PATH Annual Report

TB IQC Task Order 1
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Acronyms and abbreviations

ACSM	advocacy, communication, and social mobilization
AFB	acid-fast bacilli
AIDS	acquired immune deficiency syndrome
APHFTA	Association of Private Health Facilities in Tanzania
ART	antiretroviral therapy
BSL-3	Biosafety Level 3 (India)
CAD	Club des Amis Damien (DRC)
CBO	community-based organization
CCHIP	Center for Creative Initiatives in Health and Population (Vietnam)
CCHP	Comprehensive Council Health Plan (Tanzania)
CDC	US Centers for Disease Control and Prevention
COEFAR	Comité Estatal de Farmacorresistencia (state-level MDR-TB organizing committee, Mexico)
CORPs	Community's Own Resource Persons (Tanzania)
CPLT	Coordination Provincial de la lutte contre la Tuberculose (DRC)
CSDT	Centre de Santé de Dépistage et Traitement (Diagnostic and Treatment Center, DRC)
CTC	care and treatment clinic (Tanzania)
CTD	Central TB Division (Revised National Tuberculosis Control Programme, India)
CTRL	Central TB Reference Laboratory (Tanzania)
DOTS	directly observed therapy, short course
DRC	Democratic Republic of Congo
DST	drug susceptibility testing
DTC	District TB Coordinator (DRC)
DTHC	District TB/HIV Coordinator (Tanzania)
DTLC	District TB/Leprosy Coordinator (Tanzania)
EQA	external quality assurance
ETR	electronic TB register
EURO	WHO Regional Office for Europe
EXPAND-TB	Expanding Access to New Diagnostics for TB
FIND	Foundation for Innovative New Diagnostics
FM	fluorescent microscopy
FY	Fiscal Year
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
GHCS	Global Health and Child Survival
GLC	Green Light Committee
HIV	human immunodeficiency virus
IEC	information, education, and communication
IHP	Management Sciences for Health Integrated Health Program
INAT	Innovative New Approaches and Tools
IPC	infection prevention and control
IPCAN	Infection Prevention & Control Africa Network
IQC	Indefinite Quantity Contract
IRL	Intermediate Reference Laboratory (India)
IUATLD	International Union Against Tuberculosis and Lung Disease
KAP	knowledge, attitudes, and practices
KNTH	Kibong'oto National Tuberculosis Hospital (Tanzania)
LED	light emitting diode
LNAC	Ligue National Anti Tuberculeuse (DRC)

LPA	line probe assay
M&E	monitoring and evaluation
MCP	provincial coordinating doctor (DRC)
MDR-TB	multidrug-resistant tuberculosis
MOH	Ministry of Health
MOHSW	Ministry of Health and Social Welfare (Tanzania)
MOU	memorandum of understanding
MSH	Management Sciences for Health
NAICC	National Airborne Infection Control Committee
NCDC	National Center for Disease Control (India)
NGO	nongovernmental organization
NIMR	National Institute of Medical Research (Tanzania)
NRL	National Reference Laboratory (DRC, India)
NTC	NGO TB Consortium
NTLP	National Tuberculosis & Leprosy Programme (Tanzania)
NTP	National Tuberculosis Program
OCA	organizational capacity assessment
PATH	Program for Appropriate Technology in Health
PATIOR	Programme Anti-tuberculeux Intégré Recherche Opérationnelle (DRC)
PEPFAR	US President's Emergency Plan for AIDS Relief
PHD	Provincial Health Department (Vietnam)
PIH	Partners in Health
PLWHA	people living with HIV/AIDS
PMDT	programmatic management of drug-resistant tuberculosis
PNLS	Programme National de Lutte contre le Sida (DRC national AIDS program)
PNLT	Programme National de Lutte contre la Tuberculose (DRC national TB program)
PPM	public-private mix
ProVIC	Programme du VIH/SIDA Intégré au Congo (DRC integrated HIV/AIDS project)
QHCP	Quality Health Care Project (USAID)
RDMA	Regional Development Mission for Asia
RHMT	Regional Health Management Team (Tanzania)
RIPC	respiratory infection prevention and control
RNTCP	Revised National Tuberculosis Control Programme (India)
RTLC	Regional TB/Leprosy Coordinator (Tanzania)
SEARO	WHO Regional Office for South-East Asia
SOP	standard operating procedure
STO	State TB Office (India)
TASC2	Technical Assistance and Support Contract II
TB	tuberculosis
TB CAP	Tuberculosis Control Assistance Program
TB TEAM	TB Technical Assistance Mechanism
TO2	Task Order 2
TOT	training of trainers
TRP	Technical Review Panel
UCSF	University of California, San Francisco
UPS	uninterruptible power source
USAID	US Agency for International Development
WHO	World Health Organization
XDR-TB	extensively drug-resistant tuberculosis
ZTHC	Zonal TB/HIV Coordinator (Tanzania)
ZTLP	Zanzibar TB/Leprosy Coordinator (Tanzania)

Introduction

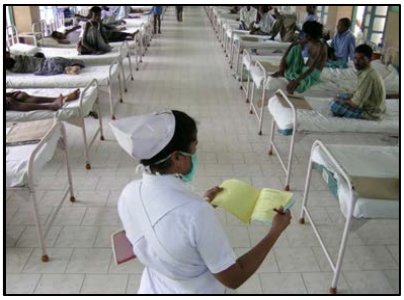
TB (Tuberculosis) Task Order 1 was awarded to PATH on September 29, 2009, with a scheduled end date of September 28, 2014. PATH is implementing activities requested by the US Agency for International Development's (USAID) Bureau for Global Health, Office of Health, Infectious Diseases and Nutrition, Infectious Diseases Division, the Bureau for Europe and Eurasia; USAID Missions in Democratic Republic of Congo (DRC), India, Mexico, Tanzania, Ukraine, and Vietnam; and the Regional Development Mission for Asia.

During this second year of the project, PATH has continued to work closely with TB Indefinite Quantity Contract (IQC) Task Order 1, USAID, global, and in-country partners to ensure that progress continues on work plans from both Fiscal Year (FY) 2009 and 2010 funds. Partners include: the American Society for Microbiology (ASM), Dartmouth Medical School, Foundation for Innovative New Diagnostics (FIND), Initiatives Inc., Management Sciences for Health (MSH), Partners in Health (PIH), and the University of California, San Francisco (UCSF).

Per USAID's recommendation, only key project achievements and challenges have been included in the narrative section. A detailed status update for each activity can be found in the matrices at the end of the report.

A. Core-funded global support activities

Project summary



Through Core-funded activities, PATH provides global technical assistance in support of advocacy, communication, and social mobilization (ACSM); control of multidrug-resistant tuberculosis (MDR-TB); introduction of new tools; and to countries preparing Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) applications. Below, we describe achievements and challenges for these Core activities from both FY09 and FY10 funding in a combined narrative (the monitoring and evaluation [M&E] matrices are presented separately at the end of the report).

Achievements

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

Following the Africa Regional ACSM Workshop held last year in Tanzania, participants from Ethiopia helped ensure that ACSM was added as an official component to Ethiopia's new strategic plan for TB for 2011–2015, and representatives from South Africa requested follow-up training for national staff.

Results from the ACSM skills-building training for provincial TB managers and ACSM coordinators in South Africa included agreement between the National Tuberculosis Program (NTP) and provincial ACSM coordinators to consolidate all ACSM plans into the national plan, and that ACSM should not be separate, but should be incorporated into the overall annual provincial TB plans. In addition, they determined that ACSM can be used to build closer collaboration and integration with HIV prevention, care, and treatment.

What did ACSM workshop participants have to say?

"It has been an eye opener and changed my knowledge on ACSM. Now I understand that each component of TB control (DOTS, MDR, etc.) needs ACSM."

"PATH, do what you do! There are many people out there who need you."

"The training was very useful. It came at the right time when we are facing new developments (in my province) integrating ACSM for TB and HIV."

Connecting a world-class cadre of global ACSM experts

PATH brought together 26 experienced ACSM practitioners from more than 16 countries (e.g., Global Fund implementation units, national TB program staff, USAID, World Health Organization [WHO] staff, and civil society organizations) to provide advanced training on ACSM at the WHO Collaborating Centre for TB and Lung Diseases in Sondalo, Italy. Connecting and training all of these practitioners in one place is critical to integrating ACSM into overall TB control, building higher-level skills in ACSM and commitment to M&E among leaders in the field, and facilitating experience-sharing and group problem-solving around key challenges for ACSM implementers from diverse regions.

The workshop was designed to continue building a core group of ACSM experts who can serve as resources for their own regions and for each other. There was a very enthusiastic exchange of ideas and the creation of a "critical mass" of ACSM practitioners at an advanced level who can develop into national and regional experts with ongoing support and mentorship. Graduates continue to communicate and share their experiences through a self-initiated Face Book page, and Africa Region participants are working towards a regional ACSM working group. PATH will collaborate with participants to provide follow-up support to turn the action plans developed by participants into reality.

Filling a critical gap: M&E for ACSM activities
While rigorous M&E for ACSM activities is crucial, the nature of ACSM can also make it one of the more difficult types of work to measure, and little guidance is available to support M&E. In collaboration with USAID, the Stop TB Partnership, the KNCV Tuberculosis Foundation, and other partners, PATH finalized the *Guide to Monitoring and Evaluating ACSM Interventions* to help ACSM implementers everywhere monitor and evaluate their work effectively. In the next reporting period, PATH will also develop and pilot an ACSM M&E curriculum to accompany the guidelines and conduct trainings.

ACSM skills-building curriculum finalized and disseminated for global use
PATH further refined and finalized the standard ACSM skills-building curriculum, which is being disseminated globally through the Stop TB Partnership, USAID, and PATH websites and during international, regional, and national-level workshops. The curriculum has also been translated into Spanish.

Informing global discussions on ACSM for TB control
As a result of our USAID-funded work in Cambodia, Hara Mihalea of PATH shared in-depth findings of our public-private mix (PPM)/ACSM work with a global audience during a presentation called *Involving Pharmacy Staff in Cambodia in Active Case Finding* during the "Innovative ACSM to Address TB and TB/HIV Challenges" symposium at the 41st International Union Against Tuberculosis and Lung Disease (IUATLD) World Lung Health Conference (November 11–15, 2010, Berlin).

Activity 2. Provide multidrug- and extensively drug-resistant tuberculosis (MDR/XDR-TB) technical assistance to high-burden countries

Streamlining global guidance into one user-friendly toolkit for country use
With Task Order funding, PATH filled a critical gap in MDR-TB scale-up planning. The new *MDR-TB Planning Toolkit* takes all updated global PMDT guidance into account and is designed to fill multiple country needs, from assessing existing country PMDT plans to preparing new plans from scratch.

WHO endorsed the *MDR-TB Planning Toolkit* and provided clearance in mid-September 2011 to co-brand the MDR-TB planning toolkit with USAID, and requested rapid web posting so countries can use it in preparing their Global Fund Round 11 proposals. The Toolkit will be the subject of a joint PATH-WHO full-day workshop at the annual World Lung Health Conference in Lille, and is already slated for use in pilots in several high-burden countries.

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

In an effort to find an appropriate role for PATH in supporting new tools introduction, staff in our Technology Solutions group participated in the global consultation on introduction of GeneXpert, and in the meeting of the Innovative New Approaches and Tools (INAT) Working Group in Berlin. We are also in discussions with PATH Technology Solutions, Health Systems Strengthening, and Procurement teams to develop a proposed way forward that would support country planning for introduction of new tools as a model project. After discussions with a number of partners and USAID, PATH will move these new tools activities to country budgets, where the largest amount of support is needed. At present, PATH is planning to provide support to DRC and Tanzania in rationalizing introduction of new diagnostic tools and strengthening the systems that will maximize their impact.

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

Going beyond developing applications: using lessons learned to provide better technical assistance
PATH identified a number of opportunities to increase the success of technical assistance and better serve in-country needs, including having sufficient time for planning and coordination with local teams, involving more local technical expertise, adapting technical tools to be more relevant and useful to those less familiar with the Global Fund process, and setting out a timeline to ensure more timely development of the performance framework and budget. These insights were shared at the TB TEAM (TB Technical Assistance Mechanism) annual meeting in Geneva in May in a presentation on partner perspectives in technical assistance, and also are being applied to support the Tanzania Round 11 application.

Round 10 applications in Africa: success and contributing to a better way forward
With FY09 funds, PATH provided short-term technical assistance to support Round 10 applications to the Global Fund for Tanzania, Zanzibar, and Zimbabwe, as reported in our previous semiannual report. The Zanzibar Global Fund Round 10 proposal was approved in December 2010. The proposals for Tanzania and Zimbabwe were not approved by the Technical Review Panel (TRP). The Global Fund approved 79 out of 150 proposals submitted for review. PATH has been working with the TB TEAM, WHO, donors, and other partners through a new coalition, the Stop TB Friends for Global Fund Issues, to develop a strategy that prioritizes countries with the greatest need for assistance in Round 11 and provide proposal support to these countries in a strategic and coordinated way.

Tanzania's Round 11 application
This year, PATH is supporting Tanzania in its application for Round 11, and helped to conduct the first gap analysis out of any high-priority country applying for Global Fund assistance, in early July 2011. The gaps identified are being used to strengthen proposal development, and the PATH/MSH team is supporting the National Tuberculosis & Leprosy Programme (NTLP) and national writing team in developing a strong, winning proposal.

Challenges
The following challenges were encountered under each of the four Core-funded activities.

Activity 1. Assistance with ACSM strategies

It continues to be a lengthy process for workshop participants to specify technical assistance needs and then to obtain approval from their country authorities. PATH will continue to follow up on next steps for technical assistance as described above. The ACSM workshop in South Africa was canceled due to scheduling challenges with the NTP.

Activity 2. MDR-TB technical assistance

In terms of providing MDR-TB technical assistance to countries, the challenge is in identifying appropriate countries for technical assistance in a rapidly changing landscape with many stakeholders. PATH has prioritized DRC as a country where we can provide MDR-TB technical assistance as well as ongoing technical assistance for health systems strengthening and monitoring related to PMDT scale-up. Work has already begun in this regard and is being funded with DRC country monies. We will also work with USAID to describe the task order consortium's expertise in MDR-TB and solicit requests from Missions for technical assistance as appropriate.

Activity 3. New tools

New tools introduction is an area where a large number of stakeholders are operating in an uncoordinated fashion and we run the risk of duplicating efforts. To avoid doing so, we will focus on technical assistance

to an individual country (DRC) and collection of lessons learned to develop practical guidance on scale-up.

Activity 4. Support of applications to the Global Fund

As described in the achievements section, PATH faced challenges in planning and organizing strong Global Fund proposals within very short time frames. To address this issue, PATH (in alignment with the new strategy to prioritize countries and to strengthen TB proposals) worked to identify a country and to provide technical assistance much earlier in the proposal process, including conducting a gap analysis prior to launch of Global Fund Round 11.

Initially, there was a delay by the NTLP in Tanzania in convening a national writing team to lead the Global Fund proposal development for Round 11. The partners and the NTLP worked together to move forward, and an outline of approaches has been identified, a timeline with relevant participants and milestones developed, and a national writing team has been assigned. In September, the Global Fund postponed the original proposal deadline from December 15, 2011 to March 1, 2012 at the earliest. The first draft of the proposal will now be completed by mid-December in advance of the mock TRP scheduled for January 31–February 2, 2012. The proposal is scheduled to be completed by the revised March 1 deadline.

B. Field support

Geographic area: DEMOCRATIC REPUBLIC OF CONGO
Title: Support for Stop TB Strategy Implementation

Project summary

PATH is working closely with local partners to provide technical support to the Programme National de Lutte contre la Tuberculose (PNLT). The project is also providing support to five provincial and sub-provincial coordinating offices, which were previously supported by the Tuberculosis Control Assistance Program (TB CAP), including Sud Kivu, Kasai Occidental Est, Kasai Occidental Ouest, Equateur-Est, and Maniema. Additional support is now being provided to Kasai Oriental (two coordinating offices: Sankuru and Mbuji Mayi).

Objectives

The objectives of the project in the first year included the following:

1. Complete an orientation and assessment visit and draft a work plan through a participatory process by August 2010. Complete a final agreement with PNLT and partners regarding TB IQC Task Order 1 support by September 30, 2010.
2. Complete project start-up activities by November 1, 2010.
3. Strengthen NTP Central Unit capacity for Stop TB Strategy implementation, and improve coordination between PNLT and partners (TB sub-element 3.1.2.1).
4. Strengthen provincial capacity for National TB Strategic Plan implementation, and improve communication with PNLT and partners (includes Intervention #6) (TB sub-element 3.1.2.1).
5. Provide technical assistance and support to PNLT and partners to strengthen community engagement for increased case detection and successful treatment of all TB cases in regions supported by the project (TB sub-element 3.1.2.5).
6. Improve management of TB/HIV (TB sub-element 3.1.2.3).
7. Strengthen NTP Central Unit and provincial capacity to diagnose and treat MDR-TB (TB sub-element 3.1.2.4).

Achievements

Success in getting the project up and running
This year, the PATH team reached several critical milestones in getting the project up and running in DRC:

- **Finalized agreements with the Ministry of Health (MOH)/PNLT:** PATH received a formal letter of approval and completed the official memorandum of understanding (MOU) with the MOH in DRC, which allows implementation to begin. Registration is still ongoing; however, we are on our way to obtaining remaining approvals from the Ministries of Justice and Planning.
- **Secured an appropriate project office in Kinshasa:** The TB2015 project, as it is known in DRC, shares office space with PATH's USAID-funded ProVIC (Programme du VIH/SIDA Intégré au Congo, the DRC integrated HIV/AIDS project) project staff.
- **Hired key project staff:** Following a thorough recruitment process, ten critical positions were filled in the Kinshasa office. PATH also negotiated the hire of two provincial liaisons (Maniema and Kasai

Occidental Ouest), and is continuing negotiations with PNLT for the remaining three provincial liaison positions.

Supporting the NTP Central Unit in implementing the Stop TB Strategy, and assisting with partner coordination

Improving performance through supportive supervision

From June to September 2011, PATH participated in nine joint supervisory visits with PNLT throughout the country. PATH and PNLT held joint meetings to review the supervisory reports, and several recommendations been acted upon to address urgent program needs, including:

- Establishment of Internet connections in Lisala, Kananga, Kindu, and Tshikapa, which is critical to efficient communication of data and program management.
- Updated information about the overstock of TB drugs in Maniema, which has resulted in a compensation plan to address drug stockouts in Sud Kivu.
- An additional 10,000 sputum containers to address stockouts in Kananga.

Strengthening the health system through advanced training for national staff and building a cadre of local trainers

To strengthen PMDT and other managerial tasks within the national program, PATH supported ten NTP staff to attend relevant international trainings in PMDT, drug management, M&E, and ACSM. Two staff trained on PMDT have now become mentors. Following the advanced ACSM training (described in the Core section of this report), six staff from PNLT, Ligue National Anti Tuberculeuse (LNAC), Club des Amis Damien (CAD), and PATH are now poised to facilitate in-country trainings and build ACSM as a key TB control strategy in DRC. In July 2011, our local partner, LNAC, conducted an advocacy workshop with members of the national parliament, the MOH/PNLT, and the Ministry of Planning, as well as civil society and CAD. As a result, a national advocacy network was established, and LNAC is drafting a national advocacy strategy for PNLT review.

Filling gaps to minimize disruption of TB field activities

Following the suspension of Global Fund Rounds 5, 6, and 8 funds, which has considerably affected programming, PATH has provided logistical support to strengthen NTP Central Unit operational capacity and minimize disruption to nationally supported field programs by helping to provide fuel, Internet access, and other critical supplies until these activities can be transitioned back to the national program or Global Fund Round 9. Suspension of transfer of Global Fund Rounds 5, 6, and 8 funds for TB and HIV activities to DRC and delay in starting Round 9 slowed down activities and currently poses the major threats of disruption of services and drug stockouts. PATH is currently providing support to PNLT to transport available stocks of TB commodities from the central to the coordination distribution centers, procure specimen containers, and ensure other key functional operations can continue in the five provinces.

Strengthening and sustaining community engagement through our local partners

Our local nongovernmental partners, LNAC and CAD, serve as vital links to community efforts to improve case detection, treatment adherence, and monitoring and retrieval of treatment dropouts. To strengthen the technical and managerial capacities of these organizations, and plan for a sustainable expansion of their field activities, PATH and Initiatives Inc. supported an organizational capacity assessment (OCA) in August, which helped LNAC and CAD identify their needs. As follow-up, local experts and consultants are being hired to provide ongoing support and mentorship so that implementing organizations will be able to receive funds directly from donors.

CAD members assessing their organization.

To empower TB patients and strengthen community civil society participation in TB care, PATH supported CAD to train 250 new community-based health workers who created 25 new CAD operational antennas, which are the liaisons between the health centers and patients and their families in the communities. These new antennas cover Lisala, Kindu, Kananga, Bukavu, and Tshikapa.

Integrating TB/HIV activities

PATH and the Programme National de Lutte contre le Sida (PNLS) have conducted a baseline assessment of TB/HIV activities and challenges in ten of the 14 existing project sites (in Kananga and Bukavu) in September 2011 and developed recommendations to help tailor interventions and inform expansion plans. A country operational plan covering specifically the TB/HIV component for FY12 has been submitted to USAID and US President's Emergency Plan for AIDS Relief (PEPFAR) representatives in DRC.

Tackling MDR-TB

PNLT has requested that the training initially planned for 15 provincial MDR-TB staff from the five PATH-supported Coordinations Provincial de la lutte contre la Tuberculose (CPLTs) be expanded to include 72 staff (one provincial coordinating doctor [MCP], one supervisor, and one laboratory technician for each of the 24 CPLTs covering the entire country). The first training organized for the Kinshasa site is underway (with support from PIH), and the next two trainings will be held in October and November in Lubumbashi and Goma, respectively. To contribute to improving treatment outcomes of 176 MDR-TB patients currently enrolled for second-line treatment nationwide, PATH, in collaboration with CAD, continues to provide treatment support packages to each patient.

Challenges

The following challenges were encountered by the project in the first year.

Coordination and lengthy approval processes:

- PNLT preferences are sometimes not in line with USAID contract requirements, which necessitated significant negotiations on key points (e.g., flow of finances and placement of staff in the field) before finalization of the MOU. However, the first year of implementation has been fruitful in forging common ground and understanding and the MOU has been signed.
- Because each field visit requires PNLT staff, who are often trying to manage competing obligations, activities have been delayed. PATH and PNLT signed off on a plan to address delayed activities by March 2012.

Poor general infrastructure, transportation, and communication increased costs and accentuated difficulties implementing day-to-day activities (including low availability of secure local air transport). This issue will be alleviated by the provincial liaison officers, for whom less travel will be required from the central to the provincial levels.

Security issues: PATH has drafted a security communication plan to prepare for political and security uncertainties (related to the upcoming elections and continued unrest in the eastern part of the country).

Staffing challenges:

- ***Recruiting qualified staff:*** The second key position, the Senior Technical Advisor, has been extremely difficult to fill because of a lack of qualified specialists who meet all of the USAID criteria for the position. Two finalist candidates have now been identified and PATH expects to have the position filled before the end of November.
- ***Negotiating the hiring of provincial liaisons in the field:*** PNLT has agreed to have PATH representatives in the CPLT; however, these staff may not be former CPLT managers. PATH and MSH are working to hire five provincial liaison officers who will sit in the CPLTs to ensure that TB IQC Task Order 1 activities receive adequate technical support and coordination.

Environmental Impact Statement

During the reporting period, the main activities undertaken by PATH were support for assessments and training. Aside from the impacts of travel, there was no adverse impact of these activities on the environment. To help plan for any future environmental impacts resulting from project activities, PATH is currently in contact with the USAID Mission in Kinshasa to determine if an initial environmental evaluation is required. PATH also provided support for the procurement of specimen containers, and every effort was made to ensure that proper medical waste disposal procedures were followed. Regarding the new PATH office space (not a brand new building), every effort was made to avoid excess materials, and if material remained, it was recycled wherever possible.

Geographic area: EASTERN EUROPE AND CENTRAL ASIA
Title: ACSM Activities in Eastern Europe and Central Asia

Project summary

Through targeted technical assistance and training, PATH is collaborating with a wide variety of stakeholders and partners to strengthen ACSM strategies and interventions 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 on its previous work in ACSM, 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.

Objectives

As stated above, the objective of the ACSM activities in Eastern Europe and Central Asia is to enhance NTP 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, Central Asian Republics, Georgia, Moldova, and Ukraine).
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 M&E of ACSM activities.

Achievements

Building a strong regional effort

Local assessments yield important findings for the region

PATH supported an ACSM needs assessment conducted by local consultants in Kazakhstan, Kyrgyzstan, and Tajikistan, and findings were used to adapt the training curriculum for the Dushanbe ACSM sub-regional workshop (see Annex 2 for associated deliverables). (A wider assessment was conducted in nine countries, including the three above, and was completed in the prior reporting period.) Because understanding of the gaps and barriers faced by a region in implementing ACSM is so crucial to improving our approach, highlights of some of the gaps that arose from the assessment are provided below:

- **Only Tajikistan has a national ACSM strategy.**
- **With assistance from Project HOPE, national communication strategies were developed for all Central Asian region countries; however, only the strategy developed in Tajikistan was approved by the MOH.** In Kazakhstan and Kyrgyzstan, communication strategies were planned for incorporation into the NTP, but this has not yet happened.
- **There are no ACSM focal points at NTPs who can be fully dedicated to leading ACSM activities.** In Kyrgyzstan, the NTP has a public relations officer responsible for ACSM, and in Turkmenistan, the chief phthisiatrician is responsible for ACSM. These staff members are not paid for this work. Uzbekistan is the only country where the NTP has a part time (50 percent) ACSM coordinator position, which was filled in August 2010.

- **ACSM activities in these countries are not directly linked to NTP objectives.**
- **There is lack of coordination among the organizations working on ACSM in all countries.** While there are thematic working groups for information, education, and communication (IEC)/behavior change communication, they are weak, have little authority, and mainly focus on reviewing and approving IEC materials.
- **NTPs do not have funding available** for ACSM activities (except for Kazakhstan).
- **There is less emphasis on advocacy and social mobilization.** There is a good level of knowledge and activities related to communication, but much less focus on advocacy and social mobilization.

> *"For the first time, advocacy was presented and discussed in details at the training. It is especially helpful that technical assistance was offered to country teams to implement their plans after the training."*
> Dushanbe workshop participant

Supporting national action on ACSM in six countries
This year, PATH responded to requests for technical assistance to support national action in six countries All of these countries (except Belarus) will be invited to a regional M&E workshop in Georgia in December 2011 to further strengthen their skills.

- **Azerbaijan:** Per the NTP manager's request, PATH facilitated an NTP national stakeholder meeting to draft Azerbaijan's new ACSM strategy. PATH also provided advice and tools, such as survey and interview templates to assist the Azerbaijan Health Communication Association with researching the reasons for delays in seeking health services, treatment interruption, and the development of resistance. The research results will be used to inform the ACSM strategy for Azerbaijan (next reporting period).
- **Belarus:** One of the participants in the PATH Kyiv workshop, a staff member from the Global Fund grants implementation unit, was so impressed with workshop facilitator, Dr. Irina Zatushevski, that he mobilized funds to invite Dr. Zatushevski to conduct a training for 20 journalists in Minsk (February 2011).
- **Georgia:** As requested by the Georgia NTP ACSM coordinator, at the end of March, PATH consultant Susan Kingston traveled to Tbilisi to help develop their first national ACSM strategy and work plan through a three-day stakeholder meeting (see Annex 2 for associated deliverables).
- **Kazakhstan:** In response to the request from the NTP and in collaboration with the USAID/Quality Health Care Project (QHCP) in Kazakhstan, PATH prepared for and co-facilitated a national ACSM skills-building workshop and stakeholder meeting to develop an outline for the ACSM strategy (June 2011).
- **Tajikistan:** PATH worked with the NTP and USAID/QHCP in Tajikistan to contribute to finalizing the national ACSM strategy and co-facilitated a workshop to develop the ACSM work plan (August 2011).
- **Turkmenistan:** With funding from the Global Fund grants implementation unit, Dr. Zatushevski conducted a training of trainers (TOT) on social mobilization in June 2011.

Providing sustained follow-up technical support
Additional technical assistance for Azerbaijan will be provided in October. In response to the NTP request, PATH will conduct a national ACSM workshop and a stakeholder meeting to discuss the ACSM strategy outline and then develop a national ACSM strategy in collaboration with the NTP ACSM working group. A regional ACSM M&E workshop in Georgia is scheduled for December 5–9, 2011. It is expected that representatives from the countries that developed or are in the process of developing a national ACSM strategy will attend the workshop (Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan, and Tajikistan).

Challenges

Despite numerous PATH attempts to communicate with and support the local consultants in Turkmenistan and Uzbekistan, it was not possible to collect ACSM assessment data in those countries. PATH collaborated with USAID/QHCP and Project HOPE to obtain information on the status of the ACSM activities in Turkmenistan and Uzbekistan, and their country teams attended the sub-regional ACSM workshop in Dushanbe.

The limited duration of this project (ends in September 2011) is challenging because we anticipate that the NTPs will continue to request technical assistance as they progress from setting up their ACSM activities (the phase in which most countries are) to actually implementing these activities. Therefore, we hope further funding can be made available to sustain this work.

Difficulty measuring the long-term impact of ACSM training: While PATH provided critical technical assistance that enabled in-country partners to enhance their ACSM skills and develop strategies, it is challenging to demonstrate measurable impact of the technical assistance that has been provided. In the next reporting period, PATH will conduct an assessment to qualitatively evaluate its contribution.

Case study: Creating the foundation for ACSM activities in Georgia

TB IQC Task Order 1 support for ACSM in Georgia illustrates how PATH's technical assistance contributes to the many inputs that create a strong foundation for the implementation of effective and coordinated ACSM activities that are linked to NTP objectives.

Dr. Eka Sanikidze, the NTP and Global Fund ACSM coordinator for Georgia, first came into contact with PATH at the Stop TB Partnership's ACSM workshop for Global Fund recipient countries in July 2009 in Minsk, Belarus. PATH developed the curriculum and facilitated the event. The PATH facilitator was quite impressed with Dr. Sanikidze's enthusiasm and interest in ACSM and sought USAID/Georgia's approval to hire her as a consultant to conduct the ACSM assessment in Georgia in preparation for the 2010 sub-regional ACSM workshop in Kyiv. Dr. Sanikidze spent one month gathering data on existing ACSM activities in Georgia and presented her findings at the Kyiv workshop. She identified several challenges, including the lack of an ACSM strategy at the national level, insufficient coordination of ACSM activities, limited NTP funding for ACSM, and weak M&E of activities.

Following the Kyiv workshop, Dr. Sanikidze worked with the NTP manager to submit a request to PATH for technical assistance to address these challenges. In March 2011, PATH's expert ACSM consultant, Susan Kingston, visited Georgia to conduct a stakeholder meeting with 13 representatives, including the NTP, the Global Fund, the MOH, the medical university, and nongovernmental organizations. By the end of Ms. Kingston's visit, these stakeholders had:

- Formed an ACSM working group.
- Finalized the national ACSM strategy.
- Developed an ACSM work plan that was linked to NTP objectives.
- Built the capacity of the in-country team to plan ACSM activities.
- Drafted a budget to accompany the work plan.
- Received confirmation from the USAID Mission that this new ACSM strategy is harmonized with USAID's strategies in Georgia, including the USAID grant pending for Georgia.

Thus, PATH has provided technical assistance to key inputs that are necessary for a strong foundation for the planning, implementation, and M&E of ACSM activities. It will take two years for us to really be able to measure the outcomes and estimate impact of this initial work. We continue to look for ways to provide ongoing support for this new effort. Specifically, in June 2011, Dr. Sanikidze participated in the advanced ACSM workshop that emphasized M&E for ACSM. During the workshop, she met with PATH staff to develop an M&E plan for ACSM, including selection of appropriate indicators. We will work with the NTP in Georgia to pre-test the ACSM M&E guidelines and train NTP staff on M&E. We hope to find additional ways to support Georgia as they shift into implementing these coordinated activities.

Environmental Impact Statement

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

Geographic area: EASTERN EUROPE AND CENTRAL ASIA
Title: Enhancing TB/HIV Activities in Eastern Europe and Central Asia

Project summary

The objective of this scope of work is to enhance NTP capacity to implement the Three I's (intensified case-finding, isoniazid preventive therapy, and TB infection control) as part of comprehensive national planning to address TB/HIV co-infection. Through training, advocacy, and targeted technical assistance, PATH is collaborating with USAID Missions, ministries of health, NTPs, national AIDS control programs, and civil society organizations to strengthen the capacity of selected countries to implement the Three I's.

Because there is substantial variation among countries within Eastern Europe and Central Asia regarding the need for or readiness to implement the Three I's, PATH first undertook a readiness analysis and resource inventory to prioritize countries to receive technical assistance. Of the 18 countries covered in WHO's Plan to Stop TB in 18 High-Priority Countries in the WHO European Region, 2007–2015, PATH included 11 countries[1] in its initial assessment, given that some countries in the full list are part of the European Union (Bulgaria, Estonia, Latvia, Lithuania, and Romania), are receiving separate funding (Russia), or are not prioritized by USAID (Turkey).

Five countries participated in a consultation workshop on TB/HIV and the Three I's, during which they developed draft country technical assistance plans for strengthening implementation of these activities. PATH will seek to identify resources and best practices in the region to make them more readily available.

Objectives

To accomplish this scope of work, PATH is collaborating closely with USAID, the WHO Regional Office for Europe (EURO), the Stop TB Partnership, and other implementing organizations, building on its previous work in enhancing TB/HIV collaborative services in Ukraine and elsewhere in the world. The objectives include:

1. Conduct a readiness analysis and resource inventory for 11 priority countries within the Eastern Europe and Central Asian regions to prioritize those ready to receive assistance in implementing the Three I's, and identify regionally available resources for training and demonstration.
2. Provide tailored technical assistance to prioritized countries.
3. Develop recommendations for achieving continued progress in implementing the Three I's.

[1] Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, the Republic of Moldova, Tajikistan, Turkmenistan, Ukraine, and Uzbekistan.

Achievements

Conducting a readiness analysis and resource inventory for 11 priority countries

A readiness analysis and resource inventory was conducted to select four priority countries to receive training and technical assistance to enhance their capacity for implementation of Three I's activities. In close collaboration with colleagues from USAID, WHO, and other stakeholders, PATH conducted a two-stage analysis of country status and readiness for enhancing TB/HIV and Three I's activities. Out of 11 countries in Phase I (Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Tajikistan, Turkmenistan, Ukraine, and Uzbekistan), eight were selected for more in-depth analysis for Phase II. During Phase II, more detailed information was collected on the in-country status of TB/HIV and Three I's activities. As a result of the assessments, four countries (Armenia, Azerbaijan, Georgia, and Kazakhstan) were selected to participate in a consultation workshop held in Kyiv, Ukraine in August 2011. Country assessments highlighted some critical challenges and gaps in current implementation of TB/HIV and Three I's activities, including lack of relevant guidelines and strategies, little information available on TB/HIV co-infection, difficulties in diagnosing TB in people living with HIV/AIDS (PLWHA) contributing to late TB diagnosis, resistance from health workers on use of isoniazid preventive therapy, infection control measures not well developed or monitored, and a strong need to strengthen coordination between TB and HIV services.

Ensuring TB/HIV leaders have up to date information on the Three I's

Nineteen participants from five countries attended the Consultative TB/HIV Three I's Workshop in Kyiv, with Belarus contributing a participant through their own Global Fund grant support. PATH also supported international nongovernmental participants from Central Asian regional implementation programs that include TB/HIV, to expand the reach of information to other Central Asian countries not included in the workshop. The workshop provided participants with up-to-date technical information about implementation of TB/HIV and the Three I's, in-depth discussions about the benefits and challenges of the Three I's strategy within the regional context, and an opportunity for participants to develop activity plans to identify Three I's implementation gaps and technical assistance needs. Participants will bring action plans back to their national programs to review potential technical assistance needs and determine approaches. These plans can also help contribute to national technical assistance plans for countries with Global Fund grants. As follow-up, country national TB and HIV program approvals and negotiations for technical assistance requests are ongoing, and two participants have been supported to join an expert meeting on HIV, TB, and drug dependence in Chisinau, Moldova and will share information and recommendations from the meeting with program stakeholders.

> *"The workshop provided a lot of new, useful and practical information on HIV/TB."*
> TB/HIV consultative workshop participant

Challenges

Identifying and coordinating with local consultants: The activities have been delayed because we shifted our strategy (in consultation with USAID) after initiating the work plan. Having shifted to an approach that involved collection of country information through in-country consultants, there were some delays in identification of appropriate consultants and obtaining final reports. Some of the consultants changed positions and were not available to complete final country reports. PATH collected information

on those countries from other stakeholders to allow for Phase II country selection and will obtain more detailed information, as available, for the final report.

Timing issues: The longer than anticipated country data collection process moved the consultation workshop to early August 2011. At the end of the workshop, draft technical assistance requests were received. Additional time is needed for workshop participants to return to their countries and consult with national TB/HIV program staff to confirm their country's support of the technical assistance requests or to adjust to meet country priorities, and then to coordinate with PATH on timing, feasibility, and funding availability to ensure that the technical assistance provided will have concrete impact and contribute to advancing TB/HIV and Three I's implementation in each country.

Environmental Impact Statement

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

Geographic area: INDIA
Title: Support for DOTS Strengthening and DOTS-Plus Scale-up

Project summary

PATH and its partners continue to support the Central TB Division (CTD) of the Revised National Tuberculosis Control Programme (RNTCP) and to collaborate with WHO, civil society, and others working in TB control to improve TB control systems and practices in India. In October 2009 and again in October 2010, PATH received funds from USAID/India to support the RNTCP under TB IQC Task Order 1 to continue the work PATH started under Technical Assistance and Support Contract II (TASC2) TB Task Order 2 (TO2) in several different areas of TB control. Areas for support include laboratory strengthening, airborne infection control, ACSM, MDR-TB control, PPM, health systems strengthening, and the testing of innovative approaches to improving TB case detection and treatment success and preventing MDR-TB.

Objectives

Our objectives under Task Order 2015 include the following:

1. Strengthen Intermediate Reference Laboratory (IRL) capacity to attain and maintain accreditation for culture and DST by addressing gaps in infrastructure, planning, and management to complement technical support.
2. Improve the national capacity to provide high-level expertise in infection control.
3. Test and scale up an approach to developing, implementing, and evaluating ACSM interventions to address TB control issues in poor-performing TB units.
4. Support effective expansion of MDR-TB control activities by identifying and addressing gaps in the DOTS-Plus program.
5. Effectively engage other providers (pharmacies) and segments of society in TB control activities to support RNTCP goals and objectives.
6. Assist in health systems strengthening for the RNTCP by assessing human resources needs to inform the upcoming development of the next five-year plan (FY09 funds).
7. Test innovative approaches to improving TB case detection and treatment success and preventing MDR-TB (FY10 funds).

Achievements

Please note that activities enumerated in the work plan have since been altered in line with USAID recommendations following evaluation of our activities in February 2011 in Hyderabad.

Scaling up diagnosis of MDR-TB

PATH completed line probe assay (LPA) clean room upgrades at six IRLs—Lucknow, Cuttack, Puducherry, Indore, Guwahati, and TRC-Chennai—for the introduction of the newer diagnostics that can rapidly identify MDR-TB, which in turn allows for earlier treatment start for patients, lower rates of dropout before treatment start, and a reduction in transmission of MDR-TB. The upgraded laboratories will support the respective state DOTS-Plus sites for management of a growing number of MDR-TB patients.

PATH also supported the installation of equipment at Government Chest Hospital, Visakhapatnam, Andhra Pradesh, which included two biosafety cabinets with ducting and laminar flow, a centrifuge, Friocell, Incucell and Ventricell, two inspissators, an autoclave, and air conditioners. Equipment

installation will allow the laboratory to fulfill its basic functions and support TB case detection and monitoring.

Expanding access to MDR-TB treatment
In response to an invitation from CTD, PATH joined representatives from the respective state and district governments, WHO and RNTCP consultants, and CTD representatives to conduct assessment visits in Dhar in Madhya Pradesh and Parbhani in Maharashtra. The goal of the visits was to assess the readiness of new sites to expand DOTS-Plus activities, which supports India's very ambitious goal of providing full DOTS-Plus coverage by the end of 2012.

The following findings were reported to CTD to improve the scale-up of DOTS-Plus:

- Both sites have poor DOTS performance.
- There is a need to address human resources issues (e.g., there is a shortage of medical officers and contracted staff).
- Parbhani does not have culture and DST services for MDR-TB.
- Additional support is needed from the state level for TB/HIV coordination and integration.
- More careful planning and attention toward methods of sputum collection, transport, and handling are needed. It would make sense to explore the possibility of couriers for sputum transport.

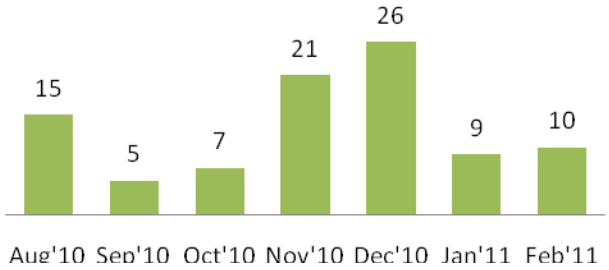
Engaging other providers and segments of society in TB control activities to support RNTCP goals and objectives: *Ongole pilot pharmacy project*
After sensitization and training, 60 pharmacies voluntarily agreed to take part in the referral of chest symptomatics who seek care at their facilities (see Annex 2 for associated deliverables).

Thus far, 105 chest symptomatics have been referred by 29 pharmacies in seven months, out of which 97 (92 percent) were evaluated, six were diagnosed with TB, and all were put on treatment.

An initial analysis of these basic data show that:

- There is excellent uptake of referrals for evaluation.
- Similar to PATH's experience in other countries, yields can be improved through ongoing reinforcement of how to screen for suspected TB.
- Active engagement of those in authority helps increase referrals (the November/December increases as shown in the figure below followed a meeting with state-level officials and an award to the highest-performing pharmacy). Supportive supervision will be intensified to improve results following additional data-gathering.

Figure 1. Number of referrals each month.



Assessing RNTCP human resources needs to inform the human resources strategy for the next national five-year plan

PATH anticipated the need for a thorough human resources assessment for the RNTCP to scale up MDR-TB diagnosis and treatment and maintain the basic DOTS activities at the same time. However, in late November 2010, CTD requested that PATH cancel activities regarding the human resources for health-related assessments. In preparing for its new cycle of five-year planning, CTD rethought this decision and after subsequent discussions with project staff, they requested urgent assistance to collect workload data by the first week of March 2011. With support from PATH, Task Order partner Initiatives Inc. completed assessments of the Chemist TB Suspect Identification and Referral Pilot program and conducted the Preliminary Workload Review Activity to assess the workload of selected contractual staff employed under the RNTCP.

The assessments covered three states (Andhra Pradesh, Gujarat, and Rajasthan), and preliminary findings were presented to CTD, WHO partners in India and Geneva, and USAID at a meeting held in the CTD offices in Delhi on March 17, 2011. The report findings generated interest in additional human resources support. Based on CTD's renewed interest in better understanding human resources issues, PATH has seconded an Initiatives Inc. human resources specialist who is responsible for leading human resources and health systems strengthening assessments and activities for the project for year 3 and beyond. (The training of data collectors and data collector fees for this activity were supported with TO2 funds, per USAID's request.)

Challenges

Following the USAID evaluation, PATH was asked to temporarily delay some of the project activities until the reprioritization exercise could be completed at the end of June 2011. In addition, required approval procedures at the National Reference Laboratory (NRL) and IRL levels have contributed to delays. USAID and PATH have reprioritized activities and key technical areas to move the project forward.

Selecting the priority laboratories for the upgrades has been challenging. We suggest continuing to hold coordination meetings with CTD, the NRLs, and FIND to work through lengthy approval processes and competing priorities to work toward faster upgrades.

Although we have begun building in-country training capacity for architects and engineers, it is not yet sufficient to guarantee their capacity to carry on independently and with high quality. We recommend a more intensive approach for these trainings to be successful, including additional support from PIH and a specific plan approved by CTD for taking this activity forward, such as disseminating the CTD airborne infection control risk assessments.

Infrastructure and administrative issues continue to delay the accreditation of IRLs, which lack reliable power supplies and/or suffer from staff vacancies/turnover. PATH continues to work to resolve these issues through technical support for accreditation in solid culture and DST, as well as helping to prepare the laboratories and staff for introduction of new diagnostic technologies.

Lengthy approval processes have contributed to delays in implementation; however, by placing key staff in PATH's Delhi office, we anticipate that more accessible communication between PATH and CTD will continue to help streamline the approval process.

Coordination of diverse partners: The project is working with a variety of TB IQC Task Order 1 partners, as well as CTD partners such as WHO. PATH has continued working to designate responsibilities and help facilitate coordination. Additionally, USAID's review of our work plan has helped harmonize the skill set of each USAID partner in supporting national TB goals.

Environmental Impact Statement

During the reporting period, the main activities undertaken by PATH were Biosafety Level 2 to Level 3 (BSL-3) upgrades to the laboratories at the State TB Training & Demonstration Centre and Blue Peter Health & Research Centre in Hyderabad, technical assistance, and training (including of IRL staff). In addition, a negative-pressure system with duct work was installed at the State TB Demonstration and Training Centre, in an existing building, and the Blue Peter laboratory was upgraded to include line probe assay (LPA).

- There was no damage to sensitive ecosystems, as work involved only minimal upgrades in existing buildings.
- Most of the materials were prefabricated; thus, there was no need to store equipment/machinery.
- No toxic materials were used (the resin-based epoxy flooring was in semi-solid form, not powder, so it did not cause harm).
- Every effort was made to avoid excess construction material, and any leftover material was recycled as possible. Disposal of unusable material was done in an environmentally sound manner by the contractors.
- The coolant used was free of chlorofluorocarbons.
- The negative-pressure rooms will mitigate any contamination while undertaking TB diagnostic work, and written guidelines and training for proper maintenance of the facility has been provided.

Disposal of infectious waste in both laboratories is done in accordance with RNTCP guidelines. There has been no adverse impact of these activities on the environment.

Geographic area: MEXICO
Title: Strengthening and Expanding Support for Stop TB Strategy Implementation

Project summary

In Mexico, PATH has worked with the NTP to introduce three Stop TB Strategy components in priority states: PMDT, PPM, and ACSM to support TB services. In collaboration with the NTP leadership team and state-level TB managers and stakeholders, PATH has performed state-level assessments of capacity to introduce PMDT and created action plans. Much of this work has involved decentralization of capacity from the national to the state level, for example, by introducing MDR-TB diagnosis at state laboratories. With diverse partners such as the Mexican Social Security Institute, the prison system, private providers, and medical schools, PATH is creating PPM networks to ensure timely referral of TB suspects to NTP-supported facilities for diagnosis and treatment and a standard of care among these providers that conforms with the NTP's DOTS-based guidelines. Finally, PATH facilitated intensive ACSM training at the national level and is following up with participating state TB program managers to support implementation of ACSM action plans aimed at improving case detection, patient satisfaction, and treatment outcomes.

Objectives

Our objectives under TB IQC Task Order 1 are to:

1. Strengthen the capacity of the NTP and state TB control programs to implement, monitor, and evaluate standardized PMDT in Mexico.
2. Support effective expansion of the NTP's PPM strategy to support PMDT.
3. Increase the capacity of state TB programs and civil society to implement ACSM activities in support of NTP objectives for case detection and treatment outcomes, especially for MDR-TB.
4. Develop training tools on high-quality DOTS and implementation of the Stop TB Strategy to strengthen the capacity of TB program managers and clinicians to prevent the generation of drug-resistant TB.

Achievements

MDR-TB and PPM activities forge ahead with promising results
During the reporting period, MDR-TB and PPM assessment tools were finalized and used to conduct assessments and create action plans for all states covered by MDR-TB (eight states) and PPM (ten states) activities. The contribution of the PPM activities to smear-positive case detection was documented in selected states, jurisdictions, and facilities and the results are quite promising. For example, smear-positive case detection increased by 47 percent after the formation of a PPM network and introduction of a referral system between public- and private-sector partners to ensure timely diagnosis and treatment of TB in selected facilities. Additionally, 97 MDR-TB cases were confirmed in eight priority states during the reporting period; and of those, 79 began treatment.

ACSM action plans launched in five districts

ACSM is viewed as a critical component to support PMDT and PPM as well as overall DOTS expansion throughout Mexico. Although many state-level program managers use ACSM techniques to support DOTS programs, systematic gap analysis, planning, and M&E of ACSM interventions is lacking. To address this gap, PATH hosted a combined ACSM/M&E workshop for 42 state jurisdictional TB program managers and other health care providers from priority states in August 2011. As a result, five participating districts have launched their action plans.

> *"I realize that I have been doing ACSM as part of my job but that I need to better document what I am doing and the results of my efforts, particularly advocacy. Now I will document my work and measure the results of each strategy."*
>
> Jurisdiction-level manager, Oaxaca

Challenges

This year, the project has experienced the following challenges:

- **Comité Estatal de Farmacorresistencia (COEFAR, the state-level MDR-TB organizing committee) capacity varies widely across the eight priority PMDT states**; some COEFARs meet on a regular basis and conduct cohort reviews as intended, while others do not and are not as proactive. The NTP is supervising these states more closely and following up with them on a regular basis to monitor their activities.
- **Infection control in some facilities that include in-patient wards for MDR-TB patients is a concern.** At least one nurse has become sick with TB (DST results pending as of this report). PATH has recommended that the NTP work with Thea Luccotti, an infection control expert who will be working in Mexico as of January 1, to improve infection control in these facilities. We are considering multiple sources of funding to support this, given the urgency.
- **Commitment to PPM varies across the states**, with some state-level secretariats of health very supportive and others less so, some of which has been related to political changes at the state level during the implementation period. PATH will continue to advocate for PPM in these states and highlight successes and lessons learned from more committed states in order to show the benefits of engaging all providers in TB control to improve case detection and treatment outcomes.

Environmental Impact Statement

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

Geographic area: REGIONAL DEVELOPMENT MISSION FOR ASIA
Title: Multidrug-Resistant TB Regional Model Center Initiative

Project summary

The USAID Regional Development Mission for Asia (RDMA) has contracted with PATH to provide support for the redesign of its MDR-TB Regional Model Center to respond to the growing and changing needs of the region for scaling up PMDT. From October 2010 through September 2011, PATH has been tasked with providing an analysis of the current status of PMDT in the region and in RDMA's nine priority countries, as well as consulting extensively with global, regional, and country stakeholders to inform a revised framework for PMDT scale-up needs.

At the global level, the centralized GLC mechanism for MDR-TB is being regionalized and transformed from a controlling approach to one of advocacy and support for countries to scale up PMDT. The newly adopted global architecture emphasizes one national MDR-TB scale-up plan for each country, rather than small cohorts in separate pilot projects. The new architecture also will foster the development of technical assistance centers to build capacity for national scale-up. In this changing global context, the RDMA MDR-TB Regional Model Center initiative can play a significant role in the Asia region. It is important to engage with all stakeholders to take advantage of the momentum that has been created at the global and regional levels and to ensure the best use of different stakeholders' strategic advantages.

Objective

PATH will collaborate with RDMA and key stakeholders in the region to inform the design of a revised structure for the MDR-TB Regional Model Center that will more effectively meet the needs of national TB programs in scaling up PMDT, focusing on the nine high-burden countries in the region (Bangladesh, Burma, Cambodia, China, India, Indonesia, Philippines, Thailand, and Vietnam). This will include identifying facilities and organizations within the region that are capable of providing MDR-TB capacity-building support. PATH has been granted a no-cost extension for this work until December 2011.

Achievements

Country- and regional-level data on the MDR-TB situation, capacity-building needs, plans for scale-up, and an extensive network of key MDR-TB stakeholders have been assembled to support future initiatives for PMDT and PMDT scale-up in the South-East Asia and Western Pacific Regions.

Extensive analysis completed to ensure a strong foundation for working together to stop the threat of MDR-TB

PATH developed an extensive analysis of the status of MDR-TB control in each of nine priority countries and mapped the major issues that need to be addressed to move toward universal access. This project is being undertaken to work collaboratively with all stakeholders in the region—donors, NTPs, technical assistance organizations, and communities affected by TB—to develop an ambitious but workable model for rapidly increasing the capacity to prevent, diagnose, and treat MDR-TB. The analysis report is groundbreaking in that it provides the most comprehensive information available for the region on how far along each country is in moving toward universal access to MDR-TB services. It identifies key issues that are common to all countries as well as issues that are specific to each setting. This information will help guide countries, donors, and technical assistance providers in using resources for maximum benefit. The next step in this process will be to use the report to form the basis for a dialogue with all stakeholders on how to build the most effective framework for increasing MDR-TB control capacity in the region. From there, RDMA and the countries in the region will have a strong foundation for working together to stop the threat of MDR-TB.

Key findings from the landscape analysis:

- Stakeholders see the need for a coordinated and urgent response to capacity-building, but differ in their opinions of how to reach that objective.
- Some stakeholders see an MDR-TB Regional Model Center network as adding value to existing technical assistance mechanisms if the Center network can provide ongoing technical support and monitoring, expand the pool of regional experts, provide training on programmatic (as well as clinical) aspects of PMDT scale-up, introduce new diagnostics, strengthen national institutions, and build regional collaboration and information-sharing.
- Alternative perspectives call for investment in national technical assistance centers instead of a regional model.

Challenges

Staffing transitions: At the start of the project, the main challenge was to staff the project with senior technical staff with the level of experience and network needed to implement such a complex project. Dr. Nicolas Durier was the project technical lead hired by PATH; however, we were not able to keep him on the project due to work visa issues. The position was then filled by Dr. Sarah Royce; however, by this time, project start-up had already been significantly delayed. Another challenge was the transition of the RDMA project lead, Marietou Satin, from the project. Additional effort went into orienting the new RDMA key staff, and some tasks and processes that were already agreed upon had to be revised or redone, such as planning a stakeholder workshop and revising outlines for required reports.

Issues with unpublished data: It has been difficult to use unpublished data in the landscape report without permission from the NTP managers. We will address this issue when everyone is assembled together at the stakeholder workshop in December.

Environmental Impact Statement

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

Geographic area: TANZANIA (PEPFAR and GHCS)
Title: Support for Stop TB Strategy Implementation

Project summary

Building on progress achieved under TASC2 TB TO2, PATH is working with TB IQC Task Order 1 partners, the Ministry of Health and Social Welfare (MOHSW), NLTP, and Zanzibar Tuberculosis and Leprosy Programme (ZTLP) to support implementation and scale-up of the Stop TB Strategy and Tanzania's National MDR/XDR-TB Response Plan to increase detection and successful treatment of TB and to achieve reductions in TB prevalence and death. The program focuses on several priority areas: human resources capacity development, laboratory strengthening to improve TB diagnosis, support for TB surveillance, targeted active case-finding, strengthening of infection control in health care settings, and TB/HIV collaborative activities.

PATH received Global Health and Child Survival (GHCS) funding in FY09, and PEPFAR and GHCS funding in FY10. In this narrative, we have provided updates on both of these work plans (organized by the objectives from the FY10 work plan). The M&E matrices are presented separately for each work plan at the end of this report (see Annex 2 for associated deliverables).

Objectives

PATH is working in six regions in Tanzania: Arusha, Dar es Salaam, Kilimanjaro, Mwanza, Pwani, and Zanzibar (Pemba and Unguja) to provide technical assistance and support to the NTLP in achieving the following objectives:

1. Improve the quality and expand the reach of TB and TB/HIV services by strengthening human resources capacity at public and private facilities (557 currently supported facilities and 175 new facilities) (PEPFAR funds).
2. Increase case detection and improve treatment outcomes by improving program management and capacity-building (GHCS funds).
3. Increase the detection and successful treatment of TB and MDR-TB cases among children (GHCS funds).
4. Provide technical assistance and support to the NTLP to strengthen TB diagnostic and laboratory systems, including drug-resistance testing and surveillance (GHCS funds).
5. Provide technical assistance and support to the NTLP to engage communities and the private sector in TB and TB/HIV activities leading to improved case detection and DOTS services (GHCS funds).
6. Provide technical assistance and support to the NTLP to engage national, regional, and local authorities in TB and TB/HIV activities to encourage and strengthen ownership and sustainability of TB control (GHCS funds).
7. Provide technical assistance and support to the NTLP to develop, improve, and use the NTP M&E system (GHCS funds).

Achievements

Key achievements during this reporting period include:

- The number of TB patients identified increased from 17,941 in the prior year to 22,319 during this reporting period in 35 PATH-supported regions, and 17,559 were tested for HIV, compared with 16,979 in the prior year (as reported in the TASC2 TO2 annual report of November 2010..
- PATH increased TB/HIV support to 134 additional facilities.

- Existing reporting and recording tools were revised to develop a more streamlined set of 14 tools. These updated and consolidated tools will save time and coordinate efforts, as some have been harmonized and merged to remove repetition and streamline service delivery processes.
- PATH's work was commended in the GLC Kibong'oto National Tuberculosis Hospital (KNTH) MDR-TB program monitoring visit report: *Tanzania is to be recommended for their successful PMDT pilot at Kibong'oto. The MDR-TB team at Kibong'oto has gained experience in the management of MDR patients. Training of district staff for support to ambulatory treatment is well received, and 70 patients have been diagnosed and started on treatment for MDR-TB as of July 2011*.
- The pediatric TB guidelines have been reviewed by the NTLP, and we are in the final approval stages with the MOHSW. Dartmouth is now developing a complimentary training curriculum to accompany the guidelines.
- PATH conducted focus group discussions on the gender dimensions of issues confronting patients who default from their treatment in Kisarawe and Dar es Salaam. Findings will be available in the next reporting period.

Additional achievements are described below.

Improved quality and reach of TB and TB/HIV services

PATH has continued to support and strengthen existing TB/HIV activities in all six regions by strengthening human resources capacity and supportive supervision at all levels of the health system. As shown in Table 1, in the last reporting period, PATH supported collaborative TB/HIV services in 134 new facilities, bringing the total to 955 facilities.

Table 1. Health facilities providing collaborative TB/HIV activities services as of September 2011.

Region	Number of districts	Number of facilities, by type		Total number of facilities
		Public	Private	
Arusha	7	168	34	202
Dar es Salaam	2	55	33	88
Mwanza	8	219	52	271
Pwani	6	124	26	150
Zanzibar	5	119	17	136
Kilimanjaro	7	76	32	108
Total	**35**	**761**	**194**	**955**

A total of 22,319 new TB cases were notified in this reporting period. Of these, 1,277 (6 percent) were patients younger than 15 years. Also among the new cases, 3,129 (14 percent) came from care and treatment clinics (CTCs), and thus, were already known to be HIV positive. Of the 19,190 patients of unknown HIV status, 19,126 (99.7 percent) received counseling, 17,559 (92 percent) were tested for HIV, and 4,907 (26 percent) were found to be HIV positive.

The breakdown of these data according to sex is noteworthy. Men comprised 61 percent of the TB patients. However, the HIV prevalence rate was much higher among women (36 percent in women, 24 percent in men).

Of the 4,907 TB/HIV patients identified during the reporting period, 4,416 (90 percent) were given cotrimoxazole prophylaxis through the TB clinics. Of the 4,907 patients, 3,155 (65 percent) were registered at a CTC. Among those registered, only 852 (18 percent) started antiretroviral therapy (ART), which is quite low compared to the target of ART initiation for 60 percent of TB/HIV patients. Unlike cotrimoxazole, which is offered at TB clinics, ART is available only at CTCs. Cotrimoxazole prophylaxis

uptake was quite high compared to ART initiation. These data bolster the argument for an "under one roof" model wherein ART could be provided in conjunction with TB treatment.

Infection prevention and control training curriculum finalized and rolled out to health care workers

In support of the new infection prevention and control (IPC) guidelines, the NTLP and PATH completed the national training curriculum on IPC for health care workers. This curriculum is based on the new IPC guidelines, which are awaiting final approval from the MOHSW. In addition, PATH conducted a pilot TOT for 19 national- and regional-level staff as well as 34 District TB/Leprosy Coordinators (DTLCs) and District TB/HIV Coordinators (DTHCs). Using TB IQC Task Order 1 funds, these trainers then trained 125 people on basic infection control interventions. Participants completed the IPC plans to implement in their facilities, which will be followed up in the next reporting period.

Better management strategies led to better case notification

MSH completed the report of results from the rapid assessment of health facility-based TB case detection in 14 health facilities (see Annex 2 for associated deliverables). Based on the findings, standard operating procedures (SOPs) for health facility TB case detection were developed and field-tested in Meru and Arusha. As a result, TB case notifications increased by 85 percent in Arusha and 68 percent in Meru in July-September 2011 as compared to the baseline, before implementation of the SOPs (Table 2).

Table 2. TB case notification in Meru and Arusha districts, January to September 2011.

District	Before SOPs	After SOPs	
	Baseline January–March 2011	April–June 2011	July-September 2011
Arusha	40	71	114
Meru	64	67	108

In Morogoro, MSH provided technical review and guidance on a new rapid assessment exercise for TB reporting and recording. The changes proposed have been submitted to the NTLP and MOHSW for approval and to be utilized throughout the country.

Dr. Irnei, with the Oltrumet health center TB/HIV team, receiving a debriefing from the DTLC about the progress in scaling up SOPs for TB case detection, during his supervision visit on September 9, 2011.

Increased detection and successful treatment of MDR-TB

With assistance from UCSF, the NTLP finalized and approve the *Operational Guidelines for the Management of Drug-Resistant Tuberculosis*. The guidelines include national treatment guidelines as well as plans and protocols for management of patients with MDR/XDR-TB. The guidelines have been printed and distributed to current MDR-TB care providers. Since July 2011, 70 patients have been diagnosed and started on treatment for MDR-TB at KNTH. Additionally, 31 clinicians at the hospital and 88 clinicians at the district level have been trained in the management of MDR/XDR-TB. UCSF has

assisted in convening a quarterly MDR-TB review panel to address complex clinical case and program issues and convened the first national MDR-TB cohort review. A district-level supervisory checklist was developed and a strategic plan and trainings for district mentoring and oversight were devised with the NTLP (and implemented through PATH/Tanzania).

Contact investigation

UCSF helped develop contact investigation protocols, training materials, forms, and M&E database in one region of Dar es Salaam (Kinondoni). As a result, 12 TB Contact Investigators and ten DTLCs were trained in conducting household TB contact investigation, and ten diagnostic and treatment clinics were sensitized to the importance of conducting and following up on contact investigations. During the implementation of the contact investigation pilot phase, the team identified 690 index cases and 1,641 of their household contacts and are now revising all materials based on the lessons learned.

Challenges

In general, the biggest challenge continues to be delays in implementation of activities. Here we describe a few sources of these delays and what PATH is doing to address them:

- ***Staffing issues:*** A number of positions have become vacant for many different reasons. We have expanded our recruitment efforts to ensure that we are soliciting strong candidates for these positions.
- ***Scheduling challenges and juggling of the NTLP's competing priorities:*** The NTLP manages many competing requests, and thus, has been unable to attend to all of the different requests for review and input (e.g., review of the NTLP manual and formation of technical working groups). PATH is working closely with the NTLP to coordinate input and make swift progress wherever possible.
- ***Shortages of HIV test kits:*** A major challenge under Objective 1 has been a shortage of HIV test kits at the national level, due to both a lack of funds at the national level and improper management at the district and facility levels. PATH is committed to discussing this problem with the National AIDS Control Program and find ways to rectify this issue. It may be helpful to have USAID involved in these conversations.
- ***Logistics and scale-up of care for MDR-TB patients at the district level:*** Communications regarding the supply line and monitoring have been difficult. This will be a challenge for district expansion. UCSF, PATPH, and the NTLP are outlining a strategic planning session to take place prior to implementation of scale-up to address these issues.

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 NTLP, which included disposal of medical waste. The disposal of all infectious waste produced as a result of these trainings was conducted in accordance with MOHSW guidelines. There was no adverse impact from these activities on the environment.

Geographic area: UKRAINE
Title: Support for the Stop TB Strategy Implementation

Project summary

Specialized support provided by TB IQC Task Order 1 will help strengthen the technical and management capacity of Ukraine's TB control program and implementing partners, and will focus on ACSM support to complement Global Fund resources and activities and increase nongovernmental organization (NGO) capacity, and strengthening the management and technical capacity of the National Committee on HIV/AIDS, TB and Other Socially Dangerous Diseases.

Objectives

1. **Provide ACSM technical support and NGO capacity-building assistance.** The Global Fund Round 9 TB grant awarded to Ukraine includes a significant ACSM component, but it only provides funds for implementation of ACSM activities and not for capacity-building or technical assistance. To address this gap and strengthen implementation of the project, PATH will provide technical assistance in support of the Global Fund grant implementation of the ACSM component.
2. **Strengthen the management and technical capacity of the NTP as managed by the National Committee on HIV/AIDS, TB and Other Socially Dangerous Diseases.** PATH will provide technical support for the planning and implementation of some national TB program activities being implemented by the National Committee on HIV/AIDS, TB and Other Socially Dangerous Diseases.

Achievements

As Ukraine develops its NTP plan, PATH has been actively engaged in the national Working Group for Development of the National TB Program, and helped create a framework with the working group for development of the NTP for 2012–2017 in accordance with international recommendations, as requested by the NTP. PATH also provided technical support for the development of a knowledge, attitudes, and practices (KAP) survey, which will be used by the NTP to identify strategic opportunities for ACSM activities to inform the national plan.

PATH trained eight NGO staff in the Coalition of HIV Service Organizations to assist other NGOs to assess beneficiary needs, develop training materials to address those needs, and then to implement the training developed. This training is focused not on training for a specific technical area, but on the process of assessing needs and developing training in response to the needs identified. Monitoring of the cascade training activity will follow to identify strengths and weaknesses in the process to improve the curriculum for further trainings and find the way to develop training materials according to participant needs. Future plans include building the capacity of HIV NGOs to develop comprehensive training materials.

Challenges

Delays in the signing of the Ukraine Round 9 Global Fund contract and subcontracts contributed to a slowdown in PATH's complementary program activities. Numerous changes in key staff within the NTP structure have also delayed some of the activities, as new NTP staff become better oriented to the national TB control activities. To help resolve these challenges, PATH staff have continued actively planning for project activities and helped orient new government staff to provide context and explain PATH's activities in support of the NTP.

Environmental Impact Statement

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

Geographic area: VIETNAM
Title: Scaling Up Public-Private Mix and Operations Research

Project summary

PATH has collaborated with the Vietnam NTP and the Hai Phong Provincial Health Department (PHD) since 2007 to implement USAID's PPM program for TB control in four districts in the province. The project involves referral of TB suspects who seek care in pharmacies and private clinics to public health TB services. Moreover, confirmed TB cases are referred to HIV voluntary counseling and testing facilities. From October 2009 to through September 2010, 978 TB suspects referred from private facilities were evaluated in public TB facilities, of which 314 (32 percent) were confirmed with active TB (among them, 96 cases [31 percent] were confirmed smear positive), representing 13.5 percent of the total 2,334 TB cases throughout the province; and 266 TB cases (85 percent) were tested for HIV.

Objectives

In order to help Vietnam address case detection barriers, USAID/Vietnam requested assistance from TB IQC Task Order 1 (implemented by PATH) to:

1. Scale up the PPM model in three new provinces to increase case detection of TB patients (Activity 1).
2. Expand the PPM model in Hai Phong and three new provinces to address treatment and care of TB patients, and strengthen referrals for HIV counseling and testing (Activity 1).
3. Identify and analyze barriers to accessing TB screening and treatment in the public sector by conducting qualitative research that will inform the national TB policy and program (Activity 2).

Achievements

Scaling up what works

This year, the PPM referral mechanism was formally expanded to three new provinces—Ho Chi Minh City, Nghe An, and Can Tho—in addition to expansion within Hai Phong. With that expansion, new private providers were assessed and joined the network of private providers working in PPM for TB control. Currently, a total of 519 private/non-TB facilities (including 320 pharmacies, 173 private hospitals and clinics, and 26 non-TB services) in 15 districts in four provinces are participating in the referral system. These efforts, given that seven additional districts in three new provinces began referring within the last six months, have resulted in evaluation of 2,709 TB suspects, of which 633 were confirmed with active TB (23.4 percent). Among those, 274 cases (43 percent) were confirmed smear positive. In addition, 502 TB patients were tested for HIV. PATH is also conducting a qualitative study to identify and analyze barriers to accessing TB screening and treatment in the public sector. (see Tables 3 and 4 for data)

Table 3. TB case-finding through the PPM referral system.

	Year 1 (2009-2010)		Year 2 (2010-2011)		Change
Sites included	Hai Phong		Ongoing: Hai Phong, New (6 months coverage): Can Tho, Ho Chi Minh City, Nghe An		
Number of clients referred from the private sector who were evaluated in the public sector	978 clients		2,709 clients		677 more clients were referred to public facilities each month after the PPM referral mechanism was implemented in Year 2.
Confirmed with TB	314/978	32%	633/2,709	23%	
Smear positive of those referred	96/978	10%	274/2,709	10%	
Average referred each month	82 clients		226 clients		

Table 4. Data stratified by province

Indicator	Hai Phong (12 months)	Nghe An (4 months)	Ho Chi Minh City (3 months)	Can Tho (3 months)	Total
Number of health workers trained	191	195	266	163	815
Number of PPM participants	216	115	224	78	633
Number of PPM participants referring TB suspects	179	68	115	66	428
Number of TB/HIV suspects referred from PPM participants	1615	777	288	985	3665
Number of referred TB/HIV suspects received at TB services	1,389	523	97	700	2,709
Number of active TB cases	465	82	18	68	633
Number of smear-positive cases	169	21	18	66	274
Percentage tested for HIV	398	18	18	68	502
Number of HIV-positive cases	12	3	2	1	18

Ensuring a smooth transition to new provinces

In February 2011, PATH and NTP master trainers conducted a three-day TOT workshop on PPM for 16 provincial staff from the Department of Health and TB hospitals, who were able to train staff in local facilities that manage TB suspects and patients. Additionally, PATH worked with national and provincial trainers to update and adapt existing PPM tools and materials for training as well as for supervision and M&E in the four provinces. In total, 70 new provincial and district PPM coordinators were added to the system, and in March and April 2011, PATH collaborated with four provincial departments of health and TB hospitals to organize five workshops to introduce the PPM model to nearly 500 participants.

Ensuring a network of people power to expand PPM

In order to effectively implement the PPM model, PATH worked with PHD leaders and TB program managers to establish PPM steering committees at provincial and district levels. The PPM steering committee members also serve as members of PPM working groups to coordinate PPM activities. The working group members include representatives from the provincial and district health departments as well as people from the provincial and district TB facilities in the NTP system in each province. The PPM working groups in the four project sites established the system to better refer TB suspects from both private- and public-sector non-TB services to public TB facilities for timely diagnosis and treatment. Nearly 750 local PPM providers from various TB units and hospitals, non-NTP general hospitals, private clinics and hospitals, and pharmacies are involved in referring TB suspects. The project has provided

tailored training to PPM providers on topics ranging from TB control in general to the referral mechanism, from DOTS to microscopy for TB detection, and supportive supervision.

Building momentum on World TB Day

On World TB Day 2011, PATH joined the global community in raising awareness about TB control, including a special focus on the role of PPM to set the stage for scale-up. Dr. Vu Ngoc Bao, PATH TB program director in Vietnam, was interviewed on national television and talk shows, where he advocated for increasing resources for TB. PATH and the NTP also collaborated on two newspaper articles for *Health Life Newspaper* that highlighted the important role of PPM.

Successes at the provincial level

- In Can Tho, 115 participants from the health, administrative, and management sectors (including the People's Committee, Women's Union, Youth Union, Farmer's Union, and Veteran's Association) participated in a PPM launch meeting.
- In Hai Phong, PPM was celebrated in a special World TB Day workshop organized by the PHD and Provincial TB and Lung Disease Hospital.
- In Ho Chi Minh City, two PPM meetings were conducted in two project districts for more than 100 participants, and PATH introduced the PPM model during a workshop on TB control jointly organized by the TB and police hospitals.
- In Nghe An, PPM was a special focus at the Workshop on Capacity-Building for Health Staff, which reached more than 100 practitioners from public and private facilities.

World TB Day 2011: PPM providers of the year in Hai Phong received certificates from the PHD for their excellent performance in referring TB suspects.

Analyzing barriers to TB screening and treatment throughout the country

A local consultant from Hanoi University developed an in-depth literature review in order to help design a national research study to identify barriers to TB screening and treatment in Vietnam. Then, in September 2011, an M&E officer was sent to Hanoi to work with the local consultant and the Center for Creative Initiatives in Health and Population (CCHIP) to finalize the literature review and initiate the study. PATH will work in consultation with USAID, the NTP, and WHO to refine the study protocol, and CCHIP will implement the study in 2012.

Challenges

- **Lengthy processes for approvals with local authorities:** The process for obtaining provincial-level approval for activities continues to be time consuming and was responsible for delays in some project activities. PATH worked closely with PHDs in order to improve communication and work toward securing project approvals in all provinces over a three- to six-month period. PATH is exploring work with partners at the ministerial level to promote project activities with the Provincial People's Committee to help build relationships and streamline the approval process.
- **Maintaining private-sector engagement:** Challenges in implementing PPM activities, including motivation of the private sector and the tracking of referrals, are more prevalent in large cities like Ho Chi Minh City. For example, from July to September 2011, only 50 percent of PPM providers actually referred TB suspects in the city, in comparison with 65 percent in Nghe An and 80 percent in Hai Phong and Can Tho. As PPM activities are implemented in only two of 24 districts in Ho Chi Minh City, it is difficult to track where TB suspects referred by PPM providers have used public TB services because they can access all 28 public TB facilities in the city. To help address this low

referral rate, PATH will work with the PHD in Ho Chi Minh City to re-select facilities for the referral model, develop ways to motivate the private sector, and work with the TB hospital to monitor PPM data collection. We hope to be able to expand this same approach in other provinces to improve PPM participation and data quality.

Environmental Impact Statement

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

C. PATH monitoring and evaluation matrices (October 1, 2010–September 30, 2011)

Core, FY09 funds

Activity	Indicator	Target	Status as of September 30, 2011	Partners
Activity 1. Assist in developing, implementing, and evaluating 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.	PATH, 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.	Completed. Standardized ASCM curriculum is finalized and disseminated.	PATH, in collaboration with Stop TB.
1.3 Respond to requests for ACSM technical assistance.	Number of requests for technical assistance to which PATH responds. Number of countries implementing additional and/or more focused ACSM activities as a result of technical assistance.	Two countries receive ACSM technical assistance and move forward effectively with ACSM interventions.	Completed.	
1.4 Participate in the Stop TB ACSM Sub-Group at Country Level.	Number of meetings attended by PATH representative. Contribution of PATH in moving the Core Group agenda forward.	Two meetings of the Core Group attended. Work plan items are completed as a result of PATH support within the Core Group.	Completed. Two meetings of the Core Group attended. Completed. Standard ACSM curriculum was included in the Core Group 2010 work plan, with PATH leading the activity.	

Activity	Indicator	Target	Status as of September 30, 2011	Partners
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 completed and analysis is underway.	
Activity 2. Provide MDR/XDR-TB technical assistance to high-burden countries.				
2.1 Provide technical assistance 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 technical assistance.	One country has completed an assessment and developed a national MDR-TB control plan as a result of PATH technical assistance.	Delayed. Collaboration with GLC to identify a country yielded only non-priority countries for USAID; support will be provided to DRC.	PIH, UCSF, MSH.
2.2 Harmonize existing MDR-TB planning tools in collaboration with WHO and the 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. Additional input from WHO, other technical partners, and USAID was incorporated. Version 1 will be cobranded with WHO and USAID, and posted on PATH website by October 1, 2011.	UCSF.
2.3 Continue to engage in infection control scale-up.	Participation in one Infection Prevention & Control Africa Network (IPCAN) meeting.	Trip report details Africa regional activities, challenges, and successes in implementing infection control.	Discontinued. Support for this activity will be provided with Tanzania funds.	
Activity 3. Support the introduction of new tools for TB control.				
3.1 Develop operational checklists for country adoption, introduction, and implementation of line probe assay (LPA) and light emitting diode fluorescent microscopy (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.	Discontinued. After consultation with FIND, GLI, and others, it was felt that this activity would not provide substantial benefits as introduction must be incorporated into overall laboratory strengthening plans. This activity will be reconfigured in the revised work plan.	FIND.

Activity	Indicator	Target	Status as of September 30, 2011	Partners
Activity 4. Support applications to the Global Fund, and address bottlenecks in the implementation of Global Fund projects.				
4.1 Support two Global Fund Round 10 applications.	Number of countries submitting Round 10 applications as a result of PATH technical assistance. Number of successful applications as a result of PATH technical assistance.	Two countries receive technical assistance to submit Round 10 applications that are approved for funding.	Completed. Three applications supported: Tanzania, Zanzibar, and Zimbabwe received technical assistance to submit Round 10 applications. Zanzibar proposal was successful; Tanzania and Zimbabwe were not.	MSH.

Core, FY10 funds

Activity	Indicator	Target	Status as of September 30, 2011	Partners
Activity 1. Assist in developing, implementing, and evaluating ACSM strategies for TB control.				
1.1 Conduct one ACSM skills-building workshop.	Number of workshops conducted.	One workshop completed.	Completed. Advanced ACSM workshop conducted.	PATH, in collaboration with Stop TB and WHO regional offices.
	Number of participants trained to implement effective ACSM interventions.	25 participants trained and using their skills to improve program performance through ACSM interventions.	Completed. 26 participants from 16 countries trained.	
1.2 Assess the impact of ACSM workshops to date, and develop a plan for providing follow-up technical assistance that can inform global efforts to strengthen ACSM for TB control.	Assessment report prepared.	ACSM workshop report prepared with recommendations for increasing impact as needed.	Ongoing. Questionnaire has been developed and data collected. Analysis and report development will be completed in the next reporting period.	PATH, in collaboration with USAID and Stop TB.
	Plan for adequate follow-up technical assistance prepared.	Follow-up technical assistance plan prepared and endorsed by USAID, Stop TB ACSM Focal Point, and ACSM Core Group.	Ongoing.	
1.3 Complete and pre-test the *Guide to Monitoring and Evaluating ACSM Interventions*.	Availability of the final draft of *Guide to Monitoring and Evaluating ACSM Interventions.*	A draft guide developed, piloted, and pre-tested in two countries in conjunction with technical assistance provided under 1.4 (or through country-level support in long-term technical assistance countries).	Completed. The *Guide to Monitoring and Evaluating ACSM Interventions* has been developed.	PATH.
1.4 Respond to requests for ACSM technical assistance.	Number of requests for technical assistance to which PATH responds.	Two countries receive ACSM technical assistance and move forward effectively with ACSM interventions.	Ongoing. ACSM is incorporated into the Ethiopia TB strategic plan for 2011–2015. The Ethiopia ACSM workshop had to be postponed because the government has issued a temporary freeze on all training of government workers until a policy is issued. They expect that to happen in October, but if it does not, we will reformulate the activity.	PATH.
	Number of countries implementing additional and/or more focused ACSM activities as a result of technical assistance.	ACSM plans are integrated into national strategies in two countries.		
1.5 Participate in the Stop TB ACSM Sub-Group at Country Level.	Number of meetings attended by PATH representative.	Two meetings of the Core Group attended.	Completed. One Core Group and One Sub-Group at Country Level meeting attended by PATH staff.	PATH.

Activity	Indicator	Target	Status as of September 30, 2011	Partners
	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.	ACSM skills-building curriculum finalized and distributed.	
Activity 2. Provide MDR/XDR-TB technical assistance to high-burden countries.				
2.1 Pilot-test redesigned MDR-TB tools in DRC.	Number of pilot tests completed.	One pilot test completed with Core funding (others completed through RDMA work). Data from pilot-testing compiled and used to finalize design and inform country-level planning.	Completed with other funds (TO2). This activity will be reconfigured to support completion of all tools and templates for WHO endorsement.	WHO (collaborating), PIH, MSH.
2.2 Continue to engage in infection control scale-up.	Participation in one IPCAN meeting.	Trip report details Africa regional activities, challenges, and successes in implementing infection control.	Discontinued. To be funded through country-level buy-ins if desired.	PATH.
Activity 3. Support the introduction of new tools for TB control.				
3.1 Actively participate in the Stop TB Partnership's INAT.	Availability of trip reports on INAT annual meeting. Active participation in INAT decision-making.	One trip report on INAT annual meeting. Lessons learned from project field experience are incorporated into INAT strategies and recommendations.	Scheduled for October in conjunction with IUATLD meeting.	PATH.
3.2 In-country evaluation and refinement of an LPA checklist.	Availability of LPA checklist evaluation report.	One LPA checklist evaluation report from experiences in Vietnam; other input provided through country-funded pilots in PATH presence countries.	Discontinued. See FY09 explanation. Will reconfigure to support technology introduction planning in one country.	PATH.
	Availability of refined LPA checklist.	Finalized LPA checklist available for global use.	Discontinued. See FY09 for explanation.	
3.3 Develop an operational module for country adoption, introduction, and implementation of GeneXpert MTB/RIF test.	Availability of module for in-country adoption, introduction, and implementation of GeneXpert MTB/RIF test.	One module for in-country adoption, introduction, and implementation of GeneXpert MTB/RIF test.	Reconfiguring to support introduction planning for one country to use as model process.	PATH.
Activity 4. Support applications to the Global Fund, and address bottlenecks in the implementation of Global Fund projects.				

Activity	Indicator	Target	Status as of September 30, 2011	Partners
4.1 Support up to two Round 11 Global Fund applications.	Number of countries submitting Round 11 applications as a result of PATH and MSH technical assistance. Number of successful applications as a result of PATH and MSH technical assistance.	Up to two countries receive technical assistance to submit Round 11 applications that are approved for funding.	Ongoing. PATH is supporting the Round 11 Global Fund application for Tanzania. A gap analysis was conducted in July 2011, and the information is being used to support proposal development. The Round 11 application is due on March 1, 2012. 15, 2011.	PATH, MSH.
4.2 Provide senior review for Global Fund applications prior to submission to the mock TRP to increase chances of success.	Number of applications reviewed.	Three to five applications reviewed.	Pending. The technical review panel meeting is scheduled for November 1–3, 2011. The national writing team plans to complete the first draft application by the third week of October. PATH consultants will provide senior-level review of the draft prior to the meeting in November.	PATH, MSH.
	Number of successful applications out of those reviewed.	More than 50% of applications reviewed are successful.	Pending. Will take place in the next reporting period.	
4.3 Maintain Global Fund consultant roster.	Roster available.	Roster with at least 20 high-quality consultants provided to USAID by the end of the fiscal year.	Ongoing. The roster is available.	PATH.

Activity	Indicator	Target	Status as of September 30, 2011	Partners
4.4 Analyze technical assistance efforts under TB IQC Task Order 1 and TASC2 TB TO2 to distill lessons learned and provide recommendations for approaching future technical assistance efforts.	Report available. Presentation available.	Assessment report completed and presented to USAID and TB TEAM with recommendations for improving technical support for Global Fund applications.	Ongoing. PATH is coordinating with the TB TEAM and other partners to support a new strategy developed by the Stop TB Friends for Global Fund Issues group focused on strengthening Round 11 TB proposals. We are collecting lessons learned from this new approach and coordinating with the TB TEAM to compile and share lessons and recommendations for future technical assistance. PATH gave a presentation entitled *Technical Assistance Coordination and Planning at Country Level: Partner Experience* at the TB TEAM 2011 annual meeting.	PATH, MSH.

Democratic Republic of Congo, FY10 funds

Activity	Indicator	Target	Status as of September 30, 2011	Partners
Objective 1. Complete an orientation and assessment visit and draft a work plan through a participatory process by August 2010. Complete a final agreement with PNLT and partners regarding TB IQC Task Order 1 support by September 30, 2010.				
1.1 Conduct orientation and work planning visit.	Draft work plan and budget.	Work plan and budget finalized and approved by USAID.	Completed. Final work plan and budget submitted to USAID and approved.	MSH.
1.2 Participate in the annual PNLT meeting.	Agreement on specific support to national and provincial levels and NGOs.	Table specifying activities and budget lines supported by TB IQC Task Order 1 completed for each area of support.	Completed. Agreement on specific support to national and provincial levels and NGOs reached and work plan approved by all partners.	MSH, PNLT.
Objective 2. Complete project start-up activities by November 1, 2010.				
2.1 Complete registration and other formalities.	Registration completed.	PATH registered in DRC.	Completed for the MOH (in April 2011). Ongoing for the registration at the Ministries of Justice and Planning.	MOH, Ministry of Justice, Ministry of Planning.
2.2 Identify and interview candidates for key positions.	Key personnel hired.	Chief-of-party and senior technical officer approved by USAID.	Completed for chief-of-party in January 2011, but ongoing for senior technical advisor (no suitable candidate found in-country yet). Most staff started on April 1, 2011.	PATH, MSH.
2.3 Establish office.	Office established.	Office identified, rented, and furnished.	Completed. Office established.	ProVIC.
2.4 Complete MOU with the MOH.	MOU.	MOU signed with clear, mutually agreed-upon terms.	Completed. Revised version signed by the MOH and PATH in July 2011.	MOH.
Objective 3. Strengthen NTP Central Unit capacity for Stop TB Strategy implementation, and improve coordination between PNLT and partners (TB sub-element 3.1.2.1).				
3.1.a Provide training on advocacy techniques and strategy planning for the inclusion of a TB budget line (see 5.1).	Number of people trained in advocacy versus number expected.	20 people from PNLT, LNAC, and other stakeholders trained.	Ongoing. ACSM training conducted for six staff (one PNLT, two CAD, two LNAC, one PATH) in June 2011 in Sondalo, Italy. Delayed due to overlapping agendas. Next workshop for 20 staff is scheduled for November.	PNLT, CAD, LNAC.

Activity	Indicator	Target	Status as of September 30, 2011	Partners
3.1.b Develop an advocacy strategy for the inclusion of a TB budget line in DRC (workshop).	TB budget advocacy strategy developed.	One advocacy strategy.	Ongoing. LNAC is in the process of developing an ACSM strategy and conducted the first workshop leading to the finalization of advocacy tools and materials with the participation of the National Parliament, the MOH, and the Ministry of Planning in July 2011.	National Parliament, PNLT, LNAC.
3.2 Provide technical assistance to PNLT in the following areas: • Data quality assurance. • Data analysis. • Defining operational research questions.	Number of quarterly data analysis meetings. Number of quarterly epidemiological newsletters produced. Annual report available.	Three data analysis meetings. Three newsletters produced and disseminated to the CPLT. Annual report produced and disseminated.	Ongoing. Annual meeting scheduled for September 26–30, 2011. Delayed. The first epidemiological bulletin is planned for October 2011, due to postponement of data review meeting. Ongoing. Annual meeting scheduled for September 26–30, 2011.	PNLT, WHO.
3.3.a Validate and adopt PNLT operational research manual (workshop).	Operational research Programme Anti-tuberculeux Intégré Recherche Opérationnelle (PATIOR) manual.	PATIOR manual adopted.	Delayed. NTP decided to conduct all validation meetings in October 2011.	PNLT, WHO.
3.3.b Ensure manager training on operational research at the central and provincial levels.	Number of managers trained.	25 managers trained at the central and provincial levels.	Delayed due to unavailability of key members and NTP.	PNLT.
3.3.c Print and distribute the PATIOR manual.	PATIOR manual.	250 manuals printed and distributed.	Delayed due to postponement of operational research manual validation.	PNLT.
3.3.d Provide technical support for the implementation of the plan and research protocols.	Operational research plan. Number of protocols completed. Number of research manuscripts completed.	Annual operational research plan developed. Three operational research protocols developed. One research manuscript completed.	Delayed due to postponement of operational research manual validation.	PNLT, WHO.

Activity	Indicator	Target	Status as of September 30, 2011	Partners
3.4.a Support the organization of an all-sector sensitization workshop on infection control (including hospital management, etc.).	Workshop report.	Workshop report available.	Delayed because of unavailability of key members and NTP.	PNLT, US Centers for Disease Control and Prevention (CDC), WHO, PNLS.
3.4.b Support the organization of a workshop to validate and adopt the infection control manual among the country's health structures.	Infection control manual.	Manual available.	Delayed. Guidelines will be developed first (planned for October 2011).	PNLT, CDC, WHO, PNLS.
3.4.c Support publication of the manual and of posters/leaflets/notices.	Number of manuals and posters/leaflets/notices published.	2,000 manuals/leaflets/posters published.	Delayed. Dependent on the activity above.	PNLT, CDC, WHO, PNLS.
3.5 Support 15 quarterly supervision visits to the provincial coordinators covered by the project.	Number of visits carried out. Trip reports with specific weaknesses identified and recommendations for correction.	15 visits to the five CPLTs (three each for Sud Kivu, Kasai Occidental Est, Kasai Occidental Ouest, Equateur-Est, and Maniema). Visit reports used by TB IQC Task Order 1 to support CPLT response to weaknesses, with improved performance the following quarter.	Ongoing. Total of nine visits conducted and reports are available: three supervisory visits conducted in Kananga (led by PATH and NTP directors in June and August), two in Kindu (July and September), two in Lisala (led by PATH alone), one in Tshikapa (August), and one in Bukavu (September).	PNLT, ProVIC, MSH.
3.6 Facilitate and support quarterly work group meetings with PNLT and partners (interagency and partner meetings).	Number of meetings held. Percentage of action points from meeting minutes dealt with.	Three meetings. >80% of identified action points dealt with.	Delayed due to unavailability of MOH secretary general as the convener of the meeting. Offer for logistical support for organizing these meeting was sent to NTP; awaiting scheduling.	PNLT, PEPFAR, CDC, WHO, PNLS.
3.7 Provide support to ten PNLT managers (central and provincial levels) to take part in international conferences or seminars/ workshops.	Number of PNLT managers who attend international conferences/ seminars.	Ten PNLT managers attend international conferences/ seminars.	Completed. Nine staff participated in the following conferences: ACSM (Sondalo, June), TB-MDR (Lesotho, January), MDR-TB drug management (Johannesburg, July).	PIH, PNLT.

Activity	Indicator	Target	Status as of September 30, 2011	Partners
3.8 Support NTP Central Unit operations.	Number of wheeled vehicles regularly supplied with fuel. Number of pieces of equipment maintained and kept operational. Number of wheeled vehicles insured. Number of Internet connection days (uptime) maintained through the year. Number of out-of-stock days for office supplies (paper, ink, toner, etc.). Number of phone cards supplied to the NTP Central Unit during the year.	Basic functionality of the PNLT Central Unit to continue; stewardship role ensured.	NTP Central Unit has been supported on the following since June 2011: Fuel, wheeled vehicle insurance and maintenance, phone cards, Internet connection, office supplies, and equipment.	PNLT.
Objective 4. Strengthen provincial capacity for National TB Strategic Plan implementation, and improve communication with PNLT and partners (TB sub-element 3.1.2.1).				
4.1 Work with five CPLTs to conduct performance analyses, identify gaps, and create results-based strategic plans and budgets for implementation of the National TB Strategic Plan at the provincial level.	(See detailed work plan matrices of each CPLT below.) • Results-based annual work plan for each CPLT. • Performance measures with targets for each CPLT. • Five-year strategic plan with budget for each CPLT.	Five-year strategic plans completed.	Canceled. PNLT prefers the five CPLTs develop five-year operational plans following DRC's National Plan of Health System Development. Will support this activity as part of CPLT support.	PNLT, CPLTs, MSH/Integrated Health Program (IHP).

Activity	Indicator	Target	Status as of September 30, 2011	Partners
4.2 Provide technical and financial support as needed to implement high-quality core TB control activities in each CPLT through a basic package of services.	(See detailed CPLT work plan matrices below and specific CAD and LNAC work plans.)	Increasing trend in case notification rates from baseline values. Treatment success rate at or approaching 85%.	Ongoing. Central unit and 5 coordinations are being supported with fuel, wheeled vehicle insurance and maintenance, phone cards, Internet connection, office supplies, and equipment. In addition, South Kivu training on TB/HIV has been completed.	PNLT, CPLTs. ProVIC.
4.3 Begin support to CPLTs in Sankuru and South Kasai Oriental.	Work plan.	Work plan developed for CPLTs defining TB IQC Task Order 1 support to each.	Ongoing. TB IQC Task Order 1 has been introduced and initial assessment and advocacy ongoing. Work plans will be developed for this coordination in early October.	PNLT, CPLTs.
Objective 5. Provide technical assistance and support to PNLT and partners to strengthen community engagement for increased case detection and successful treatment of all TB cases in regions supported by the project (TB sub-element 3.1.2.5).				
5.1.a Support PNLT, LNAC, and CAD for ACSM (see specific LNAC and CAD action plans). 5.1.b Conduct ACSM training workshop to develop national ACSM action plans. 5.1.c Support PNLT and partners to develop clear terms of reference for CAD and LNAC. 5.1.d Support PNLT for PPM implementation. 5.1.e Support quarterly consultation meetings with private-sector representatives.	Following these ACSM and PPM activities, case notification and treatment success rates. See also specific action plans. Number of people trained. Number of ACSM action plans developed. Number of terms of reference developed. Number of consultative meetings held.	Increase in notification rate with respect to reference values in each supported CPLT. Success rate nears or is at 85%. One workshop held, 20 people trained (PNLT, CPLT). One ACSM action plan developed and adopted. One set each of terms of reference developed for LNAC and CAD. Three consultative meetings held.	Ongoing. OCA conducted for both LNAC and CAD. Ongoing recruitment of one staff and consultants to continue to support organizational development. CAD: Currently training new groups (antennas) in Lisala, Kindu, Kananga, Bukavu, and Tshikapa. 25 new operational antennas are being implemented by CAD in five CPLTs (August 24–Sepember 30). See 3.1.a and 3.1.b. LNAC: Organized an ACSM workshop and currently working on a national ACSM strategy and tools. ACSM training conducted for four staff (one PNLT, two CAD, one PATH) in June. Next workshop with PNLT for 20 staff is scheduled for September 24. Rescheduled for November 2011.	PNLT, LNAC, CAD, Initiatives Inc.

Activity	Indicator	Target	Status as of September 30, 2011	Partners
	Number of MOUs signed.	Over the year, ten partnership MOUs with for-profit private structures are signed by the program in each CPLT (50 contracts).		
5.1.f Support PPM manual printing and distribution.	Number of PPM manuals printed.	1,000 manuals printed and distributed.		
5.2. Provide capacity-building support to LNAC and CAD to enhance community engagement in the fight against TB in DRC (see CAD and LNAC operational plans).	Number of operational field units for LNAC and CAD. Case notifications in zones covered by LNAC and CAD. OCA indicators; e.g.: • Report of baseline OCA. • Sustainability plan. • Performance incentive scheme is in initiative's specific work plan.	12 new operational field units compared to the reference value. Increase in case notifications following partner-implemented interventions.	Ongoing. CAD: 25 new operating field units created in five CPLTs (August and September 2011) LNAC: Mainly high-level advocacy in Kinshasa.	PNLT, CPLTs, LNAC, CAD, Initiatives Inc.
5.3.a Support the creation of *relaies communuataires* (community health workers) to provide technical assistance to primary health care partners to help them ensure the quality and accuracy of TB information and activities implemented in the framework of an integrated program.	Number of *relais communautaires* trained and received training materials on TB. Number of health zones supported with primary health care that integrate TB messages into their activities.	250 *relais communautaires* have received training and training materials on TB. 80 health zones supported.	Pending. Awaiting review of training modules for both PNLT and PNLS with the participation of MSH/IHP.	PNLT, CPLTs, LNAC, CAD, MSH/IHP, Initiatives Inc.

Activity	Indicator	Target	Status as of September 30, 2011	Partners
5.3.b Print and distribute sensitization tools (image boxes).	Number of sensitization tools (image boxes) printed and distributed. Number of TB training content documents developed for *relais communautaires*.	2,000 sensitization tools (image boxes) printed and distributed. One training document for *relais communautaires* with TB content inserted.		
Objective 6. Improve management of TB/HIV (TB sub-element 3.1.2.3).				
6.1 Strengthen the coordination of TB/HIV activity planning at the national and intermediary levels of the two PNLT and PNLS programs.	Number of joint quarterly meetings held at the national level and bimonthly meetings held at the intermediary level.	Three joint meetings organized between PNLT, PNLS, and partners and 20 meetings at the level of each CPLT.	Ongoing. Two quarterly meetings were held with the collaboration of IUATLD and the University of North Carolina, and the support will be provided next quarter for the national level and five CPLT meetings	IUATLD University of North Carolina.
6.2.a Support the validation and adoption of the TB/HIV co-infection manual and referral guide.	Number of validation/ adoption meetings held for the TB/HIV co-infection manual and referral guide.	One TB/HIV co-infection validation/adoption meeting held.	Delayed. All validation meetings are planned for October 2011	
6.2.b Develop a training plan for rollout of TB/HIV tools.	Number of training plans developed.	One training plan with training targets for various categories of personnel in each CPLT developed.	Delayed. All of these activities depend on the validation of the co-infection manual planned for October 2011	
6.2.c Support the validation and adoption of the systematic TB search checklist for PLWHA.	Number of systematic TB checklists for PLWHA validation/adoption meetings held.	One checklist validation/ adoption meeting held.		
6.2.d Print and distribute the systematic TB search checklist for PLWHA.	Number of copies of systematic TB checklists for PLWHA printed and distributed.	1,000 copies of the systematic TB search checklist for PLWHA printed and distributed.		
6.2.e Print and distribute the HIV/TB co-infection manual.	Number of copies of the TB/HIV co-infection manual.	1,000 copies of the TB/HIV co-infection manual printed and distributed in the 24 CPLTs.		

Activity	Indicator	Target	Status as of September 30, 2011	Partners
6.2.f Procure and distribute additional HIV test kits for TB patients.	Number of rapid tests procured and distributed.	1,000? rapid tests supplied (number to be determined).	TB IQC Task Order 1 and ProVIC are working on quantification and necessary approvals for the orders that will be placed in October. Meanwhile, both projects are using the available kits to organize joint activities in Bukavu.	
6.3 Conduct a situation analysis of the 14 current pilot sites supported by TB CAP as well as of the seven supplementary sites in Bukavu, in order to identify best practices, lessons learned, and opportunities to strengthen collaborative TB/HIV activities at the suburb level.	Number of assessment tools developed. Report on TB/HIV collaborative activities among the 14 TB CAP pilot sites and seven supplementary sites in Bukavu. Number of workshops to present results.	One assessment tool developed. Report produced, presented to the national meeting, and used to develop the action plan. One national workshop to present results of assessment.	Ongoing. The assessment was conducted in September 2011; awaiting the final report.	
6.4 Support the development of a plan to strengthen and expand the TB/HIV pilot sites, including training, supplies, equipment needs, etc.	Number of strengthening and expansion plans developed for TB/HIV pilot sites.	One strengthening and expansion plan developed for each TB/HIV pilot site.	Pending. The plan will be developed after the validation of the above assessment report.	
6.5.a Work with the ProVIC project to pilot linking of TB activities with ProVIC activities in Kinshasa, Bukavu, and Lubumbashi. 6.5.b Support two “MOST for TB/HIV” trainings in Kasai Occidental and Sud Kivu.	Number of collaboration plans for integration of TB/HIV activities developed. Number of “MOST for TB/HIV” action plans developed. Number of “MOST for TB/HIV” trainings supported.	One collaboration plan developed for integration of TB/HIV activities. One “MOST for TB/HIV” action plan developed for each of three CPLTs. Two “MOST for TB/HIV” trainings.	Ongoing. ProVic and TB IQC Task Order 1 are working together to start the training activities and testing of TB patients for HIV in Bukavu, as the HIV test kits are now available. Pending. Depends on ongoing MSH field staff recruitment.	

Activity	Indicator	Target	Status as of September 30, 2011	Partners
Objective 7. Strengthen NTP Central Unit and provincial capacity to diagnose and treat MDR-TB (TB sub-element 3.1.2.4).				
7.1.a Support MDR-TB Task Force quarterly coordination meetings.	Number of coordination meetings held.	Three central-level coordination meetings supported.	Pending. Awaiting the availability of the committee members. PATH has offered to review the draft implementation plan, and help use the WHO-endorsed MDR-TB planning tool to develop a comprehensive MDR-TB strategic plan for the country.	
7.1.b Support the NTP Central Unit to implement scale-up of PMDT in MDR-TB care activities.	Number of NTP Central Unit staff provided with intensive MDR-TB care training.	Two staff members were intensively trained in MDR-TB care.	Completed for the two national staff. Ongoing for the provincial staff (the first site will be trained in Kinshasa October 3-8, 2011).	PNLT, PIH, Harvard University.
7.1.c Support training of management teams of the five CPLTs supported by PATH on programmatic care for MDR-TB.	Number of management team staff for the five CPLT teams trained in clinical and programmatic care for MDR-TB patients.	15 providers from the five CPLTs: MCPs, provincial supervisory nurses, and provincial laboratory technicians trained in clinical and programmatic care for MDR-TB patients.	Pending. After Kinshasa site training, two regional training sessions will be organized in Lubumbashi and Goma for October and November 2011.	
7.2 Support the development and implementation of support systems for successfully treated MDR-TB patients in Kinshasa and the other provinces.	Percentage of MDR-TB patients supported who finish or continue treatment.	>75% of MDR-TB patients are cured, finish their treatment, or continue their treatment.	Ongoing. TB IQC Task Order 1 reviewing current system in order to formulate recommendations for the system that will be included in the strategic plan.	PNLT, CPLTs, CAD, Centre de Santé de Dépistage et Traitement (CSDTs) and CSTs, NRL, Regional Reference Laboratory.
7.3.a Provide a psychosocial support package for MDR-TB patients.	Percentage of supported MDR-TB patients who receive psychosocial support package.	80% of MDR-TB patients receive psychosocial support package.	Ongoing. Started in one CPLT in Kindu (Maniema). The rest planned for early October in Kinshasa.	
7.3.b Provide support for biological examinations to monitor treatment tolerance among underprivileged MDR-TB patients.	Percentage of MDR-TB patients having undergone biological examinations to monitor treatment tolerance.	70% of underprivileged MDR-TB patients have had biological examinations to monitor treatment tolerance.	Ongoing. Three laboratories have been identified in Kinshasa for partnership to support this activity.	

Activity	Indicator	Target	Status as of September 30, 2011	Partners
7.4.a Support the validation and adoption of transport protocols for MDR-TB samples.	Number of protocol validation/adoption meetings held for the guidelines on transport of MDR-TB samples.	One protocol validation/ adoption meeting held for guidelines on transport of MDR-TB samples and report available.	Pending. Protocol will be validated and distributed to all CPLTs during MDR-TB training (October 3-8, 2011)	PNLT, CPLTs, EPI, CAD, WHO.
7.4.b Print and distribute the protocol on MDR-TB sample transport.	Number of sample transport protocols printed and distributed.	1,000 protocols on sample transport printed and distributed.		
7.5.a Supply transport materials for MDR-TB samples if needed.	Percentage of centers having available transport materials.	80% of centers have transport supplies available.	Ongoing. To address emergency stockout situation, TB IQC Task Order 1 dispatched specimen transport containers to Kananga in June. More are being procured.	
7.5.b Ensure payment of transport costs from District TB Coordinators (DTCs) to the NRL, going through the CPLTs if necessary.	Percentage of viable samples received for analysis.	60% increase in viable samples received per month.	Ongoing. Conducting needs assessment with management staff.	
7.5.c Ensure that NRL results are passed on to CPLTs and from CPLTs to DTCs via the health zone, per quarter.	Percentage of results passed on in the quarter. File availability at the CPLT and Central Unit levels.	60% increase in the number of results passed on by the NRL per quarter.	Ongoing. Supporting improvement of communication systems through cell phones and Internet.	NRL, PNLT, CPLTs, CSDTs.
7.5.d Ensure quarterly supply to the NRL in cultures and DST inputs.	Number of stockouts at NRL and DST inputs.	No stockouts at NRL or DST.	Ongoing. Central and peripheral laboratory consumables provided according to the budget and needs.	

ACSM in Eastern Europe and Central Asia, FY09-15

Activity	Indicator	Target	Status as of September 30, 2011	Partners
Objective 1. Develop an ACSM assessment protocol and tools and identify key stakeholders and partners in each of the priority countries (Armenia, Azerbaijan, Belarus, Central Asian Republics, Georgia, Moldova, and Ukraine).				
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. ACSM landscape analysis protocol and assessment tool have been developed and translated into Russian.	PATH, 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. Ten consultants were selected (no consultant was selected for Turkmenistan).	PATH, in collaboration with USAID, Stop TB, WHO/EURO and national offices, and local partners.
1.3 Conduct one two-day needs assessment training.	Number of participants trained to implement effective needs assessment.	11 local consultants trained.	Completed. Ten consultants trained.	Local consultants, local NGOs.
Objective 2. Conduct an ACSM assessment and analyze the results.				
2.1 Oversee data collection by 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. 11 countries completed the 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.	Completed. Nine countries have completed data analysis and reports. PATH was unable to collect reports from Turkmenistan and Uzbekistan.	In-country partners.
Objective 3. Develop and 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 was revised, translated, and disseminated among training participants from Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Tajikistan, Turkmenistan, Ukraine, and Uzbekistan.	Stop TB.

Activity	Indicator	Target	Status as of September 30, 2011	Partners
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 Central Asian region). Up to 45 participants trained.	Two workshops completed (Sept 27–Oct 1, 2010, Kyiv, Ukraine, and January 24–28, 2011, Dushanbe, Tajikistan); 54 participants trained.	PATH, 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.	Ongoing. PATH continues to distribute information as it becomes available.	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. 54 sets of the ACSM resources disseminated at the Kyiv and Dushanbe ACSM workshops. WHO's permission received to translate into Russian Stop TB publication *Advocacy, Communication and Social Mobilization for TB Control: Collection of Country-Level Good Practices.* Translation is in process and dissemination to the project partners is planned for next reporting period.	WHO/EURO, Stop TB, USAID.
Objective 4. Respond to country requests for ACSM technical assistance.				
4.1 Respond to requests for ACSM technical assistance.	Number of requests for technical assistance to which PATH responds. Number of countries implementing additional and/or more focused ACSM activities as a result of technical assistance.	Two countries receive in-country ACSM technical assistance and move forward effectively with ACSM interventions. Remaining eight countries receive long-distance technical assistance as needed and/or submit technical assistance requests through TB TEAM with PATH's support.	Ongoing. Five countries received in-country ACSM technical assistance (two trips by PATH's consultant were supported with country's Global Fund project funds); three countries received long-distance technical assistance; in-country technical assistance for Azerbaijan and regional ACSM M&E workshop in Georgia will be completed by the end of December 2011.	

Activity	Indicator	Target	Status as of September 30, 2011	Partners
Objective 5. Provide guidance and support on M&E of ACSM activities.				
5.1 Include 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.	Completed. 54 people trained in M&E.	
5.2 Provide long-distance and in-country technical assistance on M&E plans and activities.	Number of countries requesting M&E assistance to which PATH responds.	Two countries receive in-country technical assistance on M&E; eight countries receive long-distance technical assistance on M&E.	Ongoing. One country received in-country technical assistance on M&E; regional ACSM M&E workshop is planned for December 5–9, 2011.	
5.3 Conduct end-of-year survey on satisfaction with and effectiveness of technical assistance provided by PATH.	Number of countries responding to survey.	11 countries respond to survey; data useful in determining satisfaction with and effectiveness of PATH technical assistance.	Ongoing. Survey will be conducted in December 2011.	

TB/HIV Activities in Eastern Europe and Central Asia, FY10-15

Activity	Indicator	Target	Status as of September 30, 2011	Partners
Objective 1. Conduct a readiness analysis and resource inventory for 11 priority countries within the Eastern Europe and Central Asian regions to prioritize those ready to receive assistance in implementing the Three I's, and identify regionally available resources for training and demonstration.				
1.1 Develop assessment protocol, tools, and criteria for targeting countries for involvement.	Availability of protocol and tools (in Russian and English).	Tools and protocol are developed and translated.	Completed. Country criteria developed, countries selected for Phase II, country assessment tool developed. Eight countries selected for Phase II in-depth assessment: Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, and Tajikistan.	PATH, in collaboration with WHO/EURO and Stop TB.
1.2 Conduct assessment and collate results.	Assessment completed.	Results available.	Completed. In-country consultants conducted the assessment.	PATH, in collaboration with WHO/EURO and Stop TB.
1.3 Finalize selection of countries for focused technical assistance.	Agreement among stakeholders (PATH, USAID) on priority countries.	Up to four countries selected for targeted technical assistance.	Completed. Final countries selected based on scores from evaluation of available country evaluation reports and consultation with USAID: Armenia, Azerbaijan, Georgia, and Kazakhstan.	PATH, in collaboration with USAID.
1.4 Identify best practice demonstration activities and/or regional resources.	Current demonstration projects in the region identified.	Priority countries have access to information and lessons learned regarding current efforts to implement the Three I's in the region.	Ongoing. Information requested during country assessments and during PATH staff discussions with USAID, WHO, and other stakeholders. Information collection continuing.	PATH, with USAID, WHO/EURO, and Stop TB.
1.5 Develop and/or collate reviews of current experience, key challenges, and recommendations.	Existing resources and information compiled.	Case studies or information packets developed and distributed (in Russian).	Ongoing. Information from country reports, consultation workshop, and regional resources gathered and recommendations are being compiled.	PATH, with consultants.
Objective 2. Provide tailored technical assistance to prioritized countries.				
2.1 Prepare for regional consultation on implementation of the Three I's.	Participants from priority countries identified and invited. Consultation facilitators identified. Agenda developed in consultation with key	Regional consultation preparation completed by mid third quarter.	Completed. Countries notified of selection. PATH coordinated communication and selection of participants with USAID Missions and with the ministries of health. Up to five participants were invited from each country. Facilitators included consultants Alberto Matteelli and GB Migliori, PATH Ukraine staff Natasha Zaika and Olga Pavlova, and PATH	PATH, in collaboration with USAID, WHO/EURO, Stop TB, and consultants.

Activity	Indicator	Target	Status as of September 30, 2011	Partners
	stakeholders. Resource materials developed.		headquarters staff Kayt Erdahl. Agenda was developed after discussions with WHO and USAID for priority areas to cover and a review of key gaps identified in country reports. Presentations and materials for the regional consultation workshop were developed by workshop facilitators.	
2.2 Conduct regional consultation on implementation of the Three I's.	Consultation convened with representation from priority countries.	Consultation convened by end of third quarter.	Completed. 19 participants from five countries attended the consultation workshop. 18 participants were from the four selected countries, and Belarus sent one additional self-funded participant.	PATH, in collaboration with USAID, WHO/EURO, Stop TB, and consultants.
2.3 Develop tailored technical assistance plans for each country.	Detailed technical assistance plans for each country drafted.	Country technical assistance plans finalized by end of third quarter.	Completed. Draft country technical assistance plans were developed by country teams during the workshop and submitted on the final day.	PATH, consultation facilitators and partners, USAID.
2.4 Implement technical assistance and provide follow-up assistance as needed.	Appropriate, targeted technical assistance provided according to country needs.	Targeted technical assistance provided to four countries in the region.	Ongoing. Countries submitted draft technical assistance requests to PATH on the final day of the workshop. PATH reviewed the draft requests and is communicating with country contacts to gain approval for activities from the national TB and/or AIDS programs; PATH to determine timing, feasibility, and funding available. The first technical assistance activity supported two participants to join the WHO expert meeting on HIV, TB, and drug dependence in September 2011.	PATH, consultants.
Objective 3. Develop recommendations for achieving continued progress in implementing the Three I's.				
3.1 Review technical assistance inputs, outputs, and anticipated outcomes in each of the priority countries.	Summary of technical assistance inputs, outputs, and anticipated outcomes developed.	Detailed report by country on achievements, barriers, and/or progress made.	Pending. Technical assistance plans will be developed as agreement is reached with countries on assistance to be provided, and a detailed report will be developed to show progress made.	PATH, consultants.

Activity	Indicator	Target	Status as of September 30, 2011	Partners
3.2 Develop country-specific recommendations and agreements from in-country stakeholders for addressing barriers and achieving continued progress in Three I's implementation.	Country-specific recommendations developed regarding next steps, additional resources needed, etc.	Each country and USAID provided with clear recommendations for moving forward with Three I's implementation.	Pending. Will be developed following provision of technical assistance.	PATH, with consultants; USAID.
3.3 Develop regional recommendations for how to advance implementation of the Three I's in other countries.	Regional recommendations developed regarding next steps, additional resources needed, and prioritization of additional countries for technical assistance.	USAID provided with clear recommendations for moving forward with Three I's implementation throughout the region.	Pending. Will be developed following provision of technical assistance.	PATH, with consultants; USAID.

India, FY09 funds

Many activities that were previously reported under the TB IQC Task Order 1 work plan have now been shifted to TB TO2, per USAID's request that we prioritize spending of TO2 funds, as well as shift activities in line with USAID recommendations following evaluation of our activities in February 2011 in Hyderabad. Activities that have been shifted from TB IQC Task Order 1 to TB TO2 funds are highlighted in red below.

Activity	Indicator	Target	Status as of September 30, 2011	Partners
Objective 1. Strengthen IRL capacity to attain and maintain accreditation for culture and DST by addressing gaps in infrastructure, planning, and management to complement technical support.				
1.1 Infrastructure upgrades.	Number of IRLs with sufficient infrastructure to perform solid culture and DST. Number of laboratories with equipment installation competed.	LPA upgrades at nine laboratories. Equipment installation for five laboratories.	Ongoing. Completed the LPA clean room upgrade at six IRLs: Lucknow, Cuttack, Puducherry, Indore, Guwahati, and TRC-Chennai.	
1.2 Ongoing IRL experience-sharing meetings with participation of NRLs as supervising entities.	Number of meetings conducted. Number of common issues identified and problem-solved through group discussion.	Two meetings held. Up to ten 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. This activity began under TO2 funds, per USAID recommendation to prioritize spending of TO2 funds. Remaining work will continue under TB IQC Task Order 1, as TO2 is now closed.	
Objective 2. Improve the national capacity to provide high-level expertise on infection control.				
2.1 Train engineers and architects who are responsible for health facility renovations and new facility design in effective infection control planning.	Number of staff trained. Percentage of facility construction/upgrades designed by staff with airborne infection control taken into account.	5–10 staff trained; up to 30 receive short course in-country. 75% of facility upgrades or designs take infection control into account following training.	Completed. In-country training of 26 engineers/architects took place in January 2011 in Hyderabad. This activity is listed in the TB IQC Task Order 1 work plan; however, per USAID's recommendation, was completed with TO2 funds. We have developed a feedback mechanism to understand how participants are using the knowledge gained from the training in their work.	PIH.

Activity	Indicator	Target	Status as of September 30, 2011	Partners
2.2 Support the National Center for Disease Control (NCDC) in revising the curriculum for the respiratory infection prevention and Control (RIPC) module for education at the health care facility level.	RIPC module prepared.	RIPC module revised and ready for use in training.	Pending. This activity depends on the formation of the new National Airborne Infection Control Committee (NAICC).	
2.3 Pilot and refine the curriculum based on KAP survey results and pilot experience. Prepare for full rollout of airborne infection control training of health care workers at the facility level in all three states.	Pilot conducted. Number of states receiving TOT on the RIPC module.	Pilot of RIPC module completed and results used to refine curriculum and prepare for rollout. TOT of the RIPC module conducted in West Bengal, Gujarat, and Andhra Pradesh.	Pending. This activity depends on the formation of the new NAICC.	
2.4 Develop training curriculum on design and engineering approaches for airborne infection control.	Pilot conducted. Availability of curriculum.	Pilot of AIC training curriculum. Finalized curriculum.	Pending. This activity depends on the formation of the new NAICC.	
Objective 3. Test and scale up an approach to developing, implementing, and evaluating ACSM interventions to address TB control issues in poor-performing TB units.				
3.1 Build RNTCP staff ACSM capacity at the state level.	Percentage of TB units supported that are implementing ACSM activities.	100% of supported TB units start ACSM activities within the first quarter after completing training.	Ongoing. This activity is listed in the TB IQC Task Order 1 work plan; however, per USAID's recommendation, was initiated using TO2 funds. Remaining work will continue under TB IQC Task Order 1, as TO2 is now closed. 52 state-level RNTCP staff from five states (Uttar Pradesh, Madhya Pradesh, Maharashtra, Karnataka, and Uttarakhand) were trained. District-level trainings are planned and scheduled for April 2011.	

Activity	Indicator	Target	Status as of September 30, 2011	Partners
			20% of TB units (four of 20) have started implementing ACSM activities.	
	Percentage of TB units supported that show improvements in selected TB program gaps.	At least 50% of TB units show improvements by the end of the year.	Ongoing. Baseline is planned for the next reporting period.	
3.2 Carry out baseline study for ACSM and PPM implementation in non-Global Fund Round 9 states, with a focus on states supported for implementation.	Baseline study conducted.	Baseline study informs interventions and materials development.	Ongoing: Baseline is planned for the next reporting period.	Partner TBD.
3.3 Provide ACSM to the NGO TB Consortium (NTC).	Number of NTC meetings attended.	Three meetings attended.	Delayed. Best practices workshop is planned for the second quarter of this year.	
	Number of NTC members trained in ACSM.	Ten member organizations trained in ACSM.	Canceled.	
Objective 4. Support effective expansion of MDR-TB control activities by identifying and addressing gaps in the DOTS-Plus program.				
4.1 Train nurses and allied professionals in MDR-TB patient care and infection control.	Number of staff competent to support MDR-TB patients throughout the course of treatment.	One training in each of three states with existing DOTS-Plus sites.	Canceled. Following USAID recommendation and re-prioritization with CTD, this activity will not continue.	
	Percentage of trained staff practicing good infection control in in-patient settings.	85% of trained staff implement effective infection control to protect themselves and patients. This will be monitored through infection control activities supported by TASC2 TB TO2.		
	Percentage of DOTS-Plus patients with adverse outcomes in Q3 and Q4.	Less than 10% of DOTS-Plus patients in Q3 and Q4 2011 cohorts have adverse outcomes in states where training occurred.		

Activity	Indicator	Target	Status as of September 30, 2011	Partners
	Number of nurse practitioners trained in MDR-TB patient care, counseling, and infection control.	250 nurse practitioners trained.		
4.2 Introduce MDR-TB program management tools.	Discussions regarding next steps.	PATH will discuss next steps following the MSH orientation visit with WHO and CTD.	Canceled. Following USAID recommendation and re-prioritization with CTD, this activity will not continue.	MSH.
Objective 5. Effectively engage other providers (pharmacies) and segments of society in TB control activities to support RNTCP goals and objectives.				
5.1 Implement workplace TB interventions in Andhra Pradesh in collaboration with existing HIV interventions (map NGOs working in this area and link with STO).	Number of NGOs provided with additional training in workplace TB interventions.	Training for at least 20 NGOs, STO, and communication facilitators to improve their skills in presenting TB information during workplace sensitization meetings.	Ongoing. One meeting conducted with STO and TB Alert.	
	Number of facilities including TB in workplace health programs.	At least seven facilities include TB interventions in workplace programs.	Ongoing. Nodal officers on workplace TB interventions have been appointed.	
	Evidence of increased coordination between NGOs, companies implementing workplace programs, and the STO.	At least two meetings between STO and NGOs related to workplace TB interventions facilitated by STO.	Ongoing. Developed and submitted a concept note on workplace TB interventions in coordination with nodal officers to the STO.	
	Results documented.	Assessment report documenting strengths and lessons learned in building capacity for workplace TB interventions and the contribution of workplace interventions to TB control.		

Activity	Indicator	Target	Status as of September 30, 2011	Partners
5.2 Work with medical pharmacies and shops and pharmacist unions on referring TB suspects and preventing over-the-counter TB drug sales in Andhra Pradesh.	Number of referrals made by pharmacies.	300 referrals made by pharmacies in Qs 2–4.	Ongoing. 105 chest symptomatics, of which 97 were evaluated and six were found to be smear positive.	
	Number of pharmacies participating in referrals.	15 pharmacies participating in referrals.	Completed. 29 pharmacies are participating in referrals.	
	Number and percentage of participating pharmacies that discontinue sales of TB drugs without a prescription. Report on results of pharmacy pilot project.	Ten participating pharmacies (66%) discontinue sales of TB drugs without a prescription. Report produced on results of pharmacy pilot project used to inform scale-up.	Ongoing. 50% of pharmacies have discontinued sales of drugs without a prescription. Program assessment designed; data collection tools and database are in place.	
5.3 Expand and support increasing referrals of chest symptomatics for smear microscopy through increased participation and referral mechanisms of pharmacies and the unregulated medical sector (traditional healers, community volunteers, unlicensed providers) in six states: Gujarat, Maharashtra, Madhya Pradesh, Karnataka, Uttarakhand, and Uttar Pradesh.	Messages developed to promote restriction of sales of over-the-counter TB drugs. Campaign launched on World TB Day to decrease sales of over-the-counter drugs. Number of pharmacies pledging to discontinue sales of over-the-counter TB drugs.	350 pharmacies pledge to discontinue sales of TB drugs without a prescription.	Ongoing. PATH has identified TB units in five states for scale-up (Uttar Pradesh, Madhya Pradesh, Uttarakhand, Maharashtra, and Karnataka). PATH sensitized chemists in Ongole, Andhra Pradesh; 43 pledges were collected.	

Activity	Indicator	Target	Status as of September 30, 2011	Partners
5.4 Work with USAID/India partners to identify synergies between projects and develop a plan for collaboration.	Plan for collaboration on private-sector engagement in TB control formulated.	Plan developed and circulated.	Completed. PATH conducted two meetings with the NTC from Andhra Pradesh and participated in two TB Alert meetings and three LEPRA meetings. Plans are moving forward under FY10 work plan to collaborate with NGOs and private providers on a project to reach at-risk populations in slums in Delhi.	
	Pilot work with market-based partnerships project initiated.	One pilot collaboration initiated.	Ongoing. Discussions have continued but have not been successful in identifying synergies as TB market-based partnerships are still in developmental stages.	
Objective 6. Assist in health systems strengthening for the RNTCP by assessing human resources needs to inform the upcoming development of the next five-year plan (FY09).				
6.1 Review RNTCP preliminary workload.	RNTCP preliminary workload review report. Assessment databases.	Preliminary workload review report, with recommendations, is delivered to CTD and used to inform more detailed human resources assessment. Assessment databases (appropriately coded to maintain staff confidentiality).	Completed. Report and databases are completed. CTD has asked for additional assistance in Phase 2 of the assessment.	Initiatives Inc.

India, FY10 funds

Activity	Indicator	Target	Status as of September 30, 2011	Partners
Objective 1. Strengthen IRL capacity to attain accreditation for culture and DST by addressing gaps in infrastructure, planning, and management to complement technical support.				
1.1 Provide ongoing support for accreditation of laboratories in the northeast.	Number of laboratories completing steps to attain accreditation.	Three laboratories complete next steps toward accreditation as outlined in assessment reports and recommendations.	Ongoing. PATH is following up on progress through frequent phone calls. When we notice delays, we alert CTD for intervention.	CTD, NRL, ASM (depending on security situation in northeast).
1.2 Support infrastructure upgrades for two additional IRLs.	Number of additional laboratories meeting Biosafety Level 3 (BSL-3) standards.	One laboratory is upgraded to BSL-3 standards.	Ongoing. PATH is awaiting a request from CTD for these upgrades.	CTD, STOs, FIND (to provide design input).
1.3 Participate in national laboratory committee and laboratory coordination committees.	Proportion of committee meetings held that PATH attends.	100% of laboratory committee meetings are attended by PATH.	Ongoing. PATH staff attended the meeting held on January 19, 2011.	
Objective 2. Improve the national capacity to provide high-level expertise on infection control.				
2.1 Work with the RNTCP, WHO, and other stakeholders to collect data and document best practices in implementing airborne infection control guidelines and disseminate findings through workshops and documents.	Number of workshops convened. Number of documents on best practices prepared. Number of dissemination workshops convened.	Three workshops in each pilot state convened. Three experience-sharing workshop reports prepared. Best practices document produced and presented to focal persons from NAICC, NHRM, CTD, STOs, WHO, and NCDC at a dissemination meeting.	Completed. This activity is listed in the TB IQC Task Order 1 work plan; however, per USAID's recommendation, was completed with TO2 funds. Airborne infection control guidelines and dissemination workshops convened in each of the three pilot states. Pending. Experience-sharing workshops pending. Cancelled. Best practices document canceled.	NAICC, National Rural Health Mission, CTD, STOs, WHO, NCDC.
2.2 Establish an infection control engineering training program in India.	Number of trainings convened.	At least three trainings held. In-country training resource group created with at least ten master trainers identified.	Pending. This activity is planned for the next reporting period.	PIH, CTD, Director General of Health Services.

Activity	Indicator	Target	Status as of September 30, 2011	Partners
Objective 3. Test and scale up an approach to developing, implementing, and evaluating ACSM interventions to address TB control issues in poor-performing TB units.				
3.1 Continue to support Global Fund Round 9 recipients in capacity-building for ACSM M&E and implementation of training and M&E activities.	Supportive supervision activities and M&E plan implemented. Number of resource persons trained and performing supportive supervision.	Supportive supervision materials and M&E plan completed and used by all Global Fund Round 9 NGO partners to track and improve performance. Ten resource persons trained to assist with supportive supervision in the field.	Canceled. Following USAID recommendation and re-prioritization with CTD, this activity will not continue.	Initiatives Inc.
3.2 Expand ACSM implementation in seven states to support improvement in TB control indicators.	Number of TB units engaged in ACSM approach. TB case detection data begin to show improvements.	At least two TB units per state engaged in ACSM activities. TB indicators improved for specific problems addressed through ACSM interventions, as defined in individual action plans.	Canceled. Following USAID recommendation and re-prioritization with CTD, this activity will not continue.	
3.3 Conduct experience-sharing workshops to share best practices, review data and M&E practices, and provide peer support for problem-solving.	Number of workshops conducted.	Two workshops conducted that document best practices and identify challenges that need addressing.	Delayed. This activity is listed in the TB IQC Task Order 1 work plan; however, per USAID's recommendation, was initiated using TO2 funds. Remaining work will continue under TB IQC Task Order 1, as TO2 is now closed. The best practices workshop is planned for next quarter.	
Objective 4. Support effective expansion of MDR-TB control activities by identifying and addressing gaps in the DOTS-Plus program.				
4.1 Conduct health facility readiness assessments for the expansion of DOTS-Plus sites.	Percentage of facility assessments requested by CTD that are performed.	100% of facility assessments requested from PATH are completed.	Ongoing. DOTS-Plus appraisal visits to Madhya Pradesh and Maharashtra: Two visits were made and reports submitted. We await invitations.	

Activity	Indicator	Target	Status as of September 30, 2011	Partners
4.2 In collaboration with the RNTCP and WHO, continue to convene experience-sharing workshops for DOTS-Plus site staff.	Number of experience-sharing workshops held.	One workshop held.	Completed. This activity is listed in the TB IQC Task Order 1 work plan; however, per USAID's recommendation, was completed with TO2 funds. MDR-TB experience-sharing workshop held in February 2011 with participants from 12 states, CTD, FIND, SAMS, and USAID.	
Objective 5. Effectively engage other providers (pharmacies) and segments of society in TB control activities to support RNTCP goals and objectives.				
5.1 Evaluate, revise as needed, and expand work with traditional healers and pharmacies to increase case detection; expand the availability of standardized treatment support for patients; and encourage adherence to current Indian regulations limiting the sale of first- and second-line TB drugs.	Number of workshops held. Number of states initiating PPM activities. Number of cases detected through referrals from traditional healers or pharmacies.	One workshop held to present assessment findings. Plan developed to expand PPM activities. Four new states initiate PPM activities under the project. Increase from baseline in number of cases detected through referrals from traditional healers and pharmacies.	Ongoing. This activity is listed in the TB IQC Task Order 1 work plan; however, per USAID's recommendation, was initiated using TO2 funds. Remaining work will continue under TB IQC Task Order 1, as TO2 is now closed. Pharmacy project in Rangareddy district was launched and 43 chemists signed the willingness form. Assessment of the pilot phase of the chemist-DMC referral program in Ongole has been designed; data collection tools and databases are ready; and data collection is scheduled for April 2011.	Initiatives Inc.
Objective 6. Assist in health systems strengthening for the RNTCP by assessing human resources needs to inform the upcoming development of the next five-year plan (FY09).				
6.1 Support and strengthen an existing initiative to develop and demonstrate evidence-based interventions for increasing access to care, case notification, and treatment success among vulnerable populations.	Supportive supervision checklist developed. Supportive supervision checklist used. TB Alert capacity for data analysis and program improvement.	Supportive supervision checklist includes vital program elements for increasing impact. Checklist used to identify and help correct performance gaps. TB Alert staff able to collect data and use analysis to inform program improvement.	Canceled. We did not receive CTD approval for this activity.	

Activity	Indicator	Target	Status as of September 30, 2011	Partners
	Case notification rate. Cure rate.	Increase in case notification rate from baseline. Increase in cure rate from baseline.		

Mexico, FY10 funds

Activity	Indicator	Target	Status as of September 30, 2011	Partners
Objective 1. Strengthen the capacity of the NTP and state TB control programs to implement, monitor, and evaluate standardized PMDT in Mexico.				
1.1 Follow up the PMDT situation analysis in selected states.	Summary report of findings of the baseline assessment on PMDT in 2009.	Summary report of 2009 baseline assessment on PMDT completed.	Completed. PMDT summary assessment report available (includes all eight states).	NTP, PATH (DZ, WDC).
	Refined PMDT assessment tool.	Refined PMDT assessment tool developed.	Completed. This tool was used to conduct assessments for the eight states included in the assessment report.	NTP, PATH (DZ, WDC).
	Summary report of findings of follow-up assessment on PMDT capacity in eight priority states (comparison of findings in 2010 to baseline in 2009).	Summary report of 2010 follow-up assessment on PMDT capacity completed and shared with states.	Completed. Summary report available (includes all eight states).	NTP, PATH (DZ, WDC).
	Number of states where follow-up assessment is carried out.	All priority states assessed for PMDT capacity.	Completed. All eight states assessed for PMDT capacity.	NTP, PATH (DZ, WDC).
1.2 Monitor 2009 state PMDT action plan, and update plan for 2010–2011 in priority states.	Report on the monitoring of progress and outcomes of initial (2009–2010) state PMDT action plan for 2010–2011.	All project priority states are monitored to review progress of 2009–2010 action plan.	Completed. All eight states received monitoring visits to assess progress on action plans.	NTP, PATH (DZ), COEFAR, NTP, PATH (DZ, WDC).
		All project priority states complete an action/work plan for 2010–2011.	Completed. Seven of eight priority states developed 2010–2011 action plans; Baja, California is pending.	
1.2.a Develop/Finalize PMDT supervision checklist.	Finalized PMDT supervision checklist.	Final PMDT supervision checklist.	Completed. PMDT supervision checklist finalized and in use.	PATH (DZ), NTP.

Activity	Indicator	Target	Status as of September 30, 2011	Partners
1.2.b Supervise PMDT at the state and jurisdiction levels.	Number of supportive supervision visits conducted in each of the priority states.	At least three supervision visits to each of the priority states conducted.	Ongoing. All states received at least one supervision visit in addition to a training and/or technical assistance visit. Some visits covered supervision, training, and technical assisatnce needs in one visit, while others had more than one visit. Since visits did not begin in March, it was not feasible to have three separate visits per state, and so some visits were longer and combined objectives.	PATH (DZ), NTP.
1.2.c Develop state M&E tool and indicators for PMDT (beyond case detection and treatment outcomes); implement M&E.	Finalized PMDT state-level M&E tool and indicators.	Final PMDT state-level M&E tool and indicators.	Completed. The PMDT data management workshop was held July 13–14, 2011, and PMDT indicators and the M&E tool were presented during the event.	PATH (DZ), NTP, state TB programs/COEFAR.
	Number of quarterly PMDT M&E exercises conducted in 2010–2011 in priority states. Completed report.	At least three M&E exercises carried out for each priority state, and feedback provided to states.	Ongoing. This began after the July PMDT data management workshop and has been completed for some indicators but is still pending for several indicators because the database needs to be updated.	PATH (DZ), NTP, state TB programs/COEFAR.
	Number of cases in which MDR-TB is detected in laboratories in eight priority states.	Increase in number/percentage of MDR-TB cases detected (by at least 10% from baseline).	Completed. During the reporting period, 97 MDR-TB cases were reported in the eight priority states.	PATH (DZ), NTP, state TB programs/COEFAR.
	Number of MDR-TB patients started on treatment in eight priority states.	Increase in the number/ percentage of MDR-TB patients started on treatment in five priority states by at least 20%.	Completed. During the reporting period, 79 of 97 confirmed MDR-TB cases initiated treatment in the eight priority states.	PATH (DZ), NTP, state TB programs/COEFAR.
	Interim treatment outcomes (negative bacteriological results*) at six months of MDR-TB treatment.	Increase in the number/ percentage of patients who started MDR-TB treatment and have negative bacteriological results at six months of MDR-TB treatment.	Pending. Culture conversion results are not yet reported for the patients who began treatment as of October 2010.	PATH (DZ), NTP, state TB programs/COEFAR.

Activity	Indicator	Target	Status as of September 30, 2011	Partners
1.2.d Support COEFAR annual workshop.	Number of states represented at national COEFAR workshop (for sharing of experiences and lessons learned).	All COEFARs in priority states are represented at national COEFAR workshop.	Completed. The national COEFAR workshop was held April 26–28, with the support of Dr. Pepe Caminero. 70 participants from the eight priority states and additional states supported by the NTP attended.	PATH (DZ), NTP, state TB programs/COEFAR.
	Report on national COEFAR workshop (including lessons learned, best practices).	Report on national COEFAR workshop (including lessons learned, best practices).	Completed. Report on national COEFAR workshop available.	PATH (DZ), NTP, state TB programs/COEFAR.
	COEFAR annual workshop report.	One COEFAR annual workshop report.	Completed. Report on national COEFAR workshop available.	PATH (DZ), NTP.
1.3 Conduct a skills-building workshop in data entry, audit, analysis, and reporting of drug-resistant TB in drug-resistance state and central database.	Number of staff trained on data entry, audit, analysis, and reporting of drug resistance data.	Maximum three trained staff per state (total 24).	Completed. 50 participants were trained; 16 of these were from the eight priority states.	NTP, PATH (DZ).
1.4 Develop a national M&E plan for PMDT.	National M&E plan.	National M&E plan developed.	Ongoing. The M&E plan was updated during the Pan American Health Organizatin regional PMDT meeting in April, but InDRE still needs to update their piece. Draft is available.	PATH (DZ), NTP, GANAFAR.
Objective 2. Support effective expansion of the NTP's PPM strategy to support PMDT.				
2.1 Conduct a rapid PPM assessment in facilities in ten PPM priority states (TB caseload, case management practices, intra- and inter-institutional linkages, challenges and opportunities for PPM, etc.) in five states currently implementing PPM.	Number of states with facilities assessed for PPM progress or preparedness.	Facilities assessed in at least eight states.	Completed. Nine of ten states assessed for PPM (Morelos, Tabasco, Sinaloa, Chiapas, Queretaro, Hidalgo, Nuevo León, State of Mexico, and Coahuila). The last one, Puebla, is only working with prisons.	NTP, PATH (JAM), state TB programs.

Activity	Indicator	Target	Status as of September 30, 2011	Partners
2.2 Develop PPM action plans for ten PPM priority states.	Number and percentage of states that have a PPM action plan.	At least eight states engaged to develop/update a PPM action plan.	Completed. Nine of ten states engaged in PPM and developed action plans (Morelos, Tabasco, Sinaloa, Chiapas, Queretaro, Hidalgo, Nuevo León, State of Mexico, and Coahuila).	NTP, PATH (JAM, M&E consultant), state TB programs, and participating hospitals.
	Number of states engaged that implement PPM activities based on a PPM action plan.	Hospital staff from at least eight states trained to implement PPM activities based on action plan.	Completed. Hospital staff from ten states trained on PPM by PATH staff.	
2.3 Conduct supportive supervision for facilities implementing PPM, and monitor and evaluate the contribution of PPM in ten priority states.	Number of supportive supervision visits conducted per state.	Quarterly supportive supervision to ten states implementing PPM.	Ongoing. 17 supportive supervision visits have been made to ten states.	NTP, PATH (JAM).
	Case notification in facilities implementing PPM in ten priority states.	Increase in the TB case notification rate, from baseline, in participating PPM facilities in seven target states.	Ongoing. Data from selected facilities among implementing states show an 82.2% increase in the number of TB suspects and a 46.5% increase in the number of smear-positive cases detected.	NTP, PATH (JAM).
	Number and percentage of TB patients referred from hospitals implementing PPM that are registered in primary clinics/health centers.	At least 60% of TB patients referred from hospitals implementing PPM are registered in primary clinics/health centers.	Completed. During the reporting period, 90% of all TB patients referred from hospitals implementing PPM were registered in primary clinics/health centers.	NTP, participating hospitals and health centers, state-level TB programs.
	Number and percentage of TB patients referred from hospitals and registered in primary clinics/health centers who initiate TB treatment.	At least 80% of TB patients referred from hospitals and registered in primary clinics/health centers initiate TB treatment.	Completed. During the reporting period, 98% of all TB patients referred from hospitals implementing PPM initiated treatment.	NTP, participating hospitals and health centers, state-level TB programs.
Objective 3. Increase the capacity of state TB programs and civil society to implement ACSM activities in support of NTP objectives for case detection and treatment outcomes, especially for MDR-TB.				
3.1 Adapt PATH's ACSM training curriculum to the Mexican context.	Availability of an ACSM training curriculum that is appropriate for the Mexican context.	One ACSM training curriculum for the Mexican context is produced.	Completed. ACSM training curriculum produced/adapted and translated into Spanish.	NTP, PATH (JAM).
3.2 Develop ACSM facilitator's training guide.	Availability of ACSM facilitator's training guide.	Facilitator's guide produced.	Completed. ACSM facilitator's training guide produced in Spanish.	NTP, PATH (JAM).

Activity	Indicator	Target	Status as of September 30, 2011	Partners
3.3 Conduct ACSM skills-building workshops for representatives of TB control programs and civil society organizations from six MDR-TB priority states.	Number of ACSM skills-building workshops held.	One ACSM skills-building workshop held.	Completed. An ACSM workshop was held August 8–12 and included 15 districts.	NTP, PATH (JAM), PCI.
	Number of persons trained on ACSM.	20 persons trained on ACSM.	Completed. An ACSM workshop was held August 8–12, and 42 people were trained.	NTP, PATH (JAM), PCI.
3.4 Develop ACSM action plans for MDR-TB priority states.	Number of action plans developed.	Five priority states develop action plans.	Completed. 15 districts developed ACSM action plans, including five priority states.	State TB programs, civil society groups, PATH (JAM, M&E consultant to provide technical assistance).
	Number of community NGOs/community-based organizations (CBOs) engaged in TB control activities.	Increase of at least 20% from baseline in the number of community NGOs engaged in TB control activities.	Completed. Five new NGOs/CBOs engaged in TB control activities, in Tabaso, Morelos, Chiapas, Queretaro, and Nuevo Leon.	State TB programs, civil society groups, PATH (JAM, M&E consultant to provide technical assistance).
Objective 4: Develop training tools on high-quality DOTS and implementation of the Stop TB Strategy to strengthen the capacity of TB program managers and clinicians to prevent the generation of drug-resistant TB. *Canceled.* *This activity was deprioritized by the NTP, and there were not enough financial or human resources to launch it.*				
4.1 Develop draft self-training modules on DOTS/Stop TB Strategy.	Availability of draft self-training modules on DOTS/Stop TB Strategy.	Draft self-training modules on DOTS/Stop TB Strategy.	Canceled.	NTP, PATH (JAM).

Regional Development Mission for Asia, FY10 funds

Activity	Indicator	Target	Status as of September 30, 2011	Partners
1. Conduct a landscape analysis of current PMDT activities, available resources, strengths, gaps, and technical assistance needs at both regional and country levels that will inform design considerations for a Regional MDR-TB Model Center.	Introductory emails, meetings, and teleconferences are held with USAID Missions and other stakeholders.	Email sent from RDMA to Missions and other relevant stakeholders by December 1, 2010. Initial contacts list completed by March 30, 2011, and updated as discussions expand to other stakeholders. Meetings with other stakeholders held in Berlin in November 2010 and in Bangkok in November 2010 and March 2011.	Completed. The project introductory activity was completed. Communication with countries, key stakeholders, and Missions is ongoing. Completed. The stakeholder contacts list is completed and has been shared with the RDMA team. Completed. First stakeholders meeting held in Berlin in November 2010. Delayed. The second stakeholder workshop in Bangkok was delayed because of the late start-up of project activities, as well as the transition of key lead staff among the PATH and RDMA teams. The Bangkok workshop will now take place December 12–13, preceding the SEARO NTP managers meeting. Preparations for the workshop are ongoing.	PATH.
	Develop data collection and analysis plan for USAID review and approval.	Data collection plan and report outline approved by USAID by March 30, 2011.	Completed. Data collection and analysis plan are final and were used to gather the information for the country profile reports and the regional landscape analysis report. However, RDMA continues to provide inputs to the report outline and analysis plan to ensure appropriate representation of findings.	PATH, ASM, MSH, Initiatives Inc.

Activity	Indicator	Target	Status as of September 30, 2011	Partners
	Gather available data from existing publications and conduct desk reviews for the region and each country; introduce project and conduct interviews with key stakeholders to augment available information; summarize results in overview report.	Regional landscape analysis report delivered to USAID by May 31, 2011.	Delayed. The initial date (March 31) for submitting the regional landscape report to RDMA was not met. This resulted from the late start-up of project activities by the PATH team and from the transition of the PATH project technical lead. Later on in the project, RDMA also experienced transition of lead project staff, which also contributed to the delays in some of the deliverables.	PATH, ASM, MSH, Initiatives Inc.
	Conduct assessments of country-level capacity for PMDT and technical assistance needs.	Country reports identifying priority needs for technical assistance in PMDT scale-up completed for each of the nine high-burden countries and delivered to USAID as part of landscape analysis by May 31, 2011.	Ongoing. Information from all nine countries was gathered through desk research of key country documents, country visits, and face-to-face interviews with key individuals. Reports from all RDMA partners were compiled and a final draft of each of the nine country profile reports was shared with RDMA and key country stakeholders for accuracy. A number of countries have provided feedback.	PATH, MSH, Initiatives Inc.
	Synthesize all information for discussion with USAID and stakeholders.	PowerPoint presentation developed and presented to USAID by May 31, 2011.	Completed. A PowerPoint presentation on the MDR-TB regional situation was delivered to RDMA in April 2011. The information gathered was also used to guide discussions with country key stakeholders.	PATH.

Activity	Indicator	Target	Status as of September 30, 2011	Partners
2. Develop a proposed MDR-TB Regional Model Center design in close consultation with all key stakeholders.	Schedule and conduct consultative meetings with all key stakeholders to present findings and discuss options for MDR-TB Regional Model Center configuration.	Meetings include all stakeholders and provide relevant input to begin consensus-building on the Regional Model Center. Reports on outcomes of all meetings are delivered to USAID within two weeks of meeting completion. Mechanisms are established to ensure ongoing information exchange as the options are refined.	Delayed. This activity is delayed for the same reasons mentioned above. This activity is now planned for December. Canceled. It was agreed that the only consultative meeting among all partners will be the workshop in December. However, over the last few months, the PATH team participated in various workshops/meetings (Berlin meeting in November, SEARO meeting in December, WHO Regional Office for the Western Pacific meeting in September) where stakeholders were present and took the opportunity to engage participants and discuss in length MDR-TB capacity-building needs for scale-up. Ongoing. The RDMA and PATH teams communicate on a biweekly basis for updates, troubleshooting, and general discussion on the project.	PATH. Partners to provide input as listed.
	Identify and assess up to three “seed” institutions that can form the basis for a regional model center network.	Institutions approved by USAID for further assessment. Final assessment report delivered to USAID with recommendations for capacity-building of these institutions by September 30, 2011.	Pending. The first 11 interviews have yielded an initial list of institutions. The need and the process of this activity will become clearer after the stakeholder workshop.	PATH, Initiatives Inc., ASM, MSH, PIH, UCSF.

Activity	Indicator	Target	Status as of September 30, 2011	Partners
	Develop final recommendations for the MDR-TB Regional Model Center based on consultations.	Final report defining proposed structure, functions, objectives, and rationale for recommendations delivered to USAID by September 30, 2011. Report includes proposed roles for key stakeholders in providing regional technical assistance and supporting Regional Model Center.	Pending. This activity will be conducted following the stakeholder workshop.	PATH. Partners to provide input as listed.

Tanzania, FY09, GHCS funds

Activity	Indicator	Target	Status as of September 30, 2011	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 the NTLP to coordinate activities of key stakeholders through technical working groups under the auspices of the National TB Working Group, including the national DOTS Expansion Working Group and MDR/XDR-TB Working Group.	Terms of reference for four working groups available.	Four terms of reference for working groups available by March 2010.	Cancelled. Two technical groups (MDR/XDR and IPC) were formed in 2011, but the NTLP has now requested that these all be consolidated into one working group. PATH will continue to support this working group through the FY11 work plan.	
	Number of quarterly working group meetings, by group.	Three quarterly meetings per working group.		
	Number of annual working group meetings, by group.	One meeting per working group.		
	Number of annual operational plans drafted by working groups.	Four operational plans drafted (one per working group).		
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. The NTLP manual is almost completed, but a few gaps remain. The manual will be printed and disseminated under the FY09/10 carryover work plan after it is finalized.	
	Availability of updated TB diagnostic flow chart.	2,500 TB diagnostic flow charts printed and disseminated.	Completed. These flow charts were developed, printed, and disseminated by the NTLP.	
1.3 Support planning, training, and procurement of equipment for IPC at KNTH and in PATH-supported districts.	Availability of IPC training curriculum.	IPC training curriculum available by March 2010.	Completed. The curriculum is available.	
	Number of IPC facilitators trained.	37 IPC facilitators trained.	Completed. 19 facilitators were trained at KNTH in March 2011. These included national- and regional-level participants.	
	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.	Completed. 235 HCWs trained through IPC and district MDR-TB trainings. Additional HCWs will be trained under the FY11 work plan.	

Activity	Indicator	Target	Status as of September 30, 2011	Partners
1.4 Provide technical assistance to improve the clinical and programmatic management of pediatric TB, including development of a training curriculum and subsequent training revision of recording and reporting forms, and sharing of experiences at national DOTS Expansion Working Group meetings.	Guidelines for management of pediatric TB available and disseminated.	Guidelines for management of pediatric TB available by March 2010.	Ongoing. Expert panel reviews conducted May 2-6, 2011 and Sept 26-28. Guidelines will be submitted for final MOH approval in October 2011. This activity will continue under FY09/10 Carryover work plan.	Dartmouth.
	Availability of pediatric TB training curriculum.	Pediatric TB training curriculum available by March 2010.	Ongoing. Training needs assessments have been completed: 32 healthcare workers interviewed at 16 facilities in 3 regions, report attached. This activity will continue under FY09/10 Carryover work plan FY09/10 Carryover	
	Availability of recording and reporting forms for pediatric TB.	Pediatric TB recording and reporting forms available by June 2010.	Ongoing. This activity will continue under FY09/10 Carryover work plan	
	Identification of a core team of clinicians to support pediatric TB.	Core team identified and trained by June 2010.	Ongoing. This activity will continue under FY09/10 Carryover work plan	
	Number of nurses trained on management of pediatric TB by core team.	TBD in collaboration with NTLP.	Ongoing. This activity will continue under FY09/10 Carryover work plan	
	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.	Canceled. The DOTS Expansion Working Group is being consolidated as described under Activity 1.1 above.	

Activity	Indicator	Target	Status as of September 30, 2011	Partners
1.5 Provide technical assistance to enhance case detection, including development of 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.	Completed. SOPs have been developed and are being field-tested in Arusha and Meru districts in Arusha region.	MSH.
	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.	Completed. 690 TB cases identified in target district during pilot phase of implementation. 308 index cases received household contact investigations. 968 household contacts were screened and 17 new cases found. 382 index cases with 655 named household contacts received standard of care as a comparison group to evaluate implementation.	
	Draft protocol for contact investigation of smear-positive cases available.	Contact investigation protocols developed and circulated by September 2010.	Completed. A protocol was completed prior to trainings; the protocol will be updated with lessons learned from the piloting of the implementation of contact investigation.	UCSF.
	Number of individuals trained to perform contact investigation.	15 individuals trained on contact investigation.	Completed. 12 community TB contact investigators and 10 DTLCs were trained to conduct household TB screening and referral. 3 senior staff from NTLP and 8 NIMR staff and PATH personnel also attended the training.	
	Number of index cases evaluated for household contacts.	More than 300 index cases evaluated for household contacts.	Completed. 308 index cases have received household contact investigation.	
	Number of secondary cases identified through contact investigation.	More than 15 secondary cases identified.	Completed. 17 secondary cases were identified.	

Activity	Indicator	Target	Status as of September 30, 2011	Partners
1.6 Provide technical assistance to ensure sustainability of program activities, including application of the "MOST for TB" tool, leadership and management training, support for district and regional staff to incorporate TB activities with Comprehensive Council Health Plans (CCHPs), and support for zonal TB coordination meetings and NTLP biannual meetings.	Number of national and regional NTLP staff trained on MOST tool.	25 national and regional staff trained on MOST tool.	Completed. 25 national and regional staff have been trained and NTLP is at implementation stage.	MSH.
	Development of a national-level "MOST for TB" action plan.	Development of a national-level "MOST for TB" action plan.	Completed. National-level action plan completed following the "MOST for TB" workshop.	
	Number of CCHPs with TB activities integrated.	133 CCHPs integrate TB activities by September 2010.	Ongoing/Changed. PATH technical officers met with Region Health Management Teams (RHMTs) in this reporting period. During the ongoing DTHC quarterly meetings in the next reporting period, we will have confirmation on how many CCHPs integrated TB activities. Please note that this target should be reduced to 35 CCHPs to include only PATH-supported regions as opposed to the entire country.	
	Number of zonal meetings supported by project.	12 zonal meetings supported by the project.	Canceled. The NTLP does not have the funds to support these meetings in non-PATH supported regions. PATH and NTLP have agreed to not move forward with these meetings in PATH-supported regions until they can be supported throughout the country—most likely to be included in Global Fund Round 11 application.	
	Number of NTLP meetings supported by project.	2 NTLP meetings supported by the project.		
	ZTLP technical officer recruited and deployed.	ZTLP technical officer recruited and deployed by March 2010.	Completed. ZTLP technical officer recruited and deployed.	
1.7 Support the MOHSW and NTLP in the finalization and printing of the NTLP strategic plan.	Number of finalized strategic plan documents printed.	200 copies of NTLP strategic plan printed by September 2010.	Completed. PATH supported the development of the strategic plan; NTLP printed and distributed it.	

Activity	Indicator	Target	Status as of September 30, 2011	Partners
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 diagnostics 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.	Completed. 42 microscopes were procured and distributed.	
	Number of LPA machines procured and distributed.	Three LPA machines procured and distributed, to Dar es Salaam, Iringa, and Mbeya.	Ongoing. This target was changed to procure LPA equipment for KNTH. Equipment has been ordered, and we await shipment by November 2011. Activity will appear in FY09/10 carryover work plan.	
	TB laboratory strengthening specialist recruited and in place.	TB laboratory specialist recruited/deployed by March 2010.	Completed. TB laboratory specialist deployed since March 2010.	
	Updated diagnostic guidelines available and in use.	Updated diagnostics guidelines available by September 2010.	Canceled. Activity shifted to FY10 work plan.	
2.2 Provide technical assistance to plan, budget, and incorporate new TB diagnostics activities into 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.	Canceled. NTLP is using other sources of funding for cost analyses; PATH will support strategic plan development under the FY09/10 carryover work plan.	
	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.		
2.3 Support the introduction and scale-up of a web-based electronic recording and reporting system for TB diagnosis.	Prototype web-based system developed and tested.	Prototype web-based system developed and tested by September 2010.	Ongoing. This activity is in progress and will be included in the FY09/10 carryover work plan.	
	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, after development of web-based system. This activity will be included in FY09/10 carryover work plan.	

Activity	Indicator	Target	Status as of September 30, 2011	Partners
Objective 3. Build the capacity of the NTLP to diagnose and treat 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. *Operational Guidelines for the Management of Drug-Resistant TB in Tanzania* was completed by March 2010 and approved by MOHSW in February 2011.	UCSF.
	Number of MDR/XDR-TB treatment guidelines printed and disseminated.	200 copies of MDR/XDR-TB treatment guidelines printed and disseminated.	Completed. Successful pilot for *MDR-TB Training for District-level Care* completed October 25-November 5, 2010. 13 TOT participants trained: three KNTH medical doctors/clinical officers, three KNTH registered nurses, one pharmacist, three RTLCs, two DTLC/PATH trainers, one CTRL laboratory staff. 17 district/regional participants trained (11 medical doctors, six DOTS nurses) in five-day course, *MDR-TB Training for District-level Care.*	PATH.
3.2 Develop, pilot, and finalize a training curriculum on management of MDR/XDR-TB.	Draft curriculum available for pilot activity.	Draft curriculum available by September 2010.	Completed FY09 targets. Ongoing. Total=31 at KNTH (and additional 88 at district level). As of July 2011, all core facility MDR staff (KNTH) have received MDR-TB management training by UCSF. With staff turnover and new hires, current totals are: eight medical doctors, two clinical officers, 16 nurses, two laboratory technicians, two pharmacists, and one hospital administrator. 40 KNTH staff participated in an MDR-TB infection control session (November 2009), and eight staff have been trained in respirator fit testing (July 2010) for the MDR-TB.	UCSF.

Activity	Indicator	Target	Status as of September 30, 2011	Partners
	Number of clinicians trained in management of MDR/XDR-TB.	30 clinicians trained in management of MDR/XDR-TB by September 2010.	Completed. 30 clinicians at KNTH (and additional 54 at district level) trained. As of March 2011, all core facility MDR-TB staff (KNTH) have received MDR-TB management training by UCSF. With staff turnover and new hires, current totals are: seven medical doctors, two clinical officers, 16 nurses, two laboratory technicians, two pharmacists, and one hospital administrator. In addition, 40 KNTH staff participated in an MDR-TB infection control session, and eight staff have been trained in respirator fit testing.	
	Revised curriculum available for future use.	Revised curriculum available for future use by September 2010.	Completed. Final revised material delivered to NTLP/PATH July/August 2011 visit	
3.3 Conduct a 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.	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 operational guidelines. March 2011: UCSF completed revisions of tools for MDR patient management and monitoring with the NTLP. Final versions are currently being printed for distribution by the NTLP. Canceled workshop. 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.	UCSF.

Activity	Indicator	Target	Status as of September 30, 2011	Partners
	Number of KNTH staff trained in plans/protocols for MDR/XDR-TB patient management.	15 KNTH staff trained in plans/protocols for MDR/XDR-TB patient management.	Completed FY09 targets. MDR/XDR-TB treatment guidelines (Activity 3.1) and patient management training were conducted together through formal training sessions and bedside mentoring. As of July 2011, total=31. Ongoing mentoring continues. All core facility MDR staff (KNTH) have received MDR-TB management training by UCSF. With staff turnover and new hires, current totals are: eight medical doctors, two clinical officers, 16 nurses, two laboratory technicians, two pharmacists, and one hospital administrator.	
	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.	Completed FY09 targets. As of September 2011, total=88 district staff trained using materials developed by UCSF/KNTH (23 during two interim trainings, 17 at pilot training, 48 at post-pilot training). Ongoing sustainable model for quarterly training of district providers continues, led by KNTH trainers.	
	Number of staff mentored in bedside clinical care.	15 staff mentored in bedside clinical care.	Completed FY09 targets. Ongoing mentoring continues. As of July 2011, total=26. All core facility MDR clinical staff (KNTH) have received training by UCSF through bedside mentoring activities. With staff turnover and new hires, current totals are: eight medical doctors, two clinical officers, and 16 nurses.	
	Number of MDR/XDR-TB patients treated at KNTH.	20 patients receiving treatment at KNTH.	Completed FY09 targets. Ongoing admissions: 70 MDR-TB patients have initiated treatment at KNTH as of September 2011 (34 within the 12 months).	

Activity	Indicator	Target	Status as of September 30, 2011	Partners
3.4 Develop and pilot a checklist for supervision of district MDR-TB management and care. [This activity was updated and approved by USAID in March 2011.]	Draft supervision checklist for district MDR-TB care.	Material completed and available for field-testing by April 2011.	Completed. Draft checklist was made available as of April 3, 2011.	
	Report and recommendations based on field-test results.	Report and recommendations delivered by September 2011.	Completed. Report and recommendations have been put forward.	
Objective 4. Build capacity of private-sector providers to diagnose and treat TB.				
4.1 Involve private-sector businesses in development of workplace TB policy, training, and monitoring.	Workplace TB policy finalized and available.	Workplace TB policy launched by September 2010.	Ongoing. A subcontractor is taking the lead on this activity, and a draft policy was completed in October 2011. This activity will continue under FY09/10 carryover work plan.	
	Number of business owners sensitized on workplace TB policy.	50 business owners sensitized on workplace TB policy.	Pending. This activity will continue under FY09/10 carryover work plan.	
	Workplace TB policy printed and disseminated.	2,000 copies of workplace TB policy printed and disseminated.	Pending. This activity will continue under FY09/10 carryover work plan.	
	Number of businesses adopting workplace TB policy.	50 businesses adopt workplace TB policy.	Pending. This activity will continue under FY09/10 carryover work plan.	
Objective 5. Scale up ACSM activities to improve case detection and treatment success.				
5.1 Expand TB Photovoice to Urban West, Karatu, and Arumeru districts and train community's own resource persons (CORPs) in each district on community-based education for TB diagnosis and treatment.	Number of district coordinators trained on Photovoice methodology.	Three district coordinators trained on Photovoice methodology (Urban West, Karatu, Arumeru).	Completed. Three district coordinators trained in April 2011.	
	Number of TB patients participating in Photovoice activity.	24 TB patients participate in Photovoice activity.	Completed. 24 patients participated in Photovoice activity in 2010.	
	Number of CORPs trained on community-based education for TB diagnosis and treatment.	60 CORPs trained by September 2010.	Completed. 61 CORPs have been trained: 21 in Meru, 20 in Karatu, and 20 in Zanzibar. All trainings were held concurrently December 21–23, 2010.	
	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. 2,000 calendars have been printed and distributed. Posters and brochures are in print. This activity will be completed under FY09/10 carryover work plan.	

Activity	Indicator	Target	Status as of September 30, 2011	Partners
5.2 Build capacity among CBOs in Urban West, Ilala, and Karatu.	Number of CBOs involved in capacity-building activity.	Three CBOs involved in capacity-building activity.	Completed. Three CBOs involved, from Tukikiza (Zanzibar), Umatu Karatu, and Mkuki (Kisarawe).	
	Number of CBO members oriented to capacity-building activities.	15 CBO members oriented to capacity-building activities.	Completed. 15 CBO members were trained—five from each CBO—October 18–22, 2010.	
Objective 6. Strengthen monitoring and evaluation activities to support routine NTLP reporting and USAID reporting requirements.				
6.1 Conduct a 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 the NTLP for approval.	Updated/New forms and registers available and in use by March 2010.	Completed. The work has been completed and the tools have been submitted to PATH and the NTLP for approval.	MSH.
6.2 Improve electronic TB register (ETR) software to be more user friendly and compatible with other software programs. Purchase Internet upgrades, an ETR server, and related equipment, notepads, flash disks, and computer maintenance and 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.	Ongoing. Programmers in South Africa are still updating the software; will be completed in the next reporting period. This activity will continue under the FY09/10 carryover work plan.	
	ETR server purchased and installed.	ETR server purchased and installed by September 2010.	Ongoing. ETR server specifications have been set; will be procured in the next reporting period. This activity will continue under the FY09/10 carryover work plan.	
	Notepads and flash disks purchased, distributed to RTLCs, and in use.	Ten RTLCs equipped with notepads and flash disks.	Completed.25 notepads and flash disks have been procured and distributed.	
6.3 Provide supportive supervision, including development of a supervision tool, revised supervision checklist, training and mentoring on supervision, financial/ logistical support for national and international experience-sharing,	Supervision tool and revised supervision checklist available and in use.	Supervision tool and revised supervision checklist available and in use by September 2010.	Completed. Tool and checklist are available.	MSH.
	Number of national and regional NTLP staff trained on supervision.	25 NTLP staff from the national and regional levels trained by September 2010.	Ongoing.	
	Number of national and international experience-sharing meetings held.	13 experience-sharing meetings held.	Canceled. These experience-sharing meetings will not be held.	

Activity	Indicator	Target	Status as of September 30, 2011	Partners
supervision at regional and district levels, and a partners/NTLP joint supervision exercise.	Number of regional and district supervision visits supported by project.	Three regional and district supervision visits conducted by September 2010.	Completed. Three supervision visits conducted, in Mwanza, Kilimanjaro, and Dar es Salaam.	
	Number of joint partner/ NTLP supervision visits.	Three joint partner/NTLP supervision visits conducted by September 2010.	Completed. Three supervision visits were conducted, in Zanzibar, Pwani, and Mwanza.	
6.4 Strengthen project internal monitoring procedures to fulfill USAID reporting requirements, including development of an M&E framework, integration of a 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. The M&E plan has been drafted and includes framework, indicators, and data quality assessment. Remaining work on this activity has been shifted to the FY09/10 carryover work plan.	
	Data quality assessment component integrated with M&E plan.	Data quality assessment component integrated with M&E plan by September 2010.		
	Number of routine M&E visits to district offices.	Four routine supervision visits by September 2010.	Completed. Supervision visits were conducted in Mwanza, Kilimanjaro, Dar es Salaam, and Pwani.	
	Number of project administrators trained on PATH financial reporting procedures.	One project administrator trained on PATH financial reporting procedures by September 2010.	Completed. Project administrator was trained in South Africa in November 2011.	
6.5 Conduct training on the ETR for new district and zonal TB and TB/HIV coordinators.	Number of district and zonal TB and TB/HIV coordinators trained on ETR.	33 TB and TB/HIV coordinators trained on ETR.	Completed. 31 TB coordinators and two TB officers were trained in ETR in January and February 2011.	
Objective 7. Initiate TB/HIV collaborative activities in seven districts of Kilimanjaro region by September 2010.				
7.1 Sensitize 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.	
7.2 Draft, finalize, and sign MOU between PATH, the NTLP, and the 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.	

Activity	Indicator	Target	Status as of September 30, 2011	Partners
7.3 Recruitt and train 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. Coordinators 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 for laboratory staff on acid-fast bacilli (AFB) 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.	Completed. 60 staff trained; 20 people were trained in three trainings, in November 2010, January 2011, and February 2011.	

Tanzania, FY10 funds, PEPFAR and GHCS

Activity	Indicator	Target	Status as of September 30, 2011	Partners
Objective 1. Improve the quality and expand the reach of TB and TB/HIV services by strengthening human resources capacity at public and private facilities (557 currently supported facilities and 175 new facilities) (PEPFAR funds).				
Activity 1.1 Continue to support existing and scale up new TB and TB/HIV services in public and private TB clinics/DOTS facilities.				
1.1.1 Identify and introduce services to 175 new facilities and support operating costs for technical officers and coordinators.	Number of facilities identified for expansion of TB and TB/HIV activities.	175 additional facilities identified for expansion of TB and TB/HIV activities.	Completed. PATH is now operating in 955 facilities and has exceeded this target.	
	Number of computers procured.	Ten computers procured.	Completed. Ten computers were procured and distributed.	
	Communication, Internet air time, and modems procured.	Communication and air time paid for 41 coordinators, and ten modems procured.	Completed. 41 coordinators were supported.	
	Existing vehicles maintained.	Maintenance costs for two vehicles paid.	Completed. Vehicle maintenance costs were paid.	
1.1.2 Conduct training for 360 participants on collaborative TB/HIV services for new health care providers.	Number of new health care providers trained. Number of smear-positive and all forms cases notified. Number of TB patients tested for HIV.	360 health care providers trained (two providers each in 175 new health facilities).	Completed. 360 providers were trained.	
1.1.3 Conduct refresher training for 60 participants to update their knowledge and skills on collaborative TB/HIV services for health care providers trained in 2008 or earlier.	Number of health care providers receiving refresher training.	60 providers receive refresher training.	Completed. 60 providers were trained by September 2011.	

Activity	Indicator	Target	Status as of September 30, 2011	Partners
1.1.4 Conduct needs assessments in selected hospitals in PATH-supported regions to identify capacity to implement provision of ART in TB clinics and train health care providers in the provision of ART.	Number of health facilities providing ART and TB/HIV services in TB clinic.	Five health facilities providing ART in their TB clinic.	Completed.	
	Number of health care providers trained in provision of ART.	60 health care providers trained in provision of ART (six providers trained at five facilities).	Completed.	
1.1.5 Improve infrastructure through minor renovation of five health facilities to provide ART in TB clinics.	Documentation of infrastructure improvements (minor renovations).	Documentation of infrastructure improvements at five health facilities.	Canceled. These infrastructure improvements will not take place.	
1.1.6 Conduct supportive supervision and mentoring at the district and regional levels through exchange visits and jointly with the NTLP, National AIDS Control Program, and other partners.	Number of districts receiving monthly supportive supervision by DTHC/DTLC.	35 districts receive monthly supportive visits by DTHC/ DTLC.	Completed. 35 districts received support.	
	Number of regions receiving quarterly supportive supervision by Zonal TB/HIV Coordinator (ZTHC) and Regional TB/Leprosy Coordinator (RTLC).	Six regions receive quarterly supportive visit by ZTHC/RTLC.	Completed. All regions have received supportive supervision thus far.	
	Number of joint supervision visits conducted with NTLP and other stakeholders.	Two joint supervision visits conducted.	Completed. Two joint visits were conducted.	
	Number of regions receiving quarterly supportive supervision by central staff.	Six regions receive quarterly supportive visits by central staff.	Completed. All six regions have received supportive supervision by the central team thus far.	

Activity	Indicator	Target	Status as of September 30, 2011	Partners
1.1.7 Coordinate and support quarterly regional and district TB/HIV coordination committees in all project-supported districts.	Number of district coordinating committees meeting.	72 district coordinating committee meetings (biannual meetings for 35 districts and one town council).	Completed. 33 district meetings were conducted.	
	Number of regional coordinating committee meetings held.	12 regional coordinating committee meetings (biannual meetings for six regions).	Completed. 12 regional meetings were conducted.	
	Number of national coordinating committee meetings held.	Two national coordinating committee meetings.	Canceled. The NTLP has asked that WHO or the CDC take the lead in this coordination.	
1.1.8 Support quarterly information and experience-sharing meetings on implementation of TB/HIV activities between health care service providers from different TB/HIV service delivery outlets.	Number of experience-sharing meetings held	72 meetings (two meetings each in 35 districts and one town council).	Ongoing. 40 meetings held. This activity has been shifted to the FY11 work plan.	
	Best practices documentation available.	Each district has at least four best practices documented at the end of the year.	Ongoing. Best practices will be documented using FY 09/10 Carryover funds.	
	Number of DTLC meetings attended by DTHCs.	Each of the 35 DHTCs attend two DTLC meetings over the course of the year.	Completed. 15 DTHCs attended DTLC meetings twice.	
1.1.9 Conduct quarterly DTHC meetings and support DTHCs to attend DTLC meetings twice a year in all project districts.	Number of quarterly meetings conducted at district level.	140 quarterly district meetings conducted (four meetings per year in 35 districts).	Ongoing. 33 meetings conducted. Remaining work on this activity has been shifted to the FY11 work plan.	
1.1.10 Conduct semiannual and annual team meetings of PATH staff to review project performance and plan implementation.	Annual meeting conducted.	All PATH Tanzania TB staff attend annual project meeting by December 2011.	Completed. The annual project meeting took place in December 2010.	
	Semiannual management meeting conducted.	All PATH headquarters technical staff, ZTHCs, and DTHC representatives attend semiannual management meeting by June 2011.	Completed. The semiannual project meeting took place in June 2011.	

Activity	Indicator	Target	Status as of September 30, 2011	Partners
1.1.11 Expose project management staff and coordinators to local and international trainings and conferences to learn and share experiences.	Number of presentations made at national-level meetings by project staff.	Two presentations at the NTLP biannual meeting; one presentation at Association of Private Health Facilities in Tanzania (APHFTA) annual meeting.	Canceled. Neither the NTLP biannual nor APHTA annual meeting took place in this reporting period.	
	Number of presentations made at international meetings by project staff.	Four oral presentations or posters at international conferences/meetings.	Pending. Two posters will be presented at the IAUTLD conference in October 2011; this activity has shifted to the FY09/10 work plan.	
	Number of staff or coordinators who received international training.	Two project staff or coordinators attend international training (e.g., Sondalo, etc.).	Completed. Two staff members attended the training on TB/HIV collaborative activities and program management in Ethiopia.	
	Number of staff/ coordinators who participate in international meetings.	One staff attends IUATLD conference. One staff attends annual PEPFAR implementers' meeting.	Pending. The IUATLD conference will take place in October 2011, and three PATH/Tanzania staff will attend; two will present posters. This activity will be shifted to the FY09/10 work plan.	
			Canceled. Annual PEPFAR implementers' meeting did not take place during this reporting period.	
	Number of staff supported to attend international meetings.	Conference fee paid for eight staff.	Pending. See above.	
1.1.12 Continue to support three existing CBOs, in Kisarawe, Zanzibar, and Karatu.	Number of CBOs supported.	Three existing CBOs supported.	Completed. Three CBOs were supported to conduct activities in Kisarawe, Zanzibar, and Karatu.	
Activity 1.2 Work with ART partners to ensure all PLWHA are screened for TB and managed according to national guidelines, including provision of cotrimoxazole preventive therapy, isoniazid preventive therapy, and ART (PEPFAR).				
1.2.1 Introduce six monthly coordinators' meetings at the regional level.	Number and minutes of TB and HIV/AIDS coordinators meetings.	12 meetings per year in districts.	Delayed. Meetings will begin in the next reporting period under the FY11 work plan (Activity 1.3.1).	

Activity	Indicator	Target	Status as of September 30, 2011	Partners
1.2.2 Introduce quarterly information exchange meetings in 200 health facilities.	Number and minutes of health facility-level information exchange meetings between TB and HIV clinics conducted.	Minutes from 200 health facility quarterly meetings.	Delayed. Information exchange meetings will begin in the next reporting period under the FY09/10 carryover work plan.	
1.2.3 Identify and select 12 new congregate settings in PATH-supported districts for implementation of the Three I's.	Number of congregate settings selected for Three I's implementation.	12 congregate settings selected to implement the Three I's.	Completed.12 congregate settings selected to implement the Three I's	
1.2.4 Sensitize managerial and technical staff at each setting.	Number of sensitization meetings conducted.	Sensitization meetings conducted in 12 congregate settings.	Completed. Sensitization meetings were conducted in four sites in Arusha. Eight sites, four each in Mwanza and Dar es Salaam, will be carried over.	
1.2.5 Train staff on the Three I's.	Number of staff trained in congregate setting.	24 staff trained in congregate settings (two staff per congregate setting).	Pending. This training will take place under the FY09/10 carryover work plan.	
Objective 2. Increase case detection and improve treatment outcomes by strengthening program management, capacity-building, and policy formulation (GHCS funds).				
Activity 2.1 Support intensified case-finding among household contacts of all smear-positive patients through assistance in implementation, evaluation, and revision of guidelines, protocols, and training materials.	Report describing results from household contact investigation.	Report delivered July 2011.	Completed. Draft report completed; being circulated for comments.	UCSF.
	Revised guidelines, protocols, and training materials on household contact investigation.	Guidelines, protocols, and training materials delivered by June 2011.	Completed. Draft guidelines, protocols, and training materials developed. In the FY09/10 carryover work plan, these materials will be revised based on findings and experience of piloting the implementation of contact investigation.	
	Scaled up implementation of household contact investigation.	Implementation in two regions of Dar es Salaam.	Completed. Implementation phase completed in September 2011. In the FY09/10 carryover work plan, the protocols and materials will be revised, and under the FY11 work plan, re-tested in scale-up.	

Activity	Indicator	Target	Status as of September 30, 2011	Partners
Activity 2.2 Evaluate and scale up SOPs for improving case detection.	Evaluation report. Meeting reports.	Evaluation conducted by September 2011. Dissemination meeting conducted by September 2011.	Ongoing. Internal review of implementation is ongoing. The Arusha RHMT and Council Health Management Teams for Arusha and Meru districts, including key staff from health facilities, met September 12-16, 2011. External evaluation is planned for November 2011, after compilation of data for July-September 2011. This activity will continue under the FY09/10 carryover work plan.	MSH.
Activity 2.3 Provide technical support to ensure accelerated implementation of TB infection control measures in public and private TB clinics/DOTS facilities in the project area.				
2.3.1 Review and revise IPC training materials as needed.	Availability of IPC training materials.	Training materials (including participant's manual and facilitator's guide) available.	Completed. IPC training materials are completed.	
2.3.2 Print the national IPC guidelines.	Number of IPC guidelines printed.	600 copies of IPC guidelines are available.	Delayed. This activity has been shifted to the FY09/10 carryover work plan, while we await NTLP's approval.	
2.3.3 Conduct TOTs for all regions in collaboration with the NTLP, and form regional training teams.	Number of trainers who are trained on IPC; regional training teams formed.	30 trainers are trained (five from each region).	Completed. 25 trainers were trained in April 2011.	
2.3.4 Train health care providers in diagnostics/ DOTS centers to practice infection control skills in their facilities.	Number of providers trained on IPC.	125 providers trained on IPC skills (two people from five health facilities in 25 districts; ten districts were previously trained).	Completed. 125 providers trained in August/September 2011.	
2.3.5 Implement infection prevention by supporting IPC committees in TB health facilities and continuing to sensitize patients and community by providing health education at TB clinics.	Number of health education sessions on infection control held at health facilities.	Three sessions/week in 125 health facilities.	Completed. These sessions are happening in 50 health facilities following the training.	
	Number of IPC committee quarterly meetings held.	Quarterly meetings of the 28 IPC committees.	Delayed. Activity will take place under the FY09/10 carryover work plan.	
	IPC committees supported.	28committees established and supported in 28 districts.	Delayed. Activity will take place under the FY09/10 carryover work plan.	

Activity	Indicator	Target	Status as of September 30, 2011	Partners
2.3.6 Reprint educational materials for staff and patients according to the ACSM strategy and national IPC guidelines.	Number of infection control brochures and posters targeting patients/communities developed/reprinted and distributed.	100,000 brochures and 10,000 posters for patients/community produced.	Canceled. Brochures and posters were printed under the TO2 FY09 carryover work plan.	
Activity 2.4 Develop a framework for strengthened supervision.	Availability of SOPs on improving supervision.	200 copies of SOPs printed and distributed.	Pending. Draft training materials in place. This activity will continue under the FY09/10 carryover work plan.	MSH.
	Number of people trained aggregated by gender.	Ten NTP staff at the national level and 20 staff at the regional level oriented on SOPs.	Pending. This activity will continue under the FY09/10 carryover work plan.	
Activity 2.5 Identify relevant gender issues related to TB for Tanzania and strategies to integrate gender as appropriate to overcome barriers and inequalities in TB care services (GHCS).	Availability of report and recommendations for implementing strategies to address gender-based barriers.	Report and recommendations for implementing strategies to address gender-based barriers produced.	Pending. Report drafted in October 2011, and is going through reviews. This activity will be continued under the FY09/10 carryover work plan.	
	Number of CBOs conducting gender-related TB activities.	12 CBOs conducting gender-related TB activities.	Canceled. This activity will be re-framed under the FY09/10 carryover work plan.	
	Radio spots aired.	60 radio spots aired.	Canceled. This activity will be re-framed under the FY09/10 carryover work plan.	
	Buckets procured, printed, and distributed.	500 buckets procured, printed, and distributed.	Canceled. This activity will be re-framed under the FY09/10 carryover work plan.	
Activity 2.6 Provide TB DOTS training for health care providers.	Number of health care providers trained.	540 providers trained on TB DOTS.	Ongoing. 453 providers were trained by September 2011; remaining 87 will be trained in the next reporting period under the FY09/10 carryover work plan.	

Activity	Indicator	Target	Status as of September 30, 2011	Partners
Objective 3. Increase the detection and successful treatment of TB and MDR-TB cases among children (GHCS funds).				
Activity 3.1 Support the development and distribution of national strategic and programmatic MDR-TB documents, guidelines, and training materials.	Number of MDR-TB patients diagnosed.	40 MDR-TB patients diagnosed (national-level figures).	Completed. 70 patients diagnosed and started on treatment for MDR-TB as of July 2011. Support will continue through FY11 work plan.	UCSF.
	Number of MDR-TB patients started on treatment.	40 MDR-TB patients started on treatment (national-level figures).	Completed. 70 patients diagnosed and started on treatment for MDR-TB as of July 2011. Support will continue through FY11 work plan.	
	Training materials for TOT and national MDR-TB training workshops.	Materials completed for pilot training by March 2011.	Completed. August 2011. One-day national MDR-TB training materials successfully piloted and will be revised. (TOT materials developed together with master TOT trainees.) Eight master trainers attended 5-day workshop on the organization and development of teach-back style TOT trainings. Ongoing. Anticipate final version of one-day materials completed for delivery November 2011. This activity will continue under FY11 work plan.	
	Number of trainers trained from pilot MDR-TB TOT workshop.	10 trainers trained as trainers.	Completed. August 2011. 41 people (eight master TOT and 33 TOT participants) trained as trainers in one-day national MDR-TB training. Increase in number of trainers prioritized by NTLP.	
	Number of district-level clinical staff trained during pilot national MDR-TB training.	60 district-level clinical staff trained on MDR-TB.	Completed. 13 district-level participants trained during pilot of one-day national MDR-TB training.	

Activity	Indicator	Target	Status as of September 30, 2011	Partners
Activity 3.2 Strengthen and scale up capacity of national and regional MDR-TB treatment facilities, including focused training for regions and districts providing intensive-phase treatment.	Number of onsite mentoring visits to national MDR-TB facility.	Three mentoring visits completed.	Ongoing. Two visits completed. Third visit planned for October/November 2011. Support will continue through FY21 work plan.	UCSF.
	Training materials for TOT and MDR-TB intensive training.	Materials completed for pilot training by September 2011.	Pending. Pilot training to take place in November 2011. Activity will be included in FY09/10 carryover work plan.	
	Number of faculty trained from pilot TOT for MDR-TB intensive training.	Five faculty trained as trainers for MDR-TB intensive training.	Pending. Pilot to take place in October/November 2011. This activity will be included in the FY09/10 carryover work plan.	
	Number of national MDR-TB clinical staff trained during pilot of MDR-TB intensive training.	Ten national MDR-TB facility clinical staff trained on higher-complexity issues of MDR-TB care.	Pending. This activity will be included in the FY09/10 carryover work plan.	
	Infection control facility assessment of MDR-TB facility at KNTC.	Infection control facility assessment of MDR-TB facility completed by June 2011.	Completed. This was done in March 2011 under the FY09/10 carryover work plan.	
	MDR-TB distance consultation service maintained for FY10.	MDR-TB distance consultation service in operation for FY10.	Completed March 2011. UCSF facilitated the participation of CDC structural experts in infection control to conduct a facility assessment and training (sponsored by the NTLP and PATH/Tanzania). 14 participants representing multidisciplinary MOHSW interest groups were trained This activity resulted in an additional one-day strategic planning meeting led by the NTLP around crosscutting infection control issues and action plans.	
	Availability of patient education materials.	Patient education materials printed and distributed.	Pending. PATH will develop and print materials in the next reporting period under the FY11 work plan.	

Activity	Indicator	Target	Status as of September 30, 2011	Partners
Activity 3.3 Build capacity in districts and communities to support management of MDR-TB patients.	District-level operational plan for continuation of MDR-TB care.	Document completed by March 2011.	Completed. The national *Operational Guidelines for the Treatment of MDR-TB-TB* section on district care was updated with UCSF assistance; final version is in print. This is the only planned formal document for print. Iterative development of operational plans will continue based on mentoring visit assessments.	UCSF.
	Pilot of KNTH to district-level consultation and mentoring program.	Pilot of KNTH to district-level consultation and mentoring program implemented by March 2011.	Completed. KNTH phone consultation service for districts in place. Plans for pilot district mentoring program initiation developed with NTLP (March 2011); implementation started. Sample site visits by UCSF and NTLP of district MDR-TB facilities revealed need for rapid intervention and more extensive site evaluations to identify and remediate gaps. Rapid response evaluation and intervention plan implemented at all district sites currently caring for MDR-TB continuation-phase patients.	
	Pilot of cohort review model.	Pilot of cohort review model implemented by March 2011.	Completed. First cohort review completed August 2011. Continued reviews will take place under FY11 work plan.	
	MDR-TB education materials printed and distributed.	MDR-TB education materials printed and distributed.	Pending. PATH will develop and print materials in the next reporting period under the FY11 work plan.	
Activity 3.4 Support the NTLP to access and procure GLC-approved second-line anti-TB drugs and technical assistance.				
3.4.1 Provide technical support to the NTLP on GLC application proposal for second-line TB drugs.	GLC application proposal submitted.	GLC application proposal submitted.	Canceled. Application was completed without support from PATH.	
3.4.2 Provide technical support to develop an MDR-TB drug tracking tool.	Development of MDR-TB drug tracking tool.	MDR-TB drug tracking tool developed.	Pending. MSH will conduct a feasibility assessment for a drug tracking tool under the FY11 work plan.	

Activity	Indicator	Target	Status as of September 30, 2011	Partners
3.4.3 Print and distribute MDR-TB drug tracking tool.	Number of copies of MDR-TB drug tracking tool printed and distributed.	300 copies of MDR-TB drug tracking tool printed and distributed.		
Activity 3.5 Strengthen management of TB in children through the rolling out of training and continued mentoring of health care providers (GHCS).	Availability of TOT curriculum, facilitator's guide, and participant's manual developed.	Final TOT curriculum, facilitator's guide, and participant's manual printed and used in training.	Ongoing. Curriculum development will take place October–December 2011 now that the guidelines are finalized. Activity will continue under FY09/10 carryover work plan.	Dartmouth.
	Availability of primary care clinician curriculum, facilitator's guide and participant's manual.	Final primary care clinician curriculum, facilitator's guide, and participant's manual printed and used in training.	Pending. Activity will continue under FY09/10 carryover work plan.	
	Number of clinicians trained in pediatric TB management.	50 clinicians trained in pediatric TB management.	Pending. Activity will continue under FY09/10 carryover work plan.	
	Number of sites in which process and outcome indicators are utilized.	Indicators applied in 50 sites and data included in the final assessment report.	Pending. Activity will continue under FY09/10 carryover work plan.	
Objective 4. Provide technical assistance and support to the NTLP to strengthen TB diagnostic and laboratory systems, including drug-resistance testing and surveillance (GHCS funds).				
Activity 4.1 Strengthen TB laboratory services for TB diagnosis at the national, regional, zonal, and district levels, including EQA for smear microscopy, and ensure that activities are linked to other ongoing initiatives by the World Bank, CDC, etc.				
4.1.1 Conduct a needs assessment of TB diagnostic facilities at the health center and dispensary level to identify gaps with regard to introducing diagnostic equipment, human resources, and workload using a structured questionnaire.	Number of TB diagnostic centers assessed.	140 TB diagnostic centers assessed.	Completed. Diagnostic facilities were assessed through structured questionnaires. More in-depth assessment will take place under the FY11 work plan (Activity 4.1).	

Activity	Indicator	Target	Status as of September 30, 2011	Partners
4.1.2 Conduct trainings of laboratory staff and TB coordinators at the national, regional, and district levels on sputum smear microscopy, EQA, and supervisory skills.	Number of laboratory staff and coordinators implementing EQA trained.	122 health care providers trained on smear microscopy and EQA for supervisors from 35 districts, in six regions.	Completed. 121 staff trained.	
4.1.3 Support laboratory staff at the district and regional levels to attend TB quarterly meetings in PATH-supported areas.	Number of quarterly meetings attended.	Laboratory staff attend four quarterly regional meetings per year.	Completed. Six district and regional laboratory technicians attended the meeting. This activity will be continued under the FY09/10 carryover work plan.	
4.2.1 Procure reagents, supplies, and spares for LED microscopes.	Number and types of supplies, reagents, and spares for LED microscopes.	Ten objective lenses, ten slide-holding clips, ten LED bulbs, and various reagents for 42 LED microscopes.	Delayed. Supplies and reagents will be procured in December 2011 under the FY09/10 carryover work plan.	
4.2.2 Provide quarterly supportive supervision on the implementation and use of LED microscopy and LPA diagnostics.	Number of supportive supervision reports.	64 supportive supervision visits per year; we intend to conduct visits in 16 PATH-supported districts.	Delayed. Laboratory supervision visits will be conducted in the Dar es Salaam region under the FY11 work plan.	
4.2.3 Procure two LPA machines, including test kits and reagents.	Number of LPA machines, test kits, and reagents procured and distributed.	Two LPA machines, test kits, and reagents for one site procured for Bugando zonal laboratory and Arusha regional laboratory.	Ongoing. This activity has been shifted to the FY09/10 Carryover work plan. GeneXpert machines will be procured instead of LPAs.	
4.3.1 Adapt existing guidelines and training manuals for Tanzania.	Availability of Tanzania-specific guidelines and training manuals.	Tanzania-specific guidelines and training materials are available.	Canceled. EXPAND-TB is adapting these guidelines. PATH will provide reviews as needed.	FIND.
4.3.2 Print and distribute 300 guidelines (operating manuals, SOPs).	Number of guidelines printed and distributed (operating manuals, SOPs).	300 copies of guidelines printed.	Pending. Guidelines to be printed under FY09/10 carryover work plan.	
4.3.3 Train 15 trainers on LED microscopy.	Number of trainers who are trained on LED microscopy.	15 trainers are trained on LED microscopy.	Completed. Training took place in December 2010.	

Activity	Indicator	Target	Status as of September 30, 2011	Partners
4.3.4 Conduct training on LED microscopy for 70 laboratory staff in 35 PATH-supported districts.	Number of laboratory staff trained on LED microscopy.	70 laboratory staff trained on LED microscopy	Ongoing. 55 were trained on LED by July 2011. Other 15 will be trained in December 2011 under the FY11 work plan.	
Activity 4.4 Equip/Renovate zonal and national TB reference laboratories to diagnose MDR/XDR-TB, including biosafety upgrades, equipment, and supplies (GHCS).				
4.4.1 Procure spare parts for negative air pressure at the CTRL.	Procurement receipts for spare parts.	Spare parts procured and fixed.	Completed. Spare parts procured in September 2011.	PATH.
4.4.2 Support installation of high-voltage uninterruptible power sources (UPS) at the CTRL and KNTH.	Number of UPS installed.	High-voltage UPS installed at the CTRL and KNTH.	Ongoing. This activity has been shifted to the FY09/10 carryover work plan.	
Activity 4.5 Strengthen the existing drug resistance surveillance system to ensure that all retreatment cases and an appropriate number of new TB cases are evaluated for drug resistance.				
4.5.1 Contract a local transport/courier company to transport sputum specimens to TB culture laboratories.	Identification of contractor.	One contract with a courier company and one contract with a mobile phone company.	Completed. Contract has been signed with a courier company.	
4.5.2 Procure and provide appropriate containers and supportive materials for transporting specimens.	Number of containers and supportive materials procured.	10,000 falcon tubes and 80 rolls of absorbent supportive materials for cushioning procured.	Completed.10, 000 falcon tubes and 80 rolls of absorbent procured.	
4.5.3 Facilitate the transport of specimens from districts to zonal laboratories.	Number of samples transported.	2,000 samples from retreatment TB patients transported; 6,000 samples from new patients transported.	Ongoing. The new transport system has started and samples have been collected from Zanzibar and Dodoma thus far. This activity will continue under the FY11 work plan.	
4.5.4 Facilitate the transport of positive cultures from zonal laboratories to the CTRL.	Number of samples transported.	1,500 samples transported.	Ongoing. 100 samples have been transported to the CTRL. This activity will continue under the FY11 work plan.	
4.5.5 Establish laboratory database of confirmed MDR-TB cases.	Number of TB laboratories with functioning database indicating MDR-TB cases.	Three laboratories with functioning database.	Completed. The database is capturing MDR-TB cases.	

Activity	Indicator	Target	Status as of September 30, 2011	Partners
4.5.6 Collaborate with mobile phone companies to provide free communication for sharing TB laboratory results.	Number of toll-free calls made between districts and TB culture laboratories.	2,500 TB laboratory results relayed by mobile phones and documented.	This activity has been shifted to the FY09/10 carryover work plan. Discussions with mobile phone companies are underway.	
4.5.7 Provide air time to three 3 senior staff at the CTRL to facilitate communications.	Number of staff getting air time.	Three senior staff receive air time.	Completed. Three senior staff were given airtime.	
Objective 5. Provide technical assistance and support to the NTLP to engage communities and the private sector in TB and TB/HIV activities leading to improved case detection and DOTS services (GHCS funds).				
Activity 5.1 Disseminate lessons learned about innovative community-based approaches that play a role in improving case detection and DOTS uptake.	Results presented nationally and internationally.	Results shared nationally and internationally.	Pending. Results of ACSM activities in Kisarawe are being shared at the IUATLD conference in October 2011, and are included in the FY09/10 carryover work plan.	
Activity 5.2 Empower communities to support TB control by adopting and rolling out ACSM models that engage a variety of new and existing stakeholders in a coordinated community effort to increase TB detection and support high rates of treatment completion.				
5.2.1 Support CORPs to implement innovative community-based approaches to improve TB case detection and treatment outcomes.	Number of CORPs supported to improve TB case detection.	80 CORPs supported.	Delayed. Many of the activities under this objective were delayed due to the ACSM officer position vacancy; however, PATH's new ACSM officer started on September 21, 2011. Activities will be adapted and included under the FY09/10 carryover work plan.	
5.2.2 Conduct CORPs training in Ilala, Nyamagana, Misungwi, and Hai.	Number of CORPs trained.	60 CORPs trained (15 in each district).	Delayed; see above.	
5.2.3 Identify, support, and build capacity of an additional three CBOs on implementation, monitoring, supervision, and reporting of community activities.	Number of CBOs identified and involved in capacity-building.	Three CBOs identified and supported in capacity-building activities (one in each district).	Completed. Three new CBOs have been identified.	

Activity	Indicator	Target	Status as of September 30, 2011	Partners
5.2.4 Continue to support new CBOs in Kisarawe, Zanzibar, and Karatu.	Number of CBOs supported.	Three new CBOs supported.	Pending. This activity will take place under the FY09/10 carryover work plan. .	
5.2.5 Continue to provide education and sensitization to the community via ACSM community meetings.	Number of existing school health program meetings conducted.	Four meeting reports for existing school health programs.	Canceled.	
	Number of meetings conducted with CORPs, sputum fixers, traditional healers, and private pharmacists.	Quarterly meetings conducted with CORPs, sputum fixers, traditional healers, and private pharmacists in Ilala, Nyamagana, Hai, Kisarawe, and Misungwi.	Delayed; see above.	
5.2.6 Develop, print, and distribute IEC materials to the community and health facilities.	Number of Photovoice posters developed and printed.	5,000 Photovoice posters printed and distributed.	Delayed; see above.	
	Number of Photovoice brochures printed and distributed.	6,000 Photovoice brochures printed and distributed.	Delayed. We have faced delays in finalizing the study on gender and TB, the results of which will be used to develop the messages for the Photovoice activity. This activity has been shifted to the FY09/10 carryover work plan.	
	Number of calendars printed and distributed.	3,000 calendars printed and distributed.	Delayed; see above.	
	Number of t-shirts and caps printed and distributed.	2,000 t-shirts and caps with TB messages printed and distributed.	Delayed; see above.	
	Pairs of Kanga printed and distributed.	1,160 pairs of Kanga with TB/HIV messages printed and distributed.	Delayed; see above.	
	Number of DVDs burned and distributed.	300 DVDs with TB and TB/HIV messages burned and distributed.	Delayed; see above.	
	Number of footballs printed.	375 footballs with TB and TB/HIV messages printed.	Delayed; see above.	
5.2.7 Support CBO and PATH staff to participate in international and national exhibitions.	Number of exhibitions that CBOs and PATH staff were supported to participate in.	Five exhibitions: Trade Fair, Peasants Fair, World TB Day, World AIDs Day, and during Parliament meetings.	Ongoing. Exhibitions were completed at two events: World AIDS Day 2010 and World TB Day 2011; others will take place in the next reporting period.	

Activity	Indicator	Target	Status as of September 30, 2011	Partners
5.2.8 Recruit ten new sputum fixers while transitioning the existing ten sputum fixers to district or council authority.	Number of sputum fixers recruited, trained, and supported on sputum fixing and transfer to diagnostic centers.	Ten sputum fixers recruited, trained, and supported on sputum fixing and transfer to diagnostic centers (Ilala, Nyamagana, and Hai).	Completed. Ten sputum fixers were trained in Ilala, Nyamagana, and Hai.	
5.2.9 Build capacity of CORPs in using mobile phone technology for improving TB case detection.	Number of CORPs trained in using mobile phone technology for improving TB case detection	50 CORPs trained in Kisarawe (20) and Misungwi (30) districts in using mobile phone technology for improving TB case detection.	Canceled. Under the FY09/10 carryover work plan, PATH will evaluate the pilot project conducted in Kisarawe before scaling up this activity.	
5.2.10 Conduct refresher training of ten existing sputum fixers on sputum smear preparation, fixation, and transport.	Number of sputum fixers who receive refresher training on sputum smear preparation, fixation, and transport.	Ten existing sputum fixers received training.	Completed. Ten sputum fixers were trained.	
Activity 5.3 Adopt and expand community ACSM models (Photovoice, traditional healers, private pharmacists, Magnet Theatre, and school health program) in Ilala, Nyamagana, and Hai.				
5.3.1 Train six TB and TB/HIV coordinators on Photovoice.	Number of district coordinators trained on community-based ACSM activities.	Six district coordinators trained on Photovoice methodology.	Delayed; see above.	
5.3.2 Orient 15 TB and TB/HIV patients on Photovoice.	Number of patients participating in Photovoice.	15 TB patients participate in Photovoice orientation.	Delayed; see above.	
5.3.3 Procure and distribute three cameras for Photovoice.	Number of cameras procured and distributed.	Three cameras procured and distributed.	Completed. Three cameras were procured and distributed.	
5.3.4 Train 75 traditional healers and pharmacists on the TB and TB/HIV referral system.	Number of traditional healers and private pharmacists oriented on TB and TB/HIV referral system.	75 traditional healers and private pharmacists oriented on TB and TB/HIV referral system.	Delayed. See above. Shifted to the FY09/10 carryover work plan.	
5.3.5 Train 30 community members on Magnet Theatre.	Number of participants trained on Magnet Theatre to involve community in problem identification and solutions.	30 participants trained on Magnet Theatre to involve community on problem identification and solutions.	Delayed. See above. Shifted to the FY09/10 carryover work plan.	

Activity	Indicator	Target	Status as of September 30, 2011	Partners
5.3.6 Support 18 Magnet Theatre performances.	Number of Magnet Theatre performances conducted.	18 performances conducted in each district (Ilala, Nyamagana, and Hai).	Delayed. See above. Shifted to the FY09/10 carryover work plan.	
Activity 5.4 Provide technical assistance to engage faith-based and private-sector facilities to provide TB and TB/HIV care, including capacity-building and accreditation.				
5.4.1Train health care providers on DOTS implementation in newly identified private health facilities.	Number of providers trained on DOTS.	50 health care providers trained on DOTS.	Completed. 50 providers trained in Q3.	
5.4.2 Orient private clinicians on collaborative TB and TB/HIV activities in Arusha, Mwanza, Kilimanjaro, and Pwani regions.	Number of private health facility owners oriented on collaborative TB and TB/HIV services.	120 private providers oriented on collaborative TB and TB/HIV services.	Completed. 120 providers trained in Q3.	
5.4.3 Introduce the screening of diabetic patients for TB in diabetes clinics using the TB screening tool.	Number of diabetes clinics where patients are screened using TB screening tool.	Use of TB screening tool introduced in ten diabetes clinics in Dar es Salaam.	Delayed. This activity will be done in October 2011 under the FY09/10 carryover work plan.	
5.4.4 Print and distribute TB screening tool and referral forms for diabetes clinics.	Number of TB screening tool copies and referral forms printed.	100 booklets of TB screening and referral forms printed.	Delayed. This activity will be done in October 2011 under the FY09/10 carryover work plan.	
5.4.5 Introduce outreach TB screening in remote areas in two districts with limited access to TB diagnostic services.	Number of outreach TB screening visits conducted.	Eight outreach TB screenings conducted in Rufiji and Ukerewe districts.	Completed. Screenings conducted in Rufiji. Ukerewe outreach will be included under the FY09/10 carryover work plan.	
Objective 6. Provide technical assistance and support to the NTLP to engage national, regional, and local authorities in TB and TB/HIV activities to encourage and strengthen ownership and sustainability of TB control.				
Activity 6.0 Procure and maintain a motor vehicle to support project activities.	One motor vehicle procured.	One motor vehicle in place.	Ongoing. The vehicle was ordered in August 2011, and shipment is expected in October 2011. Final shipment will be included in FY09/10 carryover work plan.	PATH.

Activity	Indicator	Target	Status as of September 30, 2011	Partners
Activity 6.1 Provide technical assistance in planning, budgeting, and incorporation of TB and TB/HIV activities into the annual medium-term NTLP framework, MOHSW health plans, Global Fund plans, World Bank initiatives, PEPFAR, and other fiscal partner plans.				
6.1.1 Provide technical assistance in national planning meetings and write report.	Number of TB and HIV activities incorporated into national plans.	TB and HIV activities incorporated into national plans.	Ongoing. In some districts, the district medical officers have started to include activities in their plan, but they have not yet started to financially support these activities. This activity has been shifted to the FY11 work plan under objective 7.	PATH.
6.1.2 Support district and regional staff to participate in planning meetings.	Number of CCHPs that incorporate TB and TB/HIV activities.	35 district and six regional plans incorporate TB and TB/HIV activities.	Completed. Districts have incorporated TB, TB/HIV activities into their plans, but PATH is still waiting for final reports on how many.	
Activity 6.2 Strengthen TB and TB/HIV coordination at the national level.	Number of TB/HIV coordinating meetings held.	Four TB/HIV coordinating meetings held.	Canceled. After discussions with the NTLP and PATH/Tanzania, it was agreed that this activity should be implemented by another organization.	MSH.
Activity 6.3 Support implementation of "MOST for TB" for the NTLP at the central level.	Number of "MOST for TB" follow-up workshops conducted.	One "MOST for TB" follow-up workshop conducted.	Ongoing. Follow-up meetings with NTLP charge leaders were conducted on August 11, 2011 and September 22, 2011. Follow-up will continue under FY09/10 carryover work plan.	MSH.
Activity 6.4 Coordinate activities of key stakeholders through four technical working groups.	Number and minutes of technical working group meetings conducted.	Quarterly meetings conducted and minutes available for each of the four working groups.	Delayed. Two of the working groups have been formed and met. The NTLP has requested that we combine these into one working group, which will be supported under the FY11 work plan, objective 7.	PATH.
Objective 7. Provide technical assistance and support to the NTLP to develop, improve, and use the NTP M&E system (GHCS funds).				
Activity 7.1 Improve data management systems by revising and updating TB recording and reporting tools to aid in the analysis of data needed to inform decision-making at all levels.	Training materials developed.	Training materials in place by April 2011.	Ongoing. A draft facilitator's manual is in place.	MSH.
	Number of staff trained.	25 staff trained on new recording and reporting tools.	Completed. The training occurred September 26-29, 2011.	
	Number of staff mentored.	Three mentoring visits conducted.	Ongoing. Mentorship visits to start after training in November 2011 under FY09/10 carryover work plan.	

Activity	Indicator	Target	Status as of September 30, 2011	Partners
Activity 7.2 Link regions and district councils through the Electronic TB Register.net to facilitate timely submission of reports; strengthen electronic data system links between districts and the NTLP (GHCS).				
7.2.1 Support districts to pay for Internet and stationery services.	Availability of Internet airtime and stationery.	Airtime for 41 coordinators secured (35 district and six regional), Internet modems procured, and stationery distributed for 12 months.	Completed. PATH provided air time and stationery.	
7.2.2 Procure computers, modems, printers, and scanners.	Number of computers, laptops with basic accessories, modems, printers, and scanners procured.	Ten computers, six modems, two printers, two scanners, and three laptop procured.	Completed. All were procured.	
Activity 7.3 Build the capacity of health workers at all levels to collect and analyze TB and TB/HIV data and incorporate TB data into the health management information system.				
7.3.1 Continue to conduct ETR training for new district and regional coordinators.	Number of new district and regional coordinators trained on ETR.	20 district and regional coordinators trained on ETR.	Completed. Six new district and regional coordinators were trained, as only six coordinators needed training.	
7.3.2 Support the M&E officer to participate in project M&E training in Arusha.	Number of trainings received by M&E officer.	One training in Arusha received by M&E officer.	Completed. M&E officer attended training in The Hague in September 2011.	
Activity 7.4 Continue to strengthen project internal monitoring procedures to fulfill USAID reporting requirements, including development of an M&E framework, integration of a data quality assessment component, and routine M&E visits to district offices.				
7.4.1 Conduct data quality assessments in selected facilities.	Data quality assessment conducted in two regions per quarter in selected facilities.	Data quality assessment conducted in two regions per quarter in selected facilities.	Ongoing. Data quality audits were conducted in two regions. Audits will continue under FY09/10 carryover work plan.	
7.4.2 Attend TB IQC Task Order 1 annual partners meetings.	Number of people who attend annual partners meeting.	Two people attend annual partners meeting.	Pending. This activity has been shifted to the FY11 work plan.	
7.4.3 Support one project administrator to attend regional training on PATH systems and USAID rules and regulations.	Number of project administrators who attend regional training on PATH systems and USAID rules and regulations.	One project administrator attends regional training on PATH systems and USAID rules and regulations.	Completed. PATH hosted a partners meeting in Dar es Salaam in August 2011.	

Ukraine, FY10 funds

Activity	Indicator	Target	Status as of September 30, 2011	Partners
Objective 1. Provide ACSM technical support and NGO capacity-building assistance.				
1.1 Provide technical assistance as needed to support the development of national and oblast ACSM plans under the Global Fund grant. • Provide technical assistance to the national task force for ACSM strategy development, through participating in task force meetings and contributing to the strategy development process and scope to ensure linkages to national TB control goals and objectives. • Build capacity and understanding at the oblast level on ACSM scope and strategy development through training in strategic development. • Conduct training at the oblast level for representatives from the NTP, NGOs, and other partners on developing ACSM plans.	Report on technical assistance developed.	Technical assistance report provided to the national ACSM task force under the Global Fund grant.	Pending. Technical assistance still being provided. Report will summarize technical support provided to Global Fund partners on ACSM for project period.	PATH, in collaboration with the Foundation for the Development of Ukraine (Global Fund PR), and ACSM Task Force.
	Number of task force meetings attended.	Meeting notes and recommendations.	Ongoing. PATH has participated in five meetings of the Working Group for Development of the National TB Program to date.	
	Number of trainings in strategic development conducted.	At least one training conducted.	Pending due to delay in start of Global Fund activities. Scheduled to take place in October 2011 for participants from 27 oblasts plus ten participants from NGOs that won an open competition. Under the Global Fund project, a plan of funding coordination will be developed to cover a portion of these participants since the number of participants is much greater than originally planned under this project.	PATH, in collaboration with Oblast Coordination Council on HIV and TB; Oblast TB Program.
	Number of trainings in strategic development conducted.	At least one training conducted.	Pending. Activity scheduled to follow the trainings on ACSM strategy and ACSM plan development in October 2011 in 27 oblasts.	

Activity	Indicator	Target	Status as of September 30, 2011	Partners
1.2 Support the development of advocacy strategies aimed at key stakeholders at the oblast level, including budget considerations, as possible.	Number of draft strategies developed at the oblast level.	At least one oblast-level draft strategy developed.	Ongoing. Indicator list developed and reviewed by PATH Global Fund Working Group for inclusion in draft M&E plans in June 2011. Indicators pending acceptance.	PATH, in collaboration with Oblast Coordination Council on HIV and TB; Oblast TB Program.
1.3 Assist with the development of M&E plans to assess the outcome of ACSM activities.	List of suggested indicators for M&E plans to assess ACSM activities created.	Suggested indicator list reviewed for inclusion in the draft M&E plans for ACSM activities in the Global Fund grant.	Ongoing. Collection of information on existing NGOs and CBOs involved in TB is in process.	PATH, in collaboration with the Foundation for the Development of Ukraine (Global Fund PR), and ACSM Task Force.
1.4 Perform an analysis of relevant NGOs and CBOs involved in TB activities in Ukraine, and develop recommendations for improving the quality and quantity of these organizations, and to involve new organizations in TB.	Mapping report of existing NGOs and CBOs involved in TB developed.	Mapping report shared with Global Fund partners.	Pending. Report will follow data collection on NGOs and CBOs involved in TB, and recommendations will be developed once organizations have been identified.	PATH, in collaboration with the Coalition of HIV Service Organizations, the Ukraine PLHA Network, network of organizations working in the penitentiary system, Ukrainian Red Cross.
	Report with recommendations for quality improvement of NGOs and CBOs involved in TB developed.	Report with recommendations shared with Global Fund partners.	Ongoing. Training for eight trainers from NGOs in the Coalition of HIV Service Organizations has been conducted. Review of the trainings and materials developed by NGOs with trainee support will be used to refine additional trainings.	
1.5 Provide technical assistance and capacity-building training to enhance the technical capacity of NGOs to develop and disseminate relevant training materials.	Number of capacity-building trainings conducted.	At least three trainings conducted.	Ongoing. Materials have been developed for training of initial eight NGO staff, and will be refined and formalized for additional trainings.	PATH, in collaboration with the Coalition of HIV Service Organizations, the Ukraine PLHA Network, network of organizations working in the penitentiary system.
	Set of training materials for building NGO capacity in training and materials development created.	Training materials developed and distributed.		

Activity	Indicator	Target	Status as of September 30, 2011	Partners
1.6 Explore ways to engage all care providers (including private and other public sectors) in the TB program; develop recommendations to engage relevant providers in the diagnosis and treatment of TB patients.	List of recommendations for engaging all care providers in the TB program developed.	List of recommendations developed.	Ongoing. PATH is collaborating with the Akmetov Foundation and other Global Fund partners as appropriate to develop a checklist for basic TB screening in any setting. Recommendations to be developed following the working group collaboration.	PATH, in collaboration with the Foundation for the Development of Ukraine (Global Fund PR), and ACSM Task Force.
Objective 2. Strengthen the management and technical capacity of the NTP as managed by the National Committee on HIV/AIDS, TB and Other Socially Dangerous Diseases.				
2.1 Provide technical assistance, as appropriate, to the National Committee on HIV/AIDS, TB and Other Socially Dangerous Diseases.	Report on technical assistance developed.	Report on technical assistance provided to the National Committee on HIV/AIDS, TB and Other Socially Dangerous Diseases.	Ongoing. PATH is an active participant in multiple TB and TB/HIV working groups to support the NTP, and developed the draft framework for the NTP for 2012-2017 currently under review. PATH also provides support for an M&E consultant based at the National Committee who provides input in support of TB control.	PATH, in collaboration with the National Committee on HIV/AIDS, TB and Other Socially Dangerous Diseases.
2.2 Provide support to the Ukrainian professional peer-reviewed journal *Tuberculosis, Lung Diseases, HIV-Infection*.	Number of journals developed.	Four journals released for distribution.	Ongoing. PATH has supported the quarterly publication of the Ukrainian journal. Three journals have been published to date and the fourth will be released in October 2011.	National Medical University.

Vietnam, FY10 funds

Activity	Indicator	Target	Status as of September 30, 2011	Partners
Activity 1. PPM in four provinces: Sustain the existing pharmacy and private clinic activities in Hai Phong, and begin pilot implementation of these activities in the high-burden areas of Ho Chi Minh City, Nghe An, and Can Tho. Targets: – 700 health care workers successfully completed an in-service training program (H2.3.D). – 75% of participating pharmacies/private clinics refer TB suspects in the project period. – 3,500 TB suspects identified at pharmacies and private clinics. – 1,500 (50%) of TB suspects referred reach evaluation. – 450 (30%) of TB suspects evaluated are diagnosed with active TB. – 270 (60%) of PPM-referred TB patients have an HIV test result recorded in the TB register (C3.1.D). – 21 (8%) of PPM-referred TB patients test positive for HIV. Achievements from October 2010 to March 2011: – 31 health care workers successfully completed an in-service training program (H2.3.D). – 525 TB suspects referred reached evaluation. – 154 (29.3%) of those evaluated were diagnosed with active TB. – 133 (86.3%) of PPM-referred TB patients had an HIV test result recorded in the TB register (C3.1.D). – 2 (1.5%) of PPM-referred TB patients tested positive for HIV.				
Activity 1.1. Baseline assessment, mapping of private providers, and establishment of a PPM working group.				
1.1.a Assess the TB control program and services at the provincial and district levels (e.g., policies, organization, reporting, training needs) and map private providers and key stakeholders in the new districts and provinces	PPM assessment tool developed.	Assessment protocol and tools available.	Completed. PPM assessment form updated in December 2010.	NTP, PATH, PHDs, provincial TB hospitals.
	Assessment of three new districts in Hai Phong and three new provinces completed.	Four assessment reports completed.	Completed. Four provinces visited and assessed for PPM implementation in December 2010.	
1.1.b Establish provincial-level PPM working groups to coordinate and oversee activities.	PPM working groups established in three new provinces and maintained in Hai Phong.	Terms of reference for PPM working group in each province completed.	Completed. Terms of reference for PPM working group in each province developed in January 2011.	PATH, PHDs, provincial TB hospitals.

Activity	Indicator	Target	Status as of September 30, 2011	Partners
1.1.c Review current PPM activities in Hai Phong, develop the PPM annual work plan, and adapt the PPM models and tools for new provinces.	Provincial PPM annual work plan developed.	Provincial PPM annual work plan available (four provincial work plans).	Completed. Provincial PPM annual work plans for four provinces developed and agreed upon by PATH and PHDs in January 2011.	NTP, PATH, PHDs, provincial TB hospitals.
	PPM tools for new provinces adapted.	PPM tools available.	Completed. PPM tools, including training, supervision, and M&E materials, available in January 2011.	
Activity 1.2. Establishment of partnerships.				
1.2.a Conduct orientation workshops with key public- and private-sector stakeholders for implementation of PPM to increase case detection and build solid linkages.	Public and private stakeholders at the provincial and district levels sensitized on the TB problem, control challenges, and PPM activities.	One sensitization workshop at the provincial level (four in total) and one sensitization workshop at the district level (15 in total).	Completed. PPM sensitization/ dissemination workshop at the national level conducted, with 67 participants from 12 provinces, NTP, USAID, KNCV Tuberculosis Foundation, and URC, in November 2010. Sensitization workshop with 18 staff from PHD and provincial TB hospital staff in four priority provinces conducted in November 2010. Five sensitization workshops on the TB problem, control challenges, and PPM activities for public and private stakeholders conducted in four provinces with 300 participants completed in April 2011.	PATH, PHDs, PPM working group.
	Agreements (MOUs) with PHDs and private providers signed.	At least 30% of sensitized stakeholders and providers sign agreement to implement PPM activities.	Completed. MOU, statement of work, and work plan with PHD in four provinces signed and approved by the Provincial People's Committees in March and May 2011. Total of 519 private providers signed agreement to implement PPM activities.	

Activity	Indicator	Target	Status as of September 30, 2011	Partners
1.2.b Conduct PPM workshops on World TB Day to advocate for TB program and enhance partnerships.	Number of PPM workshops held.	One workshop per province.	Completed. Four PPM workshops conducted on World TB Day, with 427 participants, one in Nghe An, one in Can Tho, and two in Ho Chi Minh City, in March 2011, under the project budget. One advocay workshop including a PPM component conducted on World TB Day in Hai Phong with hundreds of participants, under Hai Phong PHD budget.	PATH, PHDs, PPM working group.
1.3.a Train PPM working groups on DOTS/TB/HIV collaboration and PPM (TOT approach).	PPM curriculum and facilitator's guide developed for master trainers.	PPM curriculum and facilitator's guide for master trainers available.	Completed. Training curriculum for provincial trainers developed in February 2011.	NTP, PATH.
	Number of TOTs conducted.	One TOT for provincial trainers.	Completed. One TOT with 31 participants (16 provincial trainers and 15 district training assistants) conducted in February 2011.	
	Number of provincial trainers trained (H2.3.D).	16 provincial trainers trained.		
1.3.b Train public and private health staff at provincial and district health facilities on PPM/DOTS/TB/HIV collaborative (PPM working groups as trainers).	PPM curriculum and facilitator's guide for training public and private health care workers developed.	PPM curriculum and facilitator's guide available.	Completed. PPM training curricula, based on task mix, for various local implementers (TB hospitals, non-NTP general hospitals, private hospitals, and pharmacies) were finalized by trained provincial trainers in May and June 2011.	PHDs, PPM working group.
	Number of training courses for public and private health care workers conducted.	One training course for public TB/HIV health workers per province (total four), one training course for private doctors per district (total 15), and one training course for pharmacies per district (total 15).	Completed. Tailored training of various local implementers (TB hospitals, non-NTP general hospitals, private hospitals, and pharmacies) was conducted in April, May, and June 2011. Pharmacies: 12 courses, 334 participants; private clinics and hospitals: eight courses, 225 participants; public hospitals: two courses, 52 participants; TB services: four courses, 124 participants; laboratory staff: one course, ten participants.	
	Number of public and private health care workers trained (H2.3.D).	25 TB/HIV health workers per province trained (total 100), 20 private clinics per district trained (total 300), and 20 pharmacies per districts trained (total 300).		

Activity	Indicator	Target	Status as of September 30, 2011	Partners
1.3.c Provide PPM providers with TB- and HIV-related materials for clients.	Proportion of PPM providers with TB- and HIV-related materials for clients.	100% of PPM providers with TB/HIV-related materials available for clients.	Completed. Providers received TB/HIV materials during tailored PPM trainings in April, May, and June 2011.	PATH, NTP, PHDs, PPM working group.
1.3.d Conduct cross-visits for private health care workers to observe TB control activities within public TB facilities.	Number of visits conducted.	One visit per district conducted.	Completed. Nine cross-visits of local implementers in various sectors (TB hospitals, non-NTP general hospitals, private hospitals, and pharmacies) conducted in Nghe An (one), Hai Phong (four) and Can Tho (four).	PHDs, PPM working group.
Activity 1.4. Supervision, monitoring, and evaluation.				
1.4.a Conduct systematic supervision, monitoring, and evaluation of PPM and TB/HIV activities.	PPM working groups trained on M&E.	16 PPM working group members trained on M&E.	Completed. Four training courses on M&E for PPM with 70 participants conducted in May and June 2011.	PPM working groups, PATH.
	Quarterly M&E meetings held with PPM working groups.	Quarterly coordinating and M&E meetings (PPM working group) in each province (12 total).	Completed. Monthly M&E meetings were conducted in each province, after referral establishment (Nghe An and Hai Phong from May, Ho Chi Minh City and Can Tho from July).	PPM working groups, PATH.
	Supervision visits to underperforming private and public facilities conducted.	One supervision visit to participating private facilities (pharmacies and/or private clinics) per quarter (four visits per year) in each province.	Completed. Monthly supervision visits to private and public PPM facilities started in May 2011 in Hai Phong and Nghe An, and in July 2011 in Ho Chi Minh City and Can Tho.	PPM working groups, PATH.
1.4.b Conduct semester M&E meetings between public and private sectors to assess difficulties and potential solutions and share experiences.	Semester monitoring meetings with pharmacies, private clinics, and public TB/HIV facilities.	One semester M&E meeting per province conducted.	Ongoing. Semester monitoring meetings with pharmacies, private clinics, and public TB/HIV facilities were conduced in Nghe An (July 2011) and Hai Phong (August 2011). The meetings will be combined with provincial evaluation workshops in Can Tho and Ho Chi Minh City in October 2011.	PPM working groups, PATH.
1.4.c Conduct provincial evaluation workshops to review and improve PPM work in the project period.	Number of evaluation workshops.	One evaluation workshop per province (total of four).	Pending. The provincial evaluation workshops are planned for October 2011.	PATH, PHDs, PPM working group.

Activity	Indicator	Target	Status as of September 30, 2011	Partners
1.4.d Develop SOPs for PPM implementation based on lessons learned in four provinces.	SOPs for PPM developed.	SOPs for PPM completed and submitted for approval to NTP.	Pending. SOPs will be completed by October 2011 (in evaluation workshops).	PATH, PHDs, PPM working group.
Activity 2. National study on inaccessibility and underuse of public TB control services to identify patterns and reasons.				
2.1.a Perform a desk review of information regarding health-seeking behaviors of citizens and accessibility of TB services in both the public and private health sectors.	Data matrix with information by topic (e.g., health policies, systems, budgets, patient and community knowledge, attitudes, practices, and perceived barriers) from published literature and national/official documents (desk review).	Data matrix from desk review completed.	Completed.	PATH, NTP.
2.1.b Develop a study protocol and tools for data collection.	Research protocol and data collection tools finalized.	Research protocol and data collection instruments finalized.	Ongoing. Research protocol and data collection instruments to be finalized by October 31, 2011.	PATH, NTP.
	Study personnel trained on data collection and analysis.	Two trainings on data collection, analysis, and presentation.	Delayed. Training on data collection for research assistants will be conducted by December 2011.	PATH.
2.1.c Collect and analyze data and disseminate results and recommendations to key national and international stakeholders.	Data collection completed and analyzed. Findings and recommendations disseminated to central-level decision-makers (e.g., NTP, MOH, People's Party Committee) and stakeholders (e.g., USAID, CDC, WHO).	Research study report finalized, dissemination meeting held, and draft of article for publication completed.	Pending. These activities will be completed by December 31, 2011.	PATH, NTP.

Annex 1. Equipment purchased under TB IQC Task Order 1 (October 2010–September 2011)

Project commodities costing more than $500, Democratic Republic of Congo, FY10

Commodity	Quantity	Location
Transitioned from the International Union Against Tuberculosis and Lung Disease (Tuberculosis Control Assistance Program)		
Vehicle: Ford Everest	1	PATH Kinshasa office
Laptop computer	2	PATH Kinshasa office
Copier	1	PATH Kinshasa office
Projector	1	PATH Kinshasa office
Generator	1	PATH Kinshasa office
Purchased with TB IQC Task Order 1 funds		
Office desk	1	PATH Kinshasa office
Conference table	1	PATH Kinshasa office
Metal cupboard/shelf	1	PATH Kinshasa office
Cupboard/shelf	1	PATH Kinshasa office
Metal file cabinet	1	PATH Kinshasa office
Copier	1	PATH Kinshasa office
Laptop computer	8	PATH Kinshasa office
Desktop computer	2	CPLT Kasai Occidental Est
Desktop computer	1	Coordination provincial de la lute contre la TB, Kasai, Occidental Ouest
Desktop computer	1	Coordination provincial de la lute contre la TB, Equateur-Est
Laptop computer	1	Club des Amis Damien office, Kinshasa
LCD projector	1	Club des Amis Damien office, Kinshasa
Reception desk	1	PATH Kinshasa office
Cell phone: Blackberry	1	PATH Kinshasa office

In this reporting period, PATH did not procure any additional commodities costing more than $500 for other activities with TB IQC Task Order 1 funds.

Project commodities costing more than $500, Mexico

Commodity	Quantity	Location
Laptop computer, X201	2	Two consultants, Mexico

Project commodities costing more than $500, Regional Development Mission for Asia

Commodity	Quantity	Location
Laptop computer, X201	1	PATH Bangkok office

Project commodities costing more than $500, Tanzania, Global Health and Child Survival, FY09

Commodity	Quantity	Location
Laptop computer, X201	1	Project administrator, Dar es Salaam

Project commodities costing more than $500, Tanzania, United States President's Emergency Plan for AIDS Relief, FY10

Commodity	Quantity	Location
Laptop computer, X201	3	Technical officer, Dar es Salaam
Desktop computer	10	District TB/HIV Coordinators: Kibaha, Longido, Arusha, Kisarawe, Unguja, Ilemela New District TB/HIV Coordinator Zonal TB/HIV Coordinator, Mwanza Regional TB/Leprosy Coordinator, Mwanza TB project assistant, Dar es Salaam
Printer	1	TB Project Director (Dar)

Project commodities costing more than $500, Tanzania, Global Health and Child Survival, FY10

Commodity	Quantity	Location
Laptop computer, X201	1	TB liaison officer, Dar es Salaam
Desktop computer	10	Kibongoto Hospital, Kilimanjaro District TB/Leprosy Coordinator, Tabata Regional TB/Leprosy Coordinator, Kilimanjaro Data manager, Central TB Reference Laboratory District TB/HIV Coordinators: Moshi Rural, Pemba, Ilala Storage (3)
Printer	1	PATH Dar es Salaam office
Scanner	2	PATH Dar es Salaam office
Vehicle	1	Dar es Salaam office (delivered November 2011)
Motorcycles	3	District TB/HIV Coordinators: Longido, Meru, Mwanga

Annex 2. List of deliverables accompanying TB IQC Task Order 1 annual report

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

Objective in TB IQC Task Order 1 Core carryover work plan	Activity	Name of the file
Activity 1: Assist in developing, implementing, and evaluating advocacy, communication, and social mobilization (ACSM) strategies for tuberculosis (TB) control.	Activity 1.2: Finalize and disseminate the ACSM skills-building curriculum (FY09 funds).	ACSM Skills-building Curriculum (Final): Annex 1 - Trainer's Guides Annex 2 - Information Handouts Annex 3 - Worksheets
Activity 2: Provide multidrug-resistant tuberculosis (MDR-TB) technical assistance to high MDR-TB burden countries.	Activity 2.2: Harmonize existing MDR-TB planning tools in collaboration with the World Health Organization (WHO) and Stop TB.	MDR Assessment Tools
		Trip Report – Berlin Royce
		ACSM Presentation: MDR-TB Training Ahmedabad Trip Report – Ahmedabad Royce
Activity 4: Support applications to the Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund).	Activity 4.1: Support two Round 10 Global Fund applications.	Trip Report – Core GFATM Royce Geneva
		Trip Report – Richardson Geneva

Objective in TB IQC Task Order 1 Core FY10 work plan	Activity	Name of the file
Activity 1: Assist in developing, implementing, and evaluating ACSM strategies for TB control.	Activity 1.1: Conduct one ACSM skills-building workshop.	Sondalo ACSM Workshop Report – June 4-15, 2011
	Activity 1.3: Complete and pre-test the *Guide to Monitoring and Evaluating ACSM Interventions*.	Draft: The Guide to Monitoring and Evaluating ACSM Interventions
	Activity 1.4: Respond to requests for ACSM technical assistance.	Trip Report – Cape Town, March 22-April 3, 2011
Activity 2: Provide MDR/ extensively drug-resistant tuberculosis (MDR/XDR-TB) technical assistance to high-burden countries.	Activity 2.2: Continue to engage in infection control scale-up.	MDR-TB Planning Toolkit Presentations: • Oct 2010 to WHO Drug Resistance TB consultants (India) • Oct 2010 to USAID on toolkit (DC) • Feb 2010 to Zimbabwe MDR-TB Planning Workshop
Activity 4: Support applications to the Global Fund Global Fund, and address bottlenecks in the implementation of Global Fund projects.	Activity 4.1: Support up to two Round 11 Global Fund applications.	Trip report, Tanzania Gap Analysis GF R11
		GF R11 Gap analysis of Tanzania, Annexes 1-5
		Trip report, gap analysis, MSH

Objective in TB IQC Task Order 1 Core FY10 work plan	Activity	Name of the file
		Trip report, proposal support, Marijke Bleumink Becx
		Trip report, proposal support, Wandwalo
	Activity 4.3: Maintain Global Fund consultant roster.	GF consultant roster
	Activity 4.4: Analyze technical assistance efforts under TB IQC Task Order 1 and TASC2 TB TO2 to distill lessons learned and provide recommendations for approaching future technical assistance efforts.	Trip report, TBTEAM Annual Meeting (Sarah Royce, Geneva) Annex 1: Technical Review Partners
		Annual TBTEAM Meeting Report Kayt Erdahl Annex 1: TBTEAM Meeting Report Annex 2: TBTEAM Meeting Roster
		Presentation "TA Coordination and planning at country level: Partner Experience," TBTEAM Annual Meeting

Objective in TB IQC Task Order 1 Democratic Republic of Congo work plan	Activity	Name of the file
Objective 1: Complete an orientation and assessment visit and draft a work plan through a participatory process by August 2010. Complete a final agreement with the Programme National de Lutte contre la Tuberculose (PNLT) and partners on TB IQC Task Order 1 support by September 30, 2010.	Activity 1.1: Conduct orientation and work planning visit.	Trip report, project start-up
		Trip report, orientation/work plan
Objective 2: Complete project start-up activities by November 1, 2010.	Activity 2.1: Complete registration and other formalities.	Country registration letter
	Activity 2.4: Complete memorandum of understanding (MOU) with the Ministry of Health.	Official copy of MOU
Objective 3: Strengthen National Tuberculosis Program (NTP) Central Unit capacity for Stop TB Strategy implementation, and improve coordination between PNLT and partners (TB sub-element 3.1.2.1).	Activity 3.5: Support 15 quarterly supervision visits to the provincial coordinators covered by the project.	Quarterly CPLT report, Kasai Occidental
	Activity 3.7: Provide support to ten PNLT managers (central and provincial levels) to take part in international conferences/ seminars/workshops.	Trip report, Johannesburg, July 2011
		Trip report, Hague, September 2011
		Trip report, Sondalo, 2011

Objective in TB IQC Task Order 1 Democratic Republic of Congo work plan	Activity	Name of the file
Objective 5: Provide technical assistance and support to PNLT and partners to strengthen community engagement for increased case detection and successful treatment of all TB cases in regions supported by the project (TB sub-element 3.1.2.5).	Activity 5.2: Support capacity-building for Ligue National Anti Tuberculeuse (LNAC) and Club des Amis Damien (CAD) to enhance community engagement in the fight against TB (see CAD and LNAC operational plans).	Organization capacity assessment (OCA) evaluation form (French)
		Introductory session (French)
		OCA training presentation (French)
		OCA tool for nongovernmental organizations (NGOs) implementing TB projects (French)
		OCA staff questionnaire (French)
		OCA board questionnaire (French)
		LNAC OCA report (English, French)
		CAD OCA report (French)
		Follow-up work plan matrix
		Training report
		Trip report, Guyer, August 2011
Objective 6: Improve management of TB/HIV (TB sub-element 3.1.2.3).	Activity 6.3: Conduct a situation analysis of the 14 Tuberculosis Control Assistance Program pilot sites and the seven supplementary sites in Bukavu to identify best practices, lessons learned, and opportunities to strengthen collaborative TB/HIV activities at the suburb level.	TB/HIV assessment report: Kasai Occidental (French)
		TB/HIV assessment report: Sud Kivu (French)
Objective 7: Strengthen NTP Central Unit and provincial capacity to diagnose and treat MDR-TB (TB sub-element 3.1.2.4).	Activity 7.1.b: Support Central Unit capacity to implement and scale-up programmatic management of drug-resistant tuberculosis (PMDT) with improved results.	Trip report, PIH, August 2011
Trip report.		Trip report, Fozo, August 2011

Objective in TB IQC Task Order 1 Eastern Europe/ Central Asia ACSM FY09 work plan	Activity	Name of the file
Enhance NTP and civil society capacity at regional and national levels to plan, design, implement, support, and evaluate relevant ACSM interventions.	Activity 2: Conduct an ACSM assessment and analyze the results.	List of Interviewees – ACSM Assessment, CA Region
	Activity 3: Develop and conduct two sub-regional ACSM skills-building workshops.	Trip Report – CAR ACSM Workshop, Tajikistan, Jan 24-28, 2011
		Report – ACSM CA Workshop, Jan 24-28, 2011
	Activity 4: Respond to country requests for ACSM technical assistance.	Trip Report – Susan Kingston, Georgia, March 29-April 7, 2011
		Georgia National ACSM Strategy
		Trip report – Kazakhstan, June 22-July 2, 2011
		Trip report – Tajikistan, August 21-25, 2011

Objective in TB IQC Task Order 1 Eastern Europe/ Central Asia TB/HIV FY10 work plan	Activity	Name of the file
Objective 1: Conduct a readiness analysis and resource inventory for 11 priority countries within the Eastern Europe and Central Asian regions to prioritize those ready to receive assistance in implementing the Three I's, and identify regionally available resources for training and demonstration.	Activity 1.1: Develop an assessment protocol, tools, and criteria for targeting countries for involvement.	Country selection criteria
		Country assessment tool
Objective 2: Provide tailored technical assistance to prioritized countries.	Activity 2.2: Conduct a regional consultation on implementation of the Three I's.	Trip report – Ukraine 3I's
		Materials from consultation workshop
Objective 3: Develop recommendations for continued progress in implementing the Three I's.	Activity 3.3: Develop regional recommendations for how to advance implementation of the Three I's in other countries.	Moldova WHO/EURO Meeting: • Trip report • List of participants • Agendas • Background & discussion questions

Objective in TB IQC Task Order 1 FY09 India work plan	Activity	Name of the file
Objective 2: Improve the national capacity to provide high-level expertise on infection control.	Activity 2.1: Train engineers and architects who are responsible for health facility renovations and new facility design in effective infection control planning.	AIC Participant Course Evaluation
		AIC Participant Roster
		AIC India Training Report
		AIC Final Training Agenda
Objective 3: Test and scale up an approach to developing, implementing, and evaluating ACSM interventions to address TB control issues in poor-performing TB units.		ACSM ACSM Training Mumbai
		ACSM ACSM Training UP,MP,UK
		ACSM ACSM Training KA,GJ,MH at Mumbai
		ACSM ACSM Warangal & Cuddapah Action Plans
Objective 4: Support effective expansion of MDR-TB control activities by identifying and addressing gaps in the DOTS-Plus program.	Activity 4.2: In collaboration with the RNTCP and WHO, continue to convene experience-sharing workshops for DOTS-Plus site staff.	MDR Assessment Dhar M Pradesh
		MDR Assessment P Maharashtra
		MDR Workshop Report
Objective 6: Assist in health systems strengthening for the Revised National Tuberculosis Control Programme (RNTCP) by assessing human resources needs to inform the upcoming development of the next five-year plan.	Activity 6.1: Conduct RNTCP preliminary workload review (activity added at the request of the Central TB Division and approved by USAID).	HR Assessment Concept Note
		HR Pre Workload Review Protocol
		HR Presentation of Preliminary Findings
		HR PWR Data Collector Training
		HR Preliminary Workload Review Data Collector Training Evaluation
		HR RNTCP Pre Workload Review Protocol
		HR RNTCP Trainee Observation

Objective in TB IQC Task Order 1 FY09 India work plan	Activity	Name of the file
		HR Training Exercise Interview
		HR Training time task and time utilization
		HR Presentations
		HR Trip Reports
		Concept HRH Review

Objective in TB IQC Task Order 1 FY10 India work plan	Activity	Name of the file
Objective 1: Strengthen Intermediate Reference Laboratory capacity to attain and maintain accreditation for culture and drug susceptibility testing by addressing gaps in infrastructure, planning, and management to complement technical support.	Activity 1.3: Participate in national laboratory committee and laboratory coordination committees.	LAB Minutes of 19th National Lab Committee
Objective 3: Test and scale up an approach to developing, implementing, and evaluating ACSM interventions to address TB control issues in poor-performing TB units.	Activity 3.2: Expand ACSM implementation in seven states to support improvement in TB control indicators.	ACSM Plans: Nagpur, Nainital, Tehri Garhwal, Yavatmal
	Activity 3.3: Conduct experience-sharing workshops to share best practices, review data and M&E practices, and provide peer support for problem-solving.	Training workshop reports: Firozabad, Jabalpur, Nagpur, Rangareddy, Tehri Garhwal, Unnao, Yavatmal
Objective 5: Effectively engage other providers (pharmacies) and segments of society in TB control activities to support RNTCP goals and objectives.	Activity 5.1: Evaluate, revise as needed, and expand work with traditional healers and pharmacies to increase case detection, expand the availability of standardized treatment support for patients, and encourage adherence to current Indian regulations limiting the sale of first- and second-line TB drugs.	PPM [public-private mix] ASHA and RMP PPM Pilot Training Report
		PPM Ongole PPM Project Deliverables: • Letter of Understanding • Ongole Assessment Timeline and Data Collection Plan • PPM Assessment Instruments • PPM Rangareddy Sensitization PPT • SS Checklist • Training Report of Tanguturu & Ckurthy • Ongole Chemist PPM report
		Minutes of WPI
		Presentation: Engaging the Pharmacy Sector in TB Control

Objective in TB IQC Task Order 1 Mexico FY10 work plan	Activity	Name of the file
Objective 1: Strengthen the capacity of the NTP and state TB control programs to implement, monitor, and evaluate standardized PMDT in Mexico.	Activity 1.2: Monitor 2009 state PMDT action plan, and update plan for 2010–2011 in priority states.	Monitoring reports
	Activity 1.2.a: Develop/Finalize supervision checklist for PMDT.	Supervision checklist form, MDR-TB
	Activity 1.2.c: Develop state M&E tool and indicators for PMDT (beyond case detection and treatment outcomes); implement M&E.	State M&E data
	Activity 1.2.d: Support Comité Estatal de Farmacorresistencia (COEFAR) annual workshop.	Report on national COEFAR workshop (including lessons learned, best practices)
	Activity 1.3: Conduct workshop to build skills in data entry, audit, and analysis and reporting of drug-resistant TB in drug-resistance state and central database.	Trip report, Tony Paz, July 2011
Objective 2: Support effective expansion of the NTP's PPM strategy to support MDR-TB control.	Activity 2.2: Develop PPM action plans for ten PPM priority states.	PPM Action Plans
		Baseline assessment instrument (Spanish)
		Diagnostic inicial en 8 estados (Spanish)
Objective 3: Increase the capacity of state TB programs and civil society to implement ACSM activities in support of NTP objectives for case detection and treatment outcomes, especially for MDR-TB.	Activity 3.1: Adapt PATH's ACSM training curriculum to the Mexican context.	ACSM Materials: Handouts
		ACSM Materials: PowerPoint slides
		ACSM Materials: Worksheets
	Activity 3.2: Develop ACSM training facilitator's guide.	ACSM Materials: Curriculum
	Activity 3.3: Conduct ACSM skills-building workshops for representatives of TB control programs and civil society organizations from six MDR-TB priority states.	ACSM workshop report, 15 Sept
		Trip report, Mexico, ACSM workshop
Trip reports.	Project start-up travel.	Trip Report Mayra Arias October 2010

Objective in TB IQC Task Order 1 Regional Development Mission for Asia (RDMA) FY10 work plan	Activity	Name of the file
Collaborate with RDMA and key stakeholders in the region to inform the design of a revised structure for the MDR-TB Regional Model Center that will more effectively meet the needs of NTPs in scaling up PMDT.	Activity 1: Conduct a landscape analysis of current PMDT activities, available resources, strengths, gaps, and technical assistance needs at both regional and country levels that will inform design considerations for the MDR-TB Regional Model Center.	Key stakeholder contact list
		Data collection tools
		Data collection tool for Regional Model Center
		Trip report, Delhi, April 2011
		Trip report, Manila, Bangkok 2011

Objective in TB IQC Task Order 1 Tanzania FY09 work plan	Activity	Name of the file
Objective 1: Support the Ministry of Health and Social Welfare (MOHSW) and National Tuberculosis & Leprosy Programme (NTLP) to implement and scale up priority interventions in accordance with the Stop TB Strategy and National MDR/XDR-TB Response Plan.	Activity 1.3: Support planning, training, and procurement of equipment for infection prevention and control at Kibong'oto National Tuberculosis Hospital (KNTH) and in PATH-supported districts.	IPC training report, Dar es Salaam, September 2011
	Activity 1.4: Provide technical assistance to improve the clinical and programmatic management of pediatric TB, including development of a training curriculum and subsequent training revision of recording and reporting forms, and sharing of experiences at national DOTS Expansion Working Group.	Trip report, Adams, May 2011
		Training Needs Assessment
	Activity 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.	Case detection report
		Trip report, March 2011, Ho
		Final SOPs for case detection
	Activity 1.6: Provide technical assistance to ensure sustainability of program activities, including application of "MOST for TB" leadership and management training, support for district and regional staff to incorporate TB activities with Comprehensive Council Health Plan, and support for zonal TB coordination meetings and NTLP biannual meetings.	MOST for TB report, Tanzania
		Supervision report, Arusha
Objective 2: Strengthen the diagnostic capacity of the NTLP and MOHSW with technical assistance to introduced and scale up new tools.	Activity 2.1: Provide technical assistance to the NTLP and Diagnostic section of the MOHSW to introduce and scale up new TB diagnostic techniques.	TZ LED Microscope distribution
	Activity 2.2: Provide technical assistance to plan, budget, and incorporate new TB diagnostic activities into the annual NTLP medium-term framework in collaboration with fiscal partners.	EQA training report: Kilimanjaro
Objective 3: Build the capacity of the NTLP to diagnose and treat MDR/XDR-TB in accordance with the National MDR/XDR-TB Response Plan and WHO/Stop TB recommendations.	Activity 3.2: Develop, pilot, and finalize a training curriculum on management of MDR/XDR-TB. Activity 3.3: Conduct a workshop to develop comprehensive plans and protocols for management of patients with MDR/XDR-TB.	Trip Report, Tanzania Kibong'oto
		UCSF TZ PATH Trip Report
		MDR-TB Training Materials
		MDR-TB Operational Guidelines
	Activity 3.4: Develop and pilot a checklist for supervision of district MDR-TB management and care.	MDR TB District Supervision SOP
		MDR TB District Supervision Mentoring Checklist
		MDR TB District Chart Assessment Tool

Objective in TB IQC Task Order 1 Tanzania FY09 work plan	Activity	Name of the file
Objective 6: Strengthen M&E activities to support routine NTLP reporting and USAID reporting requirements.	Activity 6.1: Conduct a rapid assessment of TB and TB/HIV forms and registers; revise existing/develop new forms as needed.	Corrected forms
	Activity 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 regional and district levels, and a partners/NTLP joint supervision exercise.	Mwanza supervision report
		Zanzibar supervision report

Objective in TB IQC Task Order 1 FY10 Tanzania GHCS work plan	Activity	Name of the file
Objective 1: Improve the quality and expand the reach of TB and TB/HIV services by strengthening human resources capacity at public and private facilities, including 557 currently supported facilities and 175 new facilities (PEPFAR funds).	Activity 1.1.2: Conduct training for 360 participants (12 classes, 6 days each) on collaborative TB/HIV services for new health care providers from either the newly selected health facilities or new staff from currently supported health facilities.	Health care provider training report, Dar es Salaam
	Activity 1.1.3: Conduct refresher training for 60 participants to update their knowledge and skills on collaborative TB/HIV services for health care providers trained in 2008 or earlier.	TB/HIV refresher training report, Dar es Salaam
		TB/HIV refresher training report, Zanzibar
	Activity 1.1.6: Conduct supportive supervision and mentoring at the district and regional levels through exchange visits and jointly with the NTLP, National AIDS Control Program, and other partners.	District supervision report, Magu
		District supervision report, Mwanza
		Zonal supervision report, Pemba
	Activity 1.1.8: Support quarterly information and experience-sharing meetings on implementation of TB/HIV activities between health care service providers from different TB/HIV service delivery outlets.	Experience sharing meeting report, Mafia
		Experience sharing meeting report, Mkkuranga
	Activity 1.1.11: Expose project management staff and coordinators to additional local and international trainings and conferences to learn and share experiences.	Trip report, PMDT, Kigali

Objective in TB IQC Task Order 1 FY10 Tanzania GHCS work plan	Activity	Name of the file
	Activity 1.1.12: Continue to support three existing CBOs, in Kisarawe, Zanzibar, and Karatu.	CBO training report, Dar es Salaam
		CBO training report, Dar es Salaam
Objective 3: Increase the detection and successful treatment of MDR-TB cases and TB cases among children.	Activity 3.2: Strengthen and scale up the capacity of national and regional MDR-TB treatment facilities, including focused training on regions and districts providing intensive-phase treatment.	Trip report, July-Aug 2011, UCSF
Objective 4: Provide technical assistance and support to the NTLP to strengthen TB diagnostic services and surveillance (GHCS funds).	Activity 4.1.2: Conduct trainings of laboratory staff and TB coordinators at the national, regional, and district levels on sputum smear microscopy, EQA, and supervisory skills.	EQA training report, Kilaha
	Activity 4.1.3: Support laboratory staff at the district and regional levels to attend TB quarterly meetings in PATH-supported areas.	Arusha quarterly meeting report

Objective in TB IQC Task Order 1 Ukraine FY10 work plan	Activity	Name of the file
Objective 1: Provide ACSM technical support and NGO capacity-building assistance.	Activity 1.1: Provide technical assistance as needed to support the development of national and oblast ACSM plans under the Global Fund grant.	Meeting notes and recommendations from task force meetings attended
	Activity 1.3: Assist with the development of M&E plans to assess the outcome of ACSM activities.	Draft indicator list

Objective in TB IQC Task Order 1 Vietnam work plan	Activity	Name of the file
Sustain existing pharmacy and private clinic activities in Hai Phong and begin pilot implementation of these activities in Ho Chi Minh City, Nghe An, and Can Tho—areas of high TB burden.	Activity 1.1: Conduct baseline assessment, mapping of private providers, and establishment of referral systems.	PPM assessment tool
	Activity 1.3a: Train PPM working groups on DOTS/TB/HIV collaboration and PPM (TOT approach).	TOT training materials on PPM (Vietnamese) Training materials on PPM (Vietnamese): • Can Tho • HCMC • Nghe An • Hai Phong PPM tools and IEC materials (Vietnamese): • Can Tho • HCMC • Nghe An • Hai Phong
	Activity 1.5: Develop SOPs for PPM implementation.	Provincial PPM annual work plans