



Annual Report Core

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

October 1, 2012 through September 30, 2013

Submitted to:

US Agency for International Development

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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	Core	REPORTING PERIOD	October 1, 2012 - September 30, 2013
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FUNDING SOURCE	TO2015 FY11 combined carryover and FY12
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OVERVIEW

The objective of the Tuberculosis Indefinite Quantity Contract Task Order 1 (TB TO2015) is to support USAID Missions, Regional Bureaus, and the Global Health Bureau to implement specific tasks related to their TB control and prevention programs, introduction and expansion of the components of the WHO-recommended Stop TB Strategy, and the Global MDR-TB and XDR-TB Response Plan. Under TB TO2015, PATH will provide short-term technical assistance through core funds to support Task Area 2, which includes technical assistance to (1) ACSM, and (2) introduction of new tools to improve TB diagnosis and treatment.

ACHIEVEMENTS

ACSM

Expanding Africa Coalition on Tuberculosis (ACT!) leadership

Over the last year, PATH continued to provide technical support for ACT!'s organizational development and advocacy efforts. To establish a solid foundation for operations and build its network throughout the Africa region, ACT! applied for official registration; finalized composition of its Steering Committee and Task Force; developed guidelines on establishing national chapters; developed a fundraising and advocacy strategy; and prepared and submitted a proposal to GIZ.

In December 2012, PATH supported ACT! to conduct a regional advocacy workshop that brought together 25 participants from 22 civil society organizations representing eight countries (Burkina Faso, Kenya, Malawi, Nigeria, Swaziland, Uganda, Zambia, and Zimbabwe). As a result, 19 new members from across the continent joined ACT! and adopted a resolution recognizing ACT! as the official umbrella organization for their consolidated advocacy efforts. In July 2013, with support from PATH, ACT! conducted an ACSM workshop and joint planning meeting for Nigerian CSOs, the National TB and Leprosy Control Program (NTBLCP), and key partners to identify specific mechanisms for sustained collaboration and coordinated actions to address TB in Nigeria. The NTBLCP and CSOs developed mutual clarity and enthusiasm regarding CSO contributions to national TB goals; an ACT! Nigeria chapter was formed; and concrete steps for improved engagement of CSOs in TB control in Nigeria at the national, state, and local government area levels were identified. See the success story tab for information regarding establishing Nigeria ACT!'s chapter.

During the reporting period, ACT! members continued their advocacy efforts in the Africa region and globally as follows:

- ACT! members chaired panel discussions to advocate for civil society efforts and initiated a civil society march event during the 2012 Union World Conference on Lung Health in Malaysia—a first for the conference. Following the conference, Ms. Carol Nyirenda, ACT!'s president, and a community representative on the Union Board, presented at the Union Board retreat to ensure that community activists are represented at Union regional governing bodies. The Board agreed to form a civil society commission to look into creating a civil society working group and allocated 100 free conference registrations for affected communities to attend the 2013 Union conference in Paris.
- At the 19th Union Conference of the Africa Region (Rwanda, June 2013), Ms. Nyirenda made a presentation at the main plenary session, and ACT! members participated in the civil society procession to deliver their demands for inclusion in the Union Africa board and conference planning.
- Dr. O. Muyabala Munachitombwe-Muna, ACT! founding member and current member of the Advisory Board, was recently elected to president of the Union Africa Region.
- Ms. Thokozile Beatrex Nkhoma, ACT! member from Malawi, was selected as community representative on the Stop TB Partnership Coordinating Board. ACT! and the Stop TB Partnership Secretariat agreed to collaborate further to host the larger regional meeting of TB activists identified through this exercise.

<p>ACSM M&E tools endorsed by the Stop TB Partnership and disseminated for global use</p> <p>Rigorous M&E of ACSM is critical to ensuring that ACSM interventions support NTP objectives and that ACSM-related contributions to improved case detection and treatment outcomes can be captured; and conducting better M&E of ACSM interventions has been identified as a key need of the global TB community. This reporting period, the <i>Guide to Monitoring and Evaluation of Advocacy, Communication, and Social Mobilization to Support Tuberculosis Prevention and Care</i> and accompanying training curriculum, <i>Monitoring and Evaluation of Advocacy, Communication, and Social Mobilization Interventions to Support TB Prevention and Care</i>, designed to help NTP managers and civil society ACSM implementers alike conduct practical and rigorous M&E of their work, were finalized and endorsed by the WHO Stop TB Partnership for global use. The guide was chosen by the CDC TB resources team to be the TB Highlight of the Month for the May 2013 issue of Find TB Resources. The curriculum and guide were widely disseminated among various partners, including the Stop TB Partnership, USAID, CDC TB resources, the PATH website, and the Stop TB Partnership ACSM Subgroup. An ACSM M&E symposium will be conducted by PATH on November 2 at the 2013 Union World Conference on Lung Health in Paris to further share the tools and train diverse global stakeholders on their use.</p>
<p>Global ACSM community of practice launched for ACSM implementers around the world</p> <p>PATH, in collaboration with the Stop TB Partnership, USAID, the International HIV/AIDS Alliance, ACT!, and Kwantu, launched a global online ACSM community of practice to provide a platform for groups and individuals working on ACSM to connect with each other; share knowledge, resources, and expertise; and build their networks globally (http://www.aidsportal.org/web/acsm). The forum, launched during World TB Day 2013, recruited 85 members from 22 countries, including attendees of past PATH workshops (some joined more than three years after first being trained by PATH in ACSM), health workers, technical assistance organizations, WHO offices, NTPs, and NGOs in USAID priority countries. PATH moderated two forum expert panel discussions: (1) How can ACSM help to meet Stop TB Strategy objectives (March 25-29, 2013); and (2) Monitoring and evaluation of ACSM interventions to support TB prevention and care (September 23-27, 2013), based on needs identified by members. Some comments from members regarding the discussions included: "I would like to express my gratitude and appreciation for the wonderful job you are doing in this insightful skills building forum" (Uganda). "I have personally found this discussion to be very enriching and the strategy very creative and participatory. I have benefited immensely from the vast experience of the panelists and the participants" (Nigeria).</p>

<p>New Tools</p> <p>Mexico TB/diabetes bidirectional screening research protocol completed and submitted for ethical review</p> <p>Diabetes triples the risk of TB and leads to poorer TB outcomes. To combat this growing dual epidemic, noninvasive, high-performing screening tools and procedures are required. After the formation of the research team, and concept development and extensive consultation with the Mexican MOH, the research protocol for a bidirectional screening study utilizing novel, noninvasive technologies was finalized and submitted for ethical clearance to PATH's Research Ethics Committee and Mexico's Institutional Review Board. Provisional approval was received from both entities, and study preparations have commenced. Data collection is expected to commence in late 2013/early 2014.</p>

CHALLENGES	
Challenge	How is PATH addressing this challenge?
<p>ACSM: The online format (blog) of the Global ACSM Community of Practice proved difficult, as some members of the forum had difficulty with internet connectivity, language barriers, registering and posting comments on the site, and using the blog mechanism.</p>	<p>In order to address this challenge, PATH facilitated the first online discussion of the forum on the site's blog, as well as by email to support members in participating in the discussion. PATH conducted a brief survey with members of the Global ACSM Community of Practice in order to assess their experience with the forum so as to best respond to practical needs. Following the survey, the second expert panel was conducted via email, which increased participation.</p>
<p>New tools introduction: The start date for the TB/diabetes bidirectional screening study was delayed due to lengthier than expected ethics and biosafety approval processes and subsequent amendments generated from the conditional approval.</p>	<p>The start date for the TB/diabetes bidirectional screening study was renegotiated to commence in late 2013/early 2014.</p>

MAJOR CHANGES TO WORK PLAN THIS REPORTING PERIOD

Change	Why is PATH making this change?	Approval from USAID
The work plan period was extended to the end of December 2013.	In order to accommodate delays, the deadline for the core work plan was extended through October 2013.	Approved by USAID 14th June 2013
Activity 2.2 (roadmap for civil society engagement with TB diagnostics developers) in the previous work plan was cancelled.	Due to a lack of appropriate forums to conduct the activity and competing priorities for core funds, this activity was cancelled.	Approved by USAID 14th June 2014

ENVIRONMENTAL IMPACT STATEMENT

During the reporting period, the main activities undertaken by PATH were support for technical assistance, assessments, and training. Aside from the impacts of travel, there was no adverse impact of these activities on the environment.

Global Indicators

Not applicable for this project.

Activity Monitoring

TO2015 Core Combined FY11 Work Plan (Carryover FY11 funds)

Activity 1: Assist in developing, implementing, and evaluating advocacy, communication, and social mobilization (ACSM) strategies for TB control.

Activity	OUTPUTS	TARGETS	EXPECTED DATE OF COMPLETION	STATUS AS OF SEPTEMBER 30, 2013	PROGRESS TO DATE
1.2 Assess the impact of ACSM workshops to date, and develop a plan for providing follow-up technical assistance that can inform global efforts to strengthen ACSM for TB control.	Assessment report prepared.	ACSM workshop report prepared with recommendations for increasing impact as needed.	n/a	Completed	ACSM workshop report with recommendations for increasing impact has been completed and disseminated to USAID. Key findings include that those trained on ACSM requested further training in ACSM both at the national and regional levels.
1.3 Finalize the <i>Guide to Monitoring and Evaluating ACSM Interventions</i> and conduct an ACSM M&E training in collaboration with the Union at the 2011 Union meeting.	Availability of the final draft of <i>Guide to Monitoring and Evaluating ACSM Interventions</i> .	Draft guide developed, piloted, and pre-tested in two countries in conjunction with technical assistance provided under 1.4 (or through country-level support in long-term technical assistance countries).	n/a	Completed	The <i>Guide to Monitoring and Evaluating ACSM Interventions</i> has been finalized and endorsed by the WHO Stop TB Partnership for global use. The guide has been widely disseminated among USAID, the Stop TB Partnership, the CDC, and technical partners.
1.4 Develop a training curriculum and conduct intensive ACSM M&E training for key global, regional, and national partners.	Availability of ACSM M&E training curriculum.	Training curriculum developed and pretested at least one training.	n/a	Completed	The ACSM M&E training curriculum was pre-tested during regional and global trainings in Georgia and Italy respectively. The training curriculum has now been finalized and endorsed by the WHO Stop TB Partnership for global use and has been widely shared with stakeholders and partners.
1.6 Respond to requests for ACSM technical assistance.	Number of requests for technical assistance to which PATH responds.	Two requests for technical assistance to which PATH responds.	n/a	Completed	Zambia received ACSM technical assistance that helped 20 CSOs build their capacity and work directly with the NTLP to integrate ACSM and CSO work on TB into overall NTLP planning. ACT! received technical assistance to further develop its organizational structure, including developing an annual work plan and identifying possible sources of funding for long-term activities.
	Number of countries implementing additional and/or more focused ACSM activities as a result of technical assistance.	ACSM plans are integrated into national strategies in the two countries.	n/a	Completed	
1.7 Develop an online ACSM community of practice.	Online ACSM community of practice site.	Operational ACSM community of practice site.	n/a	Completed	The ACSM Community of Practice was launched during World TB Day 2013. PATH and our partners (USAID, the Stop TB Partnership, the Stop TB Partnership ACSM Subgroup, the International HIV/AIDS Alliance, ACT!, previous PATH ACSM trainees, NTP contacts, Kwantu, and global staff and partners) helped promote the site online and via personal contacts.
1.8 Evaluate ACSM intervention impact on community knowledge, case detection, and treatment outcomes in Tanzania.	Evaluation report.	Evaluation report used as evidence base for ACSM intervention.	n/a	Completed	The evaluation of ACSM's impact on community knowledge, case detection, and treatment outcomes in Tanzania has been completed.

TO2015 Core FY12 Work Plan					
Activity 1: Assist in developing, implementing, and evaluating advocacy, communication, and social mobilization (ACSM) strategies for TB control.					
Activity	OUTPUTS	TARGETS	EXPECTED DATE OF COMPLETION	STATUS AS OF SEPTEMBER 30, 2013	PROGRESS TO DATE
1.1 Support ACT!'s organizational development and advocacy efforts.	Subcontract with the Community Initiative for TB, HIV/AIDS & Malaria, Zambia, to serve as the ACT! Secretariat. Formal registration of ACT! completed. ACT!'s internal procedures and fundraising strategy developed.	Subcontract with the Community Initiative for TB, HIV/AIDS & Malaria signed. Formal registration of ACT! completed. ACT!'s internal procedures and fundraising strategy developed.	Nov-2012 October 2013	Pending	A set of documents required for coalition registration were developed and submitted to the Zambia Ministry of Community Development, Mother and Child Health. A recent change in the NGO registration process caused the delay.
1.2 Respond to requests for ACSM technical assistance.	Technical assistance and training provided in ACSM.	To be determined by ACSM implementers.	n/a	Completed	ACT! advocacy and Nigeria ACSM CSO workshops were conducted as planned.
1.3 Support an online ACSM community of practice for TB control.	ACSM community of practice administered and quarterly discussions moderated.	At least one moderated discussion held on the ACSM community of practice online forum following site launch in March 2013.	n/a	Completed	The ACSM Community of Practice was launched in March 2013. Following launch, 85 members from 22 countries (representing attendees at past PATH workshops, health workers, technical assistance organizations, WHO offices, NTPs, and NGOs in USAID priority countries) joined the forum. Moderated discussions of two forums took place on March 25-29 and September 23-27, 2013.
		Brief survey conducted with ACSM community of practice members to ensure that the format of discussion and topics are most useful for members.	n/a	Completed	Survey participants preferred the email format of moderated discussion. A group email address was developed and used for the September panel.
Activity 2: Support the introduction of new tools for TB control.					
Activity	OUTPUTS	TARGETS	EXPECTED DATE OF COMPLETION	STATUS AS OF SEPTEMBER 30, 2013	PROGRESS TO DATE
2.1 Support the evaluation of novel, point of care technologies for TB/diabetes bidirectional screening in Mexico. (FY11 carryover funds and FY12 funds)	One evaluation report completed.	One evaluation report assessing the performance of novel, point of care technologies for TB/diabetes bidirectional screening.	TBD	Pending	Provisional approval was received from both entities, and study preparations have commenced. Data collection is expected to commence in late 2013/early 2014.



Nigeria ACSM workshop participants. Photo Credit: PATH



ACT! President Ms. Carol Nyirenda presents at the closing session of the 2012 Union World Conference on Lung Health in Malaysia. Photo Credit: PATH.

Photos



ACT!'s members at the community procession at the Union Africa Region conference, Kigali, Rwanda, June 2013. Photo Credit: PATH.



Evaluation and Operations Research

Title	Purpose of study	Evaluation type and method(s)	Field contact	PATH contact	Partner	IRB status	Status/Results
Bidirectional TB/diabetes screening model pilot study in Mexico.	Pilot a bidirectional screening model for TB and diabetes, utilizing current algorithms with the addition of novel, point of care technologies for both TB and diabetes in Mexico.	Operations research	Dr. Maria de Lourdes Garcia Garcia and Dr. Martin Castellanos Joya	Tope Adeyoyibi	Mexican Secretariat of Health	Provisional approval received by end of March 2013. Final approval expected in April 2013.	The start date for the TB/diabetes bidirectional screening study was renegotiated to commence in late 2013/early 2014.

Deliverables

Please note: FY11 carryover core-funded deliverables were submitted to USAID with PATH's semi-annual report.

TO2015 Core FY12 Work Plan

Activity in combined core work plan	Deliverable	Target date of completion	Status as of September 30, 2013	Name of file	Dissemination
Activity 1: Assist in developing, implementing, and evaluating advocacy, communication, and social mobilization (ACSM) strategies for TB control.					
1.1 Support ACT!'s organizational development and advocacy efforts.	Report from ACT! advocacy workshop.	Dec-2012	Completed	Trip report: Nairobi, Kenya, December 2012.	USAID, ACT!, Stop TB Partnership
1.2 Respond to requests for ACSM technical assistance.	Guidance document on CSO mapping.	Aug-2013	Completed	Incorporated in the trip report: Abuja, Nigeria, July 2013.	USAID, Nigeria USAID Mission, Nigeria NTBLCP, ACT!, Stop TB Partnership
	Trip reports.	Aug-2013	Completed	Trip report: Abuja, Nigeria, July 2013.	USAID, Nigeria USAID Mission, Nigeria NTBLCP, ACT!, Stop TB Partnership
1.3 Support an online ACSM community of practice for TB control.	Number of visitors to the ACSM community of practice website.	n/a	Completed	Following the site launch in March 2013, 85 members have joined the ACSM Community of Practice and there have been roughly 290 hits.	Global ACSM Community of Practice members, USAID
	Number of moderated discussions held on the ACSM community of practice site.	Mar-2013 Sep-2013	Completed	http://www.aidsportal.org/web/acsm/upcoming-expert-panels;jsessionid=E428B4C7AC67535EF53D29EDAD3D42EF.node1	Two expert panel discussions conducted
Activity 2: Support the introduction of new tools for TB control.					
2.1 Support the evaluation of novel, point of care technologies for TB/diabetes bidirectional screening in Mexico.	Research Ethics Committee approval of the study protocol and supporting documentation for bidirectional screening for TB and Diabetes mellitus type 2 utilizing novel, low-cost technologies in Mexico.	Apr-13	Pending	Provisional approval was received from both entities, and study preparations have commenced. Data collection is expected to commence in late 2013/early 2014.	USAID, NTP Mexico, Mexican National Institute of Public Health
	Orientation workshop report.	TBD	Delayed		
	Interim report.	TBD	Delayed		
	Trip reports.	n/a	Ongoing		

GeneXpert® Procurement

No GeneXpert® equipment was procured for this project.

Inventory

Project commodities costing more than \$500 purchased during this reporting period.

No commodities costing more than \$500 were purchased during the reporting period.

Success Story

Expanding ACT! in Nigeria

Civil society plays a critical but frequently less visible role in supporting TB control efforts. As one member of the Africa Coalition on Tuberculosis (ACT!) put it, "Empowered community champions for TB are important for balance and synergy with the strong presence of HIV activists. Together, these powerful community advocates can contribute much to stopping the dual epidemic of TB and HIV that plagues many parts of the world." Since ACT! was launched on World TB Day 2012, the coalition has aggressively worked to bring together dynamic leaders from across Africa. As a member described it, "This advocacy info should be shared more widely, especially with grassroots that really work on advocacy issues in their countries."

Nigeria faces a high burden of TB/HIV and has been using advocacy, communication, and social mobilization (ACSM) to help ensure that the country's vibrant and extensive civil society organizations (CSOs) can contribute to and enhance NTP program efforts at the community level, particularly the challenge of low TB case detection. Chief Executive Officer of the Nigerian CSO The Good Neighbour, and ACT!'s Vice President, Chibuiki Amaechi of Lagos, was determined to tackle this challenge head on in his country and explained, "A systematic approach to plan ACSM activities should be used, such as using the cough to cure pathway; do your gap analysis to identify the NTP challenges you want to use ACSM activities to address. You must assess the challenges identified and decide which component of ACSM will address the issue, is it Advocacy, Communication or Social Mobilization, segment the challenges under these three categories, then develop appropriate objectives for each challenge under any of the categories."

Mr. Amaechi, who previously attended PATH's ACSM Intensive workshop, next turned to Dr. Joshua Obasanya, NTP Director, and National ACSM Focal Point Dr. Rupert Eneogu to share his vision. Supportive and enthusiastic, the National TB and Leprosy Control Program (NTBLCP) requested that PATH conduct an ACSM workshop in Nigeria to build the capacity of CSOs to implement effective ACSM interventions and assist in strengthening collaboration among CSOs and with the NTBLCP. Ms. Carol Nawina Nyirenda, ACT!'s president, was invited to introduce ACT! and share its regional vision with participants.

Following an active discussion led by Ms. Nyirenda and Mr. Amaechi, participants from diverse CSOs from across Nigeria enthusiastically agreed to launch ACT!'s Nigeria chapter. To sustain momentum, the group elected an interim steering committee and identified concrete next steps to be undertaken, including development of a strategic plan, an annual work plan, a constitution, country-level registration protocol, a member database, website and social media development, and a recruitment protocol. One participant described the atmosphere by stating, "This has been the most enlightening workshop I've ever attended and which made a lot of sense in terms of the training curriculum, time spent, and efforts of the facilitators in seeing we all grasped the concepts. We need to back up talk with action now." ACT! continues to rapidly gain ground and has positioned itself not only to mobilize communities for a TB-free Africa, but also to serve as a model for other regions of the world.

Dr. Joshua Obasanya, manager of Nigeria's NTBLCP, remains a dedicated advocate for harnessing the valuable contributions of the community and explained his hope and vision for the way forward: "This training is a new foundation, let's carry it forward, do new strategic plan, do ACSM part of it, find mechanisms to operate and what kinds of structures we're going to work with. We have a forum where all organizations can come together. Involvement of CSOs in NTBLCP meetings is minimal, and we need to work on that. PATH will be crucial in getting us there."



National TB Program Manager and ACSM focal point with newly elected ACT! Nigeria steering committee members. Photo credit: PATH

Acronyms

ACSM	advocacy, communication, and social mobilization
ACT!	Africa Coalition on Tuberculosis
AIDS	Acquired Immune Deficiency Syndrome
CDC	US Centers for Disease Control and Prevention
CSO	civil society organization
FY	Fiscal Year
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH (Ger
HIV	human immunodeficiency virus
M&E	monitoring and evaluation
MDR-TB	multidrug-resistant tuberculosis
MOH	Ministry of Health
NGO	nongovernmental organization
NTBLCP	National TB and Leprosy Control Program (Nigeria)
NTLP	National Tuberculosis & Leprosy Programme (Tanzania and Zambia)
NTP	National Tuberculosis Program
TB	tuberculosis
TB/HIV	tuberculosis and HIV co-infection
Union	International Union Against Tuberculosis and Lung Disease
USAID	US Agency for International Development
WHO	World Health Organization
XDR-TB	extensively drug-resistant tuberculosis