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TB CARE I

TB CARE I - Zimbabwe

Year 4

Quarterly Report

January – March 2014

April 30, 2014

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1. Quarterly Overview

Country	Zimbabwe
Lead Partner	The Union
Coalition Partners	KNCV, WHO
Other partners	
Workplan timeframe	Oct 2013-Sep 2014
Reporting period	January – March 2014

Most significant achievements

The following are the most significant achievements and results realised during the quarter under review:

Universal and Early Access

Zimbabwe has updated the Patients' Charter of the Ministry of Health and Child Care (MoHCC) to address TB-HIV issues with support from TB CARE I. Funding for printing 12,000 pamphlets and 4,000 posters was also provided. It is envisaged that this will contribute to strengthening patient-centred approach in patient care, including TB and TB-HIV patients. The Patients' Charter will be incorporated into TB and TB-HIV training materials.

TB CARE I successfully supported the development of Community TB Care training materials with participation of selected local communities. A Training of Trainers (TOT) was conducted using the new training materials and nine (4 males and 5 females) participants from MoHCC (national and provincial levels), TB CARE I and partner organization called Rehabilitation and Prevention of Tuberculosis (RAPT) attended this training. The TOT was followed by a pilot training of 25 community health workers in the Midlands Province. Follow up community training sessions will be taken up by the National TB Program (NTP). It is anticipated that the community training sessions will enhance community participation to support TB case finding and case holding.

Laboratories

In the period under review, six Xpert MTB/RIF machines were installed, giving a cumulative total of 58 machines in country. The 58 machines were provided by the following partners, TB CARE I (10 machines), PEPFAR (14), National AIDS Council (12), Medecins Sans Frontieres (9), Population Services International (2), TB REACH (7), Biomedical Research and Training Institute (2), Solidarmed (1), Newlands clinic (1). A total of 10,000 Gene Xpert cartridges were procured through funding from the Core project C2.2.1, to mitigate frequent stock outs that were experienced. A total of 23 laboratory scientists and technicians were trained on the Cepheid advanced course on Xpert MTB/RIF installation, maintenance and trouble shooting, through funding from the Core project C2.2.1. This is expected to optimise the functional life span of the machines and reduce errors.

Additional Xpert MTB/RIF machines have contributed to the overall increase in the number of cases diagnosed with drug-resistant TB (DR-TB). A total of 114 patients with rifampicin-resistant strains were diagnosed in the second quarter APA4, and referred for treatment, compared to 87 diagnosed in the previous quarter representing an increase of 30%.

Twenty three (23) Point of Care (POC) CD4 machines were maintained at the Integrated TB-HIV Care (ITHC) sites. These machines have led to a test turn-around time of less than 24 hours compared to previous delays of more than a week. A total of 5,496 tests were done in the second quarter of the Annual Plan of Activities year 4 (APA4), while 994 were done in the previous quarter. Notably, CD4 count is not required for initiation of antiretroviral therapy (ART) for HIV-positive TB patients. It is performed to establish a baseline for

treatment monitoring. A total of 1,600 POC machine cartridges were procured through TB CARE I to bridge national stock outs.

Tuberculosis – HIV collaboration activities (TB-HIV)

The national target is to test all (100%) registered TB patients for HIV; commence all (100%) HIV positive TB patients on both cotrimoxazole preventive therapy (CPT) and ART. At the 23 ITHC sites, there has been a progressive improvement with time due to on-going mentorship and training activities. Patients with recorded HIV test results increased from 86% to 97% (705 patients) comparing quarter 1 and quarter 2 of APA4. Similarly, CPT increased from 86% to 98% (524) and ART from 67% to 72% (383).

A total of 43,739 HIV positive patients were screened for TB in HIV care settings at the ITHC sites. Among those screened, 82 (0.2%) were diagnosed with TB and initiated on treatment. A total of 167 health care workers from all ITHC sites were screened for TB. Of these two (1.2%) were diagnosed with TB and initiated on treatment.

Health Systems Strengthening (HSS)

In collaboration with other partners, TB CARE I provided technical support in development of the monitoring and evaluation (M&E) framework and the Health Systems Strengthening (HSS) component of the National TB Strategic Plan (NSP) [2015 – 2017]. An NSP operational plan was developed and it is ready for costing in April 2014, with technical support from TB CARE I. The new NSP will be used to develop the Concept Note for the Global Fund.

The motorcycle sputum transport system to increase access to TB diagnosis was expanded to 15 additional districts in four provinces, namely Matabeleland North, Matabeleland South, Manicaland and Midlands. Fifteen new motorcycles were procured. In the first 2 months of the second quarter of the APA4, a total of 26,535 specimens (all types) were transported through this system, of which 7,439 (28%) were sputum specimens. In the previous quarter, 35,944 specimens (all types) were transported, of which 10,772 (30%). A total of 1,208 confirmed TB cases were diagnosed from the supported geographic areas in the first quarter APA4, the three major cities which started receiving support in 2010 recorded an increase in number of cases confirmed from 796 in the first quarter of APA3 to 887 in the first quarter of APA4. Statistics for confirmed cases in the second quarter APA4 are yet to be received.

Although the sputum transport system has been rolled out to additional districts, all of them have not yet started reporting because the transport system became functional only in March 2014, that is, towards the end of the quarter. Nine out of 24 districts submitted reports in eight provinces in quarter two of the APA4.

Monitoring and Evaluation (M&E)

Key achievements in developing an electronic recording and reporting system in the period under review are as follows:

Following technical assistance and a learning tour to Kenya, the electronic TB register (ETR) was introduced. TB CARE I has supported customization of the ETR to the local context, with technical support and expertise from the National University of Science and Technology (NUST) for long term sustainability. An electronic recording and reporting system has been developed, incorporating the following modules: Presumptive TB register, Laboratory register, DR-TB register, and Health facility TB register. A desktop software testing was done with key stakeholders to verify if the system captures all NTP recording and reporting parameters (Alpha testing). Field testing of the system with users (Beta testing) is planned to start in April 2014. A total of 47 tablet computers have been procured to enable real time reporting for phased roll out of the ETR in four provinces which are Matabeleland South, Bulawayo City, Mashonaland Central and Masvingo. The phased roll out will commence in May 2014.

Recording and reporting tools have been updated to align them with the 2013 revised World Health Organization (WHO) TB definitions. Provincial teams have been trained on the revised recording and reporting tools, and rolling out trainings to all districts will take place during the third quarter APA4.

A total of 15 out of 37 planned district TB performance review meetings for the year were supported as part of continuous quality improvement in TB program implementation. In addition to the general agenda of reviewing case finding, case holding, TB-HIV collaboration and treatment outcomes, there was emphasis on DR-TB management and use of Xpert MTB/RIF to address key bottlenecks experienced during Xpert MTB/RIF roll out.

Technical and administrative challenges

The TB CARE I and NTP quarterly reporting timelines are different with the NTP data becoming available only after the TB CARE I reporting deadlines. This compromises the completeness of reported data. The introduction of the ETR will result in real time reporting to address this challenge.

Competing NTP priorities, such as finalization of the revised NSP, Concept Note development and the on-going TB prevalence survey, have an adverse impact on implementation of the planned TB CARE I activities where certain delays have been experienced. Some activities were carried out during weekends to meet the September deadline.

In certain provinces, sputum transportation system is constrained by the vast geographical areas that need to be covered. This leads to infrequent sputum collection in selected districts. In one province, some routes pass through a national park where motorcyclists are prone to encounter wild animals.

The country continues to face challenges in the logistics and supply management for anti-TB medicines, particularly for DR-TB treatment, due to the long lead time of the Global Drug Facility, which is the sole source of second line anti-TB medicines.

2. Year 4 technical outcomes and activity progress

2.1 Universal Access and early access to diagnosis and treatment

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	8	23	4	The quality study was done in 4 sites (Masvingo x1, Bulawayo x2, and Gweru x1). The study is to be carried out at four additional sites. This information will also be used to adapt the tools for use in other health facilities.
1.1.3	TB personnel trained on the Patients' Charter	0	570 (based on TB & TB-HIV trainings)	0	The Patients Charter training was not meant to be stand-alone, but integrated into existing training activities, which happened before revision of the Patients' Charter. The Patients' Charter was printed this quarter and will be incorporated into subsequent training activities from Quarter 3.
1.2.1	Private providers collaborating with the NTP	0	0	Not applicable	The activity aimed at engaging private providers was planned for in APA3; the activity was not implemented & dropped in APA 4. The indicator erroneously remained in this plan.
1.2.2	TB cases diagnosed by	Not yet measured	Baseline	Not yet measured This	Reports from private providers are not disaggregated in provincial

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.

	private providers			will be available in the 4 th quarter of APA4	submissions. The draft NTP Public Private Mix (PPM) strategy is presently being finalized. Implementation is expected to start in July 2014 to address this challenge.
1.2.3	Status of PPM implementation	3	3	3	The draft PPM framework for TB-HIV is also being finalized. This is funded through Global Fund.
1.2.4	Children younger than 5 (contacts of sputum smear positive adults) that were put on IPT	186 (Based on data from the ITHC sites for the 1 st half year x 2)	220 (increased year 3 result by 20%, considering the mentorship and training that will take place focusing on childhood TB)	104	These data are collected only from the 23 ITHC sites up from October 2013 to March 2014 of which 62 (59.6%) were reported in this quarter.
1.2.5	Childhood TB approach implemented	3	3	3	To strengthen case finding of TB in children, it is planned to train Medical Officers on Childhood TB in Quarters 3 and 4.
1.2.6	Number of TB cases (all forms) diagnosed in children 0-4 years old	1,360 (In addition to the 1,559 in the previous year) (there was a general decline in notifications in the country)	1,600 (increased year 3 result by 20%, considering the mentorship and training that will take place focusing on childhood TB)	632	These are NTP notification data for the period from October to December 2013.
1.2.9	Population covered with CB-DOTS	No comprehensive Community Based (CB) DOTS was implemented in the country. However, some components are practiced in community TB interventions	It is expected by end of APA4, there will be a standardized service with an M&E component for evaluation	Not yet measured	The development of Community TB CARE guidelines and training materials were still ongoing by the end of the quarter. The guidelines will be finalized in April, 2014 and will provide the framework for standardized CB-DOTS.

1.2.10	Health facilities offering CB-DOTS services	All primary health care facilities but not meeting the definition	All primary health care facilities are implementing community-based activities, but only partially satisfying the CB-DOTS definition		1	Although all health facilities are offering community-based activities, these did not constitute a full package of CB-DOTS. 25 community health workers were trained during the piloting of community TB care training materials. This will lead to country scale up.
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	WHO	Conduct assessment of quality of TB control services from the patient's perspective	The quality study was done in 4 sites (Masvingo x1, Bulawayo x2 and Gweru x1.) The study is to be carried out at 4 additional sites. This information will also be used to adapt the tools for use in other health facilities. Training of Health workers from selected sites, who will assist in data collection will commence in May 2014. The study will be completed in August, 2014.	Oct 13	Aug 14	Ongoing
1.1.2	The Union	Improve health worker knowledge on the Patients' Charter	The MoHCC Patients' Charter was updated to address TB-HIV among other diseases. A total of 12,000 Patients Charter booklets and 4,000 posters were printed. It is envisaged that this will contribute to strengthening patient-centred care for TB and TB-HIV patients. The revised Patients' Charter will be incorporated in TB, TB-HIV training sessions by the NTP from the third quarter of APA4.	Oct 13	Sep 14	Ongoing
1.2.1	The Union	Provide mentorship to health workers in diagnosing childhood TB	There was a challenge to identify specialist pediatricians to implement this activity as planned. The activity was modified to conduct a childhood TB training for medical officers at district hospitals, who will in turn do the mentorship in their respective districts. The activity is now planned for the third quarter of APA4 and will be	Oct 13	June 14	Postponed

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.)

			completed by June, 2014.			
1.2.2	KNCV	Development of community TB care training materials for HCW and CHW	The community TB Care training materials were developed with participation from the local trainers and communities.	Oct 13	Apr 14	Completed
1.2.3	The Union	Pilot testing of the developed training materials under 1.2.2	Nine national trainers were trained and a pilot training was done for 25 Community Health Workers.	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
2.2.1	Confirmed link with a Supranational Reference Laboratory (SRL) through a memorandum of agreement	Yes	Yes	Yes	The Supra-national Reference Laboratory (SRL) is the International Reference Laboratory for Microbiology in Denmark.
2.2.2	Technical assistance visits from an SRL conducted	Yes	Yes (ideally two visits per year)	Yes	One visit was conducted in November 2013. Zimbabwe has given the SRL a list of priorities for support and is awaiting specific dates for the next visit.
2.3.1	Diagnostic sites offering advanced technologies for TB or drug-resistant TB	30	51	58	Additional Xpert MTB/RIF machines which were not planned for have been provided through

						different partners.
2.3.2	Rapid tests conducted	9,506	102,000 Based on 2,000 tests per year per Xpert machine	15,080 from 53 machines from sites that reported (national data)		Of the 15,080 tests, 8,394 were done this quarter. 5 sites did not report. Some of the new sites only started testing in February 2014
2.3.3	Patients diagnosed with Xpert MTB/RIF	1,666 Data available for 7 months	16,320	2,293 (15% of tested samples) of which 198 (9%) had Rifampicin resistant strains.		Of the 2,293 diagnosed patients, 1,320 (57.6%) were in the period under review. A total of 198 patients had Rif resistant strains in the first and second quarter of APA4
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status
				Start	End	
2.3.1	The Union	Maintain 23 Point-of-Care (POC) CD4 count machines and provide consumables	Twenty three POC CD4 testing machines were maintained at the ITHC sites. A total of 5,496 tests were done in the quarter under review, while 994 were done in the previous quarter. A total of 1,600 cartridges were procured through TB CARE I to bridge national stock outs. The introduction and use of the CD4 count machines has contributed to improvement of service delivery, through provision of a timely CD4 cell count to HIV-positive individuals. The machines are easy to use and maintain at the sites.	Oct 13	Sep 14	Ongoing
2.3.2	The Union	Maintain 10 Gene Xpert machines	Three machines that were due for calibration were calibrated in February 2014 as part of an existing comprehensive maintenance plan and are functioning well. Calibration for the other 7 machines is due in October 2014. A total of 23	Oct 13	Sep 14	Ongoing

			laboratory scientists and technicians were trained on the Cepheid advanced course on Xpert MTB/RIF installation, maintenance and trouble shooting, through funding from the Core project C2.2.1. This is expected to optimise the functional life span of the machines and will likely reduce errors. Additional support will be provide by the end of the fourth quarter APA 4 focusing on the procurement and installation of ACs for the Xpert laboratories.			
2.3.3	The Union	CARRYOVER FROM APA3: Completion of laboratory renovations at the City of Bulawayo Thorngrove infectious disease hospital	Following the completion of renovations of the Thorngrove hospital laboratory in Bulawayo in the last quarter, more working space has been created for laboratory personnel. This has improved infection control and increased the laboratory's capacity to process more laboratory specimens and conduct other tests associated with management of HIV-positive patients. The laboratory is now operational and is servicing the entire city with an estimated population of 700,000. TB CARE I is also providing 3 motorcycles for specimen transportation to the laboratory.	Oct 13	Dec 13	Completed



Figure 1: Cepheid advanced training on Xpert installation, maintenance & trouble shooting for Lab personnel

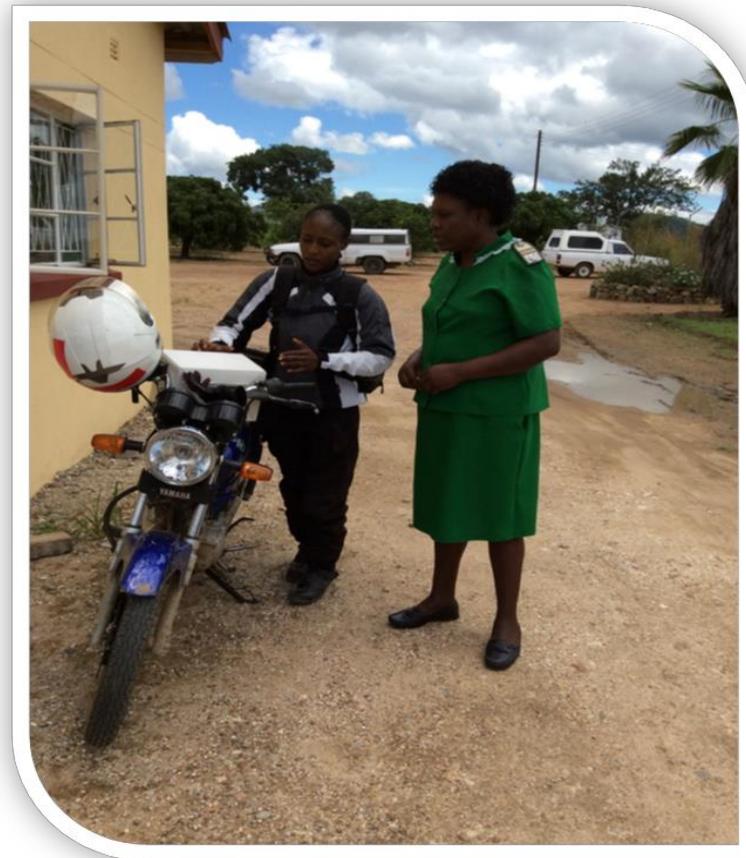


Figure 2: Sister in Charge at Runyararo clinic receiving a consignment of sputum specimens from a TB CARE I supported Rider

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
3.2.1	"FAST" strategy has been adapted and adopted	1	1	2	The FAST strategy is being implemented at all the 23 ITHC sites and rolled out elsewhere in the country, through the Zimbabwe Infection Prevention and Control Project (ZIPCOP) funded by Center for Disease Control (CDC).
3.2.2	Facilities implementing TB-IC measures with TB CARE support	65 (including the 23 ITHC sites)	65	65	The support was provided through supervision visits under TB CARE I funding for the 23 ITHC sites and routine NTP support visits using a standardized checklist.
3.3.1	Annual reporting on TB disease (all forms) among HCWs is available as part of the national R&R system	Yes	Yes	Yes	This is specifically for the 23 ITHC sites where bi-annual TB screening is carried out. A total of 167 health workers were screened and two (1.2%) diagnosed with TB and still undergoing TB

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	The Union	

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 patients diagnosed with MDR-TB	118	200	201	These data include all Rif-resistant cases diagnosed through the Xpert MTB/RIF (201) and culture and Drug Sensitivity Testing (DST) (29/201).
C7	Number of patients diagnosed with MDR-TB started on treatment	64	160	94% of patients diagnosed are started on treatment based on 2013 data. Absolute figures for first and second quarters to be updated.	Data collection tools not yet available for use although they have been developed. This makes it difficult to update patient numbers initiated on treatment. There are plans to support printing recording and reporting tools to bridge stock

					ruptures, early in the third quarter through TB CARE I.	
4.1.1	TB patients, suspected of MDR-TB, dying between request for lab examination and start of MDR-TB treatment	This indicator was not measured in year 3	0	Not yet measured	No routine data collection mechanism in place. New WHO M&E tools do not provide for tracking of this indicator.	
4.1.2	MDR-TB patients who are still on treatment and have a sputum culture conversion 6 months after starting MDR-TB treatment	105 out 149 70% (Basing on cases notified in 2012)	150 out of 200 75%	Not yet measured	Appropriate recording & reporting tools have been developed though they are not yet in use.	
4.1.3	MDR-TB patients who have completed the full course of MDR-TB treatment regimen and have a negative sputum culture	120 out 149 80% (Basing on cases notified in 2012)	170 out of 200 85%	3 out 4 (75%) 4 th quarter 2010 cohort 23 out 37 (62%) 1 st & 2 nd quarter 2011 cohort	This is the latest available outcome data.	
4.1.4	A functioning National PMDT coordinating body	Yes	Yes	No	Although the committee is in place with draft terms of reference, it last met in August 2012. There are plans to revitalize the committee and the next meeting is planned for last week of 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	
4.1.1	WHO	Train HCWs on PMDT and Gene Xpert implementation	All 10 planned trainings have been conducted with 175 health care workers (74 males and 101 females) trained.	Oct 13	Sep 14	Completed

4.1.2	The Union	Conduct National PMDT coordinating committee meetings	These meetings have not been conducted. However, there are plans to hold national PMDT coordinating committee meetings in April 2014 and quarter 4 of APA 4.	Oct 13	Sep 14	Postponed
4.1.3	WHO	Update and print PMDT guidelines	Consultancy services have been secured to assist in the updating of the guidelines. A situational analysis is scheduled for 14-18 April 2014, followed by a writing workshop from 22-26 April 2014. Finally, a stakeholders meeting will review the guidelines before finalization and printing.	Jan 14	Feb 14	Ongoing

2.5 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	baseline (from pilot at ITHC sites)	5,000	1,885 from 10 national pilot sites including 3 ITHC sites	A national review of Isoniazid Preventive Therapy (IPT) was done in March that recommended scale-up
5.2.1	HIV-positive patients who were screened for TB in HIV care or treatment settings	21,968 based on Semi Annual Program Results Report (SAPR) – 100%	25,000 -100%	43,739	When the target was set, there were no appropriate tools in use. Now tools are in place and better quality data are received. This has led to higher number of patients screened.
5.2.2	TB patients (new and re-treatment) with an HIV test result recorded in the TB register	38,248 (83%) Arrived at by multiplying figures reported for October 2012 to March 2013 x 2	42,073(85%) Added 10% to the APA 3 estimates	Numerator = 7,979 Denominator = 8,664 92%	These are NTP notification data reported for October to December 2013, latest available

					complete data For ITHC sites: Jan – Mar 2014 (705/728)=97% Compared to Oct – Dec 2013 (845/908)=93%
5.2.3	TB patients (new and re-treatment) recorded as HIV-positive	28,256 (70%) Arrived at by multiplying figures reported for October to March by 2	30,713 Basis: 73% will be HIV-positive using latest positivity rate	Numerator = 5,486 Denominator = 7,979 69%	This is NTP notification data reported for October to December 2013, For ITHC sites: Jan – Mar 2014 (533/705)=76% Compared to Oct – Dec 2013 (568/779)=72 %
5.2.5	HIV-positive TB patients started or continued on antiretroviral therapy (ART)	17,424 (72%) Arrived at by multiplying figures reported for October to March by 2	23,035 Basis: 75% will be on ART	Numerator = 4,844 Denominator = 6,350 (76%)	These are NTP outcome data reported for October to December 2012 For ITHC sites: Jan – Mar 2014 (383/533)=72% Compared to Oct – Dec 2013 (381/568)=67% (The NTP data are reported at the end of treatment completion (outcome data), while the ITHC data is at

						notification, i.e. before all patients have had the opportunity to be put on to treatment.)
5.2.6	HIV-positive TB patients started or continued on CPT	25,498 Arrived at by multiplying figures reported for October to March by 2	35,000 Basis: 90% will be on CPT	Numerator = 6,067 Denominator = 6,350 (96%)	This is NTP outcome data reported for October to December 2012 For ITHC sites: Jan – Mar 2014 (524/533)=98% Compared to Oct – Dec 2013 (490/568)=86%	
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status
				Start	End	
5.2.1	The Union	CARRYOVER FROM APA3: Complete renovation at integrated TB-HIV care sites	Renovations to improve ventilation and enable good patient flow are ongoing. Renovations at four of 5 microscopy laboratories were completed. Renovations were still on-going at the fifth laboratory at the end of the reporting period and they will be completed in the next quarter. Five out of 10 waiting sheds were erected by the end of this quarter. As a result, overcrowding has been reduced and ventilation improved at Chinotimba, Mzilikazi, Luveve, Tshabalala and Mtapu clinics. Walkways were erected to protect patients from harsh weather conditions. Four sites are currently being renovated; namely Chinhoyi, Chiwaridzo, Vengere and Dombotombo clinics.	Oct 13	Sept 14	Ongoing
5.2.2	The Union	Provide technical support to all sites	Cumulatively over the 2 quarters, 4 out of 23 sites were visited twice and 16 clinics were visited once.	Oct 13	Sept 14	Ongoing

		implementing integrated TB/HIV care	In the first quarter (10/13-12/13), three of the sites were prioritized to address implementation challenges identified during the review meeting. In the second quarter, 20 sites were visited. Integrated data-driven support and supervision was carried out by officers from The Union, National AIDS Program and the National TB Program. Implementation of recommendations from previous support visits were followed up. Data quality checks and data analysis for decision making were done. Findings were discussed with staff. On the job training on TB-HIV clinical management, TB-IC and recording and reporting was done.			
5.3.1	The Union	Data analysis and local program reviews at ITHC sites	Stationery and other resources were provided to all the ITHC sites to facilitate data analysis meetings. Monthly data analysis meetings were conducted at ITHC sites to compile and analyze data for planning and decision making at local level. Infection control issues were also discussed.	Oct 13	Sep 14	Ongoing
5.3.2	The Union	Mentorship of nurses from new ITHC sites to existing ART initiating sites	TB-HIV mentorship of 33 nurses from the following 12 clinics: Dulibadzimu, Dangamvura, Phakama, Chinotimba, Runyararo, Ketter, Rimuka, Chinhoyi, Chiwaridzo, Mandava, Mbizo 11 and Mtapu clinics was conducted at Magwegwe and Emakhandeni clinics in Bulawayo and Mabvuku polyclinic in Harare (centers of excellence). A standardized mentorship protocol developed during the implementation of the Integrated HIV Care for TB Patients Living with HIV/AIDS (IHC 2) project was used to ensure that the objectives of the mentorship visits were attained. The other 7 will be mentored during the next quarter	Oct 13	Jun 14	Ongoing
5.3.3	The Union	Basic integrated HIV management training (OI & ART, PMTCT, HTC and STI)	A total of 48 nurses (10 males and 38 females) from 23 ITHC sites were trained on integrated TB-HIV management to enhance the capacity of staff in TB-HIV care provision in the second quarter APA4. Practical skills were demonstrated through expert patient trainers during the course.	Oct 13	Sept 14	Completed



Figure 3: Basic Integrated TB-HIV care training session in Mutare

2.6 HEALTH SYSTEMS STRENGTHENING (HSS)

Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date	Comments	
6.1.2	Country Coordinating Mechanism (CCM) and/or other coordinating mechanisms include TB civil society members and TB patient groups		Yes	Yes	Yes		
6.2.1	TB CARE-supported supervisory visits conducted		126	126	59	Of the 59 support visits, 17 were conducted during this quarter.	
6.2.2	People trained using TB CARE funds		500	720	725	445 on TB case management, 23 laboratory personnel trained on Xpert installation, maintenance & trouble shooting, 175 on PMDT, 48 on Integrated TB-HIV and 34 on Community TB care (9 HCWs & 25 Community Health Workers).	
Activity	Lead	TB CARE Year 4	Cumulative Progress as of the quarter's		Planned Month		Status
<i>Figure 2: Basic Integrated TB-HIV care training session in Mutare</i>					Start	End	
6.2.1	The Union	Province to district support supervision	TB CARE I-supported provinces (five) conducted at least one support supervision visit each to the districts since beginning of APA4. The other 5 provinces and cities receive funding for support supervision from Global Fund. Two provinces' staff had visited their districts twice while staff from the other three visited once by the end of the quarter. Each		Oct 13	Sep 14	Ongoing

			<p>province is allocated three visits to each district per year.</p> <p>The visits are conducted by key technical officer at provincial level (Medical Officers, Pharmacy managers, laboratory managers, Nursing managers, TB Coordinators).</p> <p>The visits have been an integral part of the TBCARE I support over the years.</p> <p>These visits focus on data quality issues, data utilization, patient care and post training follow up.</p>			
6.2.2	The Union	District to health facility support supervision	<p>All 37 supported districts had conducted at least one visit to their health facilities by the end of the quarter. A total of 15 districts had visited their health facilities twice by the end of the quarter under review. Immediate feedback is given to the health facilities and later through performance review meetings.</p> <p>Examples of the key findings that were discussed during these visits included gaps in recording and reporting, low case finding among children, low TB screening among HIV positive individuals and unfavorable treatment outcomes.</p>	Oct 13	Sep 14	Ongoing
6.2.3	The Union	Facilitate access to technical information	<p>Eight Provincial Medical Directors were supported with communication services (internet); Manicaland, Masvingo, Midlands, Mashonaland West, Matabeleland North, Matabeleland South, Mashonaland Central, Mashonaland East and NTP (national level). This has facilitated timely reporting in accordance to NTP deadlines.</p>	Oct 13	Sep 14	Ongoing
6.2.4	The Union	District training on TB, TB-HIV, MDR-TB, TB-IC Recording and Reporting	<p>All 15 planned district trainings were conducted. A total 445 health workers (143 male, 302 female) were trained on TB, TB-HIV, MDR-TB, TB-IC and Recording and</p>	Oct 13	Sep 14	Completed

			Reporting																			
6.2.5	The Union	Maintain sputum transport system	<p>The motorcycle sputum transport was running with a total of 39 motorcycles transporting sputum and other specimens and test results:</p> <ul style="list-style-type: none"> • 7 in the 3 main cities (Bulawayo, Chitungwiza and Harare) • 26 in 25 rural districts (one district has two) in Mashonaland West, Matabeleland South, Matabeleland North, Manicaland and Midlands provinces • 6 in other smaller urban areas (Gwanda, Victoria Falls, Gweru, Kwekwe, Masvingo and Mutare) where there are ITHC sites. • In Masvingo, the process of rolling out was ongoing by the end of the quarter <p>The figures in the table below include data from October 1, 2013 to February 28, 2014. In the three major cities (Harare, Bulawayo and Chitungwiza) and six towns with ITHC sites, data are complete. However, in (rural) provinces certain districts with recent introduction of sputum transport system have not yet started reporting.</p> <p>A total of nine districts submitted reports from the rural provinces</p> <table border="1"> <thead> <tr> <th>Indicator</th> <th>3 major cities</th> <th>6 towns with ITHC sites</th> <th>Rural provinces</th> </tr> </thead> <tbody> <tr> <td>Total samples ferried (all types) as of Feb 2014</td> <td>47,907</td> <td>7,132</td> <td>7,440</td> </tr> <tr> <td>Total TB samples ferried as of Feb 2014</td> <td>12,148</td> <td>3,205</td> <td>2,858</td> </tr> <tr> <td># of confirmed TB cases diagnosed as of Dec 2013</td> <td>887</td> <td>102</td> <td>219</td> </tr> </tbody> </table>	Indicator	3 major cities	6 towns with ITHC sites	Rural provinces	Total samples ferried (all types) as of Feb 2014	47,907	7,132	7,440	Total TB samples ferried as of Feb 2014	12,148	3,205	2,858	# of confirmed TB cases diagnosed as of Dec 2013	887	102	219	Oct 13	Sep 14	Ongoing
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6.2.6	The Union	Strengthen NTP Management Capacity	These have been planned for second and third quarters of APA4. These are meant to equip the NTP staff with better management competencies. The courses to be attended are: <ul style="list-style-type: none"> • International Management Development Program (IMDP) course on Media and Mass Communication in Turkey, to be attended by the NTP Advocacy Social Mobilization and Communication Officer from 15 to 19 September, 2014. • IMDP course on Influencing Networking and Partnership in the United States of America, to be attended by The NTP Manager from 29 September to 3 October, 2014 (Expenses to be paid before the 29th September) 	Mar 14	Sep 14	Pending
6.2.7	The Union	Update TB-HIV guidelines	Consultant preparing draft guidelines to be reviewed by NTP	Oct 13	May 14	Ongoing
6.2.8	WHO	Development of Gap analysis document, review the gap analysis document and writing of Global Fund application	Two consultants were engaged through TB CARE I, one to develop the M&E framework and the other to develop the Health Systems' Strengthening (HSS) component of the National Strategic Plan. The M&E consultant provided further input to the Epidemiological data assessment. Technical assistance from TB CARE I, Zimbabwe country office was provided to NTP to develop an operational plan for costing. External consultancy has been secured to cost the strategy during the second week of April 2014. The approved new NSP will facilitate application for Global Fund support, under the new Funding Mechanism.	Oct 13	Nov 13	Ongoing
6.2.9	The Union	Facilitate access to information and communication services	The Union World Conference will be held in October, 2014. Two staff members from The Union and 2 from NTP will attend to provide for continuous professional development.	Aug 14	Aug 14	Pending
6.2.10	The Union	Develop training materials for the integrated TB-HIV care	Pending review and finalization of TB-HIV guidelines	May 14	May 14	Pending
6.2.11	The Union	Conduct a stakeholders meeting to review the draft Strategic plan	A situation analysis was conducted in preparation for the development of a strategic plan in Quarter 1 of APA4.	Oct 13	Oct 13	Ongoing

			During this quarter, two stakeholder meetings were conducted to review the M&E framework and the HSS component of the national strategic plan. The strategic plan is expected to be finalized and costed by end of April 2014. Another stakeholder meeting is planned to finalize the NSP after costing in early May 2014.			
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2.7 Monitoring & Evaluation (M&E), Operations Research (OR) and Surveillance

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date	Comments
7.1.1	An electronic recording and reporting system for routine surveillance exists at national and/or sub-national levels	Work in progress	Electronic system in place	No	Refer to activities section below for progress update
7.2.1	Data quality measured by NTP	Yes	Yes	Yes	Data quality checks were an integral part of support supervision visits done in quarter 2 of APA4 to ITHC sites. Another visit is planned for in quarter 3 of AP4.
7.2.2	NTP provides regular feedback from central to intermediate level	Yes	Yes	Yes	
7.3.1	OR studies completed	4	5	0	One study on quality of TB control services from the Patient's perspective is ongoing. The NTP is pursuing proposals from provinces; while the TB CARE I technical team is also exploring more areas of operations

						research.
7.3.2	OR study results disseminated	4	5	0		
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status
				Start	End	
7.1.1	WHO	Customization of an electronic TB register	<p>The development of the electronic recording and reporting system was in progress during the quarter under review with the following key activities:</p> <ul style="list-style-type: none"> • A situational analysis was conducted followed by the development of a costed operational plan for the Electronic TB register (ETR). • A requirements document for the ETR was also developed. • An ETR has been developed with the following modules; Presumptive TB register, Laboratory register, DR-TB register and Health facility TB register. • Alpha testing of the system has been done, with key stakeholders, as a desktop demonstration of its performance. Field beta testing is planned for the month of April, 2014, before piloting the system in 4 Provinces. 47 tablet computers have been procured for the 4 pilot provinces to enable real time reporting during. • Provincial teams have been trained on the revised recording and reporting tools, aligned to the 2013 WHO TB definitions. Cascading the trainings further down to districts is underway. 	Nov 13	Sep 14	Ongoing

7.1.2	WHO	Piloting the ETR	Planned for 3 rd quarter of APA4	Feb 14	Jul 14	Pending
7.1.3	WHO	Rolling out ETR	Planned for 4 th quarter of APA4	Sep 14	Sep 14	Pending
7.2.1	The Union	Conduct TB and TB-HIV data analysis and feedback at national and provincial level	To date, five provinces have conducted data analysis meetings with their respective districts, to assess national TB data for the 4 th quarter of calendar year 2013. These meetings are facilitated by provincial TB Coordinators with their district TB Coordinators providing a platform for comprehensive feedback on data quality and programme performance Data analysis and feedback have been a useful exercise in that it shows progress of individual districts and provinces based on key indicators in comparison with the set targets.	Oct 13	Sep 14	On-going
7.2.2	The Union	Conduct 1 TB and TB/HIV performance review meeting per district for 37 districts	A total of 15 out of 37 planned district performance review meetings were conducted by the end of this quarter. The remainder of the meetings will be conducted by the end of May 2014. These meetings reviewed the performance of the TB program in their respective areas. In addition to the general agenda of reviewing case finding, case holding, TB-HIV collaboration and treatment outcomes, there was a strong emphasis on DR-TB management and use of Xpert MTB/RIF. Focus for most meetings emphasized declining case finding and adverse treatment outcomes such death and loss to follow up. The respective districts have come up with recommendations to address identified gaps.	Oct 13	May 14	On-going
7.2.3	The Union	Conduct 2 TB and TB/HIV performance review meeting	Two of 10 planned provincial reviews have been conducted by the end of the quarter.	Oct 13	Aug 14	On-going

		per province for 5 provinces	Each province was allocated two meetings and these will be completed by August 2014.			
7.2.4	The Union	National TB and TB/HIV performance review meeting	The meeting is planned for the month of July 2014	Oct 13	Jul 14	Pending
7.2.5	The Union	Support data verification exercise	The data verification exercise could not be implemented during this quarter due to competing priorities. This will be conducted early during the third quarter of APA 4	Oct 13	Sep 14	Postponed
7.2.6	The Union	Develop and Pilot a national M&E training course based on the data collection, analysis and utilization guidelines developed during APA2 and APA3	This will be conducted during the third quarter following the completion of the data collection, analysis and use guidelines that are awaiting approval from NTP. A pilot course based on these guidelines has been planned for June, 2014. The pilot course will inform development of the national training curriculum.	Oct 13	Jun 14	Ongoing
7.2.7	WHO	Develop and print NTP/Partner Annual Implementation plan	An NTP partner implementation plan was developed and dissemination of soft copies to key stakeholders and provinces has been completed. This will be printed early third quarter. The plan is an integration of various partners' activities funded through various sources. The integrated plan facilitates smooth implementation of activities through elimination of duplication and competition.	Oct 13	Sep 14	Ongoing
7.2.8	The Union	CARRYOVER FROM APA3: Conduct TB CARE/PEPFAR implementation progress and performance review meetings	TB CARE I/PEPFAR implementation progress and performance review meetings were done for the 23 ITHC sites. Guidance was given on data analysis, recording and reporting. Performance of each site on TB-HIV services was analyzed. Experience sharing enabled staff to learn from each other for improved program performance. Remaining funding will be used to conduct another meeting in August 2014.	Oct 13	Aug 14	Ongoing

7.2.9	KNCV	Technical Support for the DRS	The protocol for the survey has since been revised to include use of Xpert MTB/RIF.	Oct 13	Sep 14	Ongoing
7.2.10	KNCV	Technical Support for the DRS	Revision of SOPs and training materials was initiated, based on the revised protocol. It is anticipated that re-training will be initiated in the 2 nd quarter and the survey will commence in the 3 rd quarter 2014.	Oct 13	Sep 14	Ongoing
7.2.11	WHO	Local support for implementation of TB drug resistant survey	The revised DRS protocol has been finalized for submission to the Medical Research Council of Zimbabwe. Implementation is scheduled to start during 3 rd quarter APA4.	Oct 13	Sep 14	Ongoing
7.3.1	The Union	Support implementation of operational research at provincial level	One study on quality of TB control services from the Patient's perspective is ongoing. The NTP is pursuing proposals from provinces.	Oct 13	Sep 14	Ongoing
7.3.2	The Union	Support National TB Research day	Planned for Quarter 4 of APA4	Oct 13	Sep 14	Pending



Figure 4: Nkayi District Health Team members reviewing data during a district performance review

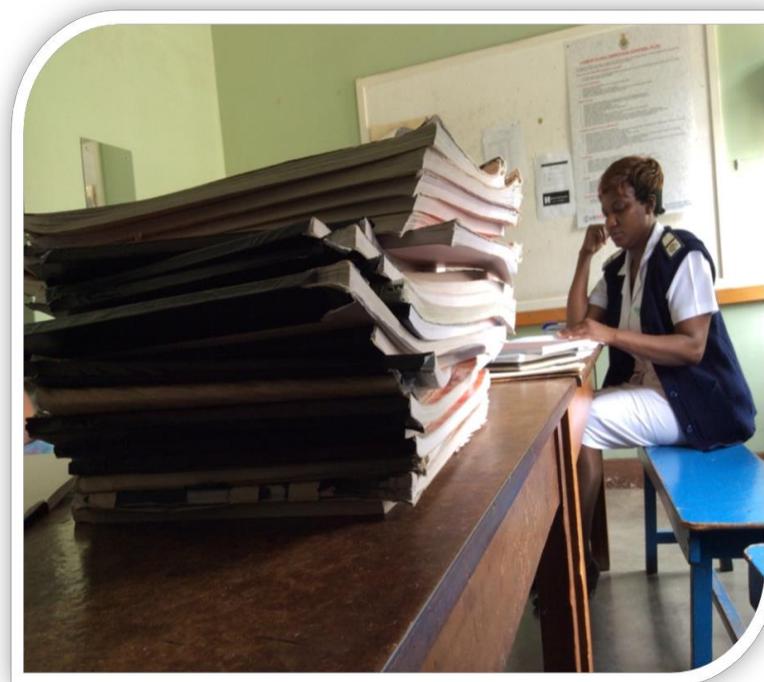


Figure 5: A Nurse at Luveve clinic with OI/ART registers; Challenges of paper based recording & reporting, justifying the urgent call for electronic reporting systems

3. 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
<u>ZIM-809-G12-T</u>	A2	B1	\$7.1m	\$7.1m

* Since January 2010

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

Zimbabwe was identified as one of early applicants of the Global Fund (GF) New Funding Mechanism (NFM) and the HIV grant application was successful. Efforts are underway to prepare the TB proposal Concept Note. TB CARE I is a permanent member of the GF Country Coordinating Mechanism TB Subcommittee. The NTP received \$5 million for interim funding, to be spent by December 2014. The significant proportion of the grant is for the ongoing national TB prevalence and drug resistance surveys.

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

The NTP developed an integrated annual National Tuberculosis Operational Plan with GF, TB CARE I and other partners. Joint TB performance review meetings are also conducted focusing on all activities supporting NTP. TB CARE I provides complementary support to GF-supported activities, focusing on different geographic areas for selected activities with co-funding of some of the activities.

TB CARE I Zimbabwe participated in the preparatory processes for the new GF funding mechanism, which includes Technical Assistance (TA) for the development of the NSP and the Concept Note. Two stakeholders' meetings were conducted to review the Monitoring and Evaluation (M and E) framework and the Health Systems Strengthening (HSS) component of the revised NSP. TB CARE I led the process of consolidating the NSP. The NSP is expected to be finalized and costed by the end of the second week of April 2014.

4. 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	40	28	Reporting was incomplete with 2/11 provinces not reporting for the whole year (2013) and 5/11 provinces have not yet reported for the period Oct – Dec 2013. These figures are based on culture and DST and do not include Xpert MTB/RIF detected cases (Refer to PMDT outcome indicator section). NTP data for quarter 2 APA4 are not available due to different reporting timelines. These data will be available in the third quarter APA4 report.
Total 2011	118	64	
Total 2012	149	105	
Jan-Mar 2013	66	63	
Apr-Jun 2013	66	66	
Jul-Sep 2013	48	41	
Oct-Dec 2013	29	26	
Total 2013	209	196	
Jan-Mar 2014	Not yet available	Not yet 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	KNCV	1.2.2	Netty Kamp	Development of community TB care training materials for HCW and CHW	October 2013	Completed	21 September to 3 October 2013	
2	KNCV	1.2.2	Netty Kamp	Development of community TB care training materials for HCW and CHW	February 2014	Completed	20 February – 1 March 2014	
3	KNCV	Carryover from APA3	Jerod Scholten	Technical support for the DRS	November 2013	Completed	11 – 15 November, 2013	One visit was done in November 2013
4	KNCV	7.2.9	Jerod Scholten	Technical support for the DRS	TBA 2014	Pending		
5	KNCV	7.2.9	Nico Kalisvaart	Technical support for the DRS	TBA	Pending		
6	KNCV	7.2.9	Rachel Ochola	Technical support for the DRS	TBA	Pending		
7	The Union	Staffing and operations	Paula Fujiwara	Provide overall programme technical oversight	TBA	Pending		
8	The Union	Staffing and operations	Monicah Andefa	Financial monitoring	December 2013	Completed	9-13 December 2013	One visit was done in December 2013
9	The Union	Staffing and operations	Monicah Andefa	Financial monitoring	May 2014	Pending		
10	The Union	6.2.6	Andrew Nyambo, Charles Sandy - 2 NTP Officers	International Management Development Programme (IMDP) courses	TBA	Pending	September 2014	This will be conducted in quarter four
11	The Union	6.2.9	The Union Director, Deputy Director & 2 Officers from NTP	Union World Conference on Lung Health	TBA	Pending	October 2014	This will be conducted in quarter four

12	The Union	7.2.6	Einar Haldal	Develop and Pilot a national M&E training course based on the data collection, analysis and utilization guidelines developed during APA2 and APA3	June, 2014	Pending			
13	The Union	7.2.6	Riitta Dlodlo	Develop and Pilot a national M&E training course based on the data collection, analysis and utilization guidelines developed during APA2 and APA3	June, 2014	Pending			
14	The Union	7.2.6	Third consultant - TBA	Develop and Pilot a national M&E training course based on the data collection, analysis and utilization guidelines developed during APA2 and APA3	June	Pending			
15	WHO	4.1.3	TBA	Update and print PMDT guidelines	April 2014	Pending			
16	WHO	6.2.8	Mamuka Djibuti	Development of Gap analysis document, review the gap analysis document and writing of Global Fund application	17-21 March, 2014	Completed	March, 2014		
17	WHO	6.2.8	Ellen Mitchell	Development of Gap analysis document, review the gap analysis document and writing of Global Fund application	2-7 March, 2014	Completed			
18	WHO	7.1.2	TBA	Customization of an electronic TB register	TBA	Pending			
Total number of visits conducted (cumulative for fiscal year)									6
Total number of visits planned in work plan									18
Percent of planned international consultant visits conducted									33%