



**TB CARE I**

## **TB CARE I - Zambia**

**Year 4**

**Quarterly Report**

**April – June 2014**

**July 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:

#### Field visit by USAID mission to prevalence survey cluster and 3 Is implementation sites

The NTP, USAID mission, WHO, CDC, TB CARE I and CIDRZ representatives conducted visits to a cluster site for the national TB Prevalence Survey in the Copperbelt province and to the TB/HIV collaborative activities being implemented under the 3Is initiative in three health facilities and two prisons in the Copperbelt and Central provinces. The team made visits to the Ndola Central Hospital, Kabwe General Hospital and Lubuto Clinic. The team observed an Xpert machine placed at each of these three facilities, health staff hired under USAID support and a referral mechanism in place using motorbikes procured by USAID.

By June 2014 prevalence survey activities were conducted in 58 out of 66 target clusters with an average participation rate of 83%.

In the 3 Is facilities during this quarter, sputum collection points have been established at the health facilities where the community volunteers are collecting sputum at entry into a health facility from presumptive TB cases, following triage at the registration desk or outpatient departments of the participating health facilities.

#### Global Fund concept note development

TB CARE I participated in the development of the Zambia Tuberculosis and HIV global fund concept note. Dr. Mwendaweli Maboshe (WHO) and Dr. Seraphine Kaminsa (FHI360) participated in national workshops convened by the country coordinating mechanism (CCM) and the Global Fund project management unit (PMU) to prepare the concept note, together with the Ministry of Health (MoH), Ministry of Community Development Mother and Child Health (MCDMCH), other local partners and civil society organizations. The two also participated in a global annual TB TEAM meeting convened by the TB TEAM secretariat and WHO Geneva with a focus on global fund proposals. Dr. Maboshe made a presentation on the Zambian experience of the GF concept note development and the revision of the national TB/HIV strategic plan. The concept note was submitted by June 15, 2014.

#### Visit by PEPFAR delegation

A team of eight international technical consultants consisting of experts from the Office of the Global AIDS Coordinator (OGAC), USAID Washington and CDC Atlanta was in Zambia to review PEPFAR funded activities from June 23 to July 2, 2014. The team met with eight PEPFAR partners on June 24, 2014, who made presentations on their work. TB CARE I made a presentation on the 3 Is initiative. Another meeting was planned for July 2 with two of the eight consultants, Dr. Melissa Briggs (CDC) and Ms. Jacquie Firth (USAID) and the implementing partners of the 3 Is initiative.

#### Laboratory Biosafety training

The Ministry of Health, National reference laboratory and TB CARE I laboratory experts provided technical, logistical and funding support for the training of 15 laboratory managers (4 females) from 10 facilities (9 provincial hospitals and 1 district hospital) in a national biosafety training held in Ndola from May 5-9, 2014. The WHO biosafety manual was the training guiding document. The objectives were to strengthen TB biosafety measures and practices in the TB diagnostic sites and to build capacity of provincial laboratory staff members on TB biosafety practices and measures in the TB laboratory network, planning for optimal layout and workflow in the laboratory, use and maintenance of essential laboratory equipment, safety in the use of disinfectants, contaminated liquids and spills, and safety in the collection, storage, packaging and transportation of specimens and materials. Participants were taught how to develop an action plan in order to

implement safe practices and quality improvement in their working environment. The participants' pre-training and post-training performance showed significant knowledge gain after the training (pre-test score range 7-15 out of 20; post score range 14 – 19 out of 20). Activity monitoring will be conducted by the national reference laboratory staff members during quarterly supervisory visits.

### **TB infection control monitoring visits**

TB CARE I, MoH and MCDMCH staff members participated in monitoring visits in 23 facilities, three of which were 3 Is implementing facilities. During the monitoring visits it was observed that most facilities have maintained good infection control practices with a focal person available and infection control IEC materials displayed for staff members and patients to observe. . The compliance scores for the facilities monitored per province for the main TB CARE I work plan were on average as follows; Copperbelt 40%, North Western 20% (only one site), Northern 42% and Luapula 61% whereas the average score for the three 3Is sites was 64%. However, challenges were observed that included a high turn-over of staff members in the district hospitals due to staff transfers, limited involvement of senior management staff who has not been trained in infection control. The district and provincial focal persons have been involved in the supervision/monitoring visits and they need to continue the supervision/monitoring of activities at facility level. Continued orientation of facility level staff members in IC needs to be done including senior management in the facilities to ensure compliance with the TB IC measures.

### **Procurement**

TB CARE I procured a Line Probe Assay (Hain) machine and accessories that has been placed at the Tropical Diseases Research Centre (TDRC) to support the establishment of drug susceptibility testing (DST) for suspected drug resistant TB. This equipment will provide a rapid turn-around time for DST results with the introduction of programmatic use of the Xpert MTB/RIF technology in the country. We anticipate the equipment to be installed once rooms are renovated to the specifications of the LPA requirement. This may take about two months.

## 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 <sup>1</sup>	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	5	Private providers were trained 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	

<sup>1</sup> 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.

			areas and data are available at the national level on CB-DOTS referrals and patients on treatment in CB-DOTS areas)	areas and data are available at the national level on CB-DOTS referrals and patients on treatment in CB-DOTS areas)	data are available at the national level on CB-DOTS referrals and patients on treatment in CB-DOTS areas)	
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status <sup>2</sup>
				Start	End	
1.1.1	FHI360	Enhance access and utilization of the Patients' Charter through printing and distribution	Activity completed in last quarter.	Feb 14	Sep 14	Completed
1.2.1	FHI360	Enhance DOTS in prisons through training of 75 people (including PEPFAR 3 Is)	This activity has been cancelled and the funds reprogrammed.	Feb 14	Jun 14	Cancelled
1.2.1	WHO	Intensify facility level DOTS	Training was conducted for 26 health care workers in Luapula province (seven females)	Feb 14	Jun 14	Ongoing
1.2.2	FHI360	Print and distribute finalized national Advocacy Communication and Social Mobilization (ACSM) strategy for TB control	A workshop to harmonize the revised national TB/HIV strategic plan and the advocacy communications and social mobilization strategy and guidelines was held in June 2014. A total of 15 participants were involved in this process (6 females). The finalized ACSM documents will be printed and disseminated in the next quarter.	Mar 14	Aug 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.	Apr 14	Jun 14	Cancelled
1.2.5	FHI360	Supervision and mentorship in ACSM skills development	This activity has been cancelled.	Jul 14	Sep 14	Cancelled

<sup>2</sup> 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.)

1.2.6	WHO	Involvement of the private practitioners in TB surveillance	38 private sector practitioners (23 females and 15 males) were trained in DOTS this quarter	Mar 14	Jun 14	Completed
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	Activity cancelled	Feb 14	Mar 14	Cancelled

Representatives from the USAID mission, CDC, WHO, TB CARE I and CIDRZ with community volunteers during a site visit to Lubuto clinic in Ndola district, Copperbelt province



Dr. George Sinyangwe, Senior Health Advisor USAID Zambia (standing on the left) at a sputum collection point at Lubuto Clinic, Ndola, Copperbelt province, with the 3 Is implementing partners, Dr. Seraphine Kaminsa, TB CARE I Project Director (far right), Ms. Lucky Mwansa, TB CARE I (3 Is) Technical Officer and Dr. Mwendaweli Mabushe, WHO National TB Officer (seated on the left).

## 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	2  (Score definition: Laboratory annual	Draft plan has been developed this quarter.	The laboratory strategic plan will be an operational implementation plan

		plan not available)	implementation plan and budget is available for the current year)		to the national TB/HIV strategic plan	
<b>2.1.2</b>	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	
<b>2.1.3</b>	Laboratories demonstrating acceptable EQA performance	95%	95%	<b>83%</b>		
<b>Activity Code (***)</b>	<b>Lead Partner</b>	<b>TB CARE Year 4 Planned Activities</b>	<b>Cumulative Progress as of the quarter's end</b>	<b>Planned Month</b>		<b>Status</b>
				<b>Start</b>	<b>End</b>	
2.1.1	FHI360, MSH	Develop TB laboratory strategic plan through a national workshop for 20 participants	A national workshop was held in June 2014 to draft a national TB laboratory strategic plan. In attendance were 13 laboratory staff (3 females) from the Ministry of Health and local partners. The document will be tailored as an operational plan to the national TB strategic plan that includes all the strategic areas for laboratory strengthening. The document will be shared in the next quarter.	Jun 14	Jun 14	Completed
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 training was conducted in May, 2014. 15 participants (4 females) from all the 10 provinces of Zambia were trained, from nine provincial hospitals and one district hospital. During the workshop, an action plan was developed by each participant. Follow up visits will be conducted quarterly to monitor implementation of TB biosafety measures and practices and the organization of laboratory work flow in the respective facilities.	May 14	May 14	Completed
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 and Dr. Valentina Anisimova from KNCV will participate in this activity. The National Guidelines for both Auramine O and Ziehl Neelson staining techniques will be revised using the WHO GLI handbook for laboratory Diagnosis of Tuberculosis by Sputum Smear Microscopy.	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 Central, Copperbelt, Muchinga, Northern and Eastern provinces from July 28 to August 2, 2014. A total of 27 laboratories are expected to be visited. The team will collect data on the following indicators: 1. Proportion of laboratory facilities with packaging and transportation materials 2. Proportion of patients diagnosed with MDR 3. Proportion of results received from the reference laboratory to the facility 4. Proportion of specimens referred for culture/DST 5. Percentage of laboratories with standard operating procedures for specimen referral	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	The screening of HCWs in Ndola district was completed in June 2014 and two consultants compiled the data this quarter and shared the results with the NTP and local TB partners.
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	Seven facilities have integrated IC activities in their facility plans to date. The remaining two facilities will integrate TB IC plans by August 2014.	Oct 13	Aug 14	Ongoing
3.2.2	FHI360	Conduct quarterly monitoring visits to facilities implementing TB IC	TB CARE I staff made visits to 20 facilities to monitor compliance in TB IC. The facilities are Mwinilunga District Hospital in North Western Province. Kasama General Hospital and Mungwi Baptist Hospital in Northern Province. Mpika District Hospital in Muchinga District. Samfya District Hospital, Lubwe Mission Hospital, Mansa General	Feb 14	Sep 14	Ongoing

			<p>Hospital, Mambilima Mission Hospital, Mbereshi Mission Hospital, Mwense Stage II Clinic, St. Paul's Mission Hospital, Kawambwa District Hospital and Samfya Stage II Clinic in Luapula Province. Kakoso Clinic in Chililabombwe District; Muchinshi RHC, Chawama Clinic and Nchanga North G.H in Chingola District; Kamuchanga Hospital and Ronald Ross G.H in Mufulira District; and Thompson D.H in Luanshya District. The scores were shared with the facilities at the end of the visit and recommendations made per facility on ways to improve their implementation. The compliance scores for the facilities monitored per province were on average as follows; Copperbelt 40%, North Western 20% (only one site), Northern 42% and Luapula 61%. Monitoring visits to the remaining facilities will be done in quarter 4 of project implementation.</p>			
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## 2.4 PMDT

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date	Comments
<b>C6.</b>	Number of MDR cases diagnosed	N/a	50 (from WHO 3 I's sites)	Data not available	
<b>4.1.2</b>	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	
<b>4.1.3</b>	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	
<b>4.1.4</b>	A functioning National PMDT coordinating body	Yes	Yes	Yes	
<b>4.1.5</b>	Proportion GeneXpert tests diagnosed as rifampicin resistant (RR) TB Numerator: Number of RR - TB patients diagnosed	N/a (diagnosis not yet done by Xpert in	500	RR: 67/7,880 (0.85%)	7880 are the total number of successful tests,

	Denominator: Total number of patients examined with GeneXpert.	Year 3)				RR: Rifampicin Resistance RS: Rifampicin Sensitive This is cumulative data
<b>4.1.6</b>	Proportion of MDR-TB patients diagnosed by GeneXpert and confirmed by culture and DST 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%)	3/67 (4.47%)		3 RR cases were confirmed MDR-TB on 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	The PMDT focal person was trained in a regional training for PMDT in Rwanda. National level PMDT trainings will be conducted in the next quarter for provincial and district health care workers.	Feb 14	Aug 14	Ongoing

## 2.6 HSS

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date	Comments
<b>6.2.1</b>	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	One supervisory visit has been confirmed for next quarter in one of the target provinces. There was a challenge to agree with provinces to implement supervisory visits due to conflicting

					priorities	
<b>6.2.2</b>	People trained using TB CARE I funds	1,269	565	873 (437 Females)		
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 Northern province has planned to implement supervisory visits in Mbala district in the next quarter and funds have been made available for the activity.	Feb 14	Aug 14	Ongoing
6.2.3	WHO	World TB Day commemoration	Activity completed last quarter	Mar 14	Mar 14	Completed

## 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
<b>7.2.1</b>	Data quality measured by NTP	Yes	Yes	Activity not yet conducted	The NTP has planned for a national TB/HIV data review meeting for July 2014 where the provincial data will be reviewed
<b>7.2.2</b>	NTP provides regular feedback from central to intermediate level	Yes	Yes	Activity not yet conducted	The NTP has planned for a national TB/HIV data review meeting for July 2014 where the provincial data will be reviewed
<b>7.3.1</b>	OR studies completed	0	2	0	The OR studies will not be conducted due to a number of factors including limited time for implementation following delayed turn-around time for

						development and review of protocols.
<b>7.3.2</b>	OR study results disseminated		N/a	2	0	
<b>7.2.3</b>	<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 conducted a field visit with implementing partners, TB CARE I, CIDRZ, WHO and CDC to one of the cluster sites in the Copperbelt province in May 2014
<b>Activity Code (***)</b>	<b>Lead Partner</b>	<b>TB CARE Year 4 Planned Activities</b>	<b>Cumulative Progress as of the quarter's end</b>	<b>Planned Month</b>		<b>Status</b>
				<b>Start</b>	<b>End</b>	
7.2.1	WHO	Support 2 provincial level TB/HIV technical data review meetings	Support was provided to Central province this quarter	Oct 13	Sep 14	Ongoing
7.2.2	WHO, KNCV	Provide technical support for the prevalence survey	Two external consultants on data management from WHO and KNCV HQ (Nico Kalisvaart) and one epidemiologist from KNCV (Eveline Klinkenberg) provided support visits to the prevalence survey. It was observed that the data management unit has provided good coordination of the data management processes with complete and consistent data being received from the field survey teams. Complete data has been received from 58 out of the 66 target clusters in the survey reaching 88% of the target.	Oct 13	Sep 14	Ongoing
7.3.1	FHI360	Complete operational research implementation process	A decision was made to not proceed with the implementation of the one protocol due to limited time. The protocol was titled: Challenges Of Turnaround Time For Smear Microscopy In The TB Diagnostic Health Centres In the Copper belt Province In Zambia	Oct 13	Sep 14	Cancelled

## 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	Yes		
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	This activity has been cancelled and the funds reprogrammed.		Jan 14	Apr 14	Cancelled

## 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 <sup>3</sup>	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	IPT tracking has not been established
	Number of prisoners diagnosed with TB	N/a		57	
1.2.8	CB-DOTS program is implemented	3	3	3	125 community volunteers have supported CB-DOTS implementation in the Central and the Copper belt provinces.
1.2.9	Population covered with CB-DOTS (percent)	N/a	100%	Not yet measured	CB-DOTS coverage has been possible in all the communities surrounding the 15 health facilities implementing the 3

<sup>3</sup> 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.

						Is initiative.
<b>1.2.10</b>	Health facilities offering CB-DOTS services (percent)	N/a	100%	83% (15/18 facilities)		These are the 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 <sup>4</sup>
				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 April 2014. The data entry was done but reports are yet to be generated from the data base.	Oct 13	Sep 14	Ongoing
1.2.1	FHI360	(PEPFAR 3 Is project) Enhance DOTS in prisons through training of 75 people (including PEPFAR 3 Is)	This activity has been cancelled and funds reprogrammed.	Aug 14	Sep 14	Cancelled
1.2.2	FHI360	(PEPFAR 3 Is project) Strengthen community intensified case finding in the community	TB CARE I has been supporting transport reimbursement to community volunteers implementing ICF activities in the 15 health facilities and communities supported by the project.	Oct 13	Sep 14	Ongoing

<sup>4</sup> 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.)



Mr. Christopher Nsai, volunteer motorbike rider transporting sputum samples for Xpert MTB RIF from Luangwa Clinic (satellite facility shown in the picture) to Chavuma Clinic (hub) in Kitwe District, Copperbelt province

### 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)	HAIN MTBDR plus (3) GeneXpert (8)	HAIN MTBDR plus (0) GeneXpert (13)	An additional 5 GeneXpert machines

		GeneXpert (8) LED Microscopy (50)	LED Microscopy (62)	LED Microscopy (62)	were installed in Lusaka and Southern provinces to support the 3 Is activities	
<b>2.3.2</b>	Rapid tests conducted	387	15,000	7,880	Tests done successfully from September 2013 to June 2014	
<b>2.3.3</b>	Patients diagnosed with GeneXpert	94/387	All (RR and RS): 1,448	1,158 MTB+ (14.7% positivity rate) 67 RR and 1,091 rifampicin sensitive	The RR rate is at 5.8%	
<b>2.1.4</b>	<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	3	These cases were diagnosed in the previous 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 sputum specimen packaging materials were procured and distributed to all the 15 WHO 3 Is project sites to assist sample referrals.	Jan 14	May 14	Completed
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 additional 2,950 cartridges were procured this quarter. The remaining balance of 3450 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	The HAIN equipment, accessories and reagents were procured and delivered to TB CARE I in June 2014. Other remaining requirements will be procured in the fourth quarter of Year 4.	Jan 14	Aug 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 were delivered to all the 15 WHO 3 Is project sites in April 2014.	Feb 14	Apr 14	Completed

2.1.5	FHI360	(PEPFAR 3 Is project) Strengthen sputum sample referral for Xpert testing	The sample referral system has been established with the motorbike riders who were trained with TB CARE I support actively transporting samples from the satellites to the hubs and results from the hubs back to the satellites. Satellites have been effectively linked to the hubs for Xpert MTB/RIF testing in all the WHO 3Is sites. This has led to an increase in the number of TB cases being detected at the satellite clinics.	Feb 14	Sep 14	Ongoing
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Laboratory staff and clinicians from facilities implementing the 3 Is activities attending a GeneXpert training held in Ndola from April 24 to 25, 2014

### 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. A scale up plan will be discussed to overcome the challenge
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)	3 I's sites 84% (31/37 facilities)	TB IC measures were introduced to four facilities this quarter
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 of national guidelines and TB IC IEC materials was completed. The distribution will be done in the fourth quarter of project implementation.	Feb 14	Aug 14	Ongoing
3.2.1	FHI360	(PEPFAR 3 Is project) Carry out IC baseline assessment visits in 17 health facilities and 5 prison facilities	Activity completed. Assessments done in all 22 WHO 3 Is project sites	Oct 13	Mar 14	Completed
3.2.2	FHI360	(PEPFAR 3 Is project) Integrate TB IC measures in	Integration and training took place in nine facilities namely Mazabuka Prison Clinic (13	Feb 14	Sep 14	Ongoing

		22 sites	females, 12 males), Mazabuka District Hospital (22 females, 6 males), Zambia Sugar Clinic (12 females, 13 males), Nakambala Urban Clinic (20 females, 9 males), Livingstone General Hospital (9 females, 16 males), Choma District Hospital (12 females, 8 females), Shampande Clinic (8 females, 19 males), Kabwe General Hospital (28 females, 18 males) and Mwachisompola Clinic (8 females, 17 males). Integration and training for the remaining 9 sites will be done in the fourth quarter of Year 4.			
3.2.3	FHI360	(PEPFAR 3 Is project) Scale up TB IC knowledge to community volunteers under the NHC	A total of 52 (40 females) community volunteers were trained in TB IC from Ndola, Kitwe and Kabwe districts. The remaining training for 48 community volunteers from Kapiri and Chibombo districts will be done in the fourth quarter of year 4 of project implementation.	Feb 14	Sep 14	Ongoing
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 fourth 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 fourth quarter of year 4 of the project.	Apr 14	Sep 14	Pending

### 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
<b>5.2.1</b>	% 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
<b>5.2.2</b>	% 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	
<b>5.2.3</b>	% 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
<b>5.3.1</b>	% 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)	TB CARE I is awaiting the release of the IPT guidelines from both the Ministry of Health and the Ministry of Community Development Maternal and Child Health in order to roll out the IPT registers, as this is a national program.	Feb 14	Sep 14	Ongoing
5.2.1	FHI360	(PEPFAR 3 Is project) Carry out intensified case finding in HIV settings	The first set of the monthly facility meeting started in May 2014. These meetings have been a platform for ensuring there is complete and accurate recording of data on the recording and reporting tools, and to emphasize ICF activities are carried out at all entry points and ensure TB infection control has been adhered to in the facilities.	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 management took place in June 2014. A total of 23 Health Care Workers and WHO 3Is staff were trained (18 females). This	Jan 14	Jun 14	Ongoing

			training will ensure improved linkages for ART provision for TB patients diagnosed with HIV in TB CARE settings.			
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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	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 4 of APA 4.		Jul 14	Jul 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	Activity completed		Jan 14	Mar 14	Completed
7.2.2	FHI360	(PEPFAR 3 Is project) M & E Technical Support under the 3Is	The second technical visit by Suzanne Essama-Bibi, Technical Advisor, TB from FHI 360 Headquarters will be conducted in August 2014.		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		Feb 14	Jun 14	Ongoing

			linkages and referrals will be rolled out in quarter 3 of APA 4.			
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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
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 country submitted a joint TB/HIV Global Fund concept note by June 15, 2014. The funding is expected to support implementation of activities from 2014 to 2017 that are outlined in the revised national TB/HIV strategic plan (2014-2016). The priority areas included HIV testing and counselling and TB screening among districts with low uptake and among high risk groups; joint planning, support supervisory and quality assurance/quality control visits; TB and HIV control in prisons, mines and in children.

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

The TB CARE I partners (WHO, KNCV and FHI360) participated in the development of the joint TB/HIV Global Fund concept note which was submitted June 15th. These were Dr. Mwendaweli Maboshe (WHO) and Dr. Seraphine Kaminsa (FHI360) who participated in the revision of the NSP and the development of the GF concept note narratives and budget, and Ms. Miranda Brouwer who conducted an epidemiologic analysis of five years of the TB program implementation. The TB CARE I partners also participated in a global annual TB TEAM meeting in Geneva from June 18-19, 2014 with a focus on the Global Fund proposals.

## 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:
<b>Total 2010</b>			<p>The NTP has not provided data for this quarter.</p> <p>The new NTP staff member supporting PMDT activities was trained in a regional PMDT training in Rwanda this quarter and has agreed to receive TA from the TB CARE I PMDT consultant in August 2014.</p>
<b>Total 2011</b>			
<b>Total 2012</b>	80	97	
<b>Jan-Mar 2013</b>	33		
<b>Apr-Jun 2013</b>			
<b>Jul-Sep 2013</b>			
<b>Oct-Dec 2013</b>			
<b>Total 2013</b>	3 diagnosed under the 3 Is project	3 placed on treatment under the 3 Is project	
<b>Jan-Mar 2014</b>			

## 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	Cancelled		Funds reprogrammed following cancellation of activity
2	FHI 360	7.3.1	Suzanne Essama-Bibi	Operational Research	TBA	Cancelled		Funds reprogrammed following cancellation of activity
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	Cancelled		Funds reprogrammed
5	KNCV		Valentina Anisimova	Laboratory AFB training	July 2014	Pending		Planned for July 2014
6	KNCV		Victor Ombeka	PMDT	TBA	Pending		Visit planned for August 2014
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	Completed	April 7-11, 2014	
10	KNCV		Osman Abdullahi	Prevalence survey	October 2013	Completed	October 6 - 12, 2013.	
11	KNCV		Osman Abdullahi	Prevalence survey	TBA	Completed	Jan 25 to Feb 3, 2014	Visit was conducted by Nico Kalisvaart
12	KNCV		Osman Abdullahi	Prevalence survey	TBA	Completed	March 22-30, 2014	Visit was conducted by Nico Kalisvaart
13	KNCV		Nico Kalisvaart	Prevalence survey	November 2013	Completed	November 16 - 23, 2013.	

#	Partner	Activity Code	Name	Purpose	Planned month, year	Status	Dates completed	Additional Remarks (Optional)
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	Completed	June 14-22, 2014	Visit was conducted by Nico Kalisvaart
17	KNCV	8.1.1	TBD	Drug management	TBA	Cancelled		Funds reprogrammed following cancellation of activity
18	MSH		Catherine Mundy	National drug resistant TB specimen referral system	May 2014	Completed	May 18-24, 2014	
19	WHO		TBA	Prevalence survey	February	Completed	May 2014	
20	WHO		TBA	Prevalence survey	TBA	Pending		
21	KNCV		Suzanne Verver	TB IC Health Care Worker Screening	May 2014	Completed	May 18-24, 2014	
Total number of visits conducted (cumulative for fiscal year)							14	
Canceled							4	
Total number of visits planned in work plan							21	
Percent of planned international consultant visits conducted							67%	