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TB CARE I

TB CARE I - Zambia

**Year 3
Annual Report Quarter 4 Annex
July-September 2013**

October 30, 2013

Quarterly Overview

Reporting Country	Zambia
Lead Partner	FHI
Collaborating Partners	KNCV, MSH, WHO
Date Report Sent	30 October 2013
From	Seraphine Kaminsa
To	USAID-Zambia
Reporting Period	July-September 2013

Technical Areas	% Completion
1. Universal and Early Access	89%
2. Laboratories	86%
3. Infection Control	75%
4. PMDT	75%
5. TB/HIV	33%
6. Health Systems Strengthening	90%
7. M&E, OR and Surveillance	50%
8. Drug supply and management	100%
Overall work plan completion	75%

Quarterly Activity Plan Report

1. Universal and Early Access								
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Technical Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
1.2 Increased quality of TB services delivered among all care providers (Supply)	1.2.1	Intensify facility and community TB case finding.	WHO	131.306	50%	Mar	2014	No trainings were conducted this quarter. Three out of the eight planned trainings were conducted last quarter. The remaining five trainings will be conducted in APA 4.
	1.2.2	Enhance use of revised paediatric guidelines	WHO	21.527	25%	Jun	2014	This training was not conducted. The project plans to conduct the training in APA4.
	1.2.3	Community involvement in TB case detection	WHO	146.169	100%	Sep	2013	Activity was completed in the last quarter
	1.2.4	Involvement of the private practitioners in TB surveillance	WHO	21.063	Cancelled	Dec	2013	This activity has been moved to the first quarter of year four.
	1.2.5	(PEPFAR - 3 Is) ICF in prisons	FHI360	14.237	100%	Jun	2013	TB CARE I conducted on site orientation of staff and prisoners on ICF following the assessment of services in the three prisons under the project support.
	1.2.6	(PEPFAR - 3 Is) Improved diagnosis and management of TB among prison populations	FHI360	7.495	100%	Jun	2013	48 prison service health providers (27 females and 21 males) and 51 (15 females and 36 males) prison inmates (prison peer educators) were trained in DOTS in the quarter.
	1.2.7	(PEPFAR - 3 Is) Community based TB case detection fully integrated	WHO	79.778	100%	Sep	2013	50 community treatment supporters (29 females and 21 males) were trained in DOTS from Ndola and Kitwe districts were trained in DOTS in readiness to scale up community ICF activities. The remainder of the training will be conducted in the first quarter of APA 4.
	1.2.8	(PEPFAR - 3 Is) Intensified case findings among household contacts	FHI360	67.743	75%	Dec	2013	TB CARE I procured most of the enablers including gum boots, rain coats, bicycles and stationery for community volunteers. The remainder of the enablers (off season footwear and bags) will be procured in quarter one of APA 4. The ICT component under this activity takes place in the first quarter of APA 4
	1.2.9	Conduct data collection and analysis on adapted tools	FHI360	116.941	100%	Jun	2013	TB CARE I completed PCA endline data collection and analysis. A draft report is under review.
	1.2.10	Participate in patient centered approach regional workshop	FHI360	9.911	100%	Mar	2013	Activity was completed
	1.2.11	Training of HCW in ACSM	FHI360	12.913	Cancelled	Oct	2013	This training will be conducted in year four of project implementation.
	1.2.12	Enhance community participation in ACSM	FHI360	20.992	Cancelled	Feb	2014	This activity will be conducted in year four of project implementation. The activity will be conducted after the training of health care workers.
	1.2.13	ACSM operational plan development	FHI360	7.248	100%	Jul	2013	Activity was completed in the last quarter.
	1.2.14	Community volunteers training	FHI360	78.148	100%	Mar	2013	Activity was completed
	1.2.15	Train 125 adherence support workers	FHI360	65.119	100%	Mar	2013	Activity was completed
	1.2.16	Provide private practitioners with TB surveillance tools	WHO	11.865	Cancelled	Dec	2013	This activity has been moved to the first quarter of APA 4
	1.2.17	Develop ACSM strategy	FHI360	34.034	100%	May	2013	Activity was completed in the last quarter.
	1.2.18	Provide technical support to NTP in program management	KNCV	24.262	100%	May	2013	Activity was completed in the last quarter.
					89%			

2. Laboratories								
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Technical Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
2.1 Ensured capacity, availability and quality of laboratory testing to support the diagnosis and monitoring of TB patients	2.1.1	Building capacity of laboratory staff in quantification	MSH	21.616	100%	Jun	2013	Activity was completed in the last quarter.
	2.1.2	Procurement of laboratory equipment and commodities	FHI360	220.830	Cancelled	Jul	2013	Activity has been cancelled because GF has procured TB laboratory commodities for MOH.
	2.1.3	Establish a national drug resistant TB specimen referral system	MSH	112.460	75%	Jun	2014	TB CARE I supported specimen referral system on site trainings for MOH staff (provincial lab staff and TB focal point persons) and ZAMPOST staff in Kabwe on September 12, 2013. 15 participants were trained (2 females and 13 males). More trainings will be conducted in the first quarter of APA 4 for Eastern, Northern and Copperbelt provinces. The contract will be finalized in the next quarter and the transportation of samples will also begin in Q1 of APA4.
	2.1.4	Renovation of laboratory facilities in the target provinces	FHI360	68.238	50%	Sep	2014	Renovations at Twapia Clinic and the National TB Reference Laboratory incinerator housing were completed this quarter. Other sites identified will be renovated in APA 4. These include Twatasha health centre, Kawama health centre, and This activity will be carried over to Year 4.
	2.1.5	(PEPFAR - 3 Is) Procurement of laboratory equipment and commodities	FHI360	255.069	75%	Sep	2014	TB CARE I installed seven GeneXpert machines this quarter. The project also procured 4000 cartridges. TB CARE I will continue procuring cartridges in APA 4.
	2.1.6	(PEPFAR - 3 Is) Establish a GeneXpert sputum specimen referral system	FHI360	157.372	50%	Jun	2014	A decision was made to change the initial plan to procure 2 vehicles and 1 motor bike, to 7 motor bikes. This procurement will take place in the first quarter of APA 4. The sputum collection bottles and packaging materials were procured. The specimen referral SOPs training is planned for quarter one of APA 4
	2.1.7	(PEPFAR - prevalence survey) Procure lab supplies for prevalence survey	FHI360	721.520	100%	Apr	2013	Procurement of laboratory commodities for TB culture and smear microscopy has been completed.
	2.1.8	(PEPFAR - prevalence survey) vehicles	WHO	161.500	50%	Sep	2013	The procurement order for the 3 vehicles has been placed with the vendor. Delivery is anticipated in the fourth quarter.
	2.1.9	(PEPFAR - prevalence survey) Procure laboratory equipment for prevalence	FHI360	132.364	100%	Apr	2013	Activity was completed in the last quarter.
	2.1.10	(PEPFAR - prevalence survey) Procurement of laboratory equipment and commodities and digitalization of radiology equipment	FHI360	639.900	100%	Jul	2013	The digitalization of radiology equipment was completed in July 2013.
	2.1.11	Support the implementation of the National Courier System for the referral of TB specimens	FHI360	25.980	75%	Sep	2013	A contract was developed between TB CARE I and a local courier company (ZAMPOST) for the transportation of sputum samples. The transportation of samples will begin in the first quarter of APA 4.
	2.1.12	Build capacity for laboratory staff from culture facilities	FHI360	12.509	100%	Jan	2013	Activity was completed

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	Strengthen EQA culture and DST turnaround time	FHI360	35.554	100%	Jun	2013	Activity was completed in the last quarter.
	2.2.2	Strengthen EQA microscopy turnaround time	FHI360	9.119	100%	Apr	2013	Activity was completed in the last quarter.
	2.2.3	Supervisory visits for EQA	FHI360	179.259	100%	Oct	2013	Activity completed this quarter
	2.2.4	Provide national and provincial level technical support	KNCV	22.364	100%	Jun	2013	Activity was completed in the last quarter.
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 for laboratory confirmation of TB and incorporation of these approaches in national strategic	2.3.1	Equip laboratories staff with skills in new diagnostic tools	FHI360	42.140	Cancelled	Jul	2013	Activity cancelled
	2.3.2	Equip laboratories staff with skills in new diagnostic tools	FHI360	27.357	100%	Aug	2013	TB CARE I collaborated with CIDRZ to train 31 national GeneXpert trainers (5 females and 26 males) from the ten provinces of Zambia from August 5-10, 2013. 31 participants
					86%			

3. Infection Control								
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Planned Completion Month	Year	Cumulative Progress and Deliverables up-to-date
3.2 Scaled-up implementation of TB-IC strategies	3.2.1	Enhance inclusion of IC in facility plans	FHI360	36.632	100%	Aug	2013	Trainings and preparation of TB IC plans were conducted in eight facilities, four facilities in North Western Province (33 females and 55 males) and four facilities in Copperbelt province (60 females and 38 males). This brings the total number of facilities to 17 for this year out of the target of 15 facilities.
	3.2.2	Intensify TB IC at community level	FHI360	54.636	100%	Sep	2013	The project trained 25 traditional health providers (10 females and 15 males) in July 2013, in Ndola district (Copper belt province), and 18 community volunteers (9 females and 9 males) in September 2013 in Kabwe district (Central Province). FHI 360 consultant, Stella Kirkendale facilitated at the Kabwe district training.
	3.2.3	(PEPFAR - 3 Is) Enhance inclusion of IC in facility plans	FHI360	70.575	75%	Dec	2013	Baseline infection control facility assessment visits were conducted in 10 facilities bringing the total of the assessed sites to 22 in the Copperbelt, Lusaka, Central and Southern provinces. This figure includes 6 prison facilities. TB IC plans were developed in twelve facilities under the WHO 3 Is. Procurement of the remaining enablers to be completed in the first quarter of APA 4.
	3.2.4	Enhance environmental TB IC measures	FHI360	62.026	50%	Sep	2013	Renovation works have progressed to the development of tenders for the works at the facilities selected in the last quarter.
	3.2.5	(PEPFAR - 3 Is) Enhance environmental TB IC measures	FHI360	50.000	50%	Sep	2013	Renovation works have progressed to the development of tenders for the works at the facilities selected in the last quarter.
					75%			

4. PMDT								Planned Completion	Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Technical Completion	Month	Year		
4.1 Improved treatment success of MDR TB	4.1.1	Scale up Programmatic Management of Drug Resistant TB (PMDT) activities	WHO	41.740	Cancelled	Sep	2014	Agreements have been made for the activity to be deferred to APA 4.	
	4.1.2	Enhance service delivery in MDR-TB sites	FHI360	772.744	Cancelled	Sep	2013	A decision was made that TB CARE I will not renovate the Kabwe MDR-TB because of the limited time left for reassessment of the facility, agreement with the government and implementation of the renovation	
	4.1.3	(PEPFAR) Enhance service delivery in MDR-TB sites	WHO	146.900	75%	Sep	2013	The procurement has been finalized and WHO is waiting for the delivery of the vehicles	
					75%				

5. TB/HIV								Planned Completion	Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Technical Completion	Month	Year		
5.2 Improved diagnosis of TB/HIV co-infection	5.2.1	(PEPFAR - 3 Is) Improved HIV related services in TB corners	FHI360	19.446	25%	Sep	2013	This activity will take place in quarter one of APA4. Preparations are under way.	
5.3 Improved treatment of TB/HIV co-infection	5.3.1	Establish referral of TB/HIV coinfectd patients from ART clinics to TB corners	FHI360	5.871	50%	Sep	2013	Representatives from six districts made a visit to Kitwe district for orientaton in the provision of integrated HIV and TB services. The representatives were from Kawambwa, Mansa, Serenje, Kasama, Mpika and Mpongwe districts. These districts will establish ART services in selected TB clinics in their districts.	
	5.3.2	(PEPFAR - 3 Is) Improved TB management in ART settings	WHO	31.866	25%	Sep	2013	Activity will take place in quarter one of APA4.	
					33%				

6. Health Systems Strengthening								
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Technical Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
6.2 TB control components (drug supply and management, laboratories, community care, HRD and M&E) form an integral part of national plans, strategies	6.2.1	Enhanced technical support and facility mentorship in TB control	WHO	55.370	50%	Sep	2013	No technical support visits were conducted this quarter. Visits will be conducted in APA4.
	6.2.2	Provide TB clinics with surveillance tools	FHI360	116.520	100%	Mar	2013	Activity completed
	6.2.3	Strengthen staff knowledge in different technical areas	FHI360	74.374	100%	Sep	2013	Two MCDMCH staff were trained in TB/HIV in Rwanda from April 29 to May 11, 2013. Two TB CARE I staff members and one MoH laboratory staff member were trained in PMDT in Rwanda, from.
	6.2.4	(PEPFAR - 3 Is) Review and adoption of Tools for Program Implementation (SOPs, Guidelines, Registers etc)	FHI360	2.598	100%	Sep	2013	TB CARE I supported meetings this quarter where the GeneXpert guidelines and reporting and recording tools were finalized
	6.2.5	World TB Day commemoration	WHO	22.600	100%	Mar	2013	Activity was completed
					90%			

7. M&E, OR and Surveillance								
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Technical Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
7.2 Improved capacity of NTPs to analyze and use quality data for the management of the TB program	7.2.1	Strengthen TB/HIV data management	WHO	121.528	75%	Sep	2013	No TB/HIV review meetings were held this quarter. TB CARE I will support meetings in APA4
	7.2.2	Technical support	WHO	204.240	25%	Sep	2013	Four technical support visits were made during this quarter by three consultants from KNCV Tuberculosis Foundation.
	7.2.3	(PEPFAR - 3 Is) Capacity building in TB quality assessments and improvements using process indicators	WHO	20.001	25%	Mar	2014	Activity has been deferred to APA 4.
	7.2.4	(PEPFAR 3 Is) Develop the tools for TB QA/QI with assistance from international consultants	WHO	25.764	100%	Aug	2013	TB CARE I supported venue costs for a meeting of international experts and in-country partners to finalize the M&E plan of the WHO 3 Is project. The visit was held in August 2013.
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Technical Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
7.3 Improved capacity of NTPs to perform operations research	7.3.1	Staff capacity building in Operational Research	FHI360	154.146	25%	Sep	2013	Protocol development has not been finalized this quarter and discussions have been held to proceed with only two of the four studies. Final submission to the ethics committee will be done in the next quarter.
					50%			

8. Drug supply and management								
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Technical Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
8.1 Ensured nationwide systems for a sustainable supply of drugs	8.1.1	Provide technical assistance in drug management	KNCV	17.472	100%	Sep	2013	A GDF mission has conducted in September 2013 by a KNCV PMDT consultant and a WHO consultant.
					100%			

Total Approved Staffing & Operations Budget	3.632.466
Grand Total Approved Project Budget	9.922.084

6. TB CARE I-supported International Visits (technical and management-related trips)

#	Partner	Activity Code	Name	Purpose	Planned month, year	Status	Dates completed	Summary Mission Report submitted to CD & PMU	Additional Remarks (Optional)
1	FHI	3.2.2	Stella Kirkendale	Intensify TB IC at community level	aug-13	Completed	September 10-12, 2013	Yes	The consultant participated in the last community TB IC training conducted this quarter
2	FHI	7.3.1	Carol Dukes Hamilton	Staff capacity building in Operational Research	aug-13	Completed	August 24-September 4, 2013	Yes	Suzanne Essama Bibi participated in the WHO 3 Is technical visit.
3	FHI	7.3.1	Lisa Dulli	Staff capacity building in Operational Research	TBA	Postponed			Visit will be made in Year 4
4	FHI	7.3.1	Aurelie Brunie	Staff capacity building in Operational Research	TBA	Postponed			Visit will be made in Year 4
5	KNCV	1.2.3	Netty Kamp	Community involvement in TB case detection	TBA	Postponed			Visit to be made in Year 4
6	KNCV	1.2.18	Netty Kamp	Provide technical support to NTP in program management - ACSM	May 6-18, 2013	Completed	May 6-18, 2013	Yes	
7	KNCV	2.2.1	Valentina Anisimova	Strengthen EQA culture and DST turnaround time	April 1-8, 2013	Completed	April 1-8, 2013	Yes	
8	KNCV	2.2.4	Valentina Anisimova	Provide national and provincial level technical support	October 7-22, 2012	Completed	October 7-22, 2012	Yes	
9	KNCV	2.3.1	Valentina Anisimova	Equip laboratory staff with skills in new diagnostic tools	TBA	Postponed			This visit will be conducted in Year 4
10	KNCV	4.1.1	Victor Ombeka	Scale up PMDT activities	October 7-13, 2012, and second visit September 2013	Completed	October 7-13, 2012 and September 16-20, 2013	Yes	The last visit was conducted this quarter
11	KNCV	7.1.2	Eveline Klinkenberg	Technical support for prevalence survey	Second visit is planned for August 2013 (5 visits)	Planned	Second visit completed August 25-September 1, 2013	Yes	Two out of five visits were conducted this quarter. The remaining visits will be conducted in Year 4

12	KNCV	7.1.2	Nico Kalisvaart	Technical support for prevalence survey	TBA (4 visits)	Planned	December 9-15, 2012, August 31-September 7, 2013 and September 2-7, 2013	Yes	Three out of four visits were made this year. The remaining visits will be conducted in Year 4
13	KNCV	7.1.2	Juliana Cuervo Rojas	Technical support for prevalence survey	(3 visits). First visit is planned for August 2013	Planned	First visit completed August 25-September 1, 2013.	Yes	Osman Abdullahi conducted one visit this quarter. A second visit is planned for October 6-12, 2013
14	KNCV	7.3.1	Eveline Klinkenberg	Staff capacity building in Operational Research	TBA	Cancelled			
15	KNCV	7.3.1	Eveline Klinkenberg	Staff capacity building in Operational Research	TBA	Postponed			Visit to be made in Year 4
16	KNCV	8.1.1	Jacques van de Broek	Technical assistance in drug management	TBA	Postponed			Visit to be made in Year 4
17	MSH	2.1.1	Charles Kagoma	Building capacity of laboratory staff in quantification	June 2-8, 2013	Completed	June 2-8, 2013	Yes	
18	MSH	2.1.3	Catherine Mundy	Establish a national drug resistant TB specimen referral system	TBA	Postponed			Visit to be made in Year 4
19	MSH	2.2.3	Samuel Kinyanjui	Supervisor visits for EQA	TBA	Cancelled			Funds reprogrammed
20	WHO	7.2.4		2 international consultants for 2 weeks to assist in developing and training TOTs in TB QA/QI	TBD	Postponed			Visit to be made in Year 4
21	WHO	7.2.2		2 staff for training and pilot of prevalence survey	TBD	Planned			One visit was made. A second visit will be made in Year 4
20									
Total number of visits conducted (cumulative for fiscal year)								14	
Total number of visits planned in workplan								30	
Percent of planned international consultant visits conducted								47%	

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



Participants at the Ndola TB IC Demonstration Project End Symposium in Ndola district in September 2013



Inverter charger and batteries for the GeneXpert machine at Chavuma Clinic in Kitwe in August 2013



Martha Mpomwa, TB CARE I Laboratory Officer operating the GeneXpert Machine at Ndola Central Hospital in August 2013



Ministry of Health and ZAMPOST staff being trained in TB Specimen Referral System in Kabwe, September 12 2013



Digitalized radiology equipment at the Ministry of Health, July 2013



Poster presentation whose abstract was accepted at the Union Conference scheduled for October 2013

Poster presentation, whose abstract was accepted at the Union Conference, October 2013

An exploratory study on Stigma associated with Tuberculosis in a Zambian Adult population

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INTRODUCTION

- Various studies have demonstrated that stigma related to TB keeps people away from seeking care.
- Studies suggest that TB patients experience double stigma with TB being considered as a disease of the poor and that all TB patients are HIV positive.
- Victims of stigma are those perceived to possess characteristics different from the rest of the population

AIM

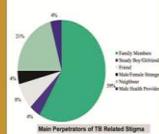
The current study aimed to explore tuberculosis related stigma in tuberculosis adult patients.

METHODOLOGY

- The study was carried out at three health facilities from three districts in North Western Province in Zambia.
- The three districts (Solwezi, Mweelanga and Kabonoo) had been selected for their high TB/HIV disease burden in the province.
- Participants in the study included adult TB patients on treatment for a minimum of 2 weeks, as well as health care workers and community members.
- After obtaining informed consent, a survey questionnaire was administered to 115 TB patients.
- The survey was translated into local languages and piloted before use.
- Data was also obtained from Health care workers and community members through focus group discussions and in-depth interviews.
- Smaller groups of TB patients also participated in focus group discussions. The data was subjected to quantitative and qualitative analysis.

RESULTS

	Excluded from school and service		
	Yes	No	Total
Ever been discriminated against because of TB or	27 (15.6%)	147 (84.4%)	174
Had been discriminated against because of TB or	69 (59.1%)	49 (40.9%)	118
Total	97 (84.6%)	177 (153.4%)	274



- More than one quarter of the participants (28%) reported being discriminated against because they had TB and a lesser number (10.8%) agreed that people with TB should be kept out of school or other services to prevent infection spreading.
- Some participants felt that they themselves were ill and needed to be excluded (self-stigma).
- The main perpetrators of TB related stigma and discrimination were identified as family members (39%), steady boyfriends/girlfriends (21%) and friends (8%).
- Tuberculosis also seemed to be associated with HIV as some participants were reportedly being stigmatized and discriminated against as people thought they were HIV positive.
- Separation and isolation from family including parents, siblings and spouses were experienced by respondents.

DISCUSSION

- In spite of the unwavering global resolve to rid the world of the TB scourge, TB-related stigma continues to be a major obstacle in realizing this commitment.
- In the era of HIV and AIDS, stigma seems to be gaining roots alongside TB/HIV prevention messages.
- This study found the association of HIV with TB to be one of the major causes of stigma.
- Some participants revealed they were being stigmatized and discriminated against on the suspicion that they were HIV positive. This finding strengthens arguments of researchers who have stated that HIV/AIDS is fundamentally the source TB-related stigma.
- The link between HIV and TB as a source of TB stigma has implications for TB control programmes.

CONCLUSION

- Stigma was prevalent in the study.
- Participants perceived being stigmatized and discriminated.
- Increasing awareness in patients and sensitization of the community were identified as a way of reducing stigma.

Selected references

1. World Health Organization. *Global Tuberculosis Report 2012*. Geneva: WHO, 2012.
2. Coimbatore TB Working Group. Community-based tuberculosis control and HIV risk reduction in India: An observational study for implementation research in low-income countries. *BMC Public Health* 2012; 12:1-10.
3. Corbett EL, Smeeth C, Walker N. The growing burden of tuberculosis: global estimates and disease dynamics. *Lancet Infect Dis* 2003; 3: 794-801.

Acknowledgments

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Quarterly Report on Global Fund Engagement

Country	Zambia	Period	July-September 2013
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Current Global Fund TB Grants				
Name (i.e. Round 10 TB)	Average rating*	Current rating	Total approved amount	Total dispersed to date
Round 7 phase 2		B1	\$23.2 million	\$2.8 million

*Since January 2010

In-country Global Fund status - key updates, challenges and bottlenecks

TB CARE I has not received any updates, challenges or bottlenecks from the local Global Fund, Project Management Unit this quarter.

TB CARE I & Global Fund - TB CARE I involvement in GF support/implementation and effect of GF on the TB CARE I work