



TB CARE I

TB CARE I - Zambia

Year 4

Quarterly Report

January – March 2014

April 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	Jan-Mar 2014

Most significant achievements:

Community Engagement in 3 Is project activities:

TB CARE I has intensified support for community TB control through the empowerment of 125 community volunteers in five districts across two provinces (Copperbelt and Central). These volunteers have taken a lead in collecting sputum samples on the spot from individuals with presumptive TB at specific sites within the health facilities designated as sputum collection points, for testing using the Xpert/MTB-RIF technology. The volunteers have also conducted active tracing of sputum positive contacts. Seven community volunteers were also trained this quarter to transport sputum samples (using motorbikes) from non-diagnostic facilities called satellites to the specific facilities called hubs, where Xpert machines have been installed. This support is expected to contribute to increased case detection both at facility and community levels and improved treatment success at community level.

3 Is Project Program Monitoring & Evaluation

TB CARE I consultant, Suzanne Essama-Bibi (FHI 360), conducted a technical support visit on M&E planned under the 3 Is project, in March 2014. She reviewed the 3Is project team progress in completing the database and entering data on agreed upon project indicators, and worked with some team members to formulate evaluation questions and identify appropriate evaluation design, methods, and data sources for these questions. A draft evaluation protocol will be circulated to the entire 3 Is in-country team in late April for review and input. This will assist the country team in achieving the monitoring and evaluation objectives of the 3Is project.

Laboratory:

After the introduction of Xpert MTB/RIF in the TB CARE I supported sites, 3655 samples were successfully tested. 630 were MTB positive, out of which 45 were rifampicin resistant and 585 were rifampicin sensitive. The number of people living with HIV who were successfully tested for TB using Xpert increased from 957 to 1711, representing a 79% increase. There were 165 prisoners and 28 health care workers among the individuals tested this quarter.

Prevalence survey:

The NTP received two consultant visits from Nico Kalisvaart (KNCV) who has provided continued technical assistance to the prevalence survey. The consultant was able to provide monitoring support for the data management processes and procedures related to the prevalence survey at the central data management unit, the three reference laboratories, the chest X-ray unit and the field teams. As of March 2014, 21,555 out of a total of 54,400 individuals have participated in the survey. A mid-term evaluation of the survey was done. The TB CARE I project procured (through WHO) and received two vehicles that will be used in field activities of the prevalence survey.

World TB Day Commemoration:

The World TB Day commemoration was held in Lusaka district under the theme 'Reach the three million: a TB test, treatment and cure for all'. The event was flagged off by the Lusaka Provincial Medical Officer, Dr. Abel Kabalo. There were over 300 participants including six TB CARE I staff members. Speeches were given by the Deputy Minister of Community Development Mother and Child Health, Ms. Dorothy Kazunga, the Deputy US Ambassador to Zambia, David Young, World Health Organization Representative, Dr. Olusegun Babaniyi, and the Provincial Medical Officer for Lusaka Province. There was emphasis from the minister's speech on the importance of diagnosing and managing TB in the country and that Zambia has made considerable progress in these areas since 2000.

Infection Control:

Infection control activities were conducted in four facilities in Ndola District which are 3 Is project sites -- Ndola Central Hospital, Lubuto Clinic, New Masala Clinic and Chipokota Mayamba Clinic. Each facility drafted its own infection control plan to support implementation of infection control measures.

Baseline assessments of existing infection control activities were carried out in 8 health facilities (Liteta District Hospital and Mwachisompola Clinic in Chibombo District; Choma General Hospital, and Shampande Clinic in Choma District; Ndola Central Hospital, Chipokota Mayamba Clinic, Lubuto Clinic and New Masala Clinic in Ndola District) and two prison sites at Mazabuka Prison in Mazabuka District and Kalonga Open Air Prison in Kabwe District. The facilities that participated in the Ndola District TB IC demonstration project had continued implementing IC activities more than the facilities that had not had any TB IC activities introduced at their sites.

Procurement:

TB CARE I procured an ambulance for the Ndola Central hospital MDR-TB treatment facility through WHO. The vehicle was handed over to Dr. Joseph Kasonde, the Minister of Health, at a brief ceremony at the Ministry Headquarters in Lusaka. It has subsequently been delivered to the hospital.

TB CARE I continued supporting the National Prevalence Survey through the procurement of key equipment and supplies.

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
1.1.3	TB personnel trained on the Patients' Charter	Yes	Yes (40 to be trained)	No	A national level training is planned for the third quarter
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 once the private providers are engaged
1.2.3	Status of PPM implementation	1 (The country has piloted at least one PPM intervention)	2 (The country has a PPM strategy)	2 (The country has a PPM strategy)	The country has a PPM strategy in place since 2012
1.2.5	Childhood TB approach implemented	3 (Childhood TB is an integral part of the NTP strategic plan and regular activities)	3 (Childhood TB is an integral part of the NTP strategic plan and regular activities)	3 (Childhood TB is an integral part of the NTP strategic plan and regular activities)	
1.2.6	Number of TB cases (all forms) diagnosed in children 0-14	3,332	900	3,110	NTP reported data for Number of TB cases (all forms) diagnosed in children is from 0-14
1.2.8	CB-DOTS program is implemented	3 (NTP has scaled-up the implementation of CB-DOTS to additional geographic	3 (NTP has scaled-up the implementation of CB-DOTS to additional geographic	3 (NTP has scaled-up the implementation of CB-DOTS to additional geographic areas and	

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	The printing and dissemination of the Patients' Charter scheduled for the second quarter of APA 4 is slightly behind schedule. 6000 copies of the Patients Charter, 5000 brochures containing TB information and 5000 containing TB/HIV information will be printed in the first week of April, and distributed during the national level ACSM training of trainers.	Feb 14	May 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 third quarter of year 4 of project implementation	Feb 14	Jun 14	Pending
1.2.1	WHO	Intensify facility level DOTS	Facility level DOTS and training of health care workers will be conducted in the third 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	A national stakeholders' workshop was held from January 27 to 31, 2014 to refine the ACSM strategy. The final draft of the ACSM strategy was shared for review with NTP and core partners. Printing of the ACSM strategy document is expected to be done in June 2014, after final review and endorsement by the MCDMCH.	Mar 14	Jun 14	Ongoing
1.2.3	FHI360, KNCV	Conduct facilitators training for 40 provincial and district staff in ACSM	This activity is being planned for in the next quarter.	Feb 14	Jun 14	Pending
1.2.4	FHI360	Train 30 district staff in ACSM roll out	This activity has been cancelled. Agreement has been reached with the NTP to re-	Apr 14	Jun 14	Cancelled

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.)

			allocate funds to the National TB/HIV Review Meeting.			
1.2.5	FHI360	Supervision and mentorship in ACSM skills development	This activity has been cancelled. Agreement has been reached with the NTP to re-allocate funds to the National TB/HIV Review Meeting.	Jul 14	Sep 14	Cancelled
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 third quarter of year 4 of project implementation.	Mar 14	Jun 14	Pending
1.2.7	WHO	Provide private practitioners with TB surveillance tools	This activity has been cancelled	Feb 14	Jun 14	Cancelled
1.2.8	KNCV	Provide one technical support visit to the NTP to enhance program management, including Global Fund application	Miranda Brouwer from KNCV provided technical support to the NTP from March 17-28, 2014. She conducted an epidemiological analysis of the NTP data from 2009 to 2013 for all the ten administrative provinces for both adult and paediatric TB cases notified.	Feb 14	Mar 14	Completed

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 (Score definition: Laboratory strategic plan not available)	2 (Score definition: Laboratory annual implementation plan and budget is available for the current year)	Not yet measured	Development of the laboratory strategic plan will be done in May 2014
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)	All the facilities have been enrolled in the smear microscopy EQA program in the TB CARE I sites
2.1.3	Laboratories demonstrating acceptable EQA performance	95%	95%	Data not available	The NTP has not compiled the data for

Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status
				Start	End	
				the last two quarters from the provinces		
2.1.1	FHI360, MSH	Develop TB laboratory strategic plan through a national workshop for 20 participants	A national workshop will be held in May 2014 following agreement with the National Reference Laboratory team.	Jan 14	Apr 14	Ongoing
2.1.2	FHI360	External Quality Assessment supervision up to quarter 2, 2014	Activity completed as planned.	Dec 13	Mar 14	Completed
2.1.3	FHI360, MSH	Conduct national training in biosafety for 15 participants	This activity will be conducted from May 5-9, 2014. Participants have been selected by the NTP, NRL.	May 14	May 14	Ongoing
2.1.4	FHI360, MSH, KNCV	Conduct national workshop to revise guidelines for Acid Fast Bacilli (AFB) microscopy	This activity will be conducted in July 2014. A KNCV consultant will participate in this activity.	Jul 14	Jul 14	Pending
2.1.5	FHI360, MSH	Establish a national drug-resistant TB specimen referral system	Specimen referral system monitoring visits will be conducted in the Central and Copperbelt Provinces from March 31 to April 5, 2014. Visits will also be made to Northern, Muchinga and Eastern Provinces from April 6-12, 2014. A total of 27 laboratories are expected to be assessed.	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 ("FAST strategy" has been piloted)	2 ("FAST strategy" has been piloted)	2 ("FAST strategy" has been piloted)	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)	100% (43/43 facilities)	74% (32/43 facilities)	TB IC measures were introduced to four 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	Yes (A total of 776 out of 1597 (48.5%) health care workers were screened by February 2014 under the TB IC Ndola District core project activities)	The screening is ongoing at the Ndola Central Hospital and Arthur Davison Children's Hospital, following a request to extend the screening period at the two hospitals Results of one year screening will be gathered in the third quarter. Based on the results and recommendations from the National Ethics Committee, the NTP will decide on the national HCW TB surveillance modalities
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	Two facilities have integrated IC activities in their facility plans to date. The remaining	Oct 13	Aug 14	Ongoing

			seven facilities will integrate TB IC plans by August 2014			
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

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)	Data not available	
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%	Data not available	
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%	Data not available	
4.1.4	A functioning National PMDT coordinating body		Yes	Yes	Yes	
4.1.5	Proportion of rifampicin resistant (RR) TB patients diagnosed by GeneXpert 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	RR: 45/3655 (1.2%)	3655 are the number of successful tests, RR: Rifampicin Resistance RS: Rifampicin Sensitive
4.1.6	Proportion of MDR-TB patients diagnosed by GeneXpert and confirmed by culture and DST Numerator: Number of patients with Xpert RR result and 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%)	4/20 (20%)	There were results obtained for 4 MDR - TB confirmed cases from the NRL
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	The NTP has identified a PMDT focal person among the newly hired staff. The staff member will oversee implementation of planned activities including TB CARE I activities from the third quarter of APA4.	Feb 14	Aug 14	Ongoing
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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 Numerator: Number of TB CARE – supported supervisory visits conducted Denominator: Number of TB CARE – supported supervisory visits planned		40% (n = 4/10)	100% (n = 10/10)	0		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 I funds		1,269	565	334 (168 Females, 166 males)		
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	This activity will be implemented in the third quarter of project implementation.	Feb 14	Aug 14	Pending	
6.2.3	WHO	World TB Day commemoration	The World TB Day commemoration was held in Lusaka district on March 24, 2014. TB CARE I provided support for the venue costs.	Mar 14	Mar 14	Completed	



Senior TB/HIV Technical Officer, Amos Nota (Left) with the Deputy Minister of Community Development Mother and Child Health, Ms. Dorothy Kazunga (second from right) and WHO country representative Dr. Olusegun Babaniyi (right) at the World TB Day FHI360 booth, March 24, 2014

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	Yes	Ongoing	The USAID mission will conduct a field visit with to one of the cluster sites next quarter with TB CARE I and local partners
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 activity will be implemented in the third quarter of year 4.	Oct 13	Sep 14	Pending
7.2.2	WHO, KNCV	Provide technical support for the prevalence survey	TB CARE I supported two external consultant visits to the prevalence survey.	Oct 13	Sep 14	Ongoing
7.3.1	FHI360	Complete operational research implementation process	Discussions were held with the internal and external contributors to the protocol writing process on the limited time remaining for the Operational Research implementation. A decision was made to only proceed with one protocol titled: Challenges Of Turnaround Time For Smear Microscopy In The TB Diagnostic Health Centres In the Copperbelt Province In Zambia	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
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8.1.1	National forecast for the next calendar year is available	Yes	Yes	Yes	The NTP is anticipating to receive an Anti-TB drug consignment in April 2014	
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	Technical assistance will be provided in the third quarter.	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 date³	Comments
1.1.1	Number of facilities where quality of services is measured	15/18 under 3 Is	18	15	The three prison sites 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	Results to be measured beginning fourth quarter of APA 4
	Number of prisoners diagnosed with TB	N/a		165	The project anticipates to diagnose more with the establishment of a referral system for sputum samples from the prisons to the diagnostic facilities with GeneXpert.
1.2.8	CB-DOTS program is implemented	3	3	3	
1.2.9	Population covered with CB-DOTS (percent)	N/a	100%	Not yet measured	Measurements will start in quarter 3. First report will be

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.

						available in quarter 4 of APA 4
1.2.10	Health facilities offering CB-DOTS services (percent)	N/a	100%	61% (11/18 facilities)		These are the WHO 3 Is sites where community involvement is monitored by the project
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 project) 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 using the TB QUAL tool were conducted in 15 of the 18 target sites in January 2014. The data entry was done this quarter and results will be available in the next quarter.	Oct 13	Sep 14	Ongoing
1.2.1	FHI360	(PEPFAR 3 Is project) Implement DOTS Enhance DOTS in prisons through training of 75 people (including PEPFAR 3 Is)	This activity will be implemented in the third quarter of year 4 of project implementation.	Mar 14	May 14	Pending
1.2.2	FHI360	(PEPFAR 3 Is project) Strengthen community intensified case finding in the community	TB CARE I supported district community stakeholder meetings in all 5 districts implementing the 3 Is, namely Chibombo, Kabwe, Kapiri, Ndola and Kitwe. This served as an important platform to explain the WHO 3 Is initiative to community leaders and to gain greater acceptance of ICF activities in the communities served by the facilities under the WHO 3 Is initiative.	Oct 13	Sep 14	Ongoing

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.)



TB Treatment Supporter Jaqueline Chinkuli on her way to carry out contact tracing in the catchment area of Liteta Hospital

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	387	15,000	3655	Tests done successfully since GeneXpert was introduced in September 2013 and reported from seven out of the 18 target sites, before the sample referral system was established	
2.3.3	Patients diagnosed with GeneXpert	94/387	All (RR and RS): 1,448	630 MTB+ (17.2% positivity rate) 45 RR and 585 rifampicin sensitive	Total Xpert tests MTB Positive were 630 rifampicin resistant (RR) 45 and rifampicin sensitive 585.	
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 3 Is project) Procure specimen packaging and transportation materials for GeneXpert diagnosis	The procurement of sputum specimen packaging has started and will be completed in the third quarter of Year 4 of project implementation.	Jan 14	Sep 14	Ongoing
2.1.2	FHI360	(PEPFAR 3 Is project) Procure 12,000 GeneXpert cartridges	The procurement of 12,000 GeneXpert cartridges for the year started with the initial quantity of 2,650 procured. An order for 5,850 cartridges was placed. The remaining balance will be procured in the fourth quarter of year 4 of project implementation.	May 14	Sep 14	Ongoing
2.1.3	FHI360	(PEPFAR 3 Is project) Introduce confirmatory test for Xpert RIF positive tests-HAIN	Procurement of the HAIN equipment, accessories and reagents has started. The procurement will be completed in the third quarter of Year 4.	Jan 14	Jun 14	Ongoing
2.1.4	FHI360	(PEPFAR 3 Is project) Establish common sputum collection points to enhance accuracy in testing suspects	Packaging materials, tents and furniture were procured and will be delivered in April 2014.	Feb 14	Apr 14	Ongoing
2.1.5	FHI360	(PEPFAR 3 Is project) Strengthen sputum sample referral for Xpert testing	The motorbikes to be used for sputum sample referral between hubs and satellite facilities were procured and delivered to the facilities. Motorbike riders (volunteers) from the WHO 3 Is sites were also trained in riding.	Feb 14	Sep 14	Ongoing

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
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 ("FAST strategy" has been piloted)	2 ("FAST strategy" has been piloted)	2 ("FAST strategy" has been piloted)	The strategy has been piloted under the Ndola TB IC Demonstration Project at Ndola Central Hospital and Twapia Clinic. The implementation has not been successful due to limited human

						resource available to implement the initiative in the two facilities.
3.2.2	Facilities implementing TB IC measures with TB CARE I support	Expected result from the WHO 3 I's sites is 35% (13/37 facilities)	100% Expected result from the WHO 3 I's sites is 100% (37/37 facilities)	WHO 3 I's sites 46% (17/37 facilities)		TB IC measures were introduced to four facilities
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 3 Is project) Print and distribute of TB IC IEC materials and 6,000 TB IC guidelines	The procurement process for the printing and distribution of national guidelines and TB IC IEC materials to 3 Is project sites has commenced and will be completed in the third quarter of year 4 of project implementation.	Feb 14	Apr 14	Ongoing
3.2.1	FHI360	(PEPFAR 3 Is project) Carry out IC baseline assessment visits in 17 health facilities and 5 prison facilities	Baseline assessments were carried out in the remaining 8 health facilities (Liteta District Hospital and Mwachisompola Clinic in Chibombo District; Choma General Hospital, and Shampande Clinic in Choma District; Ndola Central Hospital, Chipokota Mayamba Clinic, Lubuto Clinic and New Masala Clinic in Ndola District) and remaining two prison sites at Mazabuka Prison in Mazabuka District and Kalonga Open Air Prison in Kabwe District.	Oct 13	Sep 14	Completed
3.2.2	FHI360	(PEPFAR 3 Is project) Integrate TB IC measures in 22 sites	Integration and training took place at four facilities in Ndola District namely Ndola Central Hospital (total 55 trained; 24 males and 31 females); Lubuto Clinic (23 trained; 9 males and 14 females); New Masala Clinic (24 trained; 5 males and 19 females) and Chipokota Mayamba Clinic (25 trained; 14 males and 11 females). Integration and training for the remaining 18 sites will be done beginning the third quarter of Year 4.	Feb 14	Sep 14	Ongoing
3.2.3	FHI360	(PEPFAR 3 Is project) 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 from the third quarter of year 4 of project implementation.	Feb 14	Sep 14	Pending

3.2.4	FHI360	(PEPFAR 3 Is project) Improve environments for TB IC in health facilities	Renovation works are completed at Kabwe Mine Hospital and Ndola Central Hospital. Documentation is being processed for Lubuto Clinic. These works will commence in the next quarter. The procurement of 45 directional fans for 15 health facilities will also be done beginning the third quarter of year 4 of project implementation.	Jan 14	Jun 14	Ongoing
3.2.5	FHI360	(PEPFAR 3 Is project) TB IC compliance monitoring	TB CARE I staff visits to 17 facilities to monitor compliance will begin in the third quarter of year 4 of the project.	Apr 14	Sep 14	Pending



Senior IC and Infrastructure Support Technical Officer, Chitambeya Mukwangole, carrying out a respirator fit testing demonstration on a training participant at the TB IC training for HCWs from Ndola Central Hospital, February 2014

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	% of new HIV patients screened for TB who were treated for latent TB infection during the reporting period	0%	30% (of those screened for TB in 3Is sites)	Measurements will commence in quarter four	Recording and reporting tools were printed in quarter 2 and will be rolled out in quarter 3 to

					capture data	
5.2.1	% of HIV-positive patients who were screened for TB in HIV care or treatment settings		100% (in 3Is sites)	Data being compiled this quarter and will be available in the next quarter	Measured using the TB QUAL	
5.2.2	% of TB patients (new and re-treatment) with an HIV test result recorded in the TB register	85%	87%	Data being compiled this quarter and will be available in the next quarter		
5.2.3	% of TB patients (new and re-treatment) recorded as HIV-positive in the TB register?	68%	68%		National level data will be provided during the national data review meeting planned for the next quarter	
5.3.1	% HIV-positive TB patients started or continued on antiretroviral therapy (ART)	60%	70%		National level data will be provided during the national data review meeting planned for 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	
5.1.1	FHI360	(PEPFAR 3 Is project) Support implementation of Intermittent Isoniazid Preventive Therapy (IPT)	The IPT registers were printed in quarter 2 and roll out will be done in quarter three and first reports on patient enrollment will be available in quarter four.	Feb 14	Sep 14	Ongoing
5.2.1	FHI360	(PEPFAR 3 Is project) Carry out intensified case finding in HIV settings	Diagnostic algorithm job aids were printed and rolled out to the sites and are currently being used.	Feb 14	Sep 14	Ongoing
5.3.1	FHI360	(PEPFAR 3 Is project) Support ART initiation among TB/HIV co-infected patients in TB treatment settings.	Training of TB corner staff in ART initiation will take place in quarter 3 of APA 4.	Jan 14	Jun 14	Ongoing

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	334 (168 Females, 166 males)	

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 project) TB CARE I staff training and updates on 3 Is	This activity will be conducted 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 3 Is project) Support implementation of the revised national recording and reporting tools in 18 health facilities under the 3Is project	Revised recording and reporting tools were printed and rolled out to the facilities and are in use.	Jan 14	Mar 14	Completed
7.2.2	FHI360	(PEPFAR 3 Is project) M & E Technical Support under the 3Is	A technical visit was conducted by Suzanne Essama-Bibi, Technical Advisor, TB from FHI 360 Headquarters in March 2014. This is the first of three technical support visits on M&E planned under the WHO 3 Is. A draft evaluation protocol will be circulated following the visit to the entire 3 Is in-country team in late April for review and input.	Feb 14	Sep 14	Ongoing
7.2.3	FHI360	(PEPFAR 3 Is project) Build monitoring capacity in field staff	Laptops and modems were procured and delivered to the facilities and are in use by the field staff for program monitoring and reporting. The mobile phones to support linkages and referrals will be rolled out in quarter 3 of APA 4.	Feb 14	Jun 14	Ongoing

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
Total GF under UNDP	B1	B1	16,215,534	12,855,382

* Since January 2010

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

The Global Fund obligation under the New Funding Mechanism (NFM) will total US\$294 million for the period 2014 to 2016. The TB program will receive \$14.5 million amount for the three year period. At present the country is in the process of drafting a revised National TB Strategic Plan that will provide information for the concept note which is due for submission to the Global fund on May 15, 2014. Three consultants have been identified to support this process.

The key challenge to the GF application process has been the delay in finalizing a fully costed national TB strategic plan.

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 the drafting of the national strategic plan and its costing. KNCV has contracted a consultant to do the costing for the national TB strategic plan (NSP). This process will be completed at the end of April 2014.

In country staff under FHI 360 and WHO have participated actively in the process of putting together the NSP. Going forward, work plans will target activities that are not covered under the Global Fund and/or complement those activities that will not be adequately funded.

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 NTP has not provided data for this quarter. TB CARE I has results from the WHO 3 Is sites from October to December 2013 that need DST confirmation. Four cases have been confirmed MDR-TB.</p> <p>The NTP has hired a new staff member who will support the implementation of PMDT. He will work closely with the PMDT consultant under TB CARE I in the next quarter to compile data on notified MDR-TB cases and their outcomes.</p>
Total 2011			
Total 2012	80	97	
Jan-Mar 2013	33		
Apr-Jun 2013			
Jul-Sep 2013			
Oct-Dec 2013			
Total 2013 Jan-Mar 2014	Data not available	Data not available	
	Data not available	Data not available	

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		Discussions being held to reprogram the funds under this activity
2	FHI 360	7.3.1	Suzanne Essama-Bibi	Operational Research	TBA	Pending		Visit to be determined with submission of OR protocol in the next quarter
2	FHI 360	7.3.1	Suzanne Essama-Bibi	WHO 3 Is	March 2014	Completed	March 16- April 2, 2014	Two more visits are planned for this year
4	KNCV		Netty Kamp	ACSM national training	TBA	Pending		Discussions being held with the NTP for visit dates
5	KNCV		Valentina Anisimova	Laboratory AFB training	July 2014	Pending		Planned for July 2014
6	KNCV		Victor Ombeka	PMDT	TBA	Pending		Discussions being held with NTP for the visit dates
7	KNCV		Eveline Klinkenberg	Prevalence survey	December 2013	Completed	December 8-13, 2013	
8	KNCV		Eveline Klinkenberg	Prevalence survey	February 2014	Completed		
9	KNCV		Eveline Klinkenberg	Prevalence survey	April 2014	Pending		Visit to be conducted in April 2014
10	KNCV		Osman Abdullahi	Prevalence survey	October 2013	Completed	October 6 - 12, 2013.	
11	KNCV		Osman Abdullahi	Prevalence survey	TBA	Pending		Visits will be determined
12	KNCV		Osman Abdullahi	Prevalence survey	TBA	Pending		Visits will be determined
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		Visits will be determined
17	KNCV	8.1.1	TBD	Drug management	TBA	Pending		Discussions being held with The NTP for confirmation of dates
18	MSH		Catherine Mundy	National drug resistant TB specimen referral system	May 2014	Pending		Planned for May 2014
19	WHO		TBA	Prevalence survey	February	Pending		There was no consultant available this quarter to make a visit to Zambia for the prevalence survey
20	WHO		TBA	Prevalence survey	TBA	Pending		
21	KNCV		Suzanne Verver	TB IC Health Care Worker Screening	May 2014			Visit will be conducted in the Ndola District TB IC demonstration sites
Total number of visits conducted (cumulative for fiscal year)						7		
Total number of visits planned in work plan						21		
Percent of planned international consultant visits conducted						33%		