



Challenge TB - Democratic Republic of Congo

**Year 1
Monitoring Report
October 2014 - March 2015**

Submission date: April 30, 2015

Challenge TB Year 1 Quarterly Report

Country: Democratic Republic of Congo
Lead partner: The Union

Reporting period: October 2014 - March 2015
Other partners: KNCV, MSH

Most Significant Achievements:

The Union is leading the Challenge TB (CTB) project in the DRC and works closely with MSH for TB-HIV activities in the provinces support by PEPFAR funding. The KNCV/PMU is the prime partner in supporting the project and accountable to the USAID Washington for work plan implementation in each CTB country. This project in the DRC aims to improve access to the services and care for patients with TB, TB-HIV and MDR-TB; prevent TB and its transmission; and to strengthen the TB platform.

Based on the USAID approval received on January 27, 2015, the recruitment of a consultant helped start the project. The CTB temporary office is on the premises of MSH and collaboration procedures between the organizations have been established.

The Project Director was hired on February 25, 2015 and had an orientation from March 1-6, 2015 in Paris at The Union headquarters. During this visit the Director met with various Union team members involved in the CTB project and the work plan was discussed in detail.

The Union achieved the re-registration of the office in DRC on February 20, 2015 and the CTB bank account was opened on March 19, 2015. The first funding for the implementation of the activities was received on March 26, 2015.

The Project Director met with the National Tuberculosis Control Program (NTP) team (Director, his deputy and the administrator) and with the USAID advisor within the NTP on March 9, 2014. The aim of the meeting was to discuss the objectives, activities to be implemented and expected results for the CTB project in DRC. An email was sent to the 7 provincial TB and leprosy coordination departments (CPLTs) where the CTB activities are to be implemented to introduce the CTB activities on March 10. Visits to discuss the planned activities further are planned to start on April 16. The USAID country mission was also briefed on March 12, 2015.

Local NGOs residing in Kinshasa were also briefed by the CTB staff. Because of the delay in starting CTB activities, a revision of the work plan has been requested. The same briefing was given to Initiative, Inc. through its technical adviser.

The preparations for commemoration of the World TB Day (WTD) took place from March 16 to 23. It was decided to support a TB awareness campaign in prisons and providing an exercise offering active TB case finding services. Furthermore, logistical support for the day (T shirts, banner, media coverage, food etc to cover at least 1,000 people) was provided.

The WTD was successfully celebrated on March 24, 2015 in two prisons in Kinshasa: 125 prisoners were examined and 15 probable cases of TB were detected.

Three hundred TB patients (prisoners and MDR-TB patients) received food parcels consisting of rice, milk, sugar, oil, and corn flour.

Technical and Administrative Challenges:

Only the Project Director was recruited in this first quarter (25th February 2015). The recruitment of other CTB staff members is continuing and will be finalized by the end of May 2015.

The search for premises to house the CTB office in Kinshasa is in progress.

No vehicle has been handed over by MSH to ensure staff mobility.

Challenge TB Quarterly Report - Success Story

Country: Democratic Republic of Congo

Reporting period: October 2014 - March 2015

Lead partner: The Union

Other partners: KNCV, MSH

Planned Success Story Idea for Year 1

The organization of the Fight Against Tuberculosis In Prisons

The success story falls under which sub-objective?

Sub-Objective 7: Political commitment and leadership

The success story falls under which intervention area?

Intervention area 7.2. In-country political commitment strengthened

Status update of the success story

Mbuyi Mayi is one of the seven provincial TB and leprosy coordination departments that is supported by CTB project. Previously, concerns of a TB epidemic in prisons arose when 900 prisoners were screened and over 150 drug-susceptible and 14 probably MDR-TB cases, respectively, were diagnosed using GeneXpert testing. The NTP and CTB directors reviewed the findings at Mbuyi Mayi prison and decided to commemorate the WTD in all the prisons in the country to draw attention to a TB control component which may have received minimum attention in the past. In Kinshasa on March 24, 2015, at two prisons, 125 prisoners were examined and 15 probable cases of TB were detected. In the CPLTs, the commemoration was held after March 24 (for example, in Western Kasai on March 27, 2015).

The CTB project supported these activities and provided financing of USD 25,000 for the prisons WTD activities.

Challenge TB Quarterly Report - Status of activities

Country: Democratic Republic of Congo Reporting period: October 2014 - March 2015
 Lead partner: The Union Other partners: KNCV, MSH

Sub-objective: 1. Enabling environment

Intervention areas	Planned Key Activities for the Current	Activity number	Planned Milestones				Milestone status	met? (Met, partially,	Remarks (reason for not meeting milestone or other key information)
			Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct 2014 - Mar 2015		
1.1 Provision of services according to national guidelines for all care providers and risk groups	1.1.1 Disseminating National Tuberculosis Program (NTP) operational guidelines (pediatric TB, MDR-TB, TB/HIV) based on the patient-centred approach and support the operation of the Central Unit, including the National Reference Laboratory, and the 7 Coordination Provincial Lèpre Tuberculose (CPLT) (detailed budget appended)	1.1.1	National workshop done	Guidelines printed. Workshop reports done	Guidelines distributed	NTP operational guidelines and workshops report available	National workshop and workshop reports for approval completed though guideline has not been done yet. Preparation of the workshop in March. Exchange with the NTP on the updating of the guidelines, inserting the revised data collection tools and management of TB in prisons, including an algorithm for active TB case	Partially	The CTB project in the Democratic Republic of Congo (DRC) was approved in late January 2015 and the recruitment of the Director was completed on February 25, 2015. Contracting local NGOs was done in late March. The work plan was revised for effective startup in April 2015. The workshop is planned for April and printing of
	1.1.2 Identify private facilities that can be incorporated into the NTP in the 7 target CPLTs. 2. Map facilities/care providers (private, state and parastatal, other care providers...) in the 7 CPLT. 3. Train care providers in the selected private sites	1.1.2	Tour conducted in the 7 CPLT	Mapping done by central level and workshop preparation done	7 Workshop conducted. Report done	Mapping of health facilities including privates providers and workshops report available	Tour was not conducted in the 7 CPLTs, mapping by the central level and workshop preparation not done yet. Designation of 7 NTP staff to be part of touring these departments within a period of 15 days.	Partially	Development of TOR for the mission to seven CPLTs in April and May to June 2015 for the mapping.
	1. Conduct an inventory and training needs assesement in the 3 PEPFAR provinces on provision of TB and TB/HIV services in private health facilities 2. Train providers identified on TB, TB/HIV and guidelines including referral. 3. Mentor and integrate	1.1.3		Conduct a situational assesment in the 3 Provinces	Train selected providers, post training follow-up, and ensure that all health facilities have material and stationery for TB /HIV	report on training and supervision available, material for TB/HIV management available at the level of selected providers	Conduct a situational assesment in the 3 provinces not done. MSH started activities in mid March by the recruitment of the technical advisor. He contacted PEPFAR partners and local NGOs. Development of a working agenda for this assesment from April 2015.	Partially	Activities to be performed from April with MSH supporting the NTP and NAP.

1.2 Demand side: Community empowered, especially among risk groups	1. Support TB patients to improve treatment intake, 2. Build community awareness to improve case screening and reduce patient stigma 3. Create community awareness through targeted campaigns and for TB community groups (current and former TB)	1.2.1	Support TB patients and particular support for TBMDR, monthly and quarterly meetings	Support TB patients and in particular MDR-TB, monthly and quarterly meetings, training of new members	Support TB patients and in particular MDR-TB, monthly and quarterly meetings, training of new members	Individual support of TB patient and particularly MDR TB patient done by a CAD member in facilities	Supporting TB patients, particularly patients with MDR-TB, monthly and quarterly meetings not done. A work plan made by the Club des Amis de Damien (CAD) for this support in 5 CPLT (Kasai Occidental Est KOE , Kasai Occidental Ouest KOO , Sankuru SAN , Kasai Oriental KOR , Equateur Est EQE).	Not Met	The contract signed at the end of March. This NGO will revitalize its activities (that took place at a small scale previously) from April to September 2015.
	1 Train community-based organisations (CBO) in community awareness (TB, MDR-TB, TB/HIV, Paediatric TB) 2. Conduct advocacy to parliamentarians and other decision makers to mobilise government resources for TB control. 3 Create awareness activities 3. Train	1.2.2	Training community and support community groups	Training community and support community groups and advocacy towards parliamentary	Training community and support community groups	Training of new members, communication guide printed and distributed, sensitisation of community done	Training community and support groups not started yet though awareness campaigns at schools were done. A work plan prepared by the Ligue Nationale Anti tuberculeuse et antilepreuse au Congo (LNAC) began by the training community based organizations (CBOs).	Partially	The contract signed at the end of March. The NGO will revitalize its activities during the 3rd and 4th quarter of 2015.

<p>1. Community-based action in the city of Kindu (Maniema) and in Kananga, targeting PLHIV and TB/VIH focusing particularly on women and children . 2. Same activities will be done in PEPFAR zones</p>	1.2.3	<p>Visit to the field for advocacy among leaders, community and identification of at least 30 persons from the civil society as active members of "Femmes Plus Foundation"</p>	<p>Training and supervision of identified persons from the community , financial support for consultation and eventually radiography of patients with probable TB, transport of sputum samples.</p>	<p>Training and supervision of identified persons from the community , financial support for consultation and eventually radiography of patients with probable TB, transport of sputum samples.</p>	<p>Training of new members, advocacy and social mobilisation of high-risk population, psychological and financial support for TB screening of patients with chronic cough</p>	<p>Field visit for advocacy among leaders, community and identification of at least 30 persons from civil society as active members of "Femmes Plus Foundation" not done. 1. The national management of "Femmes Plus" contacted its provincial representation in Kindu and Kananga during last week of March to identify community leaders. 2. IN PEPFAR HEALTH ZONES, the workplans of NGOs and of CTB have already been updated. Also in the context of World TB Day 2015, CPLT of Kinshasa and some NGOs organised a mini-campaign on TB awareness, using a door-to-door strategy to raise awareness in households and analyzing sputum samples of presumed TB patients found in these households.</p>	Partially	<p>The NGO has signed and received the first disbursement and will start operations according to its work plan during the month of April. It will be the same for NGOs with PEPFAR funding which will start in April with signing of contracts and evaluation of health centers that have already been identified and selected for the project.</p>
<p>Provide to NGOS supports for sensibilisation and communication</p>	1.2.4	<p>Material for NGOs support and for communication for first quarter provided</p>	<p>Material for NGOs support and for communication for second quarter provided</p>	<p>Material for NGOs support and for communication for the third quarter provided</p>	<p>Supports for sensibilisation provided each quarter to NGOs</p>	<p>Materials for NGOs support and communication in 1st quarter not provided. MSH has elaborated a plan for communication and equipment and orders for these supplies have been placed.</p>	Not Met	<p>Starting the project during the month of March for MSH with the recruitment of technical advisers, and this process is still ongoing and will continue until the month of May 2015</p>

Sub-objective: 2. Comprehensive, high quality diagnostics		Planned Milestones					Milestone status	met? (Met, partially,	Remarks (reason for not meeting milestone or other key information)
Intervention areas	Planned Key Activities for the Current Year	Activity number	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct 2014 - Mar 2015		
2.1 Access to quality TB diagnosis ensured	Develop the Laboratory National Strategic Plan	2.1.1	Preparation of National workshop for situation analysis	National workshop done for situation analysis	4 targeted visits done and national strategic plan elaborated	Laboratory strategic plan available	Preparation of national workshop for situation analysis not done. Preparation for the plan development was started in March by identifying an international consultant (Professor Yala Djemal from National Reference Laboratory of Algeria) to support this process. National Reference Laboratory of Algeria is the usual training site for national laboratory staff from DRC.	Partially	Startup of the project in March 2015. The availability of the consultant requested. Replanning of this activity for 2nd quarter.
	Train technicians to the use of the LED purchased and GeneXpert	2.1.2			National workshop for 46 technicians done	report on workshop available			
	Validate, print and distribute the laboratory (microscopy, culture, GenXpert) and quality control (QC) guidelines	2.2.1		National workshop for validation of the laboratory guidelines	Guidelines printed and distributed	Laboratory guidelines available	National workshop for review of revised laboratory guidelines not done yet.	Not Met	Activity replanned for 2nd quarter of 2015.
2.2 EQA network for lab diagnostics & services functioning	Supervise laboratories in the 7 CPLTs (one of 2 annual supervisions will be funded by the GF and the other by CTB)	2.2.2		Visit by the central unit done in 3 CPLT and 1 visit of 30 CDST of 3 CPLT done	Visit by the central unit done in 4CPLT and 1 visit of 30 CDST of 4 CPLT done	All planned visits done and reports available	Visit by the central unit done in 3 CPLTs though visits of 30 CDSTs in 3 CPLTs not done.	Partially	Activities rescheduled for 2nd quarter of 2015.
	Procurement of Laboratory kits with consumables	2.2.3							
2.3 Access to quality culture/DST ensured	Enhancing the capacities of the Lubumbashi, Kisangani and Mbujimayi provincial culture laboratories	2.3.1			Training done for the 3 provincial technicians	Certification of participation available			

	Biannual supervision of provincial culture laboratories by the central level	2.3.2		Visit of 1 regional laboratory done by one technician of the LNR	Visit of 2 laboratory done by one technician of the LNR	3 supervisory visits done and reports available	Visit to one regional laboratory by one National TB Reference Laboratory technician not done yet. A request made to all CPLTs to plan their supervision pending the recruitment of the CTB project support team that will be ready by the end of May.	Not Met	Activity rescheduled for 2nd quarter of 2015.
2.4 Access, operation and utilization of rapid diagnostics (i.e. Xpert) ensured for priority populations	Providing each CPLT with a GenXpert system, 2 modules and consumables (in necessary addition to those planned by the GF)	2.4.1	Order of the machine and cartridges done	Machines and cartridges provided and in place		Machines in place functioning with data report available	Machine and cartridges not ordered yet. The Union received the specifications from NTP at the end of March and order will be placed in April 2015.	Not Met	The Union will order in April 2015.

2.6 Expedient laboratory specimen transport and results feedback system operational	Transport 20,000 MDR-TB case sample (for diagnosis and control) from CSDTs to culture or GeneXpert laboratories). Bimonthly shipping to the LNR for each CPLT. [Total estimated MDR-TB incident patients among retreatment patients is 900 per year; 2,200 among new case	2.6.1	Transport of approximately 6500 samples done	Transport of approximately 6500 samples done	Transport of approximately 6500 samples done	Transport of approximately 19500 to 20000 samples done	Transport of approximately 6,500 samples not done. Global Fund put in place transport procedure: monthly target will be 826 specimens per quarter.	Not Met	Activity will be reprogrammed so that Global Fund funding is complemented.
2.7 Bio-safety measures in laboratories ensured	Equipment and culture maintenance	2.7.1	Identification of a maintenance laboratory company and contract signed	Preventive and curative maintenance done	Preventive and curative maintenance done	Preventive and curative maintenance of the South Katanga regional laboratory done and maintenance report available	Identification of a company for maintaining laboratory equipment not done yet. Only one company (Wagenia) has been identified.	Not Met	Activity rescheduled for Q3 by Wagenia. The first assessment mission to the NTRL to assess different equipment is planned to take place in April 2015.
	Set up one incinerator for 3 facilities using GenXpert	2.7.2		Improve incinerator for one facility	Improve incinerator for 2 facilities	Verification of improvement of the Incinerator of the 3 facilities using GeneXpert done	Incinerator improvement not done yet.	Not Met	Activity rescheduled for April 2015.

Sub-objective: 3. Patient-centered care and treatment

Intervention areas	Planned Key Activities for the Current Year	Activity number	Planned Milestones				Milestone status	met? (Met, partially, not met)	Remarks (reason for not meeting milestone or other key information)
			Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct 2014 - Mar 2015		
3.1 Ensure intensified case finding for all risk groups by all care providers	Meeting to adopt high-risk group strategies (Children, mine workers and prisoners, diabetics, refugees)	3.1.1	Identification of people and preparation of littérature references done	National workshop done	high-risk group strategies document elaborated	Document on high-risk group strategies and workshop report available	Identification of people and preparation of literature references was done but National workshop no done. Documentation is available with constitution of the bibliography for TB in prisons and TB in children in March.	Partially	Rescheduled for Q3

3.2 Access to quality treatment and care ensured for TB, DR TB and TB/HIV for all risk groups from all care providers	Improve MDR TB and XDR management	3.2.1	Support for biological test, audimetric test, transport and nutritional support for 150 MDR TB provided	Support for biological test, audimetric test, transport and nutritional support for 150 MDR TB provided	Support for biological test, audimetric test, transport and nutritional support for 150 MDR TB provided	Support for biological test, audimetric test, transport and nutritional support for 150 MDR TB regularly provided	Support for biological test, audiometry, transport and nutritional support for 150 MDR-TB patients not done. 42 cases of MDR TB were diagnosed and 21 started on treatment. A follow up of these patients will be done in Q2.	Not Met	A follow up of 121 cases of MDR-TB within the 7 CPLTs in which treatment starting in April 2015
	Support quarterly meeting for TB/HIV coordinating bodies in the 3 Provinces	3.2.2		Collect and validation of the data in 3 provinces in June	Collect and validation of the data in 3 provinces in September	Validated data for 2 quarters available	Data collection and validation in 3 provinces not done. This activity will be done in July 2015.	Not Met	

Sub-objective: 5. Infection control

Intervention areas	Planned Key Activities for the Current Year	Activity number	Planned Milestones				Milestone status	met? (Met, partially,	Remarks (reason for not meeting milestone or other key information)
			Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015			
5.2 TB surveillance among HCW ensured	Develop health worker TB surveillance guidelines	5.2.1			National workshop done	Report of national workshop available			

Sub-objective: 6. Management of latent TB infection

Intervention areas	Planned Key Activities for the Current Year	Activity number	Planned Milestones				Milestone status	met? (Met, partially,	Remarks (reason for not meeting milestone or other key information)
			Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015			
6.1 LTBI diagnosis and treatment among high risk groups ensured	Assess INH preventive therapy among PLWHIV	6.1.1			Visit of 10 facilities done	Report of visits available			
	Synthesis workshop	6.1.2			One day workshop done	Report on workshop available			

Sub-objective: 7. Political commitment and leadership

Intervention areas	Planned Key Activities for the Current Year	Activity number	Planned Milestones				Milestone status	met? (Met, partially,	Remarks (reason for not meeting milestone or other key information)
			Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015			

7.2 In-country political commitment strengthened	Celebrate world TB Day	7.2.1	Celebration of world TB day done at national level and in CPLT			Documents on celebration of world TB days available (photos, press ..)	Celebration of world TB day done at national level and in CPLT The NTP has focused on the management of TB in prisons. World TB Day celebrated in Kinshasa in the two prisons on March 24. 125 prisoners were examined including 15 probable cases of TB. In the CPLTs, the celebration was held after 24 March (eg Western Kasai March 27)	Met	For PEPFAR, a mini-campaign awareness was scheduled for April 18 through April 24, 2015

Sub-objective: 10. Quality data, surveillance and M&E									
Intervention areas	Planned Key Activities for the Current Year	Activity number	Planned Milestones				Milestone status	met? (Met, partially,	Remarks (reason for not meeting milestone or other key information)
			Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015			
10.2 Epidemiologic assessments conducted and results incorporated into national strategic plans	National Operational Research Agenda development workshop	10.2.1	Identification of facilitators and participants to the workshop conducted	Workshop on NPLT operational research agenda conducted		Document on NPLT operational research agenda available	Identification of facilitators and participants to the workshop in progress. Request to The Union made to facilitate preparation of workshop agenda: Dr Ghislain Koura will be available.	Partially	Rescheduled for June 2015

Sub-objective: 11. Human resource development									
Intervention areas	Planned Key Activities for the Current Year	Activity number	Planned Milestones				Milestone status	met? (Met, partially,	Remarks (reason for not meeting milestone or other key information)
			Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015			
11.1 Qualified staff available and supportive supervisory systems in place	Training/Refresher for supervisors	11.1.1	Training workshop on supervision done			Document on supervision guidelines available	Training workshop on supervision not done. Activity rescheduled for July 2015.	Not Met	
	Enhance capacities of NGOs involved in CTB (Ligue, Club des Amis de Damien , and Femmes Plus)	11.1.2	Support for NGOs action plan	Support for Action plan and organisation of NGOs forum	Workshop: resource mobilization and support post-training support for creation of NGOs website	NGOs action plan and workshop report available, NGOs website functions	Support for NGOs action plan and organisation of NGOs forum not done. CTB- DRC contacted Initiative Inc. on March 20, 2015 and on March 27, the contact was established between Initiative Inc. and 3 local NGOs.	Partially	A consultant (Rebecca FURTH) from Initiative Inc will visit DRC from 28 April to May 15. Her travel notification has already been sent to USAID Mission. Evaluation and capacity strengthening of local NGOs will be done during this mission.
	Enhance Central Unit (CU) staff capacities	11.1.3	Identification and organisation of training	Training in English and in Excel	Training in English	Training done			Activity rescheduled for July 2015

	Enhance CPLT capacities	11.1.4		3 CPLT coordinator trained at WHO course	3 CPLT coordinator trained in Cotonou Course . 4 CPLT Coordinator registered for The Union World conference in Cap Town	6 CPLT coordinators trained at an international TB course . 4 CPLT coordinator registered for The Union world conference in Cap Town	3 CPLT coordinators training (WHO course) not done. The first course on TB-HIV will take place in May in Cotonou (Q3). Selection of participants is in progress.		Activity rescheduled for Q3 and Q4
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Challenge TB Quarterly Report - Global Fund Engagement

Country Democratic Republic of Congo Reporting period: October 2014 - March 2015

Current Global Fund TB Grants				
Name (i.e. NFM 1)	Average rating*	Current rating	Total approved amount	Total dispersed to date
Caritas		B2	4 804 537, 71\$	2 047 898,24\$
CAG		B1	3372063,00\$	1 195 798, 27\$

*Since January 2010

In-country Global Fund status - key updates, current conditions, challenges and bottlenecks

The evaluation of the II semester will be done in April for the period from June to December 2014.

Previous terms: contract signed with provincial divisions before any payment of incentives. Need to respect requirement of writing reports to the mission, tendering, procedures, planning of internal and external audits, development of the risk management plan.

Reporting: at least 80% of structures sent their reports on time. Programmatic indicators were achieved in over 85%, despite the delay of disbursement. It should be noted that there was a delay in submission of supporting documents on the activities carried out.

TB drug stock situation: The first line anti TB drug were stocked out in 61 TB Diagnostic Centers during the quarter 4 on 2014 (Total number of TB Diagnostic Centers was 1522)

Obstacles: the rating B2 with 80% agreement on the budget and plan of work, lack of funds to execute the work plan because of this revised budget shortfall. Low disbursement but also low absorption. The extension of phase 2 was not implemented because of the delay in disbursement

Solutions: Monetary supplements by CTB in the provincial TB and leprosy coordination areas supported by the Project.

The CTB plan was developed to complement the Global Fund work plan. The project was approved in late January 2015 and its effective start-up was in February 2015 with the month of March used for the signing of contracts with local NGOs.

Actions will be taken during the second half of the project year to fix what was not in the first half: help with reporting within the 7 CPLTs supported by the project, strengthening managerial capabilities of the NTP and NGOs (Club des Amis de Damien, Ligue nationale antituberculeuse et antilepreuse au Congo) which are also recipients of Global Fund funding conducting support workshop, elaborating policies and guidelines, supporting the National TB Reference Laboratory, etc.

Challenge TB Quarterly Report - MDR-TB Update

Country	Democratic Republic of Congo	Reporting period	October 2014 - March 2015
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MDR TB cases diagnosed and put on treatment in country

Quarter	Number of MDR cases diagnosed	Number of MDR cases put on treatment	Comments:
Total 2010	107	168	Cases of suspected MDR-TB were being treated before bacteriological confirmation, the results of Drug Susceptibility Testing (DST) were obtained afterwards. Gradually with the introduction of GeneXpert in 2012 for diagnosis, the number of cases of MDR-TB began to rise. The number of cases diagnosed and treated are starting to match. Data for the first quarter of 2015 are still incomplete but most came from the city of Kinshasa and Kasai Oriental. The 7 CPLTs supported by the CTB project contribute at least 15% of patients on treatment, with a strong contribution from the South Kivu, the Kasai Oriental (KOR) and Kasai Occidental Est (KOE) which are CPLTs with GeneXpert machines.
Total 2011	88	138	
Total 2012	133	269	
Total 2013	268	359	
Total 2014	401	432	
Jan-Mar 2015	124	84	
Apr-Jun 2015			
Jul-Sep 2015			
Oct-Dec 2015			
Total 2015			

Challenge TB-supported International Visits (technical and management-related trips)

Country		Democratic Republic of Congo		Reporting period		October 2014 - March 2015						
#	Partner	Activity Code	Name	Purpose	Planned month, year	Status (pending or completed)	Dates completed	Duration of the visit (# of days)	Debrief presentation received	Summary report received	Final report received	Additional Remarks (Optional)
1	KNCV		Jeroen van Gorkom Caro Zwaenepoel	Workplan development for Year 1 of CTB project with budgeting	Dec-14	Completed	17/11/2014 to 22/11/14	6	Yes	Yes		
2	Union		Prof Nadia Ait-Khaled	Work plan developpment for Year 1 of CTB project with budget	Dec-14	Completed	30/11/2014 to 10 Dec. 2014	10	Yes	Yes		
3	Union		Monicah Andefa	Work plan developpment for Year 1 of CTB project with budgeting	Dec-14	Completed	30/11/2014 to 10 Dec. 2014	10	Yes	Yes		
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Total number of visits conducted (cumulative for fiscal year)												
Total number of visits planned in workplan												
Percent of planned international consultant visits conducted						#DIV/0!						

Quarterly Photos (as well as tables, charts and other relevant materials)



The Ministry of Health and acting Ministry of justice at the World TB Day in prison





Participants at the world TB day at Makala Prison in Kinshasa



Staff of Ministry health and Partenaire at The World TB day at Makala Prison in Kinshasa