



Challenge TB - India

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

Submission date: April 30, 2015

Challenge TB Year 1 Quarterly Report

Country: India
Lead partner: Union

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

Most Significant Achievements:

Along with the USAID Mission, the project team met with the Joint Secretary at the Ministry of Health (MoH) and the Central TB Division to formally introduce the *Call To Action for TB free India* planned under the Challenge TB project. Meetings were also held with other partners implementing projects that could contribute to the Call to Action. The MoH is on board and agreed to head the task force/steering committee for the Call to Action. At the suggestion of MoH, a high-profile launch by the Union Health Minister is now planned for April 23 while the Revised National TB Control Program (RNTCP) Joint Monitoring Mission participants are in the country. Dr Ariel Pablos-Mendez, USAID Assistant Administrator for Global Health, along with other dignitaries from USAID, Global Fund, WHO, Stop TB, The Union, BMGF are expected to participate.

Following the technical assistance visits from The Union and KNCV as well as discussions held with USAID Mission, the RNTCP and the Joint Secretary of the MoH, there is better understanding of the expectations from this project by the project team as well as the MoH. The Call to Action will kick start and catalyse Government of India's efforts to accelerate TB prevention and care, according to the RNTCP's "Intensified TB Control Plan - TB Mukht Bharat" (yet to be approved), in partnership with all stakeholders. Related to the RNTCP's request to prioritise service delivery, there is the understanding that the Call to Action will attract increased domestic funding for TB (example from the corporate and public sector undertakings) which could then be used for service delivery. Finally, the Challenge TB project strategy is also getting more defined and the outcomes were agreed upon by the Mission.

Update on the FIND study -accelerating access to quality TB diagnosis for paediatric cases in 4 major cities in India

- a.. Total presumptive pediatric TB and DR TB tested during reporting period - 6,257
- b. Total pediatric TB cases diagnosed on Xpert: 505 (8.1%)- 473 Rif sensitive and 32 Rif resistant TB
- c. Of the 473 Rif sensitive TB patients, 398 (84.1%) were on treatment. Of the remaining 75 TB cases, 14 (3%) reported death before treatment initiation and 15 (3.2%) were Initial default and for remaining 46,(9.7%) treatment information could not be tracked.
- d. Of the 32 rifampicin resistant TB patients, 19 (59.4%) were initiated on second line anti TB treatment during the reporting period. Of the remaining 13 Rif resistant cases, 5 were reported died and treatment information for 8 is being tracked.

Technical and Administrative Challenges:

- a. GeneXpert equipment related issues (hardware failure) leading to module replacement at Delhi and Hyderabad site.
- b. Due to inadequate funds, no major advocacy activities were carried out and it was challenging to ensure uninterrupted supply of cartridges and other laboratory consumables at the laboratories for the paediatric TB study.
- c. The new Project Director unexpectedly resigned on 29 March citing personal reasons which was a major setback for implementation of the project.
- d. There was no adequate time to prepare for the launch of the project on 23 April 2015, scheduled as per request of the MoH to coincide with the ongoing Joint Monitoring Mission. Additionally, acquiring the MoH approval for all event materials was challenging in terms of the time needed and did not allow for enough time to get inputs from the larger team supporting the project from abroad.

Challenge TB Quarterly Report - Success Story

Country: India	Reporting period: October 2014 - March 2015
Lead partner: Union	Other partners: KNCV

Planned Success Story Idea for Year 1

1. Access to improved diagnosis for children with TB
2. Partnering for a TB Free India

The success story falls under which sub-objective?

Success story 1 falls under: 2. Comprehensive, high quality diagnostics

Success story 2 falls under: 7. Political commitment and leadership

The success story falls under which intervention area?

Success story 1 falls under: 2.4 Access, operation and utilization of rapid diagnostics (i.e. Xpert) ensured for priority populations

Success story 2 falls under: 7.2 In-country political commitment strengthened

Status update of the success story

1. Access to improved diagnosis for children with TB

For the first time, the pilot intervention of offering upfront Xpert to all presumptive pulmonary and extra-pulmonary paediatric TB cases under routine programmatic conditions through high throughput centralized Xpert lab in defined geographic areas in India was undertaken. The pilot has emerged with a model in which participating providers were linked through rapid same day specimen transportation mechanisms. The project has also demonstrated its success with enrollment of more than 10,000 presumptive paediatric TB cases within less than a year ; Xpert testing for first time was extended to various types of non-sputum and non-respiratory specimens to assess the performance of this assay under uncontrolled field conditions. Xpert performance on both sputum and non-sputum was found to be highly satisfactory, with overall 99.3% cases getting valid results. Of the total specimens tested , more than 50% were non-sputum specimens. The intervention has led to overall improvement in bacteriologically confirmed paediatric TB cases, as well as detection of significant numbers of rifampicin resistant TB cases in children. The TB case detection was more than 2 fold as compared with smear microscopy and most of these children were put on treatment.

Sub-objective: 2. Comprehensive, high quality diagnostics		Planned Milestones					Milestone status		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	met? (Met, partially,)	
2.4 Access, operation and utilization of rapid diagnostics (i.e. Xpert) ensured for priority populations	Strengthen established access to improved diagnosis for children (FIND)	2.4.1	Site-wise work plan of operations ready, trained HR in place	>85% specimen received processed within 2 days; >90% reporting within 1 day	>90% specimen received processed within 2 days; >92% reporting within 1 day	>90% specimen received processed within 2 days; >92% reporting within 1 day	1. All the sites have trained staff comprising of lab technicians trained in processing sputum and non-sputum specimens on Xpert and Data entry operators for ensuring daily reporting to providers and tracking of individual patients 2. 99.3 % specimens were tested within one day of sample receipt and 3. 98.9 % of results were communicated to provider within one day of testing	Met	
	Treatment initiation & Contact investigation (FIND)	2.4.2	Development of SOP and training of all project staff	>50% screening of identified chest symptomatics among households of patients diagnosed under project; >85% diagnosed TB patients residing within project area initiated on treatment	>80% screening of identified chest symptomatics among households of patients diagnosed under project; >87% diagnosed TB patients residing within project area initiated on treatment	All field outreach workers conduct CI	1. All symptomatics identified among HHs of cases were screened on Xpert. 84.1% of the TB patients were initiated on treatment. 2. Of the remaining 75 TB cases, 14 (3%) reported death before treatment initiation and 15 (3.2%) were Initial Default and for remaining 46 (9.7%) treatment information could not be tracked. 3. Intensified contact tracing activity was carried out across all the four sites, resulting in a proportionately higher number of cases being tested during the given month. 4. SOPs and training material for the staff on the project objectives, and activities and processing of non-sputum specimen have been developed and all existing staff have been trained	Met	
	Public Private Mix and Advocacy (FIND)	2.4.3	2 CMEs, 1 Project staff meeting, 1 press briefing, 2 Advocacy meeting completed.	2 CMEs, 1 press briefing, 2 Advocacy meeting completed.	1 Project staff meeting completed.				Not Met

	Specimen collection, transportation and testing for suspected Extra-pulmonary TB patients (FIND)	2.4.4	Development of SOP and plan of action including identification of specimen (other than sputum) collection centre	Project site staff trained, Implementation of the strategy	Review of mechanism and linking of referring health facility to functional specimen collection centre		<p>Number of linked facilities are collecting non-sputum specimens. Proportion of various types of specimens tested on Xpert across four sites are: gastric aspirates/lavage (2980, 42.6%), Cerebral spinal fluid (498, 7.1%), Bronchoalveolar lavage (237, 3.4%), Pleural fluid (223, 3.2%), Pus (94, 1.3%), Fine needle aspiration cytology 61 (0.9%) and others 118 (1.7%)</p> <p>SOPs and training material for the staff on the project objectives, and activities and processing of non-sputum specimen have been developed and all existing staff have been trained</p>	Met	
--	--	-------	--	--	---	--	--	-----	--

Sub-objective: 7. Political commitment and leadership		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		
7.2 In-country political commitment strengthened	Establish a campaign Secretariat and hire professional agencies.	7.2.1	All staff recruited, media agency hired				All key staff onboard by mid April 2015 except support staff. However, the Project Director resigned within less than a month of joining which was a major setback. A consultant (Dr S Dhingra) has been hired on a temporary basis to assist with activities while a replacement is being identified.	Not Met	
	Formation of Project Steering Committee	7.2.2	PSC formed and meets regularly (at least monthly)				Along with USAID, the project team introduced the project to the Ministry of Health (MoH) and Central TB Division (CTD). The Joint Secretary of MoH has agreed to lead the initiative and asked for a launch of the project on 23 April, after which the Call to Action Steering Committee (SC) will be formed.	Not Met	The project launch on 23 April is an unplanned activity. MoH wanted to make an announcement of this project during the time that the RNTCP Joint Monitoring Mission was happening to bring this to the attention of both national and international experts participating in the JMM
	Development of a comprehensive database of stakeholders and constituencies	7.2.3	Searchable Excel/Access database created				Database of stakeholders prepared along with asset mapping which will help identify existing resources and projects that can be roped in to support the Call to Action for TB Free India	Met	The database will continue to be updated and refined as the project evolves and the priorities are set by the Steering Committee
	Pre-event stakeholder engagements	7.2.4	Shortlisted influencers approached	5 events completed - corporate & media event, consultations with the other three groups	Reports from these ready for launch in the C2A summit		After the launch, the Steering Committee will be formed to guide the stakeholders/influencers to be approached. However, the project has already reached out to patient advocates, media, corporate (Apollo Hospital) and other existing advocacy projects to participate in the launch event.	Partially	Pre-event stakeholder engagements have been deferred till the time the Steering Committee is formed and the committee agrees upon the planned events

Challenge TB Quarterly Report - Global Fund Engagement

Country: India 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

*Since January 2010

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

Will be reported Annually

Challenge TB & Global Fund - Challenge TB involvement in GF support/implementation, any actions taken during this reporting period

Challenge TB Quarterly Report - MDR-TB Update

Country	India	Reporting period	October 2014 - March 2015
---------	-------	------------------	---------------------------

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			Will be reported annually
Total 2011			
Total 2012			
Total 2013			
Total 2014			
Jan-Mar 2015			
Apr-Jun 2015			
Jul-Sep 2015			
Oct-Dec 2015			
Total 2015			

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

Country	India	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)
4			D'Arcy Richardson	To assist with Year 1 workplan development	Q1, Y1	Completed	17-22 Nov 2014	7	Yes	No	No	Presentation and notes of discussions related to the workplan, timelines for preparing Debrief with USAID (R. Swamickan) done on 25 March without ppt, Full report not expected
5			Paul Jensen	To advise on and contribute to strategic planning for Challenge TB Project activities for the coming year, and to brief the Challenge TB team on how the Union communications team can support	Q2, Y1	Completed	22-26 March 2015	5		Yes		
6			Helen Platt		Q2, Y1	Completed	22-25 March 2015	4		Yes		
7			D'Arcy Richardson	1. Orient the new Union team to Challenge TB and ensure they are familiar with reporting processes and requirements. 2. Trouble-shoot lack of clarity on project outcomes, spending timelines, Mission engagement in the project, and MOH expectations. 3. Provide technical assistance to further define the project strategy and set clear milestones for project activities.	Q2, Y1	Completed	5-11 April 2015	7		Yes		Full report not expected
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
Total number of visits conducted (cumulative for fiscal year)									3			
Total number of visits planned in workplan									12			
Percent of planned international consultant visits conducted									25%			

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