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Challenge TB – Botswana

Year 2

Quarterly Monitoring Report October-December 2015

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Cover photo:

Improper placement of GeneXpert platform and discussing proper space management for optimum equipment utility (*credit: Dr Gladys Anyo, KNCV Botswana*)

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1. Quarterly Overview

Country	Botswana
Lead Partner	KNCV Tuberculosis Foundation
Other partners	-
Workplan timeframe	October 2015 – September 2016
Reporting period	October - December 2015

Most significant achievements:

1. GxAlert landscape analysis: As part of Challenge TB (CTB) work-plan, a GxAlert consultant conducted a landscape analysis during this quarter. The consultant met with the major stakeholders and made proper evaluation of the tuberculosis (TB) information system policy, software readiness, and infrastructure in place. Based on the completed landscape analysis, the following operational recommendations were made.

- Keep the installation process uniformed across sites in order to minimize training, labor & maintenance costs.
- Connect GxAlert to OpenMRS and the Data Warehouse first.
- Deploy the Smart Wifi/3G Router configured to default to Government Data Network (GDN).
- Deploy nationwide anti-virus to PCs.
- Deploy nationwide enterprise TeamViewer
- Consider leveraging the following opportunities:
 - Upgrade the software on all the GeneXperts to the latest version of Cepheid software (version 4.7b).
 - Install Cepheid's Cloud Control software.

It was also recommended to finalize GDN approval and mobile network operator (MNO) agreements prior to setting a launch date. The national roll-out is planned for the 2nd quarter of APA2.

2. Global Fund Implementation: Grant making process has been completed during this quarter which included the completion and submission of the following key documents to the Global Fund country team:

- Performance Framework
- List of health products, quantities and costs
- Detailed budget and summary budget
- Implementation Arrangement Map
- M&E Plans
- Bank Letter per grant confirming bank account details
- Principal Recipient (PR) letter per grant

Challenge TB has been closely supporting the full cycle of Global Fund implementation from concept note development, development of implementation plan and grant making. During this quarter, Challenge TB has worked together with NTP's Global Fund manager in the completion and submission of the above key documents.

The country has been granted US\$ 27,043, 807 for a joint TB/HIV concept note. The grant signing is scheduled for the 1st week of February 2016. Challenge TB will continue to closely support the Ministry of Health (MoH) with regard to full implementation cycle of the Global Fund to ensure implementation with maximum impact.

3. MDR-TB support: Mentoring and supportive supervision conducted in three multidrug resistant TB (MDR-TB) sites Nyangagbwe Referral Hospital, Sekgoma Memorial Hospital and Letsholathebe II Memorial Hospital during this quarter. The key challenge identified particularly with Nyangagbwe Referral Hospital is, that the MDR-TB clinic is only one room and is within the outpatient unit with other clinics next to each other. Infection control is a challenge as MDR-TB patients are seen in the same outpatient department as the patients not infected with TB. There has been delay in moving to the new MDR-TB clinic that has been built at Jubilee hospital due to management related issues. The audiology equipment (Kudu

wave) was taken for calibration so no tests have been performed during the last quarter. The machines had been returned to the site during the week of visit. The visiting team has met with the hospital management and recommended to speed up the opening and functioning of the Jubilee MDR-TB clinic. It has been agreed to start the routine audiology tests of MDR-TB patients as soon as possible. The MDR-TB sites haven't made supportive supervision to the referring clinic and hence the visiting team along with the hospital staff have extended the supervision to other health facilities in the district that are referring cases to the MDR-TB sites. The facilities visited include: Serowe district (New town clinic, Nutrition clinic, Mmashoro clinic and Kadimo clinic); Ngamiland district (Moeti clinic, Thito clinic, Maun clinic) and Francistown district (Boikhitso clinic and Lapologong clinics).

- 4. Laboratory support:** Mentoring and supportive supervision were conducted at GeneXpert and TB microscopy sites in Greater Francistown and Tutume districts. Three health facilities (Nyangagbwe Referral Hospital Laboratory, Area W clinic laboratory and Tutume primary hospital laboratory) were visited. While there is continuation in lab services, GeneXpert utility is not optimal due to poor placement of GeneXpert platform, no air-conditioner in the lab, the effect of high temperature resulting in the poor functionality of the machine. The effect of the new placement of the GeneXpert platform on the quality of services will be assessed during subsequent visit.

The Laboratory Technical Adviser, Dr Kathleen England from the Project Management Unit (PMU), also visited Botswana during this quarter to provide guidance and support to the new CTB Senior Laboratory Adviser at National TB Reference Laboratory (NTRL) and conducted a brief survey of current laboratory network activities and challenges with regard to GeneXpert. She also assessed progress towards restoration of NTRL TB containment lab ventilation system for the re-establishment of routine culture and DST services. Data captured and analyzed during this visit support the earlier theories of sub optimal utilization of Xpert machines in the country; and also highlight the urgent need for increased numbers of site visits and service contracts.

Technical/administrative challenges and actions to overcome them:

The National TB Reference Laboratory is still facing challenges with the provision of services to the nation with respect to culture and drug susceptibility testing. For close to two years, the NTRL BSL3 containment facility was not functional as it lost the capability to work under negative pressure. This has been a major security risk for all staff resulting in the closure of the NTRL. This has greatly compromised the diagnosis and routine patient monitoring for drug resistant TB in the country. Previous attempt by MoH refurbishing has proved to be unsuccessful. The Ministry of Health and CTB are currently sourcing out funds to effect the refurbishment of the lab. CTB has so far extensively discussed the problem and has agreed to support some funding through reprogramming existing fund. However the cost for refurbishment and the request to partners to support the refurbishment is being awaited.

5. Year 2 activity progress

Sub-objective 2. Comprehensive, high quality diagnostics								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
A) Perform an internal audit of the current C/DST and M/DST with recommendations for improvements to provide quality and efficiency in testing	A2.3.1	Report Audit results and provide recommendations			Annual Report on NRL lab cDST/mDST performance with quality indicators with status of 3 proposed sites for cDST implementation	No audit results to report for this quarter as NTRL is not functional yet. Meanwhile, the NTRL has currently limited slots in the CDC research CTL facility to carry out some urgent routine work and proficiency test of samples.	Not met	The NTRL has not yet been refurbished but the problem is being addressed by MoH and partners. It is expected that refurbishment of the lab may be completed by the 3 rd quarter of APA2 although it is solely dependent on availability of funds.
B) Support the lab through the current 2 nd -line validation process	A2.3.1	Progress report on validation				A Proficiency Testing Panel/EQA panel sent from SRL Uganda is still under analysis. LPA analysis must be repeated using MTBDRs/ version 2. Partial report available	Partially met	Ongoing
C) Work to link the lab with the WHO SRL network for International proficiency testing	A2.3.1	Progress Report on linkage with SRL Antwerp		Progress Report on Proficiency Testing		A MoU has been established with SRL Uganda on the 20 th February 2015. The Head of SRL Uganda (Dr. Joloba) has a planned visit to assess the processes in the NTRL during the 2 nd quarter of	Met	Ongoing – The current SRL is Uganda and not Antwerp as previously programmed. This change is based on WHO AFRO recommendations for labs to use regional SRL for regional supervision. The progress report on proficiency testing will be

						APA2		produced when the testing is complete
D) Assess the feasibility of implementation of culture and DST testing at the 3 identified sites (Nyangabgwe, Letsholathebe and Ghanzi)	A2.3.1	Perform site visit to 1st of the proposed labs for c/DST implementation. Report on assessment and feasibility for c/DST	Perform site visit to 2nd of the proposed labs for c/DST implementation. Report on assessment and feasibility for c/DST	Perform site visit to 3rd of the proposed labs for c/DST implementation. Report on assessment and feasibility for c/DST		NTRL still remains the only C/DST site in the country so far. Through Global fund, containerized lab is planned for Francistown but the funding is not yet available and hence site visit to the site has not been done during this quarter	Not met	No new sites for C/DST are envisaged for Botswana in the near future apart from the planned containerized lab for Francistown which will be implemented when the Global Fund is available.
A) GeneXpert program assessment	A2.4.1	Completed assessment and Report 2014 GeneXpert Data				Initial data template developed by the in-country senior Lab Technical Adviser has been used to collect data for assessment on all 34 Xpert sites	Partially met	There are 34 GeneXpert sites in the country (33 based in the lab and one at point of care). 3 PCs were crashed and replaced and 1 stolen and not yet replaced. 16 modular failures. There are 5 UPS that are not working at the moment. All GeneXpert sites are involved in proficiency testing.
B) Technical advisory role to support National Xpert program activities on re-training, mentoring, M&E, and quality processes.	A2.4.1	Progress Report training, mentoring, utilization and quality performance of the National Xpert program	Progress Report training, mentoring, utilization and quality performance of the National Xpert program	Progress Report training, mentoring, utilization and quality performance of the National Xpert program	Annual Summary of the National Xpert program performance utilization and impact.	The in-country senior lab adviser has conducted mentoring and supportive supervision to GenXpert and TB microscopy sites in Greater Francis town and Tutume districts. Three health facilities (Nyangagbwe Referral Hospital Laboratory, Area W clinic laboratory and	Partially met	All three sites have functional machines although with limited performance related to either modular failure, dust clogged filters or high temperature. Annual report will be forthcoming at the end of the year.

						Tutume primary hospital laboratory) were visited		
C) GxAlert Preparation, implementation, evaluation	A2.4.1	Assessment for GX ALERT roll-out with proposal Delivered Start installation of GX ALERT (10/34 sites)	Continue installation (25/43 sites)	Final Install (34/34 sites) with Final Report from STTA.	External review by consultant of GXALERT roll-out with final report/recommendations	A GxAlert consultant visited Botswana during this quarter to conduct landscape analysis. The consultant met with the major GxAlert stakeholders and made proper evaluation of the TB information system policy, software readiness, and infrastructure in place. Installation of GxAlert will start in quarter 2 of APA 2.	Partially met	The national roll-out of GxAlert is planned for the 2 nd quarter of APA2
A) Assessment of current system and identify baseline activities for all 34 Xpert sites	A2.6.1	Design assessment checklist and collect annual baseline data for all 34 sites Complete assessment on 34 sites and report			Annual Report on ST Systems and overall impact of mitigated solutions	A more detailed Xpert network assessment form for GxAlert rollout has been designed by PMU's Laboratory Technical Adviser (Kathleen England) and will be used in the future to collect data. However, a baseline data exists as explained above (A2.4A)	Partially met	The Xpert network assessment form is designed and yet to be populated by the 3 rd quarter of APA2 because NTRL doesn't have budget to conduct site visit
B) Identify alternative strategies with cost / sustainability evaluation	A2.6.1	Provide Recommendations from assessment on mitigated solutions per site (34)(if				The rollout of GxAlert implementation is ongoing and hoped to provide solutions to identification of module failure etc may be quickly addressed	Not met	GxAlert roll out is yet to be implemented. Landscape analysis is completed and national rollout is scheduled for the 2 nd Quarter of APA2.

		necessary)						
C) Implementation by District	A2.6.1		Progress Report on implementation process of mitigated solutions	Interim Report on implementation process of mitigated solutions (per site/district)			Not applicable	The milestone is planned for Q2 of APA2
D) M&E	A2.6.1		Devise M&E Tool to monitor ST Systems	Use M&E tool per 34 Xpert sites for ST Systems			Not applicable	The milestone planned for Q2 of APA2



Onsite mentoring of lab staff performing GeneXpert test (Credit: *Dr Gladys, KNCV*)

Sub-objective 3. Patient-centered care and treatment

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
A) Advisory capacity for routine training of MCH staff on clinical signs of TB, particularly failure to thrive, the current algorithm for screening children for TB, and recommendations for IPT	A3.1.1	Quarterly progress reports on training and improved activities in MCH clinics	Quarterly progress reports on training and improved activities in MCH clinics	Quarterly progress reports on training and improved activities in MCH clinics	Uptake/ Impact Report on screening for TB, Dx referrals from MCH clinics and IPT use in Children	A 3-day National workshop (14 th – 18 th December 2015) was organized by NTP to adapt the current WHO Pediatrics TB framework in order to align the country's guideline with the WHO standards. During that national workshop, there was active participation of child health unit of MoH and discussed to establish platform for collaboration between TB and Child Health to work together and incorporate clinical signs of TB in children into the existing child health training package.	Partially met	Follow up meeting will be with Child Health Unit of the Ministry of Health to incorporate clinical signs of Childhood TB in Child Health training package and train staff involved in child-maternal health care.
A) Quarterly mentoring of NTP staff at the 5 MDR-TB treatment sites to include pharmacovigilance and update of National guidelines for programmatic management of drug resistant TB	A3.2.1	Quarterly progress summary on MDRTB site visits (2 nd site) to include relevant data on patients, treatment outcome, and Adverse event	Quarterly progress summary on MDRTB site visits (3 rd site) to include relevant data on patients, treatment outcome, and Adverse event	Quarterly progress summary on MDRTB site visits (4 th site) to include relevant data on patients, treatment outcome, and Adverse event	Quarterly progress summary on MDRTB site visits (5 th site) to include relevant data on patients, treatment outcome, and Adverse event	Mentoring and supportive supervision conducted in 3 MDR-TB sites: Nyangagbwe Referral Hospital, Sekgoma Memorial Hospital and Letsholathebe II Memorial Hospital.	Partially met	The mentoring visit was conducted by MDR-TB trained local staff (Dr Kgwaadira and Dr Kuate) with the technical and financial support from CTB. During the site visit to MDR-TB facilities, the officers also extended the supportive supervision to other facilities in the districts which are referring patients to MDR-TB sites.

(PMDT) in-line with new WHO recommendations		reporting	reporting	event reporting	reporting			
B) Technical Support for implementation of National Strategy under Global Fund	A3.2.1	Quarterly progress report on TA to GF grant implementation	Quarterly progress report on TA to GF grant implementation	Quarterly progress report on TA to GF grant implementation	Quarterly progress report on TA to GF grant implementation	Challenge TB has been closely supporting the full cycle of Global Fund implementation from concept note development, development of implementation plan and grant making. Grant making process has been completed during this quarter which included the completion and submission of the key documents to the Global Fund country team.	NA	All the necessary requirements are met and accompanying documents are submitted. The grant signing is scheduled for the 1 st week of February 2016.
C) Technical support for the harmonization for community based program tools for ACF	A3.2.1	Quarterly progress report on TA to community based activities	Quarterly progress report on TA to CB activities	Quarterly progress report on TA to CB activities	Quarterly progress report on TA to CB activities	Postponed to quarter 2.	Not met	This activity is not implemented and postponed to the next quarter by NTP as it is planned under Global Fund and the funding is not yet available.



Mentoring and supportive supervision to Sekgoma Memorial Hospital MDR-TB sites
(Credit: Dr Kgwaadira, NTP)



Mentoring and supportive supervision to Nyangagbwe Referral Hospita MDR-TB sites
(credit: Dr Kuate, NTP)

Sub-objective 4. Targeted screening for active TB								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (<i>reason for not meeting milestone, actions to address challenges, etc.</i>)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
A) Advisory Role for the implementation of Contact Investigation approaches using the Community Health Workers	A4.1.1	Quarterly progress report on CI program using CHWs	Quarterly progress report on CI program using CHWs	Quarterly progress report on CI program using CHWs	Annual Report on impact of CI via CHW network	Contact investigation based on the revised WHO guideline and implementation manual is being piloted in one of the high burden TB districts (Ghanzi district). CTB has been providing technical support to NTP to develop some tools that are necessary in the implementation of contact investigation (namely index case interview and chart review form, and TB contact investigation form). The piloting will continue until April 2016. The findings from the pilot will help the country to develop standard operating procedures (SoP) for the nationwide implementation of the revised contact investigation. Full report of the implementation will be available in April 2016.	Partially met	Detail progress report will be provided during the 3 rd quarter of APA2 as the pilot implementation will continue until April 2016.

Sub-objective 8. Comprehensive partnerships and informed community involvement								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
A) STTA support for grant negotiations	A8.2.1	Mission report will be available				This activity is not carried out as the MoH decided to prepare the grant making process with in-country support and the STTA mission did not happen.	Not met	The Ministry of Health rather preferred to get STTA during the implementation of the Global fund and hence this activity is cancelled.

Sub-objective 9. Drug and commodity management systems								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
BDQ and Pharmacovigilance	9.2.1		STTA Mission Report on BDQ Registration and PV Training					

Sub-objective 10. Quality data, surveillance and M&E								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
Assessment on connectivity and data systems with proposal for linking systems	A10.1.1	Assessment report with Proposed activities and cost for interfacing				A consultant (Jeff Takle) visited the country during this quarter to make proper evaluation of the TB information	Partially met	

		systems. With timeline and strategic plan				system policy, software readiness, and infrastructure in place for further integration of the different systems. Detail of this achievement is indicated in activity 2.4.7 above.		
<p>Update the national survey protocol in-line with the current WHO guidelines and field experiences in implementing TB prevalence survey in other countries</p> <p>Development of survey tools and training of staff in preparation for the TB prevalence survey implementation</p> <p>Monitor and supportive supervision during the implementation of the survey</p>	A10.2.1	Updated survey protocol					Not met	This activity is pushed to the second quarter based on the request from NTP. Key staff was not available during Q1.

3. Challenge TB's support to Global Fund implementation in Y 2

Current Global Fund TB Grants

Name of grant & principal recipient (i.e., TB NFM - MoH)	Average Rating*	Current Rating	Total Approved Amount	Total Disbursed to Date	Total expensed (if available)
TB/HIV NFM – NACA/MoH & ACHAP	NA	NA	* US\$ 27,043,807	NA	NA
TB-Grant – MoH	B1	B2	**8,952,178 \$	8,522,651 \$	

* TB/HIV NFM has been approved and the grant signing is expected in November 2015

** TB Grant covered period: 2007 – 2013

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

Challenge TB has been closely supporting the full cycle of Global Fund implementation from concept note development, development of implementation plan and preparation for grant signing. The country has been granted US\$ 27,043,807 for a joint TB/HIV concept note. Grant making process has been completed during this quarter which included the completion and submission of the following documents to the Global Fund country team:

- Performance Framework taking into account the Technical Review Panel (TRP) recommendation
- List of health products, quantities and costs
- Detailed budget and summary budget
- Implementation Arrangement Map, taking into account the flow of funds to SRs and SSRs
- Monitoring and Evaluation plans
- Bank Letter per grant confirming bank account details
- PR Letter per grant – confirming the signatories of the legally binding agreement and/or requests for disbursement

The grant signing is scheduled for the 1st week of February 2016. CTB will continue to closely support the MoH with regard to full implementation cycle of the Global Fund to ensure implementation with maximum impact. One important activity planned under Global Fund is the national TB prevalence survey. A consultant will be in-country by the beginning of Quarter 2:

- To review the existing protocol and make decisions on needed adaptations to reflect the latest developments in methods and organization of TB prevalence surveys,
- To orient the NTP and NTRL, key partners team members on the conduct of TB prevalence surveys,
- To start in-country discussion on the introduction of Bedaquiline for complicated HIV/TB, MDR-TB and XDR patients and training needs for Pharmacovigilance.

4. Success Stories – Planning and Development

Planned success story title:	Implementation of Data Connectivity for Patient Management Through Integrated Technologies: National implementation and roll-out of GxAlert in Botswana
Sub-objective of story:	2. Comprehensive, high quality diagnostics
Intervention area of story:	2.4. Access, operation and utilization of rapid diagnostics (i.e. Xpert) ensured for priority populations
Brief description of story idea:	Xpert MTB/RIF has been rolled out to 34 health facilities in the country (there are 28 health districts and each district at least one Xpert machine). The roll-out was quite successful and can potentially make significant contribution to improving the diagnosis and care of TB patients in the country. However, there is no data capturing mechanism established and the manual collection of data is not working well. It takes weeks and months to reach the national level, incomplete and inaccurate reporting with lots of uncertainty. In order to improve this situation, CTB in collaboration with NTP is introducing a remote monitoring system (GxAlert). Through the implementation of GxAlert the onsite GeneXpert test result could be available in 5 – 15 seconds after testing, data can replicate and move, patients can be put on treatment faster, fewer stock outs and fewer cartridge expiry.
Status update:	Landscape analysis was conducted during this quarter. A consultant was in-country to meet with major stakeholders and made proper evaluation of the TB information system policy, software readiness, and infrastructure in place. The landscape is quite favorable to a national GxAlert implementation. A clear national TB strategy underpins these systems and provides clarity for where GxAlert can add value along the patient continuum of care. The national roll-out will be implemented during the 2 nd quarter of APA2.

5. Quarterly reporting on key mandatory indicators

Table 5.1 MDR-TB cases detected and initiating second line treatment in country (national data)

Quarter	Number of MDR-TB cases detected	Number of MDR-TB cases put on treatment	Comments:
Total 2010	105	118	In some cases, the number of patient started on treatment is higher than number of MDR-TB detected because some patients are started on treatment as MDR-TB suspects without confirmation. All cases were not DST confirmed due to seizing operation by NTRL.
Total 2011	46	71	
Total 2012	52	67	
Total 2013	59	59	
Total 2014	85	85	
Jan-Mar 2015	22	22	
Apr-Jun 2015	20	20	
Jul-Sep 2015	16	16	
Oct-Dec 2015	24	24	
Total 2015	82	82	

Table 5. 2 Number and percent of cases notified by setting (i.e. private sector, prisons, etc.) and/or population (i.e. gender, children, miners, urban slums, etc.) and/or case finding approach (CI/ACF/ICF)

		Reporting period					Comments
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sept 2016	Cumulative Year 2	
Overall CTB geographic areas	TB cases (all forms) notified per CTB geographic area <i>(List each CTB area below - i.e. Province name)</i>						Challenge TB is supporting at national level and no specific population as such as target.
	TB cases (all forms) notified for all CTB areas						
	All TB cases (all forms) notified nationwide (denominator)	Data not yet available					
	% of national cases notified in CTB geographic areas						
Intervention (setting/population/approach)							
Contact investigations	CTB geographic focus for this intervention	Ghanzi district					Contact investigation is being piloted in one of the high burden TB districts (Ghanzi district). Data on its implementation will be available only during the 3 rd quarter of APA2.
	TB cases (all forms) notified from this intervention						
	All TB cases notified in this CTB area (denominator)	Data not yet available					
	% of cases notified from this intervention						
Choose an item.	CTB geographic focus for this intervention						
	TB cases (all forms) notified from this intervention						
	All TB cases notified in this CTB area (denominator)						
	% of cases notified from this intervention						
Choose an item.	CTB geographic focus for this intervention						
	TB cases (all forms) notified from this intervention						
	All TB cases notified in this CTB area (denominator)						
	% of cases notified from this intervention						

6. Challenge TB-supported international visits (technical and management-related trips)

#	Partner	Name of consultant	Planned quarter				Specific mission objectives	Status (cancelled, pending, completed)	Dates completed	Duration of visit (# of days)	Additional Remarks (Optional)
			Q 1	Q 2	Q 3	Q 4					
1	KNCV	Jeff Takle	X				Conduct landscape analysis for GxAlert implementation with cost analysis and projected time required for national rollout	Complete	09/10/2015	5 days	
2	KNCV	Kathleen England	X				Laboratory Supervision, mentoring and network review	Complete	31/10/2015	5 days	
3	KNCV	Dianne van Oosterhout	X				Managerial and administrative support in the implementation of Challenge TB Project	Complete	02/12/2015	2 days	
4	KNCV	Eveline Klinkenberg		X			Review the existing prevalence survey protocol (developed in 2011) and conduct a workshop with the anticipated steering committee for the survey to agree on needed adaptations for the protocol in order for it to reflect the latest developments in methods and organization of prevalence surveys	Pending			Planned to happen as per the schedule
5	KNCV	Gunta Dravniece		X			To enable the phased introduction of new drugs for MDR and XDR-TB treatment in Botswana	Pending			Planned to happen as per the schedule
6	KNCV	Max Meis		X			As country Technical Focal point, provide technical assistance to	Pending			Planned to happen as per the schedule

						the country office and NTP in the implementation of CTB				
7	KNCV	Jeff Takle			X	GxAlert Implementation: Training, Installation and QA	Pending			
8	KNCV	Max Meis			X	CTB APA3 work plan development	Pending			
9	KNCV	Mar Koetse			X	CTB financial support visit	Pending			
Total number of visits conducted (cumulative for fiscal year)							3			
Total number of visits planned in approved work plan							9			
Percent of planned international consultant visits conducted							33%			

7. Quarterly Indicator Reporting

Sub-objective: 2.Comprehensive, high quality diagnostics						
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
2.3.1. Percent of bacteriologically confirmed TB cases who are tested for drug resistance with a recorded result.	New/Retreatment	Every six months	Baseline data 2014 collected from NTRL in Q4-APA1. (This data is not available) 28% (896/3,176) - this baseline is set based on 2013 data as full data for 2014 is not yet available	45%	Data not available	No culture and DST has been carried out by NTRL in the last quarter and hence data on % of confirmed TB patients with DST is not available at the moment Also, there is no currently existing system of GeneXpert data collection and we can only expect this data to be available once the GxAlert is in place and functional.
I2.4.6. #/% of new TB and Rif-resistant patients diagnosed using GeneXpert	TB and RR-TB (as GxAlert rolls out we will add HIV, <15 age, and more)	Quarterly	Baseline data 2014 collected from NTRL in Q4-APA1 (This data is not available)	TBD after the baseline	Data not available	There is no currently existing system of GeneXpert data collection and we can only expect this data to be available once the GxAlert is in place and functional
I2.6.5 #/% of TB patients detected through a specimen transport system	New/RT/HIV	Quarterly	Baseline data 2014 collected from NTRL in Q4-APA1	Increase by 10% compared to baseline TBD	Data not available	Specimen transport system cannot be assessed as the NTRL is still non-functional. For the GeneXpert, specimen referral cannot be assessed at NTRL level. It is hoped that data related to GeneXpert will be available after rollout of GxAlert

Sub-objective:	3. Patient-centered care and treatment					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
I3.1.4. # of MDR-TB patients diagnosed	New/RT	Quarterly	108	150	24 (16%)	
I3.2.4. #/% of eligible patients with drug-resistant TB enrolled on second-line treatment (disaggregated by sex, age and urban/rural)	As stated	Quarterly	Baseline data 2014 collected from NTP in Q4-APA1	150 (100%)	24 (16%)	
I3.2.7. Treatment success rate for MDR-TB patients on treatment	As stated	Annually	60%	70%	Measured annually	
I3.2.12. % of HIV-positive registered TB patients given or continued on anti-retroviral therapy during TB treatment	Gender	Quarterly	72%	80%	75% (2,882/3,843)	This is the annual data from the end of APA1 and data for this quarter is not yet available. It will be shared during the 2 nd quarter
I3.2.22. #/% of TB patients followed by community-based workers/volunteers during at least the intensive phase of treatment	Gender/ Urban/Rural	Quarterly	65%	70%	76% (4,780/6,290)	This is the annual data from the end of APA1 and data for this quarter is not yet available. It will be shared during the 2 nd quarter

Sub-objective:	4. Targeted screening for active TB					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
I4.1.1. #/% of eligible index patients of TB for which contact investigations were undertaken	Gender, Urban, Rural	Quarterly	Baseline data 2014 collected from NTP in Q4-APA1	20% increase of baseline	Data not available	This activity, based on the revised WHO guideline and implementation manual, is being piloted in one of the high burden TB districts (Ghanzi district). CTB has been providing technical support to NTP to develop some tools that are necessary in the implementation of contact investigation (namely index case interview and chart review form, and TB contact investigation form). The piloting will continue until April 2016.

Sub-objective:	8. Comprehensive partnerships and informed community involvement					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
I8.2.2. Status of Global Fund implementation (0=no preconditions have been met; 1=national strategic plan developed/updated ; 2=concept note submitted; 3=concept note is funded)		Annually	2	3	Measured annually	

Sub-objective: 9. Drug and commodity management systems						
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
I9.2.1. # of new and ancillary drug regimens that have become available in country since the start of Challenge TB	Drug/ regimen	Annually		Current Regimens do not include BDQ	Measured annually	

Sub-objective: 10. Quality data, surveillance and M&E						
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
I10.1.4. Status of electronic R&R (0=paper-based R&R; 1=e-reporting to nat. level, no patient/case-based or real time; 2=pt./case-based ERR system in select sites (TB or MDR); 3=pt./case-based, real-time ERR system at national & sub-national levels, TB & MDR)	Urban, Rural	Annually	1	2	Measured annually	The country uses electronic TB Register (ETR) for drug susceptible TB from district to the national level. OPenMRS (which is patient based) is used at the 5 MDR-TB treatment centres for MDR-TB data management
10.2.2. Prevalence survey conducted/completed in the last three years	Urban, Rural, Age	Annually	No baseline available	Preparations for survey started	Measured annually	

