratory services and systems through training in LED microscopy	FHI 360	70.387	 100%	May	2012	Activity Completed: From savings generated, an additional 12 laboratory staff (4 female, 8 male) were trained in LED microscopy from all provinces in Zambia. A training was held from September 3-6, 2012. TB CARE I further supported LED microscope distribution and onsite mentorship in 15 facilities in the TB CARE I target provinces.
	2.1.2	Support the implementation of the National Courier System for the referral of TB specimens	FHI 360	92.971	 50%	Dec	2012	A baseline assessment of the TB specimen referral system was conducted from July 23 to September 1, 2012 in three of the four selected provinces (Central, Northern and Copperbelt provinces). Dr Grace Kahenya provided technical support during the assessment. The last baseline assessment will be conducted in Eastern Province from October 15 to 20, 2012. The initial implementation of TB specimen referral system will begin in the four pilot provinces in APA 3 based on the baseline assessment findings.
	2.1.3	Support external quality assessment (EQA) implementation	FHI 360	136.756	 100%	Sept	2012	TB CARE I continued supporting EQA in the six target provinces. The EQA coverage was scaled up from 112 to 135 facilities (100% EQA coverage) for both district and health center level facilities. TB CARE I laboratory officers provided technical support to Luapula and Northern Provinces. Plans are underway to strengthen the EQA program by training provincial staff in the use of the TB CARE I Laboratory Toolbox.
	2.1.4	Conduct follow up visits after EQA implementation	FHI 360	55.764	Cancelled	Sept	2012	Funds for this activity were reprogrammed to support other TB CARE I activities.
	2.1.5	Develop Culture EQA	MSH	26.589	 25%	Dec	2012	The development of the culture DST guidelines will be done in APA 3.

	2.1.6	Strengthen laboratory staff biosafety skills	FHI 360	34.027	 100%	Jul	2012	15 laboartory staff (6 female and 9 male) were trained in biosafety from July 8 to 13 2012. All participants were drawn from all TB CARE I target provinces.
	2.1.7	Support smear preparation at non-diagnostic sites	FHI 360		 50%	Dec	2012	The baseline assessment was conducted in 26 non-diagnostic sites in both Mumbwa and Serenje districts of Central province from August 27 to September 10, 2012. Training of staff will be conducted in APA3.
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 and services	2.2.1	Provide national and provincial level technical support	KNCV	106.858	 25%	Oct	2012	Dr. Valentina Anisimova's visit to provide technical support to TDRC regional TB reference laboratory has been planned to take place in October. Her focus will be to provide support in strengthening capacity of TDRC TB culture/DST laboratory through detailed assessment of the laboratory and technical assistance to build quality management systems.
	2.2.2	Build capacity for laboratory staff from culture facilities	FHI 360	91.981	 0%	Dec	2012	This activity has been planned to take place in APA 3.
	2.2.3	Equip laboratory staff with skills in new diagnostics	FHI 360	48.228	 100%	March	2012	Activity completed last quarter.
	2.2.4	Support national laboratory meeting	FHI 360	39.308	 100%	Sep	2012	Activity completed
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	2.3.1	Procure diagnostic equipment	FHI 360	85.867	 100%	June	2012	Activity completed: A technical working group was established to coordinate and plan all activities for Xpert implementation and routine use and provide the country strategy for GeneXpert use. The strategic plan is being developed to guide on the effective utilization of the GeneXpert MTB/RIF.

or TB and incorporation in national strategic lab plans	2.3.2	Procure lab supplies (including MOT)	FHI 360	50.561	100%	Apr	2012	Activity completed last quarter. TB CARE I reprogrammed funds (\$188,504) and procured more laboratory reagents for the NTP this quarter (MOT)
						71%		

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 360	24.161	100%	Sept.	2012	Activity completed: TB CARE I supported the integration of TB IC to 15 facilities over the targeted 10 facilities for year 2.
	3.2.2	Enhance safe TB IC work practices in MDR-TB treatment sites	FHI 360	22.133	75%	Oct	2012	In October 2012, the KNCV Consultant, Dr. Victor Ombeka will provide TA in the enhancement of safe TB IC work practices in MDR-TB treatment sites and data collection on MDR-TB patients.
	3.2.3	Enhance the use of available space to maximize TB IC measures	FHI 360	50.000	75%	Dec	2012	Tender procedures were completed for four of the five selected sites and contracts documentation is being prepared. The four sites are Kabwe General Hospital OPD, Kawama Clinic (Kitwe), Clinic 1 (Chingola) and Mishikishi Clinic (Masaiti). Tender procedures for chest diseases lab incinerator housing will be carried out in the next quarter by the MoH, central level office.
	3.2.4	Provide technical assistance in TB IC at facility level	KNCV	20.475	50%	Dec	2012	KNCV consultant Max Meis provided technical support in September 2012 to the demonstration project. The support by Jerod Scholten to build provincial staff capacity was cancelled.
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 360	29.552	100%	Jul	2012	Activity Complete: TB CARE I supported training in PMDT in Rwanda for 5 MoH staff (4 male, 1 female) and 2 TB CARE I staff (2 female) from July 23-27, 2012.

	3.4.2	Enhance provincial level staff capacity in TB IC through local training	KNCV	4.450	25%	Dec		The training is planned to take place in the first quarter of APA 3. Planning is underway to include laboratory staff.
	3.4.3	3 day training for 75 community volunteers in community TB IC package (25 participants per training) (MOT)	FHI 360	19.829	0%	Dec	2012	Two trainings are planned for October 2012 in Kabwe and Kitwe districts
					61%			

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 360	623.382	75%	Dec	2012	The tender procedures for rehabilitation works at UTH and Kabwe General Hospitals are underway and contract documentation to be completed in quarter 1 of APA 3. The MoH infrastructure unit has provided guidance on the tender process and will oversee the rehabilitation works at the two hospitals.
	4.1.2	Provide technical assistance in MDR-TB facilities on TB IC	KNCV	43.626	50%	Oct	2012	PMDT support was postponed several times. Dr. Victor Ombeka will now provide TA in October 2012. Focus is on the enhancement of safe TB IC work practices in MDR-TB treatment sites and data collection on MDR-TB patients.
	4.1.3	Procure personal protective equipment	FHI 360	8.100	100%	March	2012	Activity complete. 6000 respirators were procured this quarter.
					75%			

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 360	98.982	75%	Dec	2012	TB CARE I provided support to four district TB/HIV coordinating body meetings held in Mufulira, Kalulushi, Ndola and Kitwe all on the Copperbelt province. TB CARE I is planning to support more meetings in Isoka and Mafinga in the next quarter.

	5.2.2	Enhance health care worker involvement in community TB and HIV services	WHO	99.440	 75%	Dec	2012	Trainings done for the Copperbelt, North Western and Luapula provinces. Funds reprogrammed to import, through DHL, emergency anti-TB drugs for NTP from MoH Botswana
	5.2.3	Enhance community involvement in TB case finding efforts among HIV infected persons	FHI 360	61.754	 75%	Dec	2012	Community health workers were trained as follows: Mwinilunga 19 males and 2 females; Kawambwa 14 males and 7 females; Nchelenge 18 males and 7 females; Kasempa 6 males and 14 females; Solwezi 12 males and 13 females (MOT). More trainings are planned for Kabwe and Mansa (under MOT)
	5.2.4	Intensify TB screening in HIV prevention, care and treatment points	FHI 360	5.261	 100%	Sept.	2012	20 (14 males and 6 females) ASWs, Lay Counsellors and TB treatment Supporters were trained in Kapiri Mposhi, Central province in partnership with the PEPFAR funded Corridors of Hope (COH III) project and Kapiri Mposhi district medical office.
	5.2.5	Training in provider initiated HIV counseling and testing	FHI 360	38.902	 100%	March	2012	Activity completed. Three more trainings were conducted with savings from the budget because of demand from the provinces including Central, Luapula, and North Western provinces. 22 were trained in Central; 28 were trained in Luapula 13 males and 15 females; another group was also trained in North western province.
	5.2.6	Procure facility equipment for renovated TB clinic	FHI 360	8.962	 100%	March	2012	Activity completed.
					 88%			

6. Health Systems Strengthening			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
6.2 TB control components	6.2.1	Support World TB Day commemoration	WHO	11.300	 100%	March	2012	Activity completed

(drug supply and management, laboratories, community care, HRD and M&E) formed integral part of national plans, strategies and service	6.2.2	Strengthen human capacity efforts in TB control	FHI 360	27.854	75%	Nov	2012	Three TB CARE I staff to attend the Union Conference in November 2012 in Kuala Lumpur in Malaysia. All logistics for travel have been made.
	6.2.3	Strengthen staff knowledge in required rules and regulation	FHI 360	40.104	100%	Mar	2012	Activity completed
	6.2.4	Participate in provincial planning	FHI 360	10.944	100%	Sept.	2012	Activity completed
						94%		

7. M&E, OR and Surveillance			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
7.1 Strengthened TB surveillance	7.1.1	Strengthen provincial data quality through provincial technical review meetings	WHO	169.500	100%	Sept.	2012	Support provided to the 4th Copperbelt TB provincial conference organized by the Copperbelt Health project that included data review. There were 60 Participants drawn from NTP, provincial and district offices, civil society and community based organizations. participants were 38 males and 22 female participants
	7.1.2	Strengthen monitoring and evaluation through national, provincial, and district supervisory visits	WHO	56.500	100%	Sept.	2012	Supported supervision covering provincial and selected districts focussing on TB drug management.
	7.1.3	Support availability of national key strategic documents for TB control	WHO	22.600	100%	June	2012	Printed MDR-TB registers, cards and forms which have been distributed to the 2 treatment facilities. Printed TB training materials.
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 360	38.970	 100%	March.	2012	Activity completed. TB CARE I supported the annual TB/HIV/Leprosy technical and data review meeting in May 2012.
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 360	212.769	 75%	Sep	2012	Operations Research Protocol Development Workshop was held from September 3-7, 2012 in Central province. 17 MOH and technical staff from implementing organisations participated in the second workshop that focused on protocol development. Research objectives were developed in 4 listed subjects below: <ul style="list-style-type: none"> •Identification and referral of MDR suspects for diagnosis •Barriers to timely screening and diagnosis of TB in prison inmates •Factors contributing to long turnaround time for sputum smear microscopy results •To Assess a household-based approach for integrated HIV/TB screening of household contacts of smear positive TB patients Remaining activities: training in data collection of specific data collectors and implementation of the OR activities in respective districts, with write up of results
	7.3.2	Provide technical assistance in implementation of operational research	FHI 360	11.938	 75%	Sept.	2012	Dr. Eveline Klinkenberg of KNCV and Drs. Aurélie Brunie and Lisa Dulli of FHI 360 facilitated the OR Protocol development workshop. The consultants from FHI360 and KNCV are supporting the NTP during the implementation process of OR.

 92%

8. Drug supply and management			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
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	 100%	Sept.	2012	Activity completed with funding of APA1. APA2 mission rescheduled in APA3
	8.1.2	Procure first-line drugs	FHI 360	1.000.000	Cancelled	Sept.	2012	Funds reprogrammed to procure equipment to support national prevalence survey and new diagnostics (LED microscopes)
					 100%			
					 77%			

Quarterly MDR-TB Report

Country	Zambia
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Period	JULY-SEPTEMBER 2012
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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	118	Unknown
Jan-Sep 2011	93	48
Oct-Dec 2011		
Total 2011	93	48
Jan-Mar 2012	24	10
Apr-Jun 2012	20	8
Jul-Sep 2012		
To date in 2012	44	18

Reporting tools for MDRTB have been developed. TB CARE I and NTP will conduct a data reconstruction process to determine the number of MDR TB patients who started treatment in the cohort.

Quarterly GeneXpert Report

Country	Zambia	Period	JULY-SEPTEMBER 2012
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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-Dec 2011	Jan-Sept 2012	Cumulative total		
# GeneXpert Instruments	1	2	3	0	
# Cartridges	400	560	960	0	

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	USAID	TBCARE I procured for NTP. After evaluation, the final site will be selected
Procured	2	4	Lubuto Health Center in Ndola, Copperbelt Province	USAID	To be placed at point of care laboratories in Copperbelt province
Procured	3	4	Kapiri Mposhi District Hospital in Kapiri, Central	USAID	To be placed at point of care laboratories in Central provinces
Planned	4	4	Kitwe Central Hospital in Kitwe, Copperbelt	PEPFAR	To be procured under WHO 3 I's project implementation for intensified TB case findings and diagnosis in ART clinics
Planned	5	4	ZAMTAN Health Center in Kitwe, Copperbelt Province	PEPFAR	To be procured under WHO 3 I's project implementation for intensified TB case findings and diagnosis in ART clinics
Planned	6	4	Ndola Central Hospital in Ndola, Copperbelt	PEPFAR	To be procured under WHO 3 I's project implementation for intensified TB case findings and diagnosis in ART clinics
Planned	7	4	Kabwe General Hospital in Kabwe, Central Province	PEPFAR	To be procured under WHO 3 I's project implementation for intensified TB case findings and diagnosis in ART clinics
Planned	8	4	Liteta District Hospital in Chibombo, Central Province	PEPFAR	To be procured under WHO 3 I's project implementation for intensified TB case findings and diagnosis in ART clinics

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 Province	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



Dr. Max Meis giving a presentation on the Ndola District TB IC demonstration project during the Country Directors meeting in the Hague, the Netherlands, September 2012



Visit to MDR-TB hospital in Kabutare, Rwanda during PMDT training in July 2012 by Ms. Lucy Zulu (left) and Dr. Seraphine Kaminsa Kabanje (middle).



FHI360 country director Dr. Michael Welsh (third from left) giving thank you speech for awards given to TB CARE I and ZPCT II for laboratory support to MoH



FHI360 TB CARE I, ZPCT II staff and MSH Senior Technical Advisor during presentation of awards to TB CARE I and ZPCT II by the Biomedical Society of Zambia



Facilitators and participants attending the OR training at Fringilla Chisamba



A combined team of CDC, USAID and KNCV during the development of M&E framework for the WHO 3Is project at TB CARE I offices in Zambia



Mr. Michael Kasonde (right), the Principal Biomedical Scientist, administering a checklist at Luanshya Mine Hospital during EQA supervisory visit.



Group photo of participants and facilitators at the TB IC orientation for HCWs at Mbala General Hospital in Northern Province, July 12 to 13, 2012



The TB CARE I Laboratory Officer, Ulemu Banda (left) undergoing LED training at Ndola Biomedical School (practical session)



TB/HIV coordinating body meeting in Ndola District with the TB/HIV/Leprosy coordinator making a presentation

Inventory List of Equipment - TB CARE I

Organization:	TB CARE I
Country:	Zambia
Reporting period:	July-September 2012
Year:	APA 2



TB CARE I

Description (1)	ID numbers (2)	Acquisition date (3)	Acquisition cost (4)	V.A.T (5)	Location (6)	Condition (7)	Disposition date (8)	Title held by (9)	Insurance Policy #
GENE XPERT MACHINE	801639	February 10, 2012	\$23,191.70		CDL LUSAKA	Good		FHI360	P/01/1014/045922/2011
GENE XPERT MACHINE	801638	February 10, 2012	\$23,191.70		LUSAKA	Good		FHI360	P/01/1014/045922/2011
EXAMINATION COUCH	FHI/TBCL ME 029	March 29, 2012	\$353,16		NDOLA - Chest Disease Clinic	Good		FHI360	P/01/1014/045922/2011
EXAMINATION COUCH	FHI/TBCL ME 030	March 29, 2012	\$353,16		NDOLA - Chest Disease Clinic	Good		FHI360	P/01/1014/045922/2011
EXAMINATION COUCH	FHI/TBCL ME 031	March 29, 2012	\$353,16		NDOLA - Chest Disease Clinic	Good		FHI360	P/01/1014/045922/2011
EXAMINATION COUCH	FHI/TBCL ME 032	March 29, 2012	\$353,16		NDOLA - Chest Disease Clinic	Good		FHI360	P/01/1014/045922/2011
EXAMINATION COUCH	FHI/TBCL ME 033	March 29, 2012	\$353,16		NDOLA - Chest Disease Clinic	Good		FHI360	P/01/1014/045922/2011
XRAY VIEWING BOX	FHI/TBCL ME 034	March 29, 2012	\$139,41		NDOLA - Chest Disease Clinic	Good		FHI360	P/01/1014/045922/2011
XRAY VIEWING BOX	FHI/TBCL ME 035	March 29, 2012	\$139,41		NDOLA - Chest Disease Clinic	Good		FHI360	P/01/1014/045922/2011
XRAY VIEWING BOX	FHI/TBCL ME 036	March 29, 2012	\$139,41		NDOLA - Chest Disease Clinic	Good		FHI360	P/01/1014/045922/2011
XRAY VIEWING BOX	FHI/TBCL ME 037	March 29, 2012	\$139,41		NDOLA - Chest Disease Clinic	Good		FHI360	P/01/1014/045922/2011
XRAY VIEWING BOX	FHI/TBCL ME 038	March 29, 2012	\$139,41		NDOLA - Chest Disease Clinic	Good		FHI360	P/01/1014/045922/2011
BEDSIDE SCREENS	FHI/TBCL ME 039	March 29, 2012	\$176,58		NDOLA - Chest Disease Clinic	Good		FHI360	P/01/1014/045922/2011
BEDSIDE SCREENS	FHI/TBCL ME 040	March 29, 2012	\$176,58		NDOLA - Chest Disease Clinic	Good		FHI360	P/01/1014/045922/2011
BEDSIDE SCREENS	FHI/TBCL ME 041	March 29, 2012	\$176,58		NDOLA - Chest Disease Clinic	Good		FHI360	P/01/1014/045922/2011
BEDSIDE SCREENS	FHI/TBCL ME 042	March 29, 2012	\$176,58		NDOLA - Chest Disease Clinic	Good		FHI360	P/01/1014/045922/2011
BEDSIDE SCREENS	FHI/TBCL ME 043	March 29, 2012	\$176,58		NDOLA - Chest Disease Clinic	Good		FHI360	P/01/1014/045922/2011
DELL LATITUDE E6320 Laptop	FX18BS1	April 10, 2012	\$1,857,31		Ndola Office	Good		FHI360	P/01/1007/045858/2011
DELL LATITUDE E6320 Laptop	4GS8BS1	April 10, 2012	\$1,857,31		Ndola Office	Good		FHI360	P/01/1007/045858/2011
DELL LATITUDE E6320 Laptop	7GS8BS1	April 10, 2012	\$1,857,31		LUSAKA	Good		FHI360	P/01/1007/045858/2011
DELL LATITUDE E6320 Laptop	9Y18BS1	April 10, 2012	\$1,857,31		LUSAKA	Good		FHI360	P/01/1007/045858/2011
HP LASERJET M3035MFP	CNRTCH096	April 10, 2012	\$2,839,11		LUSAKA	Good		FHI360	P/01/1007/045858/2011

LCD PROJECTOR	EYJBU01001112002 D5592B	April 10, 2012	\$656,25		LUSAKA	Good		FHI360	P/01/1007/045858/2011
BOOK SHELVES	FHI/TBCL OF 094	April 24, 2012	\$200,78		Ndola Office	Good		FHI360	P/01/1014/046772/2011
BOOK SHELVES	FHI/TBCL OF 095	April 24, 2012	\$200,78		Ndola Office	Good		FHI360	P/01/1014/046772/2011
BOOK SHELVES	FHI/TBCL OF 096	April 24, 2012	\$200,78		NDOLA - Chest Disease Clinic	Good		FHI360	P/01/1014/046772/2011
BOOK SHELVES	FHI/TBCL OF 097	April 24, 2012	\$200,78		NDOLA - Chest Disease Clinic	Good		FHI360	P/01/1014/046772/2011
WAITING BENCHES	FHI/TBCL OF 098	April 24, 2012	\$105,17		NDOLA - Chest Disease Clinic	Good		FHI360	P/01/1014/046772/2011
WAITING BENCHES	FHI/TBCL OF 099	April 24, 2012	\$105,17		NDOLA - Chest Disease Clinic	Good		FHI360	P/01/1014/046772/2011
WAITING BENCHES	FHI/TBCL OF 100	April 24, 2012	\$105,17		NDOLA - Chest Disease Clinic	Good		FHI360	P/01/1014/046772/2011
WAITING BENCHES	FHI/TBCL OF 101	April 24, 2012	\$105,17		NDOLA - Chest Disease Clinic	Good		FHI360	P/01/1014/046772/2011
OFFICE DESK	FHI/TBCL OF 056	May 3, 2012	\$448,36		LUSAKA	Good		FHI360	P/01/1014/046772/2011
OFFICE DESK	FHI/TBCL OF 057	May 3, 2012	\$442,61		LUSAKA	Good		FHI360	P/01/1014/046772/2011
OFFICE DESK	FHI/TBCL OF 058	May 3, 2012	\$442,61		LUSAKA	Good		FHI360	P/01/1014/046772/2011
OFFICE DESK	FHI/TBCL OF 059	May 3, 2012	\$277,27		LUSAKA	Good		FHI360	P/01/1014/046772/2011
OFFICE DESK	FHI/TBCL OF 060	May 3, 2012	\$277,27		LUSAKA	Good		FHI360	P/01/1014/046772/2011
OFFICE DESK	FHI/TBCL OF 061	May 3, 2012	\$277,27		LUSAKA	Good		FHI360	P/01/1014/046772/2011
OFFICE DESK	FHI/TBCL OF 062	May 3, 2012	\$277,27		LUSAKA	Good		FHI360	P/01/1014/046772/2011
OFFICE DESK	FHI/TBCL OF 063	May 3, 2012	\$277,27		Ndola Office	Good		FHI360	P/01/1014/046772/2011
OFFICE DESK	FHI/TBCL OF 064	May 3, 2012	\$277,27		Ndola Office	Good		FHI360	P/01/1014/046772/2011
VISITORS CHAIR	FHI/TBCL OF 065	May 3, 2012	\$156,60		NDOLA - Chest Disease Clinic	Good		FHI360	P/01/1014/046772/2011
VISITORS CHAIR	FHI/TBCL OF 066	May 3, 2012	\$156,60		NDOLA - Chest Disease Clinic	Good		FHI360	P/01/1014/046772/2011
VISITORS CHAIR	FHI/TBCL OF 067	May 3, 2012	\$156,60		NDOLA - Chest Disease Clinic	Good		FHI360	P/01/1014/046772/2011
VISITORS CHAIR	FHI/TBCL OF 068	May 3, 2012	\$156,60		NDOLA - Chest Disease Clinic	Good		FHI360	P/01/1014/046772/2011
VISITORS CHAIR	FHI/TBCL OF 069	May 3, 2012	\$156,60		NDOLA - Chest Disease Clinic	Good		FHI360	P/01/1014/046772/2011
VISITORS CHAIR	FHI/TBCL OF 070	May 3, 2012	\$156,60		NDOLA - Chest Disease Clinic	Good		FHI360	P/01/1014/046772/2011
VISITORS CHAIR	FHI/TBCL OF 071	May 3, 2012	\$156,60		NDOLA - Chest Disease Clinic	Good		FHI360	P/01/1014/046772/2011
VISITORS CHAIR	FHI/TBCL OF 072	May 3, 2012	\$156,60		NDOLA - Chest Disease Clinic	Good		FHI360	P/01/1014/046772/2011
VISITORS CHAIR	FHI/TBCL OF 073	May 3, 2012	\$156,60		NDOLA - Chest Disease Clinic	Good		FHI360	P/01/1014/046772/2011

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