



**TB CARE I**

**TB CARE I—South Sudan**

**Year 4  
Quarterly Report  
April–June  
2014**

**July 30, 2014**

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# 1 Acronyms

ACF	allocable cost factor
AFB	acid-fast bacillus
APA	annual plan of activities
ATS	American Thoracic Society
CB-DOTS	community-based DOTS
CBO	community-based organizations
CSO	civil society organizations
DOTS	Direct observed treatment short course
DST	drug susceptibility testing
EQA	external quality assurance
F	female
FY	fiscal year
IC	infection control
IDP	internally displaced person
IEC	information, education, and communication
JATA	Japan Anti-Tuberculosis Association
JTH	Juba Teaching Hospital
KNCV	KNCV Tuberculosis Foundation
LFA	local funding agent
M	male
MDR-TB	multidrug resistant TB
MOH	ministry of health
MSH	Management Sciences for Health
NFM	new funding mechanism
NGO	nongovernmental organization
NSP	national strategic plan
NTP	national tuberculosis program
PHCC	primary health care center
Q	quarter
SMOH	state ministry of health
SOP	standard operating procedures
SOW	scope of work
STTA	short-term technical assistance
TB	tuberculosis
TFM	transitional funding mechanism
TWG	technical working group
UNHCR	United Nations High Commissioner for Refugees
UNDP	United Nations Development Program
USAID	United States Agency for International Development
WHO	World Health Organization

## 2 Quarterly Overview

Country	South Sudan
Lead Partner	Management Sciences for Health (MSH)
Coalition Partners	World Health Organization (WHO), KNCV Tuberculosis Foundation (KNCV)
Other Partners	South Sudan's national tuberculosis program (NTP)
Work Plan Time Frame	October 1, 2013–December 31, 2014
Reporting period	April 1–June 30, 2014

### 2.1 Most Significant Achievements

#### ***Improved access to tuberculosis (TB) services***

In response to the humanitarian crisis in South Sudan, TB CARE I supported a meeting for partners implementing services for the displaced population and refugees. Eighteen representatives from 12 partners providing primary health care and TB services at three internally displaced person (IDP) camps participated in the meeting. TB CARE I identified several key gaps, which included lack of coordination of TB activities in the camps, lack of TB microscopy, lack of standardized simplified tools for collecting TB data from the camps, and inadequate funds to support TB services. TB CARE I has helped the national TB program (NTP) develop forms that are being used to gather information on TB activities in the camp.

TB CARE I continued to support community TB care through a network of community mobilizers in four counties in Central Equatoria State (Juba, Lainya, Morobo, and Yei River). The project team holds quarterly meetings with the community mobilizers. Participants used these meetings to report on their activities and implementation challenges. In total, 71 (24 female (F), 47 male (M)) community mobilizers from three counties have presented their reports at these meetings. TB CARE I provided the community mobilizers with T-shirts, caps, handbags, raincoats, and gumboots to support their community activities. The project team also provided supervisors with bicycles to help them visit community mobilizers more easily (in previous quarters and years, a lack of transportation has contributed to implementation challenges at the community level.) This quarter, the project-supported community mobilizers to conduct community awareness sessions where they educated 9,106 people about TB/HIV and referred 237 of these individuals with chronic cough to health facilities for TB diagnosis. Among those referred, 19 (8%) were confirmed to have TB.

To improve TB case finding, TB CARE I introduced standard operating procedures (SOPs) for TB case detection at 13 health facilities. The project team trained 172 (F 96; M 76) health care workers on the use of the SOPs. After these trainings, the proportion of smear positive TB cases detected among TB suspects during the reporting period increased by 5% at the Juba Teaching Hospital (JTH) (from 15% (39/259) to 20% (58/288)). TB CARE I attributes this increase to the introduction of SOPs. Despite this success, the project team is still working to address the slow uptake of SOPs by health care workers at health facility level. Inadequate human resources for state-level supervision have limited the state TB coordinators' capacity to follow up on SOP implementation at the health facility level.

TB CARE I has integrated TB services at three health facilities and re-established TB service integration at six health facilities in the Central and Eastern Equatoria States. During the process, TB CARE I mentored 18 (F 5; M 13) staff members on TB diagnosis and TB case management during the on-job training. The project team will measure the effect of introducing TB services during the coming quarter. Key

challenges in the integration of TB services included lack of human resources due to stopped salary payments, TB services viewed as vertical and separate from primary health care, lack of supervision from the state or central level, and lack of TB drugs and supplies. TB CARE I held meetings with health facility managers who assured their willingness to re-establish TB services. The project team will hold follow up meetings with the health facility managers in the coming quarter.

### ***Improved quality TB diagnostic services***

Following refurbishment of seven laboratories and training of laboratory technicians on sputum microscopy, the TB CARE I TB laboratory senior technical officer helped to set up TB diagnostic services at six of the laboratories. TB CARE I verified the construction work and supplied it with microscopes, laboratory starter kits, and laboratory supplies. These laboratories include Terekeka, Lirya, Lainya, Tore, Obbo, and Magwi. In some health facilities, laboratory technicians are resisting the integration of TB laboratory diagnostic services because the laboratory staff are not motivated because they don't receive risk allowance if they have to provide TB microscopy services. In response, TB CARE I is making an effort to involve the state ministry of health (SMOH) through the state TB coordinator.

Acid-fast bacillus (AFB) microscopy results generated by some of the laboratories in South Sudan are of poor quality. To improve the quality of TB laboratory diagnostics, TB CARE I is developing and implementing an external quality assessment (EQA) system that uses blinded-slide re-checking. Despite national security and accessibility challenges, TB CARE I has sampled slides for EQAs in 12 laboratories in the Central, Eastern, and Western Equatoria States. The samples will be re-stained and examined for errors in the TB microscopy section of the Central Reference TB Laboratory (CRTL). The project team, in collaboration with the NTP and with support from the Global Fund, has also trained 11 laboratory staff on EQA activities. The central reference laboratory in Juba re-stained and examined the slides selected for EQA.

TB CARE I's senior technical officer for laboratory services conducted supportive supervision and mentorship visits at laboratories in the Eastern and Western Equatoria States to follow up on recommendations from the assessment visits conducted by TB CARE I between October 2013 and December 2013. During the reporting quarter, TB CARE I's lab technical officer conducted a visit to Western Equatoria State with the aim of re-establishing TB diagnostic services in functional laboratories. The officer also provided laboratory supplies, delivered the SOPs, and reviewed infection control (IC), data recording and reporting, and internal quality assurance practices. TB CARE I visited Yambio Hospital, Lui Hospital, Mundri Primary Health Care Center (PHCC), Mvolo PHCC, Yeri PHCC, Maridi Hospital, and Ibba PHCC in Western Equatoria, and Torit State Hospital and Nimule Hospital in Eastern Equatoria State. TB CARE I also visited Magwi PHCC and Obbo PHCC, two health facilities that recently started offering TB diagnostic services. The senior technical officer mentored 26 (F:7, M:19) laboratory staff on improving TB diagnostic services during these visits.

### ***National Strategic Plan (NSP)***

In collaboration with the NTP, TB CARE I prepared a scope of work (SOW) and hired a consultant, Dr. Remi Verduin, to lead the national strategic plan (NSP) review process. The NTP held a review meeting in Nairobi, due to the security situation in South Sudan, from February to March of 2014. Management Sciences for Health (MSH) participants included Dr. Navindra Persaud, MSH's Global Technical Lead for Health Information Systems; Dr. Abel Nkolo, MSH's Principal TB Technical Advisor for Africa; and Dr.

Stephen Macharia, MSH Project Director for TB CARE I South Sudan. Review meeting participants included 35 persons from more than 23 partners including:

- community-based organizations (CBOs),
- civil society organizations (CSOs),
- Global Fund,
- local funding agents (LFAs),
- MSH,
- United States Agency for International Development (USAID),
- United Nations High Commissioner for Refugees (UNHCR),
- WHO,
- United Nations Development Program (UNDP),
- HIV/AIDS Commission, and
- Ministry of Health (MOH).

Although TB CARE I expected to complete the NSP review process during the workshop, this was not possible, so the process continued during the April to June reporting quarter. The lead consultant has continued to provide remote support to the in-country team to finalize the NSP. A draft NSP has been circulated by NTP manager for comments from the review team. TB CARE I also helped the NTP revise its road map for reviewing and finalizing the NSP.

***Global Fund concept note***

This quarter, TB CARE I, with financial support from USAID Washington, identified Dr. Salah Ottmani who will support the country in developing a concept note for the Global Fund. From June 25–27, 2014, MSH’s principal TB advisor also participated in the Ministry of Health’s meeting to discuss and plan for development of South Sudan’s Global Fund application.

## 2.2 Technical and Administrative Challenges

Since mid-December 2013, South Sudan has been gripped by violence that has now escalated into fighting across substantial portions of the country. This violence has resulted in over one million people being displaced. In response, TB CARE I South Sudan is planning and implementing interventions to reach the displaced population. TB CARE I is working closely with the State Ministry of Health and Aids Resistant Trust (ART), local NGO, in Juba where logistical support is provided to reach the IDPs in camps within Juba city. In addition, TB CARE I is also supporting meetings of partners working in the camps to address TB among the internally displaced and refugees.

TB CARE I's activities are now concentrated in three out of ten states in South Sudan. These include Western, Eastern, and Central Equatoria States. The states are relatively accessible and secure. However, the project team must obtain security information and coordinate with other partners to ensure travel to these states is safe.

The project's obligated amount of US\$1 million for fiscal year (FY) '13 was dropped. As a result, TB CARE I is implementing its annual plan of activities (APA) work plan using pipeline funds from previous APA work plans. This revision has limited the project team's ability to implement previously approved activities. TB CARE I has submitted a revised budget and work plan to the project management unit.

TB CARE I has extended the project closeout, which was scheduled for September 30, 2014, to December 31, 2014. The project team has also submitted an additional budget to the project management unit cover the costs of limited activities for October–December 2014 to PMU for review and approval.

### 3 Year 4 Technical Outcomes and Activity Progress

#### 3.1 Universal Access

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to Date <sup>1</sup>	Comments
1.2.8	Community-based DOTS (CB-DOTS) program is implemented	2	2	Measured annually	The indicator will be measured by end of September 2014.
1.2.10	Health facilities offering CB-DOTS services	54	60	Not yet measured	The indicator will be measured by end of September 2014.
1.2.11	Number and percentage of health facilities with integrated TB services - Numerator: Number of health facilities with integrated TB services - Denominator: Total number of health facilities	7% (82/1,147)	8.5% (97/1,147)	Not yet measured	The indicator will be measured by end of September 2014.

Activity Code (***)	Lead Partner	TB CARE I Year 4 Planned Activities	Cumulative Progress as of the Quarters' End	Planned Month		Status <sup>2</sup>
				Start	End	
1.2.1	MSH	Integration of TB services into health facilities	<p>Q1: 6 (target 15) health facilities were assessed for integration of TB services.</p> <p>Q2: A follow-up visit was conducted in Gurei PHCC. The SMOH will approach partners implementing health services to advocate for support for minor renovation of the Gurei PHCC's laboratory to enable TB diagnostic services (TB microscopy).</p> <p>Q3: TB services have been introduced to the IDPs in Juba jointly with other partners. 65 sputum samples have been examined in JTH, and 11 were smear positive. Integration of TB services has been established (3) and re-established (6) in 9 health facilities in Western, Eastern, and Central Equatoria state.</p>	Oct 13	Jun 14	Ongoing

<sup>1</sup> If results are not available, write "Measured annually" or "Not yet measured" and say when the data are estimated to be available. Not all indicators can be measured quarterly.

<sup>2</sup> Status options: Pending (the activity has not yet started, but is not delayed); Ongoing (the activity has started and is in process); Completed (all subactivities and outputs are complete); Postponed (the start or completion of this activity has been delayed, but will still be completed by the end of the work plan year); Cancelled (the activity, which may or may not have started, will not be completed by TB CARE I)

1.2.2	MSH	Implementation of SOPs in state and county hospitals	<p>Q1: The short-term technical assistance (STTA) to support this activity has been delayed due to the ongoing security situation.</p> <p>Q2: SOPs have been introduced at JTH and 3 other health facilities providing TB services. In total, 82 SOPs have been distributed. Within a month of introducing the SOPs, JTH identified 20 TB cases. The impact of SOP implementation will be formally measured next quarter.</p> <p>Q3: Introduction of SOPs was conducted in 13 health facilities. A total of 172 (M 76; F 96) were trained on the use of SOPs. A total of 111 SOPs were distributed.</p>	Oct 13	Jun 14	Ongoing
1.2.3	MSH	Mentorship and support visits to selected TB diagnostic and treatment centers	<p>Q1: Support visits were conducted at 5 health facilities (Yei, Lainya, Morobo, Kaya, and Torit).</p> <p>Q2: Support visits were conducted at JTH, Kator, and Munuki. On-the-job training was conducted for 55 general health care workers in TB case identification and the use of SOPs.</p> <p>Q3: Mentorship and support visits were conducted in 3 health facilities where TB service is provided. TB services were re-established. A total of 18 (F 5; M 13) were trained on-job during the mentorship program.</p>	Oct 13	Aug 14	Ongoing
1.2.4	MSH	Sensitization meetings for the community leaders on TB	<p>Q1: Interrupted by security situation.</p> <p>Q2: No meeting held. It has been rescheduled for the coming quarter.</p> <p>Q3: Cancelled</p>	Oct 13	Mar 14	Cancelled
1.2.5	MSH	Sensitization of CSOs/CBOs on TB	<p>Q1: NTP deputy manager and TB CARE I's project director attended the nongovernmental organization (NGO) health forum to sensitize civil society organizations (CSOs) and community-based organizations (CBOs) on TB.</p> <p>Q2: TB CARE I has been attending the NGO health forum to sensitize CBOs and CSOs about TB control.</p> <p>Q3: TB CARE I held meeting with partners implementing primary health care in the IDP camps. A total of 18 participants from 12 partners attended the meeting, where gaps were identified.</p>	Oct 13	Sep 14	Ongoing

1.2.6	MSH	Support meetings for community-based mobilizers	<p>Q1: 26 participants from Munuki Payam attended the support meetings arranged by TB CARE I to address high patient loss-to-follow-up in Munuki's TB management unit.</p> <p>Q2: TB CARE I organized a meeting to determine how many community-based mobilizers remained active after the security challenges occurred in Dec 2013.</p> <p>Q3: Quarterly meeting was held with community mobilizers from 3 counties where 71 (F 24; M 47) attended. Each mobilizer presented the achievement. During the reporting period 9,106 people were sensitized, 237 were referred for TB diagnosis, and 19 were diagnosed with TB and enrolled in treatment. Incentives were provided, which included T-shirts, caps, bags, raincoats, and gumboots. In addition, airtime was given to help in the follow up of patients on treatment.</p>	Oct 13	Sep 14	Ongoing
1.2.7	WHO, MSH	World TB Day 2014	The day could not be commemorated due to the prevailing security challenges in South Sudan.	Feb 14	Mar 14	Cancelled
1.2.8	WHO	Training of clinicians and nurses on TB case management	Cancelled due to the limited funds for implementation of the APA 4 work plan.	Jan 14	Apr 14	Cancelled
1.2.9	WHO	Refresher training for clinicians and nurses on TB case management	Planned for next quarter, if the security situation allows.	Jan 14	Jun 14	Pending



Meeting with community mobilizers in IDP camp in Juba



Distribution of enablers (handbags and caps) and reporting forms to the community mobilizers



A session during the introduction of SOPs in Magwi PHCC



Posting of SOPs in consultation room in Obbo PHCC

## 3.2 Laboratories

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to Date	Comments
2.1.1	A national strategic plan (NSP) developed and implemented for providing the TB laboratory services needed for patient diagnosis and monitoring and to support the NTP	0	1	Not yet measured	Will be available by September 2014
2.1.2	Laboratories with working internal and external quality assurance programs for smear microscopy and culture/drug susceptibility testing (DST)	15	30	17	Results include laboratories participating in the EQA by Dec 2013
2.1.3	Laboratories demonstrating acceptable EQA performance	6	27	Not yet measured	Difficult to collect the data. Will be measured next reporting period.
2.2.1	Confirmed link with an super reference laboratory through a memorandum of agreement	Yes	Yes	Yes	The memorandum of understanding is available but has not been shared with TB CARE I

Activity Code (***)	Lead Partner	TB CARE I Year 4 Planned Activities	Cumulative Progress as of the Quarters' End	Planned Month		Status
				Start	End	
2.1.1	MSH	Refurbishment of laboratories	<p>Q1: 7 laboratories renovations were completed during the quarter; however, this work has not yet been verified.</p> <p>Q2: TB CARE I verified that the renovations were complete at 4 of the laboratories and gave them certificates of completion. The project team will verify the 3 remaining facilities once the security situation allows.</p> <p>Q3: Renovation completed furniture and supplies distributed, and TB diagnostic services established.</p>	Oct 13	Mar 14	Completed

2.1.2	MSH	Mentorship and support visits to peripheral laboratories	<p>Q1: TB CARE I supported 12 laboratories and mentored 23 laboratory staff on sputum smear microscopy and EQA.</p> <p>Q2: TB CARE I conducted 4 visits to the TB laboratories in Juba and provided on-the-job training to 7 laboratory technicians during the support visits.</p> <p>Q3: Following refurbishment of 7 laboratories, the senior Technical officer TB laboratory supported the setting up TB diagnostics in 6 laboratories through mentorship and support visits.</p>	Oct 13	Jul 14	Ongoing																
2.1.3	MSH	EQA supervisory visits	<p>Q1: TB CARE I collected a sample of sputum slides for blinded re-checking in from 9 laboratories.</p> <p>Q2: The project team visited 3 laboratories and provided them with feedback from the previously conducted EQA. No major errors have been detected at these laboratories. TB CARE I also conducted blinded rechecking of sampled slides from 4 additional laboratories.</p> <p>Q3: During the reporting period, only 12 laboratories in Central, Eastern and Western Equatoria States were accessed for EQA. Sampling of slides was done and laboratory staff mentored on EQA activities. The slides will be re-stained and examined at the central reference laboratory in Juba.</p> <table border="1" data-bbox="835 971 1394 1208"> <thead> <tr> <th>Indicator</th> <th>Q1</th> <th>Q2</th> <th>Q3</th> </tr> </thead> <tbody> <tr> <td>Number of TBMU reporting to NTP with operational laboratories</td> <td>82</td> <td>82</td> <td>82</td> </tr> <tr> <td>Percentage of the TBMUs involved in EQA</td> <td>26% 21/82</td> <td>7% 6/82</td> <td>15% 12/82</td> </tr> <tr> <td>Proportion with HFP/HFN</td> <td>30% (3/21)</td> <td>0%</td> <td>n/a*</td> </tr> </tbody> </table> <p>*Results not provided</p>	Indicator	Q1	Q2	Q3	Number of TBMU reporting to NTP with operational laboratories	82	82	82	Percentage of the TBMUs involved in EQA	26% 21/82	7% 6/82	15% 12/82	Proportion with HFP/HFN	30% (3/21)	0%	n/a*	Oct 13	Jul 14	Ongoing
Indicator	Q1	Q2	Q3																			
Number of TBMU reporting to NTP with operational laboratories	82	82	82																			
Percentage of the TBMUs involved in EQA	26% 21/82	7% 6/82	15% 12/82																			
Proportion with HFP/HFN	30% (3/21)	0%	n/a*																			
2.1.4	MSH	Revise, print and disseminate EQA guidelines and laboratory SOPs	<p>Q1: This activity was planned for January 2014 but has been postponed due to the ongoing insecurity.</p> <p>Q2: Revision of the EQA guidelines is ongoing with remote support from an MSH consultant.</p> <p>Q3: The EQA guidelines and training materials were</p>	Nov 13	May 14	Ongoing																

			remotely reviewed by MSH senior technical laboratory. A consensus meeting of technical working group (TWG) on laboratory will convene to review the guidelines before endorsement by the MOH. Training materials will be pretested and changes made where applicable.			
2.1.5	MSH	Training of laboratory supervisors on EQA	Q1: This activity will follow the revision of the EQA guidelines.  Q2: Due to the ongoing security situation, the consultant's travel to South Sudan has been suspended and the activity has been cancelled.	Nov 13	Dec 13	Cancelled
2.1.6	MSH	Training of laboratory technicians/ technologists on sputum smear microscopy	Q1: TB CARE I trained 13 laboratory staff on sputum smear microscopy and identified 11 laboratories for integration of TB diagnostic services.  Q2: Completed in Q1	Jan 14	Mar 14	Completed
2.1.7	MSH	Re-fresher training of laboratory technicians/ technologists on sputum smear microscopy	Q1: TB CARE I conducted refresher training on sputum smear microscopy for 17 laboratory staff. The participants were selected from 10 TB diagnostic centers and 8 laboratories that have been earmarked for the re-establishment of TB diagnostic services.  Q2: Completed in Q1	Jan 14	Jun 14	Completed



**Lirya PHCC integrated laboratory after renovation**



**A section of renovated laboratory in Terekeka**



**Setting up the TB microscopy lab in Obbo PHCC**



**Sampling of slides for EQA blinded rechecking in Morobo**

### 3.3 Infection Control

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to Date	Comments
3.2.2	Facilities implementing TB IC measures with TB CARE I support	n/a	15	Not yet measured	The indicator will be measured by Sept 30, 2014.

Activity Code (***)	Lead Partner	TB CARE I Year 4 Planned Activities	Cumulative Progress as of the Quarters' (Q) End	Planned Month		Status
				Start	End	
3.2.1	KNCV/MSH	Development, printing, and dissemination of TB IC information, education, and communication (IEC) materials	Q1: Not done. Planning to remotely support the NTP in developing TB IC IEC material.  Q2: The security situation and the APA 4 obligation resulted in the delay and subsequent cancellation of the activity. Pipeline funds are not sufficient to cover the activity.	Nov 13	Feb 14	Cancelled
3.2.2	KNCV/MSH	Support development of state level hospitals and health facilities on TB IC plans	Q1: Not done. Interrupted by ongoing security situation.  Q2: Security situation and the APA 4 obligation resulted in the delay and subsequent cancellation of the activity. Pipeline funds are not sufficient to cover the activity.	Nov 13	Aug 14	Cancelled
3.2.3	KNCV	Develop TB IC training materials	Q1: Not done. Planning to remotely support the NTP in developing the training materials.  Q2: Security situation and the APA 4 obligation resulted in the delay and subsequent cancellation of the activity. Pipeline funds are not sufficient to cover the activity.	Oct 13	Feb 14	Cancelled
3.2.4	KNCV	Conduct TB IC monitoring mission	Q1: Not done  Q2: Since activities 3.2.1, 3.2.2, and 3.2.3 have been delayed, this activity has been cancelled.	Aug 14	Sep 14	Cancelled

### 3.4 Programmatic Management of Drug-resistant TB

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to Date	Comments
4.1.5	<p>Previously treated TB patients with DST results</p> <ul style="list-style-type: none"> <li>- <i>Numerator: Number of previously treated TB patients with DST result.</i></li> <li>- <i>Denominator: Total number of previously treated TB patients</i></li> </ul>	5 (2012)	10	Not yet measured	The referral of sputum samples for culture and DST and receipt of the results have been interrupted due to the security situation.

Activity Code (***)	Lead Partner	TB CARE I Year 4 Planned Activities	Cumulative Progress as of the Quarters' End	Planned Month		Status
				Start	End	
4.1.1	WHO	Surveillance for multidrug resistant TB (MDR-TB)	<p>Q1: 17 samples were sent to Nairobi, Kenya, for culture and DST.</p> <p>Q2: 3 samples were sent to Nairobi, Kenya, for culture and DST. Results have been received for 9 samples from the previous quarters. None of the results indicated an MDR-TB diagnosis.</p> <p>Q3: Nine (9) samples were sent for culture and DST in Nairobi. One case of MDR-TB has been identified among the results received from the previous samples sent for culture and DST.</p>	Oct 13	Sep 14	Ongoing

### 3.5 TB/HIV

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to Date	Comments
5.2.2	TB patients (new and re-treatment) with an HIV test result recorded in the TB register	80%	80%	Not yet measured	The NTP data is not complete due to the security situation.
5.3.2	HIV-positive TB patients started or continued on co-trimoxazole preventive therapy	90%	95%	Not yet measured	The NTP data is not complete due to the security situation.

Activity Code (***)	Lead Partner	TB CARE I Year 4 Planned Activities	Cumulative Progress as of the Quarters' End	Planned Month		Status
				Start	End	
5.2.1	MSH	Quarterly TB/HIV review meetings at the state level	Q1: 72 clinicians and laboratory staff from 26 health facilities participated in the quarterly TB/HIV review meetings that TB CARE I conducted in 4 states (Central Equatoria State, Eastern Equatoria State, Western Equatoria State, and Western Bahar el Ghazal).  Q2: The activity was completed in the previous quarter.	Jan 14	Feb 14	Completed

### 3.6 Health Systems Strengthening

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to Date	Comments
6.2.1	TB CARE I-supported supervisory visits conducted	90	50	17	
6.2.2	People trained using TB CARE I funds	300	115	33 (F:6; M:27)	

Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the Quarters' End	Planned Month		Status
				Start	End	
6.2.1	MSH	Revision of NSP	<p>Q1: Supported the in NTP in analyzing national epidemiological data to inform the program review planned for February 2014. The review meeting may be delayed due to the security situation. The NTP is considering holding the review meetings remotely, probably in Nairobi.</p> <p>Q2: A review meeting was held in Nairobi to revise the TB NSP.</p> <p>Q3: Finalization of the NSP. TWG compiling comments from reviewers. Expected to be complete by mid-August 2014.</p>	Jan 2014	Feb 2014	Ongoing
6.2.2	MSH	Development of Global Fund proposal	<p>Q1 and Q2: TB CARE I is in the process of identifying a consultant to lead in the process.</p> <p>Q3: The concept note writing process has begun and will continue in the coming quarter. A new date for submission is October 15, 2014.</p>	Jan 2014	June 2014	Ongoing

### 3.7 Monitoring and Evaluation, Operations Research, and Surveillance

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to Date	Comments
7.2.1	Data quality measured by NTP	Yes	Yes	No	The NTP did not have a monitoring and evaluation focal person to conduct data quality assessments.
7.2.2	NTP provides regular feedback from the central to the intermediate level	Yes	Yes	Yes	Feedback was provided during quarterly TB review meetings with support from TB CARE I.
7.2.3	TB recording and reporting tools updated according to new WHO guidelines - Numerator: Number of health facilities with TB services using new WHO guidelines - Denominator: Total number of health facilities with TB services	n/a	100%	Not yet measured	The new guidelines have not been introduced in South Sudan.

Activity Code (***)	Lead Partner	TB CARE I Year 4 Planned Activities	Cumulative Progress as of the Quarters' End	Planned Month		Status
				Start	End	
7.2.1	WHO	Support revision of TB recording and reporting tools	Q1: Not yet done  Q2: The national security situation and the project's APA 4 obligation have resulted in the delay and subsequent cancellation of this activity. The project does not have sufficient pipeline funds for this activity.	Mar 14	Apr 14	Cancelled
7.2.2	WHO	Training of TB officers from the TB management units on new recording and reporting tools	Q1: Not yet done  Q2: This activity is dependent on Activity 7.2.1.	Jun 14	Jul 14	Cancelled

## 4 TB CARE I's Support to Global Fund Grant Implementation

### Current Global Fund TB Grants

Name (i.e., Round 10 TB)	Average Rating*	Current Rating	Total Approved Amount in USD	Total Disbursed to Date
Round 5 TB	A1	A1	23,151,237	22,836,756
Round 7 TB	B1	B1	14,042,815	13,514,722
Transitional funding mechanism (TFM)	n/a	n/a	7,800,000	

\* Since January 2010

#### 4.1 In-Country Global Fund Status: Key Updates, Challenges, and Bottlenecks

The Global Fund's Round 7 grant ended on December 31, 2013. The Global Fund's transitional funding mechanism (TFM) grant was expected to begin on January 1, 2014. Unfortunately, since December 2013, South Sudan has been gripped by violence that has escalated into fighting across significant portions of the country. This violence will have an impact on the implementation of the TFM grants. The NTP, with support from TB CARE I, will develop a concept note for the Global Fund's new funding mechanism (NFM). The revision of South Sudan's NSP is being finalized and will give way for the concept note submission process. The new concept note submission date to the Global Fund is October 15, 2014.

#### 4.2 Involvement in the Global Fund's Transitional and New Funding Mechanisms

The Global Fund's Round 7 grant that was supporting TB services in South Sudan ended on December 31, 2013. TB CARE I helped to develop a proposal for the Global Fund's TFM grant that is scheduled to start in January 2014. The Global Fund requires all countries wishing to apply for its NFM to complete an NSP which has been revised with the support of TB CARE I. In addition, TB CARE I supported the country to conduct an epidemiological analysis of the TB data that has informed the NSP.

TB CARE I, with support from USAID's TB team, identified a consultant, Dr. Salah Ottmani, to help develop the concept note. Dr. Ottmani is supported by USAID central funds and has a contract with the International Union Against Tuberculosis and Lung Disease to support several countries. This quarter, Dr. Ottmani began writing the concept note with support from an in-country review team that includes TB CARE I's country project director.

#### 4.3 Effect of the Global Fund on the TB CARE I's Work Plan

TB CARE I has continued to provide technical support to the NTP in implementing the Global Fund's work plan, in close collaboration with the UNDP who is the grant's principal recipient. This support ensures that activities are not duplicated. TB CARE I provides technical support to the MOH, which enables the NTP to effectively utilize Global Fund resources and implement the program efficiently. As part of the project's capacity-building efforts, TB CARE I has been involved in health worker trainings, distribution of SOPs for TB case detection, staff mentoring and support visits, EQA introduction at TB laboratories, laboratory renovations, and TB microscopy integration through the provision of microscopes and starter kits. TB CARE I will continue to provide this type of support during the TFM implementation. In the event that the project extends to December 2014, the TB CARE I technical team will support the implementation of the TFM activities in collaboration with NTP. This will accelerate the activity implementation plan and subsequently improve on the Global Fund rating.

## 5 Country-Wide MDR-TB Cases Diagnosed and Started on Treatment

Quarter	Number of MDR-TB Cases Diagnosed	Number of MDR-TB Cases Initiated on Treatment	Comments
Total 2010	3	0	Out of 230 sputum samples referred for culture & DST between January 2010 and June 2014, 89 samples results have been received. Out of the 89 samples, 58 show growth and 31 show no growth. Among the growth 15 samples confirmed as MDR TB, while 43 show growth of sensitivity to First Line drugs.
Total 2011	4	0	
Total 2012	5	0	
Total 2013	2	0	
Jan–Mar 2014	0	0	
Apr–Jun, 2014	1	0	
Total Jan 2010–Jun 2014	15	0	

## 6 TB CARE I-Supported International Visits

#	Partner	Activity Code	Name	Purpose	Planned month, year	Status	Dates completed	Additional Remarks (Optional)	
1	KNCV	3.2.2	Jerod Scholten	Conduct a 5-day workshop in Juba with IC focal persons from various health facilities outside of Juba	TBD	Cancelled		Cancelled due to limited funding	
2	KNCV	3.2.4	Jerod Scholten	Conduct monitoring at major hospitals and other health facilities	TBD	Cancelled		Cancelled due to limited funding	
3	MSH	1.2.2	Abel Nkolo	SOP implementation	TBD	Completed	30 Jun 2014		
4	MSH	1.2.2	Samuel Kinyanjui	SOP implementation	TBD	Cancelled		Cancelled due to limited funding	
5	MSH	2.1.4	Charles Kagoma	EQA guideline revisions	TBD	Completed	30 Jun 2014	Provided remote support. Document under review in-country	
6	MSH	6.2.1	Remi Verduin	Review NTP strategic plan	Mar 2014	Completed	14 Mar 2014	Completed	
7	MSH		Navindra Persuad	Improve NTP staff capacity and availability of high-quality data to support the NTP's review, planning, and management; conduct an epidemiological analysis of national TB data.	Dec 2013	Completed	17 Dec 2013	Supported through TB CARE I core funds	
Total number of visits conducted (cumulative for fiscal year)						4			
Total number of visits planned in work plan						7			
Percent of planned international consultant visits conducted						57%			