



TB CARE I

TB CARE I – South Sudan

Year 4

Quarterly Report

January – March 2014

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Table of Contents

ACRONYMS	1
1. QUARTERLY OVERVIEW	1
1.1 Most Significant Achievements	1
1.2 Technical and Administrative Challenges	2
2. YEAR 4 TECHNICAL OUTCOMES AND ACTIVITY PROGRESS	3
2.1 Universal Access	3
2.2 Laboratories	7
2.3 Infection Control	10
2.4 Programmatic Management of Drug-resistant TB	11
2.5 TB/HIV	12
2.6 Health Systems Strengthening	13
2.7 Monitoring and Evaluation, Operations Research, and Surveillance	16
3. TB CARE I'S SUPPORT TO GLOBAL FUND GRANT IMPLEMENTATION	17
3.1 In-country Global Fund Status: Key Updates, Challenges, and Bottlenecks	17
3.2 Involvement in the Global Fund's Transitional and New Funding Mechanisms	17
3.3 Effect of the Global Fund on the TB CARE I's Workplan	17
4. COUNTRY-WIDE MDR-TB CASES DIAGNOSED AND STARTED ON TREATMENT	18
5. TB CARE I-SUPPORTED INTERNATIONAL VISITS	19
6. FINANCIAL OVERVIEW	20

Acronyms

ACF	allocable cost factor
APA	annual plan of activities
ATS	American Thoracic Society
CB-DOTS	community-based DOTS
CBO	civil society organizations
CSO	community-based organizations
DST	drug susceptibility testing
EQA	external quality assurance
FY	fiscal year
IC	infection control
IEC	information, education, and communication
JATA	Japan Anti-Tuberculosis Association
JHT	Juba Teaching Hospital
KNCV	KNCV Tuberculosis Foundation
LFA	local funding agent
MDR-TB	Multidrug Resistant TB
MOH	Ministry of Health
MSF	<i>Medecins Sans Frontieres</i>
MSH	Management Sciences for Health
NFM	New Funding Mechanism
NGO	non-governmental organization
NSP	National Strategic Plan
NTP	National Tuberculosis Program
PHCC	primary health care center
Q	quarter
SIAPS	Systems for Improved Access to Pharmaceuticals and Services
SMOH	state ministry of health
SOP	standard operating procedures
STTA	short-term technical assistance
TB	tuberculosis
TFM	Transitional Funding Mechanism
TWG	technical working group
UN	United Nations' (UN)
UNHCR	United Nations High Commissioner for Refugees
UNDP	United Nations Development Programme
USAID	United States Agency for International Development
WHO	World Health Organization
WHO AFRO	World Health Organization's Regional Office for Africa

1. 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)
Workplan timeframe	October 1, 2013 – December 31, 2014
Reporting period	January – March, 2014

1.1 Most Significant Achievements

Improved access to TB services

This quarter, TB CARE I South Sudan operationalized standard operating procedures (SOPs) for tuberculosis (TB) case detection at Juba Teaching Hospital (JTH). The team disseminated the SOPs during a two-day workshop for the JTH departmental heads. During this workshop, the TB CARE I staff also introduced 26 health care workers to the SOPs, trained them on the basics of TB, and helped them develop an action plan for SOP implementation at their respective facilities. After the workshop, the TB CARE I Senior Technical Officer for Community TB Services and the State TB Coordinator conducted follow-up visits to the facility to ensure they were implementing the action plans. In the first month of SOP implementation, the JTH departments identified 20 new TB cases and enrolled them on treatment from zero from previous quarter TB CARE I has also introduced the SOPs in Munuki and Kator primary health care centers (PHCCs) in Juba.

TB CARE I conducted mentorship and support visits to staff implementing the SOPs in Kator, Munuki, and JTH in Juba County. The project team also conducted a follow up training on TB service integration for staff members at health facilities in Gurei, Nyakuron, and Gumbo. The project team will present cumulative results from these facilities in the project's next quarterly report.

This quarter, the Senior Technical Officer for Community TB Services also began supporting TB control activities conducted by a local non-governmental organization (NGO) called AIDS Resistance Trust (ART). This NGO supports community services in Juba County, including in its camps for internationally displaced persons (IDP). TB CARE I helped the NTP retrieve a list of patients receiving TB treatment at the IDP camps so it can track those who have been lost to follow up. The NTP has already identified those that were lost-to-follow-up from the IDP camps and linked them to *Medecins Sans Frontieres* (MSF) for TB health services. The State TB Coordinator is also collecting sputum samples from the presumptive TB patients at the IDP camps and will send these samples to JTH for diagnosis. The patients diagnosed with TB have been put on treatment and MSF is providing treatment follow-up for patients in the IDP camps.

Improved TB diagnostic services

This quarter, TB CARE I's contractor also finished refurbishing seven peripheral laboratories and the project team verified the construction work at four of the facilities. The contractor will receive a certificate of completion after the construction work has been verified by the State Ministry of Health (SMoH) and the TB CARE I team. The physical verification of these facilities is ongoing and its completion will depend on the national security situation, which sometimes restricts staff members from travel around the country. TB CARE I also distributed microscopes and starter kits for TB diagnosis to three of the refurbished laboratories.

External quality assurance (EQA) supervisory visits were conducted by TB CARE I's Senior Technical Officer for TB Laboratory Services at three health facilities in Juba. During these visits, the Senior Technical Officer mentored seven laboratory staff and retrained them on quality TB diagnosis. The officer also collected a sample of sputum slides and these will undergo blinded rechecking in Juba.

MSH's laboratory consultant is currently revising the national EQA guidelines and will share these with the NTP's Laboratory Technical Working Group (TWG) by end of April 2014. The TWG will review the

draft and provide input. TB CARE I will then arrange a consensus workshop so all stakeholders can approve the guidelines.

Health system strengthening

In collaboration with the NTP, TB CARE I prepared a Scope of Work (SOW) and hired a consultant (Dr. Remi Verduin) to review the National TB Strategic Plan (NSP). The Global Fund requires all countries wishing to apply for its New Funding Model (NFM) to complete a NSP. To further support these efforts, the NTP and TB CARE I arranged a NSP review meeting in Nairobi and TB CARE I funded travel and accommodation for Ministry of Health (MOH) staff members to attend this review meeting for three weeks. The Global Fund, through the United Nations Development Programme (UNDP), also supported local partners working in TB control to attend the meeting. Other participants included representatives from the Global Fund, World Health Organization's Regional Office for Africa (WHO AFRO), local funding agencies (LFA), United States Agency for International Development (USAID), United Nations High Commissioner for Refugees (UNHCR), and Cordaid. During this meeting, participants provided a zero draft of the NSP and this document is now being circulated for comments.

1.2 Technical and Administrative Challenges

Since the mid-December of 2013, South Sudan has been gripped by violence that has now escalated into fighting across substantial portions of the country. This has significantly impeded staff movement and TB service implementation and has slowed down TB CARE I's workplan implementation. Project activities requiring the short-term technical assistance (STTA) from external consultants have been postponed or cancelled and TB CARE I's Project Director has been working from the MSH office in Nairobi and providing remote support to South Sudan's NTP. Because it is not safe to conduct most project activities in Juba, TB CARE I has facilitated some of its key activities in Nairobi, Kenya. This change has been expensive, as it has required the project to fund staff travel, per diem, and lodging in Nairobi. TB CARE I has written to the USAID Mission in South Sudan formally requesting that the Project's Director be granted permission to return to Juba.

TB CARE I's movement within Juba and travel to states and counties outside of Juba is based on USAID's daily assessment of the security situation and environment and the United Nations' (UN) security updates and guidance. The project team will maintain strong linkages with USAID, UN, NGOs, and other local security networks to access information on security issues and interventions.

The project's obligated amount of US \$1 million for fiscal year (FY) 13 has been dropped, therefore, TB CARE I's Annual Plan of Activities (APA) 4 workplan will be implemented with the pipeline amount. The project team has prepared the revised budget and workplan based on the modification tracker for APA 1 – 3 and submitted it to PMU for review. This has resulted in cutting the activities including shortened closeout period of the project.

2. Year 4 Technical Outcomes and Activity Progress

2.1 Universal Access

Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to Date ¹		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 ²	
				Start	End		
1.2.1	MSH	Integration of TB services into health facilities	Q1: Six (target 15) health facilities were assessed for integration of TB services 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). Movement out of Juba has been difficult due to the security situation. TB services have been introduced to the IDPs jointly with other partners. Sputum samples collected in the IDP camps have been referred to	Oct 13	Jun 14	Ongoing	

¹ 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.

² Status options: Pending (the activity has not yet started, but is not delayed); Ongoing (the activity has started and is in process); Completed (all sub-activities 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 workplan year); Cancelled (the activity, which may or may not have started, will not be completed by TB CARE I.)

			JTH for diagnosis because the camp laboratories do not have TB smear microscopy capacity.			
1.2.2	MSH	Implementation of SOPs in state and county hospitals	<p>Q1: The 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>	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 4 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. Facilities outside of Juba could not be accessed because staff travel was restricted due to the ongoing political crisis.</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>	Oct 13	Mar 14	Pending
1.2.5	MSH	Sensitization of CSOs/CBOs on TB	<p>Q1: NTP deputy manager and TB CARE I's Project Director attended the 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. During this meeting, the project's TB officer for community services advocated for TB service provision for IDPs and hard-to-reach populations. One CBO in Juba has shown a willingness to support TB service provision in Juba and the IDP camps.</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</p>	Oct 13	Sep 14	Ongoing

			December of 2013. Meeting participants included representatives from TB CARE I, community support groups, and the NTP. The project will provide community mobilizers and their supervisors with airtime for their phones and fuel for their vehicles to improve communication and follow up with the TB patients.			
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 workplan.	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



Figure 1: JTH department heads who participated in TB CARE I's on-the-job training that equipped them to use SOPs to improve TB case detection.



Figure 2: State TB supervisor reviewing the SOPs for TB case detection with nurses at JTH.



Figure 3: Health care workers from Munuki PHCC who participated in TB CARE I's training on TB basics and SOP use.



Figure 4: The State TB Coordinator and TB CARE I's Technical Officer conducting a supervisory visit at Nyakuron PHCC.

2.2 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 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	Q1: 7 laboratories renovations were completed during the quarter; however, this work has not yet been verified. 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.	Oct 13	Mar 14	Completed	
2.1.2	MSH	Mentorship and support visits to peripheral laboratories	Q1: TB CARE I supported 12 laboratories and mentored 23 laboratory staff on sputum smear microscopy and EQA. 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. The team noted an improvement in the quality of slides at the 4	Oct 13	Jul 14	Ongoing	

			laboratories. The security situation has limited TB CARE I's ability to conduct these visits to facilities outside of Juba.			
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. The project's planned EQA visits to other TB laboratories were interrupted by insecurity.</p>	Oct 13	Jul 14	Ongoing
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. The consultant is working on the document and will submit it by the end of April so it can be finalized by the end of May 2014.</p>	Nov 13	May 14	Ongoing
2.1.5	MSH	Training of laboratory supervisors on EQA	<p>Q1: This activity will follow the revision of the EQA guidelines.</p> <p>Q2: Due to the ongoing security situation, the consultant's travel to South Sudan has been suspended and the activity has been cancelled.</p>	Nov 13	Dec 13	Cancelled
2.1.6	MSH	Training of laboratory technicians/ technologists on sputum smear microscopy	<p>Q1: TB CARE I trained 13 laboratory staff on sputum smear microscopy and identified 11 laboratories for integration of TB diagnostic services.</p> <p>Q2: Completed in Q1</p>	Jan 14	Mar 14	Completed
2.1.7	MSH	Re-fresher training of laboratory technicians/ technologists on sputum smear microscopy	<p>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.</p> <p>Q2: Completed in Q1</p>	Jan 14	Jun 14	Completed



Figure 5: Random selection of slides from JTH for EQA



Figure 6: Preparing for a sputum smear at the Munuki PHCC TB Laboratory



Figure 7: Recording sputum smear results at JTH



Figure 8: Storing sputum smear slides at Kator PHCC laboratory

2.3 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 infection control (IC) measures with TB CARE I support		n/a	15	Not yet measured		The indicator will be measured by 30 September 2014
Activity Code (***)	Lead Partner	TB CARE I Year 4 Planned Activities	Cumulative Progress as of the Quarters' 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	

2.4 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	Previously treated TB patients with DST results - <i>Numerator: Number of previously treated TB patients with DST result.</i> - <i>Denominator: Total number of previously treated TB patients</i>		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)	Q1: 17 samples were sent to Nairobi, Kenya for culture and DST. 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.	Oct 13	Sep 14	Ongoing	

2.5 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

2.6 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 National Strategic Plan (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 consultant was hired to support a review of the draft NSP. A review meeting was held in Nairobi due to the security situation in South Sudan. 35 people from over 23 partners (i.e., CBOs, CSOs, Global Fund, LFA, MSH, USAID, UNHCR, WHO, UNDP, the HIV/AIDS Commission, the MOH) participated in the review process. Remote support by the consultant is expected to be complete by end of April 2014.</p>	Jan 2014	Feb 2014	Ongoing	
6.2.2	MSH	Development of Global Fund proposal	Q1 and Q2: TB CARE I is in the process of identifying a consultant to lead in the process.	Jan 2014	June 2014	Pending	



Figure 9: Participants in the National Strategic Plan (NSP) review meeting in Nairobi, Kenya



Figure 10: TB CARE I's lead consultant, the NTP manager, a WHO consultant, and an MSH consultant during the NSP review meeting



Figure 11: Participants engaging in a group discussion during the NSP review meeting



Figure 12: Group discussion session during the NSP review meeting



Figure 13: USAID's Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Country Project Director with a USAID representative during a group discussion at the NSP review meeting



Figure 14: MSH's Principal Technical Advisor, TB CARE I's Country Project Director and the NTP's Senior Technical Officer for Laboratory Services during a group discussion at the NSP review meeting

2.7 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 the M&E 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 provided during quarterly TB review meetings with support from TB CARE I
7.2.3	TB recording & 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

3. 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 dispersed 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		

* Since January 2010

3.1 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 of 2013, South Sudan has been gripped by violence that has escalated into fighting across significant portions of the country. This 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 concept note submission date has been postponed from June 30, 2014 to August 15, 2014 to allow time for the NTP to finalize the NSP and identifying a suitable consultant to help develop the concept note.

3.2 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 of 2014. Since the TFM is limited, TB CARE I will provide high-level technical assistance to support the development of a concept note for the Global Fund's NFM. TB CARE I will identify a consultant to help develop the concept note. The TB CARE I's Country Director will serve as a part of the in-country team that will also support development of the concept note. The Global Fund requires all countries wishing to apply for its New Funding Model (NFM) to complete a NSP. TB CARE I supported the EPI analysis that has informed the NSP.

3.3 Effect of the Global Fund on the TB CARE I's Workplan

TB CARE I has continued to provide technical support to the NTP in implementing the Global Fund's workplan, in close collaboration with the grant's principal recipient. This 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 workers 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.

4. 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	<p>Out of the 221 sputum samples sent to Nairobi for culture and DST between 2010 and March 2014, 14 have been confirmed as MDR-TB.</p> <p>Note: one MDR-TB case was double reported, thus reducing the cumulative total from the 15 reported in the previous quarter to 14.</p>
Total 2011	4	0	
Total 2012	5	0	
Total 2013	2		
Jan-Mar, 2014	0	0	
Total 2010 – Mar 2014	14	0	

5. 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	To conduct a 5-day workshop in Juba with infection control focal persons from various health facilities outside of Juba	TBD	Cancelled		Cancelled due to limited funding
2	KNCV	3.2.4	Jerod Scholten	To 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	Pending		
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	Pending		Providing remote support
6	MSH	6.2.1	Remi Verduin	Review NTP strategic plan	Mar, 2014	Completed	14 th March 2014	Ongoing through remote support
7	MSH	6.2.2	TBD	Global Fund proposal development	TBD	Pending		Looking for a consultant
8	MSH		Navindra Persuad	Improve NTP staff capacity and availability of high-quality data to support the national TB program review, planning and management; conduct an epidemiological analysis of national TB data	Dec, 2013	Completed	17 th Dec 2014	Not in the approved APA 4 workplan (supported through core funds)
Total number of visits conducted (cumulative for fiscal year)						2		
Total number of visits planned in workplan						8		
Percent of planned international consultant visits conducted						25%		