



Challenge TB - Zimbabwe

Year 1 Monitoring Report October 2014 - March 2015

Submission date: April 30, 2015

In November 2014 work plan development took place as well as visits from HQ to Zimbabwe. Therefore the coversheet and financial report show October 2014 - March 2015. The remaining project activities, however, did not commence until January 2015, hence the January - March 2015 coverage period in the remaining sheets with the exception of MDR-TB, which shows MDR-TB cases diagnosed and enrolled on treatment in 2014.

Challenge TB Year 1 Quarterly Report

Country: Zimbabwe

Reporting period: October 2014 - March 2015

Lead partner: The Union

Other partners: Interactive Research and Development (IRD), World Health Organisation (WHO) and KNCV Tuberculosis Foundation (KNCV)

Most Significant Achievements:

Successful engagement of Senior Management from of the Ministry of Health and Child Care (MOHCC) on Challenge TB (CTB) Year 1 (Y1) work plan. T one day consultative meeting held on 20th February 2015 brought together 22 managers, including the Permanent Secretary. The CTB Y1 work-plan w discussed and the Senior Management made a commitment to support implementation. The meeting provided a platform to discuss broader bottleneck TB-HIV control efforts in the country and came up with key action points with assigned focal persons and clearly defined timelines. Some of the key ac points for the Provincial Medical Directors included investigation into districts with low TB notification rates so that appropriate action can be taken. The attendance of the Permanent Secretary, for the first time and his commitment to continue supporting such engagements is anticipated to increase foc and attention to the national response to TB by the MOHCC.

Technical and Administrative Challenges:

1. Administrative:

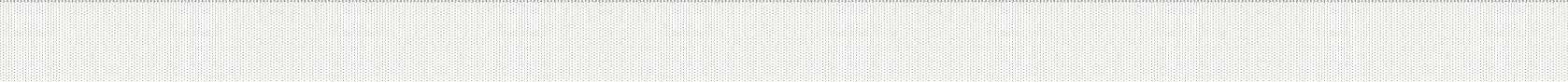
Non disbursement of Global Fund (GF) financial support from the Fund Administrator (UNDP) to NTP during the quarter stalled implementation of complementary activities funded by GF. This was caused by preconditions set by GF to do comprehensive assessments of Sub Recipients undertaken during the greater part of the quarter. The funds were disbursed on April 8, 2015.

Understaffing of The Union Zimbabwe Country office technical and administrative staff (resignation of the Accountant in Q1) resulting in constraints in facilitating program implementation due to increased workload. Recruitment of technical staff (TB-HIV Officer; Capacity Building Officer; Communicati Officer) has been completed and new staff are expected to assume duty on 1 May 2015. This will facilitate acceleration of implementation of planned activities. The process to recruit a new Accountant has been initiated.

2. Technical:

Delayed implementation of TB Drug Resistance Survey (DRS) due to none disbursement of funding to WHO and emerging varying opinions among MOHCC staff on where survey specimens will be processed. Options are being explored to re-channel funds from WHO to the lead partner and accelera implementation in the coming quarter.

The CTB reporting timelines are not aligned with the NTP reporting timelines leading to gaps in tracking outcomes for the quarter under review



Challenge TB Quarterly Report - Success Story

Country: Zimbabwe
Lead partner: The Union

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

Planned Success Story Idea for Year 1

1. Optimisation of the use of Gene Xpert machines in existing ITHC sites through replication of lessons learned in core project C5:13 under TB CARE I in Manicaland province
2. Intensified contact investigation in Seke and Beitbridge

Both success stories will be feasible and planned for under CTB Y1 plan. Clearly defined data collection tools will be used to document success. There is evidence from elsewhere that the planned activities are feasible.

The success story falls under which sub-objective?

1. Sub objective 2
2. Sub objective 4

The success story falls under which intervention area?

- 2.4 Access, operation and utilization of rapid diagnostics (i.e. Xpert) ensured for priority populations
- 4.1 Contact investigation implemented and monitored

Status update of the success story

1. This activity has not been implemented yet. The Union with KNCV is currently compiling the final project report including lessons learnt in the core project which will then inform the implementation of planned activities under Challenge TB starting in the quarter (April - June 2015)
2. The process of developing SOPs and reporting tools was initiated during the period under review.

Challenge TB Quarterly Report - Status of activities

Country:	Zimbabwe	Reporting period:	October 2014 - March 2015
Lead partner:	The Union	Other partners:	IRD, WHO, KNCV

Sub-objective:		2. Comprehensive, high quality diagnostics							
Intervention areas	Activity number	Planned Key Activities for the C	Activity Description	Planned Milestones			Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone or other key information)
				Jan-Mar 2015	Apr-Jun 2015	Sep 2015			
2.3 Access to quality culture/DST ensured	2.3.1	Refurbishments to facilitate installation of Hains machine procured under Global Fund at the National TB Reference Laboratory (NTBRL) to increase capacity for culture/DST	Carry out minor refurbishments for fitting the Hains machine (raising partition walls to the ceiling, installation of sinks and work benches, addition of doors and requisite plumbing)		100% (Refurbishment completed)		Jan 2015 - Mar 2015		The government Ministry of Public Works which is responsible for the maintenance of government institutions was engaged to facilitate the procurement process of the renovation materials . The procurement process was initiated for the importation of some items from South Africa not available in-country (namely, 2 x Biological safety Pass through boxes) and these items were awaiting delivery by the end of the quarter.
			Install Hains machine and conduct onsite training of 10 laboratory scientists at the National TB Reference Laboratory in Bulawayo on the use of the Hain machine by the local service provider x 2 days by 3 facilitators		HAIN machine installed and in use, 10 trained Laboratory Scientists				Installation to be done after renovations are complete.
2.4 Access, operation and utilization of rapid diagnostics (i.e. Xpert) ensured for priority populations	2.4.1	Installation of 40 GX machines (10 procured through TB CARE I , 30 through Global Fund HIV New Funding Mechanism)	Installation visits by a team of 5 (2 national officers , 1 provincial , 1 local service provider) x 2 days per site (including a traveling day) x 40 sites (pre-assessment completed)	50% (20 of the 40 sites)	50% (20 of the 40 sites)		Installations were done in 15 out of the 20 sites targeted for the quarter. This has contributed to decentralized access to more rapid Xpert technology. For the period Jan-Mar 2015 a total of 13,684 tests were done from 74 out of 78 reporting Xpert sites that have submitted reports. Of these tests, 1,936 (14%) were MTB+. Among these, 133 (7%) test results had Rifampicin resistant strains detected. A total of 1,150 (8.4%) tests were unsuccessful. Of these 739 (5.4%) were errors; 138 (1%) invalid and 273 (2%) no results.	Partially	The remaining five gene Xpert machines provided through Global Fund were not yet delivered by the end of the quarter due to delays in procurement by the Principal Recipient (UNDP). The installations have been deferred to the month of May 2015.
			On site training of the health care workers from referring clinics during the installation (20 health workers x 40 sites x 2 days per site) by a team of 3 facilitators (based on the existing Xpert implementation plan)	50% (400 HCWs)	50% (400 HCWs)		A total of 346 health care workers (157 males, 189 females): 43% of targetted HCWs were trained (Below target of 50% for the quarter) on the gene Xpert use and the diagnostic algorithm out the quarter target of 400 health care workers. These included nurses , nurse aides, primary care counsellors and laboratory personel. It is anticipated that this training will contribute towards an increase in the use of Xpert technology in these facilities.	Partially	The target of 400 health care workers was not met owing to the remaining 5 sites whose machines are yet to be installed in the coming quarter.
			Printing of 2500 Xpert MTB/RIF diagnostic algorithm (A3).	100% (2500 of the planned 2500)			A total of 2500 Xpert MTB/RIF diagnostic algorithms and these are being distributed during the trainings to enable appropriate and optimal use of the Xpert technology at health facility level.	Met	This has contributed to the achievements described in 2.4.1 above

2.6 Expedient laboratory specimen transport and results feedback system operational			Provide for annual calibration of 26 existing machines procured through TB CARE I (procure 26 calibration kits, calibration site visits by 1 person from Pointcare Diagnostics, the local service provider x 1 day per site x 26 sites)			100% (26 of the planned 26)			
	2.4.2	Support optimisation of the use of Gene Xpert machines in existing sites through training of nurses in Manicaland province	Training for 25 people per district x 7 districts x 2 days (in Manicaland province)			Training of 175 nurses			
	2.6.1	Support the specimen transport system initiated through TB CARE I	Monthly running costs for 50 existing motorcycles (fuel, maintenance, stationery for reports and insurance)	50 motorcycles supported	50 motorcycles supported	50 motorcycles supported	50 motorcycles were supported in the 3 cities and 42 districts, ferrying samples for Tuberculosis and other conditions for diagnosis and treatment monitoring to the laboratories. A total of 6,597 (21%) TB specimens were ferried out of 32,008 specimen during the first 2 months of the quarter under review. The significant proportion of non-TB related specimen reflects the relative contribution of project support to overall health systems strengthening.	Met	In Q2 2015, a meeting will be convened to discuss the best way of integrating the ST recording and reporting system into routine NTP R&R. It may only be possible to do that in APA2 due to the burden of HCW responsibilities in NTP.
			Conduct a meeting with key stakeholders to review key recommendations of the USAID specimen system evaluation report expected to be out in Year 1 to inform an integrated and sustainable implementation plan for Year 2 and beyond (40 people x 1 day)			1 key stakeholders meeting			The final Evaluation report was received on 13 of April 2015. The activity will take place in the quarter April to June 2015

Sub-objective:									
Intervention areas	Activity number	Planned Key Activities for the Current Year	Activity description	Planned Milestones			Milestone status	met? (Met, partially, not met)	Remarks (reason for not meeting milestone or other key information)
				Jan-Mar 2015	Apr-Jun 2015	Sep 2015			
3.1 Ensured intensified case finding for all risk groups by all care providers	3.1.1	Develop stand alone Childhood TB guidelines and training materials adapted from the WHO/The Union Childhood TB kit and IEC materials	Conduct Childhood TB situational analysis to inform the development of the Childhood TB guidelines (engage external TA for one person for 14 days, field visits by 4 national officers x 5 days)		Situational analysis conducted				Planned for April to June 2015, however, the Terms of Reference for the consultant have been finalised.
			Conduct a stakeholders writing workshop to finalise the Childhood TB guidelines and training materials (25 people x 5 days)		Childhood TB guidelines and training material developed		Planned for April to June 2015		
			Print 2500 copies of the Childhood TB guidelines and training materials)			2,500 Guidelines			
3.2 Access to quality treatment and care ensured for TB, DR TB and TB/HIV for all risk groups from all care providers	3.2.1	Conduct an Advanced Clinical DR-TB training course in country	Train 30 medical officers from provinces and districts on advanced DR-TB Clinical Management for 5 days by 2 external facilitators (10 days each including travel)		Training materials prepared and printed	100% (30 of 30 medical officers trained)			Training materials to be prepared and printed during the period April to June 2015. Technical experts to facilitate the training have been engaged and the actual training to be conducted from the 13th to 17th July 2015.
			Expansion of integrated TB-HIV care at primary care level	Replicate lessons learnt in core project C5.13 for expanded use of Xpert in case finding of TB in HIV care settings at 23 ITHC sites which were supported through TB CARE I (Orientation workshop for 46 nurses (2 per site) x 2 days by 5 facilitators Provide 5 days TA		100% (46 of 46 HCWs from the 23 ITHC sites)			The Mutare Core project has been completed and preliminary dissemination of project findings with the Province done, in preparation for provincial wide scale-up, planned for April to June 2015
		Equip and furnish 10 additional ITHC sites renovated through Global Fund (1 filing cabinet, 2 office desks, 2 office chairs, 4 visitors chairs) per site			100% (10 sites equipped with			NTP had not yet come up with the names for the new sites. All furniture was procured as per the specifications in the plan. These items will be distributed after completion of the renovations through Global Fund support.	
		Provide airtime, data bundles, refreshments for on site data review meetings, patient follow up and online submission of reports to 10 new and 26 existing sites	36 sites supported	36 sites supported	36 sites supported	Airtime, data bundles were procured for the 23 sites to facilitate online submission of reports and patient follow up. The following achievements were reported from the supported sites: - From Jan-Mar 2015, a total of 669 patients were diagnosed with TB (all forms) and started on treatment. Of these, 630 (94%) were tested for HIV and 447 (71%) had HIV positive results. - Among those with HIV positive results, 439 (98%) were on CPT and 394 (88%) were on ART.	Partially	Logistical arrangements (procurement of internet dongles and computers) were still being made for the three sites initially supported through Integrated HIV Care project (IHC2). The other 10 sites are expected to be supported next quarter after completion of the renovations supported by Global fund.	
		Targeted on sites mentorship and support supervision visits to new and existing ITHC sites (1 visit per year x 4 teams of 5 people x 5 days per visit)			36 sites supported				

Sub-objective:									
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				Jan-Mar 2015	Apr-Jun 2015	Sep 2015			
4.1 Contact investigation implemented and monitored	4.1.1	Pilot intensified contact investigation for both adults and children at 2 high TB notification districts (Beitbridge and Seke) in partnership with 2 CBOs	Develop Standard Operating procedures (SOPs) and tools for the pilot for intensified contact investigation (meeting for 25 people for 2 days)	Develop SOPs and tools			The draft SOPs were developed and were still being reviewed by key stakeholders by the end of the quarter. These, including the tools will be finalised in April 2015.	Partially	
			2 consultative meetings for 15 people x 1 day attended by selected CBOs (ZNNP+ and RAPT) and NTP, provincial and district health management teams.		Consultative meeting conducted				
			Conduct baseline assessments of contact investigation activities by the respective CBOs and NTP, provincial and district health management teams (5 people x 4 days)		Baseline assessments				
			Provide and maintain 2 dedicated motorcycles for intensified contact investigation (1 per district). There are no planned procurements of new motorcycles, but existing pool of motorcycles procured through TB CARE I will be used.		2 Motorcycles deployed and maintained	2 motorcycles maintained			
			Train 4 Riders (2 main riders and 2 back up) selected from community based DOT volunteers working with respective CBOs on contact investigation procedures and reporting.		4 Riders (2 main riders and 2 back up) trained				
			Conduct 2 support and supervision visits by national, provincial, district health management and the CBOs (5 people x 5 days x 2 visits)		1 of 2 supervision visits	2 of 2 supervision visits			
4.2 TB social determinants identified, appropriate interventions designed, implemented and monitored	4.2.1	Adapt WHO guidelines for active TB screening and reporting tools among high risk groups (Health workers, mine workers, refugees, prisoners, PLHIV, children etc)	Engage local TA to develop guidelines and map the high risk groups to inform targeted mass screening in APA2 (1 person for 14 days)		1 Local TA engaged				The terms of reference for this activity were developed and approved. The engagement of the consultant was stalled by unavailability of funding from WHO. By the end of the quarter the National TB Control Program was ready to flight the advertisement in the local media.
			Writing workshop to develop and finalise the guidelines for 25 people x 5 days		Writing workshop conducted				
			Print 2,000 copies of the guidelines			2,000 copies of guidelines			

Sub-objective:									
Intervention areas	Activity number	Planned Key Activities for the Current Year	Activity description	Planned Milestones			Milestone status Oct 2014 - Mar 2015	met? (Met, partially, not met)	Remarks (reason for not meeting milestone or other key information)
				Jan-Mar 2015	Apr-Jun 2015	Sep 2015			
7.1 Endorsed, responsive, prioritized and costed strategic plan available	7.1.1	TA for the development of the NSP					This activity was implemented under TB CARE I, the outstanding payments for the TA costs were settled during the quarter under review to offset carried over obligations from TB CARE I.	Met	
7.2 In-country political commitment strengthened	7.2.1	Engage parliamentary portfolio on health to lobby for increased TB funding	Conduct 1 advocacy meeting to lobby for increased domestic TB funding from the national fiscus (30 people x 1 day)		1 Advocacy meeting conducted				
	7.2.2	Initiate country participation in the global parliamentary caucus on TB	Support country engagement of Minister of Health and Child Care to the global parliamentary caucus on TB at the 46th World Lung Conference in South Africa (7 days)			Minister of Health supported			
7.3 Leadership and management competencies and capacities of NTPs ensured	7.3.1	Support NTP staff to attend IMDP management courses	Provide support to 2 NTP officers to attend the Union IMDP courses			2 NTP officers supported			
	7.3.2	Support The Union staff to attend IMDP management courses	Provide support to 3 Union officers to attend the Union IMDP courses			3 officers from The Union supported			
	7.3.3	Conduct one annual consultative meeting with national and provincial (PMDs and City Health Directors) health managers to discuss TB (TB-HIV, PMDT) policies, implementation arrangements and performance of the National TB Control Programme including Challe	Consultative meeting for 25 managers x 2 days	1 Consultative meeting for 25 managers			A one day Consultative meeting for Senior Managers from both National and Provincial level was successfully convened on the 22nd February 2015. A total 22 managers were in attendance including the Permanent Secretary for MOHCC. The CTB Y1 work-plan was tabled and Senior Management made a commitment to support implementation of the work-plan. The meeting provided a platform to discuss broader bottlenecks to TB-HIV control efforts in the country and came up with key action points with assigned focal persons and clearly defined timelines. Some of the key action points for the Provincial Medical Directors included investigation into districts with low TB notification rates so that appropriate action can be taken. The attendance of the Permanent Secretary, for the first time and his commitment to continue supporting such engagements is anticipated to increase focus and attention to the national response to TB by the MOHCC.	Met	Only one meeting had been planned. There was however a call from the Permanent Secretary to have these twice a year, the 1st to focus on planning and the 2nd on reviewing programme implementation and performance.

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Intervention areas	Activity number	Planned Key Activities for the Current Year	Activity description	Planned Milestones			Milestone status Oct 2014 - Mar 2015	met? (Met, partially, not met)	Remarks (reason for not meeting milestone or other key information)
				Jan-Mar 2015	Apr-Jun 2015	Sep 2015			
10.1 Well functioning case or patient-based electronic recording and reporting system is in place	10.1.1	Provide technical and systems support for ETRR	Recruit IT System Administrator /Programmer to manage and consolidate the ETRR software (Employed through WHO)	IT System Administrator recruited	Salary support for IT System Administrator	Salary support for IT System Administrator	This activity was stalled pending release of funding from PMU	Not Met	
			Engage external TA to support current implementation of Electronic TB Recording and Reporting System (ETRR) and systems integration with the HIV Electronic Patient Monitoring System (EPMS) and District Health Information System (DHIS) x 2 visits x 7 days per visit	External TA engaged			The terms of reference for the consultant were developed and approved by NTP. The processes of engaging the consultant were stalled by the unavailability of CTB funds from PMU.	Partially	
			Carry out support, maintenance and trouble shooting visits to 6 provinces implementing ETRR (quarterly visits by a team of 6 people x 5 days per quarter)	1 of 3 maintenance support visits	2 of 3 maintenance support visits	3 of 3 maintenance support visits	This activity was stalled pending release of funding from PMU	Not Met	
			Procure data bundles for 80 tablets (1 Gig per quarter per tablet)	80 Tablets connected to internet	80 Tablets connected to internet	80 Tablets connected to internet	This activity was stalled pending release of funding from PMU	Not Met	
10.2 Epidemiologic assessments conducted and results incorporated into national strategic plans	10.2.2	Conduct programme performance review meetings (to review key TB indicators for decision making to support program implementation and patient management)	Support 1 annual national review meeting (50 participants X 4 days) - participants drawn from CBOs, patient groups, national, provincial and district management teams			National annual review meeting conducted	The activity is planned for the last quarter of the year	Not Met	
			Support annual provincial review meetings (6 provinces x 2 days x 35 participants) participants drawn from CBOs, patient groups, provincial and district management teams at provincial level	Annual review meetings conducted in 2 of 6 provinces	Annual review meetings conducted in 2 of 6 provinces	Annual review meetings conducted in 2 of 6 provinces	The review meetings were conducted in 3 provinces, Manicaland, Matabeleland South and Bulawayo City. The reviews mainly focused on key TB performance indicators in case finding, case holding and Tuberculosis treatment outcomes. The major emphasis on case finding was to increase the index of presumptive TB screening particularly using the revised Xpert algorithms and in case holding to ensure close patient monitoring and follow up during treatment. TB-HIV collaborative activities such as timely initiation of HIV positive patients on ART and CPT as well as IPT formed a major part of the agenda. Feed back on data driven support supervision visits was also provided during the meetings.	Met	The remaining provinces have indicated that they will conduct their meetings in the next quarter
			Support annual district performance review meeting in 36 rural districts (2 days x 30 participants) - participants drawn from health facility health workers, CBOs, patient groups, community, district management teams	Annual review meeting conducted in 12 of 36 rural districts	Annual review meeting conducted in 12 of 36 rural districts	Annual review meeting conducted in 12 of 36 rural districts	A total of 13 district performance review meetings were conducted during the quarter under review - 7 in Matabeleland South Province, 5 in Manicaland province and 1 in Midlands province. The participants were drawn from health workers from primary care facilities. The meetings were centred on reviewing key TB and HIV programme indicators as was the case with provincial review meetings.	Met	The remaining districts have indicated that they will conduct their meetings in the next quarter

10.2.1	Conduct the National Drug Resistance Survey	Recruit Survey Coordinator and Data Manager to support implementation of the survey	Survey Coordinator and Data Manager recruited	Salary support for Survey Coordinator and Data	Salary support for Survey Coordinator		Not Met	This activity was stalled pending release of funding from PMU to WHO, which has not yet occurred.
		On site training for 15 health workers (inclusive of 4 provincial staff) on survey implementation per site for 10 sites (By team of 4 officers x 12 days)	150 HCWs trained			A total of 41 (10 F, 31M) health workers were trained as trainers with technical assistance from a Consultant from KNCV. The process of cascading trainings to all provinces was stalled by the delays in disbursement of funds to WHO	Partially	
		Conduct sites support visits by provincial teams (4 officers x 2 days x 10 provinces x 1 visit) during the pilot	1 visit per pilot site			This activity was stalled pending release of funding from PMU	Not Met	
		Conduct sites support visits by national team (4 officers x 2 days x 10 provinces x 1 visit) during the pilot	1 visit per pilot site			This activity was stalled pending release of funding from PMU	Not Met	
		Conduct pilot review meeting for 45 people (2 days x 1 participant per site x 10 sites and 3 provincial official x 10 provinces and 5 facilitators).	Pilot review meeting conducted			This activity was rescheduled for the month of May due to delays in pilot implementation.	Not Met	
		Provide for 7 days TA during pilot review meeting	1 External TA			This activity was rescheduled for the month of May due to delays in pilot implementation.	Not Met	
		On site training for health workers by provincial team trained during the pilot (4 people x 2 days per site x 10 sites per province x 10 provinces)		40 HCWs trained		The activity was planned for the next quarter	Not Met	
		Conduct 1 visit to survey clusters by provincial teams of 5 officials x 1 day per site x 10 sites per province x 10 provinces,		1 Support visit per cluster		The activity was planned for the next quarter	Not Met	
		Field Support for the DRS Coordinator (10 days per month)	30 days field support	30 days field support	30 days field support	This activity was stalled pending release of funding from PMU	Not Met	
		Shipment of survey specimens to SRL in Antwerp (20 batches)	6 batches	6 batches	8 batches	This activity was stalled pending release of funding from PMU	Not Met	
Provide external TA during implementation of DRS activities, (2 persons, x 1 mission x 10 days per person)	1 External TA x 2 people			This activity was stalled pending release of funding from PMU	Not Met			
10.2.3	Facilitate access to technical information	Continue to fund existing information and communication services for the provincial offices and NTP	Internet support for 8 provincial offices and NTP	Internet support for 8 provincial offices and NTP	Internet support for 8 provincial offices and NTP	Support was provided to maintain the internet communication services in 8 provinces and NTP. This facilitated the smooth flow of programme information between national and provincial levels.	Met	

Sub-objective:									
Intervention areas	Activity number	Planned Key Activities for the Current Year	Activity description	Planned Milestones			Milestone status Oct 2014 - Mar 2015	met? (Met, partially, not met)	Remarks (reason for not meeting milestone or other key information)
				Jan-Mar 2015	Apr-Jun 2015	Sep 2015			
11.1 Qualified staff available and supportive supervisory systems in place	11.1.1	Development and support of human resource capacity in TB data collection, analysis and use	TOT Training on TB data collection analysis and use with practical field visits (10 days x 30 participants per training x 2 trainings) with participants drawn from provincial/city, district and health facility managers		30 of 60 HCWs trained	30 of 60 HCWs trained	The activity was planned for the second quarter	Not Met	
			Print 2,000 copies of the TB data collection and analysis guidelines developed under TB CARE I	2,000 copies printed and distribute			These were not printed	Not Met	The guidelines will be printed during the second quarter. Additional resources were requested under APA1 B to print the guidelines for all the facilities in the country. NTP was yet to approve the final minor edits of the guidelines which will be done in April 2015.
			Engage TA to support the ToT training on data analysis and use (10 days x 2 people x 1 visit)		1 External TA for 2 people		The activity was planned for the second quarter	Not Met	
	11.1.2	NTP Capacity building plan	Workshop x 5 days x 15 people drawn from NTP, NAP and other stakeholders	Capacity building plan complete			The activity was not initiated	Not Met	The Capacity Building Officer was recruited and is expected to assume duty in May 2015. The officer is expected to coordinate and spearhead the drafting of the plan in the next quarter.
	11.1.3	Carry out data-driven support supervision with targeted and measurable objectives, written feedback and record of follow up	2 provincial/city to district support supervision in 6 Southern provinces, (5 officers x 7 days x 5 provinces x 2 visits)	6 of 12 Provincial support visits conducted		6 of 12 Provincial support visits conducted	6 provinces conducted field visits for data driven support supervision during the quarter. The visits focused on data quality assessments, review of recording and reporting tools, review of performance monitoring indicators as well as assessment of laboratory and pharmacy services. The major negative finding was infrequent adherence to intensified TB screening algorithm in HIV care settings. The provinces intend to tackle this challenge through continuous mentorship visits and strengthening of recording and reporting.	Met	
			2 district to health facility support supervision in 5 Southern provinces, (5 officers x 10 days x 37 districts x 2 visits) - including CBOs community DOT supporters and other community health cadres	First visit for 37 Districts conducted		Second visit for 37 Districts conducted	By the end of the quarter 30 districts had conducted health facility support supervision visits, while the other 7 were yet to conduct their visits (<i>these will be conducted in the next quarter</i>). Some of the major findings include; unsatisfactory presumptive screening in some facilities; inadequate resources for contact investigation; sub-optimal use of Xpert technology and minimal engagement of communities in TB control. Specific time-bound recommendations were agreed upon by the different districts for follow-up and support.	Partially	
	11.1.4	Updating and printing of PMDT training material	Engage TA, 10 days to review PMDT training materials and print 100 sets of revised training material	External TA engaged and print 100 copies			This activity was stalled pending release of funding from PMU	Not Met	There was a delay in the printing and dissemination of the revised PMDT guidelines which were meant to inform the development of the training material hence this process did not start. The activity has been moved to June 2015.
11.1.5	Facilitate access to information and communication services	Support dissemination of operations research work and country best practices at the 46th World Conference on Lung Health in Capetown, South Africa (2 NTP staff, 2 Union Directors, 2 Union Technical Officers)			6 Staff from NTP and The Union supported	The activity is planned for the last quarter	Not Met		

Challenge TB Quarterly Report - Global Fund Engagement

Country Zimbabwe 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
ZWE-T-MOHCC	N/A	N/A	\$38.8M	\$9.5M
ZIM-809-G12-T	A2	A3	\$51.9M	\$51.9M
ZIM-509-G08-T	B1	B2	\$6.8M	\$6.8M

*Since January 2010

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

Following the approval of the TB grant under the New Funding Mechanism (NFM), Ministry of Health and Child Care has established a Programme Coordinating Unit (PCU) that will assume responsibility of managing the grant previously managed by the United Nations Development Program (UNDP) under the additional safeguard measures.

The PCU has a staff establishment of 13 workers namely; 1 Coordinator ; 3 managers [Monitoring and Evaluation (M&E), Finance and Procurement and Supply Management (PSM)]; three officers M&E , Finance and PSM; Senior Assistant Administration officer; 2 Personal Assistants and 3 drivers. The role of the PCU is to coordinate the implementation of the TB and Malaria grants. The PCU reports to the Permanent Secretary of MOHCC.

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

There were no programme activities supported through Global Fund during the quarter due to delays in disbursement of funding. This was caused by preconditions set by GF to do comprehensive assessments of Sub Recipients undertaken during the greater part of the quarter. The funds were disbursed on April 8, 2015.

Challenge TB Quarterly Report - MDR-TB Update

Country	Zimbabwe	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	40	28	Data for January to March 2015 are not yet available.
Total 2011	118	64	
Total 2012	149	105	
Total 2013	393	351	
Total 2014	409	387	
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 Zimbabwe 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	WHO	4.2.1	TBA	TA for the development of guidelines for active TB screening and reporting tools among high risk groups	Jun-15	Pending	NA	NA	NA	NA	NA	
2	UNION	3.2.1	Ignacio Monedero	Advanced clinical DRTB training course	Jun-15	Pending	NA	NA	NA	NA	NA	
3	UNION	3.2.1	Pepe Caminero	Advanced clinical DRTB training course	Jul-15	Pending	NA	NA	NA	NA	NA	
4	UNION	3.2.2	Riitta Dlodlo	TA for Replication of lessons learnt in core project C5.13 for expanded use of Xpert in case finding of TB in HIV care settings at 23 ITHC sites	Jun-15	Pending	NA	NA	NA	NA	NA	
9	WHO	7.2.2	GoZ Minister of Health	Country participation in the global parliamentary caucus on TB	Sep-15	Pending	NA	NA	NA	NA	NA	
10	UNION	7.3.1	P. Mwangambako - NTP	IMDP courses (M&E)	Apr-15	Pending	NA	NA	NA	NA	NA	
	UNION	7.3.1	M. Mapfurira - NTP	IMDP courses (Strategic Management and Innovation)	Jun-15	Pending	NA	NA	NA	NA	NA	
11	UNION	7.3.2	R. Ncube - The Union	IMDP courses (Strategic Management and Innovation)	Jul-15	Pending	NA	NA	NA	NA	NA	
12	IRD	7.3.3	TBA - 2 Officers	TBA	TBA	Pending	NA	NA	NA	NA	NA	
13	KNCV	10.2.1	Ieva Leimane	DRS training	Mar-15	Completed	22-28 March 2015	6 days	Yes	Yes	No	Detailed Final Report was not a deliverable of the Terms of Reference
14	KNCV	10.2.2	Jerod Scholten	TA for the National Drug Resistance Survey	Jun-15	Pending	NA	NA	NA	NA	NA	
15	KNCV	10.2.2	Nico Kalisvaart	TA for the National Drug Resistance Survey	Jun-15	Pending	NA	NA	NA	NA	NA	
16	UNION	11.1.1	Riitta Dlodlo	Training in TB Data Collection and Analysis and Use	May-15	Pending	NA	NA	NA	NA	NA	
17	UNION	11.1.1	Einar Heldal	Training in TB Data Collection and Analysis and Use	May-15	Pending	NA	NA	NA	NA	NA	
18	WHO	11.1.4	TBA	TA for Updating and printing of PMDT training material	May-15	Pending	NA	NA	NA	NA	NA	
20	UNION	12.1	Monicah Andefa	Technical supervision								
21	UNION	12.1	Paula Fujiwara	Technical supervision	Feb-15	Completed	8 - 14 February 2015	7 days	Yes	Yes	Yes	
22	UNION	12.1	Christopher Zishiri	Technical management meeting with HQ	Apr-15	Pending	NA	NA	NA	NA	NA	
23	UNION	12.1	Ronald T Ncube	Technical management meeting with HQ	Apr-15	Pending	NA	NA	NA	NA	NA	
24	KNCV	12.1	Max Meis	Technical supervision	Nov-14	Completed	17 - 21 November 2014	5	Yes	Yes	Yes	The Final Challenge TB work plan was approved
25	KNCV	12.1	Mischa Heeger	Technical supervision	Nov-14	Completed	18 - 21 November 2014	5	Yes	Yes	Yes	The Final Challenge TB work plan was approved
26	KNCV	12.1	TBA	Technical supervision	TBA	Pending	NA	NA	NA	NA	NA	
27												
28												
29												
30												
31												
32												
33												
Total number of visits conducted (cumulative for fiscal year)									4			
Total number of visits planned in workplan									21			
Percent of planned international consultant visits conducted									19%			

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



A rider handing over sputum specimens to a nurse at Plumtree District Hospital