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TB CARE I

TB CARE I - Zimbabwe

Year 4

Quarterly Report

April – June 2014

July 30, 2014

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1. Quarterly Overview

Country	Zimbabwe
Lead Partner	The International Union Against Tuberculosis and Lung Disease (The Union)
Coalition Partners	KNCV Tuberculosis Foundation, World Health Organization (WHO)
Other partners	John Snow Inc. (JSI)
Work plan timeframe	October 2013 - September 2014
Reporting period	April 1 to June 30 2014

Most significant achievements

The following are the most significant achievements and results realized during the quarter:

Universal and early access

During the 3rd quarter the Community Guidelines, Training Curriculum and Training and Participant manual of Community Involvement in TB care were completed. They are ready for printing and were sent to the NTP. The next steps would be the development of Information Education Communication (IEC) materials for the community workers through funding from Ministry of Health and Child Care (MoHCC) in the month of September.

Laboratories

A total of 16,000 Xpert MTB/RIF cartridges were procured through funding from the TB CARE I core project C2.2.1, to mitigate against frequent stock outs experienced in the previous quarters. In the quarter there were no cartridge procurements by the MoHCC and most facilities relied on the supplies procured through TB CARE I. There were no cartridge stock outs reported in this quarter.

Of the 58 sites, 56 with Xpert MTB/RIF machines submitted reports during this quarter. A total of 10,825 tests were done in quarter 3 of APA4, through which 1,584 (14.6%) cases of tuberculosis (TB) were diagnosed. Of these 125 (7.9%) (updated data from previous report) were diagnosed with rifampicin resistant (RR) strains, compared to 8,394 tests done the previous quarter, of which 1,371 (16.3%) were diagnosed with tuberculosis and 121 (8.8%) with RR strains. All the drug sensitive cases started on anti TB treatment and it is not yet been ascertained what proportion of those with RR strains were commenced on second line treatment for this quarter.

In quarter 3 of APA4, 4,129 CD4 count tests were done using Point of Care (POC) machines procured through TB CARE I (with 22 of 23 Integrated TB HIV Care [ITHC] sites reporting results). In comparison, 5,496 tests were done in the previous quarter. These machines have sustained a test turn-around time of less than 24 hours, compared to previous delays of more than a week. Notably TB CARE I procured 23,000 POC cartridges in quarter 3 of APA4 through a centralized procurement system led by John Snow Inc.

Programmatic Management of Drug Resistant Tuberculosis (PMDT)

A situational analysis on PMDT implementation was done to inform revision of the national PMDT guidelines. A stakeholders' workshop was then conducted in April 2014 to revise the guidelines. The 2013 WHO definitions have been incorporated, and the final document will be printed and distributed by August 2014. This is expected to improve case detection and the management of patients with drug resistant TB (DR-TB) strains.

Health Systems Strengthening (HSS)

During the quarter 8,337 TB specimens were transported using the TB CARE I supported specimen transport system during the first 2 months of the quarter (most complete available data), translating to an average of 4,169 specimens per month, compared to 10,869 ferried in during the last quarter (average of 3,623 per month). The number of confirmed TB cases diagnosed in the supported districts and towns during this quarter has not yet been reported (See section 6.2.5 for data for the previous quarters). The number of motorcycles providing sputum courier services increased from 39 in the 2nd quarter to 42 in the 3rd quarter. The additional three motor bikes were deployed to rural Masvingo and Matabeleland North provinces. The total number of specimens transported to laboratories in the rural provinces increased from 1,930 in quarter 2 to 3,308 in the quarter under review, despite this figure reflecting performance for the first 2 months of the quarter only.

TB CARE I staff and a Community Health Consultant engaged through TB CARE I, together with WHO and other partners, provided technical support throughout the development of the TB Concept Note for the Global Fund's New Funding Mechanism. The funding request prioritized the following key modules: TB Care and Prevention; TB-HIV, and Multi-drug resistant TB (MDR TB). Three other supportive modules, namely Program Management, Health Information (Monitoring and Evaluation), and Procurement Supply Management were also prioritized for funding support. The Concept Note was successfully submitted on the 15th of June 2014.

TB-HIV

The national target is to test all registered TB patients for HIV and commence all HIV positive TB patients on both Cotrimoxazole Preventive Therapy (CPT) and Antiretroviral Therapy (ART). At the 23 ITHC sites there has been a progressive improvement of ART and CPT coverage with time due to on-going mentorship, support supervision and training activities. Patients with recorded HIV test results were 97.2% in quarter 3, compared to 97.0% in quarter 2 APA4. Antiretroviral therapy uptake increased from 72.0% to 79.3%. A total of 47,615 HIV positive patients were screened for TB in HIV care settings at the ITHC sites compared to 43,739 during the second quarter. Among those screened eight (0.02%) were diagnosed with TB and initiated on treatment. A total of 157 health care workers (from 22 out of 23 ITHC sites that reported) were screened for TB this quarter compared to 147 during the second quarter. Of those screened this quarter none were diagnosed with TB.

Monitoring and Evaluation (M&E)

All the planned district TB performance review meetings have been completed and the meetings in the remaining 22 districts were held during this quarter. These were supported as part of the on-going monitoring and evaluation of the TB program implementation. The performance review meetings were mostly data-driven and focused on TB case finding, case holding, TB-HIV collaboration, TB treatment outcomes, and DR-TB management.

An inaugural pilot trainer of trainers course, on Data Collection, Analysis and Use entitled 'Making sense of TB data' was conducted targeting participants from all provinces and major cities in the country. The hands-on and practical training was facilitated by NTP/TB CARE I staff and consultants from The Union. Its course duration was two weeks. During the 1st week, basic principles of TB data collection and analysis were introduced and discussed. Participants did several exercises based on real data from a district and its health facilities. One afternoon was devoted to visits to the nearby health facilities situated in the City of Gweru to practice data collection, validation and support supervision. During the second week, the participants were divided into eight groups that visited eight districts in the Midlands province and were mentored by an experienced facilitator. The purpose of the district visit was to further practice the use of data collection tools, presentation of the data in a manner that is conducive for data analysis. The course ended in a plenary where the groups presented their findings. A total 35 (14 females) participants were trained. The trained participants will conduct further trainings in their respective provinces which is expected to result in improvement in data quality, analysis and use and eventually, in the performance of the TB program

activities. Changes in current practice will be tracked through quarterly supportive supervision and performance review sessions.

Technical and administrative challenges

The Xpert MTB/RIF machine at Lupane hospital, one of the busiest sites, was producing errors due to hardware problems. This has been communicated to the Cepheid technical support team and three of the modules will be replaced.

The TB CARE I and National TB Program (NTP) quarterly reporting timeline is different with the NTP data becoming available only after the TB CARE I reporting deadlines. This compromise the completeness of the data reported in this document. The introduction of the Electronic TB Recording and Reporting system (ERR) will result in real time reporting and thus address this challenge in due course.

Competing NTP priorities, such as providing technical support throughout development of the Global Fund TB Concept Note and the on-going TB prevalence survey, had an adverse effect on the implementation of the planned TB CARE I supported activities. The teams had to carry out certain activities during weekends to meet the September deadline.

The NTP has not been able to fill critical vacant posts over the years, for example, in PMDT, Training and TB-HIV. TB CARE I is one of the main TB support mechanisms on the ground both technically and financially, and had to assist the existing national program staff to do their work in the areas of planning, training, support supervision, monitoring and evaluation reporting. This has been necessary to ensure integrated implementation of TB CARE I and Global Fund supported components of the national program. As the geographic areas of the TB CARE I support increased from one province to ten, and the need to adhere to the recommended deadlines, the demand on TB CARE I staff time has increased, creating an administrative challenge in releasing staff as per planned vacation schedule.

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	This was done as a carryover from last year. Ten additional sites are to be reached during quarter 4 APA4. The target of 23 is unlikely to be reached by the end of the project cycle due to constrained timelines to project closure.
1.1.3	TB personnel trained on the Patients' Charter	0	570 (based on TB & TB-HIV trainings)	85	This target is unlikely to be reached as most training was conducted prior to finalizing the Charter.
1.2.1	Private providers collaborating with the NTP	0	0	Not applicable	The activity linked to these indicators aimed at engaging private providers was planned for APA3; though it was not implemented. The indicator erroneously remained in this plan. However, the draft NTP Public Private Mix (PPM) strategy has since been reviewed by the Permanent Secretary for approval and is expected to be printed during the course of the 4 th quarter of APA4. Funding to support implementation is being sought and has been included in the current Global Fund Concept Note request.
1.2.2	TB cases diagnosed by private providers	Not yet measured	Baseline	This is unlikely to be measured by the 4 th quarter of APA4	
1.2.3	Status of PPM implementation	3	3	3	Refer to above indicator. Although the PPM framework is still a draft, implementation of PPM activities is limited to a few mines and agricultural estates.

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.

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)	166	These data are collected only from the 23 ITHC sites from October 2013 to June 2014. Sixty two (62) children, of the cumulative 166 were reported in this quarter.
1.2.5	Childhood TB approach implemented	3	3	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 0-4 years old	1,360 (In addition to 1,559 reported 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)	592	The NTP notification data from October 2013 to March 2014 are presented here because the data from April to June APA4 were not yet ready at the time of reporting. The target is unlikely to be met. However, an attempt will be made to close the gap in TB case finding in children through a training of medical officers from districts on childhood TB, planned for August 2014.
1.2.9	Population covered with CB-DOTS	No comprehensive Community Based DOTS (CB-DOTS) was implemented in the country. However, some components are practiced in community TB interventions.	It is expected that by end of APA4, there will be a standardized service with an M&E component for evaluation	Not yet measured	The supported activities ended at national and provincial level. There were no community-based activities funded. However, the Concept Note incorporated CB DOTS activities at community level.
1.2.10	Health facilities offering CB-DOTS services	All primary health care facilities but not meeting the definition	100%	100%	All health facilities engage communities in TB and TB-HIV patient care and DOT observation, although this does not constitute a full package of CB-DOTS.

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 four sites (one site each in Masvingo, and Gweru and two sites in Bulawayo). The study findings will be used to adapt the tools used for focus group discussions and exit interviews. Roll out of implementation of routine assessments on quality of TB care will start in July 2014 at 10 health facilities in Bulawayo.	Oct 13	Aug 14	On-going
1.1.2	The Union	Improve health worker knowledge on the Patients' Charter	The Patients' Charter was incorporated into training sessions conducted in the 2 nd quarter of APA4. A total of 85 health workers (54 females) were trained in the Patients' Charter. It is envisaged that this will contribute to strengthening patient-centred care for TB and TB-HIV patients. There are plans to disseminate and orient health workers on the Charter at two outstanding integrated TB-HIV training sessions and provincial review meetings planned for the 4 th quarter of APA4. Institutionalization of on-going quality assessments through quarterly supportive supervision will be used to track level of implementation.	Oct 13	Sep 14	On-going
1.2.1	The Union	Provide mentorship to health workers in diagnosing childhood TB	Training of medical officers from districts on childhood TB by the pediatricians is planned for August 2014. This is expected to increase childhood TB case detection and strengthen management of these patients. This could not be done in June due to the development of the GF concept note.	Oct 13	Aug 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.)

1.2.2	KNCV	Development of community TB care training materials for Health Care Workers (HCW) and Community Health Workers (CHW)	The community TB care training materials were developed with participation from the local trainers and communities. These will provide the framework for standardized CB-DOTS.	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. Countrywide scale up has been proposed for funding in the Concept note application through Global Fund under the new funding mechanism.	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 SRL linked to the National Reference Laboratory is the <i>International Reference Laboratory for Microbiology in Denmark</i> .
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	26,373	Of the 26,373 tests, 10,825 (41%) were done in this quarter. Two sites supported by TB CARE I had not reported in this quarter. Active follow up to sites not reporting will be made for a more updated submission in the

						next report.
2.3.3	Patients diagnosed with Xpert MTB/RIF	1,666 Data available for 7 months	16,320	4,011 (15% of tested samples) of which 330 (8.4%) had RR strains.		Of the 4,011 diagnosed patients, 1,584 (39.5%) were in the period under review. A total of 125 patients had RR strains this quarter compared to 114 in the previous 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	CD4 testing is performed to establish a baseline for treatment monitoring. Twenty three (23) Point of Care (POC) CD4 machines were maintained (servicing and procurement of cartridges) at the 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 10,619 tests have been done to date, of which 4,129 (38.9%) were done in the 3 rd quarter (22 out of 23 ITHC sites submitted reports) compared to 5,496 done in the previous quarter. The number of tests done declined likely due to two machines that malfunctioned during the quarter and were repaired by the suppliers. No stock outs of cartridge supplies were experienced.	Oct 13	Sep 14	Ongoing
2.3.2	The Union	Maintain 10 Xpert MTB/RIF machines	Three machines were calibrated in February 2014. The remaining 7 machines are due for calibration in the fourth quarter of APA4.	Oct 13	Sep 14	Ongoing

2.3.3	The Union	CARRYOVER FROM APA3: Completion of laboratory renovations at the City of Bulawayo Thorngrove infectious disease hospital	Following completion of renovations of Thorngrove infectious disease hospital laboratory in the City of Bulawayo in the 1 st quarter of APA4, more working space was created for laboratory personnel. This has improved infection control and increased the laboratory's capacity to process more specimens and conduct other tests associated with the management of HIV positive patients. The laboratory is now operational and servicing the city with an estimated population of 700 000. TB CARE I is also providing three motor cycles for specimen transportation to the laboratory. The laboratory is equipped with a 24 module Xpert MTB/RIF machine, and also runs, Ziehl Nelson Microscopy, Haematology, Biochemistry including Liver function tests and CD4 count testing.	Oct 13	Dec 13	Completed
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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	All four components of the FAST strategy are being implemented at all the 23 ITHC sites. The NTP receives support from the Zimbabwe Infection Prevention and Control Project (ZIPCOP) funded by the US Centers for Disease Control and Prevention (CDC) to scale up implementation beyond the 23 sites.
3.2.2	Facilities implementing TB-IC measures	65	65	65	The support was provided

	with TB CARE support		(including the 23 ITHC sites)			through supervision visits with TB CARE I support to the 23 ITHC sites and routine NTP support visits. A standardized checklist was used during all visits.
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 TB screening is carried out twice per year. A total of 157 health workers were screened and none diagnosed with 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	Develop Information, Education and Communication (IEC) material on TB infection control to target health workers and patients	Three thousand TB Infection control (TB IC) information posters and 6,000 stickers were printed and distributed. A TB IC pamphlet in 3 main local languages was developed this quarter. The versions in English and Shona are being printed, while translation of the pamphlet into Ndebele is being finalized.	Oct 13	Aug 14	On-going

Picture 1



Optimized sitting arrangement for TB infection control, observed at ITHC supported Chinotimba clinic (consultation room)

Picture 2



Evident open window policy for TB infection control, observed at ITHC supported Mzilikazi clinic.

2.4 Programmatic Management of Drug resistant TB (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	329	These data include all cases with RR strains diagnosed through the Xpert MTB/RIF from quarter 1 to 3 APA4. A total of 125 patients were diagnosed with RR

					strains through Xpert MTB/RIF this quarter, compared to 114 in the previous quarter of APA4.
C7	Number of patients diagnosed with MDR-TB started on treatment	64	160	106	These include patients started on treatment only in 1 st and 2 nd quarter APA4. The 3 rd quarter data are not yet available. There are currently no appropriate recording and reporting tools in use and reported figures of patients who started treatment are likely to be inaccurate. MDR data quality assessment is planned for the 4 th quarter to address this gap.
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. National Monitoring and Evaluation (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 but 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%) 4th quarter 2010 cohort 23 out 37 (62%) 1 st & 2 nd quarters 2011 cohort	These are the latest available outcome data.	
4.1.4	A functioning National PMDT coordinating body	Yes	Yes	Yes	The committee is in place with terms of reference. It met in April to review the draft PMDT guidelines. It is scheduled to meet quarterly to monitor and provide guidance on on-going decentralization of PMDT.	
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 Xpert MTB/RIF implementation	All 10 planned trainings have been conducted with 175 health care workers (101 females) trained.	Oct 13	Sep 14	Completed
4.1.2	The Union	Conduct National PMDT coordinating committee meetings	These meetings have been infrequent and the last was in April 2014 to review the draft PMDT guidelines. The next meeting has been planned for August 2014.	Oct 13	Sep 14	On-going
4.1.3	WHO	Update and print PMDT guidelines	The guidelines have been revised and a draft document circulated to the DR-TB committee members. A stakeholders meeting to finalize the guidelines will be conducted and the guidelines printed by 31 st August 2014.	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	32,807	A national review of Isoniazid Preventive Therapy (IPT) implementation was done in March and a scale-up was recommended. Implementation has since been scaled up to a total of 46 sites, including 4 ITHC sites. These data are from Jan-May 2014.
5.2.1	HIV-positive patients who were screened for TB in HIV care or treatment settings	21,968 (100%) Based on 2013 Semi Annual Program Results Report (SAPR)	25,000 (100%)	47,615 (100%)	These data are from 22 out of 23 ITHC sites that submitted reports Among those screened, eight (0.02%) were diagnosed with TB and started on treatment.
5.2.2	TB patients (new and re-treatment) with an HIV test result recorded in the TB register	38,248 (83.0%) Arrived at by multiplying figures reported for October 2012 to March 2013 x 2	42,073 (85.0%) Added 10% to the APA 3 estimates	<u>National</u> , Oct 2013 – March 2014: Numerator = 15,888 Denominator = 16,735 (94.9%) <u>ITHC sites</u> , Apr-Jun 2014 629/647 (97.2%) Compared to Jan – Mar 2014 705/728 (96.8%) Oct – Dec 2013 845/908 (93.1%)	These are NTP notification data reported from October to March 2014, and are the latest available complete data.

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	<u>National, Oct 2013 – March 2014:</u> Numerator = 10,684 Denominator = 15,888 (67%) <u>ITHC sites, Apr-Jun 2014:</u> 438/628 (69.6%) Compared to Jan – Mar 2014 533/705 (75.6%) Oct – Dec 2013 568/779 (72.9%)	These are NTP notification data reported for the period October 2013 to March 2014.
5.2.5	HIV-positive TB patients started or continued on antiretroviral therapy (ART)	17,424 (72.0%) Arrived at by multiplying figures reported for October to March by 2	23,035 Basis: 75.0% will be on ART	<u>National, Oct 2013 – March 2014:</u> Numerator = 9828 Denominator = 12254 (80.2%) <u>ITHC sites, Apr-Jun 2014:</u> 319/438 (72.8%) Compared to Jan – Mar 2014 383/533 (71.9%) Oct – Dec 2013 381/568 (67.1%)	These are NTP outcome data reported for the period October 2012 to March 2013 NTP data for HIV diagnosis and treatment 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 all patients on to ART.

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 = 12,254 Denominator = 12,817 (95.6%) For ITHC sites: Apr-Jun 2014 386/438 (88.1%) Compared to Jan - Mar 2014 524/533 (98.3%) Oct - Dec 2013 490/568 (86.3%)		These are NTP outcome data reported for October 2012 to March 2013 The significant decline from the previous quarter has been noted and will be investigated for remedial redress.
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 on-going. Renovations at four of five 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. Twelve of the planned 14 waiting sheds were erected by the end of the quarter. As a result, overcrowding has been reduced and ventilation improved at Chinotimba, Mzilikazi, Luveve, Tshabalala, Chiwaridzo, Vengere, Runyararo, Chinhoyi, Tsvovani, Mandava, Rimuka and Mtapu clinics. Walkways between patient waiting shelters and consultation rooms were erected to protect patients from harsh weather conditions. Renovations are still ongoing at Dombotombo and Dulibadzimu clinics and they are scheduled for completion by 31 August 2014.	Oct 13	Sept 14	On-going	
5.2.2	The Union	Provide technical support to all sites implementing	To date, officers from The Union, National AIDS Program and the National TB Program visited 6 sites twice for data driven support supervision, while 19	Oct 13	Sept 14	On-going	

		integrated TB/HIV care	<p>sites were visited once. In the 3rd quarter APA4, a new supervisory checklist, finalized during the recent pilot national M&E course, was used.</p> <p>Implementation status of the recommendations from previous support visits were followed up. Data quality checks were done together with facility staff prior to data analysis. Findings were discussed with the health facility staff and district supervisors. Time-framed recommendations to address identified gaps were done collectively with the facility staff. Since the beginning of APA4, all 23 ITHC sites have been visited at least twice.</p>			
5.3.1	The Union	Data analysis and local program reviews at ITHC sites	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. Stationery and other resources were provided to all the ITHC sites to facilitate data the analysis meetings.	Oct 13	Sep 14	On-going
5.3.2	The Union	Mentorship of nurses from new ITHC sites at existing ART initiating sites	Since beginning of APA4, 45 nurses from 14 ITHC sites have undergone mentorship at the 3 TB-HIV integrated care Centers of Excellence (Emakhandeni and Magwegwe in Bulawayo and Mabvuku in Harare). Clinics supported in this quarter were Dombotombo, Vengere, Mtapu and Mandava. A standardized mentorship checklist 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.	Oct 13	Sept 14	On-going
5.3.3	The Union	Basic integrated HIV management training (OI & ART, PMTCT, HTC and STI)	<p>No trainings were conducted during the quarter under review as we had completed the planned trainings for APA4. However two additional trainings under APA4B are planned for July and August 2014 targeting 60 health workers.</p> <p>To date, a total of 48 nurses (10 males and 38 females) from 23 ITHC sites were trained on</p>	Oct 13	Sept 14	On-going

			integrated TB-HIV management to enhance the capacity of staff in TB-HIV care provision among. Practical skills were demonstrated through expert patient trainers during the course.			
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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	A functional Country Coordinating Mechanism is in place
6.2.1	TB CARE-supported supervisory visits conducted	126	126	93	No supervisory visits were being done in Masvingo province at the beginning of the quarter. The Country Director TB CARE I has since visited the province to engage with authorities and they have since improved implementation.
6.2.2	People trained using TB CARE funds	500	720	934	Among the 934 health workers trained were, doctors, nurses, pharmacy personnel, laboratory staff, and environmental health personnel. Numbers trained by type of training were; <ul style="list-style-type: none"> • 533 (232 females) on TB case management; • 23 (3 females) laboratory personnel trained on Xpert installation, maintenance and trouble-shooting;

						<ul style="list-style-type: none"> • 175 (101 females) on PMDT; • 48 on Integrated TB-HIV; and • 34 on Community TB care (9 (4 females) HCWs & 25 (20 females) Community Health Workers); • 25 (20 females) in HIV/OI/ART management; • 24 (21 females) in Pediatric ART; • 35 (14 female) HCW in Data Collection Analysis and Use; and • 85 (54 females) HCW in Mutare City and District in Xpert MTB/RIF use for enhanced TB case finding among people living with HIV as part of the Core project C5.1.3
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	The Union	Province to district support supervision	<p>Since the beginning of APA4, a total of 11 out of the planned 15 province-to-district visits were conducted. Among the TB CARE I-supported provinces, five conducted at least one support supervision visit each to the districts since beginning of APA4. Masvingo province lagged behind and was visited by the Country Director TB CARE I during the quarter under review to engage with the authorities. This has seen an improvement in implementation by the end of the quarter.</p> <p>The other 5 provinces and cities receive</p>	Oct 13	Sep 14	On-going

			<p>funding for support supervision from Global Fund. Each province is allocated three visits to each district per year. The visits are mostly conducted by key technical officers at provincial level (Medical Officers, Pharmacy managers, laboratory managers, Nursing managers, TB Coordinators, HIV/AIDS coordinators).</p> <p>These visits focus on data quality issues, data use, patient care, on-job mentorship and post-training follow-up.</p>			
6.2.2	The Union	District to health facility support supervision	<p>Since the beginning of APA4 a total of 82 district to health facility support visits were conducted (30 done in the quarter under review) out of the planned 111 for the year. Immediate feedback is given to the staff of health facilities and action steps are also discussed during the visits.</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	On-going
6.2.3	The Union	Facilitate access to technical information	<p>Eight Provincial Medical Directorates were supported with internet to improve communication: 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 the NTP deadlines.</p>	Oct 13	Sep 14	On-going
6.2.4	The Union	District training on TB case management (TB-HIV, MDR-TB, TB-IC Recording and Reporting)	<p>All 15 district training sessions planned were conducted. An additional three training sessions were conducted in quarter 3 through APA4B, with a total of 88 health workers trained (38 males, 50 females). Cumulatively, a total 533 health workers (181 male, 352</p>	Oct 13	Sep 14	Completed

			female) have been trained.																			
6.2.5	The Union	Maintain sputum transport system	<p>To date, the specimen courier system runs with a total of 42 motorcycles, transporting sputum and other specimens and test results:</p> <ul style="list-style-type: none"> • Seven in the 3 main cities (Bulawayo, Chitungwiza and Harare) • Six in other smaller urban areas (Gwanda, Victoria Falls, Gweru, Kwekwe, Masvingo and Mutare) where the ITHC sites are located. • 29 in 28 rural districts (one district has two) in Mashonaland West, Matabeleland South, Matabeleland North, Manicaland, Masvingo and Midlands provinces, • The total number of health facilities serviced is 649 compared by 594 by the end of quarter 2 APA4. <p>The figures in the table below include cumulative data from October 1, 2013 to May 31, 2014.</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 transported (all types) as of May 28, 2014</td> <td>68,312</td> <td>9,238</td> <td>19,288</td> </tr> <tr> <td>Total TB samples transported as of May 28, 2014</td> <td>17,903</td> <td>4,783</td> <td>6,706</td> </tr> <tr> <td># of confirmed TB cases diagnosed as of March 2014 (From NTP quarterly reports)</td> <td>1,812</td> <td>371</td> <td>1,953</td> </tr> </tbody> </table>	Indicator	3 major cities	6 towns with ITHC sites	Rural provinces	Total samples transported (all types) as of May 28, 2014	68,312	9,238	19,288	Total TB samples transported as of May 28, 2014	17,903	4,783	6,706	# of confirmed TB cases diagnosed as of March 2014 (From NTP quarterly reports)	1,812	371	1,953	Oct 13	Sep 14	On-going
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6.2.6	The Union	Strengthen NTP Management Capacity	<p>The selected International Management Development Program (IMDP) courses to be supported by TB CARE I will take place during 4th quarter APA4. The courses to be attended are:</p> <ul style="list-style-type: none"> • Media and Mass Communication in Turkey, 	Mar 14	Sep 14	Pending																

			<p>to be attended by the NTP Advocacy Social Mobilization and Communication Officer from 15 to 19 September, 2014.</p> <ul style="list-style-type: none"> Influencing Networking and Partnership, to be attended by The NTP Manager from 29 September to 3 October, 2014 (Expenses to be paid before the 29 September) <p>These are meant to equip the NTP staff with better management competencies.</p>			
6.2.7	The Union	Update TB-HIV guidelines	Draft guidelines have been submitted to NTP for review.	Oct 13	Sep 14	On-going
6.2.8	WHO	Development of Gap analysis document, review the gap analysis document and writing of Global Fund application	<p>The NSP (2015-2017) was finalized and used to develop the TB Global Fund Concept note for the new funding mechanism. This was subsequent to achievements noted in the 2nd quarter where;</p> <p>Two Consultants were engaged through TB CARE I, one (Ellen Mitchell) to develop the M&E framework and the other (Mamuka Djibuti) to develop the Health Systems' Strengthening (HSS) component of the National Strategic Plan (NSP).</p> <ul style="list-style-type: none"> 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 a costed operational plan. 	Oct 13	Jun 14	Completed
6.2.9	The Union	Facilitate access to information and communication services	The annual World Lung Conference is a leading meeting on TB, lung health and TB-HIV and provides a forum for sharing of experiences and current best practices. The 45 th World Lung Conference will be held in October, 2014. Two staff members from The Union and the NTP, respectively, will attend to acquire strategic information for the benefit of enhancing national TB program delivery.	Aug 14	Sep 14	Pending
6.2.10	The Union	Develop training materials for the integrated TB-HIV	Pending review and finalization of TB-HIV guidelines	May 14	Sep 14	Pending

		care				
6.2.11	The Union	Conduct a stakeholders meeting to review the draft Strategic plan	In quarter 3 of APA4, the NSP (2015-2017) was finalized and is awaiting print. A situation analysis had been conducted in preparation for the development of a strategic plan in Quarter 1 of APA4. In the 2 nd quarter, two stakeholder meetings were conducted to review the M&E framework and the HSS component of the national strategic plan.	Oct 13	Jun 14	Completed

Picture 3



Specimen transport Rider delivering specimen at Luveve clinic, Bulawayo

Picture 4



Well-ventilated waiting area, renovated through TB CARE I, Mtapa clinic.

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 that were conducted in APA4.	
7.2.2	NTP provides regular feedback from central to intermediate level		Yes	Yes	Yes	This is done through review meetings and supportive supervision reports	
7.3.1	OR studies completed		4	5	0	One study on quality of TB control services from the Patient's perspective is ongoing. It is unlikely any additional OR activities will be conducted as these may extend beyond the lifespan of APA4	
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 progress in the development of the electronic recording and reporting system is as follows:</p> <ul style="list-style-type: none"> In the 1st quarter of APA4, a situational analysis was conducted followed by the development of an operational plan for the ERR system. Subsequently, a program requirements document was developed. In the 3rd quarter, all ETR modules were 		Nov 13	Sep 14	Ongoing

			<p>finalized. These include: Presumptive TB register, Laboratory register, DR-TB register and Health facility TB register.</p> <ul style="list-style-type: none"> Alpha testing of the system was done with key stakeholders, as a desktop demonstration of its performance in 2nd quarter APA4. Field beta testing was done in May 2014. Forty seven (47) tablet computers have been procured for four pilot provinces to enable real time reporting. Provincial training sessions for the ETR roll out is planned for the 7th – 11 July 2014. 			
7.1.2	WHO	Piloting the ETR	Data collection for the pilot will commence in August 2014.	Feb 14	Aug 14	Pending
7.1.3	WHO	Rolling out the ETR	Roll out will commence in 2015 after evaluation of the pilot and will be funded through Global Fund as expressed in the TB Concept note.	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, 10 of the 11 provinces and cities have conducted data analysis meetings with their respective districts, through the support of TB CARE I. The objective of these meetings was to validate and analyze data for the national 4 th quarter of calendar year 2013 and 1 st quarter 2014. These meetings, facilitated by Provincial managers and their district TB Coordinators, provided a platform for comprehensive feedback on data quality and programme performance.	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	To date, all 37 of the planned district performance review meetings have been conducted, of which 22 were conducted in the quarter under review. Focus for most meetings emphasized action required to address declining case finding and adverse treatment outcomes, such as loss to follow-up and death. The respective districts have developed action plans with recommendations to address identified gaps.	Oct 13	Jun 14	Completed
7.2.3	The Union	Conduct 2 TB and TB/HIV performance review meeting per province for 5 provinces	To date, five of 10 planned provincial review meetings have been conducted. Each province was allocated two meetings and these will be completed by August 2014. These meetings have contributed to increased local use of TB surveillance data and improved feedback within province and districts.	Oct 13	Aug 14	On-going
7.2.4	The Union	National TB and TB/HIV performance review meeting	The meeting is planned for 25 th – 29 th August 2014.	Oct 13	Aug 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. It will be conducted from 21 st -25 th July 2014.	Oct 13	Aug 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	From 16 th – 27 th June, 2014, the national pilot M&E course was conducted in the Midlands province based on the draft guide “Making sense of TB data, data analysis and use”. The course was also used to finalize the guide. A core group of 35 (14 female) provincial and district trainers attended the course and will in turn train health facility, and district health workers in their provinces and cities in local level analysis and use of data.	Oct 13	Jun 14	Completed

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 was completed during the 1 st quarter APA4. 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	Completed
7.2.8	The Union	CARRYOVER FROM APA3: Conduct TB CARE/PEPFAR implementation progress and performance review meetings	One meeting to track TB CARE I/PEPFAR implementation progress and performance was convened with the 23 ITHC sites as planned. Guidance was given on data analysis, recording and reporting. Performance of TB-HIV services at each site was analyzed. Staff also learned from each other during these meetings. Remaining funding will be used to conduct one more meeting in August 2014.	Oct 13	Aug 14	On-going
7.2.9	KNCV	Technical Support for the DRS	The protocol for the survey has been revised to include use of Xpert MTB/RIF. The protocol was approved in June 2014 and implementation will begin in 4 th quarter of APA4. Revision of SOPs and training materials will be completed in quarter 4 of APA4 based on the revised protocol.	Oct 13	Sep 14	On-going
7.2.10	KNCV	Technical Support for the DRS				
7.2.11	WHO	Local support for implementation of the DRS				
7.3.1	The Union	Support implementation of operational research at provincial level	This activity has been cancelled due to limited time to complete any new studies and the funding provision was deemed as savings for the close out phase.	Oct 13	Sep 14	Cancelled
7.3.2	The Union	Support National TB Research day	This activity has been cancelled due to limited uptake of operations research activities and the funding provision was deemed as savings for the close out phase.	Oct 13	Sep 14	Cancelled

Picture 5



Picture 6



Participants following proceedings during M&E Data training course Data driven supportive supervision, Chinotimba clinic post training

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

The implementation of TB and TB-HIV services receives considerable support from the development partners, including Global Fund and TB CARE I. This poses a threat to sustainability in the event of donor fatigue. Zimbabwe was identified as one of the early applicants of the Global Fund (GF) New Funding Mechanism (NFM). The TB Concept Note was developed and submitted during the quarter under review with technical assistance

provided throughout this process by the TB CARE I technical staff. The funding request prioritized the following key modules: TB Care and Prevention; TB-HIV; and Multi-drug resistant TB (MDR TB). Three supportive modules, namely Program management, Health Information (Monitoring and Evaluation) and Procurement Supply Management, were also prioritized for funding support. The total funding request covering the period from 2015-2017 is USD29, 355,772 for the allocated provision and USD31, 89,156 for the above allocated provision. The NTP received USD5 million for interim funding to be spent by December 2014. A significant proportion of the grant is for the on-going 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 the NTP. TB CARE I complement GF-supported activities, focusing on different geographic areas for selected activities with co-funding of certain of the activities.

TB CARE I is a permanent member of the GF Country Coordinating Mechanism TB Subcommittee. TB CARE I Zimbabwe participated in the preparatory processes for the new GF funding mechanism, which included Technical Assistance (TA) for the development of the NSP and the Concept Note. The cost for developing the NSP was shared between GF and TB CARE I. However, the process of development and preparation of the Concept Note was a significant competing priority that restrained implementation of planned APA4 activities.

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	The number of MDR-TB cases diagnosed is based on reported specimens with RR strains from the sites with Xpert MTB/RIF machines, while the figure for those put on treatment is based on reported figures from the provinces. There are currently no appropriate recording and reporting tools in use and reported figures for those put on treatment are likely to be inaccurate. A data quality assessment is planned for the 4 th quarter to address this gap.
Total 2011	118	64	
Total 2012	149	105	
Total 2013	393	351	
Jan-Mar 2014	121	66	
Apr-Jun 2014	125	Data not yet available	
Total 2014	246	TBD	

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	September 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	September 2014	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	Completed	June 2014	
10	The Union	6.2.6	Andrew Nyambo, Charles Sandy - 2 NTP Officers	International Management Development Programme (IMDP) courses	15-19 Sep 14 & 29 Sep-3 rd Oct 14. Funds to be committed in 4 th Quarter APA4	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	28 th Oct-1 Nov 14. Funds to be committed 4 th quarter APA4	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	Completed	June 2014	
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	Completed	June 2014	
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	Cancelled	N/A	
15	WHO	4.1.3	Jennifer Furin	Update and print PMDT guidelines	April 2014	Completed	April 2014	
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	March, 2014	
18	WHO	7.1.2	Menziwe Sibanda	Customization of an electronic TB register	31 st May 2014	Completed		
Total number of visits conducted (cumulative for fiscal year)						11		
Total number of visits planned in work plan						18		
Percent of planned international consultant visits conducted						61.1%		