



TB CARE I

TB CARE I - Zambia

Year 4

Quarterly Report

October – December 2013

January 30, 2014

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1. Quarterly Overview

Country	Zambia
Lead Partner	FHI360
Coalition Partners	MSH, WHO, KNCV
Other partners	Centre for Infectious Diseases Research in Zambia (CIDRZ), participating in the WHO 3 Is project
Work plan timeframe	Oct 2013-Dec 2014
Reporting period	Oct – Dec 2013

Most significant achievements:

Laboratory: TB CARE I supported the finalization of the establishment of a national specimen referral system that will be initially implemented in the Central, Copper belt, Eastern, Muchinga and Northern provinces. 67 people received training in specimen packaging with SOPs and Algorithms and packaging for transportation to the National TB Reference Laboratory. The participants included MOH provincial laboratory staff members, TB focal point persons and ZAMPOST staff (19 females and 48 males). The transportation contract was also finalized with ZAMPOST and the transportation of samples to the national reference laboratory started this quarter. TB CARE I will be monitoring the turnaround time for the laboratory results for the samples from the referring facility to the national reference laboratory and anticipates the time to be reduced.

Infection Control: TB CARE I scaled up the introduction of infection control activities in two of the nine targeted facilities for year four of project implementation, in Mpongwe Mission Hospital and Kalulushi General Hospital. A total of 24 females and 27 males from these two facilities were trained and infection control plans were drafted by the facilities to support implementation of infection control measures. Baseline assessments of existing infection control activities were carried out in 6 health facilities and one prison facility in Lusaka province. Three facilities were in Kafue District (Kafue District Hospital, Kafue Estates Clinic and Nangongwe Clinic) and three in Chongwe District (Chongwe District Clinic, Chinyunyu Clinic and Kasisi Clinic). The prison site is Lusaka Central Prison.

(Intensified Case Finding [ICF] Process Quality Measurements under WHO 3 Is (TB QUAL) :

TB CARE I, working with partners implementing the 3Is developed a quality measurement tool which focuses on measuring process indicators in a health facility, thereby providing information which could otherwise not be routinely reported through the TB notification system. This methodology is called TB QUAL (for TB ICF quality assessments under the 3Is). The process used to collect information on the project indicators is called chart abstraction (abstracting information from patient charts/records). The chart abstraction enables early detection of gaps in facility intensified case finding (ICF) processes, thereby alerting providers where the lapses are in the health system. TB CARE I carried out chart abstraction in 3 of the 18 target sites in quarter one of APA 4.

TB/HIV Trainings (WHO 3 Is): TB CARE I project conducted TB/HIV trainings for community based TB/HIV volunteers supporting the 3 Is project in Kabwe, Central province. The trainings were from October 7-11, 2013. There were 105 participants, 59 females and 46 males drawn from Kapiri Mposhi, Kabwe and Chibombo districts. The volunteers will participate in the implementation of both facility and community level activities in intensified case finding efforts that include case finding, contact tracing and patient counselling on TB and HIV management.

Prevalence Survey: TB CARE I KNCV consultants conducted technical assistance visits for the prevalence survey in this quarter. Ms. Eveline Klinkenberg, Mr. Osman Abdulahi, Ms. Rachel Ochola and Mr. Nico Kaliswaart have provided the technical support with a total of six visits this quarter. The survey began in August 2013 and the consultants are providing support to the Data Management Unit, the three referral laboratories and the field implementation. A table of indicators has been developed to capture the data from the sampling sites in the household survey that consists of 66 clusters of households that are participating in the survey. The clusters were calculated from the census supervisory areas (CSAs) by the national Central Statistics Office. Recommendations were also provided to the NTP and partners that included the support for field travel of staff members to check the quality of the digital data collection process.

International meetings:

The Union Conference: TB CARE I staff members, Dr. Seraphine Kaminsa, Dr. Henry Phiri, Mr. Bernard Sichinga, Dr. Maboshe Mwendaweli (WHO) and Dr. Anitha Menon (University of Zambia) participated in the 44th Union World Conference on Lung Health on behalf of the project. The team made presentations that included three poster presentations and one oral presentation. Two of the posters were on the Patient Centered Approach (PCA) core project that was implemented in the North Western province while one of the presentations was on the achievements of the TB Infection Control demonstration project in Ndola District.

National Strategic Planning workshop: The World Health Organization held a national strategic planning workshop in Italy in November 2013 for ten countries that included Zambia. A team of four participants were present from Zambia that included Dr. Mwendaweli Maboshe (WHO), Dr. Calistus Kaayunga ((MoH), Ms. Rose Masilani (MCDMCH), Ms. Carol Nawina (Civil Society representative) and Dr. Seraphine Kaminsa from TB CARE I. National TB Strategic Plans were revised in line with WHO and Global Fund recommendations for the New Funding Model (NFM). The team continued to integrate these changes following the workshop together with the NTP and other partners. A stakeholders meeting to review the plan will be held in January 2014.

Technical and administrative challenges:

Following technical assistance by consultants supporting the prevalence survey, a request to support travel of staff members called data checkers was made to TB CARE I. The project was not able to support the NTP with funding from the carry over approved year three funding. The activity was included in the year four work plan with funding provided by the mission.

2. Year 4 technical outcomes and activity progress

2.1 Universal Access

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date ¹	Comments
1.1.1	Number of facilities where quality of services is measured	15/18 under 3 Is	18	Not yet measured	Facility level visits will be made next quarter to assess the quality of services in the WHO 3 Is supported facilities
1.1.3	TB personnel trained on the Patients' Charter	Yes	40	0	The training is planned in the third quarter, following finalization of the national ACSM operational plan
1.2.1	Private providers collaborating with the NTP	N/a	5	Not yet measured	Private providers have not been engaged this quarter
1.2.2	TB cases diagnosed by private providers	N/a	50 (This estimate is for 5 facilities)	Not yet measured	The cases will be diagnosed one the private providers are engaged
1.2.3	Status of PPM implementation	1	2	2	The country has a PPM strategy in place since 2012
1.2.5	Childhood TB approach implemented	3	3	3	
1.2.6	Number of TB cases (all forms) diagnosed in children 0-4	N/a	900	Not yet measured	
1.2.8	CB-DOTS program is implemented	3	3	3	

¹ If results are not available, write “Measured annually” or “Not yet measured” and say when the data are estimated to be available. Not all indicators can be measured quarterly.

Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status ²
				Start	End	
1.1.1	FHI360	Enhance access and utilization of the Patients' Charter through printing and distribution	This activity is a continuation from APA 3 where TB CARE I will print 6000 fliers copies of the Patients Charter with other educational materials (5000 brochures containing HIV/TB information and 5000 containing TB information) for health facility level distribution and staff orientation. The activity will be implemented beginning the second quarter of APA 4.	Feb 14	Mar 14	Ongoing
1.2.1	FHI360	Enhance DOTS in prisons through training of 75 people (including PEPFAR 3 Is)	The implementation of DOTS in prison facilities will continue beginning the second quarter of year 4 of project implementation	Feb 14	Mar 14	Pending
1.2.1	WHO	Intensify facility level DOTS	Facility level DOTS and training of health care workers will be conducted beginning the second quarter of year 4 of project implementation.	Feb 14	Jun 14	Pending
1.2.2	FHI360	Print and distribute finalized national Advocacy Communication and Social Mobilization (ACSM) strategy for TB control	The printing and distribution of the ACSM strategy will be done after a national stakeholder's workshop to finalize the document.	Mar 14	Apr 14	Pending
1.2.3	FHI360, KNCV	Conduct facilitators training for 40 provincial and district staff in ACSM	The national training for provincial and district level representatives who participated in the development of the national strategic plan will be conducted in the second quarter of year 4 of project implementation.	Feb 14	Mar 14	Pending
1.2.4	FHI360	Train 30 district staff in ACSM roll out	This activity will be conducted following the implementation of Activity 1.2.4.	Apr 14	Jun 14	Pending
1.2.5	FHI360	Supervision and mentorship in ACSM skills development	The supervision and mentorship visits of ACSM by MoH will be conducted beginning in the third quarter of year 4 of project implementation.	Jul 14	Sep 14	Pending
1.2.6	WHO	Involvement of the private practitioners in TB surveillance	The training of private sector practitioners in TB data management will be conducted in the second quarter of year 4 of project	Mar 14	Jun 14	Pending

² Status options: Pending (the activity has not yet started, but is not delayed); Ongoing (the activity has started and is in process); Completed (all sub-activities and outputs are complete); Postponed (the start or completion of this activity has been delayed, but will still be completed by the end of the work plan year); Cancelled (the activity, which may or may not have started, will not be completed by TB CARE I.)

			implementation.			
1.2.7	WHO	Provide private practitioners with TB surveillance tools	TB CARE I will support the NTP in providing TB surveillance tools to private providers to enhance PPM beginning the second quarter of year 4 of project implementation.	Feb 14	Jun 14	Pending
1.2.8	KNCV	Provide one technical support visit to the NTP to enhance program management, including Global Fund application	This activity will be conducted in the second quarter of year 4 of project implementation.	Feb 14	Mar 14	Pending

2.2 Laboratories

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date	Comments
2.1.1	A national strategic plan developed and implemented to provide the TB laboratory services needed for patient diagnosis and monitoring.	0	2	Not yet measured	Awaiting work plan approval
2.1.2	Laboratories with working internal and external QA programs for smear microscopy and culture/DST	80% (national target from baseline of 64% in 2010). 100% expected for TB CARE I supported sites.	100% National and TB CARE I supported sites (272/272)	100% in TB CARE I supported sites (149/149 facilities)	
2.1.3	Laboratories demonstrating acceptable EQA performance	95%	95%	82.5%	This data is based on 114 out of 149 facilities in TB CARE I target provinces. because 35 facilities did not provide reports this quarter on their EQA performance
2.3.1	Diagnostic sites offering advanced technologies for TB or drug-resistant TB	HAIN MTBDR plus (3) GeneXpert (8) LED Microscopy (50)	HAIN MTBDR plus (3) GeneXpert (8) LED Microscopy (62)	HAIN MTBDR plus (3) GeneXpert (8) LED Microscopy (62)	Seven GeneXpert machines were installed in year three in the TB CARE I target provinces under the WHO 3 Is project.

2.3.2	Rapid tests conducted		810	15,000	1204	
2.3.3	Patients diagnosed with GeneXpert		120	1,448	207	See 3Is section for more detail
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status
				Start	End	
2.1.1	FHI360, MSH	Develop TB laboratory strategic plan through a national workshop for 20 participants	The development of a TB Laboratory Strategic Plan by the laboratory network will be done in the second quarter of year 4 of project implementation.	Jan 14	Mar 14	Pending
2.1.2	FHI360	External Quality Assessment supervision up to quarter 2, 2014	The provincial EQA teams conducted blinded rechecking and supervisory visits in Central, North Western, Luapula, Northern and Muchinga provinces from December 1 to 14, 2013. There were a total of 83 facilities that participated in EQA. The last EQA visits with project support will be conducted at the end of the second quarter of year four of project implementation.	Apr 14	Apr 14	Ongoing
2.1.3	FHI360, MSH	Conduct national training in biosafety for 15 participants	This activity will be conducted in the third quarter of year 4 of project implementation.	May 14	May 14	Pending
2.1.4	FHI360, MSH, KNCV	Conduct national workshop to revise guidelines for Acid Fast Bacilli (AFB) microscopy	This activity will be conducted in the second quarter of year 4 of project implementation.	Feb 14	Feb 14	Pending
2.1.5	FHI360, MSH	Establish a national drug-resistant TB specimen referral system	Specimen referral trainings were conducted in Kabwe, Chipata, and Kasama and Ndola districts. A total of 67 participants were trained (48 males and 19 females). Participants were drawn from ZAMPOST (local courier company) and the Ministry of Health. Participants were oriented in the SOPs and Algorithm for sample packaging, transportation and delivery to the National TB Reference Laboratory. Implementation of the courier system has started in the five pilot provinces namely Muchinga, Northern, Copper belt, and Central and Eastern provinces.	Oct 13	Sep 14	Ongoing

2.3 Infection Control

Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date	Comments
3.1.1	National TB-IC guidelines that are in accordance with the WHO TB-IC policy have been approved		Yes	Yes	Yes	
3.2.1	"FAST" strategy has been adapted and adopted		2	2	2	The strategy has been piloted under the Ndola TB IC Demonstration Project at Ndola Central Hospital and Twapia Clinic
3.2.2	Facilities implementing TB IC measures with TB CARE I support		70% (30/43 facilities) and the expected result from the WHO 3 I's sites is 35% (13/37 facilities)	100% (43/43 facilities) and the expected result from the WHO 3 I's sites is 100% (37/37 facilities)	74% (32/43 facilities) WHO 3 I's sites 35% (13/37 facilities)	TB IC measures were introduced to two facilities
3.3.1	Annual reporting on TB disease (all forms) among HCWs is available as part of the national R&R system		No	Yes	4 cases were confirmed from the Ndola District TB IC demonstration projects	The screening of HCWs will continue under the 3Is
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status
				Start	End	
3.2.1	FHI360	Integrate TB IC measures in 9 facilities	TB IC trainings were conducted in two of the nine targeted facilities for year 4. These facilities are Mpongwe Mission Hospital (10 females and 13 males) and Kalulushi General Hospital (14 females and 15 males) and infection control plans were developed by the facilities to support implementation of infection control measure. More facilities will integrate TB IC plans over the course of year 4.	Oct 13	Aug 14	Ongoing
3.2.2	FHI360	Conduct quarterly monitoring visits to facilities implementing TB IC	Activity to be implemented beginning the second quarter of APA4.	Feb 14	Sep 14	Pending



Participants and facilitators
at the TB IC facility orientation training, Kalulushi District, November 21 - 22, 2013

2.4 PMDT

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date	Comments
C6.	Number of MDR cases diagnosed	N/a	50 (from WHO 3 I's sites)	Not yet measured	
4.1.2	MDR TB patients who are still on treatment and have a sputum culture conversion 6 months after starting MDR-TB treatment	Data not available	>80%	Not yet measured	
4.1.3	MDR TB patients who have completed the full course of MDR TB treatment regimen and have a negative sputum culture	Data not available	>75%	Not yet measured	
4.1.4	A functioning National PMDT coordinating body	Yes	Yes	Yes	

4.1.5	<i>Number of rifampicin resistant (RR) TB patients diagnosed by GeneXpert</i> Numerator: Number of RR - TB patients diagnosed Denominator: Total number of patients examined with GeneXpert.		N/a (diagnosis not yet done by Xpert in Year 3)	500	13	
4.1.6	<i>MDR-TB patients diagnosed by GeneXpert and confirmed by culture and DST</i> Numerator: Number of patients with Xpert RR result <u>and</u> MDR-TB confirmation on C/DST. Denominator: Number of patients tested by Xpert for whom confirmatory C/DST was requested.		N/a (diagnosis not yet done by Xpert in Year 3)	250 (>90%)	Samples have been sent to the NRL for MDR-TB with C/DST	
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status
				Start	End	
4.1.1	WHO, KNCV	Scale up Programmatic Management of Drug Resistant TB (PMDT) activities	TB CARE I will enhance establishment of PMDT activities by supporting the reporting and recording of hospital based patient data to the NTP. Activity to be implemented beginning the second quarter of APA4.	Feb 14	Aug 14	Pending

2.6 HSS

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date	Comments	
6.2.1	TB CARE-supported supervisory visits conducted	40% (n = 4/10)	100% (n = 10/10)	Supervisory visits were not conducted this quarter because the provinces had conflicting priorities with other disease focus areas		
6.2.2	People trained using TB CARE funds	1,269	565	298		
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status
				Start	End	
6.2.2	WHO	Enhance technical support and facility mentorship in TB control	TB CARE I did not provide targeted health facility level technical support this quarter. The support will be provided in the six	Feb 14	Aug 14	Pending

			target provinces from the next quarter			
6.2.3	WHO	World TB Day commemoration	TB CARE I will support the national commemoration of World TB day in the second quarter of year 4 of project implementation.	Mar 14	Mar 14	Pending



TB CARE I, FHI360 staff from various country offices met at the 44th Union World Conference on Lung Health held in Paris, France from October 30 to November 3, 2013

2.7 M&E, OR and Surveillance

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date	Comments
7.2.1	Data quality measured by NTP	Yes	Yes	Activity not yet conducted	
7.2.2	NTP provides regular feedback from central to intermediate level	Yes	Yes	Activity not yet conducted	

7.3.1	OR studies completed	0	2	0		
7.3.2	OR study results disseminated	N/a	2	0		
7.2.3	<i>National prevalence survey conducted to estimate prevalence of bacteriological confirmed pulmonary TB</i> Description: The estimated prevalence of TB is provided	Yes	Estimated result comparable to Global Report 2012 of 47,000 (352/100,000 population)	Not yet measured		
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status
				Start	End	
7.2.1	WHO	Support 2 provincial level TB/HIV technical data review meetings	The implementation of this activity will start in the second quarter of year 4.	Oct 13	Sep 14	Pending
7.2.2	WHO, KNCV	Provide technical support for the prevalence survey	This activity is ongoing and in this quarter TB CARE I supported external consultant visits for three consultants from KNCV to the prevalence survey.	Oct 13	Sep 14	Ongoing
7.3.1	FHI360	Complete operational research implementation process	Protocols for the Operational Research were further developed in year 3 of project implementation. The actual implementation of the research will be conducted beginning the second quarter up to the last quarter of APA4.	Oct 13	Sep 14	Ongoing

2.8 Drugs

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date	Comments	
8.1.1	National forecast for the next calendar year is available	Yes	Yes	The NTP in collaboration with the UNDP GF partner has provided a forecast for Anti-TB drugs and a procurement request was made to GF.		
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status
				Start	End	
8.1.1	KNCV	Provide technical assistance in drug management	Activity to be implemented following agreement with the NTP in year 4 of project implementation.	Jan 14	Apr 14	Pending

3. 3 I's work plan technical outcomes and activity progress

3.1 Universal Access

Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date ³	Comments
1.1.1	Number of facilities where quality of services is measured		15/18 under 3 Is	18	Not yet measured	
1.2.4	Children younger than 5 (contacts of ss+ adults) that were put on IPT		N/a	100 (minimum)	Not yet measured	
1.2.7	Prisons with DOTS		5% (n = 3/54)	5% (n = 3/54)	5% (n = 3/54)	
1.2.8	CB-DOTS program is implemented		3	3	3	
1.2.9	Population covered with CB-DOTS		N/a	100%	Not yet measured	This will be the catchment population for the facilities under 3Is and the prison populations
1.2.10	Health facilities offering CB-DOTS services		N/a	100%	16% (3/18 facilities)	
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status ⁴
				Start	End	
1.1.1	FHI360	(PEPFAR 3 Is) Carry out quality assessments in the sites implementing the WHO 3 Is initiative using tools developed under this project, termed as TB QUAL	Quality assurance assessments were conducted in 3 of the 8 target facilities using the chart abstraction tool this quarter. TB CARE I conducted on-site training of health facility staff in 12 out of the 18 target facilities on the key materials that include Xpert MTB/RIF Job Aids, Laboratory Request Forms, High Risk Group Algorithm, Presumptive TB Registers and Community Referral Register.	Oct 13	Sep 14	Ongoing
1.2.1	FHI360	(PEPFAR 3 Is) Implement DOTS Enhance DOTS in	This activity will be implemented in the second quarter of year 4 of project	Mar 14	May 14	Pending

³ If results are not available, write "Measured annually" or "Not yet measured" and say when the data are estimated to be available. Not all indicators can be measured quarterly.

⁴ Status options: Pending (the activity has not yet started, but is not delayed); Ongoing (the activity has started and is in process); Completed (all sub-activities and outputs are complete); Postponed (the start or completion of this activity has been delayed, but will still be completed by the end of the work plan year); Cancelled (the activity, which may or may not have started, will not be completed by TB CARE I.)

		prisons through training of 75 people (including PEPFAR 3 Is)	implementation.			
1.2.2	FHI360	(PEPFAR 3 Is) Strengthen community intensified case finding in the community	<p>Trainings of community treatment supporters from the Kapiri, Kabwe and Chibombo District were done. The breakdown is as follows: 11 male and 14 female from Kapiri District, 6 male and 9 female from Kabwe District, 14 male and 20 from Chibombo District. The volunteers are at present working with the TB CARE I technical officers in these districts, assisting with intensified TB case finding activities at health facilities, and conducting defaulter and contact tracing of cases in the surrounding communities. Enablers in form of bicycles, gumboots, off-season footwear and raincoats were distributed to 125 trained treatment supporter trained by TB CARE I who are working in the 3Is facilities and the surrounding communities.</p>	Oct 13	Sep 14	Ongoing

3.2 Laboratories

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date	Comments
2.3.1	Diagnostic sites offering advanced technologies for TB or drug-resistant TB	HAIN MTBDR plus (3) GeneXpert (8) LED Microscopy (50)	HAIN MTBDR plus (3) GeneXpert (8) LED Microscopy (62)	HAIN MTBDR plus (0) GeneXpert (8) LED Microscopy (62)	Seven GeneXpert machines were installed in year three in the TB CARE I target provinces under the WHO 3Is projects. One Xpert was procured for the NRL in 2012
2.3.2	Rapid tests conducted	810	15,000	1204	
2.3.3	Patients diagnosed with GeneXpert	120	1,448	207 Previously treated TB=18 HIV + cases=164	

				Children=0 HCW=3 Rifampicin R + cases=35		
2.1.4	<i>Number of MDR TB cases diagnosed through referral system</i> Numerator: The number of referred samples that will test positive for MDR-TB from the referral sites Denominator: the total number of samples referred to the reference laboratory.		20% (n > 136, from baseline assessment findings)	250	Sputum samples for suspected MDR-TB cases from health facilities have been submitted to the national reference laboratory and results are expected from the next quarter.	
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status
				Start	End	
2.1.1	FHI360	(PEPFAR WHO 3 Is) Procure specimen packaging and transportation materials for GeneXpert diagnosis	The support towards the procurement of sputum specimen packaging and transportation materials will be conducted beginning second quarter of year 4 of project implementation.	Jan 14	Sep 14	Ongoing
2.1.2	FHI360	(PEPFAR WHO 3 Is) Procure 15,000 GeneXpert cartridges	The procurement of an additional 15,000 GeneXpert cartridges for the year will be conducted in the second quarter of year 4 of project implementation. The project still has some cartridges from Year 3. In addition, there is still a budgetary allocation from year 3 to cover this portion.	May 14	Sep 14	Ongoing
2.1.3	FHI360	(PEPFAR WHO 3 Is) Introduce confirmatory test for Xpert RIF positive tests-HAIN	HAIN test will be placed at Tropical Diseases Research Center (TDRC) in Ndola in order to expedite confirmation of the Xpert Rifampicin Resistance cases if they are true MDR cases.	Jan 14	Mar 14	Pending
2.1.4	FHI360	(PEPFAR WHO 3 Is) Establish common sputum collection points to enhance accuracy in testing suspects	The implementation of this activity has started with the community referral registers being in the process of being printed. The procurement of furniture and equipment for the common sputum sample collection will be done in the second quarter of year 4 of project implementation.	Feb 14	Mar 14	Ongoing

2.1.5	FHI360	(PEPFAR WHO 3 Is) Strengthen sputum sample referral for Xpert testing	The procurement of motorbikes to be used for sputum sample referral between hubs and satellite facilities will be completed in the second quarter of year 4 of project implementation.	Feb 14	Mar 14	Ongoing
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3.3 Infection Control

Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date		Comments
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status	
				Start	End		
3.1.1	FHI360	(PEPFAR WHO 3 Is) Print and distribute of TB IC IEC materials and 6,000 TB IC guidelines	TB CARE I support towards the national level printing and distribution of national guidelines and TB IC IEC materials will be conducted in the second quarter of year 4 of project implementation	Feb 14	Mar 14	Pending	
3.2.1	FHI360	(PEPFAR WHO 3 Is) Carry out IC baseline assessment visits in 17 health facilities and 5 prison facilities	Baseline assessments were carried out in 6 health facilities (Kafue District Hospital, Kafue Estates Clinic and Nangongwe Clinic in Kafue district. Chongwe District Clinic, Chinyunyu Clinic and Kasisi Clinic in Chongwe District) and one prison site at Lusaka Central Prison.	Oct 13	Sep 14	Ongoing	
3.2.2	FHI360	(PEPFAR WHO 3 Is) Integrate TB IC measures in 22 sites	The scaling up health facility level infection control activities towards the overall targeted 19 facilities and 3 prisons will be conducted beginning the second quarter of year 4 of project implementation.	Feb 14	Sep 14	Ongoing	
3.2.3	FHI360	(PEPFAR WHO 3 Is) Scale up TB IC knowledge to community volunteers under the NHC	TB CARE I will support the training of 100 community volunteers in TB IC beginning the second quarter of year 4 of project implementation.	Feb 14	Sep 14	Pending	
3.2.4	FHI360	(PEPFAR WHO 3 Is) Improve environments for TB IC in health facilities	Documentation is complete for the renovation works at Kabwe Mine Hospital, Ndola Central Hospital and Lubuto Clinic. Works to commence in the next quarter. The procurement of 45 directional fans for 15 health facilities will also be done beginning the second quarter of year 4 of project implementation.	Jan 14	Jun 14	Pending	

3.2.5	FHI360	(PEPFAR WHO 3 Is) TB IC compliance monitoring	TB CARE I support towards staff visits to 17 facilities to monitor compliance will be conducted beginning the second quarter of year 4 of project implementation.	Apr 14	Sep 14	Pending
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3.5 TB/HIV

Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date		Comments
5.1.1	New HIV patients treated for latent TB infection during reporting period		0%	30% (of those screened for TB in 3Is sites)	measurements will commence in quarter two		Recording tools were not available last quarter
5.2.1	HIV-positive patients who were screened for TB in HIV care or treatment settings			100% (in 3Is sites)	Results will be available in quarter two		Will be measured using the TB QUAL
5.2.2	TB patients (new and re-treatment) with an HIV test result recorded in the TB register		85%	87%	Results will be available in quarter two		
5.2.3	TB patients (new and re-treatment) recorded as HIV-positive		68%	68%	Results will be available in quarter two		
5.3.1	HIV-positive TB patients started or continued on antiretroviral therapy (ART)		60%	70%	57%		
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status	
				Start	End		
5.1.1	FHI360	(PEPFAR 3 Is) Support implementation of Intermittent Isoniazid Preventive Therapy (IPT)	The IPT registers are in the process of being printed. The roll out will take place in the second quarter of year 4 of project implementation.	Feb 14	Apr 14	Ongoing	
5.2.1	FHI360	(PEPFAR 3 Is) Carry out intensified case finding in HIV settings	TB CARE I is supporting printing of job aids on Xpert MTB RIF roll out. These are in the process of being printed. Distribution will take place in the second quarter of year 4 of project implementation.	Feb 14	Sep 14	Ongoing	
5.3.1	FHI360	(PEPFAR 3 Is) Support ART initiation among TB/HIV co-infected patients in TB treatment settings.	TB CARE I supported Mkushi district to host an orientation of District TB Focal persons in integrating ART services in TB corners. TB corner staff from Serenje, Mansa and Mpika districts was orientation in the provision of integrated HIV and TB services. The visiting districts will establish ART	Jan 14	Jun 14	Ongoing	

			services in selected TB clinics in their own districts using lessons learnt from the host district, Mkushi. The anticipated outcome of the orientation will be improved ART uptake among TB/HIV co-infected persons.			
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3.6 HSS

Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date		Comments
6.2.2	People trained using TB CARE funds		1,269	565	298		
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status	
				Start	End		
6.2.1	FHI360	(PEPFAR 3 Is) TB CARE I staff training and updates on 3 Is	This activity takes place in quarter 3 of APA 4.	Jun 14	Jun 14	Pending	

3.7 M&E, OR and Surveillance

Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date		Comments
7.2.1	Data quality measured by NTP		Yes	Yes	yes		
7.2.2	NTP provides regular feedback from central to intermediate level		Yes	Yes	Yes		
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status	
				Start	End		
7.2.1	FHI360	(PEPFAR 3Is) Support implementation of the revised national recording and reporting tools in 18 health facilities under the 3Is project	The tools are in the process of being printed. Distribution will take place in the second quarter of year 4 of project implementation.	Jan 14	Mar 14	Ongoing	
7.2.2	FHI360	(PEPFAR 3Is) M & E Technical Support under the 3Is	This activity is spearheaded by the FHI360 headquarters in the USA and takes off from quarter two when work plan is approved.	Feb 14	Sep 14	Pending	
7.2.3	FHI360	(PEPFAR 3Is) Build monitoring capacity in field staff	Procurement process has started. The distribution and networking will take place in the second quarter of Year 4 of project	Feb 14	Apr 14	Ongoing	

			implementation.			
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4. TB CARE I's support to Global Fund implementation in Year 4

Current Global Fund TB Grants

Name (i.e. Round 10 TB)	Average rating*	Current rating	Total approved amount	Total dispersed to date
Transitional Funding			4 200 000	?

* Since January 2010

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

The global funds disbursements to Zambia suffered a setback when there were reports of misuse at the Ministry of Health (MOH). The country was asked to constitute an independent unit called the Program Management Unit (PMU) within the MOH which will eventually handle future funding. This has been done and the team is currently undergoing capacity building by the United Nations Development Program (UNDP) who is the temporary principal recipients at present.

The 4.2 million USD which has been provided for as transitional funding is mainly for drug procurements and support for external quality assessments in microscopy by the Chest Diseases Laboratory (CDL)

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

TB CARE I currently supports the NTP in preparing for the new funding model under the Global Fund. Preparatory works ongoing include developing and strengthening the national strategic plan (NSP), which is a key document required to access funds under the new model. The project has had its staff attend key preparatory meeting organized by the Global Fund during orientation on the new funding mechanisms as well as development of the NSP. This has enabled TB CARE I staff play a key technical supportive role in this process.

5. MDR-TB cases diagnosed and started on treatment in country

Quarter	Number of MDR cases diagnosed	Number of MDR cases put on treatment	Comments:
Total 2010			<p>The GLC mission report indicated that 33 cases were diagnosed from January to June 2013. TB CARE I has results from the WHO 3 Is sites from October to December 2013 that need DST confirmation before they can be reported on.</p>
Total 2011			
Total 2012	80	97	
Jan-Mar 2013	33		
Apr-Jun 2013			
Jul-Sep 2013			
Oct-Dec 2013			
Total 2013	0	0	

5. TB CARE I-supported international visits (technical and management-related trips)

#	Partner	Activity Code	Name	Purpose	Planned month, year	Status	Dates completed	Additional Remarks (Optional)
1	FHI 360	7.3.1	Lisa Dulli	Operational Research	TBA	Pending		
2	FHI 360	7.3.1	Suzanne Essama-Bibi	Operational Research	TBA	Pending		
2	FHI 360	7.3.1	Suzanne Essama-Bibi	WHO 3 Is	February 2014	Pending		
4	KNCV		Netty Kamp	ACSM national training	November 2013	Pending		
5	KNCV		Valentina Anisimova	Laboratory AFB training	February 2014	Pending		
6	KNCV		Victor Ombeka	PMDT	TBA	Pending		
7	KNCV		Eveline Klinkenberg	Prevalence survey	December 2013	Completed	December 8-13, 2013	
8	KNCV		Eveline Klinkenberg	Prevalence survey	February 2014	Pending		
9	KNCV		Eveline Klinkenberg	Prevalence survey	TBA	Pending		
10	KNCV		Osman Abdullahi	Prevalence survey	October 2013	Completed	October 6 - 12, 2013.	
11	KNCV		Osman Abdullahi	Prevalence survey	TBA	Pending		
12	KNCV		Osman Abdullahi	Prevalence survey	TBA	Pending		
13	KNCV		Nico Kalisvaart	Prevalence survey	November 2013	Completed	November 16 - 23, 2013.	
14	KNCV		Nico Kalisvaart	Prevalence survey	December 2013	Completed	December 11-21, 2013	
15	KNCV		Rachel Ochola	Prevalence survey	November 2013	Completed	November 5-9, 2013	
16	KNCV		Rachel Ochola	Prevalence survey	TBA	Pending		

17	KNCV	8.1.1	TBD	Drug management	TBA	Pending		
18	MSH		Catherine Mundy	National drug resistant TB specimen referral system	TBA	Pending		
19	WHO		TBA	Prevalence survey	February	Pending		
20	WHO		TBA	Prevalence survey	TBA	Pending		
Total number of visits conducted (cumulative for fiscal year)							5	
Total number of visits planned in work plan							20	
Percent of planned international consultant visits conducted							25%	