



PATH Annual Report Tanzania

GHN-I-00-09-00006-01, Task Order 01
(or TB IQC Task Order 2015)

October 1, 2012 through September 30, 2013

Submitted on October 30, 2013

Submitted to:

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This document was prepared for review by the US Agency for International Development (USAID) under USAID's TB Indefinite Quantity Contract Task Order 1, Contract No. GHN-I-00-09-00006. PATH gratefully acknowledges USAID's support for these efforts to assist high-burden countries to reach global tuberculosis control targets.

Summary

COUNTRY	Tanzania	REPORTING PERIOD	October 1, 2012 through September 30, 2013
FUNDING SOURCE	TO2015 FY11 carryover funds and FY12 funds (GHCS and PEPFAR)		

ACHIEVEMENTS

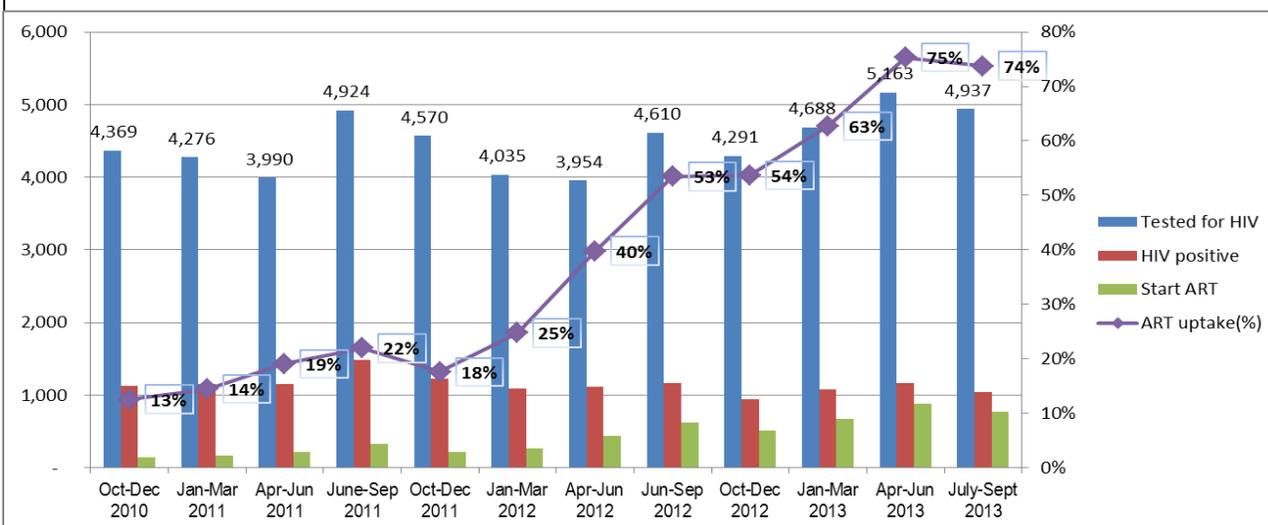
Major achievements are summarized below. Please see tabs 3a, 3b, and 4 for more details on outcomes and outputs during this time frame.

Implemented TB/HIV collaborative activities in 1,125 facilities (Objective 1)

Using PEPFAR funds, PATH has continued to implement TB/HIV collaborative activities in six regions: Kilimanjaro, Mwanza, Pwani, Dar es Salaam, Zanzibar, and Arusha.

PATH is now supporting 1,125 health facilities as of September 2013, with 78 facilities added in this reporting period. From October 1, 2012 to September 30, 2013, 24,678 TB cases were notified in these facilities. Of these, 20,113 (82%) had unknown HIV status. A total of 19,079 people (95% of those with unknown status) were tested for HIV, and 4,232 people (22%) were found to be HIV positive. Of these, 4,158 people (86%) were registered for HIV care and 2,832 (67%) were started on ART. In addition, 4,016 people (95%) were started on CPT.

As shown in the chart below, the rates of HIV-positive patients starting on ART continue to increase dramatically, from approximately 34% in APR 2012 to now more than 67% in APR 2013. More details are shown in tab 4. PATH will continue to provide close supervision at the clinics to maintain this upward trend.

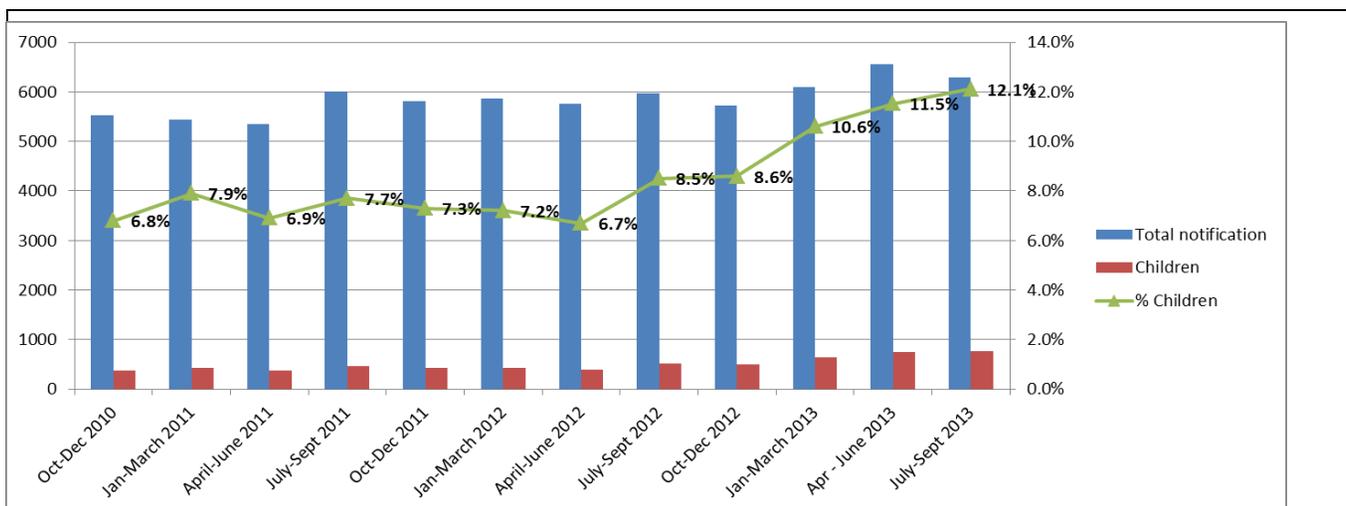


Increased detection and improved management of pediatric TB (Objective 3)

This year, PATH continued to make strides in improving the detection and management of pediatric TB across Tanzania. During Year 4, PATH conducted pediatric TB orientation for 332 health care workers in 6 regions. Pediatric TB supervision and mentorship was also conducted for the health facilities trained on pediatric TB management.

For the past two years, pediatric TB cases have accounted for 6.7% to 8% of all TB notifications in Tanzania. Since the initiation of pediatric TB trainings in June 2012, this percentage has increased steadily (see chart below). **In APR 2013 in PATH-supported regions, pediatric TB case notification increased to 11% of total case notification – a notable increase from APR 2012 (7.5%).** (See Table 3.1 in tab 4 for more details.)

Between October 1, 2012 to September 30, 2013, 2,662 children were notified, accounting for 11% of total notification. Among these children, 2,176 (82%) had unknown HIV status. A total of 2,042 (94%) were tested for HIV, and 13% were HIV positive. ART uptake is 65% among children. More details are available in tab 4.



Improved the infrastructure and coordination for TB diagnosis (Objective 4)

PATH has provided ongoing support to the CTRL, diagnostic centers in PATH-supported regions, and the transport system for sputum specimens throughout the country. In September 2012, PATH introduced two GeneXpert® MTB/RIF machines, one in the Amana hospital (Dar es Salaam) and one in the Sekou Toure hospital (Mwanza). Reagents and supplies for these machines were also provided. A total of 4,028 specimens were processed by GeneXpert® MTB/RIF from September 2012 through September 2013. A total of 23 MTB/RIF-resistant cases were detected at the Amana laboratory, and 17 MTB/RIF-resistant cases were detected at the Sekou Toure laboratory in Mwanza.

Supporting the NTLT in strengthening programmatic management of MDR-TB (Objective 5)

PATH supported the NTLT to conduct quarterly expert panel and cohort review meetings (Oct 2012, February 2013, April 2013, and July 2013), where various cohorts were reviewed for status at six-month, 12-month, and end of treatment (24 months). whereby three cohorts were evaluated for six-month interim and 24 months end of treatment results. Through these meetings 40 patients were evaluated for their final treatment outcomes. Treatment success rates for the two years were impressive with 80% for the 2009 cohort and 78.2% for the 2010 cohort.

Notably, Kibong'oto Hospital admitted the highest notification over the past four years; with 83 MDR patients started on treatment this year. PATH also continues to provide transport support to patients, supportive supervision in districts, and training on MDR-TB for district health care workers.

Overall, the status to date for the 183 MDR TB patients in Tanzania are:

52	Already completed treatment.
66	Currently in continuation phase in their home districts.
48	At Kibong'oto hospital for the intensive phase of treatment.
19	Died since initiating treatment.
4	Stopped treatment (1 failure due to severe side effects, 3 absconded)
183	Total number of people who have initiated treatment for MDR-TB in Tanzania, as of Sept 2013.

MAJOR CHANGES TO WORK PLAN THIS REPORTING PERIOD

PATH submitted a combined work plan and budget that included activities covered under both FY11 carryover funds and FY12 obligated funds. USAID approved this combined work plan and budget in January 2013.

In addition, we have proposed the following four changes:

1. Activity 2.3.2. Following from discussions with PharmAccess, it was suggested that instead of conducting infection control work in 5 prisons, PATH should conduct this work in alternative congregate settings.
2. Adding Activity 4.6. As agreed by USAID Washington and USAID Tanzania, we propose adding an evaluation study on the LAMP Assay (further described in tab 5). FIND and PATH have agreed to fund portions of this study as well.
3. Adding Activity 7.8. Due to changes in WHO guidance, the NTLT has requested that MSH and PATH re-visit the national TB reporting and recording tools.
4. PATH will *not* plan to add activities in any new regions, but instead work only our existing six regions.

ENVIRONMENTAL IMPACT STATEMENT

During the reporting period, the main activities undertaken by PATH were training and technical assistance to health care workers and other key stakeholders implementing TB and TB/HIV program activities in collaboration with the NTLT, which included disposal of medical waste. The disposal of all infectious waste produced as a result of these trainings was conducted in accordance with Tanzania MOHSW guidelines. There was no adverse impact from these activities on the environment.

Global indicators (last updated October 2012 - no new NTL data available as of the end of this reporting period)

Data were disaggregated by gender where possible.

NATIONAL LEVEL*Tanzania*

Indicator	Value	Comments	Time period
Number of new SS+ TB cases notified	24,298	NTL annual report 2011	Jan-Dec 2011
Smear positive notification rate	55 per 100,000	NTL annual report 2011	Jan-Dec 2011
Number of new SS+ TB cases successfully treated	22,030	NTL annual report 2011	Jan-Dec 2011
Smear positive treatment success rate	88.9%	NTL annual report 2011	Jan-Dec 2011
Number of MDR/XDR-TB cases diagnosed	28	PATH quarterly reports	Oct 2011-Sep 2012
Number of MDR/XDR-TB cases who initiated treatment	27	PATH quarterly reports	Oct 2011-Sep 2012
Number of TB patients tested for HIV	54,042	NTL annual report 2011	Jan-Dec 2011
Percentage of TB patients tested for HIV	88%	NTL annual report 2011	Jan-Dec 2011
Number of TB/HIV patients on ART	7,741 (38%)	NTL annual report 2011	Jan-Dec 2011
Number of health care providers trained in TB elements	2,700	NTL annual report 2010	Jan-Dec 2010

REGIONAL LEVEL*Arusha*

Indicator	Value	Comments	Time period
Number of new SS+ TB cases notified	907	NTL report 2011	Jan-Dec 2011
Smear positive notification rate	53 per 100,000	NTL report 2011	Jan-Dec 2011
Number of new SS+ TB cases successfully treated	720	NTL report 2010	Jan-Dec 2009
Smear positive treatment success rate	83%	NTL report 2010	Jan-Dec 2009
Number of MDR/XDR-TB cases diagnosed	0	CTRL	Jan-Sep 2012
Number of MDR/XDR-TB cases who initiated treatment	0	CTRL	Jan-Sep 2012
Number of TB patients tested for HIV	2,392	PATH quarterly reports	Oct 2011-Sep 2012
Percentage of TB patients tested for HIV	90%	PATH quarterly reports	Oct 2011-Sep 2012
Number of TB/HIV patients on ART	205 (59%)	PATH quarterly reports	Oct 2011-Sep 2012
Number of health care providers trained in TB elements	142	PATH quarterly reports	Oct 2011-Sep 2012

Dar es Salaam

Indicator	Value	Comments	Time period
Number of new SS+ TB cases notified	5,848	NTL report 2011	Jan-Dec 2011
Smear positive notification rate	196 per 100,000	NTL report 2011	Jan-Dec 2011
Number of new SS+ TB cases successfully treated	3,948	NTL report 2010	Jan-Dec 2009
Smear positive treatment success rate	87%	NTL report 2010	Jan-Dec 2010
Number of MDR/XDR-TB cases diagnosed	14	CTRL	Oct 2011-Sep 2012
Number of MDR/XDR-TB cases who initiated treatment	14	CTRL	Oct 2011-Sep 2012
Number of TB patients tested for HIV	6,801	PATH quarterly reports	Oct 2011-Sep 2012
Percentage of TB patients tested for HIV	83%	PATH quarterly reports	Oct 2011-Sep 2012
Number of TB/HIV patients on ART	502 (25%)	PATH quarterly reports	Oct 2011-Sep 2012
Number of health care providers trained in TB elements	121	PATH quarterly reports	Oct 2011-Sep 2012

Kilimanjaro

Indicator	Value	Comments	Time period
Number of new SS+ TB cases notified	975	NTL report 2011	Jan-Dec 2011
Smear positive notification rate	57 per 100,000	NTL report 2011	Jan-Dec 2011
Number of new SS+ TB cases successfully treated	616	NTL report 2009	Jan-Dec 2009
Smear positive treatment success rate	88%	NTL report 2010	Jan-Dec 2010
Number of MDR/XDR-TB cases diagnosed	2	CTRL	Oct 2011-Sep 2012
Number of MDR/XDR-TB cases who initiated treatment	2	CTRL	Oct 2011-Sep 2012
Number of TB patients tested for HIV	1,756	PATH quarterly reports	Oct 2011-Sep 2012
Percentage of TB patients tested for HIV	90%	PATH quarterly reports	Oct 2011-Sep 2012
Number of TB/HIV patients on ART	174 (39%)	PATH quarterly reports	Oct 2011-Sep 2012
Number of health care providers trained in TB elements	117	PATH quarterly reports	Oct 2011-Sep 2012

Mwanza

Indicator	Value	Comments	Time period
Number of new SS+ TB cases notified	2,390	NTL report 2011	Jan-Dec 2011
Smear positive notification rate	95 per 100,000	NTL report 2011	Jan-Dec 2011
Number of new SS+ TB cases successfully treated	1,809	NTL report 2010	Jan-Dec 2009
Smear positive treatment success rate	89%	NTL report 2010	Jan-Dec 2010
Number of MDR/XDR-TB cases diagnosed	1	CTRL	Oct 2011-Sep 2012
Number of MDR/XDR-TB cases who initiated treatment	1	CTRL	Oct 2011-Sep 2012
Number of TB patients tested for HIV	4,269	PATH quarterly reports	Oct 2011-Sep 2012
Percentage of TB patients tested for HIV	91%	PATH quarterly reports	Oct 2011-Sep 2012
Number of TB/HIV patients on ART	560 (40%)	PATH quarterly reports	Oct 2011-Sep 2012
Number of health care providers trained in TB elements	302	PATH quarterly reports	Oct 2011-Sep 2012

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<i>Pwani</i>			
Indicator	Value	Comments	Time period
Number of new SS+ TB cases notified	1,172	NTLP report 2011	Jan-Dec 2011
Smear positive notification rate	107 per 100,000	NTLP report 2011	Jan-Dec 2011
Number of new SS+ TB cases successfully treated	1,091	NTLP report 2010	Jan-Dec 2009
Smear positive treatment success rate	97%	NTLP report 2010	Jan-Dec 2010
Number of MDR/XDR-TB cases diagnosed	1	CTRL	Oct 2011-Sep 2012
Number of MDR/XDR-TB cases who initiated treatment	1	CTRL	Oct 2011-Sep 2012
Number of TB patients tested for HIV	1,532	PATH quarterly reports	Oct 2011-Sep 2012
Percentage of TB patients tested for HIV	96%	PATH quarterly reports	Oct 2011-Sep 2012
Number of TB/HIV patients on ART	90 (25%)	PATH quarterly reports	Oct 2011-Sep 2012
Number of health care providers trained in TB elements	50	PATH quarterly reports	Oct 2011-Sep 2012

<i>Zanzibar (Pemba and Unguja)</i>			
Indicator	Value	Comments	Time period
Number of new SS+ TB cases notified	266	NTLP report 2011	Jan-Dec 2011
Smear positive notification rate	In Pemba, 8 per 100,000; in Unguja, 30 per 100,000	NTLP report 2011	Jan-Dec 2011
Number of new SS+ TB cases successfully treated	209	NTLP report 2009	Jan-Dec 2009
Smear positive treatment success rate	85%	NTLP report 2010	Jan-Dec 2011
Number of MDR/XDR-TB cases diagnosed	0	CTRL	Oct 2011-Sep 2012
Number of MDR/XDR-TB cases who initiated treatment	0	CTRL	Oct 2011-Sep 2012
Number of TB patients tested for HIV	419	PATH quarterly reports	Oct 2011-Sep 2012
Percentage of TB patients tested for HIV	87%	PATH quarterly reports	Oct 2011-Sep 2012
Number of TB/HIV patients on ART	20 (36%)	PATH quarterly reports	Oct 2011-Sep 2012
Number of health care providers trained in TB elements	55	PATH quarterly reports	Oct 2011-Sep 2012

Outcomes (FY11 carryover work plan and FY12 work plan)

OBJECTIVE	OUTCOME	OUTCOME TARGET	OUTCOMES AS OF Sept 30, 2013
Objective 1: Maintain quality TB/HIV collaborative services in more than 1,042 facilities in six priority regions, and expand services to 60 additional facilities in existing regions and 60 health facilities in two new regions (Simiyu and Geita) by September 2013. (PEPFAR funds)	Improved quality of TB and TB/HIV services, and increase in TB case notification and treatment success rates; increased use of TB and TB/HIV services.	95% of registered TB patients receive HCT.	95% of TB patients with unknown HIV status were offered HCT in PATH-supported regions in the reporting period.
		85% treatment success rate among TB patients in PATH-supported regions.	The treatment success rate for 2011 is 87% in PATH-supported regions. We will update this figure after NTLP report is released.
	Improved TB case notification rate.	10% increase in TB case notification from baseline in project-supported regions.	Compared to the baseline period in each region, case notification as of the NTLP calendar year 2012 has increased by 11%. See tab 4, Table 1.3, for details.
	Improved treatment success rate in project-supported regions.	10% increase in treatment success rate in project-supported regions.	Compared to the baseline period in each region, the treatment success rate as of the NTLP calendar year 2011 increased by 6% to an average of 87% currently. See tab 4, Table 1.3, for details.
	Percentage of HIV-positive TB patients who initiate cotrimoxazole prophylaxis.	80% of HIV-positive TB patients initiate cotrimoxazole prophylaxis in project-supported regions.	Cotrimoxazole prophylaxis uptake in PATH-supported regions was 95% in the reporting period. This uptake continues to exceed the target, due in part to the fact that cotrimoxazole prophylaxis can be started very efficiently at the TB clinics.
	Increased coverage of TB and TB/HIV services.	60 additional health facilities provide collaborative TB/HIV services in project-supported regions.	Since October 2012, we have added 78 facilities in PATH-supported regions.

OBJECTIVE	OUTCOME	OUTCOME TARGET	OUTCOMES AS OF Sept 30, 2013
Objective 2: Support implementation of the Three I's strategy, including phased implementation of IPT in two facilities by September 2013.	Reduced burden of TB on PLHIV.	Half the number of TB cases in PLHIV at PATH-supported pilot sites compared to baseline (before introduction of IPT).	63% of PLHIV have been started on IPT. We are in the process of reviewing the database at the CTCs compared with TB clinic data. Some analysis has been done, and the baseline data were not documented properly.
	% of eligible HIV-positive individuals in congregate settings who actually initiate INH prophylaxis at two pilot sites.	90% of eligible HIV-positive individuals in congregate settings who actually initiate INH prophylaxis at two pilot sites.	At the two Three I's pilot sites, in this year, 2,409 were eligible for IPT, and 1,523 were started on IPT (approximately 63% of eligible HIV-positive individuals). See tab 4, Table 2.1, for more details.
Objective 3: Expand pediatric TB diagnosis and treatment services to cover all 44 district hospitals in PATH-supported regions by September 2013. (PEPFAR and GHCS funds)	Increased notification of pediatric TB cases.	10% pediatric case notification rate (as a proportion of all notified cases).	The pediatric case notification rate was 11% in this reporting period. The increase from 7.5% in the same period (year 2012) is following the recent rollout of the new guidelines and training program.

OBJECTIVE	OUTCOME	OUTCOME TARGET	OUTCOMES AS OF Sept 30, 2013
Objective 4: Strengthen the laboratory network to provide quality-assured laboratories for the diagnosis of all forms of TB and routine surveillance of MDR/XDR-TB. (GHCS funds)	Number of laboratories participating in EQA.	10% increase in number (above 2011 baseline) of laboratories participating in EQA (measured by blind rechecking).	In 2011, we had 288 functional TB diagnostic centers participating in EQA of sputum smear microscopy. As of September 2013, a total of 310 laboratories were participating in EQA, an increase of 7.6%.
	Reliability and reproducibility of EQA results.	Laboratories that are reporting full data attain 90% concordant results.	PATH-supported regions have been conducting EQA, and in this reporting period, an average of 80% of laboratories were re-checked, with the percentage of true positives/all positive slides at 97%.
	Improved AFB smear microscopy.	Smear positivity among TB suspects increased by 3-5% from baseline in PATH-supported areas.	In 2010, smear positivity was 9,595 of 67,825 (14.1%); and in 2011, smear positivity was 11,643 of 72,451 (16.1%), a 2% increase. A questionnaire assessment on LED microscopy was conducted and results can be seen in tab 4, Table 4.3.
	Improved routine drug resistance surveillance.	More than 25% of expected sputum specimens received at CTRL.	The CTRL received 38% of smear-positive specimens. The decrease in smear-positive specimens is partially due to the fact that there has been a policy change from the NTLP, in which specimens are now also being sent to Mbeya and Dodoma regional laboratories, which are performing culture independently. In addition, there are unclear directives on what percentage of new smear-positive cases should be sent for culture. PATH will work with the CTRL to determine how to adjust these targets. See tab 4, Table 4.1, for more details.
		More than 60% of expected retreatment specimens received at CTRL.	In this reporting period, the CTRL received 88% of expected retreatment specimens. See tab 4, Table 4.1, for more details.

OBJECTIVE	OUTCOME	OUTCOME TARGET	OUTCOMES AS OF Sept 30, 2013
Objective 5: Strengthen PMDT at Kibong'oto National Tuberculosis Hospital and support expansion and decentralization, including one additional inpatient unit and three outpatient facilities. (GHCS funds)	Continuation rate at 12 months, by cohort.	85% of MDR-TB patients transferred for district continuation phase care within each cohort are successfully maintained on treatment at the time of the 12-month interim outcome assessment.	12-month cohort review results show that in Q2, Q3, and Q4 of 2012, 27 of 31 (87%) patients were successfully continuing with treatment; one had been lost to follow-up (3.1%).
	Treatment completion rate for MDR-TB patients.	More than 75% by 2015, as set by the Stop TB Partnership Global Plan.	From Q1 and Q2 2011 cohorts, the 24-month cohort review results show that 19 of 26 (73%) were successfully treated, while 3 (11.1%) patients died. One patient of 27 (3.7%) was lost to follow-up, while one patient was continuing with treatment at the time of assessment.
	Increased national capacity for initiation and maintenance of MDR-TB treatment and care.	Implementation of outpatient model of MDR-TB initiation-phase cases at two to three district facilities.	The training package for decentralized care district teams has been developed, case management team terms of reference outlined, and the decentralization framework completed. A list of patients for early discharge from Kibong'oto has been prepared and preparations for training of district teams is underway, expected to take place in November 2013. Decentralized management of MDR-TB will start by December 2013.
	Improved adherence among MDR-TB patients.	Percentage of patients who default within the first six months of MDR-TB treatment will be less than 10%.	The seventh cohort review meeting was held in July 2013. There were no defaults (0%) and out of 18 patients one died (12.5%) in the first six months of MDR-TB treatment. These patients reviewed were enrolled during Q4 2011, and Q1 and Q2 2012.
	Kibong'oto demonstrates measurable improvement in key organizational development areas.	Kibong'oto demonstrates measurable improvement in key organizational development areas.	A five-year strategic plan (2013-2018), which will transform Kibong'oto into a center of excellence for TB and other infectious diseases, has been approved by the MOHSW. Financial and human resources manuals are nearly complete (to be finalized next quarter). Since all the documents have been developed, the MOHSW is now processing a legal act to transform Kibong'oto hospital to an infectious diseases institute.
	Minimal to no stockouts of second-line drugs.	PATH will report on this indicator, but is not in a position to set a target.	No stockouts were experienced at the central or district level in this reporting period.

OBJECTIVE	OUTCOME	OUTCOME TARGET	OUTCOMES AS OF Sept 30, 2013
Objective 6: Expand use of innovative approaches to improve case detection and treatment in facilities and communities. (GHCS funds)	ACSM strategy finalized and disseminated to stakeholders.	ACSM strategy launched by September 2013.	PATH worked with the NTL to review a new draft of the ACSM strategy in January 2013. The final review was done in July and has been approved; awaiting endorsement by the Ministry.
		Alignment of strategic plan and implementation of contact investigation with WHO policy recommendations.	UCSF is working on the full report of the yield and cost-effectiveness of contact investigation, yield of the MDR-TB contact investigation, and programmatic rollout plans.
	Improved TB case notification in Arusha and Zanzibar.	10% annual increase in TB case notification in targeted health facilities in Arusha and Zanzibar.	Case notification in Arusha has increased slightly since the SOPs were initiated in 2012 (see tab 4, Table 6.6, for details). There have been significant floods in Karatu and Monduli districts - both districts which would normally report strong case notification. We will continue to report on these data as they become available in both regions (i.e., will compare against NTL data in December 2013).
	Percentage of all cases that are diagnosed using ACSM intervention support.	5% of all cases diagnosed can be attributed to ACSM intervention support.	6.6% of the TB cases in these 22 districts can be attributed to USAID-funded ACSM activities. See tab 4, Table 6.2, for more details.
	Percentage increase in TB case notification from baseline in ACSM intervention districts.	10% increase in TB case notification from baseline in ACSM intervention districts.	To be reported in the next quarter, when NTL data are available.
	Screening rates for TB at diabetes clinics.	100% of diabetes patients are screened in ten TB clinics.	Activities related to this outcome were cancelled
	Case notification at ten diabetes clinics.	Case notification outcome target will be determined after initiation of screening.	Activities related to this outcome were cancelled
	Number of TB cases notified in Ukerewe.	Number of TB cases notified in Ukerewe.	In this reporting period, Ukerewe notified 322 patients; among them, 157 have unknown HIV status. This is a significant increase in case notification, as this is a hard to reach area.
	Number of TB patients who are tested for HIV in Ukerewe.	Number of TB patients who are tested for HIV.	157 patients with unknown HIV status; of these, 150 (96%) were tested for HIV, and among them, 50 were HIV positive (33%).

OBJECTIVE	OUTCOME	OUTCOME TARGET	OUTCOMES AS OF Sept 30, 2013
Objective 7: Build leadership and management capacity at all levels of the NTLP and promote sustainability of all activities undertaken with support from TO2015. (GHCS funds)	Human and financial resources are allocated for TB within national-level plans, thereby contributing to sustainability of activities.	National program, regions, and districts improve current allocations of human and financial resources for TB control in their plans.	This year, regions have reported that activities have been incorporated into the Comprehensive Council Health Plans. Mwanza: \$17,137,000; Kilimanjaro: \$1,700; and Arusha: \$50,675.
	Percentage of districts with at least 80% quality data.	80% of districts with at least 80% of quality data.	Out of 36 districts, 33 (92%) reported data with no errors during the Q4 quarterly meeting.

Outcomes (FY11 carryover work plan and FY12 work plan)

ACTIVITY	OUTPUTS	TARGETS	TO2015 PARTNER	TARGET DATE OF COMPLETION	STATUS AS OF SEPT 30, 2013	NOTES
Objective 1: Maintain quality TB/HIV collaborative services in more than 1,042 facilities in six priority regions, and expand services to 60 additional facilities in existing regions and 60 health facilities in two new regions (Simiyu and Geita) by September 2013. (PEPFAR funds)						
1.1 Scale up TB and TB/HIV services to 60 new facilities in Geita and Simiyu.	Number of health facilities assessed for capacity to introduce collaborative TB/HIV services.	80 health facilities assessed for capacity to introduce collaborative TB/HIV services in Geita and Simiyu regions.			Cancelled	PATH will no longer conduct activities in these new regions.
	Number of HCPs trained on TB DOTS.	150 HCPs trained on TB DOTS.			Cancelled	
	Number of HCPs trained on collaborative TB/HIV services in the new regions of Geita and Simiyu.	180 HCPs trained on collaborative TB/HIV services in the new regions of Geita and Simiyu (three HCPs each in 60 new health facilities).			Cancelled	
1.2 Provide TB DOTS and TB/HIV training for health care providers in the 60 new facilities in existing regions.	Number of HCPs trained on TB DOTS.	120 HCPs trained on TB DOTS.		Mar-13	Completed	115 HCPs were trained from 94 facilities in the existing six PATH-supported regions. We had planned to have multiple HCPs from each facility, but some of the facilities were only able to have one participant attend the training.
	Number of HCPs trained on collaborative TB/HIV services in the existing PATH regions.	120 HCPs trained on collaborative TB/HIV services in existing PATH regions (three HCPs each in 60 new health facilities).		Mar-13	Completed	116 HCPs were trained from 102 facilities; due to a shortage of HCPs, many of these facilities sent only one participant. Some facilities also brought HCPs who were transferred to the TB clinic from other departments, who had limited knowledge about TB/HIV activities.
1.3 Build human resource capacity in 1,042 existing and 120 new facilities to undertake TB and TB/HIV services.	Number of facilities that receive visits from DTHC in each quarter.	1,042 health facilities receive quarterly visit by DTHC.		Sep-13	Completed	All 1,125 health facilities received at least one supportive supervision visit during this year. .
	Number of districts receiving quarterly supportive supervision by ZTHC/RTLC/RLT.	35 districts receive quarterly supportive visit by ZTHC/RTLC/RLT (target will be 45 after Geita and Simiyu activities are started).		Sep-13	Completed	36 districts received quarterly supportive visits by ZTHC/RTLC/RLTs.
	Number of regions receiving supportive supervision from the central level.	Six regions receive supportive supervision visits by central level twice per year (target will be eight after Geita and Simiyu activities are started).		Sep-13	Completed	Central supportive supervision was conducted in all six regions at least once during the year. Supervision reports are included in tab 6.
	Number of joint supervision visits conducted with the NTLN and other stakeholders.	Two supervision visits conducted jointly with NTLN and other stakeholders.		Sep-13	Completed	Joint supportive supervision was conducted in Kilimanjaro, Arusha, and Pwani regions in February and April 2013.

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ACTIVITY	OUTPUTS	TARGETS	TO2015 PARTNER	TARGET DATE OF COMPLETION	STATUS AS OF SEPT 30, 2013	NOTES
	Number of people making presentations or participating in national meetings, international meetings, or international trainings.	Four people present at or participate in national meetings, international meetings, or international trainings.		Sep-13	Completed	See tab 4, Table 1.4, for full information on the conferences attended and presentations made.
1.4 Ensure smooth implementation of activities by conducting regular update and planning meetings with targeted stakeholders.	Number of district TB/HIV coordinating committee meetings.	92 district TB/HIV coordinating committee meetings (biannual meetings for 45 districts and one town council).		Sep-13	Ongoing	35 districts have conducted their district coordination meetings (excepting Dar es Salaam, which uses GHCS funds).
	Number of regional TB/HIV coordinating committee meetings conducted.	16 regional TB/HIV coordinating committee meetings (biannual meetings for eight regions).		Sep-13	Ongoing	All regions conducted their regional coordinating meeting.
	Number of quarterly regional meetings for coordinators conducted at the regional level.	32 quarterly regional meetings for coordinators conducted (four meetings per year in eight regions).		Sep-13	Ongoing	24 quarterly meetings were conducted in this year (note that the project only worked in 6 regions; rather than 8).
	Annual and semiannual meeting take place.	Annual meeting takes place by December 2012; semiannual meeting takes place by July 2013.		12/1/2012 and July 2013	Completed	The annual meeting took place in December 2012, and the semiannual meeting took place in May 2013.
1.5 Conduct exit interview survey among people accessing TB/HIV collaborative services and implement service improvement plans in Ilala and Mkuranga Districts.	Service improvement plan developed and activities implemented in two districts.	Service improvement plan available and adopted (project files and CHMT records).		Sep-13	Ongoing	In April 2013, PATH received IRB certification, allowing the survey to be conducted. PATH has trained data collectors, collected the data, and analysis is underway. The final report will be submitted in Q1 2014.
1.6 Provide support for renovations for TB and HIV "under one roof" activities at four facilities.	Number of facilities that are renovated to conduct "under one roof" activities.	Renovations in four facilities to facilitate TB/HIV activities.		Sep-13	Ongoing	Four facilities have been selected for renovation, and the procurement process is in progress. A work order has been issued for Kisarawe.
1.7 Provide general support to all of the above activities.	Use of TrainSmart database.	Data from all ZTHCs and technical officers available in TrainSmart, and updated at least quarterly.	PATH	Sep-13	Completed	All trainings conducted in 2013 have been updated in the TrainSmart database.
	Project planning workshop.	Five-day project planning workshop conducted.	PATH	Sep-13	Completed	Planning for FY13 was conducted.
	Maintenance and insurance of vehicles and motorbikes.	Three vehicles and 39 motorbikes maintained and insured.		Sep-13	Ongoing	All three vehicles and 39 motorbikes have been insured and maintained on regular basis.

Objective 2: Support implementation of the Three I's strategy, including phased implementation of IPT in two facilities by September 2013. (PEPFAR funds)

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ACTIVITY	OUTPUTS	TARGETS	TO2015 PARTNER	TARGET DATE OF COMPLETION	STATUS AS OF SEPT 30, 2013	NOTES
2.1 Provide technical support to ensure accelerated implementation of TB infection control measures in public and private TB clinics/DOTS facilities in the project area.	Number of health facilities implementing IPC measures.	1,047 health facilities with IPC plans.		Sep-13	Ongoing	1,102 facilities have been trained on general IPC either by the MOHSW or implementing partners. PATH Tanzania has trained 28 facilities on IPC in its supported regions, all of which also have IPC plans. PATH Tanzania has been advocating for all other facilities to have IPC plans, and this has been monitored during supportive supervisions. Mentoring will be provided to all facilities which were not trained on TB IPC to be able to develop their plans. Currently, at least 50% of all PATH-supported facilities have written TB IPC plans.
2.2 Provide technical support to ensure accelerated implementation of the Three I's in two health facilities.	Percent of all PLHIV at these two facilities who are taking IPT	Percent of all PLHIV at these two facilities who are taking IPT				63% of PLHIV were started on IPT. This figure is lower than expected due to a stockout of IPT at the Shree Hindu Mandal facility in Dar es Salaam.
	Number of people who complete six months of IPT and number of people who develop TB while taking IPT at Shree Hindu Mandal and St. Elizabeth's.			Sep-13	Ongoing	Since April 2012, PATH continued to pilot the Three I's at two pilot sites: Shree Hindu Mandal and St. Elizabeth hospitals. Data show that from October 2012 to September 2013, 2,409 people were eligible for IPT; 1,523 (63%) were started on IPT; and two developed active TB. The shortfall in those who received IPT could be attributed to shortage of INH (out of stock), expired stock, or failure of data entry clerks to capture some of the patients who received IPT. These are reported under tab 4, Table 5.1.
2.3 Provide technical support to ensure accelerated implementation of intensified case-finding and infection control in 23 congregate settings.	Number of additional congregate settings selected for Three I's implementation (in addition to 18 original congregate settings).	Five congregate settings selected to implement Three I's.		Sep-13	Completed	PATH discussed this activity further with PharmAccess, which does a lot of work with the military and prisons. It was suggested that PATH focus these efforts in other congregate settings instead. PATH selected the settings, and the sensitization and trainings were conducted; 109 people from mining camps, schools, and industries were trained in Arusha and Mwanza, and 15 TB patients were notified from new settings in Mwanza.
	Number of staff trained at new sites.	15 health care providers trained from the selected five congregate settings.		Sep-13	Ongoing	
Objective 3: Expand pediatric TB diagnosis and treatment services to cover all 44 district hospitals in PATH-supported regions by September 2013. (PEPFAR and GHCS funds)						
3.1 Introduce active TB screening among children in 33 additional district hospitals in PATH-supported regions.	Number of national pediatric TB guidelines printed and distributed.	300 national pediatric TB guidelines printed and distributed.	NTP	Mar-13	Delayed	Awaiting USAID approval after having a problem with co-branding of the USAID logo.

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ACTIVITY	OUTPUTS	TARGETS	TO2015 PARTNER	TARGET DATE OF COMPLETION	STATUS AS OF SEPT 30, 2013	NOTES
	Number of trainers trained on pediatric TB management.	25 trainers trained on pediatric TB management.		Mar-13	Completed	24 trainers were trained on pediatric TB management on January 21-25, 2013. Participants were from all PATH-supported regions.
	Number of HCPs trained on pediatric TB.	180 HCPs and 29 PATH district coordinators trained on pediatric TB.		Mar-13	Completed	A total of 207 HCPs and 29 coordinators were trained on pediatric TB in February-March 2013. Participants were from all PATH-supported regions.
	Number of health care workers oriented on pediatric TB management.	290 HCWs oriented on Ped TB management.		Apr-13	Completed	Orientations were conducted on pediatric TB management for 290 HCWs on April 22-24, 2013 and April 29-May 1, 2013. Participants were from all PATH-supported regions.
	Number of RHMT/CHMT sensitized on pediatric TB.	40 RHMT/CHMT from Pwani region sensitized on pediatric TB.		Apr-13	Completed	A total of 40 RHMT/CHMT were sensitized on pediatric TB in April 2013.
	Number of regions receiving Pediatric TB supportive supervision and mentorship from the central level.	Six regions receive supportive supervision and mentorship visits by central level & NTLF twice per year.		Sep-13	Completed	Central supportive supervision and mentorship was conducted in all PATH-supported regions.
Objective 4: Strengthen the laboratory network to provide quality-assured laboratories for the diagnosis of all forms of TB and routine surveillance of MDR/XDR-TB. (GHCS funds)						
4.1 Strengthen TB laboratory services for TB diagnosis at all levels, including EQA for smear microscopy.	Number of supervisors trained on management, supervision, and mentoring skills.	35 supervisors trained on management, supervision, and mentoring skills in EQA.	MSH	Mar-13	Completed	This training was conducted in May 2013. The training report is included among the deliverables.
	Number of laboratory staff and coordinators trained on EQA.	35 laboratory staff and TB and TB/HIV coordinators trained on EQA from Geita and Simiyu.			Cancelled	PATH will no longer conduct activities in these new regions.
	Number of regional laboratory supervision visits supported.	12 regional laboratory supervision visits conducted (target will increase once Geita and Simiyu activities are started).			Cancelled	
4.2 Strengthen the current drug resistance surveillance system to ensure that all specimens are evaluated for drug resistance according to national policy.	Number of sputum specimens submitted for DST.	60% of all retreatment cases and 25% of new smear-positive cases submitted.		Sep-13	Ongoing	The CTRL received 38% of the smear-positive specimens and 88% of retreatment cases. The decrease in smear-positive specimens is partially due to the fact that specimens are now also being sent to Mbeya and Dodoma regional laboratories, which are performing culture independently. In addition, there are unclear directives on what percentage of new smear-positive cases should be sent for culture. PATH will work with the CTRL to determine how to adjust these targets. See tab 4, Table 4.1, for more details.

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ACTIVITY	OUTPUTS	TARGETS	TO2015 PARTNER	TARGET DATE OF COMPLETION	STATUS AS OF SEPT 30, 2013	NOTES
4.3 Support the scale-up of new TB diagnostic technologies in PATH-supported regions.	Training manuals and guidelines for LED microscopy.	300 copies of training manuals for LED microscopy distributed.		Sep-13	Cancelled	This activity is was cancelled
	Equipment status at Kibong'oto laboratory.	Kibong'oto laboratory has functioning biosafety cabinets and autoclave and other heavy-duty laboratory machines.		Mar-13	Completed	Equipment arrived in December 2012 and was transferred to Kibong'oto in February 2013. Certification was done in July 2013.
	Certification of laboratory and heavy-duty laboratory machines at CTRL.	BSL-3 laboratory at CTRL is re-certified, including heavy-duty laboratory machines, by 2013.		Dec-12	Completed	Mycobacteria growth indicator tubes and biological safety cabinets were certified in 2012.
	Number of laboratory staff trained on LED FM.	30 laboratory staff trained on LED FM.		Mar-13	Completed	15 laboratory staff from already-supported regions (Zanzibar, Dar es Salaam, Arusha, and Coast) were trained in August 2012. We had planned to train 15 additional staff in new regions, but this portion of the activity has been cancelled.
4.4 Provide leadership and coordination of diagnostic and laboratory activities across the country.	National TB laboratory strategic plan.	National TB laboratory strategic plan available and distributed.		Mar-13	Completed	Document was finalized in December. PATH submitted the final document to the NTLP, it has been approved and is now awaiting endorsement.
	Number of collaborative meetings.	Four laboratory collaborative meetings held.		Quarterly	Completed	Three of the four planned TB laboratory coordination meetings were held in this reporting period. Minutes are included in tab 6.
4.5 Support and monitor GeneXpert® technology at Amana and Sekou Toure hospitals to improve TB diagnosis among HIV-positive patients.	Number of sputum specimens tested.	3,000 specimens tested.		Sep-13	Completed	Since September 2012, 4,028 sputum specimens have been tested with GeneXpert® (2,167 tested at Sekou Toure; 1,861 at Amana).
	Number of rifampicin-resistant cases identified.	Number of rifampicin-resistant cases identified by DST.		Sep-13	Ongoing	In September 2012-June 2013, 23 MTB/RIF-resistant cases were detected in the Amana laboratory and 19 MTB/RIF-resistant cases were detected in the Sekou Toure laboratory in Mwanza.
	Availability of sustainability plan.	Sustainability plan developed.		Dec-13	Ongoing	The plan was initiated at the GeneXpert® Sustainability Meeting in Dar es Salaam in May 2013. Sustainability is ongoing, with guidance from a consultant from PATH Headquarters in close collaboration with the MOHSW through the NTLP, CTRL, and other implementing partners. The next meeting is planned for the 4th week of November 2013.

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ACTIVITY	OUTPUTS	TARGETS	TO2015 PARTNER	TARGET DATE OF COMPLETION	STATUS AS OF SEPT 30, 2013	NOTES
Objective 5: Strengthen PMDT at Kibong'oto National Tuberculosis Hospital and support expansion and decentralization, including one additional inpatient unit and three outpatient facilities. (GHCS funds)						
5.1 Continue to strengthen and scale up capacity of Tanzania's national MDR-TB treatment facility, including clinical mentoring and cohort review reporting.	Number of MDR-TB cohort review meetings conducted.	Four quarterly MDR-TB cohort review meetings conducted.	UCSF	Quarterly	Completed	The 3rd expert panel and cohort review meeting was conducted in April 2013, whereby 27 patients from three cohorts were evaluated. Q1 and Q2 2012: 18 and 9 patients, respectively, for six-month interim results. Q1 2011: 9 patients for 24-month end of treatment results.
5.2 Build district and community capacity to support the decentralized management of MDR-TB patients.	Number of health facilities activated for scale-up of MDR-TB services.	Three health facilities are caring for MDR-TB patients in the initiation phase of treatment.	PATH	Sep-13	Pending	PATH is now working with respective municipalities on renovation of the sites. There may be a delay still in initiating this care until the end of the next reporting period. Training will take place in the next reporting period so that there will be no time lapse between training and initiation of care.
	Number of HCPs trained.	16 HCPs are trained on MDR-TB care and management for the initiation phase.	UCSF	Sep-13	Pending	
	Number of district HCPs trained on care and management of MDR-TB during the continuation phase.	100 HCPs receive training on MDR-TB care and management during the continuation phase at Kibong'oto and are ready to receive the discharged patients in their districts.	UCSF	Sep-13	Completed	30 participants were trained on November 19-23, 2012, 60 participants in March 2013, and 35 in April, bringing the total to 125 trainees.
5.3 Support MDR-TB patients through the intensive and continuation phases.	Number of MDR-TB IEC materials printed and distributed.	100 flipcharts, 6,000 brochures, 4,000 posters, and 100 booklets are printed and distributed.		Jun-13	Ongoing	IEC materials have been developed and reviewed, and piloted in Pwani region.
	Number of MDR-TB supervision visits.	Central staff conduct MDR-TB supportive supervision visits two times per year; regional staff conduct quarterly visits; district staff conduct monthly visits.		Sep-13	Completed	The fourth round of supervision was done in August 2013, whereby 54 patients were reached within their districts. The report is included in the deliverables tab.
	Number of MDR-TB peer educators oriented.	75 MDR-TB peer educators are oriented/mentored in three sessions.		Sep-13	Ongoing	50 MDR-TB peer educators were oriented in two sessions (25 each) in March and September 2013. An additional 25 participants will be oriented in the next quarter.
5.4 Provide organizational development capacity support to Kibong'oto National Tuberculosis Hospital according to OCA plans.	Short-term technical assistance.	Short-term technical assistance is provided to Kibong'oto hospital (documented in technical assistance reports).	Initiatives	Sep-13	Ongoing	The final strategic plan document has been disseminated and approved by the MOHSW. Development of financial and human resources manuals are nearly complete.
	New organizational capacity development action plans are developed.	New organizational capacity development action plans are developed.	Initiatives	Sep-13	Completed	Reports are included in tab 6.
	OCA reports are generated.	OCA reports are generated.	Initiatives	Sep-13	Completed	
Objective 6: Expand use of innovative approaches to improve case detection and treatment in facilities and communities. (GHCS funds)						

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ACTIVITY	OUTPUTS	TARGETS	TO2015 PARTNER	TARGET DATE OF COMPLETION	STATUS AS OF SEPT 30, 2013	NOTES
6.1 Implement community-based activities in 35 districts to support TB control.	Number of CHMT members informed about roles and responsibilities of CBOs in Arumeru.	15 CHMT members, five CBO members, and four PATH staff informed.		Dec-12	Completed	PATH staff discussed roles and responsibilities with 15 CHMT members, five CBO members, and four PATH staff.
	Two supervision visits by central staff; four supervision visits by regional staff.	Two supervision visits by central staff.		Sep-13	Completed	One central supervision visit was conducted in Mwanza region (Misungwi and Nyamagana Districts) and one conducted in Zanzibar.
	Number of traditional healers and drug sellers trained on TB and TB/HIV.	75 traditional healers and drug sellers trained on TB and TB/HIV.		Mar-13	Completed	53 traditional healers and drug sellers were trained in March 2013 (10 in Mwanza, 18 in Kilimanjaro, 25 in Arusha). PATH staff consulted with district leadership before conducting the intervention in order to avoid a top-down approach. In this process of consultation, the leadership in North Unguja preferred to train a CBO instead of training additional traditional healers or drug sellers. Thus, this activity has been completed though the target was not met.
	Number of sputum fixers trained on TB and TB/HIV.	48 sputum fixers trained on sputum fixing and transportation.		Sep-13	Completed	A total of 56 sputum fixers were trained this year: 18 in Mwanza, 10 in Arusha, and 15 in Kilimanjaro (March 2013); and 13 in Pwani (April 2013).
	Number of CBO members oriented on pediatric TB, MDR-TB, and case investigation in congregate settings.	90 CBO members oriented on pediatric TB, MDR-TB, congregate settings, and workplace contact investigation.		Sep-13	Completed	180 members of CBOs have been oriented on pediatric TB, MDR-TB, congregate settings, and workplace contact investigation so far this year.
	Number of community dramas conducted on TB and HIV-related topics	9 community dramas on TB, TB/HIV community health education		Sep-13	Completed	While this target has been met, CBOs continue to perform TB- and TB/HIV-related dramas in their districts.
	Number of community health education sessions provided on TB and TB/HIV	9 community TB based health education sessions		Sep-13	Ongoing	We are collecting information on various types of health education being conducted by CBOs and will report annual figures in Q1 2014.
6.2 Monitor and evaluate ACSM/PPM approaches to determine contribution to case detection.	Number of community health providers oriented on monitoring and evaluation (M&E) tools.	90 community health providers oriented on the use of M&E tools.		Jun-13	Ongoing	The tools were revised and community health care workers/providers are being mentored and provided technical assistance during supportive supervision to uniformly use the tools during reporting.
6.3 Finalize national ACSM strategy.	Second draft of ACSM strategy.	Finalized ACSM strategy.		Jun-13	Completed	The final document was submitted to the NTLF and has been approved; now awaiting endorsement by the MOHSW for printing.
6.4 Support rollout of intensified case-finding among	Number of workshops on contact investigation.	One coordination workshop on contact investigation.	UCSF	Dec-13	Pending	Workshop planned for future reporting period.

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ACTIVITY	OUTPUTS	TARGETS	TO2015 PARTNER	TARGET DATE OF COMPLETION	STATUS AS OF SEPT 30, 2013	NOTES
household contacts, including children of smear-positive patients.	Number of personnel trained on contact investigation.	30 personnel trained on contact investigation.	UCSF	Dec-13	Pending	Workshop planned for future reporting period.
	Number of household contacts screened and new cases found through contact investigation in Ilala.	Number of household contacts screened and new cases found through contact investigation in Ilala. (Exact number to be determined based on investigation outcome.)	UCSF	Jun-13	Completed	The contact investigation pilot enrolled 706 index cases (372 intervention patients and 334 control patients); 834 contacts were screened; and 16 secondary cases were found. This indicates a yield of 1.9%.
	Number of contacts of MDR-TB cases screened and new cases found in Kinondoni.	Number of contacts of MDR-TB cases screened and new cases found in Kinondoni. (Exact number to be determined based on investigation outcome.)	UCSF	Jun-13	Pending	This activity will take place next year.
6.5 Scale up SOPs for improving case detection and integrate implementation into routine NTLP activities.	Number of CHMTs that integrate the SOPs into CCHP plans in Arusha region.	All seven CHMTs in Arusha integrate SOPs in CCHP plans.	MSH	Jun-13	Completed	All 7 district councils have integrated SOP activities and are waiting for approval from TAMISEMI.
	Number of facilities in Zanzibar implementing SOPs for improving TB case detection.	16 health facilities in Zanzibar implement SOPs for improving TB case detection.	MSH	Jun-13	Ongoing	14 health facilities are implementing SOPs: Urban District: Mnazi Moja, Alrahma hospital; West District: Mafunzo, Rahaleo, Fuoni, Kwamtipura PHCUs; North A&B District: Kivunge Cottage Hospital, Donge Vijbwani, Mahonda PHCUs, Kitope Mission dispensary; South Central District: Makunduchi Cottage hospital, Jambiani, Mwera, Dunga PHCUs.
6.6 Roll out TB and TB/HIV workplace policy in mainland Tanzania and Zanzibar.	Workplace TB policy finalized.	Final TB workplace policy submitted in Zanzibar by December 2012.		Mar-13	Completed	The document was sent to the Zanzibar Ministry of Health for approval. The final document is listed in tab 6.
	Number of workplaces with leaders sensitized.	Leaders from 12 workplaces in mainland are sensitized to the workplace policy.		Jun-13	Pending	Awaiting approval of the workplace policy (submitted to the Ministry of Health in 2012).
6.7 Provide technical assistance to conduct TB screening in diabetes clinics and diabetes screening in TB clinics.	Number of diabetes clinics that start screening for TB.	Ten newly identified diabetes clinics begin screening for TB.		TBD: Depends on the availability of the strategic plan	Cancelled	PATH is working with the Ministry of Health and other stakeholders to facilitate a process for a strategic plan to be developed; the NTLP has asked that we not initiate screening until this planning process is completed.
	Number of TB clinics that begin screening for diabetes.	Ten newly identified TB clinics begin screening for diabetes.		TBD: Depends on the availability of the strategic plan	Cancelled	
6.9 Engage additional private sector facilities in TB and TB/HIV activities, leading to improved case detection and DOTS services.	Number of PHFs trained on DOTS.	20 PHFs participate in DOTS trainings.		Sep-13	Pending	This activity will be reported in Q1 2014.

Objective 7: Build leadership and management capacity at all levels of the NTLP and promote sustainability of all activities undertaken with support from TO2015. (GHCS funds)

7.1 Participate in planning meetings at the district,	NTLP biennial meeting takes place.	NTLP biennial meeting takes place by September 2012.		Dec-12	Completed	The meeting was conducted in September 2012.
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ACTIVITY	OUTPUTS	TARGETS	TO2015 PARTNER	TARGET DATE OF COMPLETION	STATUS AS OF SEPT 30, 2013	NOTES
regional, and national levels to ensure coordination and inclusion of TB and TB/HIV collaborative activities in partner frameworks, work plans, and budgets.	TB and HIV activities incorporated into national health plans.	TB and HIV activities incorporated into national health plans.		Sep-13	Completed	The meetings for the CCHPs took place from January to March 2013. PATH coordinators participated in the meetings to facilitate inclusion of TB/HIV activities in the plans. Regions have reported the activities that were incorporated. Arusha (\$50,625); Mwanza (\$5,136).
	Number of regional and district health plans incorporating TB and TB/HIV activities.	45 district and eight regional plans incorporate TB and TB/HIV activities.		Sep-13	Ongoing	25 districts in PATH-supported regions have incorporated some of their activities into the CCHP.
7.2 Coordinate the activities of key stakeholders through technical working groups.	Number of working group meetings held.	Eight TB meetings held for TB-related working groups.			Completed	Meetings were held for the laboratory coordinating group and the MDR-TB expert/cohort review panel (see above under Objective 4 and Objective 5). The meeting reports are included under the tab 6.
7.3 Support dialogue with the NTLF, Country Coordinating Mechanism, and Global Fund country team.	Involvement in Global Fund dialogues.	PATH staff involved in Global Fund dialogues.		Sep-13	Ongoing	PATH staff will continue to seek opportunities to be involved in Global Fund dialogues in light of changes to the Global Fund funding model.
7.4 Conduct an assessment to document the work and sustainability of PATH-funded staff contributing to TB program implementation.	Availability of human resources assessment design.	Human resources assessment design is approved.	Initiatives	Sep-13	Ongoing	Initiatives has submitted the HR assessment design for review by USAID and NTLF; they also conducted data collection for seconded staff at CTRL .
7.6 Finalize and distribute key NTLF policies and guidelines.	NTLF manual availability.	2,000 copies of the revised NTLF manual printed and distributed to NTLF, RTLCs, DTLCs, TB/HIV officers, and other HCPs.	MSH	Mar-13	Ongoing	The manual has been reviewed by an external reviewer and submitted to the NTLF for review and approval.
7.7 Assess data quality in PATH supported regions.	Number of regional data quality assessments.	Eight regional data quality assessments conducted.		Sep-13	Ongoing	Customization of the tools was done, and data quality assessment was conducted in Dar es Salaam, Mwanza, Zanzibar, and Arusha. The plan is to conduct data assessments in all PATH-supported regions.

Graphs and tables

Table 1.1. Number of facilities that PATH is supporting as of September 30, 2013, by region.

Region	Number of districts	Number of facilities, by type		Total number of facilities
		Public	Private	
Arusha	7	129	82	211
Dar es Salaam	2	64	30	94
Mwanza	8	275	44	319
Pwani	7	141	34	175
Zanzibar	5	150	15	165
Kilimanjaro	7	109	52	161
Total	36	868	257	1,125

Highlights for Objective 1: PATH is now supporting 1,125 health facilities as of September 2013 with 78 facilities added this year. From October 1, 2012 to September 30, 2013 24,678 TB cases were notified in these facilities. Of these 20,113 (82%) had unknown HIV status. A total 19,079 people (95% of those with unknown status) were tested for HIV, and 4,232 people (22%) were found to be HIV positive. Of these 3,621 people (86%) were registered for HIV care, and 2,832 people (67%) were started on ART. In addition 4,016 people (95%) were started on CPT.

As shown in the chart below, it is notable that the rates of HIV-positive patients starting on ART increased dramatically, from approximately 34% in APR 2012 to now more than 67% in APR 2013.

Table 1.2. TB/HIV data for Q1 in PATH-supported regions, October 1, 2012 to September 30, 2013.

	# TB patients from public facilities	# TB patients from private facilities	All TB patients	Unknown status	Offered DTC	Tested for HIV	HIV positive	Ref to CTC	Reg for HIV care	Start ART	Start CPT
Arusha	1,830	1,269	3,099	2,675	2,669	2,625	363	360	342	319	361
Dar es Salaam	7,562	2,257	9,819	8,200	8,200	7,742	1,900	1,854	1,537	1,247	1,820
Kilimanjaro	2,022	477	2,499	1,982	1,982	1,872	361	360	349	254	356
Mwanza	5,114	1,282	6,396	4,979	4,956	4,594	1,269	1,247	1,071	778	1,141
Pwani	1,582	609	2,191	1,681	1,681	1,668	299	297	283	216	298
Zanzibar	667	7	674	596	596	578	40	40	39	18	40
Total	18,777	5,901	24,678	20,113	20,084	19,079	4,232	4,158	3,621	2,832	4,016

24% 82% 99.9% 95% 22% 98% 86% 67% 95%

Results from TB/HIV interventions October 1, 2012 to September 30, 2013

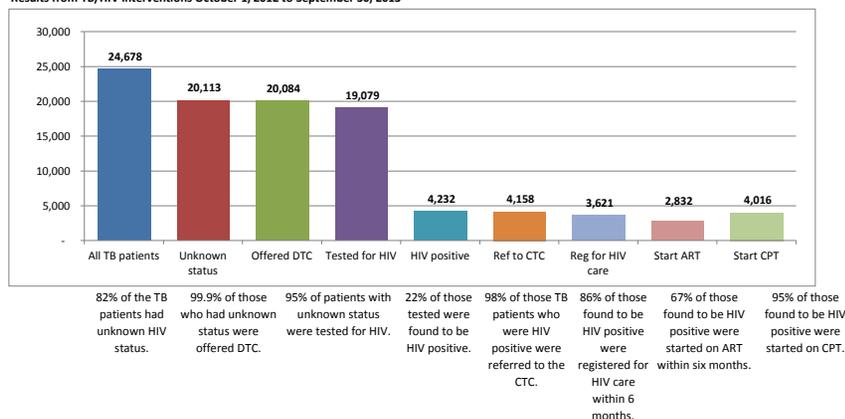


Table 1.3. Change in percentage of TB/HIV patients started on ART within six months, in PATH-supported regions.

	Oct-Dec 2009	Jan-Mar 2010	Apr-Jun 2010	June-Sep 2010	Oct-Dec 2010	Jan-Mar 2011	Apr-Jun 2011	June-Sep 2011	Oct-Dec 2011	Jan-Mar 2012	Apr-Jun 2012	Jun-Sep 2012	Oct-Dec 2012	Jan-Mar 2013	Apr-Jun 2013	July-Sept 2013
All TB patients	4,836	4,985	4,772	4,206	5,521	5,437	5,353	6,008	5,806	5,861	5,733	5,964	5,723	6,103	6,559	6,293
Tested for HIV	4,344	4,535	4,242	3,580	4,369	4,276	3,990	4,924	4,570	4,035	3,954	4,610	4,291	4,688	5,163	4,937
HIV positive	1,447	1,545	1,241	992	1,124	1,149	1,154	1,480	1,222	1,091	1,111	1,167	942	1,078	1,168	1,044
Start ART	368	413	220	182	141	166	220	325	215	270	442	624	506	676	880	770
Percentage of HIV-positive patients started on ART within six months	25%	27%	18%	18%	13%	14%	19%	22%	18%	25%	40%	53%	54%	63%	75%	74%

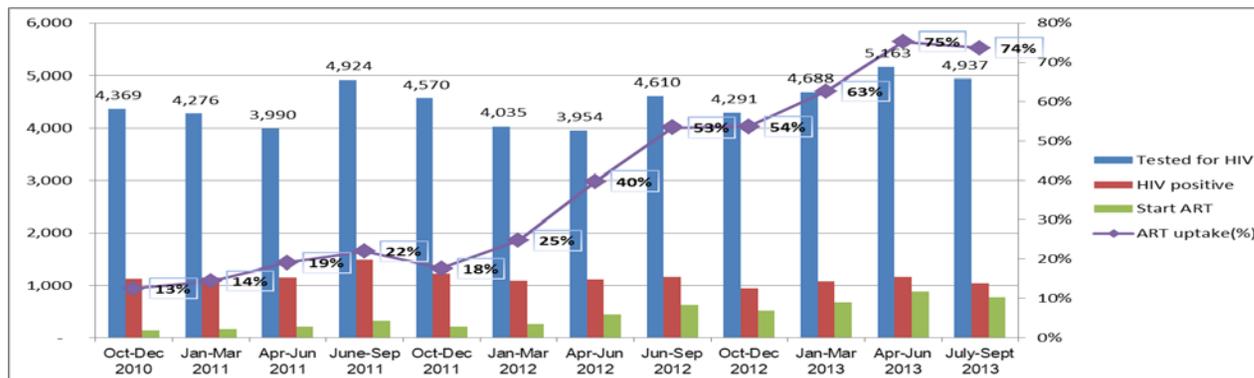


Table 1.3. Key TB outcomes in PATH-supported regions.

PATH-supported region	Year PATH started working in the region	Case notification in the baseline year (Baseline is the year BEFORE PATH started working in that region; data source: NTLR reports)				Case notification in 2012 (Covers Jan to Dec 2012)		% change in case notification since baseline year	Treatment success rate for the baseline year	Treatment success rate (cohort starting in 2011)	% change in treatment success rate since baseline
		NEW sputum smear positive	NEW sputum smear negative	NEW extra-pulmonary	TOTAL NEW CASES	Total new cases, 2012					
Arusha	2006	576	601	426	1,603	3,038	90%	86%	85%	-1%	
Dar es Salaam	2006	3,987	4,485	1,718	10,190	9,219	-10%	81%	86%	7%	
Mwanza	2006	2,027	1,445	709	4,181	5,856	40%	85%	89%	5%	
Pwani	2006	1,177	439	340	1,956	1,892	-3%	80%	93%	17%	
Zanzibar	2008	233	69	48	350	519	48%	82%	89%	9%	
Kilimanjaro	2010	803	936	458	2,197	2,204	0%	78%	78%	0%	
Total		8,803	7,975	3,699	20,477	22,728	11%	82%	87%	6%	

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Table 1.4. Conferences and presentations.

Name of Conference	Date	Venue	Abstract Title	Abstract author(s)	Status / final result – what was accepted, what did we do? (poster, oral, symposium, etc.)	Outcome
Medical Association of Tanzania (MAT)scientific conference	November, 2012	Moshi, Kilimanjaro	Increasing TB case notification by engaging community in PATH supported districts in Tanzania.	<i>Ms Atuswege Mwangomale</i> , Z. Mkomwa, V. Mahamba, S. Selele, W. Henerico	Accepted for Oral (PPT) presentation	Presented at the conference
Medical Association of Tanzania (MAT)scientific conference	November, 2012	Moshi, Kilimanjaro	Sputum transportation through Expedited Mail Service (EMS) in resource limited Countries.	<i>Edgar Luhanga</i> , Mr. Timothy M. Chonde, Ms. Basra Doulla, Dr. Goodluck Tesha, Dr. Vishnu Mahamba, Dr. Zahra Mkomwa, Ms Bindiya Patel, and Dr. Ezra Mwijarubi	Accepted for Oral (PPT) presentation	Presented at the conference
Conference of The UNION Africa Region	June, 2013	Kigali, Rwanda	Improving TB/HIV case detection by using community volunteers - Experience from Misungwi district, Mwanza region in Tanzania	<i>Tungaraza, Majaliwa</i> ; Richard, Mutakyawa; Kapola Mzumya; William Byemelwa; James Kadokanyanya; Yakobo, Busumabu, Dr Said Egwaga-NTLP, Dr Ezra Mwijarubi, USAID Tanzania	Accepted for Poster presentation	Presented at the conference
Conference of The UNION Africa Region	June, 2013	Kigali, Rwanda	Increasing the number of sputum specimens tested for MDR-TB, and cases detected by using courier service to transport sputum in Tanzania	<i>Luhanga, E.</i> , Chonde T. , Doulla, B., Tesha, G. , Mahamba, V. , Mkomwa, Z., Patel, B. , Mwijarubi, E.	Accepted for Poster presentation	Presented at the conference
Conference of The UNION Africa Region	June, 2013	Kigali, Rwanda	Increasing Pediatric Tuberculosis Detection in Tanzania: Moving from Guidelines to Implementation	<i>R.Olotu</i> , Z. Mkomwa, V. Mahamba, S. Egwaga and M. Nyamkara	Accepted for Poster presentation	Presented at the conference
International Conference on Pediatrics	August, 2013	Melbourne, Australia	Improving TB Case notification among children: Experience from PATH supported regions in Tanzania	<i>R.Olotu</i> , Z. Mkomwa, V. Mahamba, S. Egwaga and M. Nyamkara	Accepted for Poster presentation	Presented at the conference
UNION World Conference	Oct. 2013	Paris, France	Improving TB/HIV case detection by using community volunteers - Experience from Misungwi district, Mwanza region in Tanzania	<i>Tungaraza, Majaliwa</i> ; Richard, Mutakyawa; Kapola Mzumya; William Byemelwa; James Kadokanyanya; Yakobo, Busumabu, Dr Said Egwaga-NTLP, Dr Ezra Mwijarubi, USAID Tanzania	Submitted for Poster presentation, not accepted	Not accepted
UNION World Conference	Oct. 2013	Paris, France	Session on Tanzania: Monitoring and Evaluation of Community-Based Efforts to Support HIV/TB Integration	<i>Atuswege Mwangomale</i> -PATH TZ	Accepted for ACSM symposium: PowerPoint presentation	Will be presented at UNION
UNION World Conference	Oct. 2013	Paris, France	Increasing the number of sputum specimens tested for MDR-TB, and cases detected by using courier service to transport sputum in Tanzania	<i>Luhanga, E.</i> , Chonde T. , Doulla, B., Tesha, G. , Mahamba, V. , Mkomwa, Z., Patel, B. , Mwijarubi, E.	Submitted and accepted for Poster presentation	Will be presented at UNION
UNION World Conference	Oct. 2013	Paris, France	Standard operating procedures improve TB case detection in Arusha, Tanzania	<i>Dr Myemba</i> , MSH	Submitted and accepted for Poster presentation	Will be presented at UNION
UNION World Conference	Oct. 2013	Paris, France	Effective Specialized Training and Implementation of National Pediatric Tuberculosis Clinical Guidelines in Tanzania	<i>Dr Lisa Adams</i> , Dartmouth	Submitted and accepted for Poster presentation	Will be presented at UNION
UNION World Conference	Oct. 2013	Paris, France	Utilizing the cohort review process to reinforce standards of care, capacity building, and continuous quality improvement for MDR-TB care in Tanzania	<i>Dr Chen</i> , UCSF	Submitted and accepted for Poster presentation	Will be presented at UNION
UNION World Conference	Oct. 2013	Paris, France	Increasing Pediatric Tuberculosis Detection in Tanzania: Moving from Guidelines to Implementation	<i>V.Mahamba</i> , R.Olotu, Z. Mkomwa, S. Egwaga and M. Nyamkara	Submitted and accepted for Oral presentation (powerpoint presentation)	Will be presented at UNION
ICASA	December, 2013	Cape Town, South Africa	Closing the gap of ART uptake among TB/HIV co-infected patients towards achieving universal access of ART among HIV patients: Experience from Tanzania	<i>Tesha G.</i> , Henerico W, Luhanga E, Mahamba V, Mkomwa Z, Patel B, Mwijarubi, E	Submitted for Poster presentation	

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Table 2.1. Outcomes at Three I's pilot sites.

	Shree Hindu Mandal Hospital (Dar es Salaam)							Total since start of pilot
	April to June 2012	July to Sept 2012	Oct to Dec 2012	Jan to March 2013	April to June 2013	July-September 2013		
# of clients screened for IPT	16	129	191	536	32	191	950	
# of clients eligible for IPT	14	71	87	256	30	87	460	
# of clients started on IPT	12	39	58	151	0	58	267	
# of clients developed active TB		0	0	0	0	0		
St Elizabeth Hospital (Arusha)								
	April to June 2012	July to Sept 2012	Oct to Dec 2012	Jan to March 2013	April to June 2013	July-September 2013*		
# of clients screened for IPT	0	0	1155	559	501	0	2215	
# of clients eligible for IPT	0	44	858	438	653	0	1949	
# of clients started on IPT	0	44	807	438	11	0	1256	
# of clients developed active TB		2	0	0	0			

*July-Sept 2013, there was a stock out of INH

58%

64%

In this reporting period, PATH continued to pilot the Three I's at two pilot sites, Shree Hindu Mandal and St. Elizabeth Hospitals. Data show that in this year 2,409 people were eligible for IPT, 1,523 (63%) started on IPT, and two developed active TB. The shortfall in those who received IPT could be attributed to a shortage of INH (out of stock), expired stock, or failure of data entry clerks to capture some of the patients who received IPT.

Table 2.2. TB detection in congregate settings.

Congregate setting - district	Region	Total number of NEW TB cases diagnosed (all forms) Oct 2012- March 2013				Total number of NEW TB cases diagnosed (all forms) Apr-June 2013				Total number of NEW TB cases diagnosed (all forms) July-Sept 2013			
		NEW sputum smear positive	NEW sputum smear negative	NEW extra-pulmonary	TOTAL NEW CASES	NEW sputum smear positive	NEW sputum smear negative	NEW extra-pulmonary	TOTAL NEW CASES	NEW sputum smear positive	NEW sputum smear negative	NEW extra-pulmonary	TOTAL NEW CASES
Mianzini Primary School - Kinondoni District	Dar	0	0	0	0	0	0	0	0	1	0	0	1
Kawawa Primary School - Kinondoni District	Dar	0	0	0	0	0	0	0	0	0	2	1	3
Kariakoo Markets Corporation - Ilala District	Dar	0	0	0	0	0	0	0	0	0	0	0	0
Ukongu Prison - Ilala	Dar	0	0	0	0	6	17	3	26	0	0	0	0
Segerea Prison - Ilala	Dar	0	0	0	0	11	0	2	13				
Vingunguti Abattour - Ilala District	Dar	0	0	0	0	0	0	0	0	0	0	0	0
Butimba Prison - Nyamagana District	Mwanza	13	9	11	33	1	5	6	12	6	4	9	19
Ngudu Prison - Kwimba District	Mwanza	0	0	0	0	0	0	1	1	0	0	0	0
Magu Prison - Magu District	Mwanza	0	0	0	0	1	0	1	2	0	0	0	0
St. Augustine University of Tanzania	Mwanza	1	1	2	4	0	0	0	0	3	0	1	4
Kisongo Prison - Arusha DC	Arusha	3	5	0	8	1	0	0	1	0	0	0	0
A TO Z Textile - Arusha DC	Arusha	0	0	0	0	0	0	0	0	0	0	0	0
Arusha Police Barracks - Arusha municipality	Arusha	0	0	0	0	0	0	0	0	0	0	0	0
Arusha Technical College - Arusha municipality	Arusha	1	0	0	0	1	0	0	1	0	0	0	0
Anna Mkapa Secondary School - Moshi rural	Kili	0	0	0	0	0	0	0	0	0	0	0	0
Moshi University College of Cooperative and Business Studies - Moshi	Kili	1	0	0	1	0	0	0	0	0	0	0	0
Orphanage Centre - Hai District	Kili	0	0	0	0	0	0	0	0	0	0	0	0
Decker Jos Mulnberg (Flour plant) - Moshi rural	Kili	0	0	0	0	0	0	0	0	0	0	0	0
TPC Sugar Company - Moshi rural	Kili	0	0	0	0	0	0	0	0	0	0	0	0
Marangu Teachers Teaching College - Rombo District	Kili	0	0	0	0	0	0	0	0	0	0	0	0
Total at 18 facilities supported by PATH		19	15	13	46	21	22	13	56	10	6	11	27

PATH is supporting the piloting of intensified case-finding and infection control activities in 20 congregate settings. In this year, 129 new cases of TB were confirmed in the 20 congregate settings.

Table 3.1. Pediatric cases in PATH-supported regions up to September 30, 2013.

	Total notification	Children	% Children
Oct-Dec 2010	5,521	376	6.8%
Jan-March 2011	5,437	430	7.9%
April-June 2011	5,353	367	6.9%
July-Sept 2011	6,008	461	7.7%
Oct-Dec 2011	5,805	426	7.3%
Jan-March 2012	5,861	422	7.2%
April-June 2012	5,750	387	6.7%
July-Sept 2012	5,964	509	8.5%
Oct-Dec 2012	5,723	492	8.6%
Jan-March 2013	6,103	648	10.6%
Apr - June 2013	6,559	756	11.5%
July-Sept 2013	6,293	762	12%

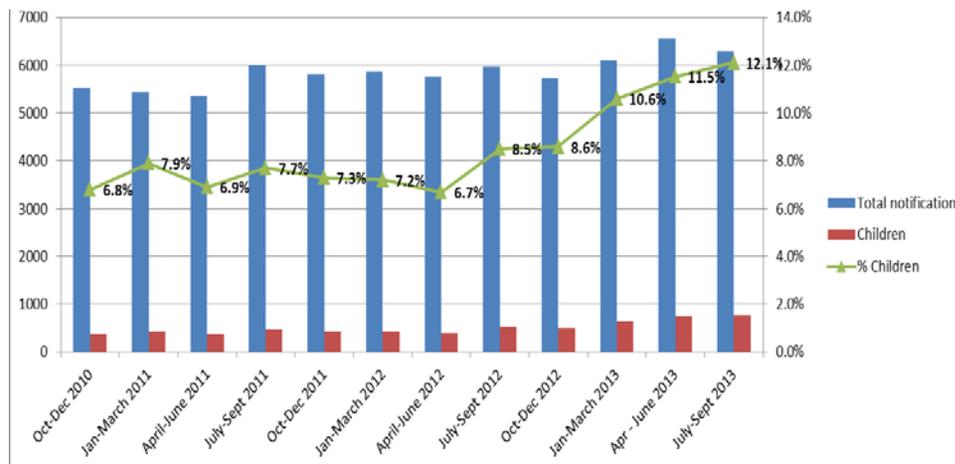
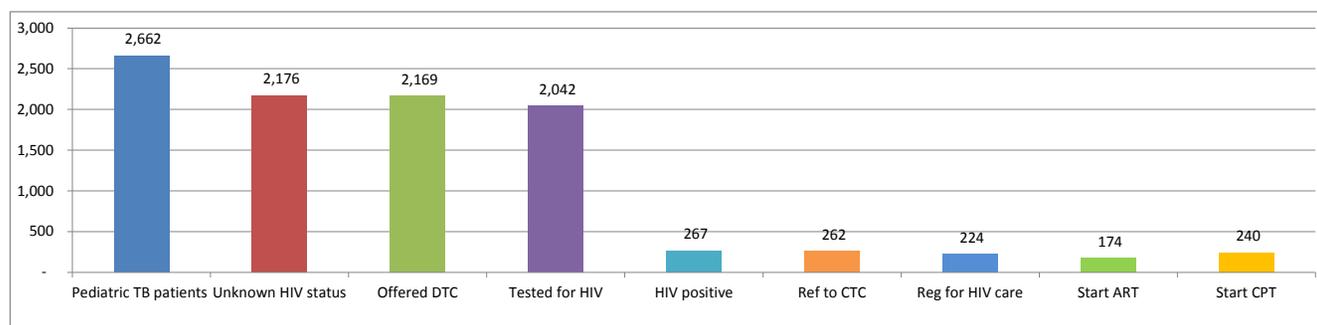


Table 3.3. TB/HIV data for pediatric cases in PATH-supported regions, October 1, 2012 to September 30, 2013.

	Children screened for TB	Pediatric TB patients	Unknown HIV status	Offered DTC	Tested for HIV	HIV positive	Ref to CTC	Reg for HIV care	Start ART	Start CPT	% pediatric cases as a percentage of total notification in each region
Arusha		477	415	419	410	27	27	25	20	26	15%
Dar es Salaam		676	574	575	549	73	70	63	55	68	7.0%
Kilimanjaro		279	207	202	193	28	28	28	20	27	11.0%
Mwanza		857	685	680	603	114	112	83	56	94	13.0%
Pwani		256	192	190	184	20	20	20	18	20	12.0%
Zanzibar		117	103	103	103	5	5	5	5	5	17.0%
Total	-	2,662	2,176	2,169	2,042	267	262	224	174	240	11.0%

Results from pediatric interventions, October 1, 2012 to September 30, 2013



81% of the pediatric TB patients had unknown HIV status.

99% of those who had unknown status were offered DTC.

75% of pediatric patients with unknown status were tested for HIV.

18% of those pediatric patients tested were found to be HIV positive.

98% of those pediatric TB patients who were HIV positive were referred to the CTC.

87% of those found to be HIV positive were registered for HIV care within six months.

69% of those found to be HIV positive were started on ART.

94% of those found to be HIV positive were started on CPT.

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Table 4.1. Drug resistance surveillance.

Data source: NTLIP 2010 annual report (most recent data) and CTRL 2012 data	Jan-Mar 2011	Apr-Jun 2011	Jul-Sep 2011 (new transport system)	Oct-Dec 2011	Jan-Mar 2012	Apr-Jun 2012	June-Sep 2012	Oct-Dec 2012	Jan-Mar 2013	Apr - June 2013	July-Sept 2013
Number of all smear-positive specimens expected	1,993	1,993	1,993	1,993	1,993	1,993	1,993	1,993	1,993	1,993	1,993
Number of all smear-positive specimens received	278	420	342	1,201	1,158	1,415	1,183	888	721	792	750
Percentage of those expected that were received	14%	21%	17%	60%	58%	71%	59%	45%	36%	40%	38%
Number of retreatment specimens expected	398	398	398	398	400	400	400	400	400	400	400
Number of retreatment specimens received	Could not be categorized (new and retreatment) due to incompleteness of the forms completed by coordinators. Staff are being sensitized re: the need for accuracy on the laboratory DST request form.					241	215	231	304	372	350
Percentage of those expected that were received						60%	54%	58%	76%	93%	88%

CTRL received 38% of expected smear-positive specimens and 88% of retreatment specimens. The decrease in smear-positive specimens is partially due to the fact that specimens are now also being sent to Mbeya and Dodoma regional laboratories, which are performing culture independently. In addition, there are unclear directives on what percentage of new smear-positive cases should be sent for culture. PATH will work with the CTRL to determine how to adjust these targets.

Number of specimens received for drug resistance surveillance at the CTRL



Table 4.2. GeneXpert® outcomes at two sites.

	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	July-Sep 2013	Total	
Tests conducted at Sekou Toure	24	27	67	106	205	260	373	300	340	309	156	2,167	
Tests conducted at Amana	85	121	138	79	203	186	156	165	185	169	374	1,861	
Total at two sites	109	148	205	185	408	446	529	465	525	478	530	4,028	
MTB Rif Resistance detected at Sekou Toure	1			10			3			3			17
MTB Rif Resistance detected at Amana	10			2			7			4			23

From September 2012 to Sept 2013, 17 MTB/RIF-resistant cases were detected at the Amana laboratory and 23 MTB/RIF-resistant cases were detected at the Sekou Toure laboratory in Mwanza.

Table 4.3. LED microscopy trends and status in PATH-supported regions.

Region, % change in # smears performed	YEAR	Total number Smears performed	Total Positive smears	No diagnostic Smear	No. Pos diagnostic smears	No. follow up Smears	no. of pos follow up smears	Total number of LED FM Installed	No. of lab personnel trained on use of LED FM	Functional status of LED FM by 2013
ARUSHA 6%	2010	9,068	922	8,257	834	811	88	10	11	All are functioning
	2011	9,057	1,098	8,099	1,004	958	94			
	2012	9,587	929	8,850	888	737	41			
PWANI 74%	2010	5,129	623	4,663	608	466	15	9	11	2 out of order
	2011	7,294	984	6,661	917	633	67			
	2012	8,922	1,112	8,258	1,075	664	37			
ZANZIBAR 7%	2010	4,978	535	4,530	397	448	138	3	5	All are functioning
	2011	5,344	513	4,911	472	433	41			
	2012	5,322	533	4,857	398	465	135			
DAR ES SALAAM 9%	2010	29,452	5,410	25,258	5,027	4,194	383	9 out of 13	15	3 out of order, and 1 installed 2013
	2011	26,254	5,172	22,551	4,711	3,703	461			
	2012	32,227	5,958	27,579	5,597	4,648	361			
KILIMANJARO -14%	2010	11,740	1,182	10,474	1,048	1,266	134	7	9	all are functioning
	2011	15,476	2,452	13,642	2,169	1,834	283			
	2012	10,039	1,678	8,953	1,529	1,086	149			
MWANZA 21%	2010	16,018	1,776	14,643	1,680	1,375	96	11	15	all are functioning
	2011	18,385	2,575	16,587	2,378	1,798	197			
	2012	19,453	2,493	17,798	2,257	1,655	236			

Table 4.4. Number of laboratories participating in EQA.

	Jan-Dec 2011	April-June 2013	Percent change
Number of laboratories in PATH-supported regions that are participating in EQA	288	310	8%

Table 5.1. MDR-TB program status as of September 2013.

52	Already completed treatment.
66	Currently in continuation phase in their home districts.
48	At Kibong'oto hospital for the intensive phase of treatment.
19	Died since initiating treatment.
4	Stopped treatment (1 failure due to severe side effects, 3 absconded)
183	Total number of people who have initiated treatment for MDR-TB in Tanzania, as of Sept 2013.

Table 5.2. MDR outcomes by cohort.

	# patients in the cohort	Cured	Treatment completed	Still on treatment	Defaulter	Failed	Died	Treatment completion rate	% of patients who default within first six months of MDR-TB	Continuation rate at 12 months	Dates of cohort reviews
Oct to Dec 2009	15	9	2	0	0	1	3	73%	0%	62%	July 2010-(6 month interim) Jan 2011-(12 month review) Jan 2012-(24 month End of treatment)
Jan to March 2010	0	0	0	0	0	0	0	0%	0%	0%	Jan 2013 -(36 month End of treatment) No new patients were admitted Jan-March 2010
Apr to June 2010	10	6	1	0	2	0	2	70%	0%	80%	Jan2011-(6 month interim),July 2011-(12 month review), July 2012-(24 month end of treatment), July 2013-(36 month end of treatment)
Jul to Sep 2010	2	2	0	0	0	0	0	100%	0%	50%	Jan2011-(6 month interim),July 2011-(12 month review), July 2012-(24 month end of treatment), July 2013-(36 month end of treatment)
Oct to Dec 2010	12	6	3	0	0	0	3	75%	0%	83%	July2011-(6month interim), Jan 2012-(12 month review), Jan 2013-(24 month end of treatment),
Jan to March 2011	9	5	2	0	1	0	1	78%	11%	78%	Jan 2012-(6month interim), July 2012-(12 month review),April 2013-(24month end of treatment)
Apr to June 2011	8		6	1	1	0	0	75%	0%	88%	April 2012 -(6month interim),Oct2012-(12month review),July2013-(24month end of treatment)
Jul to Sep 2011	13		10	2	1	0	1	77%	8%	85%	July2012-(6month interim),Jan2013-(12 month review)
Oct to Dec 2011	2			1			1		0%	50%	Oct2012-(6month interim), April2013-(12month review)
Jan to March 2012	9			9					0%	100%	Jan2012-(6month interim),July2013-(12month review)
Apr to June 2012	9			8			1		0%	TBD	April2013-(6month interim)
Jul to Sep 2012	9			9					0%	TBD	Updates will be provided during the next reporting cycle. Here, only the number of patients enrolled is updated, the rest were not due for assessment during the last cohort meeting.
Oct to Dec 2012	18			18					0%	TBD	
Jan to March 2013	18			16			2		0%	TBD	
Apr to June 2013	21			20			1				
Jul to Sep 2013	in progress										
Total thus far	155	28	24	84	5	1	15				

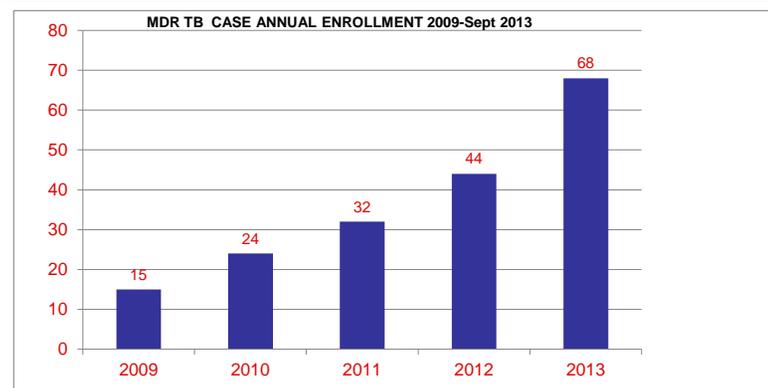
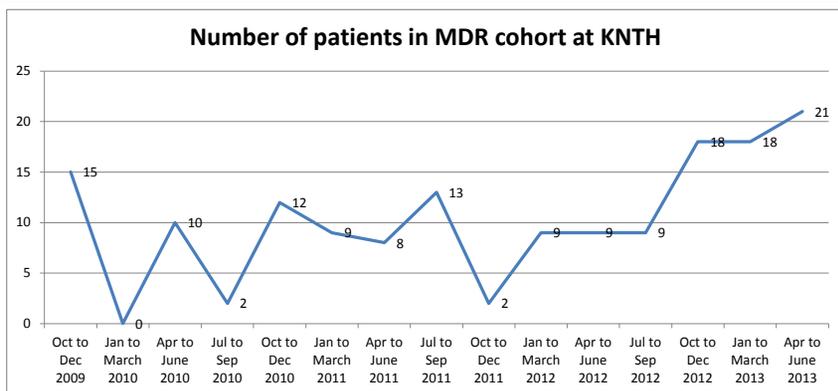


Table 6.1. Results from ACSM interventions in selected districts for October 2012 to September 2013, organized by intervention and district.

District	Drug seller		Traditional		CBO members		Sputum fixers		CORPs		TOTAL	
	People tested for TB	Confirmed TB cases	People tested for TB	Confirmed TB cases	People tested for TB	Confirmed TB cases	People tested for TB	Confirmed TB cases	People tested for TB	Confirmed TB cases	People tested for TB	Confirmed TB cases
Ukerewe	0	0	0	0	0	0	119	6	0	0	119	6
Ilemela	19	3	0	0	0	0	0	0	0	0	19	3
Kwimba	0	0	0	0	0	0	169	28	0	0	169	28
Arumeru	41	6	32	2	216	42	107	2	120	27	516	79
Sengerema	18	2	0	0	0	0	19	0	0	0	37	2
Karatu	6	2	23	4	67	18	42	4	70	18	208	46
Geita	0	0	0	0	0	0	487	81	0	0	487	81
Nyamagana	12	5	16	2	296	22	185	25	62	12	571	66
Misungwi	57	3	40	3	154	7	795	69	34	2	1080	84
Mwanga	0	0	0	0	0	0	99	5	28	0	127	5
Rombo	0	0	0	0	0	0	103	2	18	0	121	2
Moshi DC	3	0	0	0	0	0	96	5	0	0	99	5
Magu	0	0	6	1	0	0	146	20	0	0	152	21
Urban west	41	6	50	3	175	17	0	0	180	31	446	57
Pemba	9	0	27	5	132	16	59	3	0	0	227	24
North Unguja	0	0	0	0	310	14	20	2	0	0	330	16
Kibaha	5	1	3	1	72	35	0	0	46	6	126	43
Kisarawe	17	3	22	9	142	35	221	17	0	0	402	64
Ilala	40	8	26	4	939	219	340	34	0	0	1345	265
Mafia	8	0	3	1	0	0	107	2	0	0	118	3
Bagamoyo	0	0	0	0	113	4	106	1	0	0	219	5
Monduli	0	0	3	0	0	0	5	1	0	0	8	1
Longido	0	0	0	0	0	0	18	0	0	0	18	0
Ngorongoro	0	0	6	2	0	0	0	0	0	0	6	2
Arusha DC	32	1	0	0	0	0	0	0	9	3	41	4
Total	317	40	279	37	2637	430	3391	308	631	113	7,255	928

Community-based work direct contributions to detection of new TB cases increased in many districts throughout the year. Highlights include:

** Although the only community based intervention in Geita is sputum fixers, those 2 sputum fixers are able to make a noticeable contribution to case detection due to their experience screening people for TB and the full support of the district CHMT, which provides them working tools and increases likelihood of sustainability.

** Even though the CBO in North Unguja is new to TB work, it's members managed to identify a number of TB patients through the village health day organized by the district. The CBO worked with district officials to provide community sensitization and referrals for TB testing. Nine confirmed TB cases were identified on village health day.

** Through supportive supervision, TUKIKIZA in Urban West was able to better track and report the work they were doing which is reflected in the increased number of cases detected over most of the year (although there was a slight decrease in the last quarter).

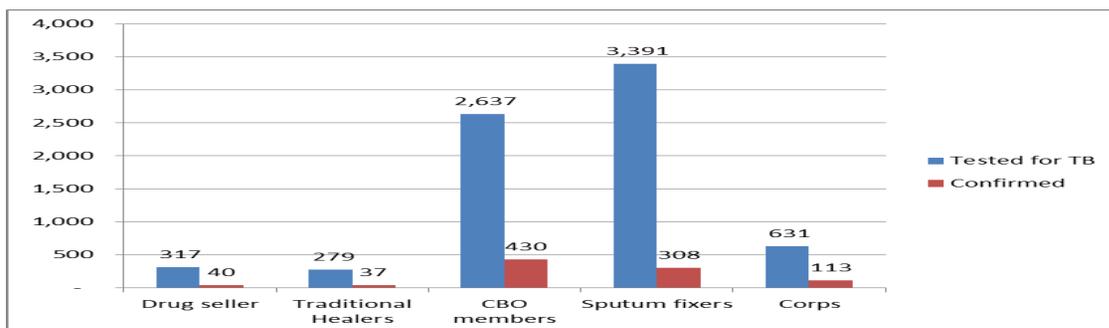


Table 6.2. Contribution of ACSM interventions to detection of all new TB cases in selected districts, October 1, 2012 to September 30, 2013.

Kisarawe, Pwani	137	75	91	303	64	21.1%
Ilala, Dar	2,074	1,563	938	4,575	265	5.8%
Bagamoyo	289	106	115	510	7	1.4%
Mafia	19	21	19	59	3	5.1%
Kibaha	252	101	87	440	43	9.8%
Urban West, Zanzibar	181	41	94	316	57	18.0%
Sengerema	141	199	60	400	2	0.5%
Ilemela	147	131	175	453	3	0.7%
North Unguja	15	20	14	49	14	28.6%
Pemba	65	44	55	164	24	14.6%
Nyamagana, Mwanza	460	584	662	1,706	66	3.9%
Kwimba	85	131	27	243	28	11.5%
Ukerewe	52	158	6	216	6	2.8%
Misungwi	230	164	43	437	84	19.2%
Magu	237	136	127	500	21	4.2%
Geita	434	680	98	1,212	81	6.7%
Hai, Kilimanjaro	45	56	27	128	14	10.9%
Karatu, Arusha	160	136	130	426	36	8.5%
Rombo	60	41	31	132	2	1.5%
Moshi DC	63	173	52	288	2	0.7%
Mwanga	32	27	17	76	2	2.6%
Arumeru, Arusha	142	140	115	397	41	10.3%
Summary data:	5,320	4,727	2,983	13,030	865	6.6%

The USAID-funded community-based interventions have continued to increase case detection, not just supporting overall efforts in districts but by directly contributing a growing percentage of new TB cases. The percent of direct contribution from these activities has mainly increased over the year from 6.4% in Q1, to 6.9% in Q2, to 7.8% in Q3. With a decrease in Q4 to 5%, the average direct contribution for the year is 6.6%.

Evaluation and operations research

Title	Purpose of study	Evaluation type and method(s)	PATH field contact	PATH DC contact	Partner	IRB status	Status/Results
Exit interview survey	To assess the quality of integrated TB and HIV services through patient satisfaction.	Quantitative and qualitative interviews	Henerico William	Lisa Mueller Scott	None	Received NIMR clearance.	Interviews are complete. Data analysis is underway now. Report on findings is expected next quarter.
TB LAMP Assay evaluation study	<ol style="list-style-type: none"> 1. Determine sensitivity and specificity of TB-LAMP compared to liquid culture and GeneXpert® MTB/RIF. 2. Determine sensitivity and specificity over a 6-month period to assess the effect of laboratory technician's fatigue. 3. Determine inter-user performance of TB-LAMP. 4. Determine time to detection for TB-LAMP compared to the routine diagnostic algorithm in Tanzania. 	Laboratory study	Edgar Luhanga	Tope Adeyoyibi	Partially funded by FIND	Will submit for NIMR clearance in Q4.	Expect findings in 2014.

Deliverables

Activity in work plan	Deliverable	Target date of completion	Status as of Sept 2013	Notes	File name for deliverables; Q3 delivs are in blue font
Objective 1. TB/HIV activities.					
1.1 Scale up new TB and TB/HIV services to 60 new facilities in two new regions and in existing regions.	Health facility assessment report for Geita and Simiyu.	TBD	Cancelled	PATH will no longer conduct activities in these new regions.	N/A
1.3 Build human resource capacity in 1,042 existing and 120 new facilities to undertake TB and TB/HIV services.	Central supervision reports; others available on request. Trip reports from international meetings and conferences.		Ongoing	Supervision and trip reports submitted for the existing facilities.	PATH_TZ_Joint Central Supervision Report_KJRO FEB13 PATH_TZ_Zonal Unguja Supervision Report February 2013 PATH_TZ_Zonal Supportive Supervision Report in Pemba February 2013 PATH_TZ_Zonal Supportive Supervision Report_Unguja_October 2012 PATH TZ Supervision Dar-Kinondoni Oct 2012 PATH TZ Supportive supervision report_Pwani_October_2012 PATH TZ IT supervision Kili Nov 2012 PATH_TZ_DOT training report-Feb 2013.docx PATH Central Supervision Report_Mwanza_5-9_Aug_2013
1.3 Ensure smooth implementation of activities by conducting regular update and planning meetings with targeted stakeholders.	Annual meeting report.	Jan-13	Completed	Submitted annual program meeting report (Dec 12).	2012 PATH Annual Meeting Report_Final Dec 2012
1.5 Exit interview survey.	Survey report. Service improvement plans.	Sep-13	Delayed	Data analysis is taking place now. Report is expected next quarter.	
Objective 2. Three I's.					
2.1 Provide technical support to ensure accelerated implementation of TB infection control measures in public and private TB clinics/DOTS facilities in the project area.	Facility IPC plans.	Sep-13	Ongoing	All 1,067 facilities have IPC plans. PATH is working to assist the facilities to document all the plans.	UNGUJA-IPC Sensitization report July 2013
2.2 and 2.3 Provide technical support to ensure accelerated implementation of the 3 I's in two health facilities and ICF/IPC in 23 congregate settings .	Analysis report.	Mar-13	Completed	Analysis conducted in Q1/Q2 for Shree Hindu Mandal and St. Elizabeth hospitals.	PATH_TZ_3Is_Analysis_Report_Feb 2013 Congregate_setting_supervision_report_Dar July 2013
Objective 3. Pediatric activities					
3.1 Introduce active TB screening among children in 33 additional district hospitals in PATH-supported regions.	National pediatric TB guidelines.	Mar-13	Completed	Guidelines approved by the Ministry.	Pedi TB_Guidelines Manual Second Ed 2013 TZ Ped TB Country plan July 2013-Brazzaville TZ Ped TB Prog approach July 2013-Brazzaville PATH TZ trip report Ped July 2013-Brazzaville

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Activity in work plan	Deliverable	Target date of completion	Status as of Sept 2013	Notes	File name for deliverables; Q3 delivs are in blue font
	Pediatric TB TOT training report.	Jan-13	Completed	24 TOTs trained out of 25.	PATH_TZ_Pediatric_TOT_Training_Jan_2013_Final PATH TZ Ped HCW clinician assessment 2013 PATH TZ Ped HCW Nurse assessment 2013 Ped Assessment Report and Tool Arusha Sept 2013 Trip Report Adams Ped TB Assess Sept 2013
	Pediatric HCP training report.	Mar-13	Completed	209 HCWs have been trained.	PATH_TZ_Ped TB_Training report Zanzibar_March_2013
	Pediatric IEC posters.	Mar-13	Ongoing		PATH TZ_FY 12_Ped materials dev Nov 2012
	Pediatric job aids.	Apr-13	Completed		Hard copies are being provided to USAID
	Algorithm for diagnosis of pulmonary TB in children.	Mar-13	Completed		Hard copies are being provided to USAID
	Score chart for diagnosis of TB in children.	Mar-13	Completed		Hard copies are being provided to USAID
	Algorithm for assessing child household contact.	Mar-13	Completed		Hard copies are being provided to USAID
	TB screening tools and referral forms.	Jan-13	Completed		Hard copies are being provided to USAID
	Orientation of HCWs on pediatric TB management report.	Apr-13	Completed	290 HCWs were oriented on pediatric TB management.	PATH TZ Ped TB HCWs orientation kili_April_2013
	Sensitization for RHMTs/CHMTs on pediatric TB report.	Apr-13	Completed	40 RHMTs/CHMTs were sensitized on Pediatric TB management.	PATH TZ RCHMT-CHMTs sensitization Pwani April 2013
	Pediatric TB supervision and mentorship report.	Jun-13	Ongoing	Supervision and mentorship reports submitted for the existing facilities.	PATH TZ Ped supervision Kilimanjaro Jun2013 PATH TZ_supervision Mwanza region June 2013
Objective 4. Laboratory and new diagnostics activities.					
4.1 Strengthen TB laboratory services for TB diagnosis at all levels, including EQA for smear microscopy.	Training report and package from management, supervision, and mentoring skills training.	Jun-13	Completed		TZ EQA supervision manual May 2013 EQA TRAINING-Morogoro May 2013 Training Report_AFB EQA training_Morogoro_May2012
4.4 Provide leadership and coordination of diagnostic and laboratory activities across the country.	Finalized TB laboratory strategic plan.	Jun-13	Ongoing	Document finalized; awaiting proofreading and endorsement by the NTLF.	PATH TZ_Zanzibar Lab Strat Plan Report Dec2012 TB_Lab_Strategic_Plan_Development_Workshop Sept 2013
	Laboratory coordination meeting reports/minutes.	Quarterly	Completed	TB laboratory coordination meeting was held on October 19, 2012. A total of nine partners attended the meeting.	TZ TB Lab Coord Mtg Minutes Jan 2013 TZ TB Lab Coord Mtg Minutes Oct 2012 6th TZ TB Laboratory Coord mtg_Mbeya April2013
4.5 Support and monitor GeneXpert® technology at Amana and Sekoutoure Hospitals to improve TB diagnosis among HIV positive patients.	Annual/Quarterly reports from Amana and Sekoutoure.	Sep-13	Completed	Reports received since September 2012 are indicated in Table 4.2 in tab 4; Q2 reports are in the process.	GeneX Mtg Meeting Algorithms FINAL July 2013 TRIP REPORT - MWANZA Gene Xpert calibration

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Activity in work plan	Deliverable	Target date of completion	Status as of Sept 2013	Notes	File name for deliverables; Q3 delivs are in blue font
	Sustainability plan developed.	Sep-13	Completed	Sustainability plan developed.	TZ Xpert Sustainability Mtg Report May 2013
Objective 5. MDR activities.					
5.1 Continue to strengthen and scale-up capacity of Tanzania's national MDR-TB treatment facility, including clinical mentoring and cohort review reporting.	Cohort review reports.	Mar-13	Completed	First meeting was conducted October 19-20, 2012, and the other in March 2013.	PATH_TZ_MDR_Cohort_Review March 2013 PATH_TZ_EX_Panel MDR Cohort Review Oct2012 PATH_TZ_MDR TB Training Report_19-23 NOV 12_KNTH
5.2 Build district and community capacity to support the decentralized management of MDR-TB patients.	Health facility assessment report (compiled by PATH).	Mar-13	Completed	Report was submitted to USAID with the October 2012 annual report. Also submitting an MDR training report for district-level providers. 80 HCWs received training (30 in November 2012 and 50 in March 2013).	PATH_MDR_TRAINING_REPORT_KILI_JUNE_2013 PATH TZ MDR TB TRAINING REPORT 02-06 Sept 2013
5.3 Support MDR-TB patients through intensive and continuation phases.	MDR-TB IEC materials.	Jun-13	Ongoing	IEC materials have been field tested, and will be finalized in the next quarter.	Development_of_MDR_Job_Aids - Morogoro 2013
	Summary of district MDR-TB supportive supervision reports.	Sep-13	Ongoing		PATH-TZ-MDR-TB Supervision Report_JAN 13 PATH TZ MDR-TB Supervision Report_August 13 MDR_TZ_MDR-TB Supervision Report_Oct2012 MDR-TB Supervision report-14 districts May2013
5.4 Provide organizational development capacity support to Kibong'oto National TB Hospital according to OCA plans.	Short-term technical assistance reports.	Sep-13	Ongoing	Final strategic plan approved by MOHSW. Human resources and finance policy manuals nearly completed.	PATH TZ - Initiatives Trip Report - KNTH SP Nov2012 Kibongoto_Infection_Disease_Hospital_Strategic Plan Final 2013 Trip Report for KNTH technical support-Nandrie
	Detailed repeat OCA action plans documenting areas of need and technical support desired.	Sep-13	Completed		PATH_TZ KNTH OCA report final 2012 KIDH OCA Report July 2013
Objective 6. Innovative case detection and ACSM.					
6.2 Monitor and evaluate ACSM/PPM approaches to determine contribution to case detection.	Revised M&E tools.	Dec-12	Completed	Tools were revised and printed.	
	Data report on case notification by ACSM included in quarterly, semiannual, and annual reports.	Sep-13	Ongoing	Reports received and are indicated in Tables 6.1, 6.2, and 6.3.	
6.3 Finalize National ACSM Strategy.	National TB ACSM strategy document.	Sep-13	Ongoing	The strategy has been approved by the NTLP. We are awaiting MOH endorsement before printing.	FINAL NTLP ACSM STRATEGY Narrative
6.4 Support roll out of intensified case-finding among household contacts, including children, of smear positive patients.	Report from coordination workshop on contact investigation in Tanzania including strategic plan for scale-up of contact investigation.	Sep-13	Pending	This will happen after the workshop in December 2013.	Trip Report July 2013 Fair Miller contact investigation

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Activity in work plan	Deliverable	Target date of completion	Status as of Sept 2013	Notes	File name for deliverables; Q3 delivs are in blue font
	Generalizable training materials on contact investigation and TOT materials.	Sep-13	Pending	Expected to be finalized by January 2014.	
	Final report and findings on TB household contact investigation in Dar es Salaam.	Sep-13	Pending	Expected in early 2014.	
6.5 Scale up standard operating procedures (SOPs) for improving case detection and integrate implementation into routine NTLF activities.	Quarterly TB notification and project reports.	Sep-13	Completed		PATH TZ MSH SOPs supervision Zanzibar Nov2012 PATH TZ MSH SOPs supervision Arusha OCTOBER 2012 PATH TZ MSH SOPs supervision Zanzibar Jan2013
	Documentation report.	Sep-13	Pending	Will be submitted next quarter	
	Dissemination meeting report.	Sep-13	Pending	Will be submitted next quarter	
	Final copies of SOPs/operational guidelines.	Sep-13	Pending	Will be submitted next quarter	
6.6 Roll out TB and TB/HIV workplace policy in mainland Tanzania and Zanzibar.	Final TB workplace policies for the mainland and Zanzibar.	Sep-13	Completed	Sent to the MOHSW (Mainland) and Ministry of Health Zanzibar for approval.	PATH_TZ_National Guideline for TB control at Workplace for Mainland TZ March 2013 PATH_TZ_Final Draft TB workplace Policy for Zanzibar Feb 2013
6.7 Provide technical assistance to conduct TB screening in diabetes clinics and diabetes screening in TB clinics.	Training curriculum.	Sep-13	Cancelled		
	Monitoring tools.	Sep-13	Completed		
Objective 7. Management and sustainability, M&E.					
7.1 Participate in planning meetings at district, regional, and national level to ensure coordination and inclusion of TB and TB/HIV collaborative activities in partner frameworks, work plans, and budgets.	Report summarizing the national, regional, and district health plans incorporating TB and TB/HIV activities.	Sep-13	Ongoing	Its difficult to provide a summary due to the variations of project participation in planning activities at different levels. However, as part of project close out meetings, we will discuss sustainability of project activities so they can be included in future planning activities.	
7.2 Coordinate the activities of key stakeholders through technical working groups.	TB working group meeting minutes.	Quarterly	Ongoing	See laboratory coordination minutes and MDR cohort review minutes, and new technology above.	
7.5 Provide general support to all of the above activities.	Trip reports for international travelers.	Sep-13	Ongoing	Two staff attended 43rd Union World Lung Health Conference in Kuala Lumpur, Malaysia.	PATH Union Conference Trip Report Nov 2012 Trip Report_Tanzania_Slabyj_Sep_2013 Trip report Mueller Scott TZ July 2013
	Annual project plan document.	Sep-13	Completed		
7.6 Finalize and distribute key NTLF policies and guidelines.	Revised NTLF manual.	Sep-13	Ongoing	The draft is with the NTLF. The NTLF is finalizing the budget in order to finalize the document.	
7.7 Assess data quality in PATH-supported regions.	Data quality assessment summary.	Sep-13	Completed	Customization of the data quality assessment tool is in progress. DQA was done in Mwanza, Zanzibar, Pwani, Arusha, and Dar es Salaam	Data_Quality_Assessment_Mafia Aug 2013 DQA Mwanza Report_Aug 2013

GeneXpert® Procurement

Instrument	Location (facility name, city, region)	Number of modules (1, 2, 4, or 16)	US government funding source	Partner	Comment
1	Amana hospital, Dar es Salaam	4	Yes	PATH	Annual calibration done
2	Sekou Toure hospital, Mwanza	4	Yes	PATH	Annual calibration done

Cumulative GeneXpert® MTB/RIF cartridges procured

Order #	Location (facility name, city, region)	Number of cartridges	US government funding source	Partner	Comment
1	Amana hospital, Dar es Salaam	1,400	Yes	PATH	All of these cartridges have been used. We are using cartridges from the CTRL that were going to expire. A new shipment from Cepheid has been ordered and received.
2	Sekou Toure hospital, Mwanza	1,400	Yes	PATH	
3	Amana hospital, Dar es Salaam	700	Yes	PATH	We procured half of the required cartridges due to the short shelf life of the consignment at Cepheid.
4	Sekou Toure hospital, Mwanza	700	Yes	PATH	
5	Amana hospital, Dar es Salaam	1,000	Yes	PATH	We received the consignment of 2,000 cartridges from Cepheid on October 4, 2013. The consignment will last up to January 2014.
6	Sekou Toure hospital, Mwanza	1,000	Yes	PATH	

Inventory (purchased from 10/1/2012 to 9/30/2013)

Date of purchase	Commodity	Work plan	Quantity	Location	Were PEPFAR funds used?
10/04/2012	UPS and hard drive	TO2015 FY11 Tanzania	1	PATH Tanzania Office	No
10/04/2012	Desktop computer	TO2015 FY11 Tanzania	1	PATH Tanzania Office	No
10/04/2012	Hospital supplies	TO2015 FY11 Tanzania	Bulky	PATH Tanzania office	No
10/05/2012	Eight motorcycles	TO2015 FY11 Tanzania	8	PATH Tanzania Office	Yes
10/05/2012	Falcon tubes and cotton wool expenses	TO2015 FY11 Tanzania	Bulky	PATH Tanzania Office	No
11/02/2012	Wire nickel, microscope slides, and dettol liquid	TO2015 FY11 Tanzania	Bulky	PATH Tanzania Office	No
11/20/2012	Printer expenses	TO2015 FY11 Tanzania	1	PATH Tanzania Office	No

Stories from the field: Engage TB: Community involvement success in Meru District

By Adelhelma Ndile



CBO member providing health education during contact tracing activity.

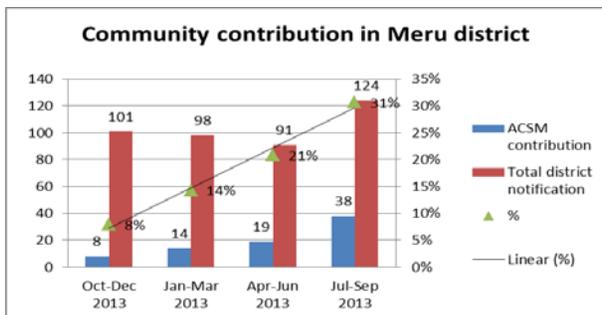
For quite some time, Meru District has been depending on passively detecting TB cases at the health facility level, and TB case notification has been low. Consequently, the Meru Council Health Management Team, together with PATH, identified a community-based organization (CBO) to work to actively find TB cases through engaging the community.

In October 2012, the CBO, Sanaa WALIPO, started conducting TB-related activities aiming at raising awareness around TB through health education. The CBO members work closely with other community-based implementers, including Community's Own Resource Persons (CORPS), traditional healers, drug dispensers, and sputum fixers, to raise awareness in the community in regard to TB and HIV, provide referrals for testing, and offer support to patients.

Activities implemented include health education through magnet theater, at schools, religious institutions, and open markets, and via household visits. CBO members and community partners also conduct contact tracing for all confirmed TB cases, and many of these community-based implementers are also treatment supporters of TB patients.

Our goal for these activities was a direct contribution from community members of 10% of the total TB cases notified in Meru District. Before active involvement of these CBO members and community-based implementers, there was no direct contribution from the community to case detection.

However, after the engagement of the community in 2012, the contribution of community members is much greater than 10% (see figure below). In the first quarter (October 2012-December 2012), community members referred 100 people for TB testing; among these, 8 people were diagnosed with TB, a contribution of 8% of all district notifications (101). Based on this achievement, the community-based implementers increased efforts, and in the second quarter, 115 cases were referred for further investigation; among these, 14 cases were found to have TB disease. This contributed to 14% of all 98 cases notified in the district. In the third quarter, the community interventions referred 225 people for testing and 19 cases were confirmed to have TB disease, contributing 21% of the 91 district cases notified. In the last quarter, 197 cases were referred to the diagnostic centers and 38 cases were confirmed to have TB disease. These cases contributed to 31% of the district notification of 124 cases.



In light of their achievements, CBO members and community-based implementers, together with the district authority and PATH, plan to sustain and expand community activities. We will focus more on rural areas, based on the 2012 TB prevalence survey, indicating that most undiagnosed TB cases are from rural communities.

Acronyms

ACSM	advocacy, communication, and social mobilization	M&E	monitoring and evaluation
AFB	acid-fast bacilli	MDR-TB	multidrug-resistant tuberculosis
AIDS	Acquired Immune Deficiency Syndrome	MOHSW	Ministry of Health and Social Welfare
ART	antiretroviral therapy	MSH	Management Sciences for Health
BSL-3	Biosafety Level 3	MTB	Mycobacterium tuberculosis
CBO	community-based organization	NIMR	National Institute of Medical Research
CCHP	Comprehensive Council Health Plan	NTLP	National Tuberculosis & Leprosy Programme
CDC	US Centers for Disease Control and Prevention	OCA	organization capacity assessment
CHMT	Council Health Management Team	OPD	outpatient department
CORP	Community's Own Resource Person	PADM	Project Administrator
CPT	cotrimoxazole preventive therapy	PEPFAR	US President's Emergency Plan for AIDS Relief
CTC	care and treatment clinic	PHCU	Primary Health Care Unit
CTRL	Central Tuberculosis Reference Laboratory	PHF	private health facility
DLT	District Laboratory Technician	PLHIV	people living with HIV
DOTS	directly observed therapy, short course	PMDT	programmatic management of drug-resistant tuberculosis
DST	drug susceptibility testing	PPM	public-private mix
DTC	diagnostic testing and counseling	RACC	Regional AIDS Control Coordinator
DTHC	District TB/HIV Coordinator	RCH	reproductive and child health
DTLC	District TB/Leprosy Coordinator	RDC	Research Determination Committee
EMS	Expedited Mail Services	RHMT	Regional Health Management Team
EPT	extrapulmonary tuberculosis	RIF	rifampicin
EQA	external quality assurance	RLT	Regional Laboratory Technician
FIND	Foundation for Innovative New Diagnostics	RTL	Regional TB/Leprosy Coordinator
FY	Fiscal Year	SM+	smear positive
GHCS	Global Health and Child Survival	SM-	smear negative
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria	SOP	standard operating procedure
HCP	health care provider	SS+	sputum smear positive
HCT	HIV counseling and testing	SS-	sputum smear negative
HIV	human immunodeficiency virus	TB	tuberculosis
ICAP	International Center for AIDS Care and Treatment Programs	TB/HIV	tuberculosis and HIV co-infection
IEC	information, education, and communication	Three I's	intensified case-finding, isoniazid preventive therapy, and TB infection control
INH	isoniazid	TOT	training of trainers
IPC	infection prevention and control	UCSF	University of California, San Francisco
IPCAN	Infection Prevention & Control Africa Network	Union	International Union Against Tuberculosis and Lung Disease
IPT	isoniazid preventive therapy	USAID	US Agency for International Development
IRB	institutional review board	WHO	World Health Organization
ISTC	International Standards for TB Care	XDR-TB	extensively drug-resistant tuberculosis
KNTH	Kibong'oto National Tuberculosis Hospital	ZTHC	Zonal TB/HIV Coordinator
LED FM	light-emitting diode fluorescence microscopy	ZTLP	Zanzibar TB/Leprosy Coordinator