



Annual Report DRC

**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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Summary

COUNTRY	Democratic Republic of Congo	REPORTING PERIOD	October 1, 2012 - September 30, 2013
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FUNDING SOURCE	TO2015 FY11 carryover (PEPFAR) and FY12 (GHCS) funds
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OVERVIEW

PATH is working closely with local partners to provide technical support to the PNL. The project is also providing support to five provincial and subprovincial coordinating offices, which were previously supported by TB CAP, including Sud Kivu, Kasai Occidental Est, Kasai Occidental Ouest, Equateur Est, and Maniema. Additional support is now being provided to Kasai Oriental Sud (two coordinating offices: Sankuru and Mbuji Mayi). Two of these areas (Kasai occidental EST and Kasai Occidental Ouest) are fully supported by TB2015 partner MSH. With increased staffing, PATH completed a second year situational analysis and took the different components of the project to scale in the third year.

ACHIEVEMENTS

Overall Impact:

Our key interventions focused on strengthening national and provincial capacity to implement TB, TB/HIV and TB MDR activities and to improve coordination between NTP and partners. Recruitment of provincial technical officers embedded within the the provincial TB control offices improved provincial-level planning, implementation and monitoring of activities, which contributed to higher performance of the project overall. The project trained 4,163 of the 3,064 planned healthcare staff in project-supported CPLTs (KOE, KOO, MNM, EQE, SKV, SKR and KORS), including 676 doctors, 774 nurses, 463 lab technicians and 2,250 volunteer community health workers (CAD and relais communautaires). A total of 353 supervision visits were conducted: 25 from the national level to CPLTs, including 14 for TB/HIV-specific activity; 115 from CPLTs to health zones (24 focused on TB/HIV activities); and 213 from health zones to the CSDT. This capacity building and support contributed to the notification of 35,065 (74%) of the targeted 47,620 new TB cases all forms. Among these, 22,778 (74%) were new SS+ cases. Treatment success rate for new smear positive cases increased to 89% yet remained short of the 93% target.

Improved Management of MDR-TB

Implementation of GeneXpert machines in Kinshasa and Sud Kivu boosted NRL's MDR TB diagnostic capacity, reducing delays and loss to follow up. PATH procured and installed one GeneXpert machine in Kindu, Maniema with accompanying training of technicians. This machine picked up four Rifampicin-resistant TB cases within 2 months of its installation. In July 2013, the project supported a meeting in Kinshasa to validate MDR TB data, with participation of staff from national, provincial and peripheral levels. This validation revealed that as of July 2013, 409 MDR TB patients were still on treatment in CPLT Kinshasa. During this reporting period, a total of 2,705 presumptive MDR TB specimens were collected and sent to NRL from Kinshasa alone, while 4,572 specimens were transported from the remaining CSDT to LNR. Among them 810 specimens (18%) came from the 7 supported CPLTs. A total of 82 new MDR TB cases were diagnosed, of whom 39 (48%) came from CPLT Kinshasa, 34 (41%) from PATH-supported CPLTs, and 9 (11%) from the remaining 15 CPLTs of the country. Of the 70 patients enrolled for treatment, 34 came from CPLT Kinshasa, 30 came from PATH-supported CPLTs, and 6 from the rest of the country. Currently, there are 12 MDR TB patients awaiting administrative procedures to start second line treatment. Distribution of treatment adherence packages has contributed to improved treatment outcomes. Out of 125 MDR-TB patients who started treatment in 2011, 105 (84%) completed treatment, an improvement compared to previous cohorts. At the last adherence package distribution, 535 patients were served.

<p>Integrating TB and HIV services</p> <p>During this reporting period, TB/HIV integrated activities were scaled from 14 to 70 sites. Scale-up activities included sensitization of providers, training on HIV testing, and ensuring adequate supply of HIV test kits; strengthening functionality of laboratories; and raising waste management awareness. In addition to coordination meetings (one national and 11 provincial), 16 joint TB/HIV supervision missions were sponsored from the national level to the field in the 7 coordinations. These two activities significantly strengthened TB/HIV performances, as shown by improvement in the percentage of patients tested for HIV and the number of coinfecting patients put on ARV in targeted sites and overall in project supported provincial coordinations. By September 2013, 66 (94%) of the targeted 70 operational CSDTs had integrated TB and HIV activities. As a result, 6169 (97%) out of the 6278 new TB patients were counseled for HIV testing, of whom 87% (5345) were tested for HIV. A total of 451 of the 605 confirmed HIV-positive cases were placed on Cotrimoxazole (75%) and 360 on ART (60%). This represents progress in an area where we are working out collaborations with partners providing treatment.</p>
<p>Community-based interventions improving case detection</p> <p>Altogether, 80 antennae have been created by CAD in all 7 supported CPLTs since the project started, 20 antennae of them in FY12. Club des Amis Damien (CAD) members referred 3,082 presumptive TB cases for testing this reporting period, among them 1,615(52%) were confirmed as TB patients. This represents 16% of all TB cases detected in project areas (1,615 /10,350). Overall in CSDTs where CAD antennae have been created the proportion of patients contributed by CAD is as follows: Sud Kivu: 49%, Sankuru: 30%, Equateur Est: 28%, Kasai Orienta Sud (KORS): 17%, Maniema : 12%, KOE: 10% and KOO: 6%. LNAC conducted sensitization of 800 people on TB/HIV and MDR, held a TB/HIV and MDR TB meeting with 6 CBO, produced TV spot on ACSM, and used TV and Radio to broadcast 12 messages related to ACSM, TB/HIV and MDR. The ten billboards placed at strategic locations in towns were extended to 6 additional months. Population reached by these billboards is estimated at over 4000,000 per month while TV and radio messages reach a population of about 10,000,000 people. Meanwhile, TB2015 partner Initiatives Inc. continued to build the capacity of these two local partners with creation of functional boards which adopted strategic plans. The two organizations are currently managing subgrants from PATH. An M&E workshop organized for these two organizations was extended to other community based organisations partnering with ProVIC and contributing to TB/HIV activities. During this workshop, M&E plans were developed.</p>
<p>Pediatric TB</p> <p>PATH, WHO and Dartmouth College supported a successful assessment on diagnosis and treatment practices for TB and HIV in children. Following the assessment, guidelines for diagnosing and managing TB and HIV in children was developed and accompanying training modules were finalized. The guidelines are being printed and the training curriculum will be copied to CDs for distribution to the CPLTs. These tools will be used to conduct the training of trainers and training of staff in the field. At a recent workshop organized by WHO on "Consultation on childhood Tuberculosis in the Africa Region and on the WHO AFRO Regional Framework on Childhood TB" in Brazzaville, participating countries were encouraged to develop a pilot project. PATH and WHO supported the PNLT to develop a plan to pilot the new guidelines on Pediatric TB at 7 select facilities and to evaluate impact after one year.</p>

CHALLENGES

Challenge	How is PATH addressing this challenge?
Intermittent stockouts of laboratory supplies and TB drugs at the facility level continue to pose a challenge to TB diagnosis and management in the field, slowing down the pace of implementation in some project areas.	PATH supported PNLT to transport both laboratory commodities and TB drugs from Kinshasa to CPLTs offices. PATH provided financial support to CPLTs on a quarterly basis to distribute drugs and lab commodities from CPLTs office to Health zones
Lack of training continues to be cited as a challenge to many facilities. Due to high mobility, lack of incentives, and the low percentage of staff trained in TB and engaged in control activities in facilities, some facilities and health zones have been unable to keep up with pace of implementation	TB2015 PLOs supported different trainings and retrainings for CPLT's and Health zone's staff to deal with this problem.

<p>Shortages of some components in the MDR-TB regimen (cycloserine, prothionamide, kanamycine, oxofloxacin, and pyrazinamide) continue to make it difficult to immediately start newly diagnosed MDR-TB patients on treatment or to ensure high-quality treatment to patients already on treatment.</p>	<p>USAID stepped in to procure 100 doses of MDR-TB drugs to partially alleviate this situation. Order has been placed for 100 doses of second-line drugs. With support of other partners, enough stock of SLDs are now available for MDR TB patients and PATH continues to support CPLTs in transporting second lines drugs where needed.</p>
<p>There is still low community involvement in TB control in some areas. Traditional healers in some health zones have been cited as having negative influence on TB control.</p>	<p>PATH has worked out a program to continue intensive sensitization activities with LNAC over the coming months. There is need for the PNLT to finalize PPM guidelines so that private providers can be engaged to support TB control activities.</p>
<p>Difficulty coordinating activities with the various departments of the MOH has continued to slow down many activities at the central level.</p>	<p>With PATH support, leadership in coordinating TB/HIV has been improved. There has also been more dialogue between PNLT managers and partners about implementation of activities.</p>

MAJOR CHANGES TO WORK PLAN THIS REPORTING PERIOD

Change	Why is PATH making this change?	Approval from USAID
<p>In March 2013, PATH was informed that this would be the last fiscal year of TB TO 2015 activities and that the office should be closed by September 2013. In July 2013, USAID informed PATH that it should spend down its remaining funds. PATH has submitted two revised workplans to meet these requests. Both of the workplans and budgets were approved by USAID.</p>	<p>At the requested of USAID.</p>	<p>This change was approved by USAID.</p>

ENVIRONMENTAL IMPACT STATEMENT

PATH used the data gathered during the various facility assessments (laboratory, TB/HIV expansion sites) to develop a comprehensive waste management plan to strengthen structures and systems to address some of the acute issues of waste management in health facilities where TB/HIV activities are being implemented. This plan takes into account the need for policy and guidelines, training, supplies and personal protective gear, and final waste disposal mechanisms. Twelve waste pits were built in 6 most needful CPLTs to address chronic waste disposal challenges

Global Indicators

Note for USAID: The national level data does not represent the situation in all 24 provincial coordinations. As this data was not available, we have included an aggregation of data from the seven provincial coordinations supported by TB IQC Task Order 1 (TB TO2015). Data was not available by sex in most cases.

NATIONAL LEVEL

Democratic Republic of Congo

Indicator	PATH FY12 target	Actual	Percent achievement as of September 2013	Comments	Time period
Total Number of TB patients all forms	47620	35065	74	Data not available by sex.	October 1, 2012 - September 31, 2013
Number of new SS+ TB cases notified	30,923	22778	74	Data recorded for Q1 to Q4 of FY12; Only aggregated data from project's 7 coordinations available and reported here	October 1, 2012 - September 31, 2013
Smear positive notification rate/100,000	120	85	71	These rates were calculated per quarter as a fraction (1/4) of the whole year's performance.	October 1, 2012 - September 31, 2013
Number of new SS+ TB cases successfully treated	28,787	19,315	67		October 1, 2012 - September 31, 2013
Smear positive treatment success rate	93%	89%	96		October 1, 2012 - September 31, 2013
Number of MDR/XDR-TB cases diagnosed	325	34	10	The target was for the whole country. This performance is for 7 project coordinations.	October 1, 2012 - September 31, 2013
Number of MDR/XDR-TB cases who initiated treatment	325	30	9		October 1, 2012 - September 31, 2013
Number of TB patients tested for HIV	6,000	5481	91	The TB-HIV data is for the sites supported by TB2015 only	October 1, 2012 - September 31, 2013
Percentage of TB patients tested for HIV	80%	16%	20	TB-HIV data is for the sites supported by TB2015 only.	October 1, 2012 - September 31, 2013
Number of TB patients tested positive for HIV	Not available	626	Not available	TB-HIV data is for the sites supported by TB2015 only.	October 1, 2012 - September 31, 2013
Percentage of TB patients tested positive for HIV	Not available	11%	Not available	TB-HIV data is for the sites supported by TB2015 only.	October 1, 2012 - September 31, 2013
Number of TB/HIV patients on ART	900	364	40	60% of TB/HIV patients are on ARV.	October 1, 2012 - September 31, 2013
Number of health care providers trained in TB elements	Male: 1,606 Female: 400 Total: 2,006	4163	208		October 1, 2012 - September 31, 2013

PROVINCIAL LEVEL (NB: Data for TB/HIV is for the whole province even though TB2015 has only integrated activities in few sites)

Sud Kivu

Indicator	Value	Actual	Percent achievement as of September 2013	Comments	Time period
Total Number of TB patients all forms	Not available	4,654	Not available		October 1, 2012 - September 31, 2013
Number of new SS+ TB cases notified	4,155	2,958	71		October 1, 2012 - September 31, 2013
Smear positive notification rate/100,000	80	51	64		October 1, 2012 - September 31, 2013
Number of new SS+ TB cases successfully treated	2,994	2,778	93		October 1, 2012 - September 31, 2013
Smear positive treatment success rate	91%	89%	98		October 1, 2012 - September 31, 2013
Number of MDR/XDR-TB cases diagnosed	34	13	38		October 1, 2012 - September 31, 2013
Number of MDR/XDR-TB cases who initiated treatment	34	24	71		October 1, 2012 - September 31, 2013
Number of TB patients tested for HIV	Sites: 640 (Coordination)	377	59	For TB/HIV data, we report performances at the coordination level eventhough integration interventions targeted specific sites.	October 1, 2012 - September 31, 2013

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Percentage of TB patients tested for HIV	Sites: 80% (Coordination)	86%	108%		October 1, 2012 - September 31, 2013
Number of TB patients tested positive for HIV	Not available	35	Not available		October 1, 2012 - September 31, 2013
Percentage of TB patients tested positive for HIV	Not available	9%	Not available		October 1, 2012 - September 31, 2013
Number of TB/HIV patients on ART	96	34	35		October 1, 2012 - September 31, 2013
Number of health care providers trained in TB elements	161	376	234		October 1, 2012 - September 31, 2013

Maniema

Indicator		Value	Percent achievement as of September 2013	Comments	Time period
Total Number of TB patients all forms	Not available	3638	Not available		October 1, 2012 - September 31, 2013
Number of new SS+ TB cases notified	2,969	2,318	78		October 1, 2012 - September 31, 2013
Smear positive notification rate/100,000	135	104	77		October 1, 2012 - September 31, 2013
Number of new SS+ TB cases successfully treated	2,326	1,902	82		October 1, 2012 - September 31, 2013
Smear positive treatment success rate	95%	88%	93		October 1, 2012 - September 31, 2013
Number of MDR/XDR-TB cases diagnosed	8	3	38		October 1, 2012 - September 31, 2013
Number of MDR/XDR-TB cases who initiated treatment	8	4	50		October 1, 2012 - September 31, 2013
Number of TB patients tested for HIV	Sites: 250 (Coordination)	737	295	This data represents only TB/HIV sites supported by TB 2015. A total of 1629 TB patients were tested for HIV in entire coordination, and 737 (45%) in the sites supported by TB 2015	October 1, 2012 - September 31, 2013
Percentage of TB patients tested for HIV	Sites: 80% (Coordination)	78%	97	Only data for the sites supported by TB 2015 reported here	October 1, 2012 - September 31, 2013
Number of TB patients tested positive for HIV	Not available	75	Not available	The coordination in all tested 168 patients Les données rapportées ici sont seulement celles de sites TB-VIH appuyés par le projet TB2015	October 1, 2012 - September 31, 2013
Percentage of TB patients tested positive for HIV	Not available	10%	Not available	Only data for the sites supported by TB 2015 reported here	October 1, 2012 - September 31, 2013
Number of TB/HIV patients on ART	75	46	61		October 1, 2012 - September 31, 2013
Number of health care providers trained in TB elements	180	493	274	Training target largely superceded	October 1, 2012 - September 31, 2013

Sankuru

Indicator		Value	Percent achievement as of September 2013	Comments	Time period
Total Number of TB patients all forms	Not available	2714	Not available		
Number of new SS+ TB cases notified	1,984	1,963	99		October 1, 2012 - September 31, 2013
Smear positive notification rate/100,000	120	118	98		October 1, 2012 - September 31, 2013
Number of new SS+ TB cases successfully treated	1,613	1,673	104		October 1, 2012 - September 31, 2013
Smear positive treatment success rate	96	96	100		October 1, 2012 - September 31, 2013
Number of MDR/XDR-TB cases diagnosed	7	0	0		October 1, 2012 - September 31, 2013
Number of MDR/XDR-TB cases who initiated treatment	7	0	0		October 1, 2012 - September 31, 2013
Number of TB patients tested for HIV	Sites: 210 (Coordination)	451	215	Only data for the sites supported by TB 2015 reported here	October 1, 2012 - September 31, 2013

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Percentage of TB patients tested for HIV	Sites: 80% (Coordination)	28%	35	Only data for the sites supported by TB 2015 reported here	October 1, 2012 - September 31, 2013
Number of TB patients tested positive for HIV	Not available	33	Not available	Only data for the sites supported by TB 2015 reported here	October 1, 2012 - September 31, 2013
Percentage of TB patients tested positive for HIV	Not available	7%	Not available	Only data for the sites supported by TB 2015 reported here	October 1, 2012 - September 31, 2013
Number of TB/HIV patients on ART	32	19	59		October 1, 2012 - September 31, 2013
Number of health care providers trained in TB elements	140	726	519		October 1, 2012 - September 31, 2013

Equateur

Indicator		Value	Percent achievement as of September 2013	Comments	Time period
Total Number of TB patients all forms	Not available	1602	Not available		October 1, 2012 - September 31, 2013
Number of new SS+ TB cases notified	1,938	1,309	68		October 1, 2012 - September 31, 2013
Smear positive notification rate/100,000	90	60	67		October 1, 2012 - September 31, 2013
Number of new SS+ TB cases successfully treated	1,618	1143	71		October 1, 2012 - September 31, 2013
Smear positive treatment success rate	93%	83%	89		October 1, 2012 - September 31, 2013
Number of MDR/XDR-TB cases diagnosed	7	1	14		October 1, 2012 - September 31, 2013
Number of MDR/XDR-TB cases who initiated treatment	7	0	0		October 1, 2012 - September 31, 2013
Number of TB patients tested for HIV	Sites: 130 (Coordination)	322	248		October 1, 2012 - September 31, 2013
Percentage of TB patients tested for HIV	Sites: 80% (Coordination)	96%	119		October 1, 2012 - September 31, 2013
Number of TB patients tested positive for HIV	Not available	41	Not available		October 1, 2012 - September 31, 2013
Percentage of TB patients tested positive for HIV	Not available	13%	Not available		October 1, 2012 - September 31, 2013
Number of TB/HIV patients on ART	20	7	35		October 1, 2012 - September 31, 2013
Number of health care providers trained in TB elements	147	335	228		October 1, 2012 - September 31, 2013

Kasai Occidental Ouest

Indicator		Value	Percent achievement as of September 2013	Comments	Time period
Total Number of TB patients all forms	Not available	4,808	Not available		
Number of new SS+ TB cases notified	5,107	3,755	74		October 1, 2012 - September 31, 2013
Smear positive notification rate/100,000	155	119	77		October 1, 2012 - September 31, 2013
Number of new SS+ TB cases successfully treated	3994	3,595	90		October 1, 2012 - September 31, 2013
Smear positive treatment success rate	95%	89%	94		October 1, 2012 - September 31, 2013
Number of MDR/XDR-TB cases diagnosed	22	1	5		October 1, 2012 - September 31, 2013
Number of MDR/XDR-TB cases who initiated treatment	22	0	0		October 1, 2012 - September 31, 2013
Number of TB patients tested for HIV	Sites: 540 (Coordination)	708	131		October 1, 2012 - September 31, 2013
Percentage of TB patients tested for HIV	Sites: 80% (Coordination)	99.7%	125		October 1, 2012 - September 31, 2013
Number of TB patients tested positive for HIV	Not available	76	Not available		October 1, 2012 - September 31, 2013
Percentage of TB patients tested positive for HIV	Not available	11%	Not available		October 1, 2012 - September 31, 2013
Number of TB/HIV patients on ART	81	17	21		October 1, 2012 - September 31, 2013
Number of health care providers trained in TB elements	266	490	184		October 1, 2012 - September 31, 2013

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<i>Kasaï Oriental Sud</i>					
Indicator		Value	Percent achievement as of September 2013	Comments	Time period
Total Number of TB patients all forms	Not available	12,325	Not available		October 1, 2012 - September 31, 2013
Number of new SS+ TB cases notified	8,708	6,131	70		October 1, 2012 - September 31, 2013
Smear positive notification rate/100,000	110	77	70		October 1, 2012 - September 31, 2013
Number of new SS+ TB cases successfully treated	5,400	4,933	91		October 1, 2012 - September 31, 2013
Smear positive treatment success rate	91%	87%	96		October 1, 2012 - September 31, 2013
Number of MDR/XDR-TB cases diagnosed	35	15	43		October 1, 2012 - September 31, 2013
Number of MDR/XDR-TB cases who initiated treatment	35	20	57		October 1, 2012 - September 31, 2013
Number of TB patients tested for HIV	Sites: 736 (Coordination)	2494	339		October 1, 2012 - September 31, 2013
Percentage of TB patients tested for HIV	Sites: 80% (Coordination)	82%	102		October 1, 2012 - September 31, 2013
Number of TB patients tested positive for HIV	Not available	316	Not available		October 1, 2012 - September 31, 2013
Percentage of TB patients tested positive for HIV	Not available	13%	Not available		October 1, 2012 - September 31, 2013
Number of TB/HIV patients on ART	110	223	203		October 1, 2012 - September 31, 2013
Number of health care providers trained in TB elements	255	466	183		October 1, 2012 - September 31, 2013

<i>Kasaï Occidental East</i>					
Indicator		Value	Percent achievement as of September 2013	Comments	Time period
Total Number of TB patients all forms	Not available	5324	Not available		October 1, 2012 - Septembre 31, 2013
Number of new SS+ TB cases notified	6,066	4,344	72		October 1, 2012 - Septembre 31, 2013
Smear positive notification rate/100,000	150	121	81		October 1, 2012 - Septembre 31, 2013
Number of new SS+ TB cases successfully treated	4,061	3,291	81		October 1, 2012 - Septembre 31, 2013
Smear positive treatment success rate	95%	94%	99		October 1, 2012 - Septembre 31, 2013
Number of MDR/XDR-TB cases diagnosed	16	2	13		October 1, 2012 - Septembre 31, 2013
Number of MDR/XDR-TB cases who initiated treatment	16	1	6		October 1, 2012 - Septembre 31, 2013
Number of TB patients tested for HIV	Sites: 494 (Coordination)	392	79		October 1, 2012 - Septembre 31, 2013
Percentage of TB patients tested for HIV	Sites: 80% (Coordination)	84%	105		October 1, 2012 - Septembre 31, 2013
Number of TB patients tested positive for HIV	Not available	50	Not available		October 1, 2012 - Septembre 31, 2013
Percentage of TB patients tested positive for HIV	Not available	13%	Not available		October 1, 2012 - Septembre 31, 2013
Number of TB/HIV patients on ART	68	18	26		October 1, 2012 - Septembre 31, 2013
Number of health care providers trained in TB elements	275	1039	378	Includes 487 community health workers.	October 1, 2012 - June 30, 2013

Results Framework

TO2015 FY 12 funds DRC Work Plan (Year 3)

Impact: TB prevalence and deaths halved by 2015.

OUTCOMES	INTERMEDIATE RESULTS	INDICATOR TARGETS	RESULTS AS OF SEPTEMBER 30, 2013
Objective 1: Support to the PNL Central Unit.			
The PNL Central Unit has adequate staff with technical skills and experience and a sufficiently strengthened system to implement and monitor the national TB control strategy in line with international standards by 2014.	PNLT Central Unit staff adequately trained in all aspects of TB control program management.	20 trained in various topics related to TB prevention and control.	This reporting period, 9 staff from PNL(4),PATH(4), CAD(1) and LNAC (1) attended the 43rd Union World Conference in Kuala Lumpur, Malaysia. 30 national and provincial trainers and 8 partners staff participated in the training of trainers focusing in the innovations of the TB/HIV new guidelines.
	National TB strategic plan updated to reflect new international guidance.	National TB strategic plan updated, and assessments supported.	This activity was pending on NTP External Review which is now scheduled to take place November 18-28, 2013 and will take recommendations from the external review into account.
	National guidelines and protocols developed and disseminated (PATIOR, infection control, MDR-TB management).	Validated national guidelines (Pediatric TB, MDR-TB scale-up and update MDR TB plan, infection prevention and control, TB /HIV guideline).	Pediatric TB and TB/HIV guidelines are being disseminated, while updated PMDT and infection prevention and control guidelines have just been finalized and will be disseminated soon.
	Capacity built to increase pediatric TB case detection.	Pediatric TB guidelines developed and validated Training module developed	The Pediatric TB Guidelines have been developed, validated and are currently being printed. An accompanying training module has been developed and will be converted into training materials (CD) in the next reporting period.
	National and CPLT-level data collection and analysis capabilities enhanced.	28 data validation meetings held to strengthen M&E at the central and provincial levels.	Complete. Thus far, 28 meetings were held in all 7 CPLTs. Through the data validation meetings, PATH has strengthened data collection, analysis and knowledge management skills of provincial staff in all seven supported coordinations. Data quality has since improved in these coordinations.
	Coordination enhanced between the PNL and technical partners to improve program efficiency and effectiveness.	Four coordination meetings held between PNL and different partners.	This reporting period, 3 coordination meetings were held: one coordination meeting was supported for PATIMED, another for HIV activities and a third for TB/HIV. The last coordination meeting is scheduled to take place in November 2013.
	Cell phone communication network established in three provinces.	Fixed and hand-held phones used in three provinces. Improved data collection and management.	As requested, cell phone activities were transitioned to the PNL and are being distributed to facilities in line with the distribution plan developed by the project. Communication is now ongoing in the CUG network, and the project continues to support these costs.
	Operational research informs program improvements.	Baseline data on missed opportunities for identifying those presumed to have MDR-TB in health facilities.	The baseline information based on the CSDT epidemiological data has been established: only 16% of all sputum specimens of presumptive MDR TB from the 7 supported CPLTs have been collected with a gap of 84% of specimens not collected. Data collected in quarter 4 in the same CPLTs from presumptive MDR TB patients showed that this percentage has risen from 16 to 51%. The gap of non collected specimens decreased from 84% to 49%.
Objective 2: Support to provincial TB coordination units.			RESULTS AS OF SEPTEMBER 30, 2013
CPLTs, health zones, and DTCs adequately supported with equipment, supplies, training, and supervision to provide universal access to TB diagnosis and care.	Seven liaison officers provide direct technical and material assistance to provincial authorities in planning, implementation, and monitoring.	All 7 CPLTs received intensified technical, logistical and financial support during all the FY12 dealing with training, supervisions, data validation meetings...	

Case detection and treatment success reach or exceed 70/85 targets (or any modified global targets) in all project-supported regions by 2014.		3,064 people trained in TB programming.	This reporting period, 4,163 providers and community health workers were trained in TB programming, including: 676 doctors, 774 nurses, 463 lab technicians and 2,250 volunteer community health workers (CAD and relais communautaires).
		15 supervision visits to be supported for national staff to the seven CPLTs, 180 from CPLTs to health zones, and 500 from health zones to CSDTs.	Overall, 1,595 supervisory visits have been conducted in all supported 7 CPLTs as follows: 28 visits from national level to CPLTs, 417 from CPLTs (including 34 for TB/HIV activities) and 1150 from health zones to CSDT.
	Increased community engagement through expansion and strengthening of LNAC and CAD.	35 new CAD antennae created	Since the start of the project, 80 antennae have been created by CAD in all 7 supported CPLTs, with 20 created this reporting period. Club des Amis Damien (CAD) members referred 3,082 presumptive TB cases for testing this reporting period, among them 1,615(52%) were confirmed as TB patients. This represents 16% of all TB cases detected (1,615 /10,350) in all CSDTs where CAD antennae have been created: Sud Kivu: 49%, Sankuru: 30%, Equateur Est: 28%, Kasai Orienta Sud (KORS): 17%, Maniema : 12%, KOE: 10% and KOO: 6%
Other non-PNLT sector engagement in IPC, case detection, and treatment increased through project PPM initiatives.	To be determined.	This activity has been delayed pending finalization of both the IPC and PPM guidelines by the national program.	
Objective 3: Community engagement.		RESULTS AS OF SEPTEMBER 30, 2013	
Case detection and treatment success reaches or exceeds 70/85 targets (or modified global targets) in all supported regions by 2015.	Increased community engagement through expansion and strengthening of LNAC and CAD and other community relay volunteer groups.	Two follow-up OCAs conducted with CAD and LNAC. One full-time staff hired to provide ongoing capacity-building support to LNAC and CAD.	This reporting period, two OCAs were conducted and staff hired by the project are currently providing support to build capacity in areas that remain weak. In addition, both CAD and LNAC were supported to establish management boards.
		2,100 community health workers trained.	A total of 2,250 community health workers (ReCos) were trained this reporting period.
		35 antennae to be created by CAD.	This reporting period, CAD created 20 antennae, bringing the overall total to 80 antennae created since the start of the project.
		3,200 patients to be referred for TB diagnosis by CAD members.	This reporting period, 3,082 patients were referred by CAD to health facilities for diagnosis. Of those, 1,615 (54%) were confirmed TB patients.
		900 patients supported to complete treatment.	CAD supported 374 patients to complete treatment between October and December 2012.
	Private-sector engagement in IPC, case detection, and treatment increased through project PPM initiatives.	Finalization of IPC manual. Piloting of intensified case-finding SOPs.	The IPC guidelines have recently been developed. The project team expects to start working on the IPC manual in the next reporting period.
Objective 4: TB/HIV.		RESULTS AS OF SEPTEMBER 30, 2013	
Effective TB/HIV coordination mechanisms at national and provincial levels of the PNLT and PNLS produce policy guidance and address program integration bottlenecks.		Four coordination meetings held between PNLT and PNLS.	Three coordination meetings were held at the national level, 21 meetings were held in the seven provincial coordinations and 7 other meetings are currently being held at the provincial level. The fourth and final national coordinatinon meeting is scheduled to take place in November 2013.
		MOST for TB/HIV national workshop.	This activity has been cancelled.
	Staff have skills and tools to provide universal HIV counseling and testing to TB patients in project sites.	650 health care providers trained in HIV counseling and testing for TB patients.	This reporting period, 1,913 providers and 2,250 community health workers were trained.

All TB patients and suspects have access to HIV counseling and testing, and PLHIV have access to TB screening, diagnosis, and treatment in all supported regions by 2014.		31 sites provided with HIV test kits.	As of September 2013, 70 sites have integrated TB/HIV activities but only 61 have been provided with HIV test kits. Per CPLT request, the other 9 sites (4 in Sud Kivu and 5 in Katanga) are being replaced by other sites which still had tests and commodities available.
		4,500 TB patients tested for HIV in the 70 supported sites.	This reporting period, 5,345 TB patients were tested for HIV (87% of this year's target).
	Staff have skills and tools to provide TB screening and referral for PLHIV in project sites.	31 facilities conducting screening of PLHIV for TB.	As of September 2013, 66 facilities are screening PLHIV for TB.
		100 providers trained in TB screening in Bukavu.	TB/HIV training was conducted in all 70 scale up sites. This reporting period, 1450 providers were trained in PATI IV in all 7
		150 PLHIV screened for TB in the 31 sites.	This reporting period, 430 PLWHIV were screened for TB in 66 sites.
	The community has improved access to integrated TB and HIV services at the facility level.	Assessment of 31 TB/HIV collaborative sites conducted to identify gaps in integration. HIV test kits provided to sites to increase uptake of HIV testing among TB patients.	PATH provided HIV tests kits to 61 sites to increase uptake of HIV testing among TB patients. This corresponded with an 87% increase of testing for HIV among TB patients.
Infection control is implemented at the facility level to prevent TB transmission.	IPC plan developed.	The IPC Plan has been developed. The project is now awaiting validation of the plan .	
Objective 5: MDR-TB			RESULTS AS OF SEPTEMBER 30, 2013
Retreatment cases and other identified risk groups have access to rapid diagnosis for drug-resistant TB and appropriate second-line treatment by 2014.	PMDT expertise available at the national and CPLT levels.	PMDT and clinical management training conducted for 1,035 staff from all 23 CPLTs.	A total of 400 health care providers received PMDT training at peripheral level (health zone and CSDT) in the 7 project-supported CPLTs.
	Clinical MDR-TB management expertise available at the PNL and within regional diagnostic and treatment centers.	515 providers trained in clinical management of MDR-TB at the national and provincial levels.	No clinical management training was conducted this reporting period, as more emphasis was placed on programmatic management improvements. The project anticipates that training for providers will take place in the next reporting period.
	NRL, regional, and culture and DST laboratories supported with training, equipment, and supplies for PMDT scale-up.	The national GLC reactivated, with four quarterly meetings organized. Specimen transport guidelines validated. Assessment of TB laboratories conducted to identify gaps and propose solutions. Introduction of new tools.	A GLC meeting held in July 2013 focused on evaluation of the 2011 cohort of MDR-TB patients
	Patient-centered care provided to MDR-TB cases through treatment completion.	Four sessions of treatment adherence packages provided as an incentive to MDR-TB patients to complete treatment.	By September 2013, treatment adherence packages were distributed to all 535 MDR-TB patients on treatment (on a bi-monthly basis). The next distribution of treatment adherence packages will take place in November 2013. In addition, a panel of biological testing was conducted on patients in Kinshasa and results are being analysed

Activity Monitoring

TO2015 FY12 DRC Work Plan (Year 3)

Objective 1: Support to the PNLT Central Level.

ACTIVITY	OUTPUT	OUTPUT TARGET	EXPECTED DATE OF COMPLETION	STATUS AS OF SEPTEMBER 30, 2013	PROGRESS TO DATE
1.1 Development and dissemination of national guidelines and protocols.	National guidelines and protocols developed. Printing and dissemination of national guidelines and	National guidelines and protocols developed and disseminated.	n/a	Completed	Printed national guidelines and tools (PATIOR, PPM, and MDR-TB specimen transport protocol TB/HIV guidelines have been distributed.
1.2 Capacity-building to increase pediatric TB case detection.	Pediatric rapid assessment and data analysis, and pediatric TB section in national guidelines updated.	Pediatric rapid assessment and data analysis completed. TB section in national guidelines revised.	n/a	Completed	PATH completed the assessment of pediatric TB practices in the country and presented the results to the PNLT. Validated normative documents, including guidelines and training curriculum are currently being printed
1.3 TB partner coordination.	Number of coordination meetings supported.	Two coordination meetings supported.	n/a	Completed	One TB partner coordination meeting was held and provided a helpful forum to discuss shared challenges, coordination, and opportunities for further collaboration. The second meeting is scheduled for November 2013.
1.4 Operations research.	Operational research plans and protocols developed.	Two operational research plans and protocols developed.	Sep-13	In progress	The baseline information based on the CSDT epidemiological data has been established: only 16% of all sputum specimens of presumptive MDR TB from the 7 supported CPLTs have been collected with a gap of 84% of specimens not collected. Data collected in quarter 4 in the same CPLTs from presumptive MDR TB patients showed that this percentage has risen from 16 to 51%. The gap of non collected specimens decreased from 84% to 49%.
1.5 Cell phone technology.	Launch of cell phone pilot project. Implementation and monitoring plans developed for cell phone pilot. Number of pilot sites implementing cell phone pilot project.	Cell phone pilot project launched in all 7 project sites and central level PNLT, CAD and LNAC offices connected to the CUG.	Sep-13	Completed	The pilot project was launched and a Closed User Group created linking all 7 CPLTs, community partners and central level PNLT. The project was successfully transitioned to the PNLT with remaining telephones to be distributed to all facilities according to PATH's distribution plan.
1.6 Reporting and publication.	One national annual data validation held and one annual epidemiological report published	One national annual data validation held and one annual epidemiological report	Sep-13	In progress	Preparative meetings already started between PNLT M & E staff and PATH M & E consultant to look at both data and maquette in order to produce the annual epidemiological reports for 2010, 2011, and 2012.

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1.7 Technical support to partners.	Technical support provided to ProVIC and other partners as required.	Improved capacity among partners.	Sep-13	In progress	Support was provided to ProVIC within the framework of collaborative activities to increase TB case finding among HIV patients
1.8 Logistics and system improvement.	Improvements in	Improvements in logistics and systems required for TB services.	Sep-13	In progress	Collaboration has begun with local partners to improve logistics and system issues. This reporting period, PATH collaborated with SIAPS and CARITAS to review drug management sides effects. PATH supported the organization of a PATIMED meeting to look at logistics issues related to TB commodities management.
1.9 Program review and National Strategic Plan update.	National Strategic Plan updated.	National Strategic Plan updated.	Dec-13	In progress	PATH provided financial and technical support through three consultants to the external program review and the internal discussion of the recommendations of the findings. PATH is currently supporting the PNLT to use these recommendations to draft a new strategic plan for TB control in the country. This activity is scheduled to continue through October 2013. This activity is scheduled from November 18 to 28, 2013
1.10 Capacity-building support.		Improved capacity among partners.	n/a	Canceled	This activity was cancelled at the request of USAID and PNLT.
1.10.1 International training for national staff.	DRC national staff participate in national and international workshops and conferences.	28 DRC staff participate in national and international workshops/conferences.	Nov-13	In progress	This reporting period, 9 staff from PNLT(4),PATH(4), CAD(1) and LNAC (1) attended the 43e Union World Conference in Kuala Lumpur, Malaysia. Overall, 30 national and provincial trainers and 8 partners staff participated in the training of trainers focusing in the innovations of the TB/HIV new guidelines. In addition, 2 staff (one CAD member in Sud Kivu and PATH consultant on Pediatric TB) will attend the Union Conference 2013 in Paris.
1.10.2 Field staff training.	Various categories trained in TB elements	3064 field staff trained on TB elements	n/a	Completed	The project trained 4,163 field staff in TB elements, exceeding the target of 3,064 field staff trained in project-supported CPLTs (KOE, KOO, MNM, EQE, SKV, SKR and KORS). Those trained include: 676 doctors, 774 nurses, 463 Lab Technicians and 2250 volunteer Community Health Workers (CAD and relais communautaires).
1.10.4 Mentorship interventions.	National mentors provide mentorship to field staff	National mentors provide mentorship to field staff	Ongoing	In progress	Without training national PNLT staff as mentors, PATH staff have provided hands-on mentorship to field staff in MDR-TB, TB/HIV and M&E/data quality management.
1.11 Data management support.	Number of data meetings held and number of epidemiological bulletins produced.	Four quarterly data meetings and one annual epidemiological bulletins produced.	Ongoing	In progress	One quarterly validation meeting held focus MDR TB data. PATH currently working with PNLT M&E unit to produce epidemiological reports for 2010, 2011, 2012
1.12 Support to Central Unit operations. (ongoing FY10)	Ongoing support provided to Central Unit operations.	To be determined.	Ongoing	In progress	PATH continues to provide finance and logistical support to PNLT pending disbursement of full Global Fund grants.

Objective 2: Support to provincial TB coordination areas (CPLTs).					
Activity	OUTPUT	OUTPUT TARGET	EXPECTED DATE OF COMPLETION	STATUS AS OF SEPTEMBER 30, 2013	PROGRESS TO DATE
2.1 Training of health care providers in provinces.	Number of health care providers trained in provinces.	3,076 health care providers trained in provinces.	n/a	Completed	A total of 4,163 providers were trained in TB programming in project-supported provinces (exceeding the target).
2.2 Supportive supervision and on-the-job training.	Quarterly supervision visits to all seven CPLTs.	Quarterly supervision visits conducted in all seven CPLTs.	n/a	Completed	Overall, 1595 supervisory visits have been conducted across all supported CPLTs including: 28 visits from national level to CPLTs, 417 from CPLTs (including 32 for TB/HIV activities) and 1150 from health zones to CSDT. These visits were critical to identify and troubleshoot challenges and issues, including training needs, low case detection, poor recording and reporting, low DOTS support leading to poor treatment outcomes, frequent stockouts of TB drugs and laboratory supplies, poor quality of laboratory services, lack of follow-up of laboratory tests, and waste management challenges.
2.3 Coordination meetings.	Number of coordination meetings conducted with the PNLT, CPLTs, and key stakeholders.	Biannual coordination meetings conducted with PNLT, CPLTs, and key stakeholders.	Ongoing	In progress	One coordination meeting was held with the PNLT, CPLTs, and key stakeholders to discuss PATIMED.
2.4 Quality and accuracy of TB information.	Quarterly data validation meetings at the CPLT level.	28 quarterly data validation meetings at the CPLT level in all seven CPLTs.	n/a	Completed	This reporting period, 28 data validation meetings were held in across the 7 project supported CPLTs. Through data validation meetings, PATH has helped strengthen data collection, analysis and knowledge management skills of provincial staff in all seven supported coordinations. Data quality has significantly improved in these coordinations.
2.5 Planning and M&E at the provincial level.	Performance analyses, results-based strategic plans, and budgets developed.	All seven CPLTs have performance analyses, results-based strategic plans, and budgets.	n/a	Completed	All 7 CPLTs developed results-based operational plans which have been updated annually and are reviewed on a bi-annual basis.
2.6 Logistical and material support to the provinces.	Logistical support provided to CPLTs based on need.	TBD - based on CPLT needs for fuel, vehicles, Internet, etc.	TBD	In progress	All CPLTs received funds and technical assistance to support operations, based on specific needs.

Objective 3: Community engagement.					
Activity	OUTPUT	OUTPUT TARGET	EXPECTED DATE OF COMPLETION	STATUS AS OF SEPTEMBER 30, 2013	PROGRESS TO DATE
3.1 Capacity-building of LNAC and CAD.	Ongoing technical support provided to LNAC and CAD.	Technical and administrative capacity built within LNAC and CAD	Ongoing	In progress	<p>After the repeat OCA and identification of areas to strengthened, TB2015 partner Initiatives Inc. supported LNAC and CAD to develop comprehensive finance and administration policies and procedures. These documents have been completed and approved by the boards of both organizations. To help build the capacity of key staff in finance and administration and prepare them to manage US government subcontracts from the TB TO 2015 project, Initiatives supported participation of five staff in trainings carried out by MANGO in Burundi in November 2012. To reinforce this learning, the project Organizational Development (OD) Advisor continues to provide day-to-day support to improve the capacity of staff to practice effective financial and administrative management. PATH awarded subcontracts to LNAC and CAD in February 2013; the OD Advisor worked closely with both organizations to ensure they are able to effectively manage their sub-awards. Initiatives supported a pre-audit process with both organizations in September 2013 using USAID's NUPAS framework as a guide to ensure the organizations are on track to meet USG requirements. Support will be provided in the last three months of the project to help the organizations address any findings identified in the pre-audit.</p> <p>To help CAD assess the functionality of its community volunteer services, Initiatives Inc., with support from PATH, worked with CAD to apply the Community Health Worker Program Functionality Assessment and Improvement Matrix (CHW AIM). <u>The assessment showed that CAD has a</u></p>
3.2 Work with LNAC and CAD to strengthen their capacity and enhance community engagement in TB control. (FY10/FY11 carryover)	Capacity of local organizations strengthened.	Second organizational capacity assessment completed showing improvement over first.	n/a	Completed	<p>With support from Initiatives Inc, the second OCAs were conducted with LNAC and CAD in January 2013. The OCAs indicated that both organizations have made substantial improvements in finance, administration, and organizational management, but that more remains to be done to ensure they are able to effectively manage finances and respond to donor requirements in program management. The project is targeting its support over the next six months to address OCA findings and continue capacity-building in gap areas. The TB TO 2015 project has targeting its support over the last nine months to address OCA findings. A final OCA will be conducted in late November/early December 2013.</p>

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<p>3.3 Work with Central Unit and national representatives of LNAC and CAD to develop a strong, coordinated plan for implementing ACSM and PPM activities to increase case detection and treatment success, and engage other sectors in TB control activities. (FY10 carryover)</p>	<p>Quarterly meetings held with technical experts on ACSM and PPM. ACSM and PPM training conducted by PNLT, LNAC, and CAD. National PPM manual and PPM/ACSM materials developed. TB Patients Charter adapted and introduced by CAD.</p>	<ul style="list-style-type: none"> • PPM Manual adopted. • TB Patients' Charter adopted. • ACSM & PPM training curricula developed 	<p>TBD</p>	<p>Pending</p>	<p>PNLT has not yet decided to engage partners for PPM activities in DRC.</p>
<p>3.3 Training of community health workers.</p>	<p>Community health workers trained in TB-related elements.</p>	<p>Train 2,100 community health workers in TB-related elements.</p>	<p>n/a</p>	<p>Completed</p>	<p>A total of 2,250 community health workers were trained in TB-related elements. PATH will continue to provide ongoing training to community health workers.</p>
<p>3.4 Provide ongoing technical assistance to primary health care partners to ensure the accuracy and quality of TB information and activities implemented as part of the integrated program. (Ongoing FY10/FY11)</p>	<p>Training for IHP partners on TB. Technical reviews for IHP partners. Number of health zones with TB messages integrated.</p>	<p>One training conducted. Two reviews conducted. TB messages integrated in 80 health zones.</p>	<p>Ongoing</p>	<p>Delayed</p>	<p>Difficulty coordinating with partner schedules has contributed to delays. The project will continue to aggressively troubleshoot and try to work through challenges with our partners.</p>
<p>3.5 Advocacy and social mobilization.</p>	<p>Advocacy guidelines and tools used by LNAC. New advocacy materials targeted at specific groups developed.</p>		<p>Ongoing</p>	<p>In progress</p>	<p>Ten billboards placed last quarter are still in place. 2 television and 10 radio TB and AIDS messages have been broadcast by public and private stations.</p>
<p>3.6 Public-private mix.</p>	<p>Infection control guidelines disseminated to private-sector entities. Rapid facility assessment conducted.</p>		<p>TBD</p>	<p>In progress</p>	<p>Development of the infection control guidelines is complete. The guidelines will go through official adoption by the PNLT before being printed and disseminated. PATH is currently waiting for PNLT's approval to engage in PPM activities.</p>

Objective 4: TB/HIV.					
Activity	OUTPUT	OUTPUT TARGET	EXPECTED DATE OF COMPLETION	STATUS AS OF SEPTEMBER 30, 2013	PROGRESS TO DATE
4.1 Strengthen coordination of TB/HIV activities at national and provincial levels. (Ongoing)	Number of coordination meetings held.	Four coordination meetings held.	Nov-13	In progress	This reporting period, 3 coordination meetings were held at the national level. The final coordination meeting is scheduled for November 2013.
4.2 Strengthen national capacity to plan, manage, and evaluate TB/HIV activities. (Ongoing FY10/FY11)	Number of supervision visits conducted.	All seven CPLTs receive supervision visits.	n/a	Completed	With project support, 28 supervision visits were conducted from the central to the provincial level, 417 from CPLTs to Health among them, 34 focused on TB/HIV activities in overall FY12. The MOST for TB/HIV training has been removed from the workplan.
	Number of MOST for TB/HIV workshops conducted.	One MOST for TB/HIV workshop conducted.			
4.3 Strengthen and scale up integration of TB and HIV services at the health facility level. (Ongoing FY10/FY11)	Number of sites in which TB HIV interventions are implemented	31: 14 previous site plus 17 new sites	n/a	Completed	PATH developed and started implementation of a plan to scale up TB/HIV integration from the current 31 sites to 70 sites. In addition, as a result of a TB/HIV collaborative plan developed jointly with ProVIC, PATH TB 2015 is working with ProVIC in 2 sites in Kinshasa(Kikimi et Lubudi), one in Lubumbashi (HGR Kampemba) and in Sud Kivu in order to increase the number of PLHIV receiving TB testing and the number of TB patients receiving HIV counseling and testing.
	Number of staff trained in TB/HIV service integration at the facility level.	650 providers trained in HIV counseling and testing	Feb-13	In progress	With project support, 224 providers were trained in TB/HIV integration. Training has continuously been delayed pending dissemination of the new TB/HIV guidelines. The majority of staff trained are now conducting HIV testing and counseling among TB patients.
	Supervision visits conducted.	19 supervision visits conducted.	n/a	Completed	Thus far, 32 supervision visits were conducted for TB/HIV activities.
	TB/HIV sites receive test kits for HIV testing.	31 sites provided with HIV test kits/commodities.	n/a	Completed	PATH procured a consignment of 9,760 HIV tests which have been distributed to the 66 TB/HIV integration sites.
4.4 Ensure adequate commodities and commodity management to supported sites. (Ongoing FY10/FY11)	Number of stockouts of commodities.	Zero stockouts.	n/a	Completed	PATH supported a PNLT to transport both laboratory commodities and TB drugs from Kinshasa to CPLTs offices. Funds are on the quarterly basis to distribute drugs and lab commodities from CPLTs office to Health zones. Since the distribution of test kits to sites, no stock-outs have been reported

4.5 Introduce IPC at the facility level in high-risk settings. (FY10/FY11 carryover).	Number of high-priority facilities supported in developing infection control plans.	Five high-priority facility infection control plans developed.	Ongoing	In progress	The IPC has just been developed and awaiting validation. After this PNLT will select facilities where the guidelines will be piloted.
4.6 Increase case-finding and support to PLHIV through community-based outreach services. (FY10/FY11 carryover)	Coordination meetings between ProVIC and TB TO2015 held.	Quarterly coordination meeting between ProVIC and TB TO2015 held.	Quarterly	In progress	The project and ProVIC have finalized a collaborative framework which is currently being implemented in Bukavu, Kinshasa (2 health facilities) and Lubumashi (1 facility).

Objective 5: MDR-TB.					
Activity	OUTPUT	OUTPUT TARGET	EXPECTED DATE OF COMPLETION	STATUS AS OF SEPTEMBER 30, 2013	PROGRESS TO DATE
5.1 Treatment adherence packages for MDR-TB patients.	Treatment adherence packages provided to MDR-TB patients.	Treatment adherence packages distributed on quarterly basis	Quarterly	In progress	Bimonthly distribution of treatment adherence packages for MDR-TB patients has continued. Between July and September 2013, 514 MDR-TB patients received treatment adherence packages.
5.2 Transport of presumptive MDR-TB cases and control specimens.	number of presumptive MDR-TB case specimens transported to the laboratory	TBD	Ongoing	In progress	While supporting dissemination, PATH strengthened the specimen transport system by providing technical, logistical and financial support to the implementation of the national specimen transportation guidelines on sputum transportation. PATH providing logistical and financial support to specimen transportation from the CSDTs to the national level through the CPLTs: Presumptive MDR TB whose specimens have been collected and sent to NRL in Kinshasa in FY 12 were 2705; Specimens transported from CSDTs to LNR through CPLTs were 4572 among them 810 specimens (18%) are from 7 supported CPLTs; MDR TB diagnosed in FY12 consisted of 82 patients : 34 (41 %) from PATH supported 7 CPLTs, 39 (48%) from Kinshasa CPLT and 9 (11%) from other CPLTs(2 POO+ 4 BNS+1 BCO + 2 KTS :11%); : 30 were enrolled for treatment (7CPLTs PATH) + 34 CPLT Kinshasa + 1 BCO+ 3BNS+ 2KTS = 70 : for 12 MDR TB patients, administrative for sending SLD are ongoing.
5.3.1 Strategic laboratory planning support.	Strategic plan developed	One national PMDT plan developed	n/a	Completed	The national PMDT plan has just been finalized one month ago in workshop organized in Matadi with contribution of PATH, WHO and ICAP. Next step will be to validate and print the document.

	Laboratory strengthening support		Ongoing	In progress	PATH with support of partner ASM, the draft laboratory strengthening plan (including budget) was submitted and is awaiting validation at the upcoming stakeholders' meeting. The NRL with only solid culture capacity remains the only culture and drug sensitivity testing center. With the increased number of specimens received, the capacity appeared to have been largely surpassed leading to a backlog of unprocessed specimens. PATH continued to provide needed laboratory supplies to the NRL. PATH provided a GeneXpert machine to Kindu with cartridges, trained lab staff : 4 suspects were detected Rif+ and are already in treatment 8 other machines are expected to be purchased and provided to 8 sites in Katanga province(Lubumashi and Kolwezi), in Kinshasa, Province Orientale and the two Kasai according to USAID distribution plan.
5.3.2 GeneXpert® phased introduction.	Plan for sustainable introduction of GeneXpert® developed and introduced.	Plan for sustainable introduction of GeneXpert® developed and introduced.	n/a	Canceled	This activity was developed as part of the laboratory strengthening plan but has been removed from the workplan because CDC is taking over lab strengthening activities.
5.3.3 MODS diagnostics.	Scale-up of MODS diagnostics in areas with high loads of pediatric specimens.	Scale-up of MODS diagnostics in areas with high loads of pediatric specimens.	n/a	Canceled	This activity was also removed from the workplan as it was agreed that the timeframe of the project is too short to complete the pilot.

Deliverables for Year 3

TO2015 FY12 DRC Work Plan (Year 3)

Deliverable in FY12 DRC Work Plan	Target Date of Completion	Status as of September 2013	Name of file	Dissemination
Objective 1: Support to PNLT Central Unit				
Quarterly, semiannual and annual reports showing progress in staff training.	Every Quarter	In progress	Quarterly, semiannual and annual reports .	USAID
Quarterly report on enrollment of pediatric TB patients.	Every Quarter	In progress	Quarterly report of pediatric TB patients.	USAID
Quarterly coordination meetings.	Every Quarter	In progress	Compte rendu PATI4 Mars 2013	USAID, PNLT
Report of participation in the external program review.	Jul-13	Completed	Report of participation in the external program review.	PATH HQ, DRC USAID mission
PNLT five-year (2012-2016) strategic plan (with budget) by September 2013.	Sep-13	Canceled	n/a	n/a
Procurement and logistical needs and gap assessment report by February 2013.	TBD	Pending		USAID
Revised PATI4 incorporating new international guidance.	TBD	Pending	MDH PATI4 Workshop Report	USAID
Operational research plan.	n/a	Canceled	n/a	n/a
Report on pilot operational research activities.	n/a	Canceled	n/a	n/a
Annual epidemiological bulletins distributed to stakeholders.	TBD	Delayed		USAID
Report on logistics review.	TBD	Delayed		USAID
List of training and conferences supported by the project and reports on conferences attended.	Apr-13	Completed	Union Conference Trip Report	USAID
Assessment of pediatric TB practices in DRC completed and recommendations provided.	Mar-13	Completed	Pediatric TB Assessment Report 2013	PNLT/MOH, PATH/HQ, USAID
Pediatric TB case management guidelines and dissemination plan.	Jun-13	In progress		PNLT/MOH, PATH/HQ, USAID
Reports showing cell phone communication network established in at least three provinces.	n/a	Canceled	n/a	n/a

Best practices and lessons learned documents regarding cell phone pilot approach.	Jun-13	In progress	Best practices and lessons learned documents regarding cell phone pilot approach, community contribution in TB case notification	USAID
Trip, workshop and/or supervision reports for activities under objective 1.	Monthly	In progress	Trip report folder	USAID
Objective 2: Support to provincial TB coordination units				
Report showing improved case notification and treatment success in seven CPLTs by September 2013.	Sep-13	In progress	Customized SOPs for DRC (French, English)	USAID
Quarterly reports from supported provinces.	Quarterly	In progress	KOE,KOO,EQE, MNM, SKV, SKR et KOOS Quaterly Report	USAID
Report of quarterly coordination and data validation meetings at the provincial level.	Quarterly	In progress	KOE,KOO,EQE, MNM, SKV, SKR et KOOS data validation meeting report	USAID
Training and supervision reports from health care worker trainings.	Quarterly	In progress	Supervision and training Reports: PATI4, KOO; Lab training, KOO; Kalenga, PATI4; KORS, PATI4	USAID
Strategic and operational provincial M&E plans.	n/a	Canceled	n/a	n/a
Trip, workshop and/or supervision reports for activities under objective 2.	Quarterly	In progress	Trip report - Irnei Myemba, February 2013.	USAID
Objective 3: Community engagement				
Organizational capacity assessment report.	Mar-13	Completed	OCA Reports: CAD, LNAC (English and French) CAD Acctg/Fin Manual Plan stratégique: CAD Plan stratégique: LNAC	USAID
Sensitization materials.	TBD	Pending	Sensitization materials	USAID
PPM and ACSM manuals and training reports.	TBD	Delayed	PPM and ACSM manuals, training report	USAID
Assessment report for PPM intensified case finding in facilities.	TBD	Delayed	PPM Assessment Report	USAID
LNAC and CAD tools for community case management and data collection by March 2013.	TBD	In progress	Community case management tools	USAID
Training reports for 2,100 new community health workers trained by CAD and LNAC.	TBD	In progress	Training Report for new CAD members; training report for Recos and CBO members	USAID
Targeted communication materials.	TBD	Pending	Communications materials	USAID
Quarterly report from CAD and LNAC.	Quarterly	In progress	Quarterly and annual CAD report	USAID

Trip, workshop and/or supervision reports for activities under objective 3.	Quarterly	In progress	Trip report - Cheikh Toure, December 2012 Trip report - Rebecca Furth, January 2013	USAID
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Objective 4: TB/HIV				
Reports on quarterly coordination meetings.	Quarterly	In progress	Meeting minutes	USAID
Quarterly progress reports and success stories on HIV-TB integration.	Quarterly	In progress	Quarterly progress reports and success stories on HIV-TB integration.	USAID
HIV-TB Integration guidelines.	13-Mar	Completed	TB/HIV Guidelines	USAID
TB systematic screening checklist disseminated to all joint TB and HIV sites and personnel trained by June 2013.	Mar-13	Completed	TB screening checklist	Disseminated to all TB/HIV sites, USAID
Facilities receive infection control norms and guidelines (a national master facility IPC plan developed and distributed to all facilities for adaptation) by June 2013.	TBD	Pending	Infection control norms and guidelines	USAID
Quarterly and semi-annual and annual reports on TB/HIV collaborative activities and site prevalence rates of TB/HIV co-infection.	Quarterly	In progress	Quarterly, semi-annual and annual reports on TB/HIV collaborative activities	USAID, PNLT
Training materials and reports on national and provincial TB/HIV trainings.	Mar-13	Completed	TB_HIV training reports folder	USAID
Lessons learned report from pilot of collaborative TB/HIV activities.	Jun-13	In progress	Lessons learned report from pilot of collaborative TB/HIV activities.	USAID, PNLT
MOST for TB/HIV action plan for at least 3 CPLTs with pilot sites (KOO, KOE, SK)	Jun-13	Canceled	n/a	n/a
Trip, workshop and/or supervision reports for activities under objective 4.	Quarterly	In progress	Trip report folder	USAID
Objective 5: MDR-TB				
Quarterly, semiannual and annual reports on MDR-TB patient notification and treatment outcomes.	Quarterly	In progress	Quarterly, semiannual and annual reports on MDR-TB patient notification and treatment outcomes.	USAID
Data report on MDR-TB specimens received, examined and results delivered.	Quarterly	In progress	Data report on MDR-TB specimens received, examined and results delivered.	USAID
Finalized and validated updated PMDT scale up plan.	Jun-13	completed	PMDT scale up plan	USAID, PNLT
Sustainability plan for MDR-TB patient support.	Sep-13	Canceled	n/a	n/a
Written guidelines for MDR-TB suspect evaluation system.	Sep-13	Canceled	n/a	n/a
Procedural manual for transport of MDR-TB specimens and return of results.	TBD	In progress	Procedural manual for transport of MDR-TB specimens and return of results.	USAID
Rational training plan for new PMDT protocol by March 2013.	TBD	Pending	PMDT training plan	USAID

Adherence monitoring tool and implementation plan developed with CAD by March 2013.	TBD	Delayed	Adhearance monitoring tool	USAID
Clear strategy for MDR-TB patients' case management (detection, treatment, nutrition support, audiometric follow-up) developed by July 2013.	Jul-13	Completed	DRC_TB2015 MDR-TB Scaleup Plan 2013-2014_FINAL	USAID
Report showing an increase in the number of the MDR-TB patient case notification treatment enrollment, and support. Measurable performance indicators improved by these interventions.	Quarterly	In progress	MDR-TB annual report	USAID
Report showing the number of MDR cases on treatment attributable to US government resources as a percentage of the whole country statistics.	Quarterly	In progress	MDR-TB notification report	USAID
GeneXpert management plan developed, including SOPs for sustainable introduction.	Sep-13	Canceled	n/a	n/a
Revised/updated external quality assurance SOPs.	Sep-13	Canceled	n/a	n/a
Case study on the planning process for introduction of new diagnostic technologies.	Sep-13	Canceled	n/a	n/a
Trip, workshop and/or supervision reports for activities under objective 5.	Quarterly	In progress	trip report folder	USAID

Graphs and Tables

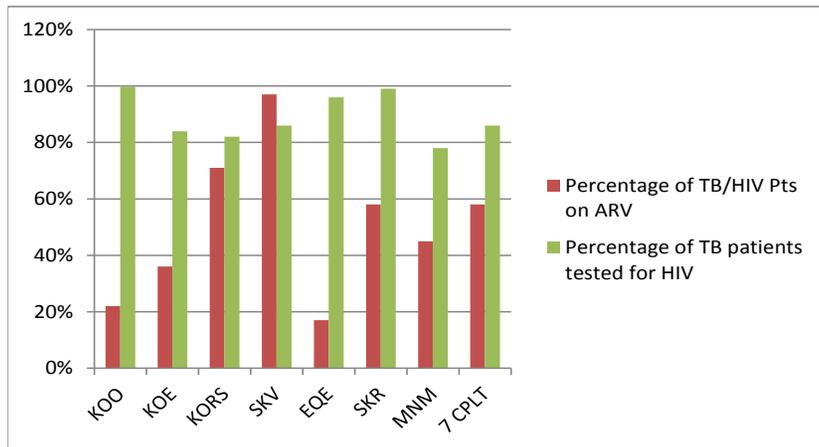
Project MDR-TB Performance

TB2015 MDR-TB Performance			
	Presumptive MDR TB screened	MDR-TB diagnosed	Enrolled on treatment
National	7277	82	70
Kinshasa	2705 (37%)	39 (48%)	34 (49%)
TB2015 CPLTs (7)	810 (18%)	34 (41%)	30 (43%)
Remaining CPLTs (15)	3762 (52%)	9 (11%)	6 (9%)

This table shows the contribution of TB TO2015 support to the number of presumptive MDR-TB patients screened, diagnosed and treatment enrollment compared with national averages. Project supported CPLTs are performing higher than the 15 remaining CPLTs that do not receive project support.

Performance in HIV testing and ARV update in project supported sites, October 2012-September 2013

Performance in HIV testing and ARV uptake 7 CPLTs, October 2012 – September 2013

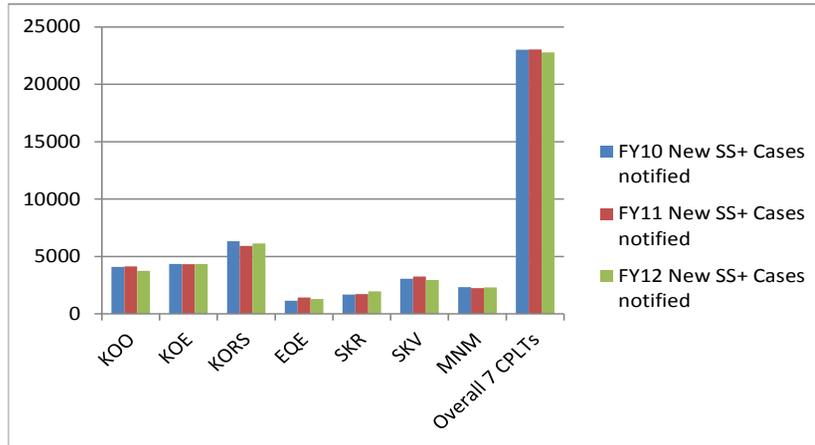


On the 66 sites that have effectively integrated TB and HIV activities, HIV testing for TB patients increased overall to 86% while ARV uptake increased to 58%. Some sites are better at ensuring testing but not follow up with ARVs.



New Smear Positive Case Notification, October 2010-September 2013

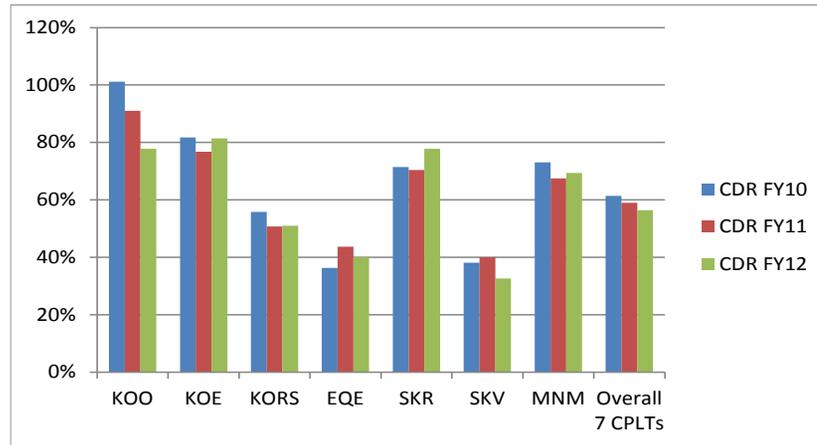
New Smear Positive Case Notification, October 2010-September 2013



Between FY10 and FY12 reporting periods, new smear positive case notification overall dropped in

..... reporting period, most cases were reported in project areas following the overall national trend reported by WHO. There is need for further studies and analysis to understand the real reasons behind these trends.

TB Case detection rates from 7 CPLTs for three years, October 2010 – September 2013



Case detection rates equally dropped between FY10 and FY 12 reporting period following the national trend reported by WHO.

Evaluation and Operations Research Activities

Title	Purpose of study	Evaluation type and method(s)	PATH DRC contact	PATH DC contact	Partner	IRB status	Status/Results
Pediatric TB Evaluation	To assess practitioner practices with respect to diagnosis and management of TB in children in order to develop/update guidelines and training materials.	Formative, multimethod (structures observation + questionnaire).	David Kalombo	Fozo Alombah	Dartmouth University	RDC: Non-Research Determination.	Data collection and analysis have been completed, and the report has been drafted.
Laboratory Evaluation	To determine gaps in capacity in order to develop interventions to strengthen the national TB laboratory networks.	Formative, multimethod (structures observation + questionnaire).	David Kalombo	Fozo Alombah	ASM	RDC: Non-Research Determination.	The evaluation and report have been completed.
Waste Management Evaluation	To determine the level of preparedness of laboratory and TB/HIV site facilities to adequately treat and dispose of infectious waste generated from testing of TB and HIV suspects, in order to strengthen capacity.	Formative, multimethod (structures observation + questionnaire).	David Kalombo	Fozo Alombah	ASM	RDC: Non-Research Determination.	Pending PNLT approval.
TB/HIV Site Evaluation	To assess current weaknesses in the management of TB and HIV collaborative activities at designated sites to generate evidence for informed policy and practice.	Formative, multimethod (structures observation + questionnaire).	David Kalombo	Fozo Alombah	n/a	RDC: Non-Research Determination.	The evaluation has been completed and the report presented to DLM.

GeneXpert® Procurement

Cumulative list of GeneXpert® machines procured with TO2015 funds up until the end of this reporting period.

One GeneXpert® machine was procured for Maniema CPLT. The machine has been successfully installed and staff have been trained to operate it. Since the fourth quarter, 4 MDR-TB patients have been diagnosed using the machine, and two have been put on SLD treatment.

Inventory

Commodity	Work plan	Quantity	Location
Printer - Canon MF 9220 Cdn	TO2015 DRC FY10 carryover (Year 1)	1	Kinshasa TB2015
Copier - Canon iR2318	TO2015 DRC FY10 carryover (Year 1)	1	Kindu - CPLT
Projector - LCD ACER 110 Display/Zoom/SVGA 4000/1.2500LM	TO2015 DRC FY10 carryover (Year 1)	1	Kindu - CPLT
Desktop - Dell OPTIPLEX 780	TO2015 DRC FY10 carryover (Year 1)	1	Kinshasa TB2015
Desktop - Dell OPTIPLEX 780	TO2015 DRC FY10 carryover (Year 1)	1	CPLT - Kindu
Laptop - Sony VAIO VPCEC3L1E/PCG 91111M	TO2015 DRC FY10 carryover (Year 1)	1	CPLT - Kinshasa
Laptop - Sony VAIO VPCEC3L1E/PCG 91111M	TO2015 DRC FY10 carryover (Year 1)	1	CPLT - Kinshasa
Laptop - Sony VAIO VPCF12M1E Intel® Core i5/ PCG-8121M	TO2015 DRC FY10 carryover (Year 1)	1	CPLT - Kinshasa
Desktop - Dell OPTIPLEX 790 + LCD	TO2015 DRC FY10 carryover (Year 1)	1	CPLT - Mbuji Mayi
Laptop - HP Pavilion DV6	TO2015 DRC FY10 carryover (Year 1)	1	Mbuji Mayi TB2015
Projector - LCD ACER 110 Display/Zoom/SVGA 4000/1.2500LM	TO2015 DRC FY10 carryover (Year 1)	1	Mbuji Mayi TB2015
Projector - LCD ACER 110 Display/Zoom/SVGA 4000/1.2500LM	TO2015 DRC FY10 carryover (Year 1)	1	Bukavu TB2015
Laptop - HP Pavilion DV6	TO2015 DRC FY10 carryover (Year 1)	1	Bukavu TB2015
Projector - LCD ACER 110	TO2015 DRC FY10 carryover (Year 1)	1	Lodja TB2015
Desktop - Dell OPTIPLEX 780	TO2015 DRC FY10 carryover (Year 1)	1	CPLT - Lodja
Satellite phone - THURAYA Mobile XT	TO2015 DRC FY10 carryover (Year 1)	1	Kinshasa TB2015
Projector - LCD ACER 110 Display/Zoom/SVGA 4000/1.2500LM	TO2015 DRC FY10 carryover (Year 1)	1	Kinshasa TB2015
Desktop - Dell OPTIPLEX 380	TO2015 DRC FY10 carryover (Year 1)	1	Lisala - CPLT
Projector - BENQ	TO2015 DRC FY10 carryover (Year 1)	1	Lisala - TB2015
Motorbike Yamaha DT 125	TO2015 DRC FY11 (Year 2)	1	CPLT - Lodja
Motorbike Yamaha DT 125	TO2015 DRC FY11 (Year 2)	1	CPLT - Kindu
Motorbike Yamaha DT 125	TO2015 DRC FY11 (Year 2)	1	CPLT - Lisala
Motorbike Yamaha DT 125	TO2015 DRC FY11 (Year 2)	1	CPLT - Kananga
Motorbike Yamaha DT 125	TO2015 DRC FY11 (Year 2)	1	CPLT - Mbujimayi
Motorbike Yamaha DT 125	TO2015 DRC FY11 (Year 2)	1	CPLT - Tshikapa
Motorbike Yamaha DT 125	TO2015 DRC FY11 (Year 2)	1	CPLT - Bukavu
Laptop Toshiba SL 750, core i5 6GB RAM, 750 GB HDD	TO2015 DRC FY10 carryover (Year 1)	1	CPLT - Mbujimayi

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Laptop Toshiba SL 750, core i5 6GB RAM, 750 GB HDD	TO2015 DRC FY10 carryover (Year 1)	1	CPLT - Mbujimayi
Printer HP Laser jet LJ 1536 DN MFP	TO2015 DRC FY11 (Year 2)	1	Kinshasa TB2015
Vsat Modem 7400	TO2015 DRC FY11 (Year 2)	1	CPLT - Kindu
Laptop Lenovo 4287 -2WU	TO2015 DRC FY10 carryover (Year 1)	1	Kinshasa TB2015
Laptop Lenovo 4287 -2WU	TO2015 DRC FY10 carryover (Year 1)	1	Kinshasa TB2015
Laptop Lenovo 4287 -2WU	TO2015 DRC FY10 carryover (Year 1)	1	Kinshasa TB2015

Success Story

Gaining Ground in the Fight Against MDR-TB in DRC

The Democratic Republic of Congo faces the third highest TB burden in Africa. Despite challenges, national leadership, health providers, and community members continue to forge ahead with determination to find solutions. With funding from USAID, PATH provides intensive technical support for implementation of the Stop TB Strategy in provinces where health care systems are stretched beyond capacity. As one man recently diagnosed with TB puts it, "Life is very difficult and health care is limited in many areas."

Re

sistance to TB drugs is a growing problem, and those with limited access to health care suffer the most. Factors contributing to the development of multidrug-resistant TB (MDR-TB), include lack of appropriate screening, logistical challenges that prevent effective transport of sputum samples for testing, limited diagnostic capacity, delays in getting test results, inappropriate TB drug use and shortages of second line TB drugs. The project has attempted to tackle the program from multiple angles.

PA

TH started by using the WHO-endorsed MDR-TB planning toolkit to develop a programmatic management scale up plan; trained health workers to identify opportunities to screen patients with possible MDR-TB; providing them with tools to collect and transport specimens to the reference laboratory for testing; and supporting the introduction of new diagnostic tools such as the GeneXpert to the laboratory network. PATH also introduced treatment adherence packages that have contributed to increases in treatment compliance.

Th

ese efforts have begun to make an impact on lives around the country as well as helping to strengthen the health system for better management of drug resistant TB. This year, screening of those presumed to have MDR-TB increased in project sites from 16% in the first half of the year to 51% by the second half of the year. Nationally, 2,705 presumptive MDR-TB specimens were collected from Kinshasa alone and sent to the National Reference Laboratory (NRL), while 4,572 specimens were transported from the remaining Centre de Santé de Dépistage et Traitement (CSDT) to the NRL. Among those, 810 specimens came from the 7 supported Coordination Provinciale de Lutte contre la Lèpre et la Tuberculose (CPLTs). A total of 82 new MDR-TB cases were diagnosed and of the 125 MDR-TB patients who started treatment in 2011, 105 (64%) successfully completed treatment, an improvement compared to previous cohorts.

O

ne project team member stated, "A major difference can be seen between the performance of project-supported areas and those CPLTs without project support. We are seeing that 41% of MDR-TB cases were diagnosed in the 7 project-supported areas compared with 11% in the 15 remaining CPLTs combined. But we cannot stop with diagnosis. We also found that 43% of MDR-TB patients enrolled on treatment were located in project-supported CPLTs, compared with 9% in the other locations. This progress gives me hope."



Photo credit: PATH

Acronyms List

ACME-IT	advancing continued medical education through information technology	MODS	microscopic-observation drug-susceptibility
ACSM	advocacy, communication, and social mobilization	MOU	memorandum of understanding
AIDS	Acquired Immune Deficiency Syndrome	MSH	Management Sciences for Health
ASM	American Society of Microbiology	NGO	nongovernmental organization
CAD	Club des Amis Damien	NRL	National Reference Laboratory
CPLT	Coordination Provinciale de Lutte contre la Lèpre et la Tuberculose	NTP	National Tuberculosis Program
CSDT	Centre de Santé de Dépistage et Traitement	NTRL	National Tuberculosis Reference Laboratory (South Africa)
DLM	Directorate of Disease Control	OCA	organizational capacity assessment
DOTS	internationally recommended TB control strategy	PATI-IV	Programme Anti Tuberculeux Intégré IV
DRC	Democratic Republic of Congo	PATIOR	Programme Anti-tuberculeux Intégré Recherche Opérationnelle
DST	drug susceptibility testing	PEPFAR	US President's Emergency Plan for AIDS Relief
DTC	District Tuberculosis Coordinator	PLWHA	people living with HIV/AIDS
EQA	external quality assurance	PMDT	programmatic management of drug-resistant tuberculosis
EQE	Equateur Est	PNLT	Programme National de Lutte contre la Tuberculose
FY	Fiscal Year	PNLS	Programme National de Lutte Contre le VIH/SIDA
GLC	Green Light Committee	PPM	public-private mix
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria	ProVIC	Projet Intégré de VIH/SIDA au Congo
HIV	human immunodeficiency virus	RDC	Research Determination Committee
IHP	Integrated Health Project	SOW	Statement of Work
IRB	institutional review board	SS+	sputum smear positive
KOE	Kasai Occidental Est	TB	tuberculosis
KOO	Kasai Occidental Ouest	TB CAP	Tuberculosis Control Assistance Program
KORS	Kasai Oriental Sud	TB/HIV	tuberculosis and HIV co-infection
LNAC	Ligue Nationale Antituberculeuse et Antilépreuse du Congo	USAID	US Agency for International Development
M&E	monitoring and evaluation	USG	US government
MDR-TB	multidrug-resistant tuberculosis	WHO	World Health Organization
MNM	Maniema	XDR-TB	extensively drug-resistant tuberculosis
MOST	Management and Organizational Sustainability Tool		