



PATH Annual Report

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(or TB IQC Task Order 2015)**

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List of acronyms

ACSM	advocacy, communication, and social mobilization
AIDS	acquired immune deficiency syndrome
AP	Andhra Pradesh (India)
APHFTA	Association of Private Health Facilities in Tanzania (Tanzania)
BSL3	biosafety level 3 (India)
CAR	Central Asia region
CBO	community-based organization
C-DOTS	community-based DOTS
CEO	chief executive officer
CHMT	council health management team (Tanzania)
CORPs	community's own resource persons (Tanzania)
CTD	Central TB Division (India)
CTRL	Central TB Reference Laboratory (Tanzania)
DHMT	District Health Management Team (Tanzania)
DLT	District Laboratory Technologist (Tanzania)
DOTS	directly observed therapy, short course
DRC	Democratic Republic of Congo
DST	drug susceptibility testing
DTHC	District TB/HIV Coordinator (Tanzania)
DTLC	District TB/Leprosy Coordinator (Tanzania)
E&E	Eastern Europe and Central Asia
EQA	external quality assurance
ETR	electronic TB register
FDC	fixed dose combination
FIND	Foundation for Innovative New Diagnostics
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GLC	Green Light Committee
HIV	human immunodeficiency virus
IDC	Infectious Disease Center (Tanzania)
IEC	information, education, and communication
IPCAN	Infection Prevention & Control Africa Network
IQC	indefinite quantity contract
IRL	intermediate reference laboratory
ISTC	international standards for TB care
KNTH	Kibong'oto National Tuberculosis Hospital (Tanzania)
LED	light emitting diode
LPA	line probe assay
M&E	monitoring and evaluation
MDR-TB	multidrug-resistant TB
MKUKI	Mkakati wa Kupambana na Kifua Kikuu (Tanzania)
MOH	Ministry of Health
MoHSW	Ministry of Health and Social Welfare (Tanzania)
MSH	Management Sciences for Health
NACP	National AIDS Control Program (Tanzania)
NGO	nongovernmental organization
NIMR	National Institute of Medical Research (Tanzania)

NTLP National Tuberculosis & Leprosy Program (Tanzania)
 PATH..... Program for Appropriate Technology in Health
 PIH..... Partners in Health
 PPM public-private mix
 QA..... quality assurance
 QC..... quality control
 RDMA Regional Development Mission/Asia
 RHMT Regional Health Management Team (Tanzania)
 RNTCP..... Revised National Tuberculosis Control Programme (India)
 RTLC Regional TB/Leprosy Coordinator (Tanzania)
 SEARO WHO Regional Office for South-East Asia
 SLD..... second-line drug
 SOP standard operating procedures
 TA technical assistance
 TASC2 Technical Assistance and Support Contract II
 TB TEAM..... TB Technical Assistance Mechanism
 TB tuberculosis
 TLCU TB/Leprosy Central Unit (Tanzania)
 TO 2 Task Order 2
 TO 2015 Task Order 2015
 TOT..... training of trainers
 TWG technical working group
 UCSF University of California, San Francisco
 USAID United States Agency for International Development
 VCT voluntary counseling and testing
 WHO SEARO..... World Health Organization Regional Office for South-East Asia
 WHO..... World Health Organization
 XDR-TB..... extensively drug-resistant TB
 ZACP Zanzibar AIDS Control Programme (Tanzania)
 ZN Ziehl Neelsen
 ZTHC Zonal TB/HIV Coordinator (Tanzania)
 ZTLP..... Zanzibar TB and Leprosy Programme (Tanzania)

Introduction

Task Order 2015 (TO 2015) was awarded to PATH on September 29, 2009, with a scheduled end date of September 28, 2014. PATH is implementing activities requested by the United States Agency for International Development's (USAID) Bureau for Global Health, Office of Health, Infectious Diseases and Nutrition, Infectious Diseases Division, as well as USAID Missions in India, Tanzania and the Bureau for Europe and Eurasia (E&E). During this first year of the project, PATH has worked with the United States Agency for International Development (USAID) and partners to put in place subcontracts for the umbrella TB (tuberculosis) Indefinite Quantity Contract award and the Task Order; build partners' understanding of USAID contract requirements; and make progress on all four of these work plans. The TB IQC partners include: American Society for Microbiology, Foundation for Innovative New Diagnostics, Initiatives, Inc., Management Sciences for Health, Partners in Health, and University of California, San Francisco. Progress on specific activities is detailed below.

A. Core-funded global support activities

Project summary

Core-funded activities include those in support of advocacy, communication, and social mobilization (ACSM); control of multidrug-resistant TB (MDR-TB); introduction of new tools; and technical assistance to prepare Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) applications.

Among the more notable achievements, two ACSM workshops were conducted in Africa and Asia for a total of 60 participants from 16 countries, bringing together partners working in ACSM for TB control to build a shared approach to strengthen the impact of country-level ACSM activities. The ACSM curriculum has been finalized and will be widely distributed following approval. PATH has also finalized drafts of a complete package of tools that countries can use to plan for MDR-TB control scale-up. Technical assistance was provided to support three country applications for Round 10 of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). Progress on specific activities is detailed below.

Activities

Activity 1. Assist in developing, implementing, and evaluating ACSM strategies for TB control

1.1 Conduct Africa and Asia regional ACSM skills-building workshops

The goal of the ACSM regional workshops was to build ACSM skills at the national and local levels to support a sustained contribution of ACSM interventions to TB control program improvements. The workshops targeted key staff and brought together partners working on ACSM activities in TB control to create a shared understanding of how to move forward in a coordinated fashion to improve the impact of ACSM activities at country level.

In April 2010, PATH held the Africa ACSM regional workshop in Tanzania for 24 representatives from Ethiopia, Nigeria, South Africa, Tanzania, and Uganda. Participating countries were selected in collaboration with USAID, the Stop TB Partnership, World Health Organization (WHO) regional offices, and national TB programs. Core funds leveraged additional resources from the Stop TB Secretariat to support participants' travel and invite one additional participant from South Africa. Two PATH/Tanzania staff (previously trained as trainers with support of the Tanzania Mission funds under Technical Assistance and Support Contract II (TASC2), Task Order 2 served as co-trainers at the Africa ACSM workshop. [See Annex 2 for Workshop Report]

In September 2010, PATH facilitated an Asia ACSM regional workshop in Sri Lanka in collaboration with the WHO Regional Office for South-East Asia (SEARO) and the KNCV Tuberculosis Foundation. It included 36 representatives from all 11 countries in the SEARO region.¹ SEARO was responsible for managing workshop logistics, selecting participants, and supporting the cost of attending the workshop. Core funds supported adaptation of the workshop program and materials and participation of the lead facilitator and two co-facilitators. [See Annex 2 for Workshop Report]

Both workshops were intended to help countries reintegrate ACSM activities into their TB control programs. At the workshops, the country teams conducted gap and barrier analysis and developed ACSM action plans or revised existing ones.

1.2 Finalize and disseminate the ACSM skills-building curriculum

In this reporting period, PATH piloted and refined the ACSM skills-building curriculum. It is designed to provide country-level staff with the specific knowledge and skills to plan, implement, and evaluate effective ACSM interventions linked to specific TB control objectives. The curriculum structure and methodologies proposed by PATH were approved by the Stop TB Partnership ACSM Country Level Core Group members for global use. The Core Group included finalizing of the curriculum in its 2010 work plan, with PATH leading the activity.

PATH piloted the curriculum at the aforementioned ACSM training of trainers workshop in Tanzania and adapted it for regional and country-level ACSM trainings in Tanzania, Sri Lanka, India, and Ukraine. It was translated into Russian for use in Eastern Europe (with support of the ACSM Activities in Eastern Europe and Central Asia Project funds). PATH also distributed the draft curriculum among ACSM Core Group members, WHO international ACSM consultants, and the participants who attended the regional workshops. In response to comments from workshop participants and partners, PATH further refined the curriculum. PATH technical staff is now reviewing the document before creating the final version. As soon as the curriculum is finalized, PATH will disseminate it through Stop TB Partnership, USAID, and PATH websites and in international, regional, and national-level workshops.

1.3 Respond to requests for ACSM technical assistance

PATH has received technical assistance (TA) requests from participants from the Africa regional workshop (Ethiopia and South Africa) and the Asia regional workshop (Thailand, Nepal, and Sri Lanka). However, it has taken longer than anticipated to get approval from the country authorities to move forward on this TA; thus, the actual TA will take place for some of these countries in the next reporting period.

1.4 Participate in the Stop TB Partnership ACSM core groups

In November 2009, PATH participated in the Stop TB ACSM Country Level Core Group and Subgroup meetings in Cancun, Mexico. PATH was also invited to make a presentation on “Involving Pharmacy Staff in Cambodia in Active Case Finding” at the upcoming ACSM symposium (November 14, 2010) sponsored by the Stop TB Partnership at the 41st World Conference on Lung Health (November 11–15, 2010; Berlin, Germany), and will highlight results of this USAID-funded project. [See Annex 2 for Report]

1.5 Evaluate ACSM intervention impact on community knowledge, case detection, and treatment outcomes

¹ Bangladesh, Bhutan, India, Indonesia, Maldives, Myanmar, Nepal, South Korea, Sri Lanka, Thailand, Timor-Leste

In conjunction with the USAID-funded Tanzania project, core funds are being used to support data collection efforts related to the Kisarawe ACSM intervention project. The PATH Tanzania team has trained research assistants and has started M&E data collection in five sites in Kisarawe; as of September 30, 48 TB patients had been interviewed to determine exposure to ACSM interventions. We expect data collection to be complete and data analysis to begin during the next reporting period. This evaluation is a rare attempt to assess the impact of innovative ACSM and will provide data on which of a set of interventions are most promising in terms of increasing case detection. To date, there is very little evidence on the effectiveness of different ACSM approaches, thus it is difficult to convince program managers and policymakers of their value. This activity will help fill this gap.

Activity 2. Provide MDR/XDR TB technical assistance to high-burden countries

PATH objectives under this activity are to accelerate the implementation and improve the effectiveness of multidrug- and extensively drug-resistant TB (MDR/XDR-TB) control in a select number of high-burden countries on USAID's priority list in order to reduce the global burden of MDR/XDR-TB and increase capacity in countries to manage MDR/XDR-TB activities as part of a comprehensive TB control program.

2.1 Provide technical assistance to one country to prepare a comprehensive assessment of MDR/XDR-TB control and develop an action plan

PATH continued to consult with the Green Light Committee (GLC) Secretariat in an attempt to coordinate MDR-TB support activities under TB TO 2015 with other actors at the global level. As of September 2010, we agreed with GLC that we will support activities in the Democratic Republic of Congo (DRC) in collaboration with GLC and on an ongoing basis to revise the DRC's action plan and clinical protocols for MDR-TB control, monitor progress, and build synergies with activities supported under the Task Order through a buy-in from USAID/DRC. Initial visits have been conducted with Mission funds to develop the DRC work plan as well as to plan for supporting MDR-TB control activities with core funds. A joint monitoring and assessment visit will take place in early 2011 with GLC and PATH staff or consultants to assess progress on GLC-supported activities and to pilot the tools developed under activity 2.2, described below.

2.2 Harmonize existing MDR-TB planning tools in collaboration with WHO and the Stop TB Partnership

A complete package of tools that countries can use to plan for MDR-TB control scale-up has been finished and is ready for piloting. These tools are based on the original PATH-developed *MDR/XDR-TB Assessment and Monitoring Tool* and now take into account all recent MDR-TB guidelines, GLC instructions, GFATM requirements, monitoring and evaluation (M&E) frameworks, and the budgeting and planning tool. [See Annex 2 for draft tools]

PATH has worked closely with the GLC Secretariat to ensure that the new package is consistent and easy for countries to use in preparing MDR-TB gap analyses, TA requests, national plans, and funding applications. It includes a checklist describing essential and additional MDR-TB control elements, a modified version of the original tool as worksheets to do a gap analysis, a template for an actual plan document, and drafts of a logic model and an M&E plan, which will form a complete package that can be used globally.

PATH used the new set of tools during sessions of the WHO MDR-TB consultant regional trainings in Peru and India (supported by TASC2 TB TO 2). The package is now ready for piloting during year 2 of the Task Order. The package will be piloted at the country level in DRC and Zimbabwe as well as in countries in Asia (through Regional Development Mission/Asia (RDMA)-supported work) to inform any further revisions. This project has moved along well because of close collaboration with the GLC and support of WHO staffers, who see the value in creating a harmonized set of tools. Collaborative work was

somewhat slowed as the GLC is being reorganized, but we will continue to move forward with pilots to create a useful and user-friendly set of tools for countries to use on their own as they develop their MDR-TB strategies.

2.3 Continue to engage in infection control scale-up

One PATH staff member participated in the Infection Prevention and Control Africa Network (IPCAN) meeting in August 2010 in South Africa and prepared a poster presentation on Tanzania's successes and challenges in implementing its new infection prevention and control (IPC) program for an audience of 250 researchers and implementers from all over the world. Among the progress and challenges noted by participants, key points included: the positive impact of bringing researchers and implementers together; the essential role leaders play in advocating for IPC; the need for more attention to TB IPC, especially in the context of HIV and MDR-TB; the importance of practicing IPC in all settings (including low resource settings) to reduce morbidity and mortality; and introduction of new technologies for IPC. [Report available in Annex 2]

Activity 3. Support the introduction of new tools for TB control

The plan for the development of checklists for line probe assays (LPA) and light emitting diode fluorescent microscopy (LED FM) has been modified. Specifically, as a preliminary step, PATH will first develop a generic checklist for new tools introduction. We will then use this generic checklist to develop the checklists for the LPA and LED FM. In this effort, we will be involving two other departments within PATH: Technology Solutions and Health Systems Strengthening. The Health Systems Strengthening team already has ongoing work to strengthen laboratories in country, and the Technology Solutions team is a leader in new diagnostics. This change from our original plan will delay the development of the checklists until June 2011.

Activity 4. Support applications to the Global Fund, and address bottlenecks in the implementation of Global Fund projects

Through TO 2015 in this reporting period, PATH provided short-term TA to support three Round 10 (R10) applications to the Global Fund for USAID priority countries. PATH consultants worked closely with the Ministries of Health (MOH) in Zimbabwe and Zanzibar to develop complete R10 GFATM applications. PATH's partner, Management Science for Health (MSH) assisted the Tanzanian National TB and Leprosy Program with developing and submitting its R10 application. As a result, Zimbabwe, Zanzibar, and Tanzania each developed and submitted peer-reviewed R10 GFATM applications by the August 20, 2010 deadline. Recommendations on funding of proposals are expected in December 2010.

PATH expanded the roster of staff and consultants with experience providing TA on GFATM grants or applications in many different regions. PATH has initiated an analysis of the TA process for GFATM applications to improve future support and continues to work with TB Technical Assistance Mechanism (TB TEAM) and partner organizations to provide systematic feedback on TA. [Roster, trip reports, and final GF applications are available in Annex 2]

Challenges

The following challenges were encountered during the reporting period under each of the four core-funded activities.

Activity 1. Assistance with ACSM strategies

As mentioned above, it has taken longer than anticipated for country teams to discuss final TA needs and get approval from their country authorities. PATH has been communicating with the Ethiopia and South

Africa participants from the Africa regional workshop, but their plans are still under discussion. PATH will be following up on next steps for TA for these and the country teams from the Asia regional workshop in the next reporting period.

Activity 2. MDR-TB technical assistance

GLC's delays in identifying the countries to support for MDR-TB considerably slowed activity 2.1. Although there is a benefit to collaboration and coordination of activities among the many players providing TA for MDR-TB, PATH will from now on establish clear deadlines for feedback and decision-making to ensure that activities can move forward, while continuing to keep other colleagues informed of our planned activities through the TB TEAM to avoid duplication of effort.

Harmonization of MDR-TB tools was slowed by the reorganization of the GLC and the uncertainty surrounding the new architecture of global MDR-TB support. However, we have successfully completed the first version of the complete package of tools and anticipate piloting them at country level shortly.

Activity 3. New tools

FIND raised concerns about the implementation of the various technologies through the development of national laboratory strategic plans rather than through individual implementation of checklists. PATH and FIND will hold discussions in November in Berlin during the Union meeting to resolve this issue and further plan a way forward.

Activity 4. Support applications to the GFATM

One of the major challenges for the GFATM application TA is the need to plan and organize a strong proposal within very short timeframes. Although PATH has tried to work more closely with host country partners prior to the actual TA visit, it continues to be difficult to develop successful applications. In some cases, in-country staff has limited understanding of the overall application process and limited capacity for financial analysis and budgeting. Both of these challenges have contributed to delays in proposal development.

B. Field support

Geographic area: INDIA

Title: Support for DOTS Strengthening and DOTS-Plus Scale-up

Project summary

In October 2009, PATH received funds from USAID/India to support the Revised National Tuberculosis Control Programme (RNTCP) under its new TB IQC TO 2015 to continue the work PATH started under TASC2 TB, Task Order 2, in several different areas of TB control. Areas for support include laboratory strengthening; infection control; advocacy, communication, and social mobilization (ACSM); public-private mix (PPM); and multidrug-resistant TB (MDR-TB) control. TB TO 2015 activities complement the work performed under TASC2 TB TO 2.

Objectives

The objectives of the project included the following:

- A. Strengthen Intermediate Reference Laboratory (IRL) capacity to attain and maintain accreditation for culture and drug susceptibility testing (DST) by addressing gaps in infrastructure, planning, and management to complement technical support.
- B. Improve the national capacity to provide high-level expertise on infection control.
- C. Build an evidence base to inform effective expansion of ACSM activities.
- D. Effectively engage other providers and segments of society in TB control activities to support RNTCP goals and objectives through public-private mix activities.
- E. Support effective expansion of MDR-TB control activities by identifying and addressing gaps in the DOTS-Plus program.

Achievements

Objective A. Laboratory strengthening

Laboratory upgrades: PATH is requesting that we shift laboratory upgrade work to TASC2 TB TO2 funding support to address pipeline issues in that mechanism, which ends in 2011. The Central TB Division (CTD) of RNTCP has requested PATH to upgrade 15 IRLs to facilitate introduction of line probe assays for rapid diagnosis of MDR-TB and upgrade two laboratories to Biosafety Level 3 facilities. Please see TASC2 TB TO2 annual report for details.

National Laboratory Committee: PATH participated in the 18th National Laboratory Committee meeting in February 2010 at New Delhi along with representatives from CTD, FIND, and WHO to review the laboratory activities and evaluate the progress of IRL accreditation. [See Annex 2 for report] No additional meetings of the Committee have been convened by CTD this year, in part due to the departure of the CTD laboratory focal person.

Laboratory assessment checklist: In response to CTD guidance, representatives from CTD, FIND, WHO, PATH, NRLs, and IRLs met again in June and July to discuss and finalize a combined laboratory assessment checklist and plan for pilot visits using the checklist by FIND and PATH staff. In response to the cancellation of two of PATH's planned activities—a comprehensive assessment of IRL human resource development needs, and thorough engineering assessments of the IRLs—it was agreed that these elements would be incorporated into the overall IRL monitoring checklist to improve the efficiency and completeness of monitoring visits. The checklist has many components, including human resources, solid and liquid culture, biosafety, equipment maintenance, and molecular diagnosis. [Draft checklist available in Annex 2.]

To pilot the comprehensive IRL checklist, the PATH Technical Officer and FIND staff visited the IRL at Kolkata in September 2010. [See Annex 2.] The checklist was found to be useful in identifying areas for improvements and recommendations. It contributed to the laboratory expansion plans of RNTCP in relation to assessing capacity, maintaining quality toward accreditation, and rapid detection of MDR-TB.

Objective B. Infection control

In August 2010, four architects from Andhra Pradesh, Gujarat, West Bengal, and Delhi attended the course “Building Design and Engineering Approaches to Airborne Infection Control” at the Harvard School of Public Health in Boston, Massachusetts, through PATH’s subcontract with Partners in Health (PIH). These architects were chosen for their professional skill as well as their willingness to expand local capacity in the construction and renovation of health care facility buildings that will be less likely to contribute to the airborne spread of drug-resistant TB. The lead course facilitator from PIH commended the “active participation of our high-level Indian delegation; they asked many questions, contributed to many discussions, and presented cases to the group for problem-solving.” [More information about the training is in Annex 2]

While only a select few architects have had the opportunity to benefit from the training thus far, the August session served as a foundation for several trainings to be held in India over the next year. In the first of these India-based workshops, a team of technical experts led by PIH will facilitate the training of up to 15 Indian architects—with the participation of the four Indian architects trained in August. Under the mentorship of the PIH-led team, the four architects will contribute to most if not all of the presentations in the course, and will help with the small group break-out sessions. During their time together in August, PIH experts and the four architects laid the groundwork for the upcoming India-based training. They took the opportunity to discuss the content and format in view of the architects’ experience in Boston. Unfortunately, this initial training had to be postponed until 2011 because of visa problems for the facilitators.



After the successful completion of the first India-based workshop, another training in India will be planned with less input from the foreign faculty. The end goal will be to help Indian stakeholders conduct a country-led training with little input and only a few guest lectures by outside experts.

Objective C. Advocacy, communication, and social mobilization

ACSM activities were implemented this year with TASC2 TB TO2 funds. The companion activity under TO 2015, an experience-sharing workshop, was postponed to track with the progress of the other activities. PATH plans to convene experience-sharing workshops once sufficient experience has been gained by the collaborating organizations and states implementing ACSM activities in the field.

Objective D. Public-private mix

PATH conducted a meeting with TB Alert and LEPR Health in Action to discuss workplace interventions. The LEPR chief executive officer, TB Alert Asia representative, and the program staff of TB Alert and LEPR participated in this meeting where we discussed possibilities of introducing workplace TB interventions in one of the districts where construction activities are abundant. This activity

is planned in mid-November 2010 and two districts, Nalgonda and Ranga Reddy, are being considered for piloting as recommended by the Andhra Pradesh State TB Officer.

PATH initiated the process of sensitizing the State TB office and labor department to workplace TB risks and interventions. In the next reporting period, these two government entities will coordinate activities with industries of two districts to introduce TB case finding and treatment adherence. PATH will also facilitate linkages among NGOs and the State TB office.

PATH and Initiatives Inc. also sought to integrate TB into existing HIV workplace programs and expand TB awareness and linkages between TB and HIV into the private and NGO sectors. The groundwork for these activities is underway, and Initiatives will support PATH's work in expanding TB/HIV workplace programs in 2010–2011. [See Trip Report in Annex 2]

Objective E. MDR-TB control

PATH conducted four preparatory meetings starting in May 2010 with Andhra Pradesh (AP) State AIDS Control Society officials to pursue the proposal to train nurse practitioners (who have traditionally been supported through HIV programs) and allied professionals in MDR-TB patient care and infection control to extend the reach of the RNTCP's DOTS-Plus program to additional staff in lower-level facilities closer to patients. There were some delays in this activity because the nurse practitioners' contract renewal was being negotiated. As of mid-September, their contracts were renewed, and this activity is moving forward in collaboration with the AP government.

Challenges

A large concurrent influx of funding through both TASC2 TB TO2 and TB TO 2015, along with changes in CTD priorities throughout the project year, presented significant challenges to PATH and partners' progress. A number of specific activities that were initially approved by CTD in discussion with PATH, WHO, and USAID were subsequently canceled by CTD at very late dates, making it difficult to expend funds efficiently. PATH is working closely with USAID/India to address these issues with CTD and ensure that approved activities can move forward without significant shifts during the coming year.

As a result of these challenges and the significant pipeline in TASC2 TO2, PATH with USAID's consent gave priority to spending down funds in TO2, which has reached its ceiling, and so fewer activities were undertaken under TO 2015. However, significant groundwork has now been laid for moving forward more quickly in the areas of laboratory strengthening, infection control, ACSM, and PPM; to the extent possible, activities have been shifted from MDR-TB control, where there are a number of sensitivities and concerns, to the other areas of support.

PATH headquarters and country staff will monitor pipelines carefully over the coming fiscal year to ensure adequate burn rates and will work with USAID as necessary to revise the work plan and budget to meet changing circumstances.

Details of some specific challenges are provided below:

Laboratory strengthening

A shift in CTD priorities and the decision by WHO to develop a central laboratory task force meant that many of PATH's activities in the TO 2015 FY09 work plan were either cancelled or postponed at a very late stage in the year, after initial agreement had been reached on all work plan activities. WHO initiated a process of establishing a national laboratory task force with USAID funding and currently subcontracted to UNOPS. WHO felt that many of the activities planned to be conducted under PATH's TO2 and

TO2015 work plans should instead be undertaken by this task force. Instead, we were therefore requested to halt many of the agreed-upon laboratory activities (Activity A.8, A.9, and A.11).

On May 31, 2010, we were informed that CTD has objections to having external agencies (e.g., PATH partners) involved in HR, infection control (IC), and biosafety assessments of the IRLs and activities related to those components were therefore canceled [see Annex 2]. CTD has also requested we revisit the onsite IC training activity in the laboratory committee and decide on a further course of action. National Laboratory Committee meetings have not taken place since February 2010, hampering further progress and decision-making at the central level.

The IRL human resource (HR) assessment (Activity A.9) was cancelled. The training on diagnostic equipment maintenance standard operating procedures (SOPs) (Activity A.8) and laboratory management capacity building and systems planning (Activity A.11) have been postponed indefinitely. For Activity A.10, we conducted one IRL experience-sharing workshop (under TO2 funding); the second was postponed at the request of CTD. CTD had reservations about six-monthly experience-sharing workshops for IRL staff and advised that this should be done annually instead.

Frequent turnover of WHO consultants at CTD has impaired the capacity to meet the requirements of partners. The laboratory focal person left CTD and the position is being filled by another consultant who looks after many other activities. This staffing turnover and shortage has resulted in frequent delays in communicating decisions and follow up from CTD.

Infection control

The in-country training of the engineers (Activity B.2) was planned and scheduled for October 2010. Because two internationally based technical team members from PIH had insurmountable visa problems, the training has been postponed to January 2011. The India and internationally based teams are working together to guarantee that similar logistical concerns do not cause further delay.

MDR-TB

In general, there is intense concern on the part of CTD and WHO that there may be overlap in MDR-TB support activities, or that staff or consultants who are unfamiliar with India's DOTS-Plus system may complicate or misguide the scale-up effort. Even though MDR-TB activities in the work plan were discussed at length and approved by CTD in face-to-face meetings, the vast majority of these activities were subsequently canceled or postponed indefinitely. PATH has reconfigured its approach to MDR-TB support to focus on continuation of treatment support in the community, to fill a known gap that does not overlap with WHO or CTD activities in the area of MDR-TB control, and we will pursue this approach in the coming year after receiving approval from CTD to move forward.

For the pharmacy trainings (Activity E.8), although the pharmacy units are closed on Sundays, we have had difficulties getting pharmacy staff to attend trainings on Sundays. We have found that personal intervention by the Drug Controller (the regulatory authority of state government for drugs, cosmetics, pharmacies, and licensing) is improving the situation.

Environmental impact statement

During the reporting period, the main activities undertaken by PATH were training and technical assistance. The disposal of infectious waste in IRLs and the disposal of other waste from infection control assessments are done in accordance with RNTCP guidelines. There was no adverse impact of these activities on the environment.

Geographic area: TANZANIA (GHCS)

Title: Support for DOTS Expansion

Project summary

Building on progress achieved under TASC 2 TB Task Order 2 (TO2), PATH is working with the TB IQC partners, Ministry of Health and Social Welfare (MOHSW), National TB and Leprosy Programme, and Zanzibar TB and Leprosy Programme (ZTLP) to support implementation and scale-up of the Stop TB Strategy and Tanzania's MDR/XDR-TB Response Plan to increase detection and successful treatment of TB and to achieve reductions in TB prevalence and death. All activities undertaken are aligned with National Health Sector policy and strategy and specifically, the recently drafted NLTP Five Year Strategy. The program focuses on five priority areas: human resource capacity development, laboratory strengthening to improve TB diagnosis, support for TB surveillance, targeted active case finding, and strengthening infection control in health care settings.

Objectives

The objectives of the project included the following:

1. Support the Ministry of Health and Social Welfare (MoHSW) and National TB and Leprosy Programme (NTLP) to implement and scale up priority interventions in accordance with the Stop TB Strategy and National MDR/XDR-TB Response Plan.
2. Strengthen the diagnostic capacity of the NTLP and MoHSW with technical assistance to introduce and scale up new tools.
3. Build the capacity of the NTLP to diagnose and treat multidrug-resistant and extensively drug-resistant TB (MDR/XDR-TB) in accordance with the National MDR/XDR-TB Response Plan and WHO/Stop TB recommendations.
4. Build capacity of private sector providers to diagnose and treat TB.
5. Scale up advocacy, communication, and social mobilization (ACSM) activities to improve case detection and treatment success.
6. Strengthen monitoring and evaluation activities to support routine NTLP reporting and USAID reporting requirements.
7. Initiate TB/HIV collaborative activities in seven districts of Kilimanjaro Region by September 2010.

Achievements

Since the approval of the work plan and budget in May 2010, PATH has worked closely with the TB IQC partners—Dartmouth Medical School, Management Sciences for Health (MSH), and the University of California at San Francisco (UCSF)—to initiate their activities in country. Most notable among the achievements in this short timeframe has been the initiation of the very first cohort of patients ever to receive treatment for MDR/XDR TB in Tanzania (see Objective 3).

Objective 1. Support the MoHSW and NTLP to implement and scale up priority interventions in accordance with the Stop TB Strategy and National MDR/XDR-TB Response Plan.

Under Objective 1, PATH continued a diverse set of activities that were initiated under TASC2 TO2 to support the NTLP in implementing the Stop TB strategy and Tanzania's MDR/XDR-TB response plan.

Activity 1.1. Support NTLP to coordinate activities of key stakeholders through technical working groups.

Under this activity, PATH was charged with coordinating and facilitating quarterly meetings of several technical working groups. Because the NTLP has been occupied with other activities and unable to

prioritize coordination of these working groups, we will be implementing this activity in the next reporting period.

Activity 1.2. Review and update selected NTLP policies, guidelines, reporting forms, and diagnostic flow charts.

MSH and PATH conducted a needs assessment for updating the NTLP manual. It was determined that several sections need to be updated including: monitoring and evaluation (M&E), ACSM, programme management, TB/HIV, drug management, MDR-TB, laboratory management, and pediatric TB. It was also noted that because the manual is available only in English, it is not well understood by all health workers, especially the DOTS nurses. It has been recommended to form a technical review team, led by the NTLP, to update the current NTLP manual to include new information and consider translation. Accordingly, MSH has started to revise the English version of the manual in collaboration with NTLP and PATH, and expect that it will be ready for possible translation and printing in the next reporting period. [See Annex 2 for draft MDR guidelines]

Activity 1.3. Support planning, training, and procurement of equipment for infection prevention and control.

In support of the new infection prevention and control guidelines, PATH procured and distributed 3,000 surgical masks and 450 N95 respirators to Kibong'oto National Tuberculosis Hospital. Additional activities will take place in the next reporting period.

Activity 1.4. Improve the clinical and programmatic management of pediatric TB.

Building on Dartmouth's current work on pediatric AIDS and TB, which has been implemented at the Infectious Disease Center (IDC) in Dar es Salaam, Dartmouth conducted a site visit in June 2010 to assess training needs on pediatric TB diagnosis and care. Since then, they have drafted sections of the pediatric TB guidelines and are gathering input from partners, USAID, and NTLP. [See Annex 2 for trip report and outline]

Activity 1.5. Provide technical assistance to enhance case detection.

In September, MSH conducted a situational analysis of TB case detection practices in 14 health facilities in three districts in the Arusha region. The key findings included:

- There is a lack of standard operating procedures (SOPs) for Ziehl Neelsen (ZN) staining in most of laboratories except Kijenge Catholic Health Centre and Meru District Hospital.
- None of the consulting rooms in the visited health facilities had information, education and communication (IEC) materials or job aids related to TB case detection.
- All health facilities had a designated health care provider for managing TB patients.
- There was inconsistency in recording and reporting TB cases from one facility to another.

The findings from this rapid assessment will contribute to the development of SOPs, job aids and other tools to improve TB case detection in the next reporting period. [See Annex 2 for the report from the rapid assessment]

UCSF finalized contact investigation protocols for a pilot project in Dar es Salaam with significant input from the NTLP and based on WHO policy guidelines for high TB-incidence settings. UCSF also began developing training materials and a training curriculum on contact investigation for a cadre of volunteer contact investigators, with a training planned for January 2011 for 15–20 participants. All of these materials will be updated after the pilot project is evaluated in the first half of 2011. [See Annex 2 for trip report related to household contact investigation]

Activity 1.6. Provide technical assistance to ensure sustainability of program activities.

To support program sustainability, PATH staff at regional and district levels have been supporting Council Health Management Teams to incorporate TB activities in Comprehensive Council Health Plans, thus ensuring that TB activities are routinely included in planning and budgeting processes at the regional and district levels.

PATH recruited and deployed a TB technical officer to the Zanzibar TB and Leprosy Program (ZTLP) to strengthen capacity to implement TB control activities. This technical officer is working closely to support the ZTLP manager and PATH zonal TB/HIV coordinator.

PATH has also introduced and supported Zonal TB Coordination meetings in six operational zones involving regional TB/leprosy coordinators (RTLCS), district TB/leprosy coordinators (DTLCS), district TB/HIV coordinators (DTHCS), regional laboratory technologists (RLTs), district laboratory technologists (DLTs), and the TB/Leprosy Central Unit (TLCU) to discuss zonal issues/challenges, solutions and future plans. These meetings are ongoing in PATH-supported regions.

In February 2011 (tentatively scheduled), MSH in collaboration with PATH will train national and regional level staff on the Management Organization Sustainability Tool (MOST) for TB. MSH will also conduct leadership and management training for NTLF staff at national and regional level, using a curriculum adapted to suit NTLF needs and requirements.

Activity 1.7. Support the MoHSW and NTLF in the finalization and printing of NTLF Strategic Plan
In this reporting period, PATH worked with the NTLF to finalize and printed 200 copies of the NTLF strategic plan for distribution to key stakeholders.

Objective 2. Strengthen the diagnostic capacity of NTLF and MoHSW with technical assistance to introduce and scale up new tools.

The majority of the activities under this objective will be conducted in the next reporting period. In an effort to support the NTLF to introduce and scale up new TB diagnostic techniques (Activity 2.1), PATH procured 42 LED microscopes, which will be distributed in the next reporting period.

Objective 3. Build the capacity of the NTLF to diagnose and treat MDR/XDR-TB in accordance with the National MDR/XDR-TB Response Plan and WHO/Stop TB recommendations.

Under this activity, the twenty-eight patients comprised the first cohort of patients to undergo MDR-TB treatment in Tanzania. A number of activities made this feat possible; these are described below.

UCSF developed draft *Operational Guidelines for the Management of Drug-Resistant Tuberculosis* that are now under review at the MoHSW. The *Operational Guidelines* cover national treatment guidelines as well as plans and protocols for management of patients with MDR/XDR-TB. The draft has been distributed to current providers of MDR-TB care, including staff at the Kibong'oto National Tuberculosis Hospital (KNTH) and district providers who will receive MDR-TB patients for continuation of care. Once approved, PATH will print and distribute these guidelines in the next reporting period.

In this reporting period, 25 staff at Kibong'oto was trained in MDR-TB management, including 6 medical doctors, 2 clinical officers, 13 nurses, 2 laboratory technicians, 1 pharmacist, and 1 hospital administrator. Forty Kibong'oto general hospital staff participated in an MDR-TB infection control session and 8 staff were trained in respirator fit testing for the MDR-TB service. Twenty-three district staff was trained via two interim training sessions at Kibong'oto Hospital. Twenty-one Kibong'oto staff was mentored on the job (6 medical doctors, 13 nurses, 2 clinical officers). [See Annex 2 to for trip report]

Objective 4. Build capacity of private-sector providers to diagnose and treat TB.

PATH has identified a local consultant to assist with the development of a workplace TB policy, training, and monitoring in collaboration with the Association of Private Health Facilities in Tanzania (APHFTA). We are now in the planning phase for the activities under this objective. We will be submitting the consultant's information to USAID for approval and continuing these activities into the next reporting period.

Objective 5. Scale up advocacy, communication, and social mobilization (ACSM) activities to improve case detection and treatment success.

PATH is continuing to build on the ACSM activities in our previous TASC2 TB TO2 work plans. Specifically, PATH trained three district coordinators on Photovoice methodology (Urban West, Karatu, Arumeru). These district coordinators will in turn supervise Photovoice activities in additional districts. PATH is using the outcomes of a Photovoice activity involving 24 TB patients in Karatu and Arumeru districts to develop educational brochures and posters that will be distributed through community channels and health facilities.

PATH trained 45 Community's Own Resource Persons (CORPs) on community-based education for TB diagnosis and treatment as well as community sensitization on TB and TB/HIV. These individuals are now sensitizing and educating their communities about TB and TB/HIV. PATH also developed materials for community sensitization which will be printed and distributed in the next reporting period.

Objective 6. Strengthen monitoring and evaluation (M&E) activities to support routine NTLP reporting and USAID reporting requirements.

PATH and partners are committed to supporting the NTLP routine reporting system and to providing high quality, timely data on program implementation and results to USAID. Specifically, PATH and MSH conducted a situational analysis of TB recording and reporting tools at the end of August 2010. Key findings included:

- All of the recording and reporting tools have gaps and outdated information.
- Rifampicin counting registers are no longer useful following the introduction of Fixed Dose Combination (FDC).
- Treatment supporter cards are in English and cannot be understood by guardians.
- There is no uniformity in filling of the unit register, as some information is in Kiswahili and some in English.

It was therefore recommended that the NTLP organize a meeting to discuss the findings of this assessment and subsequently form a technical review team to review and update recording and reporting tools.

Routine and joint supervision visits will be conducted in the next reporting period, as will the training of Electronic TB Register (ETR) and ETR upgrading.

PATH continues to routinely report on project achievements and challenges through quarterly, semiannual, and annual reports. We have drafted an M&E plan showing progress on specific activities and deliverables; the plan will be finalized in the next reporting period. PATH's new M&E officer is also working to building M&E capacity among PATH Tanzania staff, seconded RTHCs, and seconded DTHCs. In the third quarter, a total of 29 district coordinators were trained in M&E basics, which has increased their capacity in data collection and reporting procedures. The submission of reports to PATH offices is now timely.

PATH procured computer notepads that will be distributed to the regional TB/leprosy coordinators (RTLCS) in the next reporting period. Considering the large amount of travel involved in the regional coordination of TB activities, these new materials will allow the RTLCS to be more efficient in their work.

Objective 7. Initiate TB/HIV collaborative activities in seven districts of Kilimanjaro Region by September 2010.

Building on previous achievements in introducing and scaling up high quality TB/HIV collaborative services in five regions and 26 operational districts, the PATH Tanzania team has initiated TB/HIV collaborative activities in the seven districts of the Kilimanjaro Region. TASC 2 TB TO2 funds were used to support travel and per diem costs; TO2015 funds were used to cover staff and equipment costs. Using PATH's successful model from the other regions, PATH has laid the groundwork for introduction and scale up of TB/HIV collaborative services in the public and private sector. The following activities were accomplished during this reporting period:

- Sensitized 20 regional and district health officials on TB/HIV activities.
- Finalized a Memorandum of Understanding between PATH, the NTLF, and MoHSW that clearly describes roles and responsibilities of each stakeholder.
- Performed site assessments on collaborative TB/HIV activities.
- Recruited and trained 7 district TB/HIV coordinators.
- Procured supplies and equipment for the coordinators, including: a laptop for the regional coordinator, computers and printers for all coordinators, uninterruptible power supply (UPS), scanners, flash disks, and stationery.

Challenges

Even in this short period, we have faced numerous challenges in implementing these activities. We have been working closely with NTLF, USAID, and our partners to work toward resolutions. Below, we have described the most significant of these challenges.

Delays in approval of the work plan pushed back the timeframes for many activities. Now that the work plan has been approved, we have created an expedited implementation plan to accelerate these activities in the coming months. This plan includes regular meetings among the NTLF, PATH, and MSH to review progress on activities and ensure improved communications and coordination.

This project demands careful coordination among the partners and where scopes of work may dovetail and/or overlap (e.g., coordinating our coverage of pediatric TB drug resistance with the partner working on TB drug resistance overall). PATH is creating more opportunities to coordinate with partners through regularly scheduled conference calls with partners, more frequent meetings in Tanzania with local staff, meetings with representatives of international partners when they visit Tanzania, and partners' meetings in November 2010 at the Union World Conference on Lung Health.

Environmental impact statement

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

Geographic area: EASTERN EUROPE AND CENTRAL ASIA

Title: ACSM Activities in Eastern Europe and Central Asia

Project summary

The objective of the advocacy, communication, and social mobilization (ACSM) activities in Eastern Europe and Central Asia (E&E) under TO 2015 is to enhance national TB program and civil society capacity at regional and national levels to plan, design, implement, support, and evaluate relevant ACSM interventions. Through targeted technical assistance and training, PATH is collaborating with local partners to strengthen their emphasis on TB-related ACSM strategies and interventions to complement technical interventions and ensure that they are designed to help meet global, regional, and national targets for TB control. PATH is working with USAID, the Stop TB Partnership, and other implementing organizations to build upon its previous work in ACSM for TB control, including the regional ACSM for TB Control action planning workshops that have been held in Asia, the Middle East, East Africa, Latin America, and Europe.

Objective

As stated above, the objective of the ACSM activities in E&E is to enhance national TB program and civil society capacity at regional and national levels to plan, design, implement, support, and evaluate relevant ACSM interventions. This objective will be achieved through five activities:

1. Develop an ACSM assessment protocol and tools and identify key stakeholders and partners in each of the priority countries (Armenia, Azerbaijan, Belarus, Georgia, Moldova, Ukraine, and the Central Asian Republics).
2. Conduct an ACSM assessment and analyze the results.
3. Develop and conduct two sub-regional ACSM skills-building workshops.
4. Respond to country requests for ACSM technical assistance.
5. Provide guidance and support on monitoring and evaluation of ACSM activities.

Achievements

Since April, when the work plan and budget were approved by USAID, PATH has successfully selected and trained ten consultants to conduct assessments of country ACSM plans and activities and led an ACSM workshop for 27 participants from six countries in Eastern Europe, utilizing data gathered from each country. A key outcome of the workshop was a set of ACSM country action plans that are tailored to address the specific barriers in each country. [See Text Box]

Activity 1. Develop an ACSM assessment protocol and tools and identify key stakeholders

PATH developed an ACSM landscape analysis protocol and assessment tool (in Russian and English) to gather information on:

- Current national ACSM activities and plans.
- National TB program (NTP) capacity to conduct ACSM activities.
- Key ACSM stakeholders.
- ACSM informational and technical assistance needs.

“I just received a report from Belarusian participants of the ACSM workshop. It looks like it was a big success. The plans for ACSM support of TB control efforts in the country that the participants have drafted are very impressive. Please accept my congratulations and gratitude for a successfully implemented project.”

-- USAID official from the Belarus Mission regarding the PATH Eastern European ACSM workshop

In collaboration with USAID, NTPs, and local partners, PATH identified ten local consultants (one in each country except Turkmenistan) to conduct the needs assessments. In June, PATH trained these consultants on needs assessment methodology, data collection, and reporting at a two-day training workshop held in Kyiv. At this workshop, PATH also pre-tested and finalized the assessment tool and developed a timeline for data collection with participants. [The ACSM assessment protocol and tools are available in Annex 2].

Activity 2. Conduct assessment and analyze the results

Over the following three months, PATH oversaw collection of data by the local consultants, provided assistance, and analyzed data. The six countries of the Eastern European region developed final reports in Russian. Key findings from this assessment include:

- The ACSM activities for TB control are very limited. None of the NTPs have a separate ACSM component, though some of them include separate communications activities.
- None of the countries have an ACSM strategy (Armenia and Georgia are in the process of strategy development)
- Among those countries that do have communications activities, have either small budgets or no budgets at all for these activities. The countries rely mostly on the Global Fund or other international projects' funding for ACSM.
- Only the Armenia NTP has an ACSM focal point on staff
- There is no coordination of activities among organizations working on ACSM in the country.
- Access to technical assistance is limited. Majority of the countries are interested in ACSM training for national TB staff and informational materials on ACSM.

The assessment findings were used to adapt the ACSM training agenda and curriculum (for workshops described further below) to better address local needs. Also, PATH distributed the findings among the six country teams participating in the ACSM regional workshop in Kyiv (described below) to create their country action plans. [The curriculum is available in Russian in Annex 2].

PATH will disseminate full assessment reports in Russian and summary reports in English to the NTP managers and other key stakeholders in each participating country. The four ACSM country assessment reports for countries in the Central Asia region (CAR) will be finalized by the CAR regional ACSM workshop planned for the next reporting period.

Activity 3. Conduct two sub-regional ACSM skills-building workshops

In September 2010, PATH conducted the first ACSM regional skills-building workshop in Kyiv, Ukraine with 27 participants from Armenia, Azerbaijan, Belarus, Georgia, Moldova, and Ukraine. The goal of the workshop was to build ACSM skills at the national and local levels to support a sustained contribution of ACSM interventions to TB control program improvements.

In collaboration with USAID, NTP, and local partners, PATH selected participants based on the results of the ACSM assessments and through an application process. We were specifically seeking participants who would use the skills for the greatest benefit to their TB programs.

At the workshop, the country teams conducted barrier analyses and developed ACSM action plans. In preparation for the workshop, PATH revised and translated its standardized ACSM skills-building curriculum into Russian, and compiled a set of key ACSM resources in Russian and English. PATH disseminated the ACSM curriculum, training handouts, PowerPoint presentations, and ACSM resources on CDs among workshop participants.

The second regional ACSM workshop for participants from Kazakhstan, Kyrgyzstan, Uzbekistan, Tajikistan, and Turkmenistan is planned for January 2011. PATH will work closely with USAID, NTPs, and Project HOPE to select workshop participants and finalize the venue.

Activity 4. Respond to requests for ACSM technical assistance

From the Kyiv workshop, three countries (Armenia, Georgia, and Moldova) have requested technical assistance from PATH to implement their ACSM action plans. PATH will respond to these requests and other submitted requests in the next reporting period.

Activity 5. Provide guidance and support on monitoring and evaluation of ACSM activities

At the June 2010 ACSM assessment training and September ACSM regional workshop, PATH trained country partners on how to conduct an ACSM assessment, establish project baseline information, and use basic ACSM monitoring and evaluation (M&E) methods. PATH has offered to help country teams in developing ACSM M&E plans and provided information on the process for requesting this assistance.

PATH will conduct a follow-up survey at the end of the project to determine levels of satisfaction with TA provided and changes in baseline information in the countries that were supported.

Challenges

Due to lack of input from Turkmenistan, PATH was not able to hire an ACSM consultant to conduct the assessment there. PATH will gather the data from existing reports and with input from collaborating staff from Project HOPE who are currently working there.

In addition, there was a delay in receipt of Ministry of Health approval to conduct the regional ACSM workshop in CAR that was original planned for December 2010. Given these delays and the upcoming holiday season, PATH has postponed the workshop until the end of January to ensure maximum participation.

Environmental impact statement

During the reporting period, the main activities undertaken by PATH were support for assessments and two workshops. There was no adverse impact of these activities on the environment.

C. PATH Monitoring and Evaluation Matrices (October 1, 2009–September 30, 2010)

Monitoring and Evaluation Matrix: Core FY 2009, TB TO 2015

Activity	Indicator	Target	Status as of Sept 30, 2010	Partners
Activity 1. Assist in developing, implementing, and evaluating advocacy, communication, and social mobilization (ACSM) strategies for TB control				
1.1 Conduct Africa and Asia regional ACSM skills-building workshops.	Number of workshops conducted. Number of participants trained to implement effective ACSM interventions.	Two workshops completed. 50 participants trained and using their skills to improve program performance through ACSM interventions.	Completed. Two workshops completed. 60 participants from 16 countries trained.	In collaboration with Stop TB and WHO Regional Offices
1.2 Finalize and disseminate the ACSM skills-building curriculum.	Availability of a standardized ACSM curriculum for global use.	Standard ACSM curriculum is approved by Stop TB ACSM Core Group and is disseminated globally through Stop TB and USAID websites.	Ongoing. Draft of the standard ACSM curriculum was piloted and refined; curriculum was adapted and used at the regional trainings; draft version disseminated among key partners and training participants.	In collaboration with Stop TB
1.3 Respond to requests for ACSM technical assistance (TA).	Number of requests for TA to which PATH responds. Number of countries implementing additional and/or more focused ACSM activities as a result of TA.	Two countries receive ACSM TA and move forward effectively with ACSM interventions.	Ongoing. PATH will follow-up with TA requests from Ethiopia, South Africa, Nepal, Thailand, and Sri Lanka.	
1.4 Participate in the Stop TB ACSM Sub-	Number of meetings attended by PATH	Two meetings of the Core Group attended.	Ongoing. One meeting of the Core Group attended. (No other Core Group	

PATH Monitoring and Evaluation Matrix: Core FY2009, TB TO 2015 (October 1, 2009 to September 30, 2010)

Activity	Indicator	Target	Status as of Sept 30, 2010	Partners
Group at Country Level.	representative. Contribution of PATH in moving the Core Group agenda forward.	Work plan items are completed as a result of PATH support within the Core Group.	meetings were held during the reporting period.) Completed. Standard ACSM curriculum was included in the Core Group 2010 work plan, with PATH leading the activity.	
1.5 Evaluate ACSM intervention impact on community knowledge, case detection, and treatment outcomes.	Data set available.	Data set analyzed to understand the impact of ACSM interventions in one setting in Tanzania.	Ongoing. Data collection is underway.	
Activity 2. Provide multidrug- and extensively drug-resistant TB (MDR/XDR-TB) technical assistance to high burden countries				
2.1 Provide technical assistance (TA) to one country to prepare a comprehensive assessment of MDR/XDR-TB control and develop an action plan.	Number of countries having completed a national assessment and with a national MDR-TB control plan in place as a result of PATH TA.	One country has completed an assessment and developed a national MDR-TB control plan as a result of our TA.	Ongoing. Country identified in collaboration with Green Light Committee (GLC); support will commence in early 2011.	PIH, Initiatives Inc., Management Sciences for Health (MSH), UCSF
2.2 Harmonize existing MDR-TB planning tools in collaboration with WHO and Stop TB Partnership.	Availability of consistent MDR-TB planning and monitoring tools.	The MDR/XDR-TB Assessment and Monitoring Tool, GLC application instructions and forms, and M&E tool are consistent and available for country use.	Completed. Set of tools finalized and ready for piloting. Pilots will be conducted in Democratic Republic of Congo and Zimbabwe, as well as in RDMA countries as part of that SOW.	
2.3 Continue to engage in infection control (IC) scale-up.	Participation in one Infection Prevention & Control Africa Network (IPCAN) meeting.	Trip report details Africa regional activities, challenges, and successes in implementing IC.	Completed. One PATH staff attended the last IPCAN meeting in South Africa and presented a poster on the experience of implementing IC in Tanzania.	

Activity	Indicator	Target	Status as of Sept 30, 2010	Partners
Activity 3. Support the introduction of new tools for TB control				
3.1 Develop operational checklists for country adoption, introduction, and implementation of LPA and LED FM.	Operational checklists for the introduction and implementation of LPA and LED FM available.	Operational checklist for the introduction and implementation of LPA to be developed by January 31, 2011. Operational checklist for the introduction and implementation of LED FM to be developed by February 28, 2011.	Delayed. Current timeline for deliverables is Jan 2011. It is anticipated that specific LPA and LED checklist will be drafted by May-June 2011.	Foundation for Innovative New Diagnostics (FIND)
Activity 4. Support applications to the Global Fund to Fight AIDS, Tuberculosis and Malaria, and address bottlenecks in the implementation of GFATM projects				
4.1 Support two Global Fund Round 10 applications.	Number of countries submitting R10 applications as a result of PATH TA. Number of successful applications as a result of PATH TA.	Three countries receive TA to submit R10 applications that are approved for funding.	Completed. Zanzibar, Zimbabwe, and Tanzania received TA to submit R10 applications. Ongoing. The Global Fund's Technical Review Panel is set to issue recommendations on funding for round 10 in December 2010.	MSH

Monitoring and Evaluation Matrix: India FY 2009, TB TO 2015

Activity	Indicator	Target	Status as of Sept 30, 2010	Partners
Objective A. Laboratory strengthening and introduction of new tools				
A.6 Infrastructure upgrades based on engineering and architectural evaluations.	# of Intermediate Reference Laboratories (IRLs) with sufficient infrastructure to perform solid culture and drug susceptibility testing (DST). # of labs with Biosafety Level 3 (BSL3) in place.	Essential upgrades provided for 2 IRLs.	Ongoing. Activity shifted to TASC2 TB TO2 carryover funds.	
A.7 On-site infection control (IC) assessment and capacity-building for lab staff	# of labs implementing and maintaining effective IC measures as stated in the standard operating procedures (SOPs) for BSL3 facilities. # of IRLs provided with basic IC and biosafety training	5 labs with adequate IC: 1. Orissa 2. Lucknow 3. Jharkhand 4. Uttarakhand 5. Andhra Pradesh 15 IRLs receive basic training.	Delayed. CTD wanted to discuss in the Laboratory Committee and decide further action on this.	ASM
A.8 Diagnostic equipment maintenance SOPs training for lab staff at IRL networking meeting.	# of labs providing regular maintenance of equipment.	All accredited labs performing regular maintenance of equipment.	Delayed. Pending approvals from CTD, this activity has not been carried out. In the meantime, PATH and ASM finalized a document on preventive maintenance and submitted to CTD for approval.	MSH (tool) FIND (new diagnostics)

PATH Monitoring and Evaluation Matrix: India FY2009, TB TO 2015 (October 1, 2009 to September 30, 2010)

Activity	Indicator	Target	Status as of Sept 30, 2010	Partners
A.9 Perform lab human resources (HR) assessment and prepare lab staffing plan.	IRL staffing recommendations.	IRL staffing recommendations are delivered to CTD and National Lab Committee.	Cancelled. Although this activity was approved by CTD in the work planning stage, CTD halted this work midway and requested that HR elements be incorporated into an overall IRL assessment checklist. This was addressed in the revised checklist developed with CTD, WHO, and FIND.	Initiatives, Inc.
A.10 Ongoing IRL experience-sharing meetings with participation of National Reference Laboratories (NRLs) as supervising entities.	# of meetings conducted. # of common issues identified and problem-solved through group discussion.	Two meetings held. Up to 10 common challenges identified and addressed as a result of experience-sharing. Uniform SOPs are adhered to by participating IRLs as monitored through site visits under TASC2 TB TO2.	Ongoing. One meeting held in November 2009. CTD has requested that we change this activity to annual meetings.	ASM
A.11 Laboratory management capacity-building and system planning.	# of lab managers trained. # of labs implementing a quality improvement process.	30 people trained. Teams from all accredited labs trained (~12) and implementing quality improvement.	Delayed. Pending approval from CTD, this activity has not been started.	MSH

Activity	Indicator	Target	Status as of Sept 30, 2010	Partners
B. Infection control				
<p>B.2 Train engineers and architects who are responsible for health facility renovations and new facility design in effective IC planning.</p>	<p># of staff trained.</p> <p>% of facility construction/upgrades being designed by these staff with airborne IC considerations taken into account.</p>	<p>5–10 staff trained; up to 25 receive short course.</p> <p>75% of facility upgrades or designs take IC into account following training.</p>	<p>Completed. Four engineers trained on AIC in Boston, US.</p> <p>Delayed. In-country training of 30 engineers/architects from the three pilot states is delayed as the approvals were received late and the external facilitators could not get visas on time. This activity is now planned for January 2011. CTD and WHO requested to train personnel from three additional states. They will be included in scale-up of this activity.</p>	<p>PIH (in coordination with Lab Task Force)</p>
C. Advocacy, communication, and social mobilization (ACSM)				
<p>C.4 Convene experience-sharing meetings for participating states to discuss ACSM implementation progress, identify and document best practices, address challenges, and provide ongoing capacity-building to State IEC officers and local staff.</p>	<p># of meetings conducted.</p> <p>Best practices document prepared.</p>	<p>Two meetings conducted.</p> <p>Best practices document produced and presented to CTD and ACSM committee.</p>	<p>Delayed. Pending approval from CTD.</p> <p>ACSM projects in different states are under discussion and planning. New PATH staff will come on board in the month of November, they then will initiate ACSM project in four or five states.</p> <p>After a few quarters of experience, we plan to hold an experience-sharing workshop and then produce a document on best practices.</p>	<p>Initiatives, Inc.</p>

Activity	Indicator	Target	Status as of Sept 30, 2010	Partners
D. Public-private mix				
<p>D.4 Implement workplace TB interventions in AP in collaboration with existing HIV interventions (map NGOs working in this area and link with State TB Officer [STO]).</p>	<p># of NGOs provided with additional training in workplace TB interventions.</p> <p># of facilities including TB in workplace health programs.</p> <p>Evidence of increased coordination between NGOs, companies implementing workplace programs, and the STO.</p> <p>Results documented.</p>	<p>Training for at least 20 NGOs, State IEC Officer, and Communication Facilitators to improve their skills in presenting TB information during workplace sensitization meetings.</p> <p>At least 7 facilities include TB interventions in workplace programs.</p> <p>At least two meetings between STO and NGOs related to workplace TB interventions facilitated by State IEC Officer.</p> <p>Assessment report documenting strengths and lessons learned in building capacity for workplace interventions and the contribution of workplace interventions to TB control.</p>	<p>Ongoing. Initial meeting with TB Alert and LEPRAs has been conducted, districts in AP have been prioritized (Nalgonda and Rangareddy), and planning is in process.</p>	<p>Initiatives, Inc. (in collaboration with AP STO and NGOs already implementing HIV workplace interventions)</p>

Activity	Indicator	Target	Status as of Sept 30, 2010	Partners
E. MDR-TB technical assistance				
E.3 Training of nurses and allied professionals in MDR-TB patient care and infection control (IC).	<p># of staff competent to support MDR-TB patients throughout the course of treatment.</p> <p>% of trained staff practicing good IC in in-patient settings.</p> <p>% of DOTS-Plus patients with adverse outcomes in Q3 and Q4.</p> <p># of nurse practitioners trained in MDR-TB patient care, counseling, and IC.</p>	<p>One training in each of three states with existing DOTS-Plus sites.</p> <p>85% of trained staff implement effective IC to protect themselves and patients. This will be monitored through IC activities supported by TASC2 TB TO2.</p> <p><10% of DOTS-Plus patients in 2010 Q3 and Q4 cohorts have adverse outcomes in states where training occurred.</p> <p>250 nurse practitioners trained.</p>	Delayed. Nurse practitioner contracts were not renewed until September 2010. Proposal for training these staff in MDR-TB and IC is under development.	International Council of Nurses /Lilly Partnership UCSF (Curry Center)
E.4 Introduction of MDR-TB program management tools.	Decision from CTD on use of tools.	<p>Tools submitted to CTD for review.</p> <p>In-person discussion with CTD conducted to decide on use of tools.</p> <p>If this element is approved, plan developed for tool rollout in Year 2.</p>	Delayed. Approval from CTD is pending and uncertain.	MSH UCSF

PATH Monitoring and Evaluation Matrix: India FY2009, TB TO 2015 (October 1, 2009 to September 30, 2010)

Activity	Indicator	Target	Status as of Sept 30, 2010	Partners
E.5 Infection control assessments of DOTS-Plus sites	# of sites assessed. # of sites with improved IC measures being implemented.	~12 sites assessed. 12 sites with improvements in IC practices documented.	Cancelled. IC assessments canceled by CTD. As a part of health care facility risk assessment exercise under TASC2 TB TO 2, two DOTS-Plus sites in Baroda (Gujarat) and Kolkata were covered. Draft report is being submitted to CTD.	BWH
E.6 HR planning for DOTS-Plus scale up.	Assessment of current tasks and available HR resources. Report detailing actual need for DOTS-Plus scale-up, with recommendations for possible task shifting, etc. to improve efficiency and patient outcomes.	Assessment report submitted to and discussed with CTD. Projections for need accepted by CTD and used to inform planning for scale-up.	Cancelled. Plan and tools are in place but CTD has withdrawn approval for this activity.	Initiatives, Inc.
E.7 Drug storage at state and local level assessment and recommendations for upgrades to secure second-line drug supply.	% of drug stores housing SLDs maintaining temperatures and humidity to preserve drug quality.	75% of national and state drug stores with SLDs maintained at appropriate temperature and humidity.	Cancelled. CTD withdrew approval of this activity.	MSH
E.8 Support for advocacy campaign on cessation of over-the-counter (OTC) sales of TB drugs in AP (cross-cutting with PPM activities).	Messages developed to promote restriction of OTC sales. Campaign launched on World TB Day to decrease sale of OTC drugs. # of pharmacies pledging to discontinue sale of TB drugs.	100 pharmacies pledge to discontinue sales of TB drugs without a prescription.	Ongoing. Activity launched in AP on World TB Day. MOU signed with Pharmacists' Association.	

PATH Monitoring and Evaluation Matrix: India FY2009, TB TO 2015 (October 1, 2009 to September 30, 2010)

Activity	Indicator	Target	Status as of Sept 30, 2010	Partners
E.9. Convene DOTS-Plus site discussions on a semi-annual basis to capture lessons learned and identify common challenges that need to be addressed.	# of meetings convened. DOTS-Plus program modifications made in response to information gathered in meetings.	Two meetings conducted. Data gathered from meetings used to make improvements in DOTS-Plus program.	Completed. One experience-sharing workshop was conducted. CTD requested that we change this activity to annual meetings instead of two meetings per year.	In collaboration with CTD and WHO

Monitoring and Evaluation Matrix: Tanzania FY 2009, TB TO 2015 (GHCS)

Activity	Indicator	Target	Status as of Sept 30, 2010	Partners
Objective 1. Support the MoHSW and NTLP to implement and scale up priority interventions in accordance with the Stop TB Strategy and National MDR/XDR-TB Response Plan.				
1.1 Support NTLP to coordinate activities of key stakeholders through technical working groups under the auspices of the National TB Working Group. These groups include national DOTS Expansion Working Group and MDR/XDR-TB Working Group.	Terms of reference (TORs) for four working groups available.	Four TORs for working groups available by March 2010.	Delayed. The working groups are being set up now, and will be finalized by December 2010.	
	Number of quarterly working group meetings, by group.	Three quarterly meetings per working group.	Pending. Planned for next reporting period.	
	Number of annual working group meetings, by group.	One meeting per working group.	Pending. Planned for next reporting period.	
	Number of annual operational plans drafted by working groups.	Four operational plans drafted (one per working group).	Pending. Planned for next reporting period.	
1.2 Review and update selected NTLP policies, guidelines, reporting forms, and diagnostic flow chart.	Availability of updated NTLP manual.	2,000 copies of NTLP manual printed and disseminated.	Pending. Will be printed and disseminated after it is finalized by MSH.	
	Availability of updated TB diagnostic flow chart.	2,500 TB diagnostic flow charts printed and disseminated.	Pending. Will be printed and disseminated after it is finalized by MSH.	
1.3 Support planning, training, and procurement of equipment for infection prevention and control (IPC) at Kibong'oto Hospital and PATH-supported districts.	Availability of IPC training curriculum.	IPC training curriculum available by March 2010.	Ongoing. Training will be completed in next reporting period.	
	Number of IPC facilitators trained.	37 IPC facilitators trained.	Ongoing. Training will be completed by March 2010.	
	Number of surgical and N95 masks procured.	3,000 surgical masks and 450 N95 masks procured.	Completed. 3,000 surgical masks and 450 N95 mask were procured and distributed to Kibong'oto Hospital.	
	Number of health care workers trained to use personal protective equipment	330 health care workers trained.	Delayed. These will be trained in the next reporting period.	

PATH Monitoring and Evaluation Matrix: Tanzania FY2009, TB TO 2015 (October 1, 2009 to September 30, 2010)

Activity	Indicator	Target	Status as of Sept 30, 2010	Partners
1.4 Provide technical assistance to improve the clinical and programmatic management of pediatric TB, including development of training curriculum and subsequent training revision of recording and reporting forms, and sharing of experiences at national DOTS Expansion Working Group.	Guidelines for management of pediatric TB available and disseminated.	Guidelines for management of pediatric TB available by March 2010.	Ongoing. Draft guidelines for pediatric TB circulated among partners; writing of draft guidelines for latent infection and other topics is underway.	Dartmouth
	Availability of pediatric TB training curriculum.	Pediatric TB training curriculum available by March 2010.	Pending. Planned for next reporting period.	
	Availability of recording and reporting forms for pediatric TB.	Pediatric TB recording and reporting forms available by June 2010.	Pending. Planned for next reporting period.	
	Identification of a core team of clinicians to support pediatric TB.	Core team identified and trained by June 2010.	Pending. Planned for next reporting period.	
	Number of nurses trained on management of pediatric TB by core team.	TBD in collaboration with NTLP.	Pending. Planned for next reporting period.	
	Number of local staff supported to attend national DOTS Expansion Working Group meeting to share experiences with management of pediatric TB.	2 local staff supported to attend national DOTS Expansion Working Group meeting.	Pending. Planned for next reporting period.	
1.5 Provide technical assistance to enhance case detection, including development of standard operating procedures (SOPs) for facility-based case detection and contact investigation protocols.	SOPs for facility-based case detection finalized and disseminated.	SOPs for facility-based case detection finalized and disseminated by September 2010.	Ongoing. Rapid assessment for facility-based case detection started in mid September. Work on SOPs has started.	MSH, UCSF
	Number of suspected TB patients identified in target districts.	TBD in collaboration with NTLP and partners, pending decision on pilot districts and baseline data collection.	Pending. Planned for next reporting period.	

PATH Monitoring and Evaluation Matrix: Tanzania FY2009, TB TO 2015 (October 1, 2009 to September 30, 2010)

Activity	Indicator	Target	Status as of Sept 30, 2010	Partners
	Draft protocol for contact investigation of smear positive cases available.	Contact investigation protocols developed and circulated by September 2010.	Ongoing. Protocol currently being written.	
	Number of individuals trained to perform contact investigation.	15 individuals trained on contact investigation.	Ongoing. Planned for next reporting period; training materials and curriculum currently being developed.	
	Number of index cases evaluated for household contacts.	> 300 index cases evaluated for household contacts.	Pending. Planned for next reporting period.	
	Number of secondary cases identified through contact investigation.	> 15 secondary cases identified.	Pending. Planned for next reporting period.	
1.6 Provide technical assistance to ensure sustainability of program activities, including application of the MOST for TB, leadership and management training, support for district and regional staff to incorporate TB activities with CCHPs, and support for zonal TB coordination meetings and NTLT biannual meetings.	Number of national and regional NTLT staff trained on MOST tool.	25 national and regional staff trained on MOST tool.	Pending. Planned for next reporting period.	MSH
	Number of regions with a MOST for TB action plan.	20 regions with MOST action plan.	Pending. Planned for next reporting period.	
	Number of CCHPs with TB activities integrated.	133 CCHPs integrate TB activities by September 2010.	Pending. Planned for next reporting period.	
	Number of zonal meetings supported by project.	12 zonal meetings supported by the project.	Ongoing. Due to competing priorities, NTLT has not conducted them (in PATH-supported regions.) Discussion with MoHSW on modality will be done by December 2010.	
	Number of NTLT meetings supported by project.	2 NTLT meetings supported by the project.	Pending. Planned for next reporting period.	
	ZTLT technical officer recruited and deployed.	ZTLT technical officer recruited and deployed by March 2010.	Completed. ZTLT technical officer recruited and deployed.	

PATH Monitoring and Evaluation Matrix: Tanzania FY2009, TB TO 2015 (October 1, 2009 to September 30, 2010)

Activity	Indicator	Target	Status as of Sept 30, 2010	Partners
1.7 Support the MoHSW and NTLP in the finalization and printing of NTLP Strategic Plan.	Number of finalized strategic plan documents printed.	200 copies of NTLP strategic plan printed by September 2010.	Completed. 200 copies of NTLP strategic plan have been printed.	
Objective 2. Strengthen the diagnostic capacity of the NTLP and MoHSW with technical assistance to introduce and scale up new tools.				
2.1 Provide technical assistance to the NTLP and Diagnostic section of the MoHSW to introduce and scale up new TB diagnostic techniques.	Number of LED microscopes procured and distributed to regional and district laboratories.	42 LED microscopes procured and distributed to regional and district laboratories.	Ongoing. Microscopes are procured and will be distributed by November 2010.	
	Number of LPA machines procured and distributed.	3 LPA machines procured and distributed to Dar es Salaam, Iringa, and Mbeya.	Delayed. LPA machines will be purchased in the next reporting period.	
	TB laboratory strengthening specialist recruited and in place.	TB laboratory specialist recruited/deployed by March 2010.	Completed. TB laboratory specialist deployed.	
	Updated diagnostic guidelines available and in use.	Updated diagnostic guidelines available by September 2010.	Cancelled. Activity shifted to FY10 work plan.	
2.2 Provide technical assistance to plan, budget, and incorporate new TB diagnostic activities in the annual NTLP medium-term framework in collaboration with fiscal partners.	Cost analysis for planning and budgeting new TB diagnostic activities complete.	Cost analysis for planning and budgeting new TB diagnostic activities completed by September 2010.	Pending. Will be conducted in the next reporting period.	
	Draft plan and budget for incorporation of TB diagnostics into medium-term framework available.	Draft plan and budget for incorporation of TB diagnostics into medium-term framework available by 2010.	Pending. Will be conducted in the next reporting period.	
2.3 Support introduction and scale-up of web-based electronic recording and	Prototype web-based system developed and tested.	Prototype web-based system developed and tested by September 2010.	Delayed. Will be conducted in the next reporting period.	

Activity	Indicator	Target	Status as of Sept 30, 2010	Partners
reporting system for TB diagnosis.	Number of regional and national laboratory staff trained in use of web-based system.	30 regional and national laboratory staff trained on web-based system by 2010.	Delayed. Will be conducted in the next reporting period.	
Objective 3. Build the capacity of the NTLP to diagnose and treat multidrug-resistant and extensively drug-resistant TB (MDR/XDR-TB) in accordance with the National MDR/XDR-TB Response Plan and WHO/Stop TB recommendations.				
3.1 Finalize MDR/XDR-TB treatment guidelines.	Final MDR/XDR-TB treatment guidelines available and in use.	Final MDR/XDR-TB treatment guidelines available and in use by March 2010.	Completed. <i>Operational Guidelines for the Management of Drug-Resistant TB in Tanzania</i> were completed by March 2010 and await final clearance from the MoHSW.	UCSF
	Number of MDR/XDR-TB treatment guidelines printed and disseminated.	200 copies of MDR/XDR-TB treatment guidelines printed and disseminated.	Ongoing. Draft versions of the <i>Operational Guidelines</i> have been printed and disseminated by PATH Tanzania for use by current providers of MDR-TB care while awaiting final MoHSW clearance.	PATH
3.2 Develop, pilot, and finalize training curriculum on management of MDR/XDR-TB.	Draft curriculum available for pilot activity.	Draft curriculum available by September 2010.	Delayed. Training of Trainers (TOT) and Pilot Training for the district-level providers (DTLC and DOT nurses) in MDR-TB care has been scheduled for Oct 25–Nov 5, 2010. Curriculum development is ongoing.	UCSF
	Number of clinicians trained in management of MDR/XDR-TB.	30 clinicians trained in management of MDR/XDR-TB by September 2010.	Ongoing. To date 6 medical doctors, 2 clinical officers, 13 nurses, 2 laboratory technicians, 1 pharmacist, and 1 hospital administrator have been trained in MDR-TB management (total=25). 40 Kibong'oto Hospital staff participated in an MDR-TB infection control session and 8 staff have been trained in respirator fit testing for the MDR-TB service.	

PATH Monitoring and Evaluation Matrix: Tanzania FY2009, TB TO 2015 (October 1, 2009 to September 30, 2010)

Activity	Indicator	Target	Status as of Sept 30, 2010	Partners
	Revised curriculum available for future use.	Revised curriculum available for future use by September 2010.	Delayed. Revised version will be completed in the next reporting period to allow sufficient time for feedback and evaluation from pilot training to be completed and integrated into the final product.	
3.3 Conduct workshop to develop comprehensive plans and protocols for management of patients with MDR/XDR-TB.	Workshop conducted and plans/protocols available.	Plans developed and circulated by September 2010.	<p>Completed. Comprehensive plans and protocols for management of patients with MDR/XDR-TB were completed by the NTLP with the assistance of UCSF by March 2010 as part of the <i>Operational Guidelines</i>.</p> <p>Cancelled. With delays in initiating the USAID/PATH scope of work and contracts for FY09, the workshop was not conducted. Instead, assistance was provided directly to the NTLP during in-country mentoring trips by UCSF and via long-distance communication.</p>	UCSF
	Number of Kibong'oto Hospital staff trained in plans/protocols for MDR/XDR-TB patient management.	15 Kibong'oto Hospital staff trained in plans/protocols for MDR/XDR-TB patient management.	<p>Ongoing. MDR/XDR-TB treatment Guidelines (Activity 3.1) and patient management training have been conducted together through formal training sessions and bedside mentoring.</p> <p>To date, 25 staff have been trained including 6 medical doctors, 2 clinical officers, 13 nurses, 2 laboratory technicians, 1 pharmacist, and 1 hospital administrator.</p>	

Activity	Indicator	Target	Status as of Sept 30, 2010	Partners
	Number of district-level staff trained in plans/protocols for MDR/XDR-TB patient management.	15 district-level staff trained in plans/protocols for MDR/XDR-TB patient management.	Ongoing. 23 district staff trained via two interim training sessions at Kibong'oto Hospital to date. Additional trainees will be included in the Oct–Nov 2010 pilot training.	
	Number of staff mentored in bedside clinical care.	15 staff mentored in bedside clinical care.	Ongoing. 21 Kibong'oto Hospital staff mentored in bedside issues (6 medical doctors, 13 nurses, 2 clinical officers).	
	Number of MDR/XDR-TB patients treated at Kibong'oto Hospital.	20 patients receiving treatment at Kibong'oto Hospital.	Ongoing. 28 MDR-TB patients have initiated treatment at Kibong'oto Hospital.	
3.4 Provide support to the NTLP to update MDR/XDR-TB detection guidelines to integrate new diagnostic tools and approaches.	Number of participants at the meeting to assess feasibility of MDR/XDR-TB diagnostic tools and approaches.	10 participants at high-level workshop.	Ongoing. Background research has been conducted. Pending guidance from NTLP, will be conducted in the next reporting period.	
	MDR/XDR-TB expert and lab strengthening specialist deployed.	MDR/XDR-TB expert and lab strengthening specialist deployed by September 2010.	Completed. Lab strengthening specialist deployed.	
	Number of updated MDR/XDR-TB detection guidelines integrating new diagnostic tools and approaches printed and disseminated.	250 copies of updated MDR/XDR-TB detection guidelines printed and disseminated by September 2010.	Ongoing. Background research has been conducted. Pending guidance from NTLP, the guidelines will be updated in the next reporting period.	
	Number of laboratory staff trained on application and interpretation of drug-susceptibility testing (DST).	10 laboratory staff trained on DST application and interpretation by September 2010.	Ongoing. Background research has been conducted. Pending guidance from NTLP, training will be conducted in the next reporting period.	
Objective 4. Build capacity of private-sector providers to diagnose and treat TB.				
4.1 Involve private-sector businesses in development	Workplace TB policy finalized and available.	Workplace TB policy launched by September 2010.	Ongoing. Consultant identified, draft available by December 2010.	

Activity	Indicator	Target	Status as of Sept 30, 2010	Partners
of workplace TB policy, training, and monitoring.	Number of business owners sensitized on workplace TB policy.	50 business owners sensitized on workplace TB policy.	Pending. Planned for next reporting period.	
	Workplace TB policy printed and disseminated.	2,000 copies of workplace TB policy printed and disseminated.	Pending. Planned for next reporting period.	
	Number of businesses adopting workplace TB policy.	50 businesses adopt workplace TB policy.	Pending. Planned for next reporting period.	
Objective 5. Scale up advocacy, communication, and social mobilization (ACSM) activities to improve case detection and treatment success.				
5.1 Expand TB Photovoice to Urban West, Karatu, and Arumeru districts and train CORPs in each district on community-based education for TB diagnosis and treatment.	Number of district coordinators trained on Photovoice methodology.	3 district coordinators trained on Photovoice methodology (Urban West, Karatu, Arumeru).	Completed. 3 district coordinators trained.	
	Number of TB patients participating in Photovoice activity.	24 TB patients participate in Photovoice activity.	Completed. 24 patients participated in Photovoice activity.	
	Number of CORPs trained on community-based education for TB diagnosis and treatment.	60 CORPs trained by September 2010.	Delayed. 60 CORPS will be trained in the next reporting period.	
	Number of posters, calendars, and brochures printed with Photovoice input	6,000 posters, 2,000 calendars, and 50,000 brochures printed with Photovoice input.	Ongoing. Designing /development is ongoing; printing will be conducted in the next report period.	
5.2 Build capacity among community-based organizations (CBOs) in	Number of CBOs involved in capacity-building activity.	3 CBOs involved in capacity-building activity.	Completed. 3 CBOs involved from Tkuziku (Zanzibar) and Umatu Karatu, and Mkukui (Kisarwawe)	

Activity	Indicator	Target	Status as of Sept 30, 2010	Partners
Urban West, Ilala, and Karatu.	Number of CBO members oriented to capacity-building activities.	15 CBO members oriented to capacity-building activities.	Completed. 15 CBO members were trained—5 from each CBO.	
Objective 6. Strengthen monitoring and evaluation activities to support routine NTLT reporting and USAID reporting requirements.				
6.1 Conduct rapid assessment of TB and TB/HIV forms and registers; revise existing/develop new forms as needed.	Revised and new TB and TB/HIV forms submitted to NTLT for approval.	Updated/new forms and registers available and in use by March 2010.	Ongoing. Rapid assessment done. Work on revised recording and reporting tools has started.	MSH
6.2 Improve ETR software to be more user-friendly and compatible with other software programs. Purchase internet upgrades, ETR server and related equipment, notepads, flash disks, and computer maintenance support services.	Final version of ETR internet upgrades purchased and installed.	ETR upgraded and in use for routine reporting and data analysis by September 2010. Internet upgrades installed by September 2010.	Delayed. MoHSW still making arrangements with programmers. Planned for next reporting period.	
	ETR server purchased and installed.	ETR server purchased and installed by September 2010.	Delayed. ETR server will be purchased and installed by December 2010.	
	Notepads and flash disks purchased, distributed to RTLCs, and in use.	10 RTLCs equipped with notepads and flash disks.	Ongoing. 25 notepads procured. Flash discs will be procured in October 2010. Both will be distributed in the next reporting period.	
6.3 Provide supportive supervision, including development of a supervision tool, revised supervision checklist, training and mentoring on supervision, and financial/logistical support for national and international experience sharing, supervision at	Supervision tool and revised supervision checklist available and in use.	Supervision tool and revised supervision checklist available and in use by September 2010.	Pending. Planned for next reporting period.	MSH
	Number of national and regional NTLT staff trained on supervision.	25 NTLT staff from national and regional level trained by September 2010.	Pending. Planned for next reporting period.	
	Number of national and international experience sharing meetings held.	13 experience sharing meetings held.	Pending. Planned for next reporting period.	

PATH Monitoring and Evaluation Matrix: Tanzania FY2009, TB TO 2015 (October 1, 2009 to September 30, 2010)

Activity	Indicator	Target	Status as of Sept 30, 2010	Partners
regional and district level, and a partners/NTLP joint supervision exercise.	Number of regional and district supervision visits supported by project.	3 regional and district supervision visits by September 2010.	Pending. Planned for next reporting period.	
	Number of joint partner/NTLP supervision visits.	3 joint partner/NTLP supervision visits by September 2010.	Pending. Planned for next reporting period.	
6.4 Strengthen project internal monitoring procedures to fulfill USAID reporting requirements, including development of an M&E framework, integration of data quality assessment component, and routine M&E visits to district offices.	M&E framework and indicators consistent with SO 11 PMP framework developed.	M&E framework and indicators consistent with SO 11 PMP framework developed by September 2010.	Ongoing. Draft is completed, final version by October 30, 2010.	
	Data quality assessment component integrated with M&E plan.	Data quality assessment component integrated with M&E plan by September 2010.	Ongoing. Draft is completed, final version by October 30, 2010.	
	Number of routine M&E visits to district offices.	4 routine supervision visits by September 2010.	Delayed. Supervisions were supported by TO2 PEPFAR funds. This activity will start with TO2015 funds in the next reporting period.	
	Number of PADMs trained on PATH financial reporting procedures.	One PADM trained on PATH financial reporting procedures by Sept 2010.	Pending. Training will take place in next reporting period.	
6.5 Conduct training on ETR for new district and zonal TB and TB/HIV coordinators.	Number of district and zonal TB and TB/HIV coordinators trained on ETR.	28 TB and TB/HIV coordinators trained on ETR.	Pending. Will take place in next reporting period.	
Objective 7. Initiate TB/HIV collaborative activities in seven districts of Kilimanjaro Region by September 2010.				
7.1 Sensitization of regional and district officials.	Number of regional and district officials sensitized on the initiation of TB/HIV collaborative activities.	20 regional and district officials sensitized by June 2010.	Completed. 20 district officials were sensitized in June 2010.	

PATH Monitoring and Evaluation Matrix: Tanzania FY2009, TB TO 2015 (October 1, 2009 to September 30, 2010)

Activity	Indicator	Target	Status as of Sept 30, 2010	Partners
7.2 Drafting, finalization, and signature of MOU between PATH, NTLP, and MoHSW.	Final MOU available and signed by PATH, NTLP, and MoHSW.	Final MOU between PATH, NTLP, and MoHSW signed by June 2010.	Completed. MOU was signed at the beginning of the project; there was no need to sign it again.	
7.3 Recruitment and training of TB/HIV regional and district coordinators.	Number of regional and district TB/HIV coordinators recruited.	1 regional and 5 district TB/HIV coordinators recruited by September 2010.	Completed. They were recruited in August 2010.	
	Number of regional and district TB/HIV coordinators trained on TB/HIV collaborative activities.	1 regional and 7 district TB/HIV coordinators trained on TB/HIV collaborative activities by September 2010.	Completed. 8 coordinators were trained in August 2010.	
7.4 Conduct refresher training to laboratory staff on Acid-Fast Bacilli microscopy and External Quality Assurance (EQA)	Number of laboratory staff trained on AFB microscopy and EQA.	60 laboratory staff trained on AFB microscopy and EQA.	Pending. Training will be conducted in the next reporting period.	

Monitoring and Evaluation Matrix: ACSM in Eastern Europe & Central Asia FY 2009 TB TO 2015

Activities	Indicator	Target	Status as of Sept 30, 2010	Partners
Activity 1. Develop assessment tools and identify key stakeholders				
1.1 Develop ACSM landscape analysis protocol and assessment tool (in Russian and English).	Availability of ACSM landscape analysis protocol and assessment tool (in Russian and English).	ACSM landscape analysis protocol and assessment tool are developed and translated.	Completed. Assessment tools have been developed in English and Russian.	In collaboration with Stop TB and WHO/EURO
1.2 Identify local consultants (one in each country, total 11)	Number of consultants or NGOs identified.	11 consultants selected.	Completed. 10 consultants are selected (no consultant was selected for Turkmenistan)	In collaboration with USAID, Stop TB, WHO/EURO and national offices, and local partners)
1.3. Conduct one 2-day needs assessment training.	Number of participants trained to implement effective needs assessment.	11 local consultants trained.	Completed. 10 consultants trained.	Local consultants, local NGOs
Activity 2. Conduct assessment and analyze the results				
2.1 Oversee data collection by the local teams and individuals	Number of target countries completing needs assessment according to training and protocol.	11 countries complete assessment according to training and protocol.	Completed. 10 countries completed assessment according to the training and protocol.	National NTPs, local NGOs
2.2 Analyze data and develop and disseminate report on results by country.	Number of target countries with complete data analysis reports.	11 countries have complete data analysis reports.	Ongoing. 6 countries have completed data analysis and reports; 4 countries in Central Asia region (CAR) are finalizing their reports.	In-country partners

Activities	Indicator	Target	Status as of Sept 30, 2010	Partners
Activity 3. Conduct two sub-regional ACSM skills-building workshops				
3.1. Revise, translate, and disseminate the ACSM skills-building curriculum.	Availability of a standardized ACSM curriculum for regional use in Russian.	ACSM curriculum is translated and disseminated.	Completed. ACSM curriculum is revised, translated, and disseminated among training participants from Armenia, Azerbaijan, Belarus, Georgia, Moldova, and Ukraine.	Stop TB
3.2 Conduct two sub-regional ACSM skills-building workshops.	Number of workshops conducted. Number of participants, disaggregated by sex and country, trained to implement effective ACSM interventions.	Two workshops completed (September 2010 in Kyiv and December 2010 in CAR). Up to 45 participants trained.	Ongoing. One workshop completed (Sept 27 – Oct 1, 2010, Kyiv, Ukraine); 27 participants trained. CAR workshop is planned for next reporting period.	In collaboration with Stop TB and WHO
3.3 Develop web- or email-based information sharing to encourage development of “ACSM Community of Practice.”	Number and type of mechanisms used to share ACSM information regionally.	Stakeholders from all target countries in the region have the ability to share and access information on ACSM.	Pending. Planned for next reporting period.	Local partners, Stop TB, WHO/EURO, USAID
3.4 Develop a packet of ACSM resources in Russian for each country team.	Number of packets disseminated to stakeholders.	Resources identified and translated as needed. Stakeholders receive packets during training.	Ongoing. 27 sets of the ACSM resources disseminated at the Kyiv ACSM workshop. Dissemination to the CAR stakeholders is planned for next reporting period.	WHO/EURO, Stop TB, USAID

Activities	Indicator	Target	Status as of Sept 30, 2010	Partners
Activity 4. Respond to requests for ACSM technical assistance				
4.1. Respond to requests for ACSM technical assistance (TA).	<p>Number of requests for TA to which PATH responds.</p> <p>Number of countries implementing additional and/or more focused ACSM activities as a result of TA.</p>	<p>Two countries receive in-country ACSM TA and move forward effectively with ACSM interventions.</p> <p>Remaining eight countries receive long-distance TA as needed and/or submit TA requests through TB TEAM with PATH's support.</p>	Pending. Planned for next reporting period.	
Activity 5. Provide guidance and support on monitoring and evaluation of ACSM activities				
5.1 Include monitoring and evaluation (M&E) module in ACSM sub-regional workshops.	Number of people trained in M&E during sub-regional workshops.	45 people trained in M&E.	Ongoing. 27 people trained; more is planned for next reporting period.	
5.2. Provide long-distance and in-country TA on M&E plans and activities.	Number of countries requesting M&E assistance to which PATH responds.	Two countries receive in-country TA on M&E; eight countries receive long-distance TA on M&E.	Pending. Planned for next reporting period.	
5.3. Conduct end-of-year survey on satisfaction with and effectiveness of TA provided by PATH.	Number of countries responding to survey.	Eleven countries respond to survey; data useful in determining satisfaction with and effectiveness of PATH TA.	Pending. Planned for next reporting period.	

Annex 1: Status of equipment purchased under TB TO 2015

Project commodities over \$500.00 – India TO2015

Commodity	Quantity	Location/Disposition
Desk top computer	1	PATH Hyderabad office
Laptop computer	1	PATH Lucknow office

Project commodities over \$500.00 – Tanzania TO2015

Commodity	Quantity	Location/Disposition
Honda Motorbikes, Model XL-125	5	Kilimanjaro
Desktop computers	7	Kilimanjaro
Zeiss Primo Star iLED fluorescent microscope LED	42	To be distributed to district hospitals in high burden regions in the next reporting period
Dell Latitude E6410 laptop computers	1	MSH-Tanzania office (for new senior technical officer position hired under TB 2015-Year 1)

(Please note that the Core or E&E ACSM activities have not procured equipment with TB Task Order 2015 funds.)

Annex 2: List of deliverables accompanying TB TO 2015 annual report (FY09)

PATH deliverables are listed here by activity, and will be submitted on a CD to USAID.

Core

Objective in TO 2015 Core Work Plan	Activity	Name of the file
ACSM Activity 1.1	ACSM regional workshops – Tanzania April 2010	ACSM Regional Workshop Tanzania: List of Participants
		ACSM Regional Workshop Tanzania: Tanzania ACSM Core Refresher TOT Report
		ACSM Regional Workshop Tanzania: Trip Report Hara Mihalea and Barbara
ACSM Activity 1.1	ACSM regional workshops – SEARO Sri Lanka, September 2010	ACSM Regional Workshop Sri Lanka: SEARO ACSM Trip Report Hara Mihalea and Kim Hor Heang
		ACSM Regional Workshop Sri Lanka: SEARO ACSM Workshop Report
Global Fund Objective 4/ Activity 4.1	Updated roster of consultants available to provide TA for Global Fund applications.	Global Fund: GFATM Consultant Database_ Updated Oct 2010
Global Fund Objective 4/ Activity 4.1	TA for Global Fund applications Final draft Global Fund applications for two USAID priority countries.	Global Fund: See trip reports and GF applications in country folders: Tanzania, Zimbabwe, Zanzibar
MDR Objective 2/ Activity 2.2	Harmonized set of MDR-TB tools, including the <i>MDR/ XDR-TB Assessment and Monitoring Tool</i> , GLC application instructions and form, and GLC monitoring and evaluation tool.	MDR: MDR Assessment Tools
MDR Objective 2/ Activity 2.3	IPCAN meeting.	MDR: IPCAN Trip Report MDR: IPCAN Poster

Continued on next page

India

Objective in TO 2015 India Work Plan	Activity	Name of the file
Objective A: Labs	On-site capacity-building in infection control and biosafety provided to five IRLs.	Lab: List of Laboratories for LPA Upgrades
		Lab: TB LAT Kolkata
		Lab: Lab Action Taken
Objective B: AIC	Training for Indian engineers and architects trained in principles of airborne IC and providing support to RNTCP.	AIC: AIC Course Training Report PIH
		AIC: AIC Training Agenda
		AIC: Participant Roster
Objective D: PPM	Meetings between STO and NGOs related to workplace TB interventions facilitated by State IEC Officer. (Additional materials also included in TO2)	PPM: Trip Report A Pradesh
		PPM: PPM Chemist to DMC Referral Pilot Plan
		PPM: Monitoring Framework PPM Pilot
		PPM: Pilot Activity Timeline
		PPM: Chemist TB Referral PPM Training Draft
Objective E: MDR	Trainings for nurse practitioners in districts with DOTS-Plus sites to perform intensive patient counseling, care, and infection control.	Decision on Nurse Practitioners by GoAP

Tanzania – GHCS

Objective in TO 2015 Tanzania GHCS Work Plan	Activity	Name of the file
Objective 1/ Activity 1.2	Review and update key NTLP policies and guidelines.	MDR Operational Guidelines Draft
Objective 1/ Activity 1.4	Development of national guidelines for management of pediatric TB	PediTBGuidelines Outline (Dartmouth)
		Trip Report Tanzania TB Ped Guidelines (Dartmouth)
Objective 1/ Activity 1.5	Set up infrastructure for operationalizing TB household contact investigation in Dar es Salaam	Trip Report TB Household Contact (UCSF)
Objective 3/ Activities 3.2 and 3.3	Trip Reports for MDR pilot	Trip Report Tanzania MDR Pilot (UCSF)
Objective 6/ Activity 6.1	Rapid assessment of TB recording and reporting tools and NTLP manual (Sept 2010)	Rapid Assessment report (MSH)

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E&E ACSM

Objective in TO 2015 E&E Work Plan	Activity	Name of the file
Activity 2	ACSM materials, including the ACSM curriculum in Russian.	ACSM Curriculum (Rus)
Activity 2	ACSM assessment tools	Key Informant Interview Guide (Eng/ Rus)
		List of Interviewees ACSM Assessment
		Report Summary Form (Eng/ Rus)
		Trip Report ACSM Needs Assessment