Annual Report

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

October 1, 2011 through September 30, 2012

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Summary

COUNTRY	Democratic Republic of Congo	REPORTING PERIOD	October 1, 2011 - September 30, 2012

FUNDING SOURCE	TO2015 FY10 carryover and FY11 funds

OVERVIEW

PATH is working closely with local partners to provide technical support to the PNLT. The project is also providing support to five provincial and subprovincial coordinating offices, which were previously supported by TB CAP, including Sud Kivu, Kasai Occidental Est, Kasai Occidental Ouest, Equateur Est, and Maniema. Additional support is now being provided to Kasai OrientalSud (two coordinating offices: Sankuru and Mbuji Mayi).

ACHIEVEMENTS

Supporting a comprehensive approach to improve management of MDR-TB

Overall, the number of confirmed MDR-TB patients in project sites increased from 97 in all of 2011 to 98 in just the first six months of 2012. PATH and partners supported the PNLT inconducting a situational analysis identifying gaps, and providing recommendations in a draft scale-up plan for national PMDT and helped revamp procedures for specimen transport. As a result of support to improve speciment transport, the number of MDR-TB specimens received from the provinces increased two-fold in the first semester of 2012 (321 specimens) compared with the last semester of 2011 (172 specimens). To support diagnostic improvements for management of MDR-TB, PATH provided technical support during local GLC and National Scientific Review Committee meetings, which resulted in key recommendations on strategies to address the emergence of XDR-TB in the DRC and the introduction of GeneXpert® and other novel technologies for drug sensitivity diagnosis, such as MODS culture. To help strenthen human resource capacity, PATH supported training and capacity-building of five central Ministry of Health-level staff, 80 provincial managers, 214 health zone caregivers, seven PATH provincial liaison staff, and three MSH staff in priority MDR-TB control and programming areas. These trainings resulted in staff taking a more active role in case finding and management of MDR-TB at all levels. To support MDR-TB patients through treatment, PATH provided quarterly treatment adherence packages to all current MDR-TB patients (357), which has helped improve adherence to treatment.

Expanding community-based interventions ACSM interventions helped contribute to increases in case detection and treatment success rates. Case notification in the five previously supported CPLTs increased from 92/100,000 to 106/100,000, and treatment success rates increased by 3% (89% to 91%) during the reporting period. With technical support from PATH and Initiatives Inc., Ligue Nationale Antituberculeuse et Antilépreuse du Congo (LNAC) and Club des Amis Damien (CAD) expanded field structures and increased community activities geared toward improving case-finding, treatment adherence, and success rates, as well as prevention. PATH supported seven CPLTs (including two new CPLTs), and helped CAD train 566 new members, who then went on to form 60 new antennas (local chapters). LNAC trained 515 new community agents (RECOs) in social mobilization, championed community sensitization through media and billboards, developing advocacy guidelines and a formal ACSM strategy. This expansion resulted in 2,916 persons presumed to have TB being referred for diagnosis, 1,039 of whom were diagnosed as sputum smear-positive; 687 patients were supported to completed treatment, including 292 MDR-TB patients; and 99 patients originally lost to follow up, including 10 MDR-TB patients, who were able to continue treatment.

Improved provincial-level planning and monitoring

Hiring provincial liaison officers in all supported CPLTs, including the newly added CPLTs in Sankuru and Kasai Oriental Sud, has helped increase coordination, supervision, and support monitoring capacity at the provincial level. PATH initiated support to Kasai Oriental Sud and Sankuru, which for more than three years had been without support to do routine field supervisions, trainings, and other important programming. In Kasai Oriental Sud, the treatment success rate increased from 85% to 90% during this reporting period, and the percentage of TB patients screened for HIV in the selected project sites increased from 12% in 2011 to 98% in the first semester of 2012. PATH supported 21 quarterly provincial data validation meetings in the seven supported CPLTs, which have considerably improved data quality, data use to define interventions, and program monitoring. These interventions have helped enhance the quality of data, especially in terms of completeness of data (>95% in project sites compared with 85% nationwide) and timeliness of data (90% in project sites compared with 77% nationwide). The improved quality and reporting of data is critical for informing the best possible decision-making for TB control throughout the country. To enhance human resource capacity, PATH trained the following cadres of provincial and health zone staff: 378 in PATI-IV, 193 in MDR-TB, 75 in HIV screening, 160 in laboratory techniques, and 767 in community-based activities and through the distribution of treatment adherence packages via community outreach, ten MDR-TB patients who had been lost to follow-up were identified and are currently back on treatment.

Gathering evidence to inform programming

PATH completed three in-depth needs assessments in order to further tailor interventions. An assessment of knowledge and practices of providers with respect to pediatric TB was conducted in 73 health facilities (at the primary, secondary, and tertiary levels). An assessment of the diagnostic capacity of the TB laboratory network was also conducted, including 16 national, regional, provincial, and facility laboratories in seven provinces; and field assessments of TB/HIV management practices were conducted in 31 sites. Draft reports containing the findings and recommendations based on all three assessments have been prepared and will be finalized in the next reporting period.

CHALLENGES

Challenge	How is PATH addressing this challenge?
Poor infrastructure and transportation and communication difficulties continue to make implementation challenging. In particular, unavailability of the banking system in most supported sites has made implementation challenging.	PATH's provincial liaison officers are working closely to plan ahead for delays and maintain regular communication with provincial PNLT staff. Provincial liaison officers are also exploring local solutions for communications challenges, including utilizing the 788 bicycles, seven motorbikes, and six pirogues (small river boats) provided by the project. PATH has initiated a pilot using mobile phone technology to provide all provincial units with fixed and mobile phones to allow for better communication. To address banking challenges, PATH continues to use money transfer institutions, such as Western Union and Soficom, and plans to open bank accounts where possible and recruit provincial administrative support when possible.
Long diagnostic processes for those presumed to have MDR-TB.	PATH is providing technical support to inform planning for the introduction and purchase of new diagnostic tools such as the GeneXpert®, MODS culture, and hain tests, and commodities.
Lack of programmatic support and transport difficulties in Equateur Est.	PATH hired a provincial advisor and assisted the Equateur Est CPLT team in developing a scale-up plan for TB activities with a focus on hard-to-reach populations given local conditions. PATH also provided six pirogues to allow health zones along the Congo River to conduct activities, where accessibility is very restricted.

Long process for procurement of HIV test kits. Stockout of first- and second-line TB drugs.	PATH has engaged in a formal agreement with the sole supplier of HIV test kits, Wagenia, to reduce delivery delay by a maximum of two months. To help address the stockout of second-line TB drugs, PATH is hiring a logistician to assist the PNLT with planning and monitoring the stock of TB drugs and commodities. PATH will continue providing support for drug transport from CPLTs to Health Zones.
Conflicting schedules and priorities with respect to planned activities with the PNLT, PNLS, and DLM.	PATH has continued to host joint monthly meetings with the PNLT, PNLS, and DLM to enhance coordination and troubleshoot scheduling challenges. During these meetings, attempts are being made to harmonize calendars and activities.
Recruiting qualified candidates for the senior technical advisor and other technical and financial positions has been challenging. Initiativessucceeded to recruit an Organizational Development Advisor who resigned shortly after.	PATH submitted a proposal to USAID to reconfigure staffing and recruit for key positions, such as a deputy chief of party, two technical officers who specialize in TB/HIV and MDR-TB, a senior financial manager. Initiatives found a consultant in the interime while recruitment continues for the organizational development advisor. With USAID approval, recruitment is underway for some of the suggested positions.
Data collection and quality remains a challenge in DRC.	In collaboration with WHO, PATH plans to support revisions to national data collection tools as well as the introduction of mobile phones to assist in data management.

MAJOR CHANGES TO WORK PLAN THIS REPORTING PERIOD

Change	Why is PATH making this change?	Approval from USAID
Activities revised to reflect new PNLT priorities. **Activities removed from FY11 work plan:** 1. FY11 1.1.3: Support the PNLT and PNLS to develop a plan for insertion of TB/HIV content into in-service and pre-service training curricula. 2. FY11 1.1.5: Conduct baseline infrastructure assessment in view of introducing ACME-IT. Support the development of course content and pilot of ACME-IT in at least two CPLTs. 3. FY11 2.2.2c: Support the installation of data management software at the central and provincial levels. 4. FY11 3.5.2: Supply TB/HIV sites with cotrimoxazole (as needed). **Activities added:** 1. Support the sustainable introduction of GeneXpert®. 2. Support a workshop to develop standard operating procedures for use of GeneXpert®. 3. Support EQA of the NRL. 4. Provide TB/HIV and MDR-TB training in project supported sites.	The PNLT recommended removing some of the activities in the FY11 work plan that are no longer a priority.	The carryover work plan was submitted to USAID and approval has been obtained. USAID requested that PATH combine the carryover activities into the FY12 plan, which PATH is now doing.

ENVIRONMENTAL IMPACT STATEMENT
During the reporting period, the main activities undertaken by PATH were technical assistance. PATH is also involved in the procurement of HIV test kits and laboratory support activities. During the assessment of TB laboratories, PATH inserted questions in order to rapidly assess waste management infrastructure and practices. Gaps were identified and PATH proposed purchasing safety waste boxes for all 31 TB/HIV sites and building incinerators where necessary (starting with the reference hospital in Bukavu). To further this analysis, PATH proposed holding a workshop with the Ministry of Health and partners to discuss the way forward. PATH is currently awaiting approval.

Global Indicators

Note for USAID: All data, except for data pertaining to MDR-TB, reflect the situation as of December 2011, when the last national epidemiological report was completed. Data were disaggregated by sex when possible.

NATIONAL LEVEL

Democratic Republic of Congo

Indicator	Value	Comments	Time period
Number of new SS+ TB cases notified	Male 38,666 Female 31,750 Total 70,416	Data recorded for calendar year 2011; national data are published on the civil year basis	January 1, 2011 - December 31, 2011
Smear positive notification rate	102/100000		January 1, 2011 - December 31, 2011
Number of new SS+ TB cases successfully treated	66,415		January 1, 2011 - December 31, 2011
Smear positive treatment success rate	90%		January 1, 2011 - December 31, 2011
Number of MDR/XDR-TB cases diagnosed	123		January 1, 2012 - June 30, 2012
Number of MDR/XDR-TB cases who initiated treatment	128		January 1, 2012 - June 30, 2012
Number of TB patients tested for HIV	30,636		January 1, 2011 - December 31, 2011
Percentage of TB patients tested for HIV	27%	The total number of TB patients diagnosed in 2011 upon which this percentage is calculated is 114.094	January 1, 2011 - December 31, 2011
Number of TB/HIV patients on ART	1118		January 1, 2011 - December 31, 2011
Number of health care providers trained in TB elements	Male 719 Female 81 Total 800	Data reflect only the seven project-supported CPLTs	January 1, 2012 - September 30, 2012

Sud Kivu

Indicator	Value	Comments	Time period
Number of new SS+ TB cases notified	2326		October 1, 2011 - June 30, 2012
Smear positive notification rate	62/100,000		October 1, 2011 - June 30, 2012
Number of new SS+ TB cases successfully treated	2012		October 1, 2011 - June 30, 2012
Smear positive treatment success rate	91%		October 1, 2011 - June 30, 2012
Number of MDR/XDR-TB cases diagnosed	11		October 1, 2011 - June 30, 2012
Number of MDR/XDR-TB cases who initiated treatment	12		October 1, 2011 - June 30, 2012
Number of TB patients tested for HIV	204	Data available only for project-supported sites	October 1, 2011 - June 30, 2012
Percentage of TB patients tested for HIV	73.80%		October 1, 2011 - June 30, 2012
Number of TB/HIV patients on ART	12		October 1, 2011 - June 30, 2012
Number of health care providers trained in TB elements	87		October 1, 2011 - September 30, 2012

Maniema

Indicator	Value	Comments	Time period
Number of new SS+ TB cases notified	1,560		October 1, 2011 - June 30, 2012
Smear positive notification rate	100/100,000		October 1, 2011 - June 30, 2012
Number of new SS+ TB cases successfully treated	1,358		October 1, 2011 - June 30, 2012
Smear positive treatment success rate	90%		October 1, 2011 - June 30, 2012
Number of MDR/XDR-TB cases diagnosed	0		October 1, 2011 - June 30, 2012
Number of MDR/XDR-TB cases who initiated treatment	0		October 1, 2011 - June 30, 2012
Number of TB patients tested for HIV	78	Data available only for project-supported sites	October 1, 2011 - June 30, 2012
Percentage of TB patients tested for HIV	48.50%		October 1, 2011 - June 30, 2012
Number of TB/HIV patients on ART	22		October 1, 2011 - June 30, 2012
Number of health care providers trained in TB elements	68		October 1, 2011 - September 30, 2012

Sankuru

Indicator	Value	Comments	Time period
Number of new SS+ TB cases notified	1,265		October 1, 2011 - June 30, 2012
Smear positive notification rate	108/100,000		October 1, 2011 - June 30, 2012

Number of new SS+ TB cases successfully treated	1,199		October 1, 2011 - June 30, 2012
Smear positive treatment success rate	94%		October 1, 2011 - June 30, 2012
Number of MDR/XDR-TB cases diagnosed	0		October 1, 2011 - June 30, 2012
Number of MDR/XDR-TB cases who initiated treatment	0		October 1, 2011 - June 30, 2012
Number of TB patients tested for HIV	146	Data available only for project-supported sites	October 1, 2011 - June 30, 2012
Percentage of TB patients tested for HIV	81%		October 1, 2011 - June 30, 2012
Number of TB/HIV patients on ART	20		October 1, 2011 - June 30, 2012
Number of health care providers trained in TB elements	36		October 1, 2011 - September 30, 2012

Equateur

Indicator	Value	Comments	Time period
Number of new SS+ TB cases notified	1,147		October 1, 2011 - June 30, 2012
Smear positive notification rate	74/100,000		October 1, 2011 - June 30, 2012
Number of new SS+ TB cases successfully treated	667		October 1, 2011 - June 30, 2012
Smear positive treatment success rate	93%		October 1, 2011 - June 30, 2012
Number of MDR/XDR-TB cases diagnosed	0		October 1, 2011 - June 30, 2012
Number of MDR/XDR-TB cases who initiated treatment	0		October 1, 2011 - June 30, 2012
Number of TB patients tested for HIV	47	Data available only for project-supported sites	October 1, 2011 - June 30, 2012
Percentage of TB patients tested for HIV	39%		October 1, 2011 - June 30, 2012
Number of TB/HIV patients on ART	1		October 1, 2011 - June 30, 2012
Number of health care providers trained in TB elements	49		October 1, 2011 - September 30, 2012

Kasai Occidental West

Indicator	Value	Comments	Time period
Number of new SS+ TB cases notified	3,233		October 1, 2011 - June 30, 2012
Smear positive notification rate	136/100,000		October 1, 2011 - June 30, 2012
Number of new SS+ TB cases successfully treated	2,808		October 1, 2011 - June 30, 2012
Smear positive treatment success rate	92%		October 1, 2011 - June 30, 2012
Number of MDR/XDR-TB cases diagnosed	0		October 1, 2011 - June 30, 2012
Number of MDR/XDR-TB cases who initiated treatment	0		October 1, 2011 - June 30, 2012
Number of TB patients tested for HIV	239	Data available only for project-supported sites	October 1, 2011 - June 30, 2012
Percentage of TB patients tested for HIV	96.70%		October 1, 2011 - June 30, 2012
Number of TB/HIV patients on ART	3		October 1, 2011 - June 30, 2012
Number of health care providers trained in TB elements	94		October 1, 2011 - September 30, 2012

Kasai Oriental Sud

Indicator	Value	Comments	Time period
Number of new SS+ TB cases notified	4,465		October 1, 2011 - June 30, 2012
Smear positive notification rate	81/100,000		October 1, 2011 - June 30, 2012
Number of new SS+ TB cases successfully treated	4,187		October 1, 2011 - June 30, 2012
Smear positive treatment success rate	90%		October 1, 2011 - June 30, 2012
Number of MDR/XDR-TB cases diagnosed	4		October 1, 2011 - June 30, 2012
Number of MDR/XDR-TB cases who initiated treatment	4		October 1, 2011 - June 30, 2012
Number of TB patients tested for HIV	354	Data available only for project-supported sites	October 1, 2011 - June 30, 2012
Percentage of TB patients tested for HIV	72.90%		October 1, 2011 - June 30, 2012
Number of TB/HIV patients on ART	25		October 1, 2011 - June 30, 2012
Number of health care providers trained in TB elements	185		October 1, 2011 - September 30, 2012

Kasai Occidental East

Indicator	Value	Comments	Time period
Number of new SS+ TB cases notified	3,125		October 1, 2011 - June 30, 2012
Smear positive notification rate	111/100,000		October 1, 2011 - June 30, 2012
Number of new SS+ TB cases successfully treated	2,316		October 1, 2011 - June 30, 2012
Smear positive treatment success rate	91%		October 1, 2011 - June 30, 2012
Number of MDR/XDR-TB cases diagnosed	1		October 1, 2011 - June 30, 2012
Number of MDR/XDR-TB cases who initiated treatment	1		October 1, 2011 - June 30, 2012
Number of TB patients tested for HIV	311	Data available only for project-supported sites	October 1, 2011 - June 30, 2012
Percentage of TB patients tested for HIV	92.10%		October 1, 2011 - June 30, 2012
Number of TB/HIV patients on ART	18		October 1, 2011 - June 30, 2012
Number of health care providers trained in TB elements	107		October 1, 2011 - September 30, 2012

Results Framework

TO2015 FY 11 DRC Work Plan (Year 2)

Impact: TB prevalence and deaths halved by 2015

OUTCOMES	INTERMEDIATE RESULTS	INDICATOR TARGETS	RESULTS AS OF SEPTEMBER 30, 2012
Objective 1: Support systems strengthening at the national level to improve implementation and monitoring of TB and TB/HIV activities, introduce effective innovations, and enhance collaboration between the PNLT, PNLS, and technical partners.			
The PNLT Central Unit has adequate staff with technical skills and experience and a sufficiently strengthened system to implement and monitor the national TB control strategy in line with international standards.	PNLT Central Unit staff adequately trained in all aspects of TB control program management.	Two PNLT staff receive intensive training in MDR-TB and TB/HIV. Ten sponsored to international conferences.	A delegation of nine senior PNLT, CAD, and PATH staff participated in the Annual Tuberculosis Conference and working visit in Durban, South Africa June 12–15, 2012. The delegation conducted a site visit to the NTRL in Johannesburg and MDR-TB hospitals in Durban and Johannesburg. Two PNLT staff received intensive training in MDR-TB in the first year. One PNLT staff received training in TB/HIV in Egypt with WHO support.
	National TB strategic plan updated to reflect new international guidance.	National TB strategic plan updated, and assessments supported.	Postponed. This activity is pending the PNLT's external review, which is planned for November 2012.
	National guidelines and protocols developed and disseminated (PATIOR, TB/HIV, MDR-TB, etc.).	Validated national guidelines (PATIOR, TB/HIV, MDR-TB, PPM, specimen transport protocol, infection prevention and control, MDR-TB plan).	PATIOR. PPM and specimen transport guidelines were validated in FY10. PATH is awaiting printing and distribution of these guidelines by the PNLT. TB/HIV guidelines and the MDR-TB plan are still to be validated. Infection prevention and control guidelines will be completed next year.
	National and CPLT-level data collection and analysis capabilities enhanced.	14 data validation meetings held to strengthen M&E at the central and provincial levels.	14 data validation meetings were held to strengthen M&E at the central and provincial levels in the seven supported CPLTs. As a result, a commission was developed at the national level to draft the annual epidemiological report. The report is scheduled to be produced following the NTP's review.
	Coordination enhanced between the PNLT and technical partners to improve program efficiency and effectiveness.	Four coordination meetings held between PNLT and different partners.	Two coordination meetings were held between the PNLT and TB partners. Discussion included introduction of new diagnostic tools such as GeneXpert® and MODS culture, planning on drug supply chain management, the PNLT work plan, DRC health reform, etc.
	Operational research informs program improvements.	One workshop to identify research protocols.	To begin operational research, a workshop was organized to develop protocols for the pediatric TB and laboratory assessments.
Objective 2: Provide technical assistance and support to CPLTs to improve TB case-finding and successful treatment, with an emphasis on the poor and on community engagement strategies.			
Case detection and treatment success reaches or exceeds 70/85 targets (or modified global targets) in all supported regions by 2015.	CPLTs, health zones, and DTCs adequately supported with equipment, supplies, training, and supervision to provide universal access to TB diagnosis and care.	Seven liaison officers to be hired to provide direct technical and material assistance to provincial authorities in planning, implementation, and monitoring.	Seven provincial liaisons have been hired and are providing technical support to CPLTs in terms of planning, M&E, training, supervision, and reporting. They also provide financial and management support as project focal points at the provincial level.
		1,173 people to be trained in TB program.	800 health care providers have been trained in the supported CPLTs, including 168 doctors, 420 nurses, and 212 laboratory technicians.
		15 supervision visits to be supported for national staff to the seven CPLTs, 180 from CPLTs to health zones and 500 from health zones to CSDTs.	Seven national supervision visits to CPLTs have been conducted, 141 from CPLTs to health zones and 420 from health zones to CSDTs.
	Pediatric TB diagnostic and treatment capacity enhanced.	Assessment of pediatric TB practices to be conducted.	The pediatric TB assessment was completed and the draft report is currently being reviewed by the PNLT and PATH. The final version is expected in late October/early November 2012.
	Private-sector engagement in infection prevention and control, case detection, and increased treatment success through project PPM initiatives.	Number of PPM memoranda signed with private facilities.	Postponed until FY12. The national program is still working to develop the national infection prevention and control guidelines.
Objective 3: Strengthen community engagement for increased case-finding and successful treatment of TB cases in regions supported by the project.			
Case detection and treatment success reaches or exceeds 70/85 targets (or modified global targets) in all supported regions by 2015.	Increased community engagement through expansion and strengthening of LNAC and CAD and other community relay volunteer groups.	Two follow-up OCAs conducted with CAD and LNAC. One full-time staff hired to provide ongoing capacity-building support to LNAC and CAD.	The follow-up OCA was delayed until January 2013, due to delays in implementing follow-up capacity-building interventions. One full-time staff and a consultant were hired to develop administrative and financial procedures and governance, and to prepare strategic plans for the two organizations.
		860 community health workers trained.	1,081 community health workers have been trained, including 566 CAD members and 515 relais communautaires. Among them, 21 are ProVIC Champion Community members.
		70 antenna to be created by CAD and 120 OAC members to receive refresher training.	60 CAD antennas have been created, and 100 OAC members have received a refresher course by LNAC.
		3,200 patients to be referred for TB diagnosis by CAD members.	2,916 persons presumed to have TB were referred by CAD members, of whom 1,039 tested sputum smear positive for TB.

		900 patients supported to complete treatment.	687 patients were supported to complete treatment through home-based DOTS and home visits.
	Private-sector engagement in infection prevention and control, case detection, and treatment increased through project PPM initiatives.	Finalization of infection prevention and control manual.	Delayed.

Objective 4: Enhance TB and HIV program coordination to improve management of TB/HIV co-infected patients in supported provinces and cities.			
All TB patients and suspects have access to HIV counseling and testing, and PLWHA have access to TB screening, diagnosis, and treatment in all supported regions by 2015.	Effective TB/HIV coordination mechanisms at national and provincial levels of the PNLT and PNLS produce policy guidance and address program integration bottlenecks.	Four coordination meetings held between PNLT and PNLS.	During the reporting period, PATH supported two TB/HIV coordination meetings at the UNC office in Kinshasa, focused on TB/HIV guidelines and checklist, improvement of collaboration, and training of health managers at the national level.
		One TB/HIV guidelines document developed.	The TB/HIV guidelines and TB checklist for PLWHA have been developed and will be validated in November 2012.
	Staff have skills and tools to provide universal HIV counseling and testing to TB patients in project sites.	93 health care providers trained in HIV counseling and testing for TB patients.	75 health providers were trained in HIV screening, testing, and counseling for TB patients in 31 project sites.
		31 sites provided with HIV test kits.	28 of 31 sites have received HIV test kits. Three new sites in Katanga are currently being supplied with test kits, including Likasi.
		1,751 TB patients tested for HIV in the 31 supported sites.	1,379 TB patients were tested for HIV in the 28 project-supported sites.
	Staff have skills and tools to provide TB screening and referral for PLWHA in project sites.	31 facilities conducting screening of PLWHA for TB.	31 facilities are conducting screening of PLWHA for TB.
		100 providers trained in TB screening in Bukavu.	80 ProVIC Champion Community members were trained in TB screening in Bukavu.
		150 PLWHA screened for TB in the 31 sites.	102 PLWHA were screened for TB within the ProVIC Champion Communities in 28 sites.
	The community has improved access to integrated TB and HIV services at the facility level.	Assessment of 31 TB/HIV collaborative sites conducted to identify gaps in integration. HIV test kits provided to sites to increase uptake of HIV testing among TB patients.	PATH, DLM, and PNLS conducted a situation analysis of 31 TB/HIV collaborative sites. PATH is using results of the analysis to inform support to the 14 existing TB/HIV sites and to expand coverage to at least 17 additional sites in the coming year of the project.
	Infection control is implemented at the facility level to prevent TB transmission.	Infection prevention and control plan developed.	This activity has been postponed pending development of the infection prevention and control guidelines in FY12.

Objective 5: Strengthen Central Unit and provincial capacity to diagnose and treat MDR-TB.			
Retreatment cases and other identified risk groups have access to rapid diagnosis for drug-resistant TB and appropriate second-line treatment by 2015.	PMDT expertise available at the national and CPLT levels.	PMDT and clinical management training conducted for 75 staff from all 23 CPLTs.	88 staff from all 23 CPLTs, PNLT, TB2015, and MSH-IHP have been trained in three pools in Kinshasa, Goma, and Lubumbashi.
	Clinical MDR-TB management expertise available at the PNLT and within regional diagnostic and treatment centers.	200 providers trained in clinical management of MDR-TB at the national and provincial levels.	112 doctors and nurses have been trained in PMDT in the health zones covered by the project.
	NRL, regional, and culture and DST laboratories supported with training, equipment, and supplies for PMDT scale-up.	The national GLC reactivated, with four quarterly meetings organized. Specimen transport guidelines validated. Assessment of TB laboratories conducted to identify gaps and propose solutions. Introduction of new tools.	Three quarterly GLC meetings were organized in which MDR-TB national programmatic challenges were discussed, including the potential one XDR-TB case. PATH has supported validation of the specimen transport guidelines and is waiting for PNLT approval for printing and distribution to be done in FY12. PATH, in collaboration with the Ministry of Health (National Directorate Laboratory Services [D8]) and other technical partners, including WHO and ASM, conducted a review of the national TB laboratory system, and results will be used to develop a national TB laboratory stregnthening plan. PATH also procured 701 specimen boxes for the NRL to facilitate the transport of more specimens to the NRL, given the introduction of GeneXpert® in Bukavu and Kinshasa. In agreement with USAID, this activity has been moved to the FY12 work plan.
	Patient-centered care provided to MDR-TB cases through treatment completion.	Four sessions of treatment adherence packages provided as an incentive to MDR-TB patients to complete treatment.	PATH provided four sessions of treatment adherence packages to all MDR-TB patients in DRC on a quarterly basis. Next year, distribution will be bimonthly. CAD members in Kinshasa and Lubumbashi assisted in the distribution of treatment adhearance packages.

Activity Monitoring

TO2015 FY11 DRC Work Plan (Year 2)
Objective 1: Support systems strengthening at the national level to improve implementation and monitoring of TB and TB/HIV activities, and enhance collaboration between the PNLT, PNLS, and technical partners. (SOW Interventions 1 & 6, TB sub-elements 3.1.2.1 and 3.1.2.8)

Activity	OUTPUT	OUTPUT TARGET	EXPECTED DATE OF COMPLETION	STATUS AS OF SEPTEMBER 30, 2012	PROGRESS TO DATE
1.1 Conduct training needs assessment and planning for PNLT.	Training needs assessment and mentoring plan completed. Number of expert trainer-mentors available.	One training needs assessment and mentoring plan completed. Six expert trainer-mentors available.	Next reporting period	Pending	The training needs of PNLT will be shared through the final results of the three training needs assessments and revision of PATI-IV in FY12.
1.2 Provide intensive training and ongoing mentoring to develop expertise in key TB control areas.	DRC national staff participate in national and international workshops and conferences.	Ten DRC staff participate in national and international workshops/conferences.	n/a	Completed	Nine DRC staff participated the Third Annual Tuberculosis Conference in Durban, South Africa June 12–15, 2012.
1.3 Develop capacity in pediatric TB diagnosis and management.	Pediatric rapid assessment and data analysis, and pediatric TB section in national guidelines updated.	Pediatric rapid assessment and data analysis completed. TB section in national guidelines revised.	Next reporting period	Ongoing	The pediatric rapid assessment has been completed, and the draft report is being reviewed by PATH and the PNLT. Revisions to the national guidelines and development of a training curriculum are planned for the next reporting period.
1.4 Support coordination meetings between PNLT, TB TO2015, and other technical partners at the national level.	Number of coordination meetings supported.	Two coordination meetings supported.	n/a	Completed	PATH supported two coordination meetings between PATH, the PNLT, and other partners. In addition, five monthly coordination meetings were held between PATH and the PNLT.
1.5 Strengthen TB data collection, analysis, and quality improvement processes and skills at the national level.	Number of data meetings held and number of epidemiological bulletins produced.	Four quarterly data meetings and epidemiological bulletins produced.	Next reporting period	Ongoing	Two semiannual meetings were held. The PNLT has requested that these meetings now be on a semiannual and annual basis. Currently, provincial data are being gathered and will be included in annual epidemiological bulletin by the end of this year.

1.6 Provide technical support to Global Fund Round 9 Principal Recipient if requested.	Number of technical meetings held with CARITAS.	Two technical meetings held with CARITAS.	n/a	Ongoing	One technical meeting was held with CARITAS and additional meetings were held together with other partners.
1.7 Provide Technical support for operational research planning and implementation.	Operational research plans and protocols developed.	Two operational research plans and protocols developed.	Next reporting period	Pending	This activity is pending the training and workshop orientation on operational research guidelines (PATIOR).

Objective 2: Provide technical assistance and support to CPLTs to improve TB case-finding and successful treatment, with an emphasis on the poor and on community engagement strategies. (SOW Interventions 1 & 2, TB sub-elements 3.1.2.1 and 3.1.2.5)

Activity	OUTPUT	OUTPUT TARGET	EXPECTED DATE OF COMPLETION	STATUS AS OF SEPTEMBER 30, 2012	PROGRESS TO DATE
2.1 Work with five CPLTs, in Equateur Est, Kasai Occidental Est and Ouest, Maniema, and Sud Kivu, to conduct performance analyses, identify gaps, and create five-year results-based strategic plans and budgets for implementation of the national strategic plan at the provincial level.	Performance analyses, results-based strategic plans, and budgets developed.	All five CPLTs have performance analyses, results-based strategic plans, and budgets.	n/a	Completed	PATH organized a three-day workshop in Bukavu to assess progress to date and support short- and medium-term planning for the provinces in line with the national TB strategy. An operational plan was developed for each province. The provincial five-year strategic plans will be produced after the revision of the national strategic plan.
2.2 In collaboration with the PNLT and partners, provide technical and financial support as needed to implement high-quality core TB control activities in each CPLT through a basic package of services.	Supported CPLTs receive adequate support package to implement TB control activities.	Number of CPLTs receiving complete package of support.	n/a	Completed	PATH has continued to provide a package of services tailored to meet the needs of each CPLT, including supervision support, training on TB elements, data quality assurance, drug and laboratory commodity supply, and community-based activities.

Objective 3: Strengthen community engagement for increased case-finding and successful treatment of TB cases in regions supported by the project. (TB sub-element 3.1.2.5)					
Activity	**OUTPUT**	**OUTPUT TARGET**	**EXPECTED DATE OF COMPLETION**	**STATUS AS OF SEPTEMBER 30, 2012**	**PROGRESS TO DATE**
3.1 Work with LNAC and CAD to continue strengthening their capacity and enhance community engagement in TB control.	Capacity of local organizations strengthened.	Second organizational capacity assessment completed showing improvement over first.	Jan-13	Delayed	The follow-up OCA was delayed until January 2013 due to delays in implementing follow-up capacity-building interventions.
3.2 Provide technical support for training community health workers.	Number of community health workers trained. CAD antennas increased.	57 community health workers trained. CAD scales up to 98 local antennas.	n/a	Completed	PATH support trained 1,081 community health workers, including 566 CAD members and 515 relais communautaires; 21 were ProVIC Champion Community members. Additionally, 60 new antennas were created.
3.3 Initiate PPM activities in selected project sites.	Number of workshops organized.	One workshop organized.	Next reporting period	Pending	This activity is pending distribution of the PPM manual in FY12.
3.4 Provide ongoing technical assistance to IHP partners to ensure the accuracy and quality of TB information and activities implemented as part of the integrated program.	Training for IHP partners on TB. Technical reviews for IHP partners. Number of health zones with TB messages integrated.	One training conducted. Two reviews conducted. TB messages integrated in 80 health zones.	Next reporting period	Ongoing	One training session was conducted in Kasai Occidental Est for 66 community health workers. One technical review with IHP partner during the planning process was conducted in Kananga. TB messages have been developed by LNAC and we are awaiting PNLT approval for printing and distribution.

Objective 4: Enhance TB and HIV program coordination to improve management of TB/HIV co-infected patients in supported provinces and cities. (SOW Intervention 3, TB sub-element 3.1.2.3)					
Activity	**OUTPUT**	**OUTPUT TARGET**	**EXPECTED DATE OF COMPLETION**	**STATUS AS OF SEPTEMBER 30, 2012**	**PROGRESS TO DATE**
4.1 Support coordination of TB/HIV activities at the national and provincial levels.	Number of coordination meetings held.	Four coordination meetings held.	Ongoing	Ongoing	Two TB/HIV coordination meetings were held this quarter.
4.2 Strengthen national capacity to plan, manage, and evaluate TB/HIV activities.	Number of supervisory visits conducted. Number of MOST for TB/HIV trainings conducted.	All seven CPLTs receive supervision visits. Two MOST for TB/HIV trainings conducted.	Next reporting period	Ongoing	Five of the seven CPLTs received supervision visits. The MOST for TB/HIV workshop is still waiting for agreement between the PNLT and PNLS.
4.3 Strengthen and scale up integration of TB and HIV services at the health facility level.	Number of staff trained.	Number of staff trained in TB/HIV service integration at the facility level.	n/a	Completed	75 staff in 17 TB/HIV sites have been trained.
	Supervision visits conducted.	19 supervision visits conducted.	Sep-13	Ongoing	Seven supervision visits were conducted at the provincial level. Additional supervision visits are planned for the next reporting period.
	TB/HIV sites receive test kits for HIV testing.	Number of sites provided with HIV test kits/commodities.	n/a	Completed	28 sites were provided with HIV test kits/commodities.
4.4 Ensure adequate commodities and commodity management to supported sites.	Number of stockouts of commodities.	Zero stockouts.	n/a	Completed	No stockouts have been reported in any of the 28 project sites since test kits were procured. Four sites reported stockouts before test kits were supplied.
4.5 Introduce infection prevention and control at the facility level in high-risk settings.	Number of high-priority facilities supported in developing infection control plans.	Five high-priority facility infection control plans developed.	Next reporting period	Pending	PATH is awaiting the adoption of the infection prevention and control manual in FY12.

4.6 Increase case-finding and provide support to HIV-positive individuals through community-based outreach services.	Coordination meetings between ProVIC and TB TO2015 held.	Quarterly coordination meeting between ProVIC and TB TO2015 held.	n/a	Completed	PATH's TB project and ProVIC conducted quarterly coordination meetings and discussed opportunities to scale up collaborative activities, especially trainings of Champion Community members, relais communautaires, and CAD members.
4.7 Plan for introduction of new diagnostic technologies that can increase TB case-finding among HIV-positive individuals.	One GeneXpert® machine installed. Number of laboratory staff trained on use of GeneXpert®. Basic data generated (for scale-up).	One GeneXpert® machine installed. Eight laboratory staff trained on use of GeneXpert®. Basic data generated (for scale-up).	Next reporting period	Pending	PATH is awaiting results of the assessment of GeneXpert® introduction in DRC.

Objective 5: Strengthen Central Unit and provincial capacity to diagnose and treat MDR-TB. (TB sub-element 3.1.2.4)

Activity	OUTPUT	OUTPUT TARGET	EXPECTED DATE OF COMPLETION	STATUS AS OF SEPTEMBER 30, 2012	PROGRESS TO DATE
5.1 Support Central Unit capacity to implement and scale up PMDT with improved results.	MDR-TB training and mentorship plan developed.	One MDR-TB training and mentorship plan developed.	Next reporting period	Delayed	The MDR-TB training and mentorship plan will be developed following finalization of the MDR-TB plan. This activity is planned for FY12.
5.2 Develop and implement support systems for treatment success for all MDR-TB patients in Kinshasa and at peripheral locations.	Percentage of MDR-TB patients supported.	100% of MDR-TB patients supported in all 23 CPLTs.	n/a	Completed	PATH supported all known MDR-TB patients in the 23 CPLTs through the distribution of treatment adherence packages.
5.3 Work with the PNLT and WHO to support transportation for specimens from the peripheral to the central level and delivery of results to the CPLT.	Percentage of specimens transported to the NRL.	100% of expected specimens transported.	n/a	Completed	The process of specimen transport is determined by the PNLT. WHO, PATH, and MSH followed national transport protocols and pending specimens were transported to the CPLT in Kinshasa.
5.4 Ensure adequate laboratory supplies and drugs to maintain and expand PMDT.	Percentage of centers with no stockout of specimen containers.	100% of targeted centers.	n/a	Completed	The NRL has been supplied and no stockouts were reported.

Deliverables for Year 2

For pending deliverables, please see the Activity Monitoring tab for updates on activity status and further details.

TO2015 FY11 DRC Work Plan (Year 2)

Activty in Work Plan in FY11 Work Plan	Deliverable	Target Date of Completion	Status as of September 30, 2012	Name of file	Dissemination
Objective 1: Support systems strengthening at national level to improve implementation and monitoring of TB and TB/HIV activities, and enhance collaboration between the PNLT, PNLS, and technical partners. (SOW Interventions 1 & 6, TB sub-elements 3.1.2.1 and 3.1.2.8).					
1.1 Training needs assessment and planning for PNLT.	PNLT training plan.	Sep-12	Pending		
	Trip reports from international trainings and workshops attended by PNLT and CPLT staff.	n/a	Completed	Trip report - Durban, June 2012.	USAID
1.3 Develop capacity in pediatric TB diagnosis and management.	Pediatric rapid assessment and data analysis completed, and revised pediatric TB section in national guidelines.	Apr-13	Ongoing	Report - pediatric TB assessment (FR, draft).	USAID
1.4 Support coordination meetings between PNLT, TB TO2015, and other technical partners at the national level.	Quarterly agendas and meeting minutes from TB Task Force meetings.	Sep-12	Completed	Meeting minutes - TB coordination, Jan 2012.	USAID, PNLT
1.5 Strengthen TB data collection, analysis, and quality improvement processes and skills at national level.	Supervision reports.	n/a	Completed	Supervision report, Sud Kivu, December 2011 (French, 1).	USAID
				Supervision report, Sud Kivu, December 2011 (French, 2).	USAID
				Supervision report, Kalonda, KOO (French).	USAID
				Supervision report, Kasai Oriental Sud	USAID
				Supervision report, Maniema.	USAID

				Supervision report, Kasai Oriental Sud, July 2012.	USAID
				Supervision report, Lubumbashi.	USAID
				Supervision report, Sankuru.	USAID
				Supervision report, Kamonia, KOO (French).	USAID
	Semi-annual epidemiologic bulletin. PNLT annual data report.	Completed	Completed	Epidemiological bulletin, annual.	USAID, PNLT
1.7 Technical support for operational research planning and implementation.	2 operational research plans and protocols developed.	Sep-13	Delayed		USAID
Objective 2. Provide technical assistance and support to CPLTs to improve TB case-finding and successful treatment, with an emphasis on the poor and on community engagement strategies. (SOW Interventions 1 & 2, TB sub-elements 3.1.2.1 and 3.1.2.5).					
2.2 In collaboration with the PNLT and partners, provide technical and financial support as needed to implement high-quality core TB control activities in each CPLT through a basic package of services.	Specific deliverables per coordination as defined in CPLT annual plans.	Sep-12	Completed	Please see tab 3.e for reports.	USAID, CPLTs
Objective 3: Strengthen community engagement for increased case finding and successful treatment of TB cases in regions supported by the project (TB sub element 3.1.2.5).					
3.1 Work with LNAC and CAD to continue strengthening their capacity and enhance	Second organizational capacity assessment for LNAC and CAD.	Sep-13	Ongoing	Initiatives trip report.	USAID
3.2 Provide technical support for training community health workers.	Workshop report for RCs.	Sep-12	Completed	*See tab 3.e for workshop reports.*	USAID
3.3 Initiate public-private mix activities in selected project sites.	Workshop report for PPM work.	Apr-13	Delayed		

3.4 Provide ongoing technical assistance to IHP partners to ensure the accuracy and quality of TB information and activities implemented as part of the integrated program.	Reports on meetings with PHC partners.	Apr-13	Ongoing		
Objective 4: Enhance TB and HIV program coordination to improve management of TB/HIV co-infected patients in supported provinces and cities. (SOW Intervention 3, TB sub-element 3.1.2.3).					
4.3. Strengthen and scale up integration of TB and HIV services at health facility level.	Training materials and reports on national and provincial TB/HIV trainings.	Sep-12	Ongoing	Coordination meeting report - South Kivu, April 2012	USAID
4.5. Introduce infection prevention and control at facility level in high-risk settings.	National master facility IPC template.	Sep-13	Delayed		
	Facility-level IPC plans for five high-priority sites.	Sep-13	Delayed		
4.7. Plan for introduction of new diagnostic technologies that can increase TB case-finding in HIV-positive individuals.	DRC National Laboratory Policy recommendations.	Completed	Completed	DRC National Laboratory Policy recommendations.	USAID
	Laboratory assessment report.	Completed	Completed	Laboratory assessment report, Lubumbashi (French).	USAID
	National TB Laboratory network evaluation.	Apr-13	Ongoing	Draft - National TB Laboratory network evaluation (FR).	USAID, PNLT
	Trip reports	Completed	Completed	Trip report, Tope/Fozo/Kate, Seattle Feb 2012.	USAID
				Trip reports, Koumaré, DRC Feb 2012 (FR).	USAID

Objective 5: Strengthen Central Unit and Provincial capacity to diagnose and treat multidrug-resistant TB (MDR TB) (TB sub-element 3.1.2.4).					
5.1 Support Central Unit capacity to implement and scale up PMDT with improved results.	Summary report.	Completed	Completed	Report, MDR-TB in DRC (FR).	USIAD, PNLT
	Meeting reports.	Completed	Completed	Meeting report, Scientific Committee, Feb 2012 (FR)	USAID, Scientific Committee
		Completed	Completed	Meeting report, GLC, March 2012 (FR).	USAID, GLC
	Data report on MDR-TB patient notification and treatment outcomes.	Completed	Completed	Draft - Data report, MDR patient notifications.	USAID, PNLT
	Supervision trip reports	Completed	Completed	Trip report - DRC, Nuccia Saleri.	USAID
5.3 Work with PNLT and WHO to support transportation for specimens from peripheral to central levels and delivery of results to the CPLT.	Data report on MDR-TB specimens received, examined, and results delivered.	Completed	Completed	Draft - Data report on MDR-TB specimens (FR).	USAID, PNLT

Activity Monitoring

TO 2015 FY10 Carryover DRC Work Plan (Year 1)
Note: Activities that were completed in FY10 and were not carried over have been removed.
Objective 3: Strengthen NTP Central Unit capacity for Stop TB Strategy implementation, and improve coordination between the PNLT and partners. (TB sub-element 3.1.2.1.)

Activity	OUTPUT	OUTPUT TARGET	EXPECTED DATE OF COMPLETION	STATUS AS OF SEPTEMBER 30, 2012	PROGRESS TO DATE
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 the PNLT, LNAC, and other stakeholders trained.	Next reporting period	Pending	Terms of reference have been developed, and PATH is now awaiting PNLT approval to launch the advocacy training. In agreement with USAID, this activity has been moved to the FY12 work plan.
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.	n/a	Completed	The advocacy guidelines and ACSM strategy have been developed to be used next year for advocacy at the national and provincial levels.
3.2 Provide technical assistance to the PNLT in the following areas: - Data quality assurance. - Data analysis. - Defining operational research questions.	Number of quarterly data analysis meetings.	Three data analysis meetings.	n/a	Completed	Data analysis was completed during PNLT's annual review, and quarterly data analysis meetings were not required.
	Number of quarterly epidemiological newsletters produced.	Three newsletters produced and disseminated to the CPLT.	n/a	Cancelled	This activity was cancelled by the PNLT manager, who suggested semiannual and annual epidemiological reports. PATH is working to ensure that the first epidemiological newsletter produced in December 2011 is published as soon as possible.
	Annual report available.	Annual report produced and disseminated.	First quarter of FY12	Delayed	The annual report will be produced during the first quarter of FY12 following analysis of the data by the PNLT.

3.3.a Validate and adopt PNLT operational research manual (workshop).	PATIOR manual.	PATIOR manual adopted.	n/a	Completed	The PATIOR manual has been validated and adopted.
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.	To be determined	Delayed	PATH is awaiting printing and distribution of the PATIOR manual.
3.3.c Print and distribute the PATIOR manual.	PATIOR manual.	250 manuals printed and distributed.	To be determined	Delayed	PATH and the PNLT will support printing and dissemination of the PATIOR manual following PNLT's approval.
3.3.d Provide technical support for the implementation of the plan and research protocols.	Operational research plan.	Annual operational research plan developed.	To be determined	Delayed	This activity will be implemented following the PATIOR training.
	Number of protocols completed.	Three operational research protocols developed.	Next reporting period	Delayed	This activity will be implemented following the PATIOR training.
	Number of research manuscripts completed.	One research manuscript completed.	Next reporting period	Delayed	This activity will be implemented following the PATIOR training.
3.4.a Support the organization of an all-sector sensitization workshop on infection control (including hospital management, etc.).	Workshop report.	Workshop report available.	Next reporting period	Pending	This activity is pending national adoption of the IPC manual.
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.	To be determined	Delayed	This activity is pending national adoption of the IPC manual.
3.4.c Support publication of the manual and of posters/leaflets/notices.	Number of manuals and posters/leaflets/notices published.	2,000 posters/leaflets/ notices published.	Next reporting period	Delayed	This activity is pending national adoption of the infection prevention and control manual.
3.5 Support 15 quarterly supervision visits to the provincial coordinators covered by the project.	Number of visits carried out.	15 visits to the five CPLTs: three each, Sud Kivu, Kasai Occidental Est and Ouest, Equateur Est, and Maniema.	To be determined	Ongoing	Eight of the 15 supervision visits were carried out. Additional visits are planned for the next reporting period.
	Trip reports with specific weaknesses identified and recommendations for correction.	Visit reports used by TB IQC Task Order 1 to support CPLT response to weaknesses, with improved performance the following quarter.	n/a	Completed	Trip reports have been developed and several recommendations have been implemented to ensure quality assurance and address urgent programmatic needs.

3.6 Facilitate and support quarterly working group meetings with the PNLT and partners (interagency and partner meetings).	Number of meetings held.	Three meetings.	n/a	Completed	Eight coordinating meetings were held to discuss project progress, challenges, and recommendations.
	Percentage of action points from meeting minutes dealt with.	>80% of identified action points dealt with.	n/a	Completed	At least >80% of identified action points from coordination meetings have been completed.
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.	n/a	Completed	Nine staff participated in the following conferences: ACSM intensive training (Sondalo, June 2011), MDR-TB (Lesotho, January 2012), MDR-TB drug management (Johannesburg, July 2011), M&E (The Hague, September 2011).
3.8 Support NTP Central Unit operations.	Number of wheeled vehicles regularly supplied with fuel.	Basic functionality of the PNLT Central Unit to continue; stewardship role ensured.	Ongoing	Ongoing	PATH is supporting implementation costs at the central and provincial levels, as needed. Support has been provided for insurance and regular maintenance of vehicles.
	Number of pieces of equipment maintained and kept operational.		Ongoing	Ongoing	PATH is supporting implementation costs for maintenance at the central and provincial levels, as needed.
	Number of wheeled vehicles insured.		Ongoing	Ongoing	
	Number of Internet connection days (uptime) maintained through the year.		Ongoing	Ongoing	
	Number of out-of-stock days for office supplies (paper, ink, toner, etc.).		Ongoing	Ongoing	
	Number of phone cards supplied to NTP Central Unit during the year.		Ongoing	Ongoing	

Objective 4: Strengthen provincial capacity for national TB strategic plan implementation, and improve communication with the PNLT and partners. (TB sub-element 3.1.2.1)					
Activity	**OUTPUT**	**OUTPUT TARGET**	**EXPECTED DATE OF COMPLETION**	**STATUS AS OF SEPTEMBER 30, 2012**	**PROGRESS TO DATE**
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 and specific CAD and LNAC work plans.	Increasing trend in case notification rates from baseline values.	n/a	Completed	The annual 2011 data from the five supported CPLTs show an increase in the case notification rate (see chart 1 in DRC progress report).
		Treatment success rate at or approaching 85%.	n/a	Completed	The treatment success rate is 91% (see chart 3 in DRC progress report).
4.3 Begin support to the CPLTs in Sankuru and Kasai Oriental Sud.	Work plan.	Work plan developed for CPLTs defining TB IQC Task Order 1 support to each.	n/a	Completed	Sankuru and Kasai Oriental Sud developed their work plans and implementation is underway.

Objective 5: Provide technical assistance and support to the 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	**OUTPUT**	**OUTPUT TARGET**	**EXPECTED DATE OF COMPLETION**	**STATUS AS OF SEPTEMBER 30, 2012**	**PROGRESS TO DATE**
5.1.a Support the PNLT, LNAC, and CAD for ACSM (see specific LNAC and CAD action plans).	Following these ACSM and PPM activities, case notification and treatment success rates increase. See action plans.	Increase in notification rates with respect to reference values in each supported CPLT.	n/a	Completed	The annual 2011 data from the five supported CPLTs show an increase in the case notification rate (see chart 1 in DRC progress report).
		Success rate nears or is at 85%.	n/a	Completed	See chart 3 in the DRC progress report.
5.1.b Conduct ACSM training workshop to develop national ACSM action plans.	Number of people trained.	One workshop held, 20 people trained (PNLT, CPLT).	To be determined	Delayed	This activity was delayed due to scheduling conflicts of the PNLT.
	Number of ACSM action plans developed.	One ACSM action plan developed and adopted.	To be determined	Delayed	This activity was delayed due to scheduling conflicts of the PNLT.
5.1.c Support the PNLT and partners to develop clear terms of reference for CAD and LNAC.	Number of terms of reference developed.	One set each of terms of reference developed for LNAC and CAD.	n/a	Completed	Terms of reference have been developed for both CAD and LNAC.
	Number of consultative meetings held.	Two meetings (one for each organization).	n/a	Completed	Two consultative meetings have been held with CAD and LNAC.

5.1.d Support the PNLT for PPM implementation.	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).	To be determined	Delayed	Awaiting printing and distribution of the PPM manual.
5.1.e Support quarterly consultation meetings with private-sector representatives.		Three consultative meetings held.	To be determined	Delayed	Awaiting printing and distribution of the PPM manual.
5.1.f Support PPM manual printing and distribution.	Number of PPM manuals printed.	1,000 manuals printed and distributed.	To be determined	Ongoing	The process has been launched by the PNLT.
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.	12 new operational field units compared to the reference value.	n/a	Completed	CAD has set up 25 new antennas in project-supported sites: five each in Equateur Est, Kasai Occidental Est and Ouest, Maniema, and Sud Kivu.
	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.	Increase in case notifications following partner-implemented interventions.	Ongoing	Ongoing	See DRC progress report for detailed updates.
5.3.a Support the creation of relais communautaires to provide technical assistance to primary health care partners to help them ensure the quality and accuracy of TB information and activities implemented within the framework of an integrated program.	Number of relais communautaires trained and received training materials on TB.	250 relais communautaires have received training and training materials on TB.	Ongoing	Ongoing	155 relais communautaires have been trained in Kasai Occidental Est and Sud Kivu. Another group of 96 is being trained in a three-part training in Kasai Occidental Est in the next reporting period.
	Number of health zones supported with primary health care that integrate TB messages into their activities.	80 health zones supported.	Ongoing	Ongoing	This activity is ongoing dependent upon training of relais communautaires and distribution of TB training materials.
5.3.b Print and distribute sensitization tools (image boxes).	Number of sensitization tools (image boxes) printed and distributed.	2,000 sensitization tools (image boxes) printed and distributed.	To be determined	Delayed	Awaiting the validation of LNAC sensitization tools by the PNLT
	Number of TB training content documents developed for relais communautaires.	One training document for relais communautaires with TB content inserted.	n/a	Completed	TB training materials have been developed by LNAC and its partners for relais communautaires.

Objective 6: Improve management of TB/HIV. (TB sub-element 3.1.2.3)					
Activity	**OUTPUT**	**OUTPUT TARGET**	**EXPECTED DATE OF COMPLETION**	**STATUS AS OF SEPTEMBER 30, 2012**	**PROGRESS TO DATE**
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 the PNLT, PNLS, and partners and 20 meetings held at the CPLT level in all seven CPLTs.	n/a	Completed	Three joint meetings have taken place. In addition, a joint meeting was held in February to plan for the upcoming trainings, including the TB/HIV training of trainers and MOST for TB/HIV workshops. Eight meetings were held at the CPLT level.
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.	n/a	Ongoing	The TB-HIV manual and checklist have been developed and await adoption in October 2012.
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.	n/a	Completed	The TB/HIV manual and checklist have been adopted.
6.2.d Print and distribute the systematic TB search checklist for PLWHA.	Number of copies of the systematic TB checklist for PLWHA printed and distributed.	1,000 copies of the systematic TB search checklist for PLWHA printed and distributed.	Next reporting period	Ongoing	All adopted materials are in the process of being printed.
6.2.e Print and distribute the TB/HIV co-infection manual.	Number of copies of the TB/HIV co-infection manual.	1,000 copies of the manual printed and distributed in the 24 CPLTs.	Next reporting period	Ongoing	All adopted materials are in the process of being printed.
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	n/a	Completed	11,000 rapid tests have been distributed in the seven CPLTs.
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.	One assessment tool developed.	n/a	Completed	The tool was developed in collaboration with the PNLT, PNLS, and DLM.
	Report on TB/HIV collaborative activities among the 14 TB CAP pilot sites and seven supplementary sites in Bukavu.	Report produced, presented to the national meeting, and used to develop the action plan.	Next reporting period	Ongoing	The report has been drafted and is being reviewed by PATH and Ministry of Health advisors.
	Number of workshops to present results.	One national workshop to present results.	Next quarter	Ongoing	The national workshop is planned for next quarter.

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.	n/a	Completed	One strengthening and expansion plan has been developed for each TB/HIV pilot site.
6.5.a Work with ProVIC to pilot linking of TB activities with ProVIC activities in Kinshasa, Bukavu, and Lubumbashi.	Number of collaboration plans for integration of TB/HIV activities developed.	One collaboration plan developed for integration of TB/HIV activities.	n/a	Completed	One collaboration plan has been developed for integration of TB/HIV activities.
6.5.b Support two MOST for TB/HIV trainings in Kasai Occidental and Sud Kivu.	Number of MOST for TB/HIV action plans developed.	One MOST for TB/HIV action plan developed for each of three CPLTs.	To be determined	Pending	This activity is pending PNLT approval.
	Number of MOST for TB/HIV trainings supported.	Two MOST for TB/HIV trainings supported.	To be determined	Pending	This activity is pending PNLT approval of the MOST for TB/HIV action plan.

Objective 7: Strengthen NTP Central Unit and provincial capacity to diagnose and treat MDR-TB. (TB sub-element 3.1.2.4)

Activity	OUTPUT	OUTPUT TARGET	EXPECTED DATE OF COMPLETION	STATUS AS OF SEPTEMBER 30, 2012	PROGRESS TO DATE
7.1.a Support MDR-TB Task Force quarterly coordination meetings.	Number of coordination meetings held.	Three central-level coordination meetings supported.	n/a	Ongoing	One central-level coordination meeting was held. The dates for the next meeting will be set during the October 2012 partners meeting.
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 intensively trained in MDR-TB care.	n/a	Completed	Two NTP Central Unit staff received intensive MDR-TB care training.

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: provincial coordinating doctors, provincial supervisory nurses, and provincial laboratory technicians trained in clinical and programmatic care for MDR-TB patients.	n/a	Completed	This activity was initially planned for only 15 provincial staff from the five supported CPLTs; however, the training included staff from 24 CPLTs. Three pooled training sessions were organized, in Kinshasa, Goma, and Lubumbashi, involving 84 participants (one provincial coordinating doctor, one supervisor, and one laboratory technician) from each provincial office, and also included all seven PATH provincial liaisons and MSH national and provincial technical officers.
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	Ongoing	115 MDR-TB patients completed their treatment (2008 cohort). This number represents 92% of 124 patients detected in 2008 but only 57% of all patients under treatment, according to the PNLT annual report.
7.3.a Provide a treatment adherence package for MDR-TB patients.	Percentage of supported MDR-TB patients who receive treatment adherence package.	80% of MDR-TB patients receive a treatment adherence package.	Ongoing	Ongoing	All 157 MDR-TB patients received a treatment adherence package on a quarterly basis.
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	Ongoing	The process is ongoing in Kinshasa and will be expanded to all CPLTs in the next quarter.
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.	n/a	Completed	PATH facilitated a protocol validation/adoption meeting for guidelines on transport of MDR-TB samples. These guidelines are being reproduced for dissemination and further training.

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.	Ongoing	Ongoing	Printing process is still ongoing; the PNLT is identifying printing firms.
7.5.a Supply transport materials for MDR-TB samples if needed. 7.5.b Ensure payment of transport costs from 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	Ongoing	More than 95% of samples received were viable, and PATH supplied 701 cooler boxes. PATH will continue to monitor the availability of viable samples and report to USAID.
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.	n/a	Ongoing	All results (100%) have been passed from the NRL to the CPLTs. PATH will continue to monitor the transfer of results and report to USAID.
7.5.d Ensure quarterly supply to the NRL for culture and DST.	Number of stockouts at the NRL and culture and DST supplies.	No stockouts at the NRL of culture and DST supplies.	n/a	Ongoing	No culture or DST stockouts were reported by the NRL. PATH will continue to monitor the stockout situation and report to USAID.

Deliverables for Year 1

For pending deliverables, please see the Activity Monitoring tab for updates on activity status and further details.

TO2015 FY10 Carryover DRC Work Plan (Year 1)

Activty in FY10 Carryover Work Plan	Deliverable	Target Date of Completion	Status as of September 30, 2012	Name of file	Dissemination
Objective 3: Strengthen NTP Central Unit capacity for Stop TB Strategy implementation, and improve coordination between the 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)	Advocacy training	Sep-13	Pending		
	Validation report.	Completed	Completed	Meeting report - advocacy tools validation (French).	USAID
	Workshop report.	Completed	Completed	Workshop report - ACSM, Février 2012 (French).	USAID
3.1.b Develop an advocacy strategy for the inclusion of a TB budget line in DRC (workshop).	Advocacy strategy workshop report	Apr-13	Pending		
	Advocacy strategy/tools	Apr-13	Pending		
3.2 Provide technical assistance to the PNLT in the following areas: • Data quality assurance. • Data analysis. • Defining operational research questions	Workshop report.	Completed	Completed	Workshop report – PNLT data analysis, Jan 2012 (French).	USAID, PNLT
3.3.a Validate and adopt PNLT operational research manual (workshop).	Copy of PATIOR manual.	Apr-13	Pending		
3.3.b Ensure manager training on operational research at the central and provincial levels.	Training reports for OR managers.	Sep-13	Delayed		
	Operational research plan and protocols for 3-4 studies.	Sep-13	Delayed		
3.3.c Print and distribute the PATIOR manual.	Dissemmination plan for PATIOR manual	Sep-13	Delayed		
3.4.a Support the organization of an all-sector sensitization workshop on infection control (including hospital management, etc.).	Workshop reports.	Sep-13	Delayed		
3.4.b Support the organization of a workshop to validate and adopt the infection control manual among the country's health structures.	Validated infection control manual	Sep-13	Delayed		

	Meeting reports of validation of IC manual.	Sep-13	Delayed		
3.4.c Support publication of the manual and of posters/leaflets/notices.	Posters/leaflets/notices.	Sep-13	Delayed		
3.7 Provide support to ten PNLT managers (central and provincial levels) to take part in international conferences or seminars/workshops.	Trip Report, Union Conference (filed under Core).	Completed	Completed		USAID
Objective 4: Strengthen provincial capacity for National TB Strategic Plan implementation, and improve communication with the PNLT and partners. (TB sub-element 3.1.2.1)					
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.	Work plans and specific deliverables per coordination.	Completed	Completed	Training report, PATI4: KOE, KORS, Sud Kivu, Maniema, Sankuru, EQE (French).	USAID
				Supervision report, EQE (French).	USAID
				Data validation report, Q3/4, EQE (French).	USAID
				Report on celebration of World TB Day in EQE (French).	USAID
				Report, bikes in Lisala, EQE (French).	USAID
				Report, briefing of religious leaders and traditional practitioners in EQE (French).	USAID
				Data validation meeting, Kananga Q3 (French).	USAID
				Training report, Kananga, KOE (French).	USAID
				Meeting report, data analysis in KOE, Jan 2012 (French).	USAID
				Workshop report, development plans for KOO (French).	USAID
				Annual data validation meeting, Maniema (French).	USAID
				Training report - Lab techs, Maniema (French).	USAID
				Training report - MDR, Sankuru, Sud Kivu.	USAID
				Training report, TB/HIV, Sankuru.	USAID
Objective 5: Provide technical assistance and support to the 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 the PNLT, LNAC, and CAD for ACSM (see specific LNAC and CAD action plans).	Mission reports.	Completed	Completed	CAD mission report, Maniema (French).	USAID, CAD
		Completed	Completed	CAD mission report, Kasai Occidental Ouest (French).	USAID, CAD
		Completed	Completed	CAD mission report, Kasai Occidental Est (French).	USAID, CAD
		Completed	Completed	CAD mission report, EQE (French).	USAID, CAD
		Completed	Completed	CAD mission report, Sud Kivu (French).	USAID, CAD
5.1.d Support the PNLT for PPM implementation.	PPM implementation plan.	Sep-13	Delayed		
	PPM training materials.	Sep-13	Delayed		
	PPM workshop report(s).	Sep-13	Delayed		
5.1.e Support quarterly consultation meetings with private-sector representatives.	Copies of PPM MOU signed	Sep-13	Delayed		
5.2. Provide capacity-building support to LNAC and CAD to enhance community engagement in	Reports on CAD, LNAC activities.	Sep-13	Ongoing	Workshop report, ACSM, LNAC.	USAID, LNAC

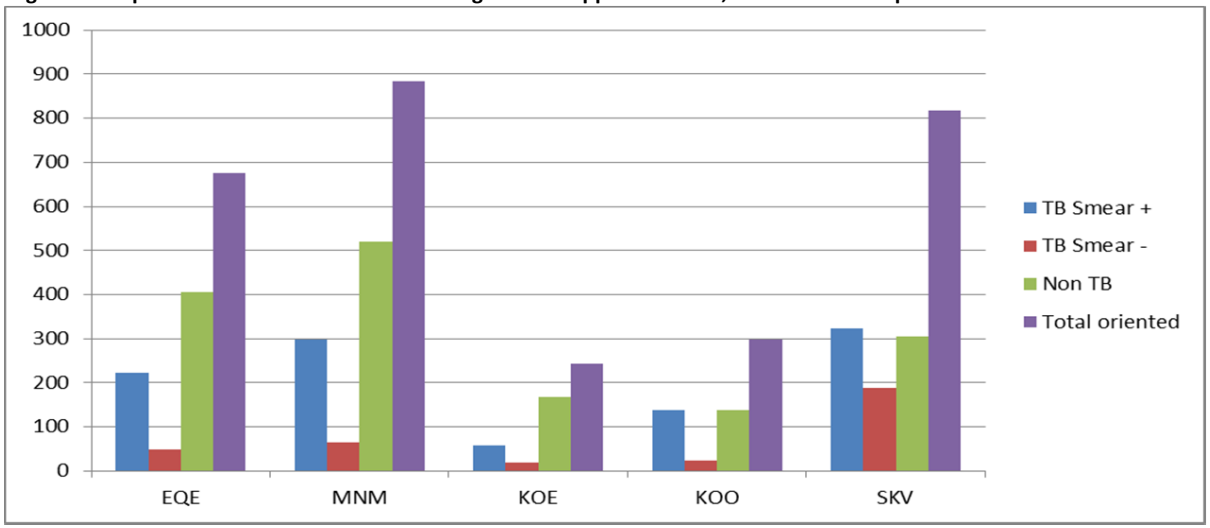
the fight against TB in DRC (see CAD and LNAC operational plans).	Reports from quarterly national meetings.	Sep-13	Ongoing		
5.3.a Support the creation of relaies communuataires (community health workers) to provide technical assistance to primary health care partners to help them ensure the quality and accuracy of TB information and activities implemented in the framework of an integrated program.	Training reports.	Apr-13	Ongoing	RECO training - Ibanda. RECO training - Uvira. RECO training - Bunkuru. RECO training - Mikalayi.	USAID
5.3.b Print and distribute sensitization tools (image boxes).	Sensitization tools.	Apr-13	Delayed		
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.	Reports from quarterly TB/HIV meetings.	Completed	Completed	Coordination meeting report - South Kivu, April 2012.	USAID
6.2.a Support the validation and adoption of the TB/HIV co-infection manual and referral guide.	Validated TB/HIV co-infection manual and referral guide.	Apr-13	Delayed		
6.2.b Develop a training plan for rollout of TB/HIV tools.	Training report.	Apr-13	Completed	Training report, TB/HIV co-infection (French).	USAID
6.2.c Support the validation and adoption of the systematic TB search checklist for people living with HIV/AIDS (PLWHA).	Workshop report.	Completed	Completed	Workshop report - TB/HIV site evaluation.	USAID
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.	Assessment tool.	Completed	Completed	Assessment tool, TB/HIV sites.	USAID
6.4 Support the development of a plan to strengthen and expand the TB/HIV pilot sites, including training, supplies, equipment needs, etc.	Pilot site strengthening and expansion plan.	Completed	Completed	Draft - Report, evaluation of TB/HIV sites (French).	USAID, PNLT
6.5.a Work with ProVIC to pilot linking of TB activities with ProVIC activities in Kinshasa, Bukavu, and Lubumbashi.	Collaboration plan for joint activities with ProVIC.	Apr-13	Pending		
6.5.b Support two “MOST for TB/HIV” trainings in Kasai Occidental and Sud Kivu.	MOST for TB/HIV action plan.	Sep-13	Delayed		
	MOST for TB/HIV training materials.	Sep-13	Delayed		
	MOST for TB/HIV workshop reports.	Sep-13	Delayed		
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.	Reports from quarterly MDR-TB Task Force meetings.	Apr-13	Pending		

7.1.b Support the NTP Central Unit to implement scale-up of PMDT in MDR-TB care activities.	Trip reports.	Completed	Completed	Trip report, Nuccia Saleri, DRC. Trip report, Keith Joseph, DRC Oct 2011. Trip report, Norbert Ndieka, DRC	USAID, PNLT
7.1.c Support training of management teams of the five CPLTs supported by PATH on programmatic care for MDR-TB.	Monitoring and trianing reports.	Completed	Completed	Monitoring report, Mbuji-Mayi, Jean Pierre Malemba.	USAID
		Completed	Completed	Training report, TB MR Kinshasa (French).	USAID
		Completed	Completed	Training report, TB MR Goma (French).	USAID
7.4.a Support the validation and adoption of transport protocols for MDR-TB samples.	Procedural manual for transport of MDR-TB specimens and return of result.	Apr-13	Pending	Draft - Data report on MDR-TB specimens (FR).	USAID
Trip reports.	Trip reports.			Trip reports: Abena, Alombah/Wandwalo, Makanka, Fozo/D'Arcy/Stefania, Makanka.	USAID

Photos, Graphs, Tables

The community support provided through CAD members and OAC contributed to an increase in TB case-finding among hard-to-reach populations living in project-supported CPLTs. These populations also contributed to the creation of CAD antennas and the training of new relais communautaires, including indigenous peoples like pygmies, those living along rivers, main roads, and frontiers, and those in outlying villages. During the reporting period, 2,916 suspected people were oriented to TB services and 1,381 (47%) where diagnosed with TB (including 1,039 smear-positives and 342 smear-negatives).

Figure 1. Suspect orientation and TB case-finding in CAD-supported CPLTs, October 2011-September 2012.



EQE: Equateur Est; **MNM:** Maniema; **KOE:** Kasai Occidental Est; **KOO:** Kasai Occidental Ouest; **SKV:** Sud Kivu.

Two pygmy leaders sensitized and involved in TB detection in the Zones de Santé of TUNDA (Maniema). Photo credit: PATH.

Evaluation and Operations Research Activities

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

GeneXpert® Procurement

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

No GeneXpert® machines were procured during the reporting period.

Inventory

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

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

Success Story

Supporting local organizations to improve TB outcomes

The DRC has the third highest TB burden in Africa. With funding from USAID, PATH supports the PNLT and other key TB partners to implement and scale up activities according to the components of the Stop TB Strategy. In areas where health care systems are stretched beyond capacity, engaging the support and talent of communities, including the empowerment of people with TB and communities through partnership, is a key strategic intervention used to increase TB case detection and support patients to complete treatment.

Local organizations make a difference in the lives of TB patients Between 2011 and 2012, PATH provided financial support, training, and equipment to support the work of two local NGOs: LNAC and CAD, a group of former and current TB patients. With increased capacity this reporting period, the impact of these community actions is being felt by TB and MDR-TB patients who have received more support and information regarding symptoms, disease and treatment courses. One former patient shared his story of how the project improved helped him overcome stigma and to start supporting others undergoing TB treatment: *"After receiving support from CAD members, I joined the association, which enabled me to overcome the loneliness from which I had been suffering for so long. Today I am cured and I continue to support and advise other MDR-TB patients through the Club (CAD). This is my contribution to the fight against tuberculosis in all its forms."* .The two organizations provide critical support services to their communities, including sensitizing around TB, monitoring treatment through home visits, follow-up of patients who have defaulted from treatment, providing one-on-one support to MDR-TB patients undergoing difficult treatment regimens, including the distribution of treatment adherence packages to MDR-TB patients, and ensuring effective referrals to the nearest health facility, leading to increased case detection.

Another patient relied on CAD members for psychosocial support in order to continue on with her difficult MDR-TB treatment regimen, *"I was screened and found positive for tuberculosis at the health center in Kinshasa where I was receiving care. I was scared, because I had already lost one of my sisters to tuberculosis."* She was then diagnosed with MDR-TB at a university clinic in Kinshasa and sent to Bondeko Health Center for treatment. Going through continued side effects including body aches, vertigo and trouble walking, she worried about being able to complete her treatment. After being connected with CAD, a CAD member was able to accompany her during treatment sessions, bring medications and check in on a daily basis. *"I met with CAD members in Bondeko, where I had begun treatment...I began to feel better and better, and today I'm carrying on with my treatment."* To help people who live far from diagnostic centers, CAD and LNAC also trained 428 community volunteers to collect and transport samples of sputum to test for TB and 87 volunteers to educate people about TB and TB/HIV co-infection.

Sustainining and expanding impact

Building on the successes so far in areas of intervention supporting TB patients and communities, PATH has helped support CAD and LNAC to scale up interventions to new areas. CAD installed 62 new outreach groups by training 566 former and current TB patients as volunteers. With assistance from these volunteers, CAD referred 2,916 persons presumed to have TB to 41 diagnostic and treatment centers—covering 22 health zones. Of those referred, more than a third (1,039) were found to be sputum smear positive for TB and referred for treatment. As a result, case notification in the five supported CPLTs increased from 92/100,000 to 106/100,000 and treatment success increased from 89% to 91%.

LNAC has developed an advocacy guide to support the training of community health workers (including RElais COmmunautaires) on community mobilization. LNAC also developed an advocacy strategy to be used to engage government and private entities at the national and provincial levels to increase the TB budget.

With increased technical and managerial capacity, these two organizations are becoming strong pillars to the sustainable mechanisms to control TB in the country.

Photo credit: PATH.

Acronyms List

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