



USAID
FROM THE AMERICAN PEOPLE

TB CARE I

TB CARE I - Zambia

**Year 2
Quarterly Report
January - March 2012**

April 30, 2012

Quarterly Overview

Reporting Country	Zambia
Lead Partner	FHI
Collaborating Partners	KNCV, MSH, WHO
Date Report Sent	
From	Seraphine Kaminsa Kabanje
To	George Sinyangwe
Reporting Period	January - March 2012

Technical Areas	% Completion
1. Universal and Early Access	15%
2. Laboratories	44%
3. Infection Control	21%
4. PMDT	42%
5. TB/HIV	50%
6. Health Systems Strengthening	56%
7. M&E, OR and Surveillance	50%
8. Drug supply and management	25%
Overall work plan completion	38%

Most Significant Achievements

Universal and Early Access: A kick-off workshop for the Patient Centered Approach (PCA) package was held from February 1-3, 2012 with 9 participants. An implementation plan was drafted for implementation in three districts in the North Western province of Zambia. During the training, discussions and agreements were also made with the ACSM consultant for scale up of ACSM activities planned for the third quarter of project implementation. Planning meetings were held for ACSM with the health promotion officer and TB CARE I and agreements have been made on how activities will be implemented in the next quarter. Activities include a situation analysis on ACSM in target provinces; orientation of stakeholders, community and civic leaders on ACSM with support of a consultant from KNCV; design of an ACSM strategy and operational plan, and training of health care workers in ACSM.

Laboratories: TB CARE I procured two Xpert MTBRIF machines in February 2012 that have been delivered to the country. One machine will be placed in a facility in the Copperbelt province with high HIV and TB burden and one will be placed in a facility in Central province. Technical assistance will be provided by KNCV for effective utilization of the new diagnostic tools. TB CARE I also provided support for training of six laboratory staff in advanced tuberculosis techniques at Makerere University in Uganda from March 4-17, 2012. Two staff trained were from the National Reference Laboratory/Chest Diseases Laboratory (CDL), two from the Tropical Diseases Research Centre (TDRC) and two from TB CARE I. The participants were trained in the use of Xpert MTBRIF, in-house PCR IS6110, Hain molecular test and equipment validation.

EQA was conducted in all the target provinces this quarter to 112 facilities. EQA was scaled up to a total of 68 health center level facilities, 20 in the Copperbelt province, 5 in North Western and 15 in Northern province in addition to the 16 health facility level support in Central province and 12 in Luapula province. TB CARE I staff participated in the EQA visits to the Copperbelt and North Western provinces. Follow-up visits were also conducted following the EQA visits following observation of high false results recorded by three laboratories in Luapula and five laboratories in the Copperbelt provinces. Visits were conducted in these two provinces in March, 2012 and corrective actions were made.

TB/HIV: Two TB/HIV district meetings were held under TB CARE I support in March 2012. 68 participants attended the meeting in two districts on the copperbelt. The meetings provided a forum for exchange of information, plans and agreements among the TB and HIV program. TB CARE I supported training of 54 nurses and clinical officers working in TB clinics on the copperbelt in provider initiated HIV counselling and testing. TB CARE I also received a visit from USG partners including OGAC, CDC Atlanta and USAID Washington to plan for scale up of three TB/HIV initiatives (3 Is). TB CARE I is anticipated to receive \$4.6 million to implement activities in Central and Copperbelt provinces in partnership with the Centre for Infectious Diseases Research in Zambia (CIDRZ) that will support activities in Lusaka and Southern provinces for an equivalent amount. A national proposal was developed by TB CARE I and CIDRZ and submitted to the USG partners for approval. Implementation is anticipated from June 2012. Cheri Vincent (TB CARE I AOR) was present for the meetings held in February 2012 together with Sevim Ahmedov, who also participated in a field visit to Central and Copperbelt provinces.

TB IC: The Ndola district TB IC demonstration site project was launched on January 17, 2012. Between January and March, three project interventions were completed and (summary) mission reports for the three interventions submitted. 116 community volunteers representing 12 of the 15 facilities Health facilities under the Ndola Demonstration site project (TB IC) were trained in TB IC. A Project manager position was also filled and the staff member was expected to start work on April 2, 2012.

Health System Strengthening:

The Ministry of Health (MOH) held the international World TB Day commemoration for Zambia in Solwezi, North Western Province, on March 24, 2012. The Minister of Health (MoH), Provincial Medical

Offices, hosted the event with participation from other MOH representations, the USAID mission representative, WHO representative, and representatives from partner organizations supporting the national efforts in TB control including ZPCT II and TB CARE I. TB CARE I also provided funding support through the WHO partnership.

Prevalence survey:

The NTP began hosting planning meetings for the prevalence survey planned for 2012-2013. A protocol was prepared with local and international partner support and is being reviewed by both local and international consultants and partners who will support this process. TB CARE I will prepare workplan details for the funding available next quarter.

Overall work plan implementation status

TB CARE I partners have collaborated well to scale up activities during this quarter with the NTP and target provinces providing leadership. Plans for implementation of activities have been made at all levels of support for this quarter and the next quarters of project support. A staff retreat was held by FHI 360 to also prepare a detailed calendar of implementation on each activity. Meetings have also been held with the WHO and MSH partnerships to plan for implementation strategies that will enhance maximum stakeholder participation and will provide for completion of most of the planned activities in APA2.

Technical and administrative challenges

The project has realized the need to hire more staff and the hiring of a Senior Programs Advisor and a finance and administration officer were included in the year two work plan. The hiring process is underway. The project also held discussion to cost share a program officer position under FHI360 to support the technical and finance staff with programmatic components of the project. The project is also waiting on NTP guidance for the preparation of workplan details for the prevalence survey for the additional funding obligated by USAID.

In-country Global Fund status and update

The NTP Manager, Dr. Nathna Kapata participated in a Mock Technical Review Panel (TRP) workshop in Nairobi Kenya from March 19-21, 2012 to prepare a Transitional Funding Mechanism (TFM) proposal. The WHO officer, Dr. Mwendaweli Maboshe in Zambia provided technical support during the quarter before this process with an external consultant who came to Zambia during the quarter.

Quarterly Technical Outcome Report

Technical Area		1. Universal and Early Access					Result	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 Kick -off workshop for implementing stakeholders on the Adaptation of the Patient Centred Approach (PCA) package was held at Fringila in Chisamba. 10 participants took part in the training and drafting of workplan for Zambia.	Ms. Rose Masilani, national health promotional officer from the MOH working with NTP, will oversee the activities and provide guidance on the 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 anaysis planned from year one of the project implementation, will be conducted once dates are agreed upon with NTP.	The NTP does not have a dedicated staff member for the 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	The provide provides have not yet been provided with the tools for this activity.	The reporting and recording tools will be introduced to all the private health care providers in the supported provinces during the third quarter of project implementation.	

Technical Area		2. Laboratories					Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes	Outcome Indicators	Baseline		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	EQA was conducted in all the five target provinces. EQA was scaled up to health center level in all provinces. Follow-up visits were also conducted due to EQA findings of high false results recorded by three laboratories in Luapula and five laboratories in Copperbelt. Corrective actions were made during the visits.	Scale-up of EQA visits will be conducted to health centre level in all target provinces in 2012. Follow-up visits will be conducted due to high false positives. TB CARE I will procure 1000 sputum smear slide boxes for the EQA blinded rechecking.
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	TB CARE I supported training for six laboratories staff in advanced tuberculosis techniques at Makerere University in Uganda from March 4-17, 2012. Two staff came from the National Reference Laboratory/Chest Diseases Laboratory (CDL), two from the Tropical Diseases Research Centre (TDRC) and two from TB CARE I. The participants were trained in the use of Xpert MTBRIF, In-house PCR IS6110, Hain molecular test and equipment validation.	The Training will lead to improved laboratory diagnosis of tuberculosis in TB CARE I supported and government owned laboratories. Further training is planned in LED microscopy and Biosafety skills.
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	Two Xpert MTBRIF machines have been procured awaiting clearance by customs authority.	Technical assistance is required for the GeneXpert implementation plan.

Technical Area 3. Infection Control

Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		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)	The USAID supported Ndola TB IC demonstration site project was launched on January 17, 2012. Between January and March, three project interventions were completed and (summary) mission reports for the three interventions submitted. These are: Start-up meeting, Baseline facility assessment and Orientation on TB IC of key facility staff and TB treatment supporters. Community TB IC for community volunteers training took place at Savoy Hotel, Ndola for 116 participants (87 f). They represented 12 of the 15 Health facilities under the Ndola demonstration site project.	TB IC orientation meetings are planned to take place in 5 provinces during the third quarter of project support. Preparations for other interventions in the Ndola IC demonstration site project have started, including finalization of the health care worker screening protocol (Intervention 8) for ethics permissions; development of facility plans, policies and procedures (Intervention 4), and planning of the upcoming TA missions in April for interventions 5 (Work Practices compliance) and 6 (Core Package strategy).
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.
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	TB CARE I will support training of 5 trainers during the third quarter of project implementation. Two regional trainings will take place in Pretoria, South Africa and Kigali, Rwanda in June and July respectively.	Follow up monitoring visits will be conducted after the trainings.

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	Following initial assessment of renovation sites, an architectural company was engaged to prepare the renovation drawings. The drawings are now complete including the Bills of Quantities(BOQs) and have been presented to the MoH for selection of a contractor through a tender process.	Renovation works at the two facilities will begin following selection of a contractor next quarter.
	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 no fully established.The reporting of MDR-TB patients is not yet standardized	A consultant is expected in April 2012 and the NTP will provide reporting and recording tools for printing by TB CARE I

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	Y1		
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	83	TB CARE I provided support to two district meetings in March 2012. 32 participants attended the meeting in Kalulushi, 19 females and 13 males. 36 participants attended the meeting in Luanshya, 20 females and 16 males.	TB CARE I will support training in WHO TB modules in selected districts next quarter. Support to district TB/HIV meetings will be provided in all 5 provinces during the third quarter.

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	TB CARE I provided financial, technical and logistical support during the national data review meeting held from February 27- March 2, 2012 in Lusaka	Provincial data review meetings are planned for all target provinces. TB CARE I will participate in the provincial planning cycle from the third quarter. The MOH annual planning cycle begins from June 2012.
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		The NTP has not conducted a data quality audit this quarter.
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. A program for the start up meeting has been drawn and confirmed.	A start up national level training on operational research will be conducted from April 17-20, 2012

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	A GDF mission has not been conducted this quarter.	TB CARE I will provide technical assistance through KNCV Tuberculosis Foundation for a GDF mission next quarter.

Quarterly Activity Plan Report

1. Universal and Early Access								
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Planned Completion Month	Year	Cumulative Progress and Deliverables up-to-date
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	 50%	Jun	2012	A three day PCA introductory 'kick-off' workshop was held from February 1-3, 2012 with 9 participants, five females and four males. Two were from the Ministry of Health, two from North Western province, one from WHO, one from the University of Zambia and three from FHI 360. Dr. Anke van der Kwaak (KIT), Dr. Netty Kamp (KNCV) Dr. Seraphine Kaminsa Kabanje (FHI 360). An implementation plan was developed during the workshop and includes an orientation meeting of stakeholders that will be held next quarter in North Western province. The PCA activities will be implemented in 3 districts of the North Western province.
	1.1.2	Conduct data collection and analysis on adapted tools	FHI 360	30.507	 25%	Jun	2012	Baseline data collection will be conducted following the orientation of stakeholders in the third quarter of project implementation based on the implementation plan that was developed. Three PCA tools were agreed upon for adaptation during the kick-off workshop in February, 2012. These are the Patient Charter, the Literacy Tool and the Quote Light tool.
	1.1.3	Supervise data analysis	FHI 360		 0%	Sep	2012	Data analysis will be conducted following baseline and endline data collection and has been planned for during implementation of the activities from the third quarter.
	1.1.4	Participate in patient centered approach regional workshop	FHI 360	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	1.2.1	Support enhanced management of paediatric TB	WHO	11.300	 25%	Mar	2012	Paediatric guidelines updated as a section of the revised national TB manual awaiting printing. Orientation and training to follow after printing
	1.2.2	Provide private practitioners with TB surveillance tools	WHO	11.300	 0%			Activity awaiting a survey on PPM that is planned for next quarter

providers (Supply)	1.2.3	Support orientation of private practitioners in data management	WHO	23.391	 0%			Activity awaiting a survey on PPM that is planned for the 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. 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	 0%	Jun	2012	ACSM mission by Dr. Netty Kamp has been postponed and discussions need to be held with the NTP to agree on dates for this mission in the next quarter.
	1.2.6	Develop ACSM strategy	WHO	63.031	 25%			Discussions have been held this quarter during the visit of the ACSM consultant for PCA activities on how the ACSM activities will be implemented. An ACSM strategy will be developed with the consultant's visit next quarter.
	1.2.7	Enhance community participation in ACSM	FHI 360	29.747	 0%	Sept.	2012	Activities under ACSM are planned for from the third quarter of project implementation.
	1.2.8	Re-orientation of health care workers in TB control	WHO	120.721	 0%			Orientations will be starting next quarter.
	1.2.9	Training of HCW in ACSM	FHI 360	22.025	 0%	Sept.	2012	Training of health care workers is planned for from the third quarter of project implementation.
	1.2.10	Situational analysis on ACSM	FHI 360	13.379	 0%	Jun	2012	The situational analysis will be conducted in the third quarter of project implementation.
	1.2.11	ACSM operational plan development	FHI 360	8.508	 0%	Jun	2012	The operational plan will be developed after the situational analysis is conducted.
						 15%		

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	2.1.1	Strengthen laboratory services and systems through training in LED microscopy	FHI 360	70.387	 50%	May	2012	An implementation calendar has been developed in consultation with the Ministry of Health, National Reference Laboratory. Three trainings are planned for the following dates, April 23-27, May 7-11 and May 14-18, 2012.
	2.1.2	Support the implementation of the National Courier System for the referral of TB specimens	FHI 360	92.971	 25%	Sept	2012	An action plan has been developed with support of the MSH consultant Dr. Grace Kahenya and will be agreed upon with the National Reference Laboratory for implementation countrywide.

TB patients	2.1.3	Support external quality assessment (EQA) implementation	FHI 360	136.756	50%	Sept	2012	EQA visits were conducted in all the target provinces this quarter. EQA was scaled up to health center level in Copperbelt, North Western and Northern provinces. A total of 112 laboratories participated in EQA, with 44 district level and 68 health center facilities receiving support. TB CARE I staff provided technical support in the EQA visits to the Copperbelt and North Western provinces.
	2.1.4	Conduct follow up visits after EQA implementation	FHI 360	55.764	50%	Sept	2012	Follow-up technical visits were conducted by the provincial laboratory staff to three laboratories in Luapula province from March 27-31, 2012 and five laboratories in the Copperbelt province from March 26-31, 2012. The eight laboratories had recorded high false positive results and corrective action was provided.
	2.1.5	Develop Culture EQA	MSH	26.589	25%	Sept	2012	An action plan has been developed and stakeholders from the reference laboratories will meet to finalize the plan. This will allow for systematic implementation of the system.
	2.1.6	Strengthen laboratory staff biosafety skills	FHI 360	34.027	25%	Jun	2012	Training dates have been agreed with the Ministry of Health for June 4-8, 2012 and June 25-29, 2012.
	2.1.7	Support smear preparation at non-diagnostic sites	FHI 360		25%	Sept	2012	An action plan has been developed that includes the implementation of this activity in Central and Northern provinces. A meeting is planned with stakeholders in the next quarter to finalize the plan.
	Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year
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%	June	2012	Dr. Valentina Anisimova is in discussion with NTP management on mission dates for laboratory support.
	2.2.2	Build capacity for laboratory staff from culture facilities	FHI 360	91.981	25%	June	2012	An action plan has been developed and discussions will be held with the reference laboratories for implementation in the next quarter.
	2.2.3	Equip laboratory staff with skills in new diagnostics	FHI 360	48.228	100%	March	2012	Six laboratory staff were trained in advanced tuberculosis techniques at Makerere University in Uganda from March 4-17, 2012. The participants were trained in the use of Xpert MTBRIF, in-house PCR IS6110, Hain molecular test and equipment validation. Four males and two females were trained, two from the national reference laboratory, two from the Tropical Diseases Research Centre and two from TB CARE I.

	2.2.4	Support national laboratory meeting	FHI 360	39.308	0%	Aug	2012	The meeting has been planned for August 2012.
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 360	85.867	100%	June	2012	Two Xpert MTBRIF machines have been procured and have arrived in the country. Clearance with the national customs authority is underway.
	2.3.2	Procure lab supplies	FHI 360	50.561	75%	Apr	2012	Procurement processes have begun for the sputum smear slide storage boxes
					44%			

3. Infection Control						Planned Completion		
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
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	50%	Sept.	2012	TB IC orientation meetings are planned to take place in the facilities agreed upon with the target provinces during the third quarter of project implementation. Meetings are planned for North Western Province from April 30 to May 10, 2012, Luapula Province from May 21-30, 2012, Central Province from June 4-13, 2012, Northern Province from July 9-20, 2012 and Muchinga Province from July 9-20, 2012.
	3.2.2	Enhance safe TB IC work practices in MDR-TB treatment sites	FHI 360	22.133	0%	June	2012	This activity is planned for the third quarter following postponement by NTP of consultant visits from KNCV. TB CARE I is waiting for NTP guidance on this activity.
	3.2.3	Enhance the use of available space to maximize TB IC measures	FHI 360	50.000	25%	Sept.	2012	Facility assessments for renovation support began this quarter. Five facilities were identified for renovation support. These include the national reference laboratory incinerator housing, three laboratory facilities in the Copperbelt province (Bulangililo health center in Kitwe, Chawama health centre and Nchanga North Hospital in Chingola) and the outpatient department and male ward of Kabwe General Hospital.

Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
	3.2.4	Provide technical assistance in TB IC at facility level	KNCV	20.475	0%	Sept.	2012	Planned visits by TB CARE I consultants will start from April 15, 2012.
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	25%	Jul	2012	Preparation for staff participation in the trainings began this quarter. The training in infection control will be held in Pretoria, South Africa from June 4-8, 2012. One staff member from Ndola District and one from Kabwe PMO will attend the training, following agreement with the NTP. The Programmatic Management of Drug Resistance Tuberculosis (PMDT) training will be held in Kigali, Rwanda July 23- 27, 2012 and the NTP will be consulted on the participants.
	3.4.2	Enhance provincial level staff capacity in TB IC through local training	KNCV	4.450	25%	June	2012	The training is planned to take place in the third quarter of project implementation and planning is underway.
					21%			

4. PMDT								
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Planned Completion Month	Year	Cumulative Progress and Deliverables up-to-date
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	50%	Sept.	2012	Following initial assessment of renovation sites, an architectural company was engaged to prepare the renovation drawings that were finalized this quarter. The MoH infrastructure unit has provided guidance on the tender process that is underway for selection of a contractor for the construction works at UTH. The MoH infrastructure unit will also oversee the renovation works that are expected to commence from the next quarter.
	4.1.2	Provide technical assistance in MDR-TB facilities on TB IC	KNCV	43.626	0%	Sept.	2012	TB CARE I was advised that the NTP was still planning for PMDT scale up and would advise on consultants visits. This has unfortunately affected the KNCV consultant visit by Dr. Victor Ombeka that has been postponed twice.
	4.1.3	Procure personal protective equipment	FHI 360	8.100	75%	March	2012	The procurement of particulate respirators began in March 2012. The respirators will be procured in the next quarter.
					42%			

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	50%	Sept.	2012	TB CARE I provided support to two district level meetings in March 2012. 32 representatives from the DMO and respective health facilities in the districts participated in the meeting held in Kalulushi, Copperbelt province (19 f). A meeting was also held in Luanshya District, Copperbelt province with 36 participants present (20 f).
	5.2.2	Enhance health care worker involvement in community TB and HIV services	WHO	99.440	0%	Sept.	2012	This activity will start in the next quarter.
	5.2.3	Enhance community involvement in TB case finding efforts among HIV infected persons	FHI 360	61.754	25%	Sept.	2012	Trainings are planned for the third quarter of project implementation for the following dates, Copperbelt province April 9-13, 2012, Northern province April 9-13, 2012, Central province May 7-11, 2012, Luapula province, June 4-8, 2012 and North Western province from June 25-29, 2012.
	5.2.4	Intensify TB screening in HIV prevention, care and treatment points	FHI 360	5.261	25%	Sept.	2012	The activity will be conducted from the third quarter of project implementation in partnership with the PEPFAR funded Corridors of Hope (COH III) project. Discussions were held during the second quarter to plan on the collaboration.
	5.2.5	Training in provider initiated HIV counselling and testing	FHI 360	38.902	100%	March	2012	54 participant nurses and clinical officers working in TB clinics from 5 districts on the Copperbelt Province were trained in Kitwe and Ndola, from March 12-16, 2012. 45 were female and 9 were male.
	5.2.6	Procure facility equipment for renovated TB clinic	FHI 360	8.962	100%	March	2012	Equipment has been procured for the TB clinic. This includes five patient examination couches, examination screens and X-ray viewing boxes, patient waiting benches and office chairs.
					50%			

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 (drug supply and management, laboratories, community care, HRD and M&E) formed integral part of national plans, strategies and service delivery of these components	6.2.1	Support World TB Day commemoration	WHO	11.300	100%	March	2012	TB CARE I in partnership with ZPCT II PEPFAR project provided financial, administrative, logistical and technical support during the World TB Day commemoration held in Solwezi town, in North Western province. TB CARE I provided funding support through WHO and the WHO representative, Dr. Zimba read the speech from the WHO regional office and also represented Dr. Mwendaweli Mabushe who was away on a technical mission. Community Mobilization Officer, Lucy Zulu was assigned to the province for a week during the preparation phase to support the provincial
	6.2.2	Strengthen human capacity efforts in TB control	FHI 360	27.854	25%	Sept.	2012	TB CARE I will participate in the Union conference in November 2012. Abstract preparation on infection control and laboratory support is underway for the conference.
	6.2.3	Strengthen staff knowledge in required rules and regulation	FHI 360	40.104	100%	Mar	2012	Six TB CARE I staff members were trained on the USAID rules and regulations from February 28 to March 1, 2012 in Lusaka. Two finance staff also received a one day USAID training in procurement procedures on March 2, 2012
	6.2.4	Participate in provincial planning	FHI 360	10.944	0%	Sept.	2012	TB CARE I will participate in the provincial planning cycle next quarter when the provincial planning begins.
					56%			

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	0%	Sept.	2012	This activity will start in the next quarter in the 5 northern provinces and agreements have been made with the provinces.
	7.1.2	Strengthen monitoring and evaluation through national, provincial, and district supervisory visits	WHO	56.500	50%	Sept.	2012	This activity will start in the next quarter.
	7.1.3	Support availability of national key strategic documents for TB control	WHO	22.600	75%	June	2012	Arrangements for printing of MDR-TB tools were finalized this quarter and printing will be done in April 2012.
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	TB CARE I provided technical, financial and logistical support for a national data review meeting of the 2011 TB and HIV data from all nine provinces. Participants from the NTP, WHO, CDC, CHAZ, Lusaka District Office, TB CARE I and a representative from a health facility in Lusaka participated in the review held in Lusaka this quarter from February 27 to March 2, 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	25%	Sept.	2012	A start up national level training will be conducted in the third quarter from April 17 - 20, 2012 in Kabwe. An FHI 360 research scientist, Dr. Lisa Dulli will conduct the training.
	7.3.2	Provide technical assistance in implementation of operational research	FHI 360	11.938	50%	Sept.	2012	Ongoing technical assistance has been provided by Dr. Lisa Dulli this quarter during planning for the national OR training with the NTP and TB CARE I. A visit will be made in April for the planned training.
					50%			

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	Remi Verduin will implement his postponed APA1 GDF mission in April 2012.
	8.1.2	Procure first-line drugs	FHI 360	1.000.000	50%	Sept.	2012	A decision was made for FHI 360 to procure the drugs following discussions at global level on the indirect costs that would be incurred by WHO. FHI 360 board member, Dr. Carol Dukes Hamilton has communicated with the NTP and TB CARE I is waiting for further guidance by NTP on the procurement.
					25%			

Quarterly MDR-TB Report

Country	Zambia
---------	--------

Period	January-March 2012
--------	--------------------

MDR TB cases diagnosed and put on treatment in country

Quarter	Number of MDR cases diagnosed	Number of MDR cases put on treatment
Jan-Dec 2010		
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
---------	--------

Period	January-March 2012
--------	--------------------

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

	Procured			# still planned for procurement in APA 2	Month, Year procurement planned (i.e. April 2012)
	Jan-Dec 2011	Jan-March 2012	Cumulative total		
# GeneXpert Instruments	1	2		0	
# Cartridges	400	560		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 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	TB CARE I procured the Genexpert and Instruments and is finalizing customs clearance
Planned	3	4	Kapiri Mposhi District Hospital in Kapiri, Central	USAID	TB CARE I procured the Genexpert and Instruments and is finalizing customs clearance
	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.

Photos



World TB day commemoration in Solwezi, North Western province on March 24, 2012



Dr. Sevim Ahmedhov from USAID Washington with Mr. Mathias Tembo from the Tropical Diseases Research Centre in Ndola, during a visit in February, 2012



Laboratory staff undergoing a practical training session at Makerere University. From Left to right are Mr. Robertson Chibumbya (Laboratory Technologist, TB CARE I) Ms. Olipa Soko Phiri (Laboratory Technologist, TDRC), Ms. Chilambwe Mwila (Laboratory Technologist CDL), and Mr. Sunday Siwale

